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**MĀORI WOMEN AND GAMBLING:
EVERY DAY IS A WAR DAY!**

A thesis

submitted in partial fulfilment

of the requirements for the Degree

of

Doctor of Philosophy

at the

University of Waikato

by

LAURIE ELENA MORRISON

University of Waikato
Te Whare Wananga o Waikato
2008

ABSTRACT

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These goals translated into the following specific aims: 1) to study how Māori women problem gamblers, their partner or whānau members and key informants perceived gambling, what it meant to them and why they did it; 2) to investigate the consequences of gambling for Māori women, whānau and service providers in dealing with the effects of gambling; 3) to report on how these three groups dealt with the effects of gambling; and 4) to discover what helped to bring about positive changes for the three groups.

All of the aims were achieved.

A Māori approach (Kaupapa Māori), combined with a naturalistic approach to data collection, was adopted. Qualitative methods are most appropriate to use when working with some Māori, as there is a growing realisation that research with Māori needs to be interactive. A Māori research procedure modelled on the ritual ceremony of encounter (Pōwhiri) provided an appropriate structure for the development and presentation of the research process. The major focus was on the qualitative data obtained from semi-structured interviews in two locations – Rotorua and Auckland. The interviews were conducted with twenty Māori women gamblers, sixteen whānau members including partners and ten interviews with staff involved in services that provided help for problem gamblers. The three interview schedules were based on a number of broad themes and open-ended questions to obtain meaningful descriptive data. The interviews were audio recorded and used to produce transcripts that were then sent back to the

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The findings from this study revealed major impacts of the women's socio-economic, familial and societal circumstances on gambling behaviour and its effects, which are areas of concern for mental health professionals and researchers. The mythical Māori canoes on which Māori voyaged from their place of origin (Hawaiiiki) to Aotearoa, the Waka, provided an appropriate metaphor to present the interrelationship between the pull and push factors toward gambling, and its implications for society. This is illustrated as a spinning waka, *Te Waka Hūrihuri*. On the other hand, *Te Waka Māia* (courageous) demonstrates the relationships between the variables that help Māori women gamblers to cope and helpful strategies found to assist them to modify or stop their gambling behaviour. It is recommended that the government limit the proliferation of gaming venues and continue to encourage development of emerging Māori services. Moreover, a coordinated approach is essential, as Māori women gamblers, partners and whānau members need to heal together for positive outcomes for Māori health development in Aotearoa.

The main implication of this study is that a wide range of further research into Māori and gambling is required. Recommendations on ways in which the current delivery of services in Rotorua and Auckland could be improved are:

- That the Ministry of Health purchase services that establish support groups for Māori people with problem gambling and their whānau, and
- That non-Māori provider services and organisations support the development of emerging Māori services.

Heeding the outcome of this research should help improve New Zealand's existing health policy and capacity for Māori women's health development. It should also enrich our understanding of the adaptation patterns of Māori whānau member/s, and thus should have implications, not only for Māori health policies, but also relevance for the wider field of international cross-comparative research on indigenous gambling and mental health issues. Limitations of this study included a small, localised sample that means the findings can only tentatively be

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CHAPTER ONE

Introduction

This study is concerned with the health implications of new forms of gambling such as casinos and pokie machines for Māori women and their whānau. It asks what their perceptions of gambling are, why they gamble, and how they cope with its consequences. It also examines what services are available to assist Māori women and their whānau in coping with problems arising from casino and pokie machine gambling behaviour. It also looks at the effectiveness for Māori women and their whānau of interventions and services provided by various organisations established to address problems arising from gambling. It concludes by exploring and discussing strategies which have proved successful for Māori women and their whānau in reducing or terminating their gambling behaviour.

This thesis conceptualises Māori women as a marginalised group. Therefore, finding an alternative approach to investigate gambling other than just the pathological perspective was important for this study. For example, Allport's (1979) model of the nature of prejudice asserts that the gambling situation needs to be understood at all levels when trying to explain behaviour toward an object of prejudice. Moreover, gambling is sufficiently complex to require such multi-level analysis. In other words, understanding gambling behaviour involves examining the historical and economic influences of the behaviour, its sociocultural influences, the psychodynamic influences, personality and dynamics of the person involved, the situation in which it occurs, the act of gambling itself, and finally, the object of gambling. Allport's model can therefore profitably be used when trying to understand gambling behaviour and will be used in this thesis.

As well as Western models it was essential that my thesis include the same socio-cultural approach that was used in my earlier study with Māori women and gambling (Morrison, 1999a). I set out to document Māori topics with a clear understanding of the marginalised position of Māori, particularly women in Aotearoa. Similarly, I used the analogy of a marae process – 'Pōwhiri' (marae protocols), that has metaphorical resonance for Māori and a basis in a Māori worldview (Tauroa & Tauroa, 1986) to outline the research process that was

undertaken and integral to this study. ‘Pōwhiri’ best describes how I made my study accessible to Māori and it provides a framework additional to those already in existence. Additionally, the analogy of two waka *Te Waka Hurihuri* and *Te Waka Maia* (see Figures 8.1 & 8.2), were also considered for its simplicity, figurative and significance for Māori. These two metaphors are illustrated diagrammatically to show the perceptions surrounding gambling, the maintenance and the consequences of gambling and how the participants coped with the effects.

It was imperative that the frameworks chosen for this thesis explored individual behaviour that reflected the socio-political, which for many Māori women has been one of poverty and marginalisation (Durie, 1994; Dyal, 2003b; Glover, 2000; Mikaere, 1995; Pihama, 1993; Te Awakotuku, 1991b).

Rationale and Aims of the Study

The social problem of Māori women gambling has been a matter of increasing public debate, especially since the introduction of these new forms of gambling (Abbott & Volberg, 2000). Electronic Gaming Devices (EGDs), known in Aotearoa/New Zealand as pokie machines, have been linked to women and problem gambling (Volberg, 2003). There has been an explosion of gambling related issues and a rapid development of gambling services to meet this need (Abbott, McKenna, & Giles, 2000b; Dyal & Morrison, 2002; Morrison, 2003).

In setting out to conceptualise how best to go about my research, I undertook a wide literature search and found very little information pertaining to Māori women’s perceptions of gambling in general, and of casino and pokie gambling in particular.

Most research examining the reasons for gambling, its maintenance and its health implications has been about the pathology of gambling practices and predominantly has been undertaken by non-Māori researchers. Most of the studies undertaken of Māori gambling in New Zealand have been about men's gambling behaviour, frequency and type, as well as the amount spent by Māori men on gambling. Moreover, such studies have often included Pacific ethnic groups and failed to distinguish them from Māori (Abbott, 1998; Abbott & Volberg, 1991,

1992, 1994). Furthermore, although the surveys and prevalence studies on gambling in New Zealand have been undertaken by international leaders in the study of gambling behaviour, namely Max Abbott (New Zealand) and Rachel Volberg (USA), they have had little specific focus on Māori women's gambling issues.

As with studies of Māori men gambling, research information to date about why Māori women gamble is sparse (Morrison, 1999a) and non specific, as well as often being generalised with findings about Pacific Islander peoples (Dyall & Morrison, 2002). A study of Māori women gamblers in prison has provided a small insight about Māori women's gambling behaviour and their involvement in organised gambling crimes (Abbott et al., 2000b). The study showed that pokie machine gambling has increased for Māori women. However, it deals with a small specific population and cannot necessarily be generalised to Māori women in general. Lack of detail also impedes comparison of women from different Māori iwi, which should be done as we know that iwi membership can have significant effects on other Māori social behaviour (Durie, 2001).

A study by the author provided useful information about Māori women's gambling behaviour with a Te Arawa background. However, it focused on more established forms of gambling such as cards and housie (Morrison, 1999a).

Furthermore, collecting and accessing data specifically related to Māori women and gambling and examining possible reasons why Māori women gamble more than non-Māori should assist in planning interventions such as the establishment of Māori support networks similar to extant drug and alcohol help groups (Robertson et al., 2002). Findings from such research could also be used to support work to obtain the resources needed to raise Māori awareness of the risks of harm from gambling (Abbott, 2001; Abbott et al., 2000b; Dyall & Hand, 2003; Gruys, Hannifan, MacKinnon, & Paton-Simpson, 2000; Morrison, 1999a, 2003).

Therefore, the aims of this study were:

- To give Māori women a voice and to make research relevant to their lives and to identify their perceptions, beliefs and attitudes on gambling and prevention.

- To help reduce Māori women's participation in gambling that has caused harm, and to help make a difference in their lives and to inform public policy, professional practice and community initiatives.
- To highlight and address biases and stereotypes usually associated with society's view of women and gambling and to promote better access to intervention services.
- To conceptualise Māori women as a marginalised group that is separated from non-Māori women and economic privileges (Abbott, 2001; Dyll & Morrison, 2002).

Objectives of this research were:

- To ask Māori women gamblers about their views on new forms of gambling and their impact on their health and the health of whānau, hapū, iwi and community.
- To explore the views of partner/whānau members of Māori women who engage in new forms of gambling.
- To work with Māori women, and their whānau and others to identify possible intervention strategies which would help to cease or reduce their engagement in new forms of gambling.

Context for the Study

Māori women can be viewed as a marginal group in New Zealand society. Rates of unemployment, solo parenting, low education, ill-health, smoking, alcohol and substance abuse, low income and high imprisonment rates support this claim (Ministry of Women's Affairs, 2002).

Colonisation impacted on gender differentiation among Māori in that many Māori men adopted the chauvinistic attitudes toward women of the Pakeha colonisers. From an approximately equal status in Māori society, Māori women found themselves relegated to one which was lower and more subservient (Pihama, 1993; Te Awekotuku, 1991b). However this not been a simple transference and gender has affected Māori society in complex ways (Te Awekotuku, 1991b). Incongruence arises because racism is a bigger agenda than sexism, which often

means Māori men get supported rather than Māori women (Mikaere, 1995). Nonetheless, Māori women are often on the end of Māori male's resentment or anger (Mikaere, 1995) resulting in great stress in their cross gender and social relationships (Turia, 2003).

An example of this is that prior to the Second World War Māori men and women socialised together. However, for Te Arawa women, this all changed when male decision-makers in Rotorua in the Bay of Plenty determined that clubs such as the Returned Services Association should enforce separate drinking bars for the returned soldiers and their wives. A separate lounge bar was provided for those women who chose to socialise within close proximity to their husbands or partners. Māori soldiers from the 28th Māori Battalion quickly adapted and accepted the norms of the club and like their non-Māori allies chose to socialise with their peers away from their wives.

Contemporary statistical information provides evidence that many Māori women are parenting with little or no support from a spouse or whānau (Ministry of Women's Affairs, 2002). In 1996 43% of Māori women with dependent children were solo parents in contrast to 19% for non-Māori women (Ministry of Women's Affairs, 2002). The complex issues related to rearing children without the support of a partner and extended whānau are further compounded by economic deprivation (Richards & Herd, 2003; Te Awekotuku, 1991b; Turia, 2003). A low paid Māori woman is often faced with a multitude of issues and often has to meet the daily needs not only for her own whānau but extended whānau as well (Turia, 2003). On average, she will have a larger whānau and have to rely heavily on government assistance for pre-school and after school child care responsibilities (Morrison, 2003). At the same time she will try her hardest to please her children by providing the many material goods that they request as a result of peer pressure.

Morrison (1999a) reported that Māori women who played card games in the early 1950s often formed card schools in order to gamble for money in the privacy of their homes. The majority of the women stated that gambling in private was preferred because of societal prejudice at that time which exposed them to negative stigma from both Māori and non Māori (p.74). Māori women made up

the majority of the domestic workforce and were poorly paid at that time (Ministry of Women's Affairs, 2002).

Moreover, negative reporting about Māori women regularly occurs in local and national New Zealand newspapers. It is commonly known that Māori women generally wait until there is a crisis before addressing health issues (Durie, 2001). Māori women on solo parental benefits or low incomes often struggle to meet rental payments for substandard houses or flats which are generally located in low socio-economic regions (Ministry of Women's Affairs, 2002). This struggle becomes exacerbated when a Māori woman observes affluent non-Māori women driving past in luxurious cars with their children dressed in private school uniforms and attending schools with high reputations, while she and her children are waiting for public transport to the nearest school. The reality for the Māori woman is that she and her children are more than likely never to be part of the 'haves' and will remain part of the 'have nots' (Te Awekotuku, 1991b; Turia, 2003). Therefore, this thesis conceptualises Māori women as a marginalised group.

Finally, it was hoped that this study would contribute to a research picture of the 'psychology of gambling' for Māori women in Aotearoa. This information is particularly pertinent if we are to develop a stereotype-free discourse which helps us to understand why some Māori women choose gambling. We need to listen to the voices of those to whom the experience belongs. The subjectivity of the Māori woman is affected by gender, ethnicity and iwi, socio-economic status, whānau values, religion, education, etc. Therefore the experience of Māori women and their whānau in relation to gambling (as in anything else) is unique. Moreover, even when the gambling may have resulted from despair, the aetiology of that despair is gendered. In our search for useful interventions we are more likely to develop ones which are appropriate when we take into account the specific aspects of different realities.

Irwin (1992) (a viewpoint that I strongly respect), states that the purpose of Māori feminist research is to:

“...actively honour, to celebrate the contributions, and affirm the mana of Māori women: those tipuna who have gone before us;

those wahine toa who give strength to our culture and people today; and those kōtiro and mokopuna who are being born now, and who will be born in the future, to fulfill...our dreams” (p.1).

Defining the Gambling Activities

For the purpose of this research the term gambling includes activities such as casino and pokie machine gambling. Casino establishments provide a wide range of gambling activities such as roulette, pokie machines and a variety of dice games. Pokie venue establishments are much smaller and can consist of up to eighteen poker machines, usually located in hotels and sports clubs.

Pokie machines are stand-alone electronic gaming machines (EGMs) that come in a variety of guises. These include (eg. fruit machines), shapes such as diamonds or hearts and various icons of men and women and cartoon characters (Griffiths, 1994).

Players insert coins, cash or a bar coded paper ticket into a designated slot on the machine. The game commences, or is activated by means of a lever or button, or on newer machines, by pressing a touch screen. The object of the game is to win money from the machine. The game usually involves matching symbols, either on mechanical reels that spin and stop to reveal one or several symbols, or on a video screen (Griffiths, 1994). Most of the games have a number of winning combinations of symbols, often posted on the face of the machine. If a player matches a combination according to the rules of the game, the slot machine pays the player cash or some other sort of value, such as extra games. The chance of a winning combination appearing on a pay-line is controlled by the winning percentages programmed into the slot machine.

However, the combinations appearing above and below the pay-line are all roughly equally randomly distributed. This means it is much more likely that a "winning combination" will appear above or below a pay-line than on the pay-line (Woollard & Gregory, 2002). Pokie machines are typically programmed to pay out as winnings between 82 to 98 percent of the money that is wagered by players. The winning patterns on pokie machines, amounts they pay, and the frequency at which they appear are carefully selected to yield a certain percentage of the cost

of play to the "house" (the operator of the pokie machine), while returning the rest to the player during play (Gambling Watch, 2004).

Māori women tend to focus on pokie machines, whether in casinos or local clubs (Problem Gambling Committee, 1999). Most of the women in this study gambled regularly and considered themselves to be problem gamblers rather than people who occasionally gambled.

Although I also asked the women about their involvement in internet gambling they expressed little interest in it. The focus of my study was consequently on casino and pokie machine gambling. One possible reason why most Māori women did not gamble using the internet is because they were disadvantaged economically and did not have access to a computer.

The overall aim of this study was therefore to examine the health implications of casino and pokie machine gambling for Māori women and their whānau. This aim translated into the following specific goals: 1) to study how Māori women problem gamblers, their partner or whānau members and key informants perceived gambling, what it meant to them and why they did it; 2) to investigate the consequences of gambling for Māori women, their whānau and service providers; 3) to report on the means and effectiveness of how these three groups dealt with the effects of gambling; and 4) to discover what helped to bring about positive changes for the three groups.

Strategies to achieve these goals included:

- Ask Māori women gamblers about their perceptions of casino and pokie machine gambling and their impact on their health and the health of whānau, hapū, iwi and community.
- Explore the perceptions of that gambling held by partner/whānau members of Māori women who engage in such gambling.
- To work with Māori women and their whānau, as well as with service providers, to identify possible intervention strategies which would help them to stop or at least reduce their engagement in casino and pokie machine gambling.

How I propose to report on this study is explained below.

An Overview of the Thesis

In this first Chapter, I will provide an introduction to the study and background information to provide a context for it.

Chapter Two examines literature as it relates to gambling. I then present the various definitions and categories of gambling starting with social and going through to problem gambling, women and gambling, Māori and gambling and Māori women and gambling. A brief outline follows of definitions of gambling and some of the terms to be used are defined, the history of the psychology of gambling and aetiological models in literature related to gambling activities will also be explored.

I also include a brief overview of New Zealand's gambling history, focusing on the newly introduced casino and pokie machines. This will provide a socio-cultural context for the place of gambling in New Zealand's society. Recent prevalence studies which include casino and pokie gambling will be covered, as will the need to develop services to meet the implications of these forms of continuous gambling.

I present information on the changing face of gaming venues and some potential reasons why women in general gamble following the expansion of electronic gaming devices into their social settings. A focus of the study is on the proposition that the feminisation of problem gambling is linked to the availability, accessibility and acceptance of casino and pokie machine gambling.

Additionally, within Chapter Two, I provide a brief overview of the history of the introduction of gambling to Māori society within a socio-cultural context, particularly in reference to establishing casinos and pokie venues. Services established to assist Māori in dealing with these forms of gambling are also described.

My focus shifts to the role of Māori women in Māori health development throughout history to the present day. As Māori women are the population on whom this research focuses, it is important to understand the factors contributing

to their participation in gambling in the first place, as well as influences on the maintenance of that gambling.

Chapter Three describes the methodological strategy chosen for this study. The principles of the Treaty of Waitangi and of Kaupapa Māori were followed in order to ensure cultural safety for the participants. A qualitative method of inquiry was most appropriate to use in this research because it allowed the narratives of the women to be reported for the first time. As the field of Māori women's pokie machine gambling was being explored for the first time, and its parameters being established, by Māori working with Māori, a qualitative approach involving face-to-face interaction between the participants and researcher was used (Bishop & Glynn, 1999). I then look at how Māori knowledge needs to be validated and at the use of Māori metaphors as an appropriate process. I used the analogy and conceptualised a model ‘‘Pōwhiri’’ (marae protocols) adapted by Tauroa & Tauroa (1986), to outline the research process that was undertaken and integral to this study. Pōwhiri best describes how I made my study accessible to Māori and it provides a framework additional to those already in existence.

Chapter Four provides a description of how the research was conducted. It discusses cultural considerations and ethical issues that were considered prior to starting the research process. It includes a description of the participants, and the areas covered in the interviews with them. It concludes with the research procedure ‘‘Pōwhiri’’.

Chapter Five reports the information sought from representatives of some of the Service Provider organisations (SPOs) which provide gambling-specific support, assistance and interventions to Māori problem gamblers, particularly Māori women. They described the types of services they provided; the effectiveness of and constraints on these services and ways in which they may be improved.

The findings from the women’s interviews are incorporated into Chapter Six. It is split up into two parts, starting with Pull Factors that attract women to gamble, and going on to the Push Factors that maintain their behaviour, the implications of this behaviour on the women’s lives and whānau/partner relationships. Descriptions of how Māori women perceived gambling, its health implications,

coping mechanisms and strategies for change and advice are all addressed within this Chapter. Part One uses Allport's model to present findings about the development of problem gambling, topics covered include the historical background, socio-cultural setting, situational influences, personality dynamics, the phenomenon and the consequences of gambling. Part Two describes how the women dealt with their gambling behaviour and how they coped with the implications of their gambling.

In Chapter Seven I report on the positive and negative perceptions held by the whānau and partners, both gambling and non-gambling, of the Māori women's gambling behaviour. How whānau and partners coped with gambling varied in both approach and degree of success. Roles they played, strategies they used and advice shared are described in this Chapter.

Chapter Eight discusses my findings in terms of the goals and specific aims of my research and with regard to the Service Provider Representatives, Māori women gamblers and their Partner/whānau perceptions. To demonstrate this I developed *Te Waka Hurihuri* and *Te Waka Maia*. These two metaphors are illustrated diagrammatically (see Figures 8.1 & 8.2) to show the perceptions surrounding gambling, the maintenance and the consequences of gambling and how the participants coped with the effects. Unexpected findings are presented, followed by a discussion of the limitations of the study and suggestions for future research.

Chapter Nine draws together the final strands of my research, discusses its implications and offers some conclusions, before going on to recommend ways of dealing with problem pokie machine gambling by Māori women and its effects on the lives of Māori women and their whānau.

CHAPTER TWO

Literature Review

This Chapter reviews the literature on the nature of gambling, gambling in New Zealand, women and gambling, Māori and gambling, and Māori women and gambling. Over the years the concept of gambling has not changed but substantial changes are evident in the socio-historical context in which it occurs (McMillen, 1996). McMillen (1996) further asserts that both the perception and experience of gambling have varied according to its history, the types of organisations involved, its social implications, the different types of gambling available, the various subcultures involved and the distinct societies within which the gambling takes place. These distinctions, developments and changes form the basis of this Chapter.

Definitions of gambling

The Cambridge English Dictionary (1990) states that gambling is the act or practice of gaming for money or anything valuable. Simply put gambling is the placing of something of value at risk with the hope of gaining something of greater value (Blaszczynski, Walker, Sagris, & Dickerson, 1999). Social gambling can also be a recreational activity, providing an opportunity for a group of people to come together for pleasure or leisure (Abbott, 1999; Australian Institute for Gambling Research, 2001; Department of Internal Affairs, 2003b).

Psychological

Psychological definitions of gambling as an activity are diverse, ranging from a character flaw to immoral or criminal behaviour. Gambling was first identified as a mental health issue in 1902 (Abbott, 1999). However, the most commonly used definition refers to a repeated pattern of behaviour that leads to the emergence of actual problems beyond mere financial strain; including marital conflict, accumulated debts, borrowings, and impairment in other areas of social and career functioning (Blaszczynski et al., 1999). A wider definition (Abbott & Volberg, 2000) is: “all the patterns of gambling behaviour that compromise, disrupt or damage personal, family or vocational pursuits” (p.28).

Women

Australian theorists have provided extensive studies on women and problem gambling. Brown and Coventry (1997), reported that women who developed problems with gambling described themselves as "...lonely, isolated and bored" (p.10). Thomas (2001) confirms this in her findings and reports that loneliness, boredom, anxiety, depression and avoidance strategies were all associated with women's gambling.

Māori Women

Dyall (2002) reported that for some Māori gambling is associated with luck and hope:

... many Māori have put their lives on hold and rely upon luck to determine their personal or whānau destiny, rather than exerting their own tinorangatiratanga or authority to achieve their own goals and aspirations (p.11).

. For many Māori women, gambling means:

... accessing greater opportunities to improve their own and their families income and a form of social network with other Māori women... (Morrison, 1999b, p1)

Gambling was ways to re-distribute money that was in reality, donated to the building of marae, for kapa-haka groups and other activities (Turia, 2003, p1)

Definitions about the impacts of pokie machine gambling and Māori women have been associated with familial distress. Low paid Māori women are often faced with a multitude of issues and often have to meet the daily needs, not only for their whānau but extended whānau, as well as rely heavily on government assistance for pre-school and after school childcare responsibilities (Morrison, 2003; Turia, 2003). Therefore Māori women's definitions of gambling ranging from socio-cultural to problem gambling will also be included for this thesis.

Categories of gambling

Even accepting the definition of "the placing of something of value at risk with the hope of gaining something of greater value", gambling may take many forms. The term "gambling" is a broad concept that brings together diverse activities, in

various settings, appeals to different people and is perceived in unique ways by those involved.

Sociological contributions to understanding gambling behaviour have focused on the social aspect of gambling. Gambling can be a social activity and most gamblers undertake a variety of activities that provide opportunity to socialise with others with similar interests (Volberg & Abbott, 1997) and to increase their status in society (Volberg, Reitzes, & Boles, 1997). Australian and Canadian studies have found that elderly people are more likely to frequent casino outlets for social interaction with people from both their own and other age groups (Australian Productivity Commission, 1999; Boughton, 2003; Brown & Coventry, 1997). Social gambling has been described as a form of recreation or entertainment in a number of societies, including New Zealand (Abbott, 2001; Amey, 2001; Australian Institute for Gambling Research, 2001; Blaszczynski et al., 1999; Boughton, 2003; Department of Internal Affairs, 1990; Dyall & Morrison, 2002; Morrison, 1999a).

Gambling's socio-cultural context

McMillen (1996) asserts that in collective cultures gambling is associated with particular social/cultural contexts and although all contain a basic element of risk-taking, "gambling has no intrinsic meaning; rather, its meaning always depends on the socio-historical context in which it occurs" (p.9). For Australian Aboriginals, card ring gambling represents a means by which individuals can entertain themselves together and redistribute their bounty among familiars (Goodale, 1987; Hunter & Spargo, 1988; McMillen, 1996; Steane, McMillen, & Togni, 1998). Canadian Aboriginal societies were avid gamblers prior to contact with Europeans; gambling was recreational and ceremonial and it was usually a male domain involving hand and stick games with the main purpose being to please gods, secure fertility, cast spells, prolong life or cure sickness (Williams, Wynne, Nixon, & Frank, 2005).

Morrison (1999a) and Dyall (2002) also found that Māori, particularly women, engaged regularly in card gambling schools with other whānau members. For Māori, gambling is the coming together of a group of people, with a certain set of rules and ethics, a predetermined set of money, the sharing of food, refreshments

and whakawhānaungatanga (connections) (Morrison, 1999a). The notion of reciprocity prevailed, with all in the group contributing and all receiving.

Situations in which gambling occurs

Worldwide, gambling is also seen as a skill which involves learning the perceptions or knowledge to enter the game, the ratio of luck to skill, how frequently the event takes place, what the pay out intervals and ratios are, the size and presence of stakes or jackpots or the degree of social interaction involved with a particular gambling activity (Griffiths, 1994). Abbott (1999) has argued that gambling activities that require a medium level of skill and luck attract more regular, serious, and potential problem gamblers more than other types of gambling. The importance of the skill-luck dimension is very much an attraction for gamblers. Games with a skill-luck dimension for example, include lotteries, bingo or roulette or mixed chance and skill games such as card games like poker or blackjack.

Gambling can also be defined by whether a game is continuous or non-continuous. Games of chance which are continuous are defined as those in which the prize can be immediately reinvested such as wins from a gambling or gaming machine, or a win from a casino game. Pokie machine gambling provides the gambler with high frequency interaction that allows for a rapidity of betting (Griffiths, 1998). Griffiths identified this as 'event frequency', that is the participation of the gambler was greater for those gambling on EGMs than for those who gambled intermittently, for example, on a weekly or bi-weekly basis on the Lotto. High frequency pokie machine gambling has a rapidity of five to ten seconds and is at the highest end of the event frequency scale (Griffiths, 1998). For this group of gamblers, gambling provides more than fun, entertainment, excitement, and a chance to socialize or a hobby. It can become a habit which can lead to problem gambling.

Personality dynamics

Understanding the personality dynamics of the gambler involves studying their motivation for doing it. The most pervasive reason why people gamble is for

monetary gain (Abbott et al., 2000b; Cornish, 1978; Halliday & Fuller, 1974). Believing they might strike it rich either from the pokie machines, casino or weekly lotto allows the gambler to perceive gambling as an opportunity to improve their economic status (Abbott, 2001; Amey, 2001; Australian Institute for Gambling Research, 2001; Dickerson, 1984) and allow them to buy the material commodities that demonstrate to society that they have succeeded (Abbott, 2001; Boughton, 2003; Rugle, 2005). For this group of people winning money through gambling is seen as a possible way to subsidise existing low incomes or even, in some instances, to replace income (Abbott & Volberg, 2000).

The literature concerning the development of gambling behaviour has suggested that the age at which gambling starts is an important indicator of the risk of the later development of problems (Abbott & Volberg, 1991; Blaszczynski et al., 1999; Sullivan, Abbott, McAvoy, & Arroll, 1994). Literature concerned with individual children also cites parental influence as a critical component in the development of psycho-social motivation to gamble (Sullivan et al., 1994). For Māori, gambling was very much an activity into which they had been socialised as young children by whānau members (Dyall, 2003a; Morrison, 1999a), as part of their whānau environment and an activity that is normalised in Māori society (Dyall, 1998b).

The most common belief amongst gamblers, albeit an irrational one, is that money will solve their problems and that by gambling they will achieve economic gain and increase their wealth (Cornish, 1978; Dickerson, 1984; Halliday & Fuller, 1974). Gamblers wish for a brighter future that will bring an end to poverty and despair, or, in other words, they look for an easy way to get something for nothing (Rugle, 2004).

Women

American gambling expert, Rachel Volberg, contends that prior to the development of gaming venues where women could gamble easily they had little access to environments where they could gamble. What they had were housie halls, a weekly 'flutter' on the lotto, home-based card schools and regular outings to the racecourse (Volberg, 2003). There has been a feminisation of gaming venues to make them more attractive and appealing to women and thus women

have more opportunities to gamble (Australian Institute for Gambling Research, 2001; Volberg, 2003).

Gamblers sometimes reported that women who were in high employment spent more money on gambling because they had more money to spend which supported the maintenance of their gambling addiction (Sharpe & Tarrier, 1993).

For many women gambling was an altruistic means to support fundraising for communities and these included relatively harmless activities such as raffles or bingo (Abbott, 1999; Dyall, 1998a; Grant, 1994; Morrison, 1999a).

Maintenance of gambling

A second aspect of understanding the personality of the gambler is understanding why they continue to gamble despite losing. Over the past 20 years, gambling surveys conducted in America have found that a large number of people also use gambling as a career or, put another way, as a non-salaried second job (Abbott & Volberg, 2000). However, few if any gamblers can make a living at gambling because most gambling activities, namely casino and gaming machines always work in favour of the gambling operators (Custer & Milt, 1985). Their profit depends on the gambler's loss.

Low self esteem also interacts with gambling behaviour. People with emotional and behavioural difficulties feel badly about themselves (Lesieur, Blume, & Zoppa, 1998; Sullivan, McCormick, & Sellman, 1997) and demonstrate low self esteem (Coman, Burrows, & Evans, 1997). A person with low self-esteem may seek to increase it by gambling. One way to increase a person's esteem is through the short term benefits of gambling and the illusion of control that many gambling activities offer (Volberg et al., 1997). However, as the inevitable losses occur, self-esteem falls away (Blume, 1985; Coman et al., 1997; Volberg et al., 1997).

This is further explained by the theory of Orford, Morrison and Somers (1996), who proposed that gambling is maintained by three factors. The primary factor is incentive motivation (memory of past reward and the expectation of future reward). The second factor is drive-reduction or the need to extinguish negative emotional states resulting from losing money. The motivating force has changed from a positive one of winning to a negative one of reducing negative feelings.

The third factor consists of harms associated with gambling when attachment to gambling is strong. Restraints on gambling are lessened, or incentives are increased, as a result of losses caused by excessive gambling. For example, loss of self-respect as a result of heavy gambling may increase the value of further gambling as an escape from unpleasant feelings (Blaszczynski et al., 1999). Overlying these factors is the use of cognitive distortions to prevent the person from seeing their situation objectively as gambling increases (Sharpe & Tarrier, 1993). There is maintenance of secrecy about the extent of the gambling problem from significant others such as family and partners.

Cognitivists emphasise that distorted cognitions such as believing one has greater skill-level (Rosenthal, 1995) and control over events than in actuality, selectively recalling wins in preferences to losses, and believing that a losing streak is about to end are important in the development and maintenance of pathological gambling (Griffiths, 1990; Ladouceur, Sylvain, Letarte, Giroux, & Jacques, 1998; Langer, 1975; Lesieur et al., 1998), based on the premise that cognitions affect emotions and behaviour. Thus, according to these theorists, irrational beliefs or distorted thinking play a direct role in the emergence of problem behaviours and psychological disorders (Lesieur et al., 1998). However, another view is that the direction of causality involving cognitions, arousal and gambling may be reversed, since it is difficult to determine if distorted cognitions precede or follow gambling behaviour (Anderson & Brown, 1984).

The act of gambling

So far I have talked largely about factors that push people into becoming gamblers. However, comprehending the phenomenon of gambling involves examining what pulls people into gambling. What actually happens during the act of gambling that makes it so attractive? Gambling needs to be considered as a stimulus object which itself contributes to the phenomenon of gambling.

Gamblers have reported arousal being triggered by visual, aural, kinaesthetic and social cues associated with gambling, together with feelings of tension, irritability and depression when denied gambling (Blaszczynski & Silove, 1995). These feelings continue until the person gambles. The reduction in their aversive physical and emotional state acts as a negative reinforcer while the excitement of

placing bets serves as a positive reinforcer (Rosenthal, 1995). Thus, gambling is doubly reinforced and gambling is used as an emotional escape and/or tension reducing strategy (Hing & Breen, 2002). Also, gamblers report that gambling reduces tension levels produced by other stresses such as relationship problems and negative emotional states, e.g., anger and depression (Hing & Breen, 2002). Through second order conditioning these states then act as cues to stimulate gambling. Negative reinforcement operates through the reduction of aversive affective states as a result of the person being distracted away from life problems during play (Anderson & Brown, 1984).

From a behaviourist viewpoint, gambling is a learned maladaptive behaviour that is initiated and maintained by both positive and negative reinforcement.

Behaviourists propose that both classical and operant conditioning processes operate through the repeated pairings of gambling-related external stimuli with arousal and excitement, and through intermittent variable ratio schedules of reinforcement with money, with arousal as the primary reinforcer. However, behaviourism does not deal with the financial, social, familial and personal problems arising for the persistent gambler or the punishing aversive affective states experienced. For instance, if the adverse impact of gambling exceeded the positive reinforcement of arousal/money, then it might be expected that gambling behaviour would decrease (Anderson & Brown, 1984). Conversely, as explained above, greater loss in fact leads to more gambling.

If gambling was strongly rewarding, the prevalence rate for pathological gambling would be high. Moreover, if the acquisition of wealth is a person's goal, rational economic appraisal should lead them to avoid gambling (Ladouceur et al., 1998). Nonetheless, the intensity and frequency of gambling has been found to increase in response to gambling-related problems (Blaszczynski & Silove, 1995). Moreover, the contingencies of reinforcement do not explain why problem gamblers continue to play despite the frequent experience of boredom during extended periods of extensive play on poker machines, the feeling of relief when funds are exhausted and play is terminated, or annoyance or irritation on winning since play is prolonged (Ladouceur et al., 1998).

Gambling involves more than the material need for money; it is about emotional needs (Blaszczynski & Silove, 1995; Hing & Breen, 2002). For example, gamblers seeking relief keep gambling as long as possible to escape from life's problems. What these gamblers are seeking is oblivion by repeatedly returning to gambling, rather than gambling as a way to cope with their problems in a more effective manner (Blaszczynski & Silove, 1995; Hing & Breen, 2002).

Prolonged play despite significant loss is known as chasing loss (Rugle, 2004). As a result of chasing losses the gambler's problems escalate and they feel increasingly overwhelmed and continue to gamble to chase an illusory feeling of peace (Rugle, 2004). Gambling also adds to their existing problems, so the loss chasing intensifies (Lesieur, 1984). Gamblers who have unresolved childhood issues such as sexual abuse may in fact not be able to stop chasing loss and seek to compensate for what they perceive as lost years by gambling (Rugle, 2004). This reason for chasing involves a false hope that winning enough would make up for lost relationships, lost time, lost jobs and lost opportunities (Hing & Breen, 2002). When gamblers attempt to stop chasing, depression, self-anger and despair set in, as they struggle to accept what has been lost.

The gambler may perceive that a bad bet or a fluky loss has robbed them of a sure win. Such losses may enrage the gambler, who feels that fate has been unfair. They must therefore chase a win to help them overcome their feelings of loss so they can regain a sense of power and control (Rosenthal, 1995). However, the more the gambler loses, the more out of control, smaller and more vulnerable they feel, and the more desperate the chasing becomes. In the intensity of the chase, it is nearly impossible for gamblers to accept that they are straining to reach the unattainable (Rosenthal, 1995). More often than not, gamblers feel short changed because the odds are always in favour of the house and more players lose than win (Dixon & Hayes, 2000).

Consequences of gambling

We need not only to study what causes the gambling but also its results. The withdrawal symptoms experienced by gamblers, compared to substance withdrawal, are more psychological than physical. The symptoms are related to the recent experience of loss, indecision about continuing gambling and worry

about debts and gambling-related problems, rather than to the recent cessation of gambling itself (Orford et al., 1996). Gambling and substance use may simultaneously occur in the same settings, (Briggs, Goodin, & Nelson, 1996; Castellani & Rugle, 1995; Orford et al., 1996). Both activities involve progressive loss of control over the behaviour, preoccupation with the behaviour, seeking of a euphoric state, or “high”, presence of craving, and continuation of the behaviour despite adverse consequences (Castellani & Rugle, 1995). It is not surprising that a high proportion of pathological gamblers have substance use disorders (Briggs et al., 1996; Castellani & Rugle, 1995; Orford et al., 1996).

Suicide attempts are common outcomes for some gamblers who are unable to cope with financial loss and confrontation by their partners (Sullivan, 1998). Reports from clients attending a rehabilitation centre in New Zealand found that 30% of clients in 2001 attempted suicide, with 5% of the 30% succeeding (Paton-Simpson, Gruys, & Hannifan, 2002; Spence, 2001). On the other hand, statistical information provided by the Problem Gambling Helpline in 2001 showed that 90% of their clients had not reported suicide ideation (Paton-Simpson, Gruys, & Hannifan, 2001). This was similar for previous years; 8.3% had thought about it, another 0.5% planned suicide, 0.6% had attempted and 0.6% (30 clients) were considered to be at risk of doing so (Paton-Simpson et al., 2002; Spence, 2001). What is unclear from these accounts is the proportion of Māori women involved and whether the cause of death was actually related to gambling behaviour. There are still many questions that need to be answered with regard to Māori women’s gambling activities and patterns and the effects on them.

Problem gambling

Another potential outcome of gambling is problem gambling as defined above. Since the early nineteenth century, there have been many different approaches to understanding the development of human behaviour in regards to addictive behaviours such as gambling. For example psychology aims to explain and describe scientifically mental processes and behaviour (Vaughan & Hogg, 2002). Moreover, it also aims to devise ways of predicting and controlling these processes. Using this approach we can discover how people learn to gamble, how to predict and control addictive and destructive behaviours and how to minimise

problem gambling (Lesieur & Blume, 1991). People who are unable to control addictive and destructive behaviours are more likely to develop problems that have the potential not only to cause harm to themselves, but to people close to them and to the wider community.

Within the perimeters of psychology, gambling theorists find a variety of reasons why people gamble. Of particular interest is why people gamble excessively and without concern for others. The psychology of why people gamble is multifaceted and very complex (Bergler, 1970). Many theories have been developed that help provide some understanding of the nature of why people gamble. A wide range of people get involved in gambling activities. However, this thesis is particularly interested in Māori women and not just in gambling but problem gambling.

The most common perception of problem gambling has used a medical approach to see it as a psychological disorder. Problem gambling is described as individual and the person performs gambling activities as a way of coping with psychological problems. In addition the consequences (e.g. financial or social) arising from problem gambling are also seen as part of the psychological disorder.

Pathological is a term that has been favoured by the World Health Organisation in its *International classification of mental and behavioural disorders* since 1977 (Wilson, 2002). Abbott and Volberg (1999) reported that while “...disordered gambling had received some prior attention from mental health researchers and clinicians, it was not until 1980 that it was formally defined as a mental disorder” (p.78). This terminology is still currently used and was included in the *Diagnostic and statistical manual of mental disorders: DSM-IV* (American Psychiatric Association, 1994). Presently, ten criteria are considered for a diagnosis of pathological gambling; five out of the ten criteria are required. Problem gambling includes “pathological gamblers” at one end of the spectrum as well as those people who fail to satisfy the *Diagnostic and statistical manual of mental disorders: DSM-IV* criteria for pathological gambling but experience at least three gambling related problems as assessed by a clinical interview or psychometric test (American Psychiatric Association, 1994). The full set of diagnostic criteria for pathological gambling is outlined below:

Table 2.1: DSM-IV Diagnostic Criteria for Pathological Gambling

- A Persistent and recurrent maladaptive gambling behaviour as indicated by five (or more) of the following:
1. Is preoccupied with gambling (e.g. preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
 2. Needs to gamble with increasing amounts of money in order to achieve the desired excitement
 3. Has repeated unsuccessful efforts to control, cut back or stop gambling
 4. Is restless or irritable when attempting to cut down or stop gambling
 5. Gambles as a way of escaping from problems or relieving a dysphoric mood (eg. feelings of helplessness, guilt, anxiety, depression)
 6. After losing money gambling, often returns another day to get even (“chasing one’s losses”)
 7. Lies to family members, therapists, or others to conceal the extent of involvement with gambling
 8. Has committed illegal acts such as forgery, fraud, theft or embezzlement in order to finance gambling
 9. Has jeopardised or lost a significant relationship, job or educational or career opportunity because of gambling
 10. Relies on others to provide money to relieve a desperate financial situation caused by gambling
- B. The gambling is not better accounted for by a manic episode.

The quantitative framework of DSM-IV diagnosis requires that people be separated into two groups, pathological gamblers or non-pathological gamblers. This diagnosis is clearly defined and allows clinicians to communicate with one another and make intervention outcome comparisons across studies (American Psychiatric Association, 1994).

However, this approach may be inadequate. Allport's model of prejudice states that a range of aspects of the situation need to be taken into account in order to explain behaviour toward an object of prejudice (Allport, 1979). These include the historical background, the socio-cultural context, the personality and dynamics of the person involved, the situation in which the act occurs, the behaviour itself, and finally, the object of the behaviour.

This model can be used when trying to understand gambling behaviour. Similarly, understanding gambling behaviour involves examining the historical background of the behaviour, its socio-cultural context, the personality and dynamics of the person involved, the situation in which it occurs, the act of gambling itself, and finally, the object of gambling (money, casino, perceived rewards, etc.).

For example, with regard to the personality and dynamics of the person involved, the consequences of problem gambling are only problematic to the extent that social or financial resources are insufficient. Some people have the financial resources to manage their losses even when they escalate their betting. Moreover, frequent gambling is not necessarily how they cope with managing life's difficulties, nor does it preoccupy their thinking.

Historically, psychologists and psychiatrists have been uncertain whether or not (Abbott, 1999; Allcock, 1998). The DSM-IV and other diagnostic instruments have been used to identify a variety of dysfunctional conditions indicating pathological gambling (Abbott, 1999; Allcock, 1998). Doing so has contributed to the medicalisation of problem gambling by labelling its most extreme forms as 'mad' or extremely bad behaviour (Abbott & Volberg, 1999).

Problem gambling should be classified as a mental disorder. Abbott and Allcock both state that focusing on the pathology of gambling over-emphasises individual responsibility, and may ignore variations within groups. That can result in either exclusion of people whose problem gambling results from societal conditions, or on the other hand, may lead to over inclusion or inaccurate diagnosis of people who do not have serious gambling problems (Abbott, 1999; Allcock, 1998).

Conversely, a DSM-IV diagnosis does not include people who fail to meet five criteria (see Table 2.1). This group would therefore not be diagnosed as pathological gamblers even although they may be serious problem gamblers, both reflecting and creating exactly the same social problems in their surrounding environment (Allcock, 1998). This may be particularly pertinent for Māori women.

Moreover assessing gambling in this way can fail to distinguish between chronic problem gambling and short-term behaviour aberration. Diagnostic criteria are

derived constructs that undergo constant revision and evolution. That is, they should be judged by their effectiveness, including their ability to organise existing information, generate useful predictions including response to intervention and direct research along new lines that will further enhance understanding (Abbott & Volberg, 1999). Such information is not yet available for Māori women problem gamblers.

Historically again, the earliest and still the most widely used assessment screen for problem gambling is the South Oaks Gambling Screen (SOGS) (Lesieur & Blume, 1987). This can be self-administered or administered by an interviewer and seeks to determine whether the gambling is a solitary pursuit, how many hours are spent gambling, how much money is spent gambling, how much money is lost in any day, whether the evidence of gambling is hidden and whether there have been gambling related money problems. This screening tool is the most widely used by international and national New Zealand service providers in patient consultations (Hannifan, 2004). The screen is based on the DSM-IV instrument used for diagnostic purposes in clinical settings, and is designed for use in the general population (Hannifan, 2004).

However, this questionnaire is dependent upon truthful disclosure by the individual. The fact that gamblers may be reluctant to seek help for gambling problems suggests that such people may be less likely to be truthful (Lesieur & Blume, 1987).

A number of gambling therapists and researchers have stated that the SOGS is an American assessment tool which focuses on the individual and excludes culture, social factors such as SES and is impractical (Sullivan, 1999).

It is clear that the historical medical model of understanding problem gambling is inadequate. To understand gambling behaviour as it relates to Māori, particularly Māori women, requires a model that reflects the culture, social, economic, emotional and familial environments. This thesis aims to address this need.

Addressing gambling

Another element which is important in understanding gambling is the nature of interventions used to cope with problem gambling. Interventions for gambling are

usually concerned with stopping or managing the behaviour. There are a variety of ways in which gambling can be managed, varying from medication to changing one's lifestyle. The first and still the most common approach involves the use of support groups such as self help groups.

The first Gamblers Anonymous (GA) group was formed in the United States of America in 1957 by two recovering war veteran gamblers (Custer & Milt, 1985). GA support groups have continued in the USA and also in New Zealand. Regular meetings and programmes similar to the 12-step Alcoholics Anonymous programme have been helpful in assisting gamblers to abstain from gambling (Mark & Lesieur, 1992). The advantages of attending support groups are numerous. Gamblers are provided with the opportunity to interact with other group members in a non-judgemental environment, gauge their own progress against other gamblers and learn strategies to help deal with stress and boredom (Brown, 1987). Furthermore, group participants are able to hear how other gamblers cope with relapse and some are able to develop friendship supports (Brown, 1987).

Most of the recovery models of abstinence have focused primarily on the GA organisation and membership as a means to help control gambling and achieve abstinence (Brown & Coventry, 1997; Mark & Lesieur, 1992; Van Den Bergh, 1991). Moving away from gambling environments has also been suggested (Chetwynd, 1997; Lesieur et al., 1998) as a treatment goal (Brown, 1987).

Counselling approaches widely used for gambling intervention include psychotherapy, conjoint marital therapy, minimal intervention, individual counselling, group work, family therapy and behavioural counselling. Most counselling sessions provide a setting where the gambler or others affected by a gambler's behaviour can be heard and supported, and their psychological needs dealt with (Griffiths & Macdonald, 1999; Tavares, Zilberman, & el-Guebaly, 2003). Counselling can be useful in helping the gamblers to solve difficulties in their lives and are especially helpful to partners and family members of gamblers.

Another approach which has been used with people with problem gambling is Cognitive Behavioural Therapy (CBT) (Blaszczynski & Silove, 1995). CBT

attempts to modify the thought patterns of an individual so that the undesired behaviour is no longer triggered. Emphasis is on thought processes, reasoning and problem solving. Furthermore, cognitive psychologists believe that present experiences in a person's life derive from past experiences. In cognitive psychology, the most important human ability is the individual's capacity to take information from the environment, analyse this information in a systematic way, and come up with a solution to a problem (Blaszczynski & Silove, 1995).

Little research has been undertaken on therapeutic methods to measure outcomes of abstinence and behavioural gambling treatments. Two published reviews found that CBT was reported as more effective than abstinence in controlling gambling (Dickerson & Weeks, 1979; Rankin, 1982). Although these authors emphasised CBT as a means of control, they also recommended that the therapist should establish a contract for abstinence with the problem gambler. Both theorists advised that such a contract should include the following:

- Choosing not to gamble
- Choosing when to stop losing
- Involvement in non-gambling pursuits

A strategy for implementing such a contract is to encourage clients to document behaviour with homework assignments. For example, a log book can be used by the client to help understand where, for example, gambling started in their whānau. This approach helps the client identify their problem (Dickerson & Weeks, 1979; Rankin, 1982).

Another means of changing gambling behaviour is Motivational Interviewing (MI). MI is used to prepare the client for formal structured intervention and relapse prevention training (Miller & Rollnick, 2002). Not all people are ready to change their behaviour. However, problem gamblers are often referred by the Court systems or they present at crisis stage (Griffiths & Macdonald, 1999). MI was developed to deal with clients who either denied or did not recognise that they had an addiction. Miller and Rollnick (2002) showed that motivational interviewing provides a way of enhancing personal motivation and found it to be effective in keeping clients in intervention and reducing their alcohol intake. This

approach has also been found to be effective by therapists treating problem gamblers (Griffiths & Macdonald, 1999).

There is clear recognition in the literature that motivational factors are crucial to an understanding of gambling behaviour and the process of change for problem gamblers (Griffiths & Macdonald, 1999; Miller & Rollnick, 2002; Prochaska & Di Clemente, 1982). Miller and Rollnick (2002), reported that therapists were able to use MI to assist in reducing ambivalence and clarifying goals for positive change in a non-threatening environment and encouraging clients' own motivation for change (Prochaska & Di Clemente, 1982).

Gambling as a behaviour is acquired by typical learning processes (Blaszczynski & Silove, 1995). This means that what has been learned can be unlearned by reversing the original learning process using techniques from aversive therapy to relaxation. Imaginal and in vivo therapy are two other classical conditioning methods which have been used for exposure and desensitisation interventions (Tavares et al., 2003). The main methods used today involve exposing the person to the triggers and cues that make them want to gamble and practising resisting their urge to gamble. Exposure to those triggers will in time reduce their urge to gamble. The therapist then suggests ways to limit opportunities to gamble, for example, by leaving venues, and concludes by using relaxation exercises to help clients to cope with not gambling (Tavares et al., 2003).

Self-help groups have also been important in the support of gamblers. Consequently, group members report their change to ceasing or limiting uncontrolled gambling behaviour to other gamblers (Custer & Milt, 1985). An important element of GA is the buddy system, where a recovered gambler known as a 'sponsor' helps a new member to get started on the road to recovery. The other important aspect is the provision of information about gambling, addiction and available community resources.

While people have realised that problem gamblers need help, it has also been considered important to understand the negative impact that gambling can have on the family and friends of problem gamblers. Services have been established for those affected by someone else's gambling. Informal support networks have

grown as a source of information and help. A more organized support group for family members is GAMANON. The common theme running through these groups has been social support. For example, a key element of GAMANON has been the sharing between member families of information and strategies for coping with the effects of their family member's problem gambling. Other services which have been developed by some GAMANON groups are personal counselling and the provision of information about the nature of gambling and assistance available in the community.

Summary

There are multiple definitions to describe gambling and no one description can be agreed upon. The psychology of gambling highlighted the positive and negative aspects of gambling. Some interventions focus only on the individual, others on the context in which gambling occurs, whilst others focus on learning and/or cognition, and others focus on the family.

Gambling in New Zealand

This section discusses the changing face of gambling in New Zealand starting with a brief historical overview of traditional gambling activities that arrived with the first European settlers, through to new forms of gambling. Gambling has been an integral part of most societies over the last couple of centuries; New Zealand is no exception (Grant, 1994, 2002).

History of gambling

Gambling activities such as card and dice games, games of chance, pugilism, lotteries, raffles and fights involving animals such as cocks, or dogs were popular with the early settlers (Grant, 1994). As townships developed, so too did the desire to establish gambling establishments both legal and illegal. Gentlemen's clubs met the gaming needs of the gentry whilst gambling dens in the back of makeshift pubs or alleyways met those of the working classes.

The 1830s saw the establishment of horse racing and betting in New Zealand. Race meetings provided the setting for the wealthy, who occupied exclusive 'members only' stands, to announce their success in New Zealand's society (Austrin, 1998). Furthermore, within this industry emerged gambling promoters

known as “bookmakers”, who symbolised the ‘triumph of working class gamblers over the politically and economically powerful middle-class wowsers’ (Grant, 2002, p75). More important however is how the organisers of race meetings and elite racing clubs became a traditional source of social and political pride in their local areas (Grant, 2002). In nineteenth century New Zealand, local pride rather than commercial logic produced an amazingly large number of racing clubs. The most well known racetracks in New Zealand are Riccarton in Canterbury, Ellerslie in Auckland and Trentham in Wellington. Of importance here is the significance of the vesting of public authority in elite racing clubs and the honouring of race meetings as regional festivals and public holidays (Mosley, 1885). Gambling on horse racing had been a central part of popular culture, particularly for men (Grant, 2002).

The popular gambling activity of housie was introduced in 1958 (Grant, 1994). The venues for housie were smoky church halls, public halls or marae dining rooms. Housie had been considered primarily a man’s gambling activity particularly during war-time (housie was banned in peace time). However, from 1958 the Department of Internal Affairs passed legislation allowing for housie to be operated for those operators who adhered to strict regulations (Grant, 2002) at which point it became widely accessible within New Zealand.

Housie was popular because it brought people together who shared a commonality from mainly working class groups, had the potential to raise a lot of money overnight on a regular basis, and for some it was a way of overcoming loneliness (Grant, 2002). The drift from rural to urban living for working class populations within New Zealand meant that housie venues became a ‘one-stop shop’ where recreational and social needs were met. A similar trend was noted in England with bingo gambling, that one of the advantages that bingo had for working class populations, particularly women, was social connections (Davis, 1992).

Changing face of gambling

However, New Zealand was on the whole unprepared for the world of commercialised continuous gambling that emerged from the 1980s onwards. Gaming machines were first introduced into New Zealand in 1988 replacing ‘fruit machines’ that had originally been brought in the 1930’s (Grant, 1994, 2002) and

very quickly became the gaming machine of the South Pacific (Compulsive Gambling Society, 1997).

In 1994 the first casino was opened in Christchurch (Compulsive Gambling Society, 1997). Opportunities to gamble in New Zealand increased in 1996 with the opening of the second New Zealand casino in downtown Auckland. The Christchurch and Auckland casinos were given special provisions with their licence. Both casinos had the right to expand operations after two years of establishment as long as they were 100 kilometres away from their current sites. No other casinos can be established in these two areas or within 100 kilometre for five years (Department of Internal Affairs, 1995). Licenses were granted for a casino in Queenstown and another one in Dunedin in 1999.

By 1996, the number of gaming machines per site had increased from 12 to 18; the increased limit caused increases in licenses. For example, gaming machine licenses rose from approximately 8,000 to 15,000 (Compulsive Gambling Society, 1997). Between June 1994 and December 2004, the total number of pokie machines had continued to increase from 7,770, up to 25,221 and the total number of gaming sites increased to 1,747 as of December 2004 (Department of Internal Affairs, 2003a).

A second casino opened in Queenstown in 2000 and the Riverside Casino in Hamilton opened in September 2002. The total number of casinos increased from 1 to 6 over an 8-year period (Problem Gambling Foundation, 2003). The Casino Control Authority, in accordance with the Casino Control Act 1990, permits the establishment of each new casino providing that it will not cause substantial harm but will create new employment, support national and local tourism and economic development. Hamilton Casino opponents raised and spent approximately \$600,000 from the local community to appeal against the planned Hamilton Casino (Bunkle, 2003). Internet-based gambling first became available in New Zealand in 1998 (Bunkle, 2003).

The licensing of gaming machines for sites such as clubs and hotels was authorised by the Department of Internal Affairs in the early 1980s (Amey, 2001). The majority of gaming machines are located in commercial sites, for example,

hotels, licensed clubs and sports clubs. The Gaming and Lotteries Act (1977) provided a legal way for non-commercial societies to operate up to 12 gaming machines in order to raise money for charity (Amey, 2001). Licence holders of non-casino gambling machines are required to donate a third of their income for charitable purposes, pay a third to the Government for tax and a third can be used for administrative and related costs. Before the Department of Internal Affairs approves a licence, the licence holder must give an assurance that a desired level of income will be achieved (Amey, 2001).

However, there were some judicial issues around their legality and it was not until 1988 that the Department of Internal Affairs introduced a new licensing regime. This meant that EGMs came under statutory law (Gaming and Lotteries Act 1977) and could be subjected to government regulation. For example, EGMs had to be run by a non-profit organisation and monies raised had to be given to a specific cause. At this time EGMs were most likely to be found in clubs, sports clubs, hotels and family restaurants (Reid & Searle, 1996). Thus the tightly regulated gambling industry benefited from a liberal economic climate from the mid-1980s onwards. There was a deregulation of restrictions on the industry which fell under the economic reforms of the Labour government. By 1991 the turnover of the gambling industry had reached \$575 million and by 1999 this had increased more than threefold to \$1,871 million (Department of Internal Affairs, 2003b).

However, in October 2002, the Government announced that in the future, all non-casino gambling machines would be electronically observed as are machines in casinos, the maximum amount that could be charged for administration costs associated with each machine was set at \$150 per week and new gaming sites could have only 9 machines only if they are supported by the community. These decisions aimed to reduce the growth of non-casino gambling machines (Hannifan, 2004).

Gambling's socio-cultural context

By the beginning of the twentieth century, discussions about gambling began to focus on action rather than political debates. Furthermore, it seemed that the social and economic effects of gambling far exceeded community benefits. There were notable concerns by socialist members of society in New Zealand that gambling

was prioritised before the basic needs of families. There was growing concern by working class groups of men that gambling was an unequal playing field. For example, there was a lot of contention when the first Minister of Internal Affairs, Mr Young, prioritised funding for the extension of a race course over the needs of the poor during the depression of 1930 (Grant, 1994).

Housie was enjoyed predominantly by women and more often than not housie games were organised by small charities or community organisations (for example the New Zealand Epilepsy Association), which received the profits and used them to fund services. Yet, the declining interest in housie came about due to strict regulations by the Lotteries Commission and Gaming and Lotteries Act (1977) (Grant, 1994). Not only was housie unable to compete with the more attractive and well promoted activities such as casino and pokie venues but there were strict regulations and limits on prizes: six and not seven day play; number of games per session and limits on advertising (Curtis, 2000; Grant, 1994, 2002; Wither, 1987). For example, at the time of this study there were no housie venues operating in Rotorua.

A national raffle called the "Golden Kiwi" was popular last century. Prior to the 1980s, gambling on horse racing, housie, weekly tickets in national raffles such as "Golden Kiwi" and Lotto had been a central part of popular culture, particularly for men. Other forms enjoyed predominantly by women included housie. Although these forms of gambling were highly popular, they were also tightly regulated and confined to a few specific times and locations (Christoffel, 1992).

Problem gambling

Problem gambling is a reality for New Zealand. As gambling opportunities became steadily easier to access, people increasingly perceived them as a normal part of every-day routine. The first study undertaken in New Zealand involved one-on-one interviews with 1500 people from the general public to determine the effects of gambling and was commissioned by the Department of Internal Affairs in 1985 (Wither, 1987). The study found that 66% of respondents agreed that there is a problem with gambling and related issues and 65% concurred that help should be available for people who wanted to address their problem gambling (Wither, 1987).

A 1990 survey of gambling participation and attitudes involving face-to-face interviews with 1200 representatives of the general public found that 90% of respondents reported that they had engaged in at least one form of gambling following the introduction of new forms of gambling (Christoffel, 1992). In 1991, Abbott and Volberg were commissioned by the Department of Internal Affairs to provide information about the prevalence of problem gambling by ethnicity, regularity and type of gambling activity (Abbott & Volberg, 1991). Their findings highlighted the following:

- Between 125,000 and 174,000 people, aged 18 years and over in New Zealand, have at some stage met the criteria for classification as a problem or pathological gambler.
- 55,000 to 86,000 adults were currently problem or pathological gamblers (past six months).
- Problem levels of gambling in New Zealand in 1991 were considerably higher than previous studies undertaken in North America.

This study indicated the following gaps for people who experienced significant problems with gambling as outlined below:

- The provision of treatment services and accessible self help groups.
- The need to address women and elderly groups.

Volberg and Abbott (1997) quoted the lifetime prevalence rate (the number of adults at some time in their life who had a pathological gambling problem) at 2.7% for the New Zealand (NZ) adult population, with the then current prevalence at 1.2%. These figures fit the 1-3% prevalence rates for developed countries (American Psychiatric Association, 1997). Another survey in 1997 involving a total of 600 Auckland residents and 400 Christchurch residents from the general public reported that gaming machines in casino, clubs and pubs had contributed to a significant increase in problem gambling in New Zealand (Australian Institute for Gambling Research, 2001).

The majority of gambling studies that followed from 1991 to 2000 in Aotearoa have been completed by Aotearoa's leading gambling academic, researcher and

theorist Max Abbott in collaboration with the American academic, researcher and gambling theorist Rachel Volberg. In 2000, Abbott and his colleagues interviewed male prisoners. They concluded that the lifetime probable pathological gambling prevalence rate increased to 21% for this population and of the forms of gambling available, gaming machines (poker/slot machines) outside casinos were significantly preferred (28%) (Abbott et al., 2000b). Further, 15% of male prisoners reported having committed a crime to obtain money to gamble or to pay gambling debts. Burglary was the most frequently reported gambling-related offence, followed by theft, fraud and robbery. Although few male prisoners began their criminal careers as a consequence of problem gambling, gambling is associated with the subsequent offending of many men who became problem gamblers. Moreover, 41% of the problem gamblers believed one or both of their parents had a gambling problem at some time (Abbott et al., 2000b).

Addressing gambling

Earlier, I briefly discussed the history of gambling, the proliferation of new modes of gambling and prevalence studies looking at problem gambling behaviour in New Zealand. The latest national counselling statistics report for 2004 highlighted that just over three-quarters of all clients receiving problem gambling counselling seek help due to problems related to gambling on gaming machines in pubs and clubs (76.6%) and the trend over the past years has been for this percentage to steadily increase (Ministry of Health, 2004; Payne, 2004). Hence, the urgent need for new services.

I now provide a brief overview of the history of organisations that have been established to address gambling concerns in New Zealand.

Addressing gambling related concerns commenced in the late 1880's (Grant, 1994). In an attempt to address alcohol and gambling problems, a group of middle class non-Māori women combined and formed the Women's Christian Temperance Movement (Grant, 1994). Some years later Māori women in Rotorua (Morrison, 1999a) and other regions also joined the Temperance Movement to assist restricting alcohol and gambling in their communities (Grant, 1994).

The first GA Chapter was formed in Christchurch in 1978 (Abbott & Volberg, 1991). The philosophy of GA was adapted and run along the lines of the first GA founded in America in the early 1950s (Brown, 1987) as discussed earlier in this Chapter. There are currently 17 regional offices providing GA support in New Zealand (Payne, 2004).

In 1988, the Compulsive Gambling Society (CGS) was formed and operated the Gambling Crisis Hotline up to 1997 (this service was handed over to Lifeline in February 1998) (Compulsive Gambling Society, 1997). In 1992, a grant was provided to CGS by the Problem Gambling Purchasing Agency (PGPA) to provide crisis intervention, assessment and counselling, support, education and training, information, and research. From 1993 to 1995, a female problem gambling counsellor was employed to provide face-to-face therapy and counselling with women clients who had pokie machine-related problems (Compulsive Gambling Society, 1998). The organisation operated as a treatment provider for assistance around problem gambling with a number of services throughout the main centres in New Zealand up to 2001. The need to adapt and provide a social context for gambling was recognised by CGS trustees and the organisation changed from the CGS to the Problem Gambling Foundation of New Zealand (PGF) in 2001. By 2003, there were approximately 41 specialist face-to-face problem gambling PGF satellites operating around the country (Problem Gambling Foundation of New Zealand, 2003).

The Problem Gambling Help-line telephone counselling service opened in 1992, replacing the Crisis Hotline. The Help-line provides a nationwide free telephone counselling service for people experiencing problems with gambling or affected by problem gambling. The service includes financial counselling, information, assessment, crisis management, advice, motivational counselling, support, client follow-up and referral (Clifford, 2003). Payne (2004) reported that the Help-line also offers a Māori and Pacific Island line and more recently a youth line (‘in ya face’) and an email counselling service.

In 1992, the Salvation Army received an interim grant of \$1,000,000 following the outcomes of the prevalence studies undertaken by Max Abbott and Rachel

Volberg in 1991 and established the Oasis Centre for Problem Gambling (Grant, 1994).

Funding for the above organisations was provided by the Problem Gambling Committee (PGC) which is a charitable trust. The PGC was provided with \$2 million for the 1996/7 fiscal year to provide funding for problem counselling services in New Zealand and was recognised by the Gaming and Lotteries Amendment Act (No.2) (Paton-Simpson et al., 2002). The PGC is funded by a levy from the six casinos and non-casino gaming machines, grants from the Lottery Grants Board, and the TAB (Paton-Simpson et al., 2002). The gaming industry provides funds to the committee on an annual basis to purchase services for people with gambling problems. In 1997, the Problem Gambling Purchasing Agency was established and contracted by the PGC to ensure an independent approach to the purchasing of services for problem gamblers in New Zealand (Hannifan, 2004).

The provision of funds to develop and sustain these three services between 1992 and 1996 continued in an ad hoc manner and often at the discretion of the gambling industry (Grant, 2002). In 1996, an initiative to formalise treatment services in New Zealand commenced between the New Zealand Government and the gambling industry (Grant, 2002; Hannifan, 2004). It was decided that the treatment of problem gamblers was not a central service to be provided through the health system and that the payment for treatment should remain the responsibility of the individual gamblers and should come voluntarily from the gambling industry (Hannifan, 2004). However, at a PGC funded conference on Gambling and Public Health in July 2001, the government announced that the issue of problem gambling would become a public health policy matter and introduced a new regulatory framework, the Responsible Gambling Bill.

Public health and gambling

In many respects New Zealand has led the way in approaching gambling from a public health approach. Problem gambling has never been provided for through the Health system. The gambling industry has been reluctant to fund the treatment of anything other than established pathological gambling disorders, and that other problems should be referred to other State-funded providers.

In 2003, New Zealand became the first country in the world to place problem gambling as a public health issue (Ministry of Health, 2001). Similarly, most of the indicators about the wellbeing of communities have been traditionally based on epidemiology, social costs, and quality of life concerns (Adams et al., 2003). A public health approach attempts to address health issues affecting populations, particularly specific groups; it includes some broader aspects of problem gambling in relation to vulnerable groups; and it takes the focus away from the individual being 'the problem' (Adams et al., 2003). This approach is also supported by Korn and Shafer (1999) who noted that looking at gambling from another lens is preferable to the clinical approach which has in the past tended to focus on the individual or family interventions to reduce gambling harm (Abbott, 1998; Abbott & Volberg, 1991, 1994; Sullivan et al., 1994). Korn and Shafer (1999) further postulate that public health takes a much broader view and identifies multiple strategies such as the wider health, social and economic costs and benefits, giving priority to the needs of vulnerable people.

The societal indicators of wellbeing clearly illustrate that the harm caused by problem gambling should be an ongoing concern for the community (Raeburn & Herd, 2003). Unfortunately, unless one is directly impacted or influenced by the harm of problem gambling the voice of the wider community is deafening by its silence. The cost to the community is to a large extent hidden from public view as it is not widely discussed between and within local communities. This lack of discussion by communities will greatly hinder the efficacy of any health promotion approach. Moreover, there is an argument that treatment providers for problem gambling should possess additional skills for what may be one of the most complex behavioural addictions, especially with the absence of public awareness, or minimal government involvement, even at a regulative level (Sullivan, 1999).

Appropriate screening tools

As mentioned above the most widely accepted assessment tool for gambling has been the SOGS. New Zealand gambling therapists and researchers identified that the use of this American-designed assessment tool was inappropriate since it did not reflect the realities of New Zealand's cultural societies. One researcher has

stated that the SOGS is an American assessment tool which focuses on the individual and excludes culture, social factors such as SES and is therefore impractical (Sullivan, 1999).

The Early Intervention Gambling Health Test or EIGHT Screen was developed as a tool for primary health environments, specifically in General Practice, with intended utilities of brevity, sensitivity, and simplicity of scoring (Sullivan 1999). As such, its primary focus was the identification of a current gambling problem in a clinical setting. According to Sullivan (1999), EIGHT Screen was also intended to identify early gambling problems ('pre-clinical') as well as late-stage problem gambling (Pathological Gambling Disorder). Additionally, the screen is more practical, brief (self-completed in approximately one minute), simple to score, in order to provide prompt assessment and feedback. The screen includes eight questions that cover health, emotional, cognitive and behavioural dimensions. A score of four or more out of a possible eight indicates significant gambling problems.

Summary

In summary, gambling has been a popular social activity for many New Zealanders. The range of activities has been diverse and ranged from local pride, community focused and problematic. Following the introduction of the new forms of gambling and the proliferation of casinos and pokie venues gambling became more available and acceptable. There was recognition by the Ministry of Internal Affairs that gambling was causing concerns and a number of surveys and prevalence studies were undertaken. The need for services to meet this demand saw the establishment of three core service providers assisting gamblers with telephone helpline counselling, gambling support groups, and face-to-face counselling. Moreover, there was a noted increase in women seeking help for problems with pokie machine gambling.

Women and Gambling

The proliferation of gambling

As previously mentioned the feminisation of gambling and problem gambling has been linked particularly to increased availability of gaming machines and

women's preference for this type of gambling (Brown & Coventry, 1997; Hing & Breen, 2002; Volberg, 2003). Historically gambling was a male preserve. In the last twenty years there has been an overwhelming trend towards women participating in gambling and, as a result, there has been an increase in women seeking help (Abbott & Volberg, 2000; Berry, Fraehlich, & Toderian, 2002; Boughton, 2003; Brown & Coventry, 1997; Bunkle, 2003; Lesieur & Blume, 1991; Van Den Bergh, 1991; Volberg & Abbott, 1997). The results from a quantitative study with women problem gamblers in Alberta, Canada, in 1994 reported that gambling was rapidly increasing among women, particularly First Nations women (Wynne, 1994). Aotearoa is no different. Surveys and prevalence studies also noted that between 1991 and 1999 non-Māori women were just as likely to develop gambling problems as were men (Abbott, 1998; Abbott & Volberg, 1991, 2000; Compulsive Gambling Society, 1997).

Since 1997 the percentage of females experiencing problems and seeking help has risen from 38% to 49% for the Helpline and from 29% to 45% for face to face counselling (Hannifan, 2004). Similarly, women from Pacific Islands are six times more likely than non-Māori women to have experienced significant gambling problems at some stage of their lives (Abbott & Volberg, 1991, 1994; Perese & Falaefa, 2000).

Problem gambling

Additionally, women have described their own poker machine gambling, and that of people close to them, as impacting on all areas of their lives (Bicego, 2002, 2003; Thomas, 2001; Volberg, 2003).

A review of literature from a liberal feminist perspective to examine the findings for women who were pathological gamblers concluded that research studies had mainly been conducted on men (Mark & Lesieur, 1992). These male-oriented studies had then been used for the design of treatment for a comparatively small number of women. There had been an assumption that men and women pathological gamblers require the same treatment programmes. The need to ensure that gender differences are included in future research designs was strongly recommended (Mark & Lesieur, 1992). Women in the studies reviewed stated that they started gambling relatively late in life and that they initially looked upon their

gambling as a means of escape from overwhelming personal problems (Lesieur & Blume, 1991). This is a distinct contrast to male pathological gamblers, the majority of whom indicate that their gambling careers started relatively early in life and whose major motive for continuing to gamble is to “stay in action” (Custer & Milt, 1985). The following examples of exclusion were cited from Custer and Milt (1985) study as follows:

- Profile of the pathological gambler where the findings are based on male problem gamblers.
- The study populations have been taken from Gamblers Anonymous with easy to reach participants such as men, the military, and war veterans.
- Women make up relatively small numbers in study samples and theoretical development of treatment interventions has mainly been for men.

For women, gambling may serve as a temporary escape from attempts to fulfill socially prescribed role expectations in unhappy or abusive relationships (Brown & Coventry, 1997). As their gambling behaviour progresses, it further impedes their ability to function in these roles (Hraba & Lee, 1996). This creates increased guilt and shame, and decreased self-esteem, which may deter women from seeking help (Tavares, Zilberman, & Gentil, 2001). Other researchers suggest that gambling may be a route for empowerment for women as it allows for competition in a male-dominated society (Potenza, Steinberg, McLaughlin, & Wu, 2001). The findings of Brown and Coventry’s (1997) study where women reported they gambled to escape depression and the humdrum of the domestic environment and as a way to feel equal to their male counterparts support this. Some women experience violence in their relationships and engage in risky gambling behaviour in order to regain a sense of identity and worth in their lives (Brown & Coventry, 1997).

The feminisation of poverty may be a precipitating factor in increasing the gambling behaviour of women trying to meet the economic needs of their families (Hraba & Lee, 1996; Van Den Bergh, 1991). This factor is likely to be emphasised if the woman is parenting without the support of a partner (Hraba & Lee, 1996; Van Den Bergh, 1991). Women who are low income earners or on

benefits may not be able to meet the ongoing demands often made by children for material goods (Rugle, 2004). These may include label clothing, peer pressure, and the ongoing demands from schools for funding to enable educational travel overseas, all of which which further compound the need for extra finances (Van Den Bergh, 1991). In addition, if someone is unable to see a correlation between a change in their lifestyle and an increase in salary it could precipitate a sense of hopelessness and despair. Thus gambling in order to escape the feminisation of poverty could be easy to fall into (Van Den Bergh, 1991).

The feminisation of casino and pokie venues has changed the way in which women view gambling. For example, women now have a good sense of safety around gambling (Volberg, 2003). The affluent environments of the casinos are a far cry from the smoky and less affluent housie halls and gambling in the public bars of hotels (Austrin, 1998; Brown & Coventry, 1997). Similarly, researchers argue that the growing attraction for women of modern gambling venues stems from the provision of clean, smart locations where patrons are treated with respect and experience a feeling of physical safety (Hing & Breen, 2002; Trevorrow & Moore, 1998). Women prefer to gamble in casinos rather than gaming lounges because of men's prejudices because they are less likely to be frowned on by men who impose a gender perspective on women's roles (Brown & Coventry, 1997), believing that women should be at home caring for their children rather than gambling. This suggests that contemporary male attitudes to women have not changed over time and continue to disempower women. The likelihood of hiding or internalising the gambling behaviour increases and is another source of stress for women (Brown & Coventry, 1997). These incentives often prove hard to ignore for women who want time out from familial obligations and work or are seeking informal companionship from other gambling players (Thomas, 2001). A major reason is that women are highly likely not to be supported by their spouse and to actively seek out alternative support networks (Brown & Coventry, 1997; Thomas, 2001).

Studies from overseas suggest that women tend to personify gambling machines more than male gamblers (Delfrabbro & Winefield, 2000; Griffiths, 1994). A gender comparison study of 12 women and 8 men regular slot machine players in

England (Griffiths, 1994) found that women have a tendency to become more emotionally involved when they gamble and are more likely to treat the machine as an electronic friend, that they can strike bargains with and cajole into returning better profits (Delfrabbro & Winefield, 2000; Griffiths, 1994). This contributes to irrational thinking that, in turn, helps in the maintenance of gambling behaviour.

A gender comparison study of 39 women and 38 men entering an outpatient treatment program for pathological gamblers in Canada found that women started gambling significantly later than men and that the progression of the disorder was two times faster in women than in men (Tavares et al., 2001). This finding suggests that gender must be taken into account when developing treatment strategies for pathological gambling (Tavares et al., 2001).

There has been a significant increase in the number of American women gamblers who have viewed gambling as a means to supplement their income or a second job similar to day-trading or selling real estate (Volberg, Toce, & Gerstein, 1999). As noted by Abbott and Volberg (2000) paid employment not only provides income but it also provides a variety of other important functions such as social contact with people, links to wider communities, professional development opportunities, and a number of challenges.

Researchers in Australia concur that the feminisation of gaming venues has contributed toward more women gambling in social settings. For example, the increased number of gaming licenses granted to hotels, shopping malls and sports clubs has led to a significant increase in women socialising and gambling with men or alone (Bicego, 2003; Brown & Coventry, 1997; McMillen, 2002). Feeling safe within sub-groups such as card schools and homes (Goodale, 1987; Steane et al., 1998) provides a sense of belonging, particularly for elderly women (Brown & Coventry, 1997).

The availability of childcare is likely to contribute to women's willingness and ability to gamble at many casinos. Similarly the availability of lottery products and gaming machines in growing numbers of grocery stores, convenience stores and restaurants as well as the low price of participation makes it easier for women to engage in these activities as well. In New Zealand, availability of childcare

services close to or nearby gambling venues has provided opportunities for women to gamble more frequently (Abbott & Volberg, 2000; Brown & Coventry, 1997). This finding was further confirmed by two recent social impact reports that highlighted that gambling in local Returned Services Association Clubs (RSA), sports clubs, local hotels and family restaurants such as Valentines have made gambling opportunities more available (Brown, 2001; Rankine & Haigh, 2003; Rotorua District Council, 2003).

Past studies have reported that women who gambled and frequented gaming venues in America were stigmatised and made to feel unwelcome in gambling environments by men (Spanier, 1994; Volberg et al., 1997). In terms of class distinctions, Preston et al. (1998) found that although gambling has been accepted as a recreational activity the stigma of gamblers being deviant still exists for working class and marginalised women. This may explain why casinos, in particular, appear to appeal to women gamblers. The settings provide for a safe, non-threatening environment for women to gamble and be entertained without stigma.

Research on the relationship between stigmatisation and hiding the compulsion to gamble has suggested that women often prefer to both drink and gamble alone (Blume, 1985). Women favour the huge impersonal environments that casinos provide because they are able to gamble without prejudices and without fear of someone recognising them (Mark & Lesieur, 1992; Potenza, Steinberg et al., 2001; Thomas, 2001). A study with women gamblers in Victoria, Australia supports this finding (Brown & Coventry, 1997).

Western culture expects women to be motherly, understanding and able to express their emotions while men are expected to be more aggressive, powerful and competitive both physically and in manner. Women, who are labelled “bad mothers/persons” are seen as being deviant because their behaviour differs from the norms set by the society to which they belong. For women who gamble, questions may be raised about their ability to be good mothers (Van Den Bergh, 1991). Women who attempt to assert their powerfulness and competitiveness by entering gambling domains that have previously been dominated by male patrons

may, for example, be perceived as behaving like men because they are going against the typical female stereotype (Mark & Lesieur, 1992).

Studies in Australia and America concluded that women gamble on poker machines to gain respite from the problems and pain in their lives (Brown & Coventry, 1997; Hraba & Lee, 1996). These researchers further contend that women often begin gambling as just a bit of fun, or indicate that they are/were using poker machine gambling as a form of respite from unresolved childhood problems (Brown & Coventry, 1997; Hraba & Lee, 1996). Childhood problems reported include being raised in households with a parent who was mentally ill, as well as experiences of being physically and sexually assaulted. Victimization can lead to the development of addictive behaviours because feelings of self-doubt are formed at a very young age and the potential to internalise a sense of shame and guilt prevails (Van Den Bergh, 1991). The abused woman may learn to experience resentment and fear which may cause her to self-destruct or self-medicate on gambling machines to cope with the discomfort of these feelings (Van Den Bergh, 1991).

Women with poker machine gambling-related problems can be further isolated as they may be reluctant to discuss their problems due to the associated shame and stigma, and fear of outcomes for themselves, e.g. relationship breakdown, job loss and financial implications (Lesieur & Blume, 1991). This may lead women to endure their poker machine gambling related problems alone (Brown & Coventry, 1997).

Ways of dealing with gambling

Gamblers Anonymous (GA) self-help support groups were originally the first port of call for women problem gamblers (Hraba & Lee, 1996). Although there has been strong support for GA support groups, women gamblers' needs have not been met in GA (Lesieur & Blume, 1991). Outpatient therapy programmes have been unisex and women have reported difficulties fitting in similar to their experiences at GA where they have also been marginalised (Grant & Kim, 2002). Self-help groups such as GA and GAMANON meet some of the needs of women gamblers however the profile of gamblers is rapidly changing particularly with the introduction of EGMs.

The high number of women seeking assistance for problem gambling in Australia and New Zealand precipitated the recognition of the need for gender specific services. A northern metropolitan community health centre in Melbourne, Australia, undertook a study with women gamblers utilising a participatory feminist action research method (Masterman-Smith, Martin, & McMillen, 2001). The recommendations from the report included the following:

- further community education strategies and interventions,
- direct interventions such as counselling and support,
- greater responsibility by the gaming machine industry to assist consumers in their information needs, and
- more women-friendly recreation and support groups (p.81).

Exploring alternatives for leisure such as relaxation techniques and stress coping skills was considered particularly helpful among female gamblers since they report a greater proneness to anxiety and depression (Hraba & Lee, 1996). Self-help workbooks have been successfully used with women gamblers who want to handle their problems in private (Hodgins & el-Guebaly, 2000). It is a cost-effective alternative to attending treatment programmes or self-help groups that tend to be dominated by male attendees (Hraba & Lee, 1996). Women may find this type of help complementary to unisex programmes. In addition, social support networks have been established for women who gamble in Australia (Brown & Coventry, 1997), America (Potenza, Korsten, & Rounsaville, 2001; Potenza, Steinberg et al., 2001) and Canada (Berry et al., 2002).

More often, financial disruption and relationship problems require urgent attention and the women need to discuss their gambling behaviour and develop strategies for managing this. They also want to address their underlying problems and pain. However, counselling that is structured using formal psychological testing and limited symptom focused treatment does not address the needs of some women and in fact can alienate them from trying other counselling approaches (Brown & Coventry, 1997; Hraba & Lee, 1996).

Most research on the aetiology and treatment of pathological and problem gambling has involved mainly male samples, resulting in a lack of knowledge

about women who experience problems with gambling. Nevertheless, recent reports highlight that following the availability and accessibility of legal gambling such as casino and electronic gaming machines (pokies) women are increasingly seeking help (Hraba & Lee, 1996; Lesieur & Blume, 1991; Mark & Lesieur, 1992; Trevorrow & Moore, 1998). There remains a shortage of women-specific research about why women gamble irrespective of anecdotal, media and clinical reports of gambling problems (Trevorrow & Moore, 1998).

According to Trevorrow and Moore (1998), research over the past forty years continues to focus on men's gambling behaviour. One suggestion for this continuing emphasis is that gambling is perceived mainly as a male activity (Lesieur & Blume, 1991). However, with the feminisation of gambling venues by casino operators, it is highly likely that women's problem gambling would surface or increase (Brown & Coventry, 1997; Lesieur & Blume, 1991).

Gender and interventions

Intervention services to help meet the needs of women have in the past been modelled on services for men (Mark & Lesieur, 1992). Hraba and Lee (1996) contend that the need for addressing gambling addictions of women and the development of appropriate gender specific programs has not been met. Brown and Coventry (1997) report that involving women in redefining their gambling behaviour was more helpful than the medicalised definition generally used by gambling theorists and clinicians to describe gambling.

Moreover, the language describing women and gambling in various instruments to assess problem gambling can be problematic. Brown and Coventry (1997) conducted a descriptive exploratory study from a sociological and feminist perspective with 102 self-identified problem gamblers. The women in the sample were able to describe their gambling behaviour as they perceived it and not according to the medicalised description of problem or pathological gambling (p.5). Therefore, interventions based on gender differences in problem gambling urgently require attention (Grant & Kim, 2002).

These same authors reported that GA and outpatient therapy was equally ineffective for both women and men (Grant & Kim, 2002). The implications were

that there were gender differences in clinical features of pathological gambling, and that these differences would require specific treatment options for women and men problem gamblers. Moreover, it is often the case that definitions of problem gambling link the symptom of the ‘problem’ with the behaviour of the individual gambler which, for women, causes overwhelming stigmatisation issues and the label of deviant (Brown & Coventry, 1997) as well as discouraging them from seeking help (Hraba & Lee, 1996; Mark & Lesieur, 1992). This unhelpful labelling fails to recognise the cultural and social context for women who experience problems with gambling (McMillen, 1996). A more helpful approach proposed by McMillen (1996) is to see gambling in its widest social context that includes the effects on families, friends and the wider community.

McMillen’s (1996) description was found to be most useful for the Australian women who defined their gambling behaviour themselves consistent with their own values and beliefs (Brown & Coventry, 1997). While important, this study had some limitations since there were no indigenous women included in the sample. Recognition of increased gambling in indigenous populations in Canada, Australia and New Zealand have been noted (Abbott & Volberg, 2000). Yet to date there is still limited data about Australia’s indigenous women and gambling. As noted by Brown and Coventry (1997), there is a need for recognition of non-English speaking communities. This report further suggests that indigenous women are not a priority area. Aside from the exclusion of indigenous women, this project provided a starting point and opportunity for women’s experiences and voices to be heard.

Summary

In summary, women who are problem gamblers have a susceptibility to pokie machines. The feminisation of gambling appears to be linked with availability, accessibility, and acceptance. Gambling was seen as an escape from personal, familial and unresolved historical issues. Intervention services must reflect the needs of women and, more importantly, women need to be included in the design of interventions. Negative labelling was termed unhelpful and had the potential to hinder addressing gambling issues. The most helpful form of intervention was self-help group support.

Māori and Gambling

Background

The history of Māori gambling is complicated and not well documented. There was no formal definition of gambling in Māori society, or even a word to describe gambling (Abbott, 1999). Gambling in traditional Māori societies has been conceptualised as either games of chance and bravery or as playful and dexterous (Best, 1925) and designed to sharpen hand and weaponry skills that led to strength and leadership qualities in the tribe (Stafford, 1986; Stafford, 1991). Similarly, the use of bones, sticks and arrows was very much favoured by indigenous people to determine what was in store for the future and it was believed all would be revealed by a supernatural spirit which controlled the throw (Grant, 1994). A comparable belief, that the gods had originated the gambling games they played with coloured stones and that these same gods determined their outcome, was held by the early American Indians (Grant, 1994).

Māori people have only been exposed to Western styles of gambling in New Zealand since these were first introduced by the early European settlers in the 1800's, primarily as a means of social interaction (Belich, 1996; Eldred-Grigg, 1984; Grant, 2002; King, 2003), and perceived business opportunities such as establishing race clubs (Dyall, 1998b; Grant, 1994; Morrison, 1999a). The naturalist Charles Darwin observed Māori and gambling (Grant, 1994). It appears from Darwin's perspective that Māori adapted quickly and efficiently to the gambling norms of the early settlers (Grant, 1994). As the cultures developed and interacted with each other it was inevitable that gambling would become very much part of Māori social activity.

In the late 1880's, a number of iwi saw the financial advantages of owning or investing in racing clubs. For example, Ngati Raukawa bought unwanted horses (old hacks) from Europeans and were given one race at meetings (Grant, 1994). During the same time, Rotorua Māori provided the land for the first race course and eagerly established the Ohinemutu Race Committee (Stafford, 1986). For more information about Māori involvement in horse racing and social activity in Rotorua see (Stafford, 1986; Te Awekotuku, 1984).

By the mid 20th century, Māori communities had been largely urbanised. Relocations came about for working class neighbourhoods to meet the needs of business development. The social interaction of neighbours changed with economic development and relocation was one of the reasons that bingo halls in the late 1960s became so popular with working class populations in England and New Zealand (Davis, 1992; Grant, 1994). A similar trend can be seen in the urban drift of New Zealand Māori from rural locations. In my previous study with Māori women in Rotorua, I reported that housie helped to maintain marae development, but more importantly the housie venue became a focal point of contact with a wide network of Māori communities (Morrison, 1999a, 1999b). The Pacific Island experience was very similar. Many of the Pacific Island populations who came to New Zealand as indentured labourers found solace in the many housie halls that populated urban regions (Grant, 1994). Grant (1994) also states that housie gambling extended to illegal mystery bus trips with illegal operators organising highly elite gambling bus tours that included a lot of money and were undertaken for private and not community gain.

In Auckland, Ngati Whatua expressed interest in investing in the Sky Tower Casino. Peter Sharples and Auckland Māori group Nga Herenga Waka provided advice on Māori culture and mythology for the casino so that unemployed Māori could be employed (Chapple, 1996). Fish symbols and tukutuku panels dominate the exterior of the building. Inside the property, a 20m waterfall portrays a primal New Zealand, and a 20m waka is carved with the mythology of Rangi and Papa. There is a bicultural mural depicting two important laws that eroded Māori identity - the Māori Declaration of Independence in 1835 and the Tohunga Suppression Act of 1907 (Chapple, 1996). Peter Sharples reported the following information about why he chose Maui as the floor of the casino, “because Maui was a gambler and a trickster and everything that was superfluous and deep in our culture” (Chapple, 1996, p18). The issue here for Māori gamblers is that there were no safety processes put in place for all of the dangers found swimming in the sea, such as sharks.

In 1997 Rotorua Casino Ltd (RCL), a joint venture partnership between Pukeroa Oruawhata Holdings Limited from Te Arawa and the Dream-Catcher Gaming

Group from North America, applied to the Casino Control Authority for an application to establish a casino in Rotorua (Cabinet Policy Committee, 1997). Taru White, the spokesperson for Rotorua Casino Ltd stated that Rotorua was the most logical locality for the casino, because of the high tourist numbers and up to 1200 jobs that would be created for local Māori. A casino entertainment centre was also proposed where Māori could in effect benefit from socialising with other gamblers, be entertained, and enjoy free food and refreshments (Grant, 2001) similar to the benefits provided by overseas casinos (Griffiths & Parke, 2003; Woollard & Gregory, 2002).

In Rotorua, Māori business people have set up, and some have sole ownership, of a number of pokie venues (Dyall, 1998a; Grant, 2001; Morrison, 1999a). More recently in Rotorua and South Auckland, the popular family restaurant chain “Valentines” added poker machines to their establishments and gained a licence to provide a 24-hour service (Problem Gambling Foundation, 2003). Another concern is that Māori make up the majority of the population in Rotorua and South Auckland and many are situated within the lower socio-economic level (Ministry of Women's Affairs, 2002).

The establishment of a mini casino by a local hapū in Rotorua to provide alternative funding for marae maintenance has implications for marae committees. For example, the social activity and interconnectedness of hapū members engaged in gambling activities (Morrison, 1999a) has the potential to be fragmented. This suggests that new forms of gambling will alter how Māori fundraise in the future. Traditional gambling is likely to be replaced with individual gambling, which will have far reaching effects for Māori whānau. The decrease of Māori registering for housie applications suggests that this shift has already started (Dyall, 1998a).

Anti-casino lobby

The application opened up a number of positive and negative debates among Māori and non-Māori residents in Rotorua. For example, some of Te Arawa members saw the financial and economic benefits and there were others who saw gambling as the most destructive threat to Māori society (Bunkle, 2003; Cabinet Policy Committee, 1997). In response to some of these concerns discussions were initiated between RCL and members of the public to dispel or at least hear

the communities concerns. RCL confirmed that they would undertake a social impact report and in their casino application they emphasised that they would monitor and exclude people who identified as problem gamblers (Cabinet Policy Committee, 1997).

Māori and non-Māori Members of Parliament Tukuroirangi Morgan (NZ First – Te Tai Hauauro), and Alliance member Phillida Bunkle lobbied against Māori Trusts wanting to participate in establishing a casino in their iwi area. Monica Stockdale, a Māori representative on the Problem Gambling Committee and Lorna Dyall, committee member on the Compulsive Gambling Society along with local anti-casino lobbyists including Maureen Waaka from Te Arawa were also in support to oppose the application (Bunkle 2003). An area of concern espoused by Tukuroirangi Morgan and Monica Stockdale was how the RCL intended to meet the needs of Māori problem gamblers, given that there was no gambling-specific service available. At the time of this study the situation has not changed. The Casino Moratorium Bill that was passed in 1997 put a stop to the project, however, the application is still on hold and RCL are adamant that they will continue to fight for a casino in Rotorua (Dyall, 2003b).

Problem gambling

Māori and problem gambling has only recently been identified as an area of concern following the lack of regulation by the government and the proliferation of gaming machines (Ministry of Health, 2003). The first study of gambling behaviour in New Zealand in 1991 identified that Māori people who gambled were six times more likely than non-Māori people to develop gambling problems (Abbott & Volberg, 1991). The following year, another study identified that gambling participation among Māori was higher than non-Māori; 10% of Māori played gaming machines compared with 2% of non-Māori (Abbott & Volberg, 1992; Compulsive Gambling Society, 1996, 1997). Māori were one of the main subgroups that requested assistance. This finding was supported by Brown (1996) in a survey prepared for North Health which suggests that Māori problem and pathological gambling prevalence rates were five or six times the rates for Europeans.

Another gambling survey found that regular participation in gambling, ethnicity, (Pacific Islander or Māori), young age [≤ 30], unemployment, low educational attainment and a history of parental gambling problems, were strongly associated with predictors of problem gambling and probable pathological gambling (Volberg & Abbott, 1997). The same study included a comparison between Native American populations and Māori and found that almost a quarter of both populations were lifetime and current probable pathological gamblers (Volberg & Abbott, 1997). This finding is particularly significant when viewed in the context of a 1991 report prepared by the Public Health Commission on the health status of New Zealanders (Durie, 1994). The study considered socio-economic status, food and nutrition, alcohol, tobacco and pathological gambling to be particularly relevant in contributing to the poor health of Māori (Durie, 2001). The relevance of gambling and socio-economic status for the Māori gambler is that Māori spend almost twice as much as non-Māori on gambling (\$686 per year compared to \$376) (Dyall, 1998b). This is exacerbated by the fact that Māori household and personal incomes are significantly lower than non-Māori (Ministry of Women's Affairs, 2002; Te Puni Kokiri, 2000).

Further surveys have been undertaken and, as predicted by Abbott and Volberg, the rates of problem and pathological gambling are significantly higher for Māori (7.1%) than for non-Māori (1.9%) (Abbott & Volberg, 1999). Within New Zealand prison populations, over a third of male and female prisoners report that they have had problems with gambling sometime in their life. Over half of the prison populations in New Zealand are Māori (Abbott et al., 2000b). National counselling statistical information reported by the PGC confirms that between 1999 and 2004 Māori problem gambling was due to the number and accessibility of pokie machines throughout the country. The machines fueled the growth of problem gambling for Māori, often with devastating consequences (Paton-Simpson et al., 2002; Paton-Simpson, Gruys, & Hannifan, 2003; Payne, 2004; Problem Gambling Committee, 1999).

A community approach to addressing gambling concerns for Māori was initiated with assistance from the Problem Gambling Committee in association with the Problem Gambling Foundation. The first two pilot projects were in Auckland, and

a year later in Rotorua. Richards and Blair (2000) organised a total of four hui around the Auckland region raising Māori awareness of gambling-related harm and the need to address the proliferation of gaming machines and problem gambling in Māori communities. Although the hui were poorly attended, they provided the opportunity for Māori to start talking (Richards & Blair, 2000). A year later, Grant (2001), reported small numbers participating at the hui organised in Rotorua. The outcomes from these community approaches to address gambling confirmed that Māori whānau were adversely affected by gambling, particularly with poker machines. The kōrero indicated that household money was being spent on gambling (Richards & Blair, 2000) and young children were left unattended in cars outside pokie venues (Grant, 2001).

Addressing gambling

In the last decade Māori have moved towards providing social and health services within their own regions. They have done this in response to dissatisfaction with existing services and in particular to affirm Māori ways of healing. These services are invaluable and it is commonly accepted that ‘by Māori for Māori’ services are more appropriate to care for whānau in need and are better served by those who understand Māori ways of doing things (Durie, 1994). Māori health professionals have worked consistently to widen understandings of health, to translate health into terms that were culturally significant, and to balance physical and biological approaches with cultural and sociological views.

Māori frameworks gained impetus following the development of *Te Whare Tapa Wha* a four-part framework portrayed as a set of interacting variables that encompasses a holistic view to healing (Durie, 1994, 1999). Another model of Māori health is based on *Te Wheke*, the octopus and the eight tentacles that collectively contribute to waiora or total well being (Pere, 1997). Similarly, *The Galleries* and the use of constellations was a further framework developed by Bob Elliott and other Māori mental health workers to guide psychiatric nurses (Huata, 1998). An additional use of the constellations was *Te Pae Mahutonga* – here the Southern Cross Star Constellations are brought together and represent four key tasks to promote health (Durie, 1994, 1999).

The need to affirm Māori ways of healing and for Māori by Māori gambling service provider development was initiated by Monica Stockdale in her role as a member of the PGC and Lorna Dyll, a Māori health and gambling expert in collaboration with the Compulsive Gambling Society (CGS) (Compulsive Gambling Society, 1997). The CGS has highlighted the need for the Treaty of Waitangi to be an integral part of the development of policy governing the gambling industry, and to make funding available for Māori to address gambling associated harms in their communities.

Following these meetings between Stockdale and Dyll, Māori service providers consisting of drug and alcohol, community and social services who were meeting the needs of gamblers but not funded to do so, were then able to access funds from the PGC to provide gambling services that reflected Māori realities and preventions (Abbott & Volberg, 1994; Compulsive Gambling Society, 1997). There was also recognition that Māori counsellors working in kaupapa Māori community health organisations, and addiction services within the mainstream, were more than capable of transferring their skills to engage gamblers (Stockdale, 2003). Thus, kaupapa Māori organisations that had been mandated by their iwi were provided with funding from PGC to help with setting up gambling services (Paton-Simpson et al., 2003). There are currently 14 Māori organisations providing a range of interventions, education, advocacy, assessment and treatment services for those who have a problem with gambling and other related issues (Hannifan, 2004). These separate services provided for Māori are located in Northland, Auckland, Waikato, Rotorua, Gisborne/East Coast, Wellington, Christchurch and the Hawkes Bay (Paton-Simpson et al., 2003). Some of the services are generic and accessible to both Māori and non-Māori.

Support services and interventions

While this was a good beginning Māori providers have been expected to provide those services without adequate resources (Herd & Richards, 2003; Herd & Richards, 2004; Williams, Moewaka-Barnes, & Brown, 2003). Under the Treaty of Waitangi, Government has a particular responsibility to address the health needs related to gambling for Māori (Dyll & Morrison, 2002). Article Three asserts that Māori should have the opportunity to enjoy at least the same level of

health as non-Māori. This is yet to happen for some Māori regions as many services are run with minimal funds and there is uncertainty over continuing funding (Herd & Richards, 2003; Herd & Richards, 2004; Williams et al., 2003).

Despite the fact that the major specialised gambling services profess to believe in working biculturally, they in fact practice many forms of protectionism (Dyall & Morrison, 2002). The ongoing issues tend to be struggles particularly around increasing funding to employ more Māori staff. Furthermore, major service providers are employing Māori staff in these satellite regions and competing with new Māori services that are less informed or resourced (Adams et al., 2003). This poses another set of challenges for emerging or new Māori services. To address this issue of competition, Māori addiction and gambling organisations, academics and research consultants, with financial assistance from PGC established Te Herenga Waka o Te Ora Whānau (THW) (formerly known as National Māori Reference Group on Problem Gambling) between 1998 and 2001 (Dyall et al., 2002). The main aims of THW were to:

- Provide a Māori voice on gambling.
- Ensure all gambling related services were provided and funded appropriate for Māori.
- Ensure an equitable share of funding related to Māori Treaty rights and needs.
- Advocate on behalf of Māori.
- Provide policy advice.
- Believe the Māori right to be involved with the Crown in all decisions related to gambling and problem gambling in Aotearoa.
- Establish a group that recognised Māori and iwi interests.
- Assist existing or emerging Māori providers to develop Māori Treatment Services for Māori and:
- Provide ways of building up a positive cultural identity and a sense of self-esteem.

Although THW was recognised as the co-ordinating mechanism to support Māori organisations that had been granted contacts by the PGC (Hannifan, 2004) there

has been no recognition by the Ministry of Health. Following the take-over of the PGC by the Ministry of Health, funding and responsibility for managing the prevention and treatment of problem gambling for Māori ceased (Dyall et al., 2002).

Summary

Historically gambling was hugely social and brought people together particularly in urban regions at a point where traditional Māori social systems were breaking down. The most popular gambling activities were housie and horse racing. Māori ownership in horse racing was successful for Ngati Ruakawa in Palmerston North. Te Arawa Māori in the late 1990s attempted to build a casino in partnership with First Nations peoples from Canada. Economic independence and development for iwi was the rationale and ultimate aim. Attempts to prevent this initiative by Rotorua and nationwide anti-casino lobbyists were made and the government imposed a moratorium.

Māori have been identified as an at risk group following the introduction of pokie machines. The need for services opened up a window of opportunity for those organisations that already provided drug and alcohol preventions to transfer their skills to engage gamblers. Aside from the non-Māori provider services, many of the emerging services were without infrastructures, lacked gambling-specific skills and had limited resources for delivery of effective services. Moreover, the majority of services were providing family or social support services without funding and the Māori monitoring body ceased to be funded when the Ministry of Health (MOH) took over.

Māori Women and Gambling

*Ma te wa kawhakahokia mai nga hua e ngaro atu
(Time always gives back what is lost)*

The preceding whakatauhaki to this section is, I believe, an appropriate starting point to introduce Māori women who are the main focus of this research study. Te Awekotuku (1991b) and Yates-Smith (1999), both contend that Māori women's identity is the reclaiming of Mana Wahine Māori and providing positive images of Māori femaleness to empower Māori women. It is important that I provide some cultural context to describe the position, status and roles of women in customary

Māori society - imagine what a life of inclusion looked like. Moreover, this information demands that we understand not only the margins but the historical, social and cultural context of exclusion for Māori women in Aotearoa to help provide some context and understanding of their gambling behaviour.

Background

The stories of Mana Wahine in Te Arawa begin with Pupau and Hoata, the sisters of Ngatoroirangi, who sent down the fires which created the Waiariki area. The explorer Ngatoroirangi, the Tohunga who navigated the Te Arawa canoe, was freezing to death on Ngauruhoe. Te Awekotuku (1991b) states how Ngatoroirangi's two sisters' Pupau and Hoata saved his life when he asked for warmth.

*...they took there the fires of
Hawaiiikinui which erupted from the
earth at each place they rested. Thus
the hot mineral springs - the
Waiariki - came to be. (p.75).*

Another Te Arawa woman, Hinemoa braved the elements of Lake Rotorua and swam to her lover Tutanekai on Mokoia Island in defiance of her parents and hapū. Hinemoa's parents disapproved of Tutanekai. Marriage was not an option because in their opinion he was too common (Te Awekotuku, 1984). Therefore eloping was inevitable for Hinemoa. Stafford's (1976) version in *The romantic past of Rotorua* accentuates romance and what remains hidden is Hinemoa's strength and determination. It is through her determination and achievement that she won respect from her people (Yates-Smith, 1999).

Te Aokapurangi from Ngati-Rangiwewehi, in 1823, prevented the annihilation of her hapū by appealing to Hongi Heke to spare her people on Mokoia Island (Stafford, 1991; Te Awekotuku, 1991b). Hongi quipped that he would spare whoever passed between her legs during the attack. Undaunted, she sprinted through the village, and climbed onto the roof of the house, Tamatekapua, the largest on the island. Spreading her thighs wide across the gable, above the veranda, she called to the people to run inside and be spared (ibid). Her act of ingenuity and application of 'whakanoa' was an example of reclaiming an ancient tradition in order to save her people. In traditional societies, warriors passed

through the thighs of 'Puhī', an act that sanctioned their mana and made them tapu (ibid). Therefore, all of Te Aokapurangi's hapū were deemed tapu, and their destiny was assured. The stories mentioned above are some of many examples of Mana Wahine in Māori history.

The information provided above clearly describes Māori understanding about the position, status and the role of women in traditional society. Tomlins-Jahnke (1996) contends this information has some relevance to Māori women today and any analysis must be first grounded in Māori cosmology and reflect Mana Wahine, the term used to describe the embodiment of whakapapa, multiple realities to empower Māori women (Pihama, 1993).

In contemporary times, an integral part of Māori women's identity was acknowledging our gender as Māori women, and a fulfilling feeling of being part of our hapū, whānau and iwi. Māori women were bestowed with the corrective role of ensuring that the kaikōrero delivered by males was 'tika' (correct) and some were the bearers of whakapapa knowledge (ancestral knowledge) (Harris, 2002; Mikaere, 1995; Te Awēkotuku, 1991b). Failure to comply would result in ridicule and humiliation of the spokesperson. This would suggest that Te Arawa kuia were as apt as men in being true keepers of tribal lore (Te Awēkotuku, 1984).

Threats to Māori women's identity as a result of colonisation occurred through the iniquitous gendered practices which some Māori men imposed. This began with the Treaty signing process when Pakeha male colonists refused to let Māori women sign (Pihama, 1993; Rei, 1998). As a result, Māori men began adopting the behaviour of their colonisers. In asserting their identity, some Māori men began to treat Māori women as their inferiors. Māori women had to contend not only with the attitudes of a colonising culture but also the dominant attitudes adopted by Māori men (Mikaere, 1995). The colonisation of indigenous peoples was a global process that Europeans used to impose their culture and to acquire land and resources in Aotearoa (Durie, 1994; Walker, 1990).

In Aotearoa, legislation imposed by the settler government was designed to erode cultural values and alienate Māori from their tribal and hapū groups (Walker, 1994). For some Māori to survive in a monocultural system, they had to discard

their language and culture (Walker, 1994). Furthermore, the imposition of a different cultural reality and the construction of a new identity resulted in Māori cultural disintegration (Lawson, 1994) that had a damaging effect on Māori indigenous psyche (Jackson, 1996).

Māori experienced land confiscations through the outcomes of the Land Courts, which favoured colonial settlers (Walker, 1990). This meant that there was a breakdown in Māori traditional land ownership. Attendance at Land Court hearings imposed hardships on Māori not least because land is an integral component of Māori culture and identity. Consistent and direct social attacks resulted in the eradication of much Māori language and culture. The only alternative for Māori was to adapt to the new English language and capitalist economic process (Durie, 2001; King, 2003; Walker, 1990).

Despite colonisation, Māori women throughout Aotearoa fought for their identity (Mikaere, 1995; Papakura, 1938; Pihama, 1993; Te Awekotuku, 1991b). A significant aspect of their efforts was in their ability to retain their cultural resources. The strategies employed by Māori women to negotiate their identities have varied over generations (Te Awekotuku, 1991b).

Māori women have been perceived as heroines and community leaders (King, 2003) particularly in Māori health following the introduction of the Tohunga Suppression Act 1907 (Walker, 1990). This act imposed penalties for those who had traditionally been perceived as experts in Māori medicine and Māori spirituality. The practices of Tohunga were discouraged and Pākehā concepts of healing promoted. Traditional practices that were perceived as normal to Māori were classed as inferior and unacceptable by the colonisers (Walker, 1990). By the 1930s, Māori health had deteriorated due to impoverished living conditions and local hospitals being discouraged to assist sick Māori (King, 1994). In Tainui, Te Puea fought continuously for the rights of her people. For example, in the early 1920s Māori in Tainui suffered mass confiscation of their lands by the government (King, 1994, 2003; Walker, 1990). Health issues were one of many areas in which Te Puea excelled. Māori in Tainui in the Waikato district were denied access to hospitals even when very sick and Te Puea herself took over administering to the sick on the local marae (King, 1994).

Te Arawa women, with the assistance from district health nurse Ruby Cameron, also took up the challenge to improve Māori health. In 1937, the Women's Health League was formed at the Tunohopu marae (White, 1988). The main aim of the Women's Health League was to instruct members in childcare, food values, the prevention of disease, hygiene and the care of homes and gardens (White, 1988). Branches were formed in Rotorua, Taupo and Gisborne. The redundant Housing Act of 1935, that was passed but not implemented, posed another set of problems for League members trying to improve housing conditions. According to Bub Brell (White, 1988)

...the improvement of housing brought about an improvement in health and there is no doubt that the League, by its very persistence, kept the Government agencies aware of the urgency of changing its housing policy. (p.11).

During the 1940s and 1950s, rural Māori visiting relatives in hospitals were not welcomed into boarding houses in Rotorua (White, 1988). President of the Ohinemutu branch, Rihi Kingi, Manuku Hakaraia and other League members determined to address this matter by undertaking fundraising activities such as card games and housie to provide a Guest House to accommodate rural Māori.

In the 1960s and 1970s, Māori began to pursue employment and accommodation outside of their tribal areas. Some Māori chose to move to cities where employment prospects were readily available (Walker, 1990). The implications of urbanisation for Māori who left their tribal areas, were minimised because they continued to have access to a firm cultural base. However, not all Māori shared in this reality. King (1994) describes the situation for Māori during the first half of the century as a time when “social institutions weakened, as a result of earlier population decline and the continued loss of lands” (p.280). Land had been the traditional method of earning a living and the loss to Pakeha remained a contentious issue for Māori in addressing past grievances. By the mid 20th century, a new era of self perception emerged as Māori moved to the cities although tribal identity persisted (King, 1994; Ritchie, 1992; Te Awekotuku, 1991b).

Some discrepancy between Māori women's earning capacity compared with non-Māori women persisted up until the 21st century (Ministry of Women's Affairs,

2002). Women were destined to be homemakers, raise their children and care for their working husbands. But opportunities were opening up for women in the industrial sectors during World War Two because of the absence of male workers who were overseas serving their country. From this point on, Māori women and non-Māori women became part of New Zealand's thriving economic workforce, although mainly in urban regions. The demand for New Zealand products and industrial development required a strong labour force. Two-income households were very much part of the new workforce. Many Māori became labourers who provided whānau with a number of economic opportunities - particularly those living in urban regions.

In the 1980s, State Sector reforms had a significant impact on Māori women working in these labour force industries. It was Māori women who felt these effects, and they were the first to be made redundant. In contrast non-Māori women's employment remained unchanged (Ministry of Women's Affairs, 2002). The two-parent and two-income household became a thing of the past for most Māori whānau. Māori men who weren't working placed the burden of economic responsibility on to women (Te Awēkotuku, 1991b; Te Puni Kokiri & Ministry of Women's Affairs, 1999). Māori and more so Māori women still feature highly among low income and unemployed in New Zealand society (Ministry of Social Development, 2001). Moreover, it is well known that whenever health statistics come out, whether it is mental health, disability, smoking, cervical cancer, heart disease, or asthma, sexual and physical abuse and disrupted childhoods, Māori women feature significantly more than non-Māori women (Durie, 2001; Glover, 2000; Turia, 2003).

In the late 1990s, employment amongst Māori women was running at 47% - significantly lower than that of non-Māori women at 54% (Te Puni Kokiri & Ministry of Women's Affairs, 1999). Māori women were still feeling the effects of the economic reforms in 1996. The labour force market had improved, yet Māori women still continued not to be employed.

Māori women who are unable to meet the basic needs of their whānau often use gambling as a way to meet this need (Morrison, 1999a). Market rentals have made it impossible for many women, especially solo mothers, to be able to provide

decent non-crowded homes for their families. Low income earners such as Māori women are unable to meet food, clothing and rent costs (Bunkle, 2003; Ministry of Social Development, 2001) which results in financial anguish (Dyall, 1998b; Morrison, 1999a, 2003). Stress affects women's physical health, particularly for Māori women who are marginalised by economic and social situations (Durie, 2001; Glover, 2000). Marginalised people are more susceptible to problem gambling and women who are socially isolated or who want to escape from difficult life circumstances are drawn to EGMs (Rugle, 2004; Steane et al., 1998). Shame and stigma associated with problem gambling has implications for the design of preventative advertising, which may unwittingly be counterproductive in situations where it increases stigma (Rugle, 2004). This may prevent women from identifying that they may have a problem or from seeking help or from calling on solidarity within their own cultural groups and relationships (Steane et al., 1998). Research and intervention into gambling issues would have a lot to gain from adopting a cultural perspective. Whether that is possible in the context of mainstream social science and intervention remains to be seen (Rugle, 2005).

Proliferation of gambling

In the past, Māori women have used relatively benign forms of gambling to fundraise for marae and community activities (Dyall, 2003a; Grant, 2002). Are Māori women still fundraising for their marae? Recent reports from community organisations indicate that the renewal of housie applications has decreased due to low interest and people's preference for gaming machines. This is a matter of concern for Māori communities that rely heavily on the proceeds from fundraising events such as 'batons up' and housie events to help maintain their marae and churches. However, with gambling funding providing significant support for communities which otherwise have difficulty raising money, there is a level of ambivalence.

Morrison (1999a) highlighted the positive and negative aspects of traditional forms of gambling for Māori women in Rotorua who played card games for money. Forms of gambling included a variety of card games such as poker, euchre and five hundred. Dice games, raffles and lotteries were very popular, as was housie. Some of the women also found betting on horses provided the opportunity

to socialise among the middle class sections in Rotorua. For most of the women who participated in the study, the most profound finding was the social aspect that enabled this particular group of women to cope with societal prejudices (Mikaere, 1995) and marginalisation between 1920-1960s in New Zealand society (Pihama, 1993). Maintaining a cultural identity when individuals are coming into an area where they are not familiar with the majority culture's traditions and values was overcome within these card schools. Rugle (2005) supports this finding that while marginalised groups may not know or understand how to fit into the majority culture, they do know that they gamble with their family, and with people in their cultural group as a way of identifying and holding on to that sense of fitting in and belonging. This finding is supported by Goodale's (1987) qualitative research with Tiwi women card gamblers, which concluded that they often report being drawn to a place where they have a sense of belonging. Steane, McMillen & Togni (1998) concluded that they are treated with respect and they feel welcome.

Reciprocity was a significant reason why the women chose to gamble in a card school (Morrison, 1999a). The women believed the notion that the money went around within their small circles (Morrison, 1999a). This finding was consistent with Aboriginal men and women who also played cards in a school for money with a notion of reciprocity (Hunter & Spargo, 1988) and to share in the losses and the gains, which is a central cultural tradition of the Tiwi (Hunter & Spargo, 1988; McMillen, 1996). This pattern may be prevalent among other Aboriginal communities of similar size and geographical isolation (Hunter & Spargo, 1988). However, these studies were only in relation to cards school and housie. While this information is important we are still not clear about the socio-cultural and historical variables surrounding the effects of casino, pokie machine and internet gambling.

My own observations of the habits of Māori women in one Māori-owned gaming lounge in Rotorua suggests that Māori women socialise with other women, save machines while others replenish resources, and demonstrate camaraderie. Although my observations cannot be generalised for all gaming lounges they suggest that a social network may exist amongst the participants.

What is known about Māori women's involvement in gambling from a cultural and social perspective is very limited. The only information regarding Māori women and card gambling have been glimpses in the popular movie *Whale Rider* (Ihimaera, 2003) or Māori women jockeys at the first race meeting in Otaki (Grant, 1994). The focus is more on the humorous aspect of gambling. I now turn my focus to problem gambling for Māori women.

Problem gambling

Since the Problem Gambling Helpline began in 1992, telephone helpline counsellors have been involved with assisting Māori women from throughout Aotearoa with their gambling problems. The overall trend shows a continuous increase in numbers of Māori women utilising the helpline service (Sullivan et al., 1994). The first report of the CGS Problem Gambling Helpline in 1998 provided the following profile of Māori women problem gamblers:

- Over a third of Māori seeking help are likely to be women, with gaming machine gambling as their major problem.
- Māori women are between the ages of 20-67 when seeking help.
- Gambling problems often develop quickly for Māori women.

In the comparison gambling survey with Māori and indigenous people in North America (Volberg & Abbott, 1997) the findings highlighted that the availability and accessibility of pokie machines would indeed have some potential issues for Māori and indigenous women (Volberg & Abbott, 1997). However, while the study provided helpful information about indigenous women's gambling behaviour the study itself did not break down the frequency, gambling activities or amount spent by gender, only ethnicity. Perhaps Gerdelan's suggestion that New Zealand should seriously consider adopting the Netherland's approach to remove all gaming machines from bars may help to reduce gambling harm (Compulsive Gambling Society, 1997).

Concerns for Māori women's high rates of conversion to new forms of gambling were noted in the 1995 New Zealand gambling report commissioned by the Department of Internal Affairs (Abbott & Volberg, 1999). The study was

replicated five years later and again it was noted that Māori women had the highest rate of conversion than non-Māori women. According to Abbott and Volberg (1999) Māori women were three times more likely than non-Māori women to access the Problem Gambling Helpline to seek help for gambling problems.

The national statistics for the telephone helpline for personal counselling services reported problem gambling has increased among Māori women (Problem Gambling Committee, 1999, 2001). Furthermore, the Problem Gambling Committee (2001) reported that between 1997 and 2001 there was an increasing percentage of Māori women problem gamblers who cited non-casino gaming machines as their primary problem mode for the past 5 years (1997: 56.9%, 1998: 70.8%, 1999: 72.7%, 2000: 78.5%, 2001: 84.3% (p.47).

Dianne Richards from the Oasis Centre in Auckland reported that during the period 01/04/02 to 31/10/02, a total of 39 Māori women gamblers presented for help (Richards & Herd, 2003). In addition, six Māori whānau were affected. The concern here is that Māori men gamblers who reported for the same period totalled twenty five and only three whānau were affected. She also notes that generally Māori women score significantly higher on the SOGS assessment tool than women of other ethnic groups when they present for help.

Recent figures from the Gambling Problem Helpline agree with the above reports in relation to Māori women. Out of the 3000 gamblers who contacted the Helpline almost 70% are women (Payne, 2004). Payne further reported that 37.5% of the Māori callers were from the South Auckland region and - assuming the above patterns hold good - that means 280 Māori callers from Auckland, of whom about 200 are women. Also, between 10 to 12 Māori women from South Auckland contact the Helpline for the first time each month ie. 2-3 a week (Wanakore, J., personal communication, 29 October, 2002).

Margaret Sloan from the Problem Gambling Foundation in Tauranga concurs that up to 70% of her clientele are Māori women. The concern here is that a large number of women attending the service in Tauranga are from Rotorua and Whakatane. The rationale for the high numbers seeking help in Tauranga was the

lack of gambling-specific services in Rotorua (Sloan, M., personal communication, November, 2002).

A survey of gambling and problem gambling amongst recently sentenced inmates in New Zealand's women's prison, Arohata in Wellington found that Māori women are 70% more likely to have a problem with gambling than non-Māori women (Abbott, Mckenna, & Giles, 2000a). This is consistent with two university studies that showed Māori women were four times more likely to become problem gamblers in comparison to non-Māori women (Grant, 2001; Williams et al., 2003). Concerns about Māori women's gambling have begun to gain momentum in local and national newspapers as the following quotes illustrate:

Māori woman arrested – toddlers left locked and alone in a car while mother is gambling on the pokie machines ...

Māori woman sets up own burglary to feed gambling habit (Mather, 2002).

Māori woman sacked for misappropriation of funds (Masters & Bingham, 2003).

Māori and Pacific women more affected by pokie machines invasion in less affluent regions in South Auckland (Bingham, 2004).

Interestingly, these news stories were published without any contextual information about the proliferation of gaming machines in these regions. However, Bingham's article provides a more balanced perspective about how the pokies have invaded less affluent suburbs in Auckland. This type of balanced reporting provides a glimmer of hope because Māori have seen it all before with alcohol, drugs and smoking. It just becomes another part of being cast once again as 'problematic'.

Addiction theorists assert that there is a definite connection between gambling, alcohol and drug addictive behaviours (Briggs et al., 1996). However, for one Māori manager in Rotorua, the sale of liquor consumption in his gaming lounge had decreased as patrons prefer to spend their money gambling (Stephen Van Der Leeden, personal communication, January 2002). While this viewpoint cannot be generalised to all Māori women, it is a concern, that some Māori women are increasing their expenditures on gaming machines.

Māori women gambling counsellors have reported that Māori women are:

- Up to 40-55% of their clientele;
- Now visible in the profile of problem gambling; and
- Developing problems with gaming machines (Richards & Herd, 2003).

Counselling statistics have reported that Māori women are 65% more likely than Māori men to seek help for a gambling problem and on average lost \$1,453 in the pre-assessment, compared to men who lost \$2,154 (p.48) (Hannifan, 2004). Given this information it therefore makes sense to provide services to help meet this need.

Addressing gambling

At the first Māori Problem Gambling Conference in 1998, Monica Stockdale and other Māori women gambling counsellors conceded that there were limited services or programmes available for Māori women (Compulsive Gambling Society, 1998). In 1998, there was only one Māori woman gambling counsellor working within one of the three core national organisations.

In 2002, a collective of Māori women workers and consumers established a programme that focused on Māori women with gambling issues in Auckland. The programme “Wāhine Tūpono” was initiated in response to the limited services available for Māori women. Wāhine Tūpono incorporates a multifaceted treatment modality. The weaving of western or mainstream models with Māori models and practices in a kaupapa Māori environment is a key component in facilitating healing and promoting the well-being of Wāhine Māori participating in the group. Based on the Pōwhiri Poutama framework (Huata, 1998) the journey begins with the karanga, the call welcoming the wāhine to the rōpu. According to Herd and Richards (2004), each of the eight sessions follows an identical format primarily designed to give each participant:

1. The opportunity to share their story, or disclose any event (success or crisis) which may have occurred over the past week,
2. Provide a psycho-educational component, and
3. Explore goals and other options available.

Three Māori women telephone counsellors are available for Māori women at the Gambling Problem Helpline (Payne, 2004). Māori women gambling counsellors are slowly increasing in numbers, but the ratio to the increase in Māori women gamblers is lamentably unbalanced (Payne, 2004).

Support services and interventions

For years Māori have been informing non-Māori that their health interventions have not worked because they lack culture and tikanga Māori (Durie, 1994; Dyll, 1998c; Glover, 2000). This is more evident for Māori women gamblers who report infrequently accessing non-Māori provider services because of the lack of cultural content and staff (Bevan-Brown, 1998; Compulsive Gambling Society, 1998; Durie, 1994; Dyll & Morrison, 2002; Herd & Richards, 2004; Morrison, 1999a; Stockdale, 2003). Moreover, some of the information that Māori women receive has often been culturally inappropriate and is subject to further modification as it is passed on from one person to the next (Morrison, 1999a).

Another barrier identified by Adams, et al. (2003) was the intrusive manner in which some non-Māori counsellors engage with Māori clients and insist on completing administration tasks before addressing their concerns. Māori women are described in the literature as suffering from non-compliance as a result of not accessing gambling help services (Dyll et al., 2002). A suggested reason for this is that there are insufficient Māori women counsellors or services available for Māori women who may be averse to entering non-Māori institutions for help (Richards & Herd, 2003). There are ongoing concerns by Māori workers about the overwhelming financial and social responsibility imposed on Māori whānau who were expected to meet the social and health needs of their problem gamblers (Richards & Herd, 2003).

Māori Service Providers who currently assist Māori with gambling problems assert that assessment tools that are currently in use are often inappropriate for Māori, particularly Māori women (Richards, 2004, personal communication). Māori working in the area of problem gambling argue that there is an urgency for Māori to develop their own assessment tools that are uniquely Māori and not adapted to suit current non-Māori providers (Richards, 2004, personal communication). Generally, Māori women seek help for gambling problems when

they are at crisis point and want immediate solutions to their problems (Richards & Herd, 2003). However, they can be further silenced during this process as the screens that are used to access their gambling do not account for the socio-political context of some Māori (Stockdale, 2003). Moreover, the use of prevailing terms or medical descriptions such as ‘problem gambling’, or ‘pathological gambler’ are often experienced as alien to Māori women's experiences (Richards & Herd, 2003).

Māori women's access to and participation in non-Māori provider services or programmes, as well as their compliance with follow-up interventions, are directly associated with women's knowledge and attitudes (Durie, 1994; Dyllal et al., 2002; Glover, 2002). Māori women need the same level of access to gambling information as non-Māori when it comes to the prevention of problem gambling in order to receive the same benefit from health services, such as appropriate and culturally informed interventions (Adams et al., 2003).

Barriers to treatment and the extent of the problem gambling within Māori communities was not only limited but without understanding of the behaviour itself (Grant, 2001; Richards & Blair, 2000). This was evident from the hui organised by Richards and Blair, that attendees were unaware of the extent of gambling problems, which suggested that Māori women and their whānau are at risk with gambling-related issues. Another insight from the hui was the effectiveness of using Māori consumers to promote helpful health promotion messages. The use of consumers advocating for change was found to be a useful strategy for gamblers and their whānau who are at the self help stage of their healing process (Dyllal et al., 2002).

As previously mentioned above in the section on Māori and Gambling, there is a need to bridge the gap for Māori seeking treatment for problem gambling, particularly for Māori women. There has been ongoing debate by Māori help professionals regarding the limited availability of and accessibility to treatment for Māori women (Stockdale, 2003).

Māori women gamblers are described in research reports and prevalence surveys as probable pathological or problem gamblers. This is a result of failing to access

information and utilising available services (Abbott, 2001; Dyall et al., 2002; Morrison, 2001, 2003). Māori women have been identified as experiencing most of the problems with pokie machines (Dyall, 2003b; Hannifan, 2004; Herd & Richards, 2004; Stockdale, 2003). Māori women's access to and participation in New Zealand's services for problem gambling is important if they are to share in the same health gains that have been made among non-Māori women when it comes to the prevention of problem gambling (Dyall, 2003b; Hannifan, 2004; Herd & Richards, 2004; Stockdale, 2003).

Summary

Historically and in Māori cultural tradition, Māori women were influential, heroines and community leaders. One of the most profound effects on Māori women's lives as a result of colonisation was their marginalisation within their own communities and society at large. This has meant that progressively, generation after generation, Māori women have had to struggle economically, socially and educationally. Racism against Māori has been compounded by misogyny that has placed them at the bottom of society. Māori women have endeavoured to become visible within the dominant culture and participate in mainstream society in a number of ways.

Māori and other indigenous women, drawn to a place where they have a sense of belonging, have perceived gambling groups or venues as positive; they have tended to see more benefits and gamble more. The ambivalence and a rather contentious area is that these benefits have resulted in problems with gambling.

However, as with any problem, it needs to be viewed in light of the social, cultural and historical context. Interventions for Māori women have only begun to be developed. The constraints for Māori gambling services are related to limited Māori women gambling staff, culturally inappropriate assessment tools, and lack of cultural understanding. 'By Māori for Māori' services are the preferred option for Māori gambling workers.

In the next Chapter, I outline my methodology and the strategies I used to collect information for the study.

CHAPTER THREE

Methodology

In this Chapter I provide information about the methodological inquiry I believed was most appropriate to encapsulate meaningfully the voices of Māori women, their whānau and key informants.

Kaupapa Māori and qualitative study

A qualitative, naturalistic approach (Patton, 1990) was used to gather information required to achieve the study goals. Given that little is known of the experiences of Māori women and gambling, this approach was considered appropriate when focusing on a specific problem (Patton, 1990) with the goal of accessing information-rich cases (Robson, 1993). Qualitative methodology can be defined as an in-depth and detailed interpretative study of a specific problem in a particular research location (Patton, 1990). This method of data collection and analysis allows the researcher to understand the world as seen by the participants and provides data which captures the points of view of other people without predetermining those points of view (Patton, 1990).

The field of Māori women's pokie machine gambling was being explored for the first time, and its parameters being established by Māori working with Māori. A qualitative approach involving kanohi ki te kanohi (face-to-face) interaction between the participants and researcher was used (Bishop & Glynn, 1999). This enables a relationship of partnership and protection for both parties (Smith, 1999). Moreover, such an approach is considered ideal when focusing on small purposively selected samples (Robson, 1993). This approach afforded an opportunity for Māori women, whānau and service provider participants to document their conceptions, perceptions, responses and experiences of gambling in a fashion appropriate to them (Jahnke & Taiapa, 2003; Smith, 1999).

Snowball sampling: the kumara vine

Snowball sampling is a means by which qualitative researchers commonly generate a sample of informants. Key informants are used to generate an initial sample of potential participants. Once identified, these participants are

interviewed and then relied on to generate contact with other participants by recommending further people who would be relevant to the research (Glover, 2000; Tolich & Davidson, 2003). Tolich and Davidson (2003) also suggest that snowball sampling is useful when there is difficulty in identifying members of the population being researched, as was the case with the current research. For example, previous awareness-raising campaigns in Auckland and Rotorua were poorly attended by Māori and those who did attend claimed that they did not see gambling as a problem (Grant, 2001; Richards & Blair, 2000).

Semi-structured interviews

The major methodological approach of this study was therefore to obtain qualitative data from interviews on perceptions of the effects of gambling on Māori women's lives. The interview schedule was developed in consultation with Māori gambling counsellors in order to go beyond previous reports that appeared to have excluded Māori from their designs (Smith, 1999). Semi-structured interview schedules were chosen for this study to allow the investigation of issues that may currently be too complex to explore through quantitative methods. Qualitative methods draw heavily on descriptions and quotes (Tolich & Davidson, 2003). Semi-structured interviews are a powerful research technique when something is known about the topic being researched but much more remains to be discovered (Tolich & Davidson, 2003). Moreover, they can be used to expand on areas where the participants may perceive difficulties or contradictions.

One of the strengths of a semi-structured interview is that it allows for issues to be addressed which may not have been considered by the researcher in the designing of the schedule (Tolich & Davidson, 2003). Areas to be explored can be listed and at the same time opportunities left for new topics to be raised (Tolich & Davidson, 2003). Semi-structured interviews thus allow the researcher to focus on areas of interest while being flexible with the ordering and wording of questions and the amount of time and attention given to different topics (Robson, 1993). Finally, the *kanohi ki te kanohi* procedure allows jargon to be avoided and *te reo* to be used as appropriate. Consequently, semi-structured interviews were designed for this research, following the steps recommended by Tolich and Davidson (Tolich & Davidson, 2003).

For this research, a number of groups were identified as potentially offering varying perspectives relevant to the research aims. Therefore, it was necessary to compile different interview schedules appropriate for each group. The aims of the research were used as a basis for the development of questions in the interview schedule.

Another advantage of a semi-structured interview approach is that the interviews can take the form of a conversation that covers the issues necessary to address the aims of the research (e.g. Herbert, 2003). Semi-structured interviews give the interviewer greater freedom in the ordering of questions and allow the participants to direct the interview (Patton, 1990). However, qualitative interviewing can result in an overwhelming amount of data for analysis (Robson, 1993). A semi-structured interview provides some constraint although it may mean that the researcher can inadvertently miss out relevant information. To counter this, it is important that participants frequently be asked if they have any further comment to make. Another useful practice is to provide participants with a copy of the interview schedule at the beginning of the interview to establish a context and to reduce any anxiety that the participants may have about the content of the discussion (Tolich & Davidson, 2003).

Selection procedure

In considering whose life experiences and whose social realities should be depicted, I decided to conduct research in which interviews with Māori women gamblers were central. This was to ensure that the experiences of the Māori women gamblers concerned would be preserved. It was also important to ensure that other groups who were strongly affected by Māori problem gamblers were included in the research. These included groups such as the whānau and various agencies dealing with problem gambling.

The participants were all to be Māori women who gambled regularly and frequently on pokie machines and/or in a casino. “Frequently” meant at least weekly. Gambling on poker machines and in casinos was focused on because these forms of gambling had been found to be causing particular problems for

Māori women and had been little studied (Morrison, 1999a). It was also hoped that the respondents would vary in age, education, employment and socio-economic status to enable comparison of the perceptions, experiences and consequences of gambling held by a range of Māori women gamblers.

It then needed to be decided which stakeholders should be included in the research. Little was known about the roles of whānau/partner members although it was suspected that they might influence the women's gambling and that they in turn might be affected by it. Moreover, it was expected that whānau members would not only supplement what the women themselves revealed, but would add a unique and diverse range of perspectives. As Aotearoa is a bicultural society, being Māori was not an essential criterion for this group.

Another stakeholder group were agencies that had clients or contact with Māori women gamblers. Both Māori and non-Māori agencies were expected to hold valuable knowledge about how Māori women perceived gambling and how they coped with gambling.

A final consideration for choosing the sample was location. Participants from Rotorua would be readily accessible to the researcher. On the other hand, Māori women living in Auckland had access to a casino which was not true for Rotorua. In addition, I wanted to explore any possible differences between rural and urban perspectives. Consequently, it was planned to choose participants from both Auckland and Rotorua.

Validating kaupapa Māori research

Concepts of kaupapa Māori research are varied and diverse. Treating Māori as research objects began after the arrival of Captain Cook when European males such as Governor Grey, Elsdon Best and Percy Smith became collectors of Māori knowledge, culture and artefacts. Māori as a people became objectified and non-Māori began to collect information and categorise it using European concepts of history and time (Salmond, 1997).

As a Māori woman myself, I wanted to ensure that a feminist, kaupapa Māori research methodology underpinned all components of this study.

Consultation - whakawhānaungatanga

Kaupapa Māori research aims specifically at self-determination and provides a means by which Māori people, as communities of the researched and more recently as communities of the researchers, have been able to engage in a dialogue about setting new directions for the priorities, policies and practices for, by and with Māori (Smith, 1999). There is agreement between Māori researchers that kaupapa Māori research should be embedded in revisiting our past, in order to move forward. The most frequent description of kaupapa Māori research is research by Māori for Māori and with Māori (Glover, 2000; Smith, 1995; Smith, 1996). Put another way, Māori, Māori culture and language and whakawhānaungatanga (connections) are validated (Bishop & Glynn, 1999). Linda Smith (1999) has suggested that:

Kaupapa Māori is a 'conceptualisation of Māori knowledge'. It is a way of abstracting that knowledge, reflecting on it, engaging with it, taking it for granted sometimes, making assumptions based on it, and at times critically engaging in the way it has been and is being constructed (p.22).

Research should result in some positive outcomes for Māori. This may occur in many different ways, such as, improved services, increased knowledge, health gains or more effective use of resources (Walker, 1992b). The outcomes must have the potential to be of considerable benefit to whānau, hapū and iwi, and to Māori service providers. An increased understanding of Māori ways of knowing and doing will be significant benefits.

Cultural considerations

The question has to be asked whose life experiences and whose social reality is depicted in any research of which interviews with participants and whānau are a central part. In this study, it was important that the experiences of Māori women and their whānau be preserved. In order to operationalise this principle, a series of questions posed by Russell Bishop concerning issues of initiation, ownership, and control of research in Māori educational and socio-psychological contexts were considered (Bishop, 1996). Initiation identifies whose concerns, interests and methods determine the design and conduct of the study. Here, the concepts of whakapapa and whakawhānaungatanga are particularly relevant. My own whānau

who were gamblers, and my social networks, played an integral role in providing advice about how to proceed. Māori service provider representatives were asked to have considerable early input into the design and delivery of the project. Māori research should involve the people being researched as active participants at all stages of the research process (Irwin, 1994; Jahnke, 1998; Jahnke & Taiapa, 2003) and I tried to ensure that that happened.

Māori-centred research includes discussing the research processes in Māori communities by acknowledging the role of whānau, hapū and iwi structures. As a result, ongoing consultation and feedback protocol was established to ensure that Māori views on the research and the written outcomes were recognised (Herbert, 2003).

I also followed Smith (1999) and Bishop and Glynn (1999) in proposing a spiral discourse as a means of shifting power relationships between the researcher and the researched to explore the joint development of new story-lines by way of whakawhānaungatanga (establishing and building relationships within a Māori cultural context).

Historically, studies have been initiated and participants accessed in ways that are located within Western European cultural concerns, preferences and practices, with the benefits of many research contracts having been located within non-Māori cultural perspectives. Some projects have undervalued and belittled Māori knowledge (Durie, 1997; Smith, 1999) and learning practices and have imposed positions and practices that deny the legitimacy of a Māori worldview (Bishop & Glynn, 1999).

Protection

Western epistemology differs from Māori epistemology and Māori epistemology is unique (Glover, 2002). Western epistemology has assumed that anything that can be known and experienced can be universally accessed, measured and described by others, that is, knowledge is universal and objective (Glover, 2002). Māori knowledge is hierarchical, that is, it is layered, complex and intertwined (Smith, 1996). Further Māori knowledge is specialised and attained level by level, with “esoteric versions” being passed on to selected students (Glover, 2002).

Moreover, Māori information is not a linear process (Glover, 2002). Māoritanga is not action songs or haka, it is holding fast to the treasures of our ancestors – lands, marae, pa, the mountains – and returning in spirit to the minds of one's forebears. For example, Stirling notes "it is not a light and easy thing, but a difficult treasure, and heavy to carry" (cited in Salmond, 1997, p247).

Holding fast to the treasures of the ancestors is a difficult but essential task in the wake of the colonisation process and its impact upon the minds and tikanga of Māori people (McCarthy, 1995). McCarthy (1995) described the concepts of colonisation of the mind as:

“...a colonisation of the mind as creating a shift in the psyche of Māori in the way their systems, institutions, culture, language and all that contributes to their being is viewed. Through both overt and covert processes Māori have been inculcated with the belief that their culture and all that it offers is inferior to that offered by the colonising culture” (p 32).

This view is supported by Jackson (1998), that decolonisation of the mind is a process that requires us as Māori to relearn our histories, to learn our language and culture. It means to resist being redefined by the dominant culture, to be prepared to make informed challenges as to what is and is not a redefined form of being and to challenge hegemonic ideologies and practices. We therefore have to construct our being through counter-cultural action and to ensure that we, along with our children, are not caught up in romanticising the past but take responsibility to inspire our children to move forward into the future.

As previously mentioned in Chapter One a socio-cultural approach was used in earlier work (Morrison, 1999a) and was also adopted in this study. I set out to document Māori topics with a clear understanding of the marginalised position of Māori, particularly Māori women in Aotearoa. Throughout this research, cultural and social responsiveness was assured by following kaupapa Māori practice and commitment to Treaty of Waitangi principles. These principles involved the protection of knowledge, as Māori research by, with and for Māori is about regaining control over Māori knowledge and Māori resources. Similarly, it is about having tino rangatiratanga over research that investigates Māori women's issues (Irwin, 1994).

A competent Māori researcher therefore has to have certain prerequisites such as competency to undertake and complete research (Te Awekotuku, 1991a) that is meaningful and has potential benefits for Māori (Walker, 1992a; Walker, 1999) and the researcher must record Māori issues within a socio-historical context (Jackson, 1998). I believe my commitment to things Māori, the trust of my own community being researched and my experience of previous research on Māori women's experiences of gambling in Rotorua, together with my research background in various Māori health projects and experience of Family Court counselling all helped me meet this requirement.

The foundations of Te Ao Māori are presented as an interwoven collection of Māori concepts and systems that constitute Māori knowledge and transform into ngā tikanga Māori, or Māori practices (Barlow, 1991; Patterson, 1992; Pere, 1997). However, the impact of colonialism has unsettled this knowledge base. Many Māori leaders now know not only that this Māori knowledge base is fragile, but they realise that more effort and commitment is needed to stimulate and re-grow the Te Ao Māori foundation, the survival and longevity of which has sometimes been taken for granted. Through a process of methodical inquiry, the efforts of Māori researchers can contribute to enriching this process by expanding upon existing and new avenues to enhancing Māori knowledge (Smith, 1991).

Inadequacies in research studies in the past, particularly those concerning Māori, gambling and health, have shown the necessity of considering the clinical status of each individual and their mental health needs to ensure good understanding of problem gambling, while at the same time avoiding the tendency to medicalise the participants' difficulties (Hirini, 1998). Terms such as "pathological" and "compulsive gambler" run the danger of stigmatising the participants rather than thinking of their needs within family/whānau, peer, social, and community contexts. Community psychologists and educationalists, working in partnership, need to understand individual syndromes but in the context of social systems (Hirini, 1998).

It was critical therefore to conduct the research study in the context of the perceptions and values of the participants and key informants, particularly when many of the participants and whānau who were the focus of this research were to

be Māori women. It was also important to take into consideration the diverse realities of Māori identities. For example, it is now widely accepted that modern Māori are a diverse population and not all will be imbued with their culture and tikanga Māori practices (Durie, 1994). Thus it was important that any approach to the study took due cognisance of this diversity.

An integral component of this study was that matters of safety for the women and whānau members involved had to be addressed during the course and conclusion of the interviews. Permission to conduct an interview with whānau members was to be given by the women before the study commenced. This meant that the interview process needed to be flexible as a Māori woman gambler or whānau member might need reassurance or might experience some residual effects of gambling.

Therefore, collaboration and guidance by kaumātua was a safety mechanism for my entry to Māori communities especially as the subject was female specific (Jahnke, 1998). For example, I had to explain to Māori men that the latest gambling reports highlighted that Māori women's gambling behaviour was troublesome. Concerns had been noted among Māori gamblers and non-gamblers about the communal benefits that gambling had provided in supporting the maintenance of many marae (Grant, 2001). The fact that there continues to be real benefits from gambling for some Māori, particularly women (Dyall & Morrison, 2002) needed to be acknowledged. On the other hand, the negative aspects of gambling also needed to be recognised, to help provide a balance against the gambling behaviour.

Engagement

Establishing and maintaining relationships is a fundamental, often extensive, and ongoing part of the research process (Cunningham, 1998). Establishing relationships in a Māori context addresses the power and control issues fundamental to research, because it involves participatory research practices, in this context, termed “Participant-Driven Research”. Researchers need to understand themselves to be involved in the research process; that is physically, ethically, morally and spiritually and not just as a “researcher” concerned with methodology. Such positioning is demonstrated in the language/metaphor used by

the researchers when recollecting their experiences (Bishop & Glynn, 1999). I endeavoured to follow these practices.

Reciprocity

There is a growing expectation by Māori researchers and scholars (and an increasing number of Māori communities) that people embarking upon projects in the name of Māori research must aim to empower the Māori community (Glover, 2002). Kaupapa Māori research methodology would therefore expect that Māori researchers draw from an ontological foundation of Te Ao Māori and by doing so, they are making a commitment to enhancing Māori knowledge (Bishop & Glynn, 1999).

The information from this study was made available to my iwi and new service providers highlighting preliminary findings.

Flexibility

Flexibility within Māori communities is a protocol that needs to be instilled and respected prior to and during research (Bishop, 1996). Flexibility involves respecting that a given time may not necessarily suit the participants, e.g. a second interview may be necessary to achieve the purpose and aims of the study. Clear boundaries are important when working with vulnerable groups of people who may or may not have resolved the residual effects of gambling. The potential for relationship break-ups and discomfort between the women and their partners or whānau members during the research period could also be complicated by a number of the participants trying to use the researcher as a counsellor for problems arising from their gambling. The researcher in this instance needed to have current information and be able to refer the participants to appropriate services.

Because Māori populations are relatively small, it is highly likely that the researcher will be known or related to some of the participants. This was especially important when considering issues of confidentiality when the research involved working with the researcher's own hapū or iwi (Glover, 2002). The participants were reassured that a pseudonym would be used and any identifying information would be withheld. A flexible approach to consent was also necessary

as some participants were reluctant to sign anything. In such cases, the researcher had to accept that arriving for the interview was in fact consent to take part.

I also had to be careful that I was not too closely identified with a member of my whānau who was conducting an anti-gambling crusade at the time of the research.

A Māori theoretical base for health promotion, Te Pae Mahutonga, was designed as a general framework for advancing the health and well-being of young Māori (Durie, 1999). Te Pae Mahutonga postulates that central areas for health promotion activity among young Māori are:

- A secure Māori identity
- A clean and natural environment
- Adoption of healthy (Māori) lifestyles; and
- Participation in non-Māori provided services and society.

The above ingredients require an environment that demonstrates autonomy and provides strong leadership (Durie, 1999). The comments of Durie (1999), epitomising the dignity and grace, anger and determination that mark modern Māori, encapsulate the concerns that have fuelled the Māori renaissance of today. Many Māori believe that tikanga Māori can provide for Māori a framework to succeed in today's world and, when placed into a modern context, are as relevant as ever. With Māori tikanga factors such as participation, partnership and protection, I set out to develop such a framework for my research procedure.

Pōwhiri – Research relationships with Māori

The concept of using a marae protocol as a theoretical framework for this study came about as a result of working as a research co-ordinator with the Māori and Psychology Research Unit (MPRU) within the Psychology Department at the University of Waikato. Up-skilling Māori and non-Māori undergraduate and graduate students in kaupapa Māori research was one of the tasks of the position which also included an open-door policy to assist students who were applying for research grants, especially by clarifying the relevance of the Treaty of Waitangi to their research proposals. As an insider, it was not an easy task and I set out to put together a process that would be appropriate in helping the students to best understand kaupapa Māori research after reading a number of articles about how

best to integrate and implement kaupapa Māori research methods from our worldview and realities.

It became increasingly clear to me, especially after discussions with my colleagues, that the concept of the “Pōwhiri” encapsulated a Māori worldview. The marae (Figure 3.1) is central for tribal and Māori community activities such as hui and tangi, and the marae has become increasingly important for the survival of Māori identity (Durie, 2001). The Pōwhiri provides guidelines for living on the marae and consequently provided a useful model for the wider institutions of society, particularly Māori (Tauroa & Tauroa, 1986).

The Māori ritual ceremony of encounter, the Pōwhiri, was an appropriate metaphor for the development and presentation of the research process and follows Durie’s (2001) recommendation of marae encounters as models for thinking and behaviour. More importantly, each encounter integrates and provides a methodology or philosophy that guides Māori researchers (Bishop, 1996). Research practice dictates that Māori tikanga and processes are followed throughout the research from conception to the dissemination of results and the ongoing relationships now formed between the researcher and participant (Bishop, 1996). These are:

- Te Waharoa – Consultation
- Kāranga – Cultural Considerations
- Marae-Ātea – Protection
- Whaikōrero – Engagement
- Koha - Reciprocity
- Waiata – Flexibility
- Harirū - Data Collection
- Hākari – Data Analysis
- Te Take o Marae – Research Dissemination

Each of these is outlined below.

Powhiri

- 1. Waharoa
- 2. Karanga
- 3. Marae Atea
- 4. Whaikorero
- 5. Waiata
- 6. Koha
- 7. Hariru
- 8. Hakari
- 9. Te Take O Marae

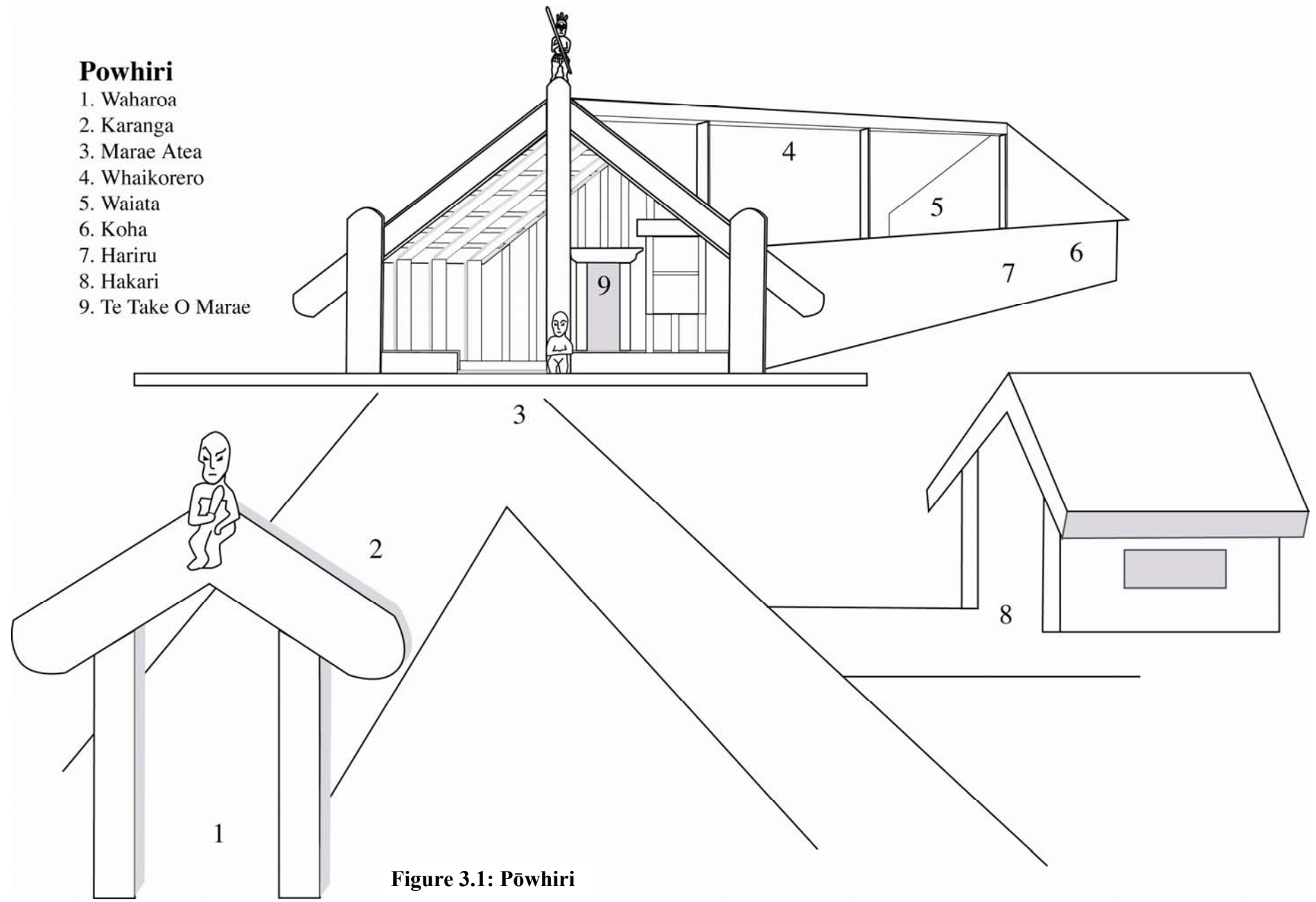


Figure 3.1: Pōwhiri

Waharoa - planning and preparation

Entry on to any marae whether it is in a traditional or urban setting requires adherence to certain protocols. The organising of appropriate speakers, koha and discussion documents need careful and precise planning and preparation to ensure the protocols of the marae are not transgressed. Spiritual planning, guidance and support are fundamental processes for researchers to follow when starting research with Māori (Irwin, 1994). Irwin (1994) stated that:

... Māori have traditionally sought spiritual blessings before they embarked on journeys into unknown lands (p.34).

For example, the Māori community/organisations might be experiencing some form of raruraru (problem), and things might not go as planned (Cunningham, 1998). Similarly, studies that report on process and outcomes for Māori need to understand the principle of tino rangatiratanga and how to create opportunities for Māori to exercise it within the domain of research projects (Bishop & Glynn, 1999).

Kārangā – Consultation

Exchanging information

The kārangā process provides for the honouring of the group, paying homage to those whom they represent and to those who have gone before and exchanging the credentials of both parties (Tauroa & Tauroa, 1986). It is the first expression of welcome and passing of information between host group (tangata whenua) and visitors (mānuhiri). In this study, the mānuhiri were provided with a brief overview of where to locate the researcher and begin to make connection (whakawhānaungatanga). An important starting point is establishing that ‘kānohi ki te kanohi’ (face-to-face) is the most appropriate form of contact when working with Māori in this kind of research (Smith, 1996).

I also planned to maintain personal contact with Māori working in organisations who were assisting Māori women with their gambling issues. This would enable me to conduct my study within a Kārangā framework. These relationships would be maintained through emails, phone calls, letters and meetings.

Seeking approval

As Māori gambling is a highly sensitive and political issue, the need for caution was paramount (Bishop & Glynn, 1999; Bishop, 1996). My previous experience with kaumātua and trustees who held conservative views about the topic and my gender and undertaking the research outside my tribal region confirmed that I needed once again to adhere to tikanga Māori processes and consult with kuia and koroua from my hapū to gain support for my topic (Morrison, 1999a).

Issuing an invitation to key informants in the region of the study to meet and discuss the proposed study strengthened support for the project. The study then needed to be introduced to service providers and Māori community and social service workers working with Māori women gamblers and their whānau to reassure them that there would be a two way process of control over the study (Bishop & Glynn, 1999).

Ethical approval

Before contact occurred, ethical approval for the project had to be gained. The principles the Code of Ethics of the New Zealand Psychological Society (1986), Auckland Ethics Committee and the Bay of Plenty Ethics Committee provided the ethical guidelines for this project. Ethical approval to undertake the study was obtained from the University of Waikato Psychology Department Ethics Committee, the Auckland Ethics Committee and the Bay of Plenty Ethics Committee (BOPEC). The BOPEC elected to become the principle committee for the project because I resided in the region.

Marae-Ātea – Protection

Safety protocols

The marae-ātea in this study describes the exchanging of information between the participants and the researcher in ways that ensured that both parties were kept culturally safe (Cunningham, 1998). Historically, academics and educators have insisted on interpreting and expressing the meaning of concepts and values in terms of those accepted within a Western worldview. This question was relevant to my study and formed the process by which tapu and mana are related to the person, not to any prestigious position that they may have.

These issues mentioned above around safety for the interviewees needed to be resolved before entering into the domain of the meeting house (tupuna whare) to discuss the research and context.

Whaikōrero – Engagement

Whaikōrero in this context relates to whose authorities are claimed for the study, content and delivery. Generally speaking, Māori women, excluding Ngati Porou, are denied speaking rights by men on the marae-ātea and inside the wharenuī (big house) (Tauroa & Tauroa, 1986). Women who decide to assert their rights and speak not only offend their host but run the risk of the host crowd choosing to stay away. Furthermore, the reason for the denial of whaikōrero to women is that it is the place of Tūmataunga, the God of War, and can be the place for abusive and warlike speeches. The Māori orator who accepts the risks inherent in representing his people before an unknown group upholds the tapu of the women. One way in which a female researcher can carry out her research while following and respecting this protocol is to have a kaumātua as an advocate member of her research team (Jahnke & Taiapa, 2003).

Providing context

Sharing information about why Māori women's problem gambling is a concern for our society meant that the researcher had to provide a socio-economic context to Māori gambling service providers, community, social and health workers for the current increase and proliferation of problem gambling amongst Māori women. It was especially important that such information be made available to Māori mental health workers to encourage interest in the study. Presentations to Māori at public health conferences or hui about problems caused by gambling for Māori, particularly women, is one means of creating opportunities to share information about the increase of Māori women's gambling and to discuss reasons for it. Providing an historical context for Māori women and gambling and the marginalised position they held in Aotearoa society has the potential to better inform Māori women. Presenting Māori women with a socio-economic context particularly around fundraising and socialising and understanding the push and pull factors to gamble may dispel any discomfort for the participants.

Waiata – Ethical Considerations

Waiata (singing) on the marae is important to Māori, and every speech invariably is followed by a waiata. Māori women are generally described as songbirds (Tauroa & Tauroa, 1986) and hold the kawa (protocol) to choose an appropriate waiata to complement the preceding speaker. The waiata has many usages, such as to relieve stressful situations, end elongated speeches or to call on supports and help. In effect the waiata represents women banding together to support Māori males at the conclusion of their speech. It also provides the opportunity for women to alleviate elongated speeches by choosing a waiata that incorporates humour (Tauroa & Tauroa, 1986). Within research, there are a number of difficulties that may arise during the research process and cause potentially stressful situations. An important one in the type of research being reported here involves selection procedures.

Controversy about selection procedures

The ethical prerequisites for doing Māori research that did not focus primarily on Māori men needed to be handled sensitively and clearly explained. Statements that Māori males were not to be considered for this particular study needed to be explained, while not putting undue emphasis on the exclusion of Māori men. To help deal with this, I set up relationships with established and respected women's groups in Māori society, such as the Women's Health League, as well as with individual Māori women working in NGOs with problem gamblers. By doing so, the researcher was in effect following waiata protocol by working with groups of Māori women to facilitate the progress of her research in male-dominated Māori society. Continuous and frequent discussion with kaumātua on the researcher's advisory ropū (group) also helped achieve this. Humour provides one way in which Māori can deliver health promotion messages to one another in a way that is more appropriate than simply pathologising Māori (Richards & Herd, 2003).

Koha – Reciprocity

Kaupapa Māori approaches to research are based on the assumption that research that involves Māori people, as individuals or as communities, should set out to make a positive difference for the community being researched. Koha is an important cultural consideration and establishes an on-going reciprocal

relationship. If researchers value the information they receive from Māori, then koha is an integral part of the relationship (Walker, 1999). At the end of the interview, participants were to be provided with a small koha (gift) in appreciation of their time and sharing of information. The gift voucher was to be given to the participants at the conclusion of the interview so as not to influence their participation in the study. However, agencies and some ethics committees may view fulfilling cultural obligations of reciprocity through offering money or gifts as an incentive payment. Koha is neither coercive nor clouds the decision to participate. Similarly, koha comes in many forms such as petrol or food vouchers, taking participants out for a meal, baskets of food, as well as money.

Koha does not need to be an immediate or direct benefit. The point is that research has to be defined and designed with some ideas about likely benefits, either short-term or longer-term (Walker, 1992a). As Harry Walker (1992a), has pointed out, this means that research language needs to be clear and not clothed in mystical academic jargon which effectively denies Māori access to the research and its findings (Stokes, 1985). Past research by both Māori and non-Māori in Aotearoa has tended to increase the researcher's own academic status and do very little for Māori communities (Stokes, 1985). The researcher therefore aimed to use clear language in discussing the research with the Māori community, the Pakeha community, the participants and all others touched by the study.

One of the ways I used the principle of koha was to provide a toll free telephone number for participants to contact me throughout the study.

Harirū – The Interviews

The harirū (or hongī) ends the formalities of the ceremonial welcome and the physical contact demonstrates that barriers between tangata whenua and manuhiri (visitor) have been removed. Researchers have to acknowledge that instant access to Māori key informants or participants is not straightforward. For example, the whānau might be experiencing some form of raruraru (problem), and things might not go as planned. Learning to be flexible therefore was essential to build trust with the Māori women gamblers, their whānau members and key informants before I could converse with them about the research itself (Bishop, 1996). Once

those barriers were overcome and trust was established, then the close contact involved in the *kanohi ki te kanohi* data collection could begin.

Hākari – Data Analysis

Hākari is the blending of two groups, symbolised in the Pōwhiri by meeting in the *wharekai* for refreshments together. In doing so, new relationships can be established and old ones renewed. It is about sharing old information and integrating it with new so that it makes sense to both the *tangata whenua* and the *manuhiri*. It is also about the leveling of statuses – all are now equally entitled to express their opinion, regardless of gender or *kawa*. For this to succeed, it is essential that the rights of all are protected. By succeeding, the *mana* of the *marae* and the *tangata whenua* is strengthened.

The researcher therefore aimed to integrate the information gained from the study with the knowledge gained from other sources - other research, reading and study - to produce a new understanding of Māori women's problem gambling. This new model had to be acceptable, not only to the researcher, but to those researched also (Jahnke, 1998). The status of both new and old knowledge was maintained and considered equally. The rights of both the researcher and those researched had to be maintained. By achieving all this, the researcher hoped to increase the *mana*, not only of herself as a researcher, but also of the people who had given their time and energy to participating in the study.

Te Take o Marae – Research Dissemination

After the *wharekai* activities have been concluded, the newly integrated groups adjourn to the *wharenuī*. There, formal discussions of the topic in hand occur, with all issues being considered, no matter how delicate or controversial. This ensures that all are equally informed, that information is not misused, and that the outcome of the meeting is positive. It also ensures that when they return to their own communities, both *tangata whenua* and *manuhiri* tell the same story.

To achieve this, the researcher planned to set up consultation with *kaumātua* from her own *hapū*, Māori health centres, Māori addiction resources, Māori women gamblers and their *whānau*. She also planned to speak about the project, its antecedents, its methodology, and its findings to a wide range of interested groups

and individuals. Publication of findings was also planned, not only in academic communication channels, but also Māori magazines, relevant conferences, both locally and overseas, and most importantly, to those Māori rōpū and communities involved. By doing so, she hoped that understanding of the phenomenon and how to respond to it would be increased for all concerned.

CHAPTER FOUR

Research Procedure

The purpose of this chapter is to provide a description of how the present research study was conducted. The chapter begins by describing who the participants were. The participants were divided into three groups: Service Providers (organisations providing gambling counselling and support to Māori women gamblers); Māori women having difficulties with gambling; and partners or whānau members of Māori women gamblers. Next the interviews are presented along with a description of how they were developed. The research procedure is outlined using the structure of a 'Pōwhiri' (the Māori ritual ceremony of encounter, see Chapter 3). The procedural outline also includes discussion of cultural considerations and ethical issues involved. The Chapter concludes by explaining how the data obtained was analysed and findings disseminated.

Participants Description

Forty-six people were interviewed, including 10 key informants representing service provider organisations, 20 Māori women gamblers and 16 partners/whānau.

Service provider organisation representatives

Service provider representatives are described first, because they were interviewed first, and many other participants were found with their help. Ten interviews were conducted with staff who worked or had worked for services that provide help for Māori women problem gamblers. The organisations ranged from those specialising in problem gambling through support groups to drug and alcohol and community support services and are described in Table 4.1. Two Māori women provided both telephone and face-to-face counselling and one non-Māori women provided specialist gambling counselling for one of the three core national gambling service providers. The non-Māori service provider worked as a psychologist with the Problem Gambling Foundation. Five Māori key informants worked for kaupapa Māori organisations and services ranging from counselling and education services to community alcohol and drug services. The two women and one tāne Māori addiction counsellors provided face-to-face counselling from

a Māori kaupapa service, and two Māori women provided group support. Two Māori community support workers from different organisations provided a gambling workshop, budget advice and social advocacy. The other key informant provided one-on-one counselling and advocacy.

Table 4.1: Service Description

Participant	Gambling Specific	Type of Service	Client Group	Stage of Service Development
1	No – Pilot Project	Community/Social Health	General	Gambling Workshop Emerging Service
2	Pilot Project	Support Group	Māori & Pacific Island	Emerging Service
3	Pilot Project	Support Group	Māori & Pacific Island	Emerging Service
4	Yes	Gambling A&D Counselling	Māori	Emerging Kaupapa Māori Service Primarily Alcohol & Drug
5	Yes	Gambling A&D Counselling	General – Māori	Emerging Kaupapa Māori Service Primarily Alcohol & Drug
6	Yes	Specialised Gambling	General	Established Service
7	Yes	Gambling Counselling	Māori	Emerging Kaupapa Māori Social/Mental Health Service
8	Yes	Gambling Counselling	General	Established Service – Only Māori clientele
9	No	Counselling/Education	Māori	Established Community Support Providers
10	Yes Pilot Project	Support Group	Māori	Established Service – Only Māori clientele

The types of organisations that provided services to Māori and their whānau concerning gambling were diverse and the range of people interviewed allowed for a variety of viewpoints to be explored.

Māori women gamblers

All 20 gambler participants were Māori women. Their ages ranged from 20 - 60+. Two kuia kaumātua (older women) were aged between 60 years and 65 years. Five were between 50 and 59 years. Seven were between 40 and 49 years. Six were between 20 and 39 years.

Two of the participants were single, ten were married, two lived in de facto relationships, two of the participants were in a same-sex relationship and four were separated.

Two of the Māori women gamblers were employed in professional positions; four in justice, social and community services; two worked as public servants; one in postal services and another in the hotel trade. Three of the participants were self-employed. One of the participants was retired and six of the women were unemployed, two of whom were currently undertaking tertiary education. All seven beneficiaries were eligible for the Community Services Card.

One of the Māori women gamblers lived in metropolitan Auckland, seven in suburban Auckland and two in a small town near Auckland. Six of the participants lived in Rotorua city, one in its hinterland and three in the adjacent coastal region.

The participants were asked what religion they belonged to. Ten of the participants described themselves as Catholics, four as Anglican, one as Christian, and one as Ratana, while four said that they had no religious affiliation.

Ten of the participants had whakapapa (genealogical) and iwi (tribal) affiliations to Te Arawa. Two identified as Ngāpuhi, one Tainui and one Ngāti Whatua. Five of the participants identified respectively with Tuhoe, Ngāti Raukawa, Ngai Tahu, Maniapoto and Cook Island Māori. One of the participants described herself as having no iwi.

Having collected the demographic information it was also important to look at the women's gambling status, which is described below in Table 4.2. Self reported motivations for gambling included: it being perceived as a social activity (2), being addicted to gambling (4), being a compulsive gambler (3), being financially hopeful (5), being bored (1), wanting time out for self and from whānau (2), believing it hereditary (1), considering self just a gambler (1) and as a compensation for grief (1).

Fourteen of the sample group said that they saw their gambling as problematic and six stated that they did not. Eighteen of the participants reported pokies to be their main mode of gambling; six of these also went to the casino. The remaining two participants said that they solely used the casino. The frequency of gambling for those that used the pokies ranged from daily (7), through not daily but more than once a week (3) to weekly (9).

Seven of the participants who gambled daily claimed to have reduced their gambling. Two of the seven said they reduced gambling after attending counselling, another participant reported reducing gambling after attending a Māori women's support group and one other reported that pressure from whānau helped her to reduce gambling. The remaining three gave no reason. The two casino players gambled daily.

The amount of expenditure reported per session by five of the participants was \$20; two spent between \$100 - \$200, while five spent from \$200 up to \$499 and the remaining five reported that they gambled from \$500 up to \$20,000 per session.

Table 4.2: Women’s gambling status

Participant	Self-reported motivation	Perceived as a Problem?	Mode	Frequency	Reported Expenditure per session
1	Social	No	Pokies	Weekly	\$40.00
2	Gambles with whānau	Yes	Pokies	Regular	\$100.00
3	Addicted	No	Pokies	Weekly	\$20.00
4	Troubled by gambling	Yes	Pokies	Originally daily, but reduced	\$200.00
5	Compulsive	Yes	Pokies	twice weekly	\$200.00
6	Just a gambler	No	Pokies	Weekly	\$20.00
7	Hereditary	No	Pokies	Weekly	\$20.00
8	Relief of boredom	Yes	Pokies	Originally daily, but now reduced	\$300.00
9	Time out from husband	Yes	Pokies	Originally daily, but reduced after counselling	\$400-1000
10	Financially hopeful	No	Pokies	Weekly	\$50-100
11	Financially hopeful	Yes	Pokies	Twice weekly	\$40-60
12	Relief from work stress	Yes	Pokies	Originally daily, reduced after counselling	\$20-900
13	Financially hopeful	Yes	Pokies, casino	Daily	\$4,000
14	Coping with family loss	Yes	Pokies, casino	Originally Weekly; now stopped	\$200-\$400
15	Compulsive	Yes	Pokies, casino	Originally Weekly, but reduced from whānau pressure.	\$500-20,000
16	Addicted	Yes	Casino	Originally daily, but reduced after Māori programme attendance	\$20,000 debt
17	Addicted	Yes	Pokies, casino	Daily	\$5000+
18	Financially hopeful	Yes	Pokies, casinos	Daily	\$200-500+
19	Addicted, but whānau’s fault	Yes	Casinos	Originally Daily, but now stopped after values reversion	\$200+
20	Living in unreality	No	Pokies Casino	Weekly Infrequently	\$20 max \$20

Partners and whānau members

All of the gambler participants were asked to nominate and give permission for the researcher to speak to a whānau (family) member about how they perceived gambling. Sixteen of the women consented to their partners or other whānau being interviewed. The other four women did not, and gave no reason for not doing so.

Seven women whānau members and nine male partners were interviewed for this study. One woman was aged 69 years. Three women and six men were aged between 40 and 60 years. Three women and three men were between 20-40 years.

Seven of the sixteen participants were partners of the Māori women; one was in a same-sex relationship, and the nine whānau members consisted of six adult children, two sisters and one mother.

The whānau participants came from diverse backgrounds: three were beneficiaries, two were self-employed, one was a student and the others were in a diverse range of occupations. All but three of these participants were Māori. Eight identified their religion: including four Catholics, three Anglican and one Presbyterian, while the other eight said that they had no religion.

The following table provides information about the current status of whānau member's own gambling behaviour, those who supported Māori women to stop gambling, and those who considered they did not perceive gambling as problematic.

Table 4.3: Whānau gambling status

Participant	Relationship	Gender	Gambling	Timing	Attitude
1	Husband	M	Heavy	Now	Won't stop: not a problem
2	Partner	M	Heavy	Now	Won't stop: not a problem
3	Partner	M	Heavy	Now	Won't stop: not a problem
4	Partner	M	Heavy	Now	Won't stop: not a problem
5	Sister	F	Moderate	Now	Won't stop: not a problem
6	Partner	F	Social	Now	Won't stop: not a problem
7	Partner	M	Social	Now	Won't stop: not a problem
8	Partner	M	Social	Now	Won't stop: not a problem
9	Son	M	Heavy	Previously	Stopped to support Mother
10	Mother	F	Social	Now	Doesn't use pokies
11	Daughter	F	Non	Never	Encouraging Mother to stop
12	Daughter	F	Non	Never	Encouraging Mother to stop
13	Daughter	F	Non	Never	Encouraging Mother to stop
14	Sister	F	Non	Never	Encouraging Sister to stop
15	Son	M	Heavy	Previously	Stopped to support Mother
16	Partner	M	Heavy	Previously	Stopped to support Partner

The Interviews

Interview schedules

Three different semi-structured interview schedules were compiled for this study (Patton, 1990). Service Providers (see Appendix H) were interviewed to discover the types and effectiveness of services they provided to Māori women gamblers and how they thought their service could be improved. Interviews with Māori women (see Appendix I) explored the motives, experience and consequences of gambling and how they coped with it. Whānau members (see Appendix J) were asked about the effects of their whānau member's gambling on them, how they coped, and what advice they would share. Most of the questions used for the Māori women and whānau members interview schedules were adapted from Glover's doctoral thesis on Māori perceptions of smoking (Glover, 2000). The design was most appropriate for my study as it covered similar topics concerning

addictive, potentially harmful behaviour by Māori.

Service provider organisations

The increase in the uptake of gambling-related problems in the general population and the proliferation of gaming machines since the introduction of new forms of gambling over the past decade highlighted the need for gambling-specific services. Moreover, gambling researchers had asserted that "by Māori for Māori" services were urgently required to assist with the increasing number of Māori accessing the Problem Gambling Helpline and other gambling help agencies (Abbott, 2001; Paton-Simpson et al., 2002, 2003). Furthermore, adequate resources for Māori workforce development need to be provided, particularly for Māori women (see Chapter 2) (Dyall, 1997). The interviews with the SPOs aimed to discover the extent to which these needs were being met for Māori women and the cultural relevance of the means being used to meet them.

The questionnaire for the Service provider representatives was divided into five sections. The interview schedule started by asking the participants for demographic data about the name of their organisation, position held in the organisation and concluded with their tribal and hapū identity. A range of closed- and open-ended questions were asked about types of services they provided for Māori women gamblers; their knowledge about other gambling services, whether or not they referred clients on and if so, how, the effectiveness of their services and how they could be improved,; the cultural relevance to Māori of programmes provided, and, finally, what advice they could provide to assist Māori women to stop or reduce gambling and to support whānau members affected by it.

Māori women gamblers

The interview schedule for the Māori women gamblers started by asking for demographic data (see Appendix K) such as education and occupation status; it then asked how they perceived their gambling behaviour. Interviews with Māori women explored the motives, experience and consequences of gambling and how they coped with it. To understand gambling from a Māori women's worldview it was important to begin the interview with a discussion about what gambling meant to them now, specifically with relation to such gambling activities as casino and pokie machines. For instance, they were asked if gambling was a social

activity, which gambling activity they preferred, the regularity of the activity, how much money they spent, whether gambling was an isolating activity or did they gamble with whānau. This last question was to determine if whānau supported the behaviour.

Having provided information about their current gambling status the women were then asked questions about their gambling history. The participants' earliest experiences of gambling were explored to determine the extent to which early exposure to gambling was normal. They were prompted to describe the setting and reasons for gambling at that time and the importance of gambling to them then.

I then asked the women about how they accessed the gaming venues to determine how easy it was for them to gamble. The amount of money spent on gambling was requested next to establish how significant the gambling was in their lives. They were also asked about who they gambled with to discover whether whānau were aware of the gambling and if so the degree to which they supported it.

Other topics covered in interviews with the Māori women gamblers included:

- Their perceptions of gambling,
- How they coped with their gambling,
- What help was provided, and
- What advice would they share with other Māori women experiencing similar issues with gambling?

Whānau members

The interview schedule for the whānau members started by asking for demographic data (see Appendix L) such as education and occupation status; it then asked how they perceived their whānau member's problem gambling behaviour. They were then asked about their own history of gambling, current gambling behaviour, the effects of their whānau member's gambling on them, how they coped, and what advice they would share. This schedule was based on the schedule used for interviewing Māori women gamblers with only minor wording changes to suit the whānau members. The interview schedules were kept similar to enable comparisons between the information collected from Māori women and that from their whānau members.

Research Materials

Materials used included a tape recorder and a lap-top computer. Two copies of the interview schedule were used for each participant: one for the participant and one on which I wrote my notes. Prior to the interview commencing each of the participants was given a manila folder containing an information sheet (see Appendices M, N, O), and a consent form (see Appendices P, Q, R).

I provided food for each participant appropriate to the day. For participants who asked to be interviewed during the day I organised morning and afternoon tea, and dinner was provided for both the participant and the researcher for those who wanted their interviews conducted at night.

Kuia and koro kaumatua accompanied me to some of the interviews. A car was used for transport to the participant's homes or offices. Approximately 12,000 kilometres of driving was required to conduct this research.

Procedure

The procedure is described below using the structure of a 'Pōwhiri' (a welcoming ceremony on a marae) as a framework.

Establishing Research Relationships with Māori

Te Waharoa - Planning and Preparation

Piloting interview schedules

To test the content, timing and structure of each of the three interview schedules, pilot interviews were conducted with a woman gambler who was also the spouse of a gambler and with a drug and alcohol counsellor. As the woman was both a gambler and member of a gambler's whānau she was able to look at the schedule from both points of view. Feedback from the pilots suggested that questions needed to be included in the schedule about the relationship between smoking and gambling. Questions were added to the interview schedule accordingly. Pilot interviewees also asserted that the interview would need to be conducted in a less formal structure and manner than originally intended because of the relatively large number of questions. The mode of presentation and time allowed for the

interviews were adjusted accordingly. The pilot interviews for the three groups were concluded in November and December 2002.

Cultural considerations

This project could not have started without a blessing. I followed my mother's advice and my own intuition and approached a kuia Tohunga to do a karakia before my study began (Irwin, 1994). At the time when the project was initiated in 2000, one of the communities that I wanted to research had experienced a rarururu (problem) and was still dealing with the residual effects of the government's refusal to grant them a casino application. I needed to tread carefully and not assume that entry would be a given (Bishop, 1996). Therefore in order to maintain the trust of my participants, I had to say to them that I was neither for nor against gambling or the casino.

I adhered to tikanga Māori processes and consulted with kuia and koro kaumātua (male elders) from my hapū (sub-tribe) to gain support for my topic (Bishop, 1996). Additionally, I consulted informally and corresponded with Māori working in addiction and health services and the Māori Problem Gambling Reference Group, firstly to seek permission to present my thesis topic, and secondly to confirm details of the research process as described in the information sheet (see Appendix B). As a result of these meetings, an informal consultation hui took place at the Tunohopu Health Centre in collaboration with Tipu Ora Health Services and the manager of Te Utuhina Manaakitanga Trust Addiction Resource Centre. I distributed the information sheet (see Appendix B) about the project at the beginning of the hui, and then presented the findings from my Masters thesis (Morrison, 1999a), along with recent information about the increase in Māori women's gambling behaviour (Dyall, 1998a). After doing so, I asked whether I could get support for the project.

From this hui a kaikaranga (a women who has the role of making a traditional welcoming call onto a marae) and kaumātua agreed to be part of my advisory rōpū (group), alongside Māori gambling researcher Lorna Dyall. Tipu Ora Health Services (see Appendix C) and Te Utuhina Manaakitanga Trust Addiction Resource Centre (see Appendix D) provided written support. This inclusive, collaborative and collectivist approach to research took into account the Māori

value of unity (kotahitanga) and ensured that the research process remained sensitive to the needs of Māori (Bevan-Brown, 1998).

A small number of the participants who consented to participate in the study had whakapapa (genealogical) links to the researcher. This information came through during the whakawhānaungatanga (connections) process and I had once again to be flexible and defer the research process while we made our connections with each other. At the same time, I also checked out with them if they were comfortable about continuing the interview or whether they wished to discontinue it, and all chose to continue.

Karanga – Consultation

Ethical approval

Ethical approval to undertake this study had to be obtained from several District Health Board (DHB) regions and proved to be a long, exhausting and at times stressful process. Approval to undertake the research was given in March 2001 by the University of Waikato Psychology Department Research Committee.

However, when applying for ethical approval to the New Zealand Health Research Council Ethics Committee, I was informed that the University of Waikato was not an accredited health ethics committee and that my research also needed to be considered by the Ethics Committee of each of the District Health Boards of the three areas within which I wanted to conduct the research. I contacted one of them and was given some helpful information and an application form by the administrator. I filled out the application and submitted it according to instructions. I then received a letter from that DHB Ethics Committee stating that my study needed to be approved by two other DHB Ethics Committees as well as theirs.

At the same time, I received a phone call from a Māori member of one of the DHB ethics committees stating that I needed to obtain support from a Māori Health Provider organisation, Te Whānau Poutirirangiora a Papa, in the Bay of Plenty DHB district before my application could be processed. This then resulted in another lengthy process. However, I had whakapapa links to one of the trustees of the Organisation and was able to present at the next available monthly meeting.

A kanohi ki te kanohi approach, plus the importance of whānaungatanga (Bishop, 1996), in collaboration with support from my kaumātua (Jahnke & Taiapa, 2003), helped expedite this part of the project and approval for the study to go ahead was given by Te Whānau Poutirirangiora a Papa in May 2002 (see Appendix E).

Three months later, I submitted to the two DHB ethics committees. Approval was granted by one in October 2002 and the other in December 2002. Overall, it took 15 months to get ethical approval for the study. Although this caused me some stress at the time, kaumātua and kaikaranga provided by my iwi assisted me in coping with the strain resulting from the delays in the process.

Exchanging information

There was an ongoing exchange of information throughout the study between the researcher and the participants acknowledging the marginalised position of Māori women gamblers (Morrison, 1999a). It was important to discuss the negatives of gambling, then move on to discussing the future and not get caught up in romanticising the past (Jackson, 1998). It was also important to establish the historical context within which Māori women had gambled – such as fundraising and gambling on the marae – and at the same time recognise that there continue to be real benefits for some Māori, particularly women. A number of the participants at hui or conference presentations engaged in discussion with me about the benefits of gambling in the upkeep and maintenance of many marae. This exchange of information was achieved during my presentations to Māori communities by disseminating my ongoing findings and acknowledging the positive and real benefits of gambling for some Māori iwi. I believe that this made it easier and more comfortable for the participants to approach and share information with me.

Marae-Ātea – Protection

The study maintained a kaupapa Māori approach and was strengthened by collaborating with an Advisory Research Group. Each interview commenced with whakawhānaungatanga and for a small number a karakia (prayer) was necessary. Although my reo (Māori language) was not fluent I was able to meet this need, using te reo wherever possible. Participants were offered the option of the interview being undertaken in te reo with the assistance of the kaumātua, but no

one took it up. The project was reviewed with each participant prior to the interview and their right of withdrawal reiterated if necessary. Similarly, an information sheet (Appendix B) and examples of the questions to be asked were sent to potential participants prior to their interview. Personal contact with Māori women working in gambling addiction services enabled me to conduct the research. These relationships were maintained through emails, phone calls, letters and meetings.

I emphasised to the participants that trust was an important principle of my research relationships. However trust takes time to build and I had to meet most of the participants several times to discuss the project both before and after interviewing them so that trust could be slowly nurtured throughout the duration of the research (Bishop, 1996).

Because gambling is such a contentious topic, I needed to demonstrate to all involved that there was a genuine reason for undertaking the study, while assuring everyone that keeping potential participants and their partners/whānau members safe throughout their participation was an integral component of the study (Cunningham, 1998). Difficulties occurred at the beginning of some of the interviews, where the Māori woman gambler involved had consented to their partner or whānau member being interviewed, but had not discussed with them the current status of her gambling behaviour. Being interviewed about the behaviour brought it to the surface and intense discussion resulted. I had to be flexible, stop the interview and make another time to come, when the participants had resolved their differences. I also provided information about current service providers, such as the Māori Problem Gambling Call Back Helpline counsellors, and Māori gambling counsellors in their regions. However, at times I had to consider the safety of the women gamblers, as well as my own.

At the recommendation of one of the DHB Ethics committees I had set up an 0800 number so that participants could make contact with me at any time to seek reassurance and clarification about their gambling behaviour and information. This was used by several participants, mainly the women gamblers, and served its purpose well. However, whilst this was helpful for the participants, some would ring at inappropriate times, seeking help when they had overspent on gambling

and needed to be able to talk to someone about the consequences. I had to empathise in order to facilitate these discussions ethically and morally. Several times we had extensive and recurrent dialogue. In all cases, I was able eventually to refer them to the Māori Problem Gambling Call Back Helpline or to Māori women gambling counsellors in their region. I had to ensure that my role was that of a researcher and not a counsellor.

At all times I avoided using research jargon and excluded terms such as “pathological” and “compulsive gambler” that had the potential to stigmatise the participants (Hirini, 1998). The only time these descriptions were used was when the participants described themselves as such. For example, some of the women reported their own perceptions as “compulsive” and “pathological” and “addictive”.

Whaikōrero – Engagement

With the proposal and ethical requirements for the study completed, it next had to be promoted among the targeted Māori communities, such as Māori mental health workers and the whānau of potential Māori woman gamblers in the three regions. In October 2002, I was invited by the local Māori health organising committee Nga Ngaru O Aotearoa to present an overview of my gambling project at the *Whānau Ora Māori Community Health Workers Hui* held in Rotorua at Tamatekapua marae. I presented an overview of my Masters thesis findings about socio-economic influences on Māori women’s gambling. At the conclusion of the presentation, an information sheet (see Appendix B) was distributed and a number of Māori women approached me and asked for information to pass on to potential participants.

Consequent to that meeting, support for the project also came from the Women’s Health League (see Appendix E) and Te Atea Marino (see Appendix F), a Māori drug and alcohol counselling organisation providing help for Māori women problem gamblers in Auckland.

The processes involved in inviting individuals to participate in the research project needed to be very flexible, to allow people to participate at their convenience. Most of the participants were very busy people and I needed to ensure that I was

not impinging unnecessarily upon their time. Once agreement to be involved was reached, I had to liaise with people to provide background information about the project and to arrange interview times. In some cases, a future appointment time was arranged and in others an interview was conducted and completed immediately, depending on what was convenient for the participants.

The location of the interviews varied. Most took place in the participants' homes. Two were at a marae, and one in a small private room attached to a pokie venue.

Waiata – Ethical Considerations

Dealing with Māori men

I had to deal with some internal politics by a small group of Māori men from my hapū who had applied for a casino application. Some of the men confronted me at tribal hui and stated their concerns but supported my study. But some elders from my hapū did not feel they could support it, reflecting opinions based on kawa (protocols) that have tended to keep Māori women a marginalised group within my iwi. This same group of men from my iwi did not want me to write about gambling in case my findings affected their casino application (Morrison, 1999b). Fortunately, the maternal side of my whānau plays a significant role in maintaining the kaupapa of the Women's Health League (WHL) in Ngati Whakaue. As a long-standing member of WHL I was supported by these kuia as I pursued my research.

Dealing with political issues

Another issue of concern that required seeking support from the WHL involved hapū politics. At the same time of my study, a whānau member was involved with an anti-casino campaign and some of my hapū and iwi members assumed that I had undertaken my study to support her position. I took my concerns to the WHL and the President at the time stated to hapū members that my study was independent. As with many issues, I was able to address it by discussing it and obtaining advice from kaumātua and kuia from my own rōpū as well as the Women's Health League (WHL). While I agreed that the proliferation of gaming machines needed to be slowed, to ensure that interview responses validly reflected

participants' opinions and experiences, I needed to be seen as independent regardless of whakapapa. I therefore greatly appreciated the support of the WHL.

As most Māori communities are small it was inevitable that I and the participants would meet in social settings during the study (Glover, 2002). This happened while I was attending a social function and saw two participants gambling on the pokie machines. Both of the participants at first had some discomfort with me being in the same social environment. This discomfort had more to do with the conflicting information they had given me about their gambling status. However, I was able to maintain their mana by turning the focus away from their gambling behaviour and making light of their admission.

Koha – Reciprocity

Māori women counsellors and group facilitators working either for mainstream or kaupapa Māori organisations were helpful in setting up contact with women and whānau members who were willing to participate in the study. I contacted by phone or email social service and Māori services workers working in gambling, addiction and community health and set up interviews with them. Throughout the study, I valued the information they gave to me and koha was an integral part of the relationship (Walker, 1992a). I shared information and resources with the participants and workers. For instance, one of the male participants contacted me after a public presentation and said that it had included information that could be useful to include in his gambling intervention programme, particularly for his Māori women clients. Accordingly, I burnt the presentation on to a CD-ROM and forwarded it to him. On a number of occasions I was asked by Māori working in community and health organisations to present my findings to help provide a historical context to gambling for Māori communities. This two-way process of sharing information was very important. I was not just taking information, I was giving and sharing it also. Maintaining relationships is a fundamental, often extensive, and ongoing part of such research (Cunningham, 1998).

I also presented preliminary findings of my study (see Appendix T) to a local Member of Parliament, pointing out to her that the women found more positive than negative aspects to pokie machine gambling. This was timely as it coincided with discussion in Parliament of legislation on gambling.

Manaakitanga ki te tangata (sharing and being generous to the hosts) was maintained with the participants who requested an interview in their homes around dinner time. I endeavoured to take food appropriate for dinner and we ate together. In addition, I left them with a gift voucher. At the end of the interview, a small koha, morning or afternoon tea and a \$20 food voucher was given to the participants as a gesture of my appreciation. The koha was given at the conclusion of the interview so as not to be seen as an act of coercion for the participants.

I had to make sure at the beginning of the study that I had sufficient funds to cover hospitality costs for a second interview. I also ensured that a koha was given to both kuia and koro kaumātua when they travelled out of town with me. I also covered costs for participants who had no vehicle and wanted the interview to be outside their own home. In these situations, I collected the participants and took them to a mutually arranged venue, returning them to their home at the conclusion of the interview.

The mana and dignity of the participants needed to be maintained at all times. For instance, some participants asked that whānau first bless the interview. Each time, doing so involved extensive travel outside Auckland, arranging for my kaumātua rōpū to be available, and covering the expenses of such requests with the assistance of my tikanga grant from the Health Research Council. Without this funding, I would have experienced financial distress.

Dealing with emerging service providers

While some participants collaborated in this study assuming that there would be some tangible benefits for them in terms of social advancement or access to resources, I had to be careful that I did not set up an expectation that I would provide something that I could not deliver. Consequently, I made it clear at the beginning of the interviews that I was not in a position of power to bring about immediate benefits (Walker, 1992a). However, I did say that my findings would be used to encourage change in the near future. One of the service providers asked if they could use my summary of their interview to help support a funding application. While I was unwilling that they do so, I agreed to accompany them in a supportive role. Furthermore, I assured them that I would promote the need for

funding organisations to support emerging services by way of conference presentations. I also offered to assist them in writing funding applications.

Similarly, at the beginning of the study I took an active role in assisting two Māori gambling counsellors with a pilot project to promote raising Māori awareness of gambling in their communities, travelling to Auckland to do so.

Hariru – Contacting Participants

Service provider organisations

Key informants from Service Provider Organisations (Spoonley, Pearson, & Shirley, 1994) were interviewed for this research during 2002 and 2003.

Interviews ranged from 40 minutes to two hours, depending on the amount of information the participants wished to share. They were contacted either by personal introduction or referral. Once contact had been made and verbal consent obtained, times were arranged, the interview conducted, and completed consent forms collected as the interview concluded. Some of the participants did not complete the consent form as they perceived the fact that they attended the interview as consent. Interviews took place at the key informant's place of work, or at a location that was convenient for them. For example, two key informants working with non-Māori organisations requested to be interviewed away from their place of work; no reason was given.

At the conclusion of the interview, SPO key informants were given a research kit (including Appendices H and I) to hand on to other likely participants. I obtained most of the Māori women and whānau member participants through this process. The SPOs provided me with contact details which enabled me to contact potential participants to organise meeting times and places.

Māori women gamblers

A formal meeting and interview was scheduled once agreement to participate was obtained. Once whakawhānaungatanga had been established, informed consent forms were distributed and completed before the interview was initiated. During these conversations, many preliminary questions were asked about the purpose of the research and what the involvement entailed and a detailed information sheet

was distributed. Four of the Māori women gambler participants chose not to sign the consent forms as they did not think it appropriate and they said that being present at the interview gave permission. I had to meet twice with some of the Māori women and their partner/whānau member before verbal agreement to be involved was obtained.

All but two of the interviews with the women took place at the participant's home. One of the other interviews took place on a marae and the remaining one at a place of the woman's choosing. All of the women approached eventually agreed to participate in the research. Each woman was given a copy of her transcript within a few weeks of the interview in case there was anything they wished to change. Some of the women made significant changes in terms of material they wished to exclude. Five of the women did not wish to receive a copy of their transcripts. Following the return of the transcript, I arranged to meet with each of the participants to discuss the interview's impact on them, check out my initial understandings of their narratives, and clarify any issues which were raised by the interview.

Whānau members

A total of sixteen interviews were conducted with whānau members of the Māori women gamblers during 2003 and January 2004. Efforts to conduct these interviews commenced after permission was obtained from relevant Māori women gambler participants. The whānau members were interviewed separately from the Māori women gamblers. After whakawhānaungatanga, reviewing the project and discussing any concerns that the participants had raised, they were asked an open-ended set of questions, which were designed to allow them to provide information about their experiences with their partner/whānau member gambling, how they coped, how they sought help, and their willingness to be interviewed further. Three of the whānau member participants chose not to sign the consent forms. Of the twenty partner/whānau members approached four chose not to participate in the study.

Interviews were arranged at times and places convenient to the participants. In some cases, this meant visiting people at home; in two instances at the marae. The interviews produced rich data, uncovering many unforeseen issues, and in a

number of cases resulted in lengthy and/or extra interviews with the participants. Each whānau member was given a copy of their transcript within a few weeks of the interview and some made minor changes. A small number (4) did not wish to receive a copy of their transcript.

I arranged to meet with each of the participants after their transcript was returned and discussed the interview's impact, my initial understandings, and any issues raised.

Hākari – Data Analysis

Service provider organisations

As the main purpose of interviewing the informants from SPOs was to find out what services were available for Māori women problem gamblers, the questions asked were largely factual. For instance, the first question asked about the type of service provided by each organisation. Three patterns of response emerged. The first type of organisation was a national gambling service targeting problem gamblers throughout the general population, including Māori women. I coded these as Mainstream Service Providers (MSPs). The second type included existing organisations targeting Māori clientele with drug and alcohol problems and who were developing a new service aimed specifically at providing either counselling or support for Māori problem gamblers. I coded these as Emerging Māori Providers (EMPs). The third type provided health and counselling services to the general public, but were developing counselling services aimed at Māori problem gamblers. I called these Community Provider Services (CSPs).

Responses to other questions to the SPOs informants concerning referrals, interventions, effectiveness and potential improvement, and advice were analysed thematically. The frequency with which each theme appeared was counted and tabulated by organisation type. This procedure showed which organisations were providing what sorts of services to Māori women problem gamblers.

Māori women gamblers

Audio tapes of the interviews with the Māori women problem gamblers were transcribed by the Researcher and the information was processed by writing a summary report of each interview including the demographic data. The

demographic data was analysed by question across the women to give a descriptive overview of the Māori women gamblers. This enabled me to describe the Māori women according to the age, education, income, marital status and others. This information provided a picture of the diversity of Māori women problem gamblers.

I then examined the responses to each closed-ended question in turn, looking for similarities and differences in the responses. Key words reflecting various types of responses were then entered into columns on an Excel spreadsheet. This allowed counts to be taken of the frequency with which each type of response occurred. For example, when the Māori women were asked to describe their gambling behaviour six said that their gambling behaviour was addictive and four reported that gambling was for financial gain.

Responses to open-ended questions were analysed similarly with the frequency with which key words occurred being entered in a table. This allowed for themes to be identified and their significance evaluated. Once the themes were identified they were classified according to Allport's *Lens Model of Understanding Prejudice* (Allport, 1979). As I mentioned in Chapter Two, Allport's model was used to inform my understanding and helped me to organise my data and subsequent analysis. My data analysis was based on looking at the historical aspect for each of the women. It reflected their first experiences of gambling and how this was developed up to the present. I looked for and presented common themes occurring across all twenty women.

The socio-cultural context of gambling events for each participant described the socialisation experiences which encouraged gambling and the cultural influences of both non-Māori and Māori cultural mores. For example, non-Māori norms influenced the type of gambling available and the ways in which it was provided, while Māori whānau, iwi and hapū norms influenced the social and financial roles of gambling.

The situational context of gambling analysed the data in terms of the societal and physical situational influences such as attractiveness, availability, accessibility and acceptance on the types and frequency of gambling by Māori women problem

gamblers.

Information about the personality dynamics and structure came from their responses to questions about why they gambled and what kept them gambling. This data was examined for themes reflecting personality traits that separated the Māori women problem gamblers from other Māori women and possible causes for these differences. Areas explored included self-esteem, social networking and status, feelings of competence and coping strategies.

Information about the act of gambling came from a series of questions about such topics as where they gambled, with whom, how often, and how much they spent. Again, I looked at their responses to these questions for common patterns and tabulated the frequency with which these patterns occurred.

Allport's final approach to understanding prejudice involves the object of the prejudice. My own previous research and the literature had suggested that casino and pokie machine gambling were the two gambling activities to focus on. I therefore examined the nature and frequency of responses to a question about the type of gambling preferred and their reasons for their preferences to see if this supposition was accurate and if so why. Further information on the reasons for these preferences came from responses to questions about why they gambled and why they continued to gamble.

I went beyond Allport's model and included another two sections – the consequences of gambling, or how the women went about addressing their problem gambling behaviour. Finally, I asked the women what advice they would share with other Māori women problem gamblers, whānau members and SPOs to assist with Māori health development. Again, I analysed all the questions looking for common themes and patterns and tabulating the frequency with which they occurred.

Whānau Members

The analysis for each of the whānau members followed the same procedure as was used for the Māori women problem gamblers. The audio tapes were transcribed and the information was processed by writing a summary report of each interview including the demographic data. The demographic data was analysed by question

across the participants to give a descriptive overview of the whānau members who had responded. This enabled me to describe the whānau members according to age, education, income, marital status, etc. This information provided a picture of the range of whānau members.

I then examined the responses to each closed-ended question in turn, looking for similarities and differences in the responses. Key words reflecting various types of responses were then entered into columns on an Excel spreadsheet. This allowed counts to be taken of the frequency with which each type of response occurred. For example, when the whānau member was asked to describe their partner's gambling behaviour most believed that the gambling was for financial gain while some also perceived it as being addictive, hereditary or for social purposes.

Responses by the whānau members to open-ended questions were analysed similarly to the way in which they had been for the Māori women gamblers. The frequency with which key words occurred was entered in a table. This allowed for themes to be identified and their significance evaluated. Once the themes were identified they were classified according to Allport's *Lens Model of Understanding Prejudice* (Allport, 1979).

Data analysis started by looking at the whānau members' perceptions of the historical background to gambling for each of the women gamblers. It reflected their whānau members' first experiences of gambling and how this had developed up to the present. I looked for and presented common themes occurring across all sixteen whānau members.

Exploring the socio-cultural context of the women's gambling as perceived by the whānau members involved analysing thematically the answers to questions, asking each participant to describe the socialisation experiences which had encouraged gambling, and the cultural influences by both non-Māori and Māori cultural mores on that behaviour. Also thematically analysed were responses to questions asked of the whānau members about their own influence on the gambling behaviour of the Māori women gamblers, as well as the influences of social mores on gambling.

The situational context of gambling was covered by again thematically analysing

the data in terms of the physical situational influences on Māori women gamblers as perceived by their whānau members, including variables such as the attractiveness, availability and accessibility of gambling facilities.

Information about personality dynamics and structure came from their responses to questions about why they believed the Māori women gambled and what kept them gambling. This data was examined for themes reflecting personality traits that separated the Māori women problem gamblers from other Māori women and possible causes for these differences.

Information about the act of gambling came from responses to a series of questions about where the Māori women gambled, with whom, how often, and how much they spent. I specifically focused on whether or not the whānau members were present during the Māori women's gambling behaviour. Again, I looked at their responses to these questions for common patterns and tabulated the frequency with which these patterns occurred.

Analysis of the data in terms of the object of the gambling behaviour focused on responses to questions of the whānau members about the type of gambling preferred by the Māori women gamblers and reasons for those preferences to see if pokie machine and casino gambling were as important as expected. Once again, further information on the reasons for these preferences came from whānau members' responses as to why the Māori women gambled and why they continued to gamble.

Whānau members' responses were also analysed for information about the consequences of gambling and how they addressed problems arising from the Māori women's gambling behaviour. Again, I analysed all the questions looking for common themes and patterns and tabulating the frequency with which they occurred.

In an attempt to increase reliability, I read the transcripts twice to identify the issues raised in each narrative. I also asked two colleagues to read unmarked copies of four of the transcripts for their understandings of the issues being raised. I then compared their analyses with my own to look for similar interpretations.

Te Take o Marae - Research Dissemination

Over the four years of my study, I was privileged to have ongoing support from my whānau, hapū and iwi in Te Arawa, Rotorua and those living in Auckland. With their assistance I was able to organise three hui, one in Auckland and two in Rotorua, to disseminate my findings.

A diverse range of Māori service providers working with problem gamblers, as well as some of the Māori women gamblers and their whānau attended the hui. I tried throughout the presentation to present the information without identifying any of them so as not to cause them any discomfort. At the end of each presentation each of the attendees was provided with an executive summary of the report. At the conclusion of the hui, there was a lot of discussion around how Māori gambling counsellors could apply the framework - 'Te Waka Māia' - I had developed as a result of my findings alongside their current service delivery. The Waka it seemed was indeed an appropriate metaphor to help understand the relationships between the pull and push factors leading to gambling, and their implications for society. It is my intention to work alongside these counsellors and see the fruits of my study float on the moana.

The Rotorua hui were held at the Tunohopu Health Centre for members of Te Roopu Ote Ora (Women's Health League), Family Start and Well Child Workers, gambling counsellors, health promoters and whānau support workers. I presented an overview of my doctoral study together with my model and explained my findings. A third presentation was hosted at the Lakes District Health Board in Rotorua for mental health workers ki Maketu ki Tongariro.

CHAPTER FIVE

Service Provider Findings

In this Chapter, I present and discuss the service provider findings. As mentioned in Chapter Two, the proliferation of new forms of gambling over the past decade increased the need for services to help deal with the problems arising from gambling. Of particular concern for this study was how service providers in Aotearoa are meeting the needs of Māori women who have concerns with gambling. Interviewees representing three categories of organisation were identified for the current study:

1. Mainstream Gambling Services (MSP)
2. Emerging Māori Service Provider (EMP)
3. Community Support Services (CSP)

For this chapter, service provider interviewees will be described as ‘key informants’, Māori woman gamblers will be described as ‘consumers’ and whānau members or partners as ‘participants’. Information drawn from the key informant interviews gives an overview of the types of gambling services available in Auckland and the Rotorua region currently aiming to meet the needs of Māori women and their whānau. The major findings are presented in the order of the original questions I asked service providers and are grouped into five thematic areas forming the organisational basis of this Chapter: Type of Service, Referrals, Service Delivery, Interventions and Advice.

Type of Service

The questions asked in this section of the interview schedule aimed to reveal information about the type of services available for Māori women gamblers, including a description of how they were involved with Māori women and gambling. I wanted to elicit information about whether or not the service was specific to gambling and whether or not ongoing support was available for Māori women from these organisations.

Mainstream gambling service

The term ‘mainstream’ is used here to refer to the three core national gambling service providers.

Three key informants who worked in mainstream organisations reported that each of their organisations provided a specialised problem gambling counselling service for Māori and non-Māori clients. Two of the three key informants said that they were employed specifically to meet the needs of Māori problem gamblers.

We are a gambling specific service for all types of gambling...my position is to assist the majority of Māori women and whānau that I see are for problems with casino gambling and pokie machines. [MSP-1]

I am one of three Māori women employed by a national free phone counselling service for Māori with gambling problems and for those affected by others with gambling problems, including whānau. We provide a confidential gambling problem counselling and support over the phone. [MSP-2]

The other key informant provided a service for both Māori and non-Māori for serious gambling problems and in particular for those who also had a mental health problem such as depression or alcohol problems.

We provide a service for all types of gambling problems. It would be fair to say that our service does not extend to social gambling it is mainly for severe and pathological gamblers. I use psychometric measures such as the DSM-IV scoring and the Southern Oaks Gambling Screen assessment tools to determine how out of control the gambling behaviour is. By the time that the women approach our services they are at the bottom of Maslow’s hierarchy of needs. For example, there is no money for food, no shelter and clothing and some have lost their homes. Yes, they are definitely at the bottom. [MSP-3]

Emerging Māori gambling services

‘Emerging’ is used here to refer to new Māori gambling services, and included addiction counsellors and gambling support groups.

Four of the six key informants who were now gambling counsellors reported that they had started their careers first as drug and alcohol counsellors. However, an increasing number of Māori clients presenting for gambling-related concerns with casino and pokie machines meant that these substance-addiction counsellors had

had to turn some of their skills to gambling interventions, delivered from a Māori kaupapa.

The organisation sits inside [Region] and the primary service delivery is a drug and alcohol counselling service. [Organisation] were asked by [Funding Agency] to add gambling to our service. I started my career as drug and alcohol counsellor and just transferred the skills to work with gambling clients. Often my clients have co-morbid disorders, such as depression, anxiety disorders, suicidal tendencies and attention deficit disorders. I already have experience in dealing with these issues and can provide immediate assistance. [EMP-1]

I am an addictions counsellor working under a Mental Health portfolio. My manager asked me if I could pick up the gambling portfolio and I said yes because of my A&D (Alcohol and Drug) training. [EMP-2]

[EMP Organization] is a community based, outpatients addictions counselling service. The primary aim of the Trust is to reduce and minimise harm caused by alcohol, drugs and gambling. The service is a kaupapa Māori addictions service... It was only a matter of time before my manager asked me to be the gambling counsellor because of the increase in the number of Māori coming in for help... [EMP-3]

One of the three key informants reported that funding had been provided by the gambling funding agency for the delivery of a pilot Māori women gambling support programme.

I am in the process of setting up a programme for Māori women with another Māori service provider in South Auckland. We have only just been given a small pūtea [budget] to start the Māori women's gambling group. It will be an eight week training programme for those working or providing a service for problem gamblers and gamblers. The first service is educational. That is really important for wāhine Māori who have gambled all of their money; they have no food for their children and they are feeling whakamā because they can't control this problem. [EMP-1]

While the prime focus was on providing counselling services for problem gamblers, two key informants reported that they also addressed gambling issues at a community level and had set up a gambling support group in their region.

We have been given a small koha [grant] to help set up some support for problem gamblers here in [region]. My partner and I are both recovered alcoholics and gamblers and what we are

finding is that we can share our own personal experiences with the Māori wahine and their whānau and they don't feel so whakamā. [EMP-4]

I wanted to be able to provide a service from a consumer or reformed gambling perspective for Māori women who wanted someone to listen to them. I was reluctant at first to talk to someone about my own gambling tāke [issue]. However, when I reflect back to where and how I wanted to be helped, having someone to just be there for me, more importantly, to hear my dilemma was very important. Actually for any woman who needs someone to listen, I think having consumers who have been there brings a more practical aspect to the problem gambler's journey. We know because we have been down that dark road, found the light and come back up. [EMP-5]

Community support services

Community support services refers to support agencies that were also providing services for Māori with gambling problems.

Two key informants acknowledged that their services did not have any skilled gambling counsellors, nor were they funded to provide gambling specific services. How the informants met the needs of Māori women seeking help for pokie machine gambling problems is reflected in the following two quotes:

Gambling as a service has only recently been introduced to our organisation. We are not trained in gambling but we assist the women to access social support services, such as parenting programmes, and we provide relationship counselling. [CSP-1]

I work for an organisation that provides a well health and advocacy service for unemployed, beneficiary and low income people in South Auckland. The kaupapa of the centre is to encourage people to follow their pathway and enhance the skills that they presently have and to set ongoing pathways for ongoing study. [CSP-2]

Summary

The three mainstream services provided specialist gambling counselling. Emerging provider services, on the other hand, provided ad hoc solutions which included substance-addiction counsellors transferring some of their skills to gambling intervention and support groups. Community Support Service providers assisted gamblers with personal counselling, although the counsellors were not always trained, yet they advocated a holistic approach to healing.

Referrals

The questions in this section of the interview aimed at uncovering what Māori services, whether gambling or non-gambling-specific, were available for them to refer Māori women gamblers to.

Mainstream gambling services

All three key informants stated that their referrals came mainly from other mainstream service providers and General Practitioners. Two key informants were aware of emerging Māori service providers who offered counselling for Māori clients, but they viewed them as support services.

I am aware of [organisation]. They have one Māori counsellor. Often they provide public relations and health promotion and some hands-on works regionally. [EMP] have two workers. They provide a counselling service.

Of course there is [name of region] Gambling Support Group run by a consumer who was given a very small koha to run focus groups, it is mainly a support group and that is about it, really. [MSP-2]

One of the MSP key informants reported that there was no Māori gambling service provider available for Māori problem gamblers in her region.

Nevertheless, Māori women are able to be referred on to a Māori social service agency.

I am able to direct the women to [Māori counsellor] and [Māori Social Services Organisation]. It is for Māori by Māori service ... If the women need help for a crisis it is important that the choice for Māori women is a Māori social service agency. [MSP-3]

All three MSP key informants reported that there was a lack of appropriately trained services and no gambling-specific counsellors being provided by and for Māori with gambling problems. Although a social support group service was offered by one Māori organisation, its workers were not trained as gambling counsellors. They also said that undertaking gambling-specific training was a necessary requirement before they could make referrals.

[Name of organisation] is a new organisation that is not funded or recognised yet, they provide their service based on their own personal experiences of being problem gamblers. The service they

are offering is a support service but they will need to do more training before we can refer to them. [MSP-1]

In terms of Māori gambling counsellors and gambling services we did a survey of who's out there in our communities and there really were no other appropriate services to refer them [clients] on to... [MSP-2]

Two of the key informants reported that Māori gambling counsellors are limited in their regions.

I know this organisation is tried and true and just fantastic so we would not have any hesitation to refer Māori clients to them. But you know they are few and far between. [MSP-2]

... Apart from [Māori counsellor] at [name of organisation] and [Name of Organisation], [there are] two counsellors for the whole of [region]. That's it for Māori. Even they are very lacking in Māori counsellors. [MSP-1]

One key informant reported that new services needed to work in collaboration with existing services and follow appropriate processes before she would be willing to refer Māori clients to them.

I was approached by [Māori gambling counsellor] at the last gambling conference and he said that we should be working more closely together... [MSP-2]

Emerging Māori gambling services

Some of the EMP key informants reported that they received referrals from MSPs. Establishing good working relationships with Māori women gambling counsellors from MSPs and other social service agencies was considered to be useful and beneficial.

I have a good working relationship with the Māori gambling counsellors working in mainstream organisations. [EMP-1]

Some could offer support for clients by referring on to other organisations for budgeting advice, health and well being or traditional Māori healing.

When the women request for services outside of [organisation], I generally try to match the service provider; firstly, in their region, and of course to another Māori woman. We refer on to budgeting services and a lot of them need to do total money management. [EMP-1]

I refer most of my clients onto a budgeting service in town. [EMP-2]

I also sit with them when I refer to [Māori Health Clinic]. I send them to [Māori Health Clinic] for a check-up, mainly for depression. Depression is a big issue so I refer them onto [Māori Health Clinic]; they get their physical and wairua needs met. There is mirimiri and rongoā Māori at [Māori Health Clinic]. [EMP-6]

However, one key informant reported that they were limited in how far they could assist the women.

I refer them but I don't follow it up because they have left the service at that stage and we are not contracted to do follow-up. [EMP-1]

Another EMP key informant who worked in a kaupapa Māori service that provided multiple services was able to refer within her organisation to traditional Māori healers.

For a lot of my clients I have utilised the traditional team, so they have started a treatment program with the tohunga or the kaimirimiri [masseur] within [organisation]. I mean that counsellor will facilitate all their treatments, and visits with the tohunga. [EMP-3]

One key informant discussed how he received referrals from Māori networks within the community citing “the kumara vine” [EMP-2].

Another key informant reported that Māori gambling counsellors in mainstream organisations are gate-keepers and should be referring Māori clients on to their organisations.

...sometimes there is reluctance on behalf of some of my clients to come in and do face-to-face because they have rung the [MSP] and they have dealt with them. This is all about gate-keeping. [EMP-3]

Community support services

The two key informants working in community support services reported that their clients were referred from community networks and the Courts.

The bulk of our referrals come from WINZ, Citizens Advice Bureau, Banks and Budget Advice Agencies. [CSP-1]

...working in a community environment makes our referral process much easier for our clients. It gives the clients a sense of control when we send them just down the corridor to the budget advisor. They know there is an open-door policy. Our gambling clients have been referred from the Courts...we are not funded to provide the service... [CSP-2]

One CSP informant commented on a number of problems he had experienced in establishing a gambling service. Concerns identified were a lack of choices for Māori in accessing Māori gambling counsellors, lack of collegial support and lack of appropriate qualifications.

I identified four years ago that gambling was a problem in my local community ... There was no Māori counsellor so I asked them [MSP] how come they have funding for Māori, yet they do not have a Māori counsellor. I found that out because I applied for a position at the [MSP Organization] and I never got the position because I did not have a degree. [CSP-1]

It took four years for that CSP to access funding. Funding came after he had attended a National Māori Problem Gambling Reference Group meeting where he acquired access to resources and information.

I immediately contacted [Funder] to ask what I could do about getting a contract to provide our own service four years ago. Nothing was really done until recently at the National Māori Problem Gambling Reference Group meeting in June this year in Auckland. We were told by [Funder] that there was funding available for Māori Service Providers to help set up gambling services. I spoke to [Funder] at the meeting and he advised me to put in a proposal, to deliver my workshop, and that is what I did and I got the contract in August this year. [CSP-1]

Awareness of Māori Gambling Services was limited even between Māori providers.

The only one that I was made aware of was [Māori drug and alcohol organisation]. The other services were non-existent. [Emerging Service Provider] have only recently come on board in Auckland... No, I never knew about any of the services that were available for Māori women until I met [Māori gambling counsellor]. I discussed with her that I only got the name of their organisation from [Funder]. The networking with other Māori services was very poor. No one really knew who was out there working for Māori. I only became aware of the Gambling Helpline last year. [CSP-1]

I only know of one Māori service here and that's only been recent. There was a Pakeha service but that closed down last year sometime. I know all the social service agencies and we work inside a community support service and we have our own social workers within our service. [CSP-2]

Summary

Referrals were received by the mainstream gambling services from the Problem Gambling Helpline and the medical profession. Māori services were seen in a supportive role although a need for cross-service co-operation was identified. For the emerging Māori gambling services, referrals came through mainstream agencies and a network of connections in social services and the community. An open door approach was adopted by Community Support Services and referrals came from organisations that had a point of contact with the gamblers, often based around finance, such as banks, budget advisors and the Citizens Advice Bureau. Of note was the lack of knowledge by one CSP of what the others provided.

Service Delivery

The key informants were next asked what impact they thought their services had made in meeting the needs of Māori women seeking help with gambling. This question was designed to reveal and find out more about how adequate the services provided were. The following information reported by the key informants describes their perception of the effectiveness of their services and how they helped the Māori consumers to cope with problems related to gambling. Suggestions made on how their services could be improved will also be reported.

Mainstream service providers

Effectiveness of the service

Three of the MSP key informants claimed that using gambling-specific counsellor skills and implementing tikanga Māori processes had been of benefit for Māori women clients.

... my main focus is Māori women. A lot of our Māori women just need someone to listen to what is happening for them. A lot of them who ring have never before spoken to anyone about their gambling problems. We may be the first person that they talk to and that first initial contact is very important - that's where basic counselling

skills and whakawhānaungatanga has been very useful for my delivery. [MSP-2]

All three key informants said that they had well-developed infrastructures such as trained gambling counsellors and funding to cope with the increasing demand of clients accessing their services.

I'm employed by the [MSP] and they have a long history of working in the field of addictions. We have been actively involved in assisting gamblers, their families and affected others since the early 1990s. Our gambling counsellors are all trained and we have ongoing in-service training. We offer free face-to-face counselling or whānau counselling and are fully funded by the Problem Gambling Committee. [MSP-2]

My clients are offered a choice of where the counselling takes place; it can be in the privacy of their own home and this helps those women who do not have transport. I have worked hard to get home visits accepted by the organisation. The reality is our women do not have cars; they are usually at crisis point so why make it worse for them. That's what sets us apart from other mainstream organisations that don't do home visits... [MSP-1]

Most of the key informants believed that their services were effective for Māori women gamblers because they focused on both the positive and negative aspects of the women's gambling. These included adhering to tikanga Māori protocols of engagement, looking past the addictive behaviour and listening to the women's reality about their perceptions of the rewards of gambling. Acknowledging that asking Māori women to give up gambling was not considered effective, however, providing the women with information about the perceived benefits of the casinos and then instigating changing behaviour was more effective. Two key informants said that

Effectively gambling is seen by the women as a form of recreation and enjoyment. The reality is that for most of the wāhine gambling is their only form of recreation, it is social and that is how they think. She gets all these perks from the casino and you know that is really important. So if you take that away from them, their time out, their relaxation, are we setting them up to fail? It's all about whakawhānaungatanga and listening to their reality. Then we look at the gambling which is sometimes only part of the reason they gamble. I believe that the service is effective because it empowers the women to make decisions and choices for themselves and the women are able to look at how the gambling environments and machines are designed to hook them in. [MSP-3]

Most of the Māori women who come usually have between 3-4 sessions. The psycho-education is in the very first session. Educational information is about making choices and control issues. Assisting the women to make choices and any decisions that they make is their responsibility. I can't really say how I work with gamblers, it all depends on their backgrounds, it is very eclectic. [MSP-2]

There is a time when the addictive behaviour needs to be seen in a different light. I don't believe in creating aversion to anything especially when there is something positive that they get out of the gambling.

Another two key informants considered it important to not stigmatise Māori women by describing their gambling with pathological descriptions. Integrity and sensitivity were reported as being more helpful.

...sensitive about the negative labelling that is often imposed on gamblers, particularly Māori. I'm really reluctant to label people and I really detest the word pathological gambling. [MSP-1]

Māori have already been pathologised, you know, so we have to be very careful about how Māori are labeled. They do not need to have another label or problem list. We do not label; we say something like this: 'You know you have answered five questions out of ten. These are possible problematic areas'. [MSP-2]

Improving services

Nearly all of the key informants said that resources are required to improve service delivery within their organisations. The importance of employing Māori women counsellors and administration staff was identified by all of the key informants. On the other hand, non-Māori key informants said that they are fully aware of their limitations in meeting the needs of Māori women. Networking with other Māori gambling clinicians and accessing cultural supervision was considered a way to overcome cultural discrepancy.

There is a definite need out there to increase the number of Māori women counsellors locally and nationwide. It's not good enough to have limited choice for our wāhine. [MSP-1]

This agency has not got the funds to pay the workers full time. We are all paid part time. There are not enough Māori counsellors working here at the [organisation]. [MSP-2]

We are both strong advocates for things Māori; in fact we are persistent to [Manager] to the point of being painful. I am fully

aware that we need resources to help employ a Māori clinician and a receptionist and I know that we desperately need a Māori face to welcome the women and invite them in. [MSP-3]

... I need to be able to talk through issues with other Māori clinicians or gambling experts. Like I said before I can't be all things for the Māori women. However, I try the very best with the Māori women who approach us for help. It is all I can do. I will make a concerted effort to get cultural supervision. [MSP-4]

Lack of funding for travel was considered a barrier for Māori women who needed to travel outside their tribal region for help. One key informant said that home visits were provided from her organisation.

We offer free counselling sessions. However, there is no funding available to meet travel costs. I am at a loss to find a solution to this one. I know that there is no funding available from the [organisation] for this. It puts considerable stresses on the women who chose to travel here for help. [MSP-3]

There's no way we can leave our organisation and go see the women. It's not what we are funded for. However, when they do ring and say that they are desperate to see someone it's hard saying that we can't provide funds for travel. You know, some of them don't have any money even for a bus fare. [MSP-2]

Two key informants reported that their services needed to be more understanding about the diverse socio-economic backgrounds of their clients. One key informant also said that their organisation could be more understanding about the time that is required to help meet the social needs of Māori women and that paper work should not dominate the first session. The other key informants said that flexibility regarding reimbursements for food was also necessary.

The whole dominant attitude to time is not okay in our organisation. The appointment time is for one hour and – umm - sometimes ... I go and see Māori women in their homes, usually the kids are there and the interview is always longer than one hour. Sometimes it is two hours. I would like not having to explain my time and having to bring back receipts for food that has been purchased when you visit a home and there is no kai for the kids. Often the last thing you care about is keeping the receipt. [MSP-2]

There are times when you go to a Māori woman's home and the kids have not had breakfast and there is no money to buy lunch; there is just no kai. The women have been to the food bank to get

some kai and they get a box of unlabelled tins of food that turn out to be tins of tomato, bamboo shoots and coconut cream. How useful is that? It is all of these insensitive things that I believe need some flexibility. That is the reality. [MSP-1]

Emerging Māori gambling services

Effectiveness of service

Key informants reported that Māori models of practices, Māori knowledge, Māori staff, particularly tohunga and Māori rongoā (Māori complementary alternative medicines), were central to their service delivery and affirmed that these components were the strengths of their service. Others said that effective strategies of their service included being Māori and providing the option for women to be seen in their homes. One key informant said that home visits helped reduce anxieties for Māori women, particularly in relation to the location of the services and confidentiality issues.

We have our tohunga right here to help them. I can get a referral; you sense it straight away that something is not right... so when I get a sense of this I am able to get the tohunga to see the woman concerned and whānau. This is the effectiveness of our service. Whare Tapa Wha and the Rangi matrix are the two official screens that we use to assess our clients. It looks at the holistic or at the whole being, the physical, tinana, wairua, hinengaro and whānau. [EMP-1]

We are Māori that's what makes our service effective, just being Māori provides our wāhine with a choice, ne (doesn't it)? [EMP-5]

I get approached at wānanga and the people ask if they can make some time with me to have a kōrero at their homes... It's about being whakamā to come to our office because it is on the main road. They don't have to look around and see if any of the staff know them ... then they can tell me what is on their minds. [EMP-3]

I think that providing our service to gamblers in their homes is one of our strengths. Other services such as [mainstream gambling organisation] you have to go to their office, there's the sign outside and it is pretty close to the main part of town. So, yes, home visits are more effective. [EMP-2]

Others said that access to Māori women gambling counsellors helped to empower Māori women; particularly elderly Māori women who seek help to address the harm caused by gambling. On the other hand, another key informant reported that being a male counsellor provided a different choice for Māori women, particularly for women who were familiar with his whānau and gambling background.

The client bases are predominately Māori women aged between 35 to 45 years and some kuia. Being a Māori woman counsellor provides our wāhine with a choice, particularly for our kuia, they are whakamā and yes, it's the pokie machine gambling that is causing our kuia problems. [EMP-2]

I am very comfortable working with Māori women because of my whānau background – they all know my family has a long history with gambling, so they feel comfortable with that information and they also feel safe. The women are given a choice to work with myself or a Māori woman counsellor. [EMP-3]

While the prime focus was on providing counselling services for problem gamblers, two key informants reported that they also addressed gambling concerns at a community level and set up support groups in their regions. These key informants had themselves been gamblers and offered an ‘insider’ perspective based on their own personal experiences of problem gambling and attempts to deal with it.

We have our own set of experiences that can assist women and whānau to heal. Having been there done that, we know it all and being consumers ourselves, gives them hope. [EMP-4]

Been to hell and back with the gambling, I know all there is about conning and scamming and going down that deep hole and out again. [EMP-1]

Two key informants said that they needed to be aware of their job descriptions and lack of expertise with issues other than gambling when working with clients who present with multiple problems. They needed to be clearly aware of their specific roles and responsibilities and of the importance of referring clients on to other appropriate agencies.

I think that we have to be very clear about what we can offer to the women. For example, know your limitations. I know that I am not a sexual abuse counsellor. Therefore, it is important that I refer on

to appropriate services. I am very clear that my role is to help with gambling related issues. It is inevitable that other issues will come into our discussion; I can use my listening skills but in the end that is all I can do. [EMP-1]

As Māori we are often put in situations where we have to wear a number of hats. It's so easy to get into other areas with our clients, so, you have to be clear that you're not the budget advisor and send them on. [EMP-2]

Some of the organisations were not funded to provide assistance to whānau members who had been impacted by gambling. Nonetheless, one of the key informants did so because they believed it important to work with whānau members to help them understand their partner's gambling behaviour. They also considered it important that the whānau member understand the role that they themselves had played in contributing to the gambling in the first place.

We are not funded to work with whānau members. One of the services that I do is to encourage and empower the child as well as the adults to attend the sessions. The opportunity to talk to whānau members about the issues of gambling and to identify their behaviour that may have contributed to the women's gambling...It is not about feeling sorry for the partner. We talk to the whānau members only if the women agree. At the beginning of the sessions it is important to emphasise that the mechanisms of continuing to gambling is sometimes related to the relationship. [EMP-4]

Another provider described how the 'kumara vine' enabled an intervention to begin rapidly once contact had been made within the community. They described this informal referral system as not only a culturally-specific tool, but one which kept information about gambling problems within the community.

I get an aunty ring me about gambling. 'Kia Ora, this is nanny so and so. I want you to have a kōrero with my mokopuna because you had a kōrero with such and such mokopuna and I want some of that kōrero for my moko'. Or, on the same aspect, people hear or see me at Countdown and they talk o te reo o tuariki, or the language of sight. Kei te pai, it is about the unspoken things that our whānau know and they then talk. That is the way of making contact with me for their mokopuna. So the kumara vine is very powerful. [EMP-3]

Key informants reported that service providers need to be proactive in relation to helping reduce gambling harm in their communities. One informant said that

training gaming staff about how to identify problem gamblers may help contribute to aiding in the cessation of problem gambling for Māori women in casinos.

So now they have workers trained to identify people who have been there [casino], for a long time needs to be approached and asked if they are alright and encouraged to get some refreshments or to go home. That is part of the training that we have been able to implement with the floor managers. [EMP-1]

Improving services

Key informants were asked what features of their organisation they thought could be improved. The most important features identified for improvement were gambling counselling skills, accessibility of their service and adequacy of resources.

Most of the key informants claimed that the gambling funding agencies need to increase resources for women support groups to help them provide an effective service to help reduce gambling harm for Māori women and their whānau. One key informant recommended that the voices of consumers in their communities should be integrated into existing services that there should be payment for their services.

I am working in isolation, no support really. So I can only do what is humanly possible - and I might add without little or no funds. [Gambling Funding Agency] they know that we won't turn Māori away, it is a cost cutting exercise, 'oh those Māoris will do it anyway'. It's unfair. [EMP-5]

We are a voluntary organisation and are in the process of looking for funding to support the employment of a Māori gambling counsellor for our service. We are barely covering our costs for delivering our social services; more resources would help us overcome this limitation. If we had more money we would employ more educators. [EMP-4]

For too long we have had to take a back seat to non-Māori organisations. Let's stand tall and tell Pakeha that we have got another lot so skills or options for our people who are hurting. I say what are the costs and benefits of not involving consumers to help Māori women and their whānau. Bring them in, provide a cup of tea and let them tell their story in a safe environment. [EMP-3]

We need to value and employ consumers and listen to the voices of our consumers ... and then we look at what advice they would like to give us, instead of thinking we know it all. We need to value the

experiences of our consumers, because only those who have been there can provide another way of dealing with the issues, to help them. [EMP-1]

Community Support Services

Effectiveness of services

CSP key informants considered that working in an organisation that provided multiple services was especially effective because the client's needs could all be addressed from the one organisation. For example, access to budget advisors and social support services could be provided almost instantly.

We meet the needs in the area of prevention, alternatives, money management, advocacy and health needs. We have our own doctors and dental nurses in our centre. There are two sides to the centre: it is a people centre. It has its area of providing services of budgeting and advocacy and the other area is the health section that deals with problem gambling. [CSP-1]

The same informant said that he uses an informal approach with Māori women gamblers and promotes his programme by visiting local pokie venues. He claimed that an informal approach blended with humour has had some positive outcomes for women who wanted help and information about his programme. In his opinion this meant that the women did not have a problem with his service delivery. On the other hand he said that he is mindful that not all of the women want his help and he responds accordingly.

I also get out there and visit all the pokie bars in [region]. I spoke to a lot of the Māori and some Islanders who are at the machines about if they ever had any problems with their gambling. Some of them said 'What!' and 'Get out of here'. But I used my Māori humour to ask them if they wanted some help. Māori humour opens so many doors and I was straight up with them, introduced myself and just talk to them and ask if they knew about my programme. I suppose I went out and did face-to-face contact with Māori and promoted my workshop and at the same time let them know that help was just around the corner. If they get annoyed I just move on. It's all about choices. [CSP-1]

The form of assistance provided by this key informant involved clients committing themselves to an ongoing programme for eight weeks. The gambling programme was a modified drug and alcohol addictions programme with the principle objectives being to improve their understanding of the causes of

gambling, to deepen understanding of the effects, to improve the capacity to identify potential solutions and encourage long term strategies for personal development.

The programme has been modified from my drug and alcohol programme. It is for 12 key informants, goes for eight weeks, and it is weekly. It involves group discussion about the reasons why they gamble in the first place. I get them to look at all the crap that went on for them to continue gambling. Then the effects on their kids and partners and for some their kuia or koro, and then we look at how they can learn new strategies, like budgeting and setting new goals. [CSP-1]

This CSP informant also claimed the kumara vine as the main means of publicising his programme.

Most of the women get to know about the programme through the kumara vine. [CSP-1]

This key informant also aimed to provide a safe supportive environment for Māori women to share their gambling experiences with other gamblers.

It was designed for Māori because of its whānau aspect of working together. It's about working together, through group discussions with other Māori women gamblers. Māori women are able to meet in a safe environment and we brainstorm about their gambling experiences – good and bad. Each individual has input. They are able to sit together and share their experience with other like-minded gamblers ... [CSP-2]

In relation to dealing with gambling clients who did not wish to continue attending counselling, he argued that one solution was to let them go and not make them dependent.

At the end of the day it is the client's choice to end or continue with the sessions. You generally get a sense at the first session whether or not the client will attend the next session or not. Let them go. It is not your role to keep them dependent on you. [CSP-2]

The same key informant perceived level and type of training as intrinsic to understanding client needs, especially when the staff had had no previous experience in dealing with clients with gambling problems.

Our manager got in touch with one of the gambling professionals and we were provided with on-site training for screening,

assessment skills and motivational interviewing techniques. The training gave me a better understanding about the gambling behaviour, and expert help for us. I think that has been one of the strengths of our service. [CSP-2]

Cultural competency was also identified as being important in the delivery of services to Māori women gamblers.

Cultural is also a core component of practitioners for Māori and non-Māori being able to work with anyone, particularly Māori, appropriately and usefully to bring about positive change in behaviour. Far too often we get Māori clients who have not been treated properly by Pakeha who really haven't got a clue about cultural competency... [CSP-2]

Improving services

It was recognised that there was a paucity of resources for services specifically for Māori women. One CSP informant explained that for his service to be effective required that he employ a Māori women counsellor.

There is no Māori counsellor and we know that this is a limitation for the women. I am certainly looking for a Māori woman gambling counsellor. [CSP-1]

We have to revisit them after they finish the workshop to make sure that they don't relapse. Follow up is very important so they don't feel isolated. [CSP-2]

Summary

Whilst one informant from a non-Māori MSP acknowledged that it was inadequate in not being able to provide a Māori counsellor, some of the Māori key informants had made efforts to put into practice tikanga Māori processes and reported that these had been of benefit for Māori women clients. MSP informants expressed a preference for Māori staff and for services that operated in a way that was consistent with Māori values. One informant preferred staff from their own iwi or hapū.

EMP services, however, went further in that they made Māori protocols central to their aims and objectives. Seeing clients in their own homes, matching them with appropriate counsellors and working with Māori healers meant that they could work within the community. If a woman gambler also needed counselling services in areas in which the service provider was unskilled, such as sexual

abuse, she would be referred on. However, EMP services were limited by the skill base of their counsellors. Having inadequate resources for service delivery was identified as a problem by all of the key informants.

In contrast, CSP key informants reported that they offered ongoing weekly programmes and were able to offer a variety of services to their women gambler clients. Personal development and strategies for coping using basic life skills were all encouraged. There was also recognition that training was essential for staff when dealing with women with gambling related problems.

Interventions

The next set of questions asked was about the types of programmes that were provided, their effectiveness and how the programmes might be more effective.

Mainstream gambling services

A number of different Cognitive Behavioural Tools (CBTs) were used by the key informants to help women frame their gambling behaviour, so enabling them to understand and make sense of it. One of the key informants reported that, in addition to providing professional telephone counselling, her agency offered a budget helpline that helped clients with financial management.

... what we found works is to do a bank research and find a place where they can keep their money safe. I find with Māori, particularly women, that they often do not have the money to make those payments or keep to the plans. [MSP-2]

The non-Māori key informant reported that she used a Māori metaphor to act as a bridge between theory (functional analysis) and that this was another useful tool for helping Māori women frame their gambling behaviour. The metaphor offered Māori women a way of thinking about their behaviour that made sense and which helped them to increase control of their gambling.

The type of programme that I use with Māori women is functional analysis. Basically, I use the metaphor of the waka and I explore with the person their own journey of gambling. For instance, we start with when did they first get on the waka? When did the storm start coming and when did they get kicked off the waka? I use little kick starts to look at how they were able to get back into the waka; it is always about looking at how they themselves got back onto their waka. It is also about looking for their stories. I look at the

positive strategies that enhance what they already know about how to stay on the waka. It is, after all, their journey so it should come from them and not me. [MSP-3]

The same key informant said that she used another Māori metaphor to demonstrate her inclusion of things Māori to help women who were unable to move forward.

I use my sand tray to help demonstrate to the women where they are at this particular time in their lives. The sand tray is made up of taonga relevant to the women. It includes a dominant smooth black stone that is surrounded by shells, pāua, driftwood and pebbles. I ask the woman to view the smooth black stone as the central component to her world. The women are asked to surround the stone with members of her whānau. Once she is comfortable with her whānau or friendship groupings, the break-down commences. As the woman talks about who in her whānau is affected I ask her to take the person out of the box. More often than not the only remaining taonga in the box is her. Usually, the first person who is affected by her gambling - usually it is her partner, parents and children. At the end of the exercise she is often left with just herself in the sand tray. So we work together to look at strategies to help put them back into the sand tray. Often this takes time and it is, after all, about tiny steps forward. [MSP-3]

This MSP key informant also used another related Māori concept.

Finally, I work with my kete. Inside the kete are resources that help them to physically see what changes can be made - pictures of footprints in the sand, couples walking hand in hand on the beach. It also includes whānau sharing a meal together; there are pictures of calm and serenity. These pictures are made up from the information that is shared by the women and what their lives were like prior to gambling and how they would like to see their future without gambling. I also include pictures of weaving because most of the women say that their hands need to be moving to detract from the gambling. I am able to talk to the women about the four cornerstones of health and centre them right in the middle. We talk about how gambling affects their wairua, hinengaro, tinana and whānau. I find it very useful to use this analogy. Inside the kete is also information about how to access enrolling on a computer course to help move the motivation away from gambling to keeping their hands preoccupied with computer work. [MSP-3]

Emerging Māori gambling services

EMPs asserted that it was important to use Māori-based interventions which reflected their community and a Māori perspective. Generally, informants took a

holistic approach to defining the type of intervention. Culturally specific methods of healing were employed, such as working with tohunga who provided spiritual guidance. This meant that clients had a cultural one-stop shop where they could address their gambling behaviour within the safety of traditional and familiar environments.

I work under a Māori paradigm, with models such as Whare Tapa Wha, and Te Wheke. The majority of my colleagues are Māori and a lot of the service delivery is based around whakawhānaungatanga. My job as the gambling counsellor is to try to get them to look at the state prior to understanding this confusion. I use a lot of concepts like mana, karakia and Te Ao [ancient Māori world] and they form the basic principle of working with the women. [EMP-3]

The screens that I use are the Rangi Matrix and the Whare Tapa Wha model for gambling, so it is not really hard to assess Māori and gambling.

The Rangi Matrix model is a drug and alcohol assessment tool developed by Paraire Huata at the Te Ngaru Learning Centre. I have only just adapted this model to suit gambling... It is about assessing the level of their addiction and how much control they have. You can kind of transfer some of the SOGS tool to the Rangi Matrix. [EMP-1]

One of the key informants used a metaphor of a bus trip as a CBT tool to provide his clients with a way of thinking about their behaviour that made sense and helped them to gain power over their gambling. Together he and his client then looked at their gambling behaviour in the context of their living, social, work, cultural and physical environments. The overall aim was to help provide the women with a historical, social and economic context for their gambling behaviour, which would then assist them to attain a healthier lifestyle.

To understand the present the client must first understand their past. The circumstances of today shape their today and predict where they will be tomorrow. They must first understand where the gambling first started and go back to when the gambling first came into their bus stop. They go back to their childhood memories: I saw nanny, kuia, mummy playing cards or housie. Then they move onto the next bus stop to when they first gambled, and they may stay there from five years up to age 15 years. ...we then finish school and we move onto another bus stop - it might be described as our freedom years. We have got a job, we have got money, might be our first relationship, it may be the birth of a child. Every

significant event of our life is a bus stop. We keep on going until the client reaches the last bus stop - where they are at now. The clients provide all of the information about their separate bus stops. They then come to the biggest one: that is gambling. In understanding their bus stop, I can help them to figure out how the various environments with which they interact can contribute to a change in lifestyle. [EMP-3]

One key informant stated that they believed that their service should encompass all aspects of healthcare for the client.

I believe that the Rūnanga should be a one stop shop for our clients. We have a training education, social services and a health arm. We have our own medical doctor [name] and so we are kind of developing our way to be this one stop shop. [EMP-5]

Community support services

CSP key informants said that they did not provide programmes specific to gambling. However, the programmes that they did provide included workshops that were user-friendly in helping Māori women gamblers with budgeting and financial management and improved the women's understanding of how gambling develops, what causes it to become problematic and how to identify feasible solutions. Once a workshop was finished the informant encouraged his clients to enrol in further education as an intervention aimed at changing behaviour patterns.

The workshop consists of four parts and aims to help minimize the physical, monetary and emotional costs of gambling for Māori women and their whānau or partners. [CSP-1]

The other CSP informant reported her organisation did not offer gambling-specific interventions. However, the organisation helped women to access social support services and acted as a gateway to counselling for relationship problems and parenting skills programmes, and in doing so sometimes helped women with gambling problems.

Like I said before we are not funded or skilled to provide gambling specific skills. However, we have particular skills that enable us to assist.

Summary

Mainstream Gambling Services were able to offer professional telephone support and counselling as well as a budget helpline that dealt with financial management.

One Mainstream Gambling Service provider employed functional analysis in her interventions with Māori women and used her knowledge of Māori metaphor and imagery to create allegories in which the Māori women gamblers played a central role.

Emerging Gambling Services were community based and centred and offered their clients interventions based in Māori tikanga. In contrast, Community Support Services were advocacy agencies and provided practical skills-based workshops. They did not provide gambling programmes or interventions.

Advice

The last three questions asked from the key informants were about what advice they would share with Māori women gamblers, with their partner/whānau members and with other service providers. The underlying aim of asking these questions was to provide guidelines concerning gambling for service providers working with iwi, hapū and whānau to develop Māori health.

Mainstream Gambling Services

Advice for provider organisations dealing with gambling

MSPs said that they have made contact with new EMP and CSP organisations and offered onsite-gambling training. Assisting new services with relevant gambling training was part one key informant's organisation's service delivery.

There are some new Māori Service Providers who have recently come on board. We have made a number of offers to the new services to come in and sit down with us and we can organise for on-site training – it's part of our service delivery. [MSP-2]

Another key informant stated that training to implement a measurement tool for statistical purposes would also have to be undertaken for all of the new Māori organisations who wanted to provide a gambling service. The assessment tool was a mandatory requirement of the funding agency.

All of the new Māori organisations that wish to provide a service for gambling will have to be trained to use the SOGS tool. The SOGS screen it is mandatory. If you don't use the SOGS screen you don't get the funding ...it is a requirement of the Problem

Gambling Purchasing Agency that the measurement tool must be used for statistical purposes. [MSP-1]

The same informant said that an appropriate screening tool should be developed that reflects a Māori worldview.

Screening – do we need another screen for indigenous people, it must be developed by Māori for Māori. I would not like to see the SOGS screen adapted for Māori. We need our own tools. I think the SOGS screen and the assessment tools are not applicable to New Zealand culture. They just don't apply to our communities or society. I do know that the SOGS screen has a false positive of 5%. It is the only gambling screen available. There is the Eight Screen that was developed by [non-Māori Gambling Practitioner], but I am not sure about the validity or effectiveness. But it is very medical and I guess given that [non-Māori Gambling Practitioner] is a doctor within the dominant culture. There needs to be questions asked about the validity as a measuring tool for our people. [MSP-1]

Another participant said that Māori service providers needed to consider that not all Māori consumers are receptive to the use of Māori concepts, or whānau involvement to help with addressing historical abuse issues.

Just at the moment there is this big push by Māori service providers to include whakawhānaungatanga in their services, because it can often scare the women. It needs to be looked at with care especially for Māori women who may have been sexually or physically violated by a whānau member. For example, if you are going to get whānau involved with the women's healing process, how can you, if in fact they [whānau] were the perpetrators. I say that you have to take care. Whakawhānaungatanga is an important part of Māori processes. I'm talking about the wāhine Māori. I see 70-80% of the women have been affected by whānau members that are bloody high and it is not uncommon. How can the women heal if this concept is not acknowledged, it needs to be treated with caution. [MSP-1]

Another point made was that Māori women need to be provided with the option to see a non-Māori counsellor and as well be supported by Māori counsellors. One of the key informants reported that Māori gambling counsellors need to be more receptive and accepting of the diverse realities of Māori.

There must be a place for Māori women who do not feel comfortable about approaching a Māori service. I went out into

the waiting room and saw this Māori woman. She just about freaked that a Māori counsellor was working for tauwiwi. That is fine that she did not want to see me, because I was Māori. [MSP-1]

Similarly, the lack of Māori interpreters in non-Māori service provider organisations to help Māori consumers who are more versed in Māori than English confirmed one key informant's belief that her organisation's policy on biculturalism was non-operational.

I had a very old Māori woman who spoke very little English. She looked at the form and she wanted me to go over it in Māori. But because I am not a te reo speaker that made it even harder. That is one of the disadvantages of our organisation that we say that we are bicultural yet a dilemma like this brings home that we are in fact not. [MSP-2]

Advice for Māori women gamblers

Most of the key informants reported that there needs to be more education and community education programmes for Māori women for reducing gambling related harm. Māori women, need to be better informed about how the pokie machines have been designed to favour the pokie and casino operators and not them.

Māori women need to be better inform themselves about how pokie machines operate. They always work in favour of the operator and more often than not they will be hooked by the first win and that's how it's always gonna be. I have worked face-to-face with women who say they have all these responsibilities and do not know where they are going to get the money from. Then they have the hope of the fantasy and desperation that they will get some money out of the pokie machines to help out. [MSP-2]

Gambling in effect is an insidious nature that affects and impacts on whānau. Make choices that work for you. If you choose to gamble make sure you can afford to gamble. [MPS-1]

I honestly believe it is about education and continuously ongoing general discussions around understanding the pokie machines. Look, it has to start in their communities, marae or even at their schools. [MSP-3]

All of the perks that come with the gambling they get free drinks it is the little perks like that. I mean if you look at identity it is about spaces of identity, and it is about a sense of belonging and acceptance. Places like the casino and the [club] they engender that approach. The [club] they have these gold cards for gamblers,

they give their members a gold card for pokie machines, they put money on their card and it removes the value of money but it is about belonging to a gold card. It is about a sense of belonging. They have no sense of how much they are spending because they not aware of how much they have spent. It's the whole concept of belonging or being a member of a club. [MSP-2]

Working with Māori women to help them understand about how best to manage their financial commitments and not rely on the unpredictability of the pokie machines would be helpful advice as reported by one of the key informants.

I talk to Māori women whose partners have suddenly disappeared and the pressure on them to provide for their whānau with little money is huge. They want an escape from the pressure, stress release, the money and the hope. But the interesting aspect of the money is that the gambler may have the intention to start on the pokie machines and win some money to put toward the bills. But very rarely do they do it. Because it changes [and] they become greedy or they say that they will put a little bit on the bill, then they say 'oh, but, I just need a little bit more for myself. So the bills escalate and they are back where they started. [MSP-2]

Advice for Whānau members

Nearly all of the key informants imparted advice of the impacts of gambling, both positive and negative, for either for themselves, their Māori woman partner and others. All of the key informants reported that whānau members need to encourage Māori women with their attempts to stop or reduce gambling.

Understanding gambling is complex and comes with a multitude of issues requires the support of whānau.

Māori whānau need to be more responsible and discourage the gambling behaviour. It isn't right that the woman has to line up at the food-banks because their partners won't hand over their pay or they have spent it on their own gambling, alcohol or drug addiction. [MSP-2]

If you make that first step to help partners there will be long term benefits. Because she can't do it on her own. Gambling is one of the hardest addictions to overcome. [MSP-3]

Helping or encouraging the whānau to support with money management was also reported as being helpful.

We see significant others who are affected and even though they are not gambling they are still affected. There has to be someone in

the whānau to take control of their finances. Go with the women and ask for money management. The best advice I can give is that it's free. [MSP-1

Whānau have to start taking some responsibility and stop encouraging the gambling behaviour. It really isn't okay anymore to say gambling is part of our culture. Māori do not have to rely heavily on gambling. [MSP-4]

Emerging Māori Gambling Services

Advice for provider organisations dealing with gambling

Gambling counsellors who were originally Alcohol and Drug (A&D) counsellors said that they were confident they could transfer their skills to engage and assist Māori women gamblers. However, what was considered a priority was accessing relevant clinical and non-clinical gambling-specific training from appropriate Māori and non-Māori organisations to provide an effective service for Māori women problem gamblers..

We need all the training we can get access to from Māori and non-Māori gambling providers. Our A&D skills are okay, but we need to look at the different time factor between gambling problem and alcohol – it only takes a pokie play 3-6 months, hell the alcoholic and druggie takes at least a couple of years. It's all those differences that we need to understand. It will help to make our program more effective.

So for me it is about up-skilling, and we need to do a wide range of training. We know that we have to be trained so that we can be more effective for our people. [EMP-1]

For me gambling is a specialty area and I have learnt about gambling on the hoof. The training has to be non-clinical and culturally appropriate. At the moment we have very limited options and we are always obligated to the mainstream organisations, which in my opinion, don't always have the right programmes. If they did, why are Māori still not accessing their services? [EMP-5]

The same key informant reported that Māori managers need to be more informed about the application of gambling and to then support gambling counsellors to access and attend gambling specific training courses.

... I wanted [Manager] to know that gambling is totally different to Alcohol and Drug counselling. There is a substance involved and once you have worked through the substance abuse it is okay. Now gambling there is no substance and that is what makes it harder to work with. See my manager he just assumed that because I was a A&D Counsellor I could just click into wearing a gambling hat – All Māori managers need to be made aware that they need to support their staff to get trained up in gambling skills. [EMP-5]

Back up support, quality control systems and supervision were indicated as important to ensure safety for the workers and clients.

Also if we are working with both addictions we need to have a strong back-up team and monitoring systems in place and this will keep our practice safe as well as the safety for our clients. I think this is a failing on some of our managers – we need external supervision and if the monitoring is in place – how can we go wrong. [EMP-1]

Three key informants recommended that the voices of consumers in their communities should be integrated into existing services. One key informant said that Māori organisations need to be recognised within their own rights as appropriate providers.

We as providers need to listen to the voices of our consumers or watch the conversations and then we look at what advice they would like to give us instead of us thinking we know it all. We need to value the experiences of our consumers, because only those who have been there can provide another way of dealing with the issues. [EMP-2]

I say what are the costs and benefits of not involving consumers to help Māori women and their whānau. Bring them in, provide a cup of tea and let them tell their story in a safe environment. [EMP-4]

For too long we have had to take a back seat to non-Māori organisations. Let's stand tall and tell Pakeha that we have got another lot so skills or options for our people who are hurting. [EMP-3]

Cultural competency

Two key informants reported that some non-Māori gambling counsellors had not served Māori clients effectively with their inability to provide context about the effects of colonisation. Māori counsellors were then left with the task of trying to placate the client as well as help them to move forward with their healing process.

There are non-Māori seeing Māori clients and they may be having good results. But then we are not hearing about the results. We are just hearing about what non-Māori can't cope with; and they can't deal with the complex needs of Māori. ... They can only take them to a certain point and then they [Pakeha clinicians] have to refer them back to Māori. What I am getting are the Māori clients who have been in non-Māori services for 3 months and only some good were achieved ...or we get and the too-hard basket cases. We have to help them over this experience and then move them on. Our people come severely depressed, clinically and psychologically battered from the whole colonial experience. So, Tauivi [non-Māori] can't reach them. [EMP-1]

Two key informants perceived the need for non-Māori staff to be culturally appropriate and reported their programmes were too clinical. Some key informants said that service providers may need to pay attention to Māori women or their whānau and literacy skills. It should not be assumed that assessment tools are easy to fill out or comprehend.

Some of the people who work with our people are inappropriate. The service or programmes are too clinically focused; the jargon is not very user-friendly. It is usually not in Māori it can be scary for some Māori. [EMP-5]

Currently we are using the SOGS assessment tool and I don't like the SOGS tool because it is too wordy. When I write down things for the clients I have to take into consideration that some of our clients may not understand the words. I just don't believe that it is useful ... [EMP-4]

On the other hand, two key informants said that some Māori consumers may not wish to attend Māori organisations due to being known or related. What was suggested by both of the providers was service providers may need to address the locations where services are being established or change the venues.

I don't want to guess or speculate but I have found that most clients do not show, and I wonder if when I say to them [gamblers] that my office is at [region] and I put a Māori name to it, may have contributed to their unwillingness to come in. I can't help but think that if I had said a street in the main centre of town, if that would have made a difference. But saying [address] with a Māori name it just might be putting them off. [EMP-2]

I told our Trustees two years ago that our offices were not private. It is on the main road for all to see. I hear what the clients say about feeling whakamā to come here. [EMP-3]

All of the key informants described the importance of developing and maintaining relationships with other gambling services. One informant was able to access useful information to help with structural developments for setting up a telephone helpline service for her organisation.

So rather than duplicate or come up with my own processes why not use theirs - it works. So let's use something that works and it is not heaps but why should we reinvent the wheel. I have been able to get some really useful structural information from the 0800 Helpline about how they organise their data and the process they use. They [0800 Helpline] sent me what they do and although it is not heaps it gives me a foundation to start on. I think it's awesome that provide us with resources and training; I will definitely be taking advantage of this kaupapa. [EMP-2]

There were a number of constraints reported by Māori key informants about core gambling providers' unwillingness to accept the credibility of new emerging Māori services. One of the key informants also believed that gambling purchasing agencies may need to be tolerant and accept that indiscretions may or may not occur.

This is only a new beginning for South Auckland. We Māori have had access to very few services or welcomed in to non-Māori gambling organisations. It doesn't matter what we do as Māori we are always under the microscope of non-Māori, waiting for us to make blunders. I think if my programme is to work I must first be given the opportunity to pilot it, make mistakes and not repeat the mistakes. [EMP-5]

One key informant said that focusing on the positive aspects Māori women engaged in to prepare for their gambling was a more friendly and engaging process. Positive aspects related to the gambling included overcoming discomfort, and building up their confidence to identify their triggers and to then reversing old patterns of gambling behaviour.

You have to look at the positive things of the gamblers past life, because gamblers are good planners; if that is one thing they do it is plan really good about where and how they gamble. They might not have good planning skills for other things in their lives but they will always plan well for their gambling. So it is good for them to see how well they can plan and when they identify how good they are at planning, they freak out. This makes the women feel good about them. They see how much time they spend on thinking, planning, and the time spent on planning for their outcomes. They

plan where they will get the money, how to sneak out and get away from their whānau and how much you have got to spend. So underneath that they get to see the hot spots or the triggers and what made them gamble. But the trick is to teach them to then learn how to go back to those preparation skills and help them to stop their urges. [EMP-4]

Advice for whānau

Some key informants said that whānau members play a significant and important role in assisting Māori women to reduce harmful gambling. Attending joint counselling sessions and providing positive affirmations was suggested helpful.

It is also about empowering the husband or partner to support the wahine to address her issues. Yes, we acknowledge the wrong that happened. But after they have identified it, okay, now we move on and work together, to resolve your issues instead of heading to the pokies. [EMP-3]

Look at their strengths and then put a korowai [cloak] around her, she needs all the awahi [help] to help her heal. It's a long road ahead and it can't be done alone. [EMP-2]

Community Service Providers

Advice for provider organisations dealing with gambling

One key informant said that the service providers should be more empathetic toward Māori women gamblers and not judge them.

I would recommend that the service providers, particularly Māori not judge our people. That is not going to achieve anything. For whatever naughty things they are doing, help them and not judge them. [CSP-2]

Māori organisations must be accountable and well trained to deliver services to Māori women and their whānau. The need for more collaboration between services, particularly networking with other Māori organisations to ensure information and services are available was also considered important. One of the key informants said that Māori organisations are available however networking amongst existing services was poor.

The networking with other Māori services is very poor we really did not know who was out there working for Māori. I only became aware of the Gambling Helpline last year and even then we don't get any referrals – sad really for our people. [CSP-1]

One of the key informants said that training should be provided by those services that have been contracted to provide a service for Māori women gamblers. It was also advised that short-term gambling courses be available, accessed locally to help increase the number of gambling counsellors. Assistance from the national mainstream gambling organisations for training was reported as a helpful strategy to further up-skill Māori who have limited or no gambling-specific counselling skills.

Service providers who are providing a service for Māori women gamblers need to...absolutely close the gap because the problem is going to get bigger before it gets smaller. For Rotorua, they [mainstream gambling organization] need to offer more workshops, perhaps specific training courses that are accessible. It has to be accessible, no use saying a 3 year course, no one is going to take time off work to finish a course. That is the key thing to increase the gambling counsellors here in Rotorua. [CSP-2]

We have talked about the quality of counsellors that work with our organization and we definitely know that we need gambling training. We have to enroll at the university or ask CGS to provide us with a trainer. This is the only way that we will be effective for our clients. Of course CGS may need to have a willingness to help us with the training and not put barriers in our way. [CSP-1]

Both key informants said that the holders of gambling contracts and national mainstream organisations should reflect meaningful partnerships.

Māori we are always at the receiving end and we get the crumbs, like I said before I have been asking for a contract from Hannifan and the Problem Gambling Foundation, and its fallen on deaf ears. This is about gate keeping by mainstream organisations – on one hand they say yes and then they very quickly come in with a 'but'. If they want a partnership that is fine – but, no buts! [CSP-1]

Advice for Māori women gamblers

Goal setting

As well as re-establishing relationships the women would also be encouraged to set goals, starting with being better informed about gambling behaviour, and to pursue a pathway toward higher education.

I would encourage the women and their whānau to their pathway and enhance the skills that they presently have and then set goals for ongoing pathways for example, ongoing study about their

gambling behaviour and look at the wānanga (tertiary institution). Understand the reasons why they gamble and then enrol at the wānanga. This is the advice I would share with Māori women gamblers and their whānau. [CSP-1]

Sharing information

Two key informants affirmed that sharing information about useful strategies that helped a whānau member stop gambling gave one of her gambling clients a sense of empowerment and more importantly she was not alone on her journey. Another key informant said that Māori women and gambling behaviour can be understood by using the analogy of the pokie machine (child) and the parent (casino), the child continues to gamble in the pokie machines away from their mother, suggesting that the behaviour is secret.

I would never advise the women. I would empower them that there is a way out of this problem and encourage them that it does not have to always be like this. Sharing my own whānau history of gambling and the strategies they used to stop the gambling gave one of my clients a sense of empowerment. She looked at me as if to say, gosh I'm not the only one that has whānau who are hard out gamblers. It's really about showing our clients that they are not alone and we really just have to listen to them and not judge them. [CSP-2]

You need to define casino gambling. The parent is the Sky City and the pokie machines are in casino bars. Pokies are the general term for the actual machine, casino is the actual place ... The pokies is really the term referred to the machines. The Sky City is definitely the parent. When you look at people who gamble who do have a problem with gambling they will gamble away from the parent. [CSP-1]

Advice for whānau

Encouraging Māori women gamblers and their whānau to seek help with establishing their relationships with either their partners or whānau members was reported.

Ongoing support, you will find that the gambling is caused by relationship issues. It could be mainly financial or unemployment issues but I would strongly recommend that the women who want to work toward re-establishing their relationship do the work. If they want to live without their partners then that is another issue that needs to be addressed alongside the gambling. That is the best advice I would recommend to the women. Get your

relationships back on track, with your partner, children and whānau. It's a good starting place. [CSP-1]

Māori women and their whānau or partners would be encouraged to look at management plans that will help with gambling related issues.

We show our clients that there is another way out of the gambling by encouraging them to look at management plans to help them with their gambling problems. [CSP-1]

Summary

Gambling specific training was recommended by key informants as being important. Although some counsellors had a background in Alcohol and Drug dependency counselling, and identified that some of the tools used for gamblers were similar, gambling specific training was still considered as essential. Key informants also spoke about the need for service providers to be culturally competent. Competency in understanding the cultural background of Māori women gamblers was viewed as being vital. However it was also noted that sensitivity was needed around this area and that whakawhānaungatanga could be advantageous for those women seeking help within their community and disadvantageous to those who wished to have some privacy around the help they sought.

There was no support or services available to assist whānau who had been affected by Māori women's gambling. Labelling behaviour was considered by key informants as unhelpful and prejudicial – there was a cognisance that pathologising gambling behaviour further marginalised them.

Key informants reported there still was not enough funding or resources for service providers and they were often providing a service with very little financial assistance. They identified that the Problem Gambling Purchasing Agency needed to fund services more satisfactorily. Mainstream organisations were considered gatekeepers and posed some barriers to access for Māori women, particularly those women who had to travel out of town to attend counselling. Māori development has not been supported in the regions of the study.

CHAPTER SIX

Māori Women Gambling - Findings

The qualitative results for the Māori women gamblers are presented and discussed in this Chapter. As mentioned in Chapter Two, Allport's model was used to structure my understanding and in Chapter Four it was used to organise the data and subsequent analysis. Allport's model also provided structure for this Chapter, which is presented in two parts, each of several sections. Part One uses Allport's model to present findings about the development of problem gambling. Topics covered include the historical background, socio-cultural setting, situational influences, personality dynamics, the phenomenon and the consequences of gambling.

Part Two describes how the women dealt with their gambling behaviour and how they coped with the implications of their gambling. Reports on the journey out of gambling are presented and focus on the experiences of those women who either stopped or modified their gambling behaviour.

Part Three concludes with their advice and sharing of successful strategies that helped them to address their gambling behaviour.

Part One – The Development of Problem Gambling

Section One is based on the women's experiences of gambling commencing from childhood up to adulthood.

Historical Background to Gambling

The questions asked in this section of the interview schedule aimed to reveal information about the Māori women gamblers' perceptions of the historical background to gambling. It reflected their first experiences of gambling and how this had developed up to the present.

Some women reported that they had gambled as children and continued into their early teens with their parents or whānau members. A variety of gambling activities was involved, many starting in early childhood and carried on up to the present.

Our Nan she taught us how to play cards at home when we were little kids and it just carried on from there really. [Pukeko]

I think I was 10-years or could have been younger, I think, can't remember. But we knew which houses had card games. [Kea]

My first gamble was the housie. I always thought that it was the cards but it was the housie. I think I was about 12-13-years. That would have been my first gamble. [Tieke]

Four other women remembered that race track venues provided an opportunity to enjoy their fathers' company in a positive environment, with treats provided from gambling spoils.

We used to go to the races with our dad when we were just kids and he would get us to pick a horse and man, if it won, we got these huge treats. [Toutouwai]

I only ever remember my dad being in the members' club, so racing has always been associated with positive benefits like nice surrounds. [Korora]

Some of the women said that gambling started out as a recreational and social activity. Childhood memories often associated fun and good times with gambling activities for four of the women.

I was already betting on the horses and cards. But there was just something different about the housie - you could laugh, I suppose, with other Māori women. I never really thought about that before. But that was it for me. Those were good times with the nannies and the aunties. [Kea]

One of the younger women recalled her first experience of a big win at housie when she was 18 years old. She described the euphoria of winning, and how gambling became a regular activity that was enjoyed more as a result of a greater expectation of winning:

I went to housie when I was 18-years-old and my first day I won heaps of money: \$700. I was so glad that I had won ..., wow, it was like my dreams had all come true. After only getting \$250 a week for the past two months and then to have \$700 just like that! It was a buzz. So I made it a regular outing. It was fun; I could make money that way, using \$30 to make \$700 without really realising that it might not happen all the time. [Miromiro]

Four women described their first experiences and memories of small to large monetary winnings which aided a continuation of, or a return to, gambling:

... I won \$78.00. That was a lot of money to win from putting in \$2.00 and you just keep waiting for that next lot of \$78.00 to come but it all begun from there it was awesome. [Karearea]

Look I couldn't believe my luck at first I started playing on the 20c machines and my first drop was \$5.00 and it just kept giving me little bits of money and boy I was so excited and the highs they were just too much at times. [Korora]

Although some of the women implied that gambling was inherited through blood, growing up in the kind of family where this was inherent would mean heavy socialisation. For one woman gambling was an activity that included three generations as the following quote illustrates.

Gambling was in my whānau blood. We all gambled, mum, brothers, and my daughter. It was housie, cards, horse racing. I have always gambled with my whānau; when the pokie came to town it was just another thing that we did. [Kea]

Three women described how they had been taught gambling skills and had adapted and transferred skills learnt from playing housie to pokie and casino activities.

You see, my Nan, she taught me how to play more than one card at the housie. It was all about being able to concentrate and block out everything around you so that you could hear the numbers... I used to play with ten cards, and that was a skill. Now I can play on five machines at a time, so that is good - aye! [Pukeko]

Over a period of time changes occurred in how the women gambled. For instance, two women said that it became easy to gamble during work hours as pokie venues and the casino were built close to their workplaces.

I never used to gamble during the day until the pokies got installed in the pub next door to my job, went every day during lunch and after work. I started work early so couldn't go in before work. [Takahe]

Whenever we could get to the casino we did. The casino was just across the road from the (workplace) sometimes we went across during work if we were not busy. [Koekoea]

Summary

The development of gambling for many of the women had started in childhood and some had been taught to gamble by parents, aunts and grandmothers. For some big wins from their first experiences of gambling encouraged them to continue. Most said that everyone in their whānau gambled and that they regarded it as an inherent trait. Housie venues were the most preferred venue until the introduction of the new forms of gambling such as pokie and casino machines. The introduction of the pokie machines not only to their social environments, such as clubs and pubs, but also to their work places, changed the way they gambled.

In order to validate gambling in their everyday lives, the women 'normalised' it. They made it acceptable and justifiable to themselves by legitimizing their gambling through strategies they had learnt as children. Some women who gambled as children continued into their early teens with their parents or whānau members.

Socio-cultural Context of Gambling

A socio-cultural context of gambling was provided by the women as they described the socialisation experiences which had encouraged them to start gambling and the cultural influences of both non-Māori and Māori cultural mores which had helped them maintain it. For example, non-Māori norms influenced the type of gambling available and the ways in which it was provided, while Māori whānau, iwi and hapū norms influenced the social and financial roles of gambling.

Socialisation and whānau

Nine of the women learnt from their parents about gambling as an accepted part of their cultural social activities in environments where playing cards and housie were normal means of fundraising for whānau.

Four of the women who engaged in cards, housie and horse racing gambled regularly with siblings and whānau, recalled their early experiences as being formative.

It was just something that we three kids did at home, yeah. I think I must have been 4 years old or nearly five. I learnt from my older brother and sisters how to play euchre and poker with one and two

cents; then it went up to five cents. I used to go to play cards at my aunties' houses all the time. [Kea]

On the other hand, women who did not gamble as children said they were encouraged by husbands or partners who gambled. Five women said they were encouraged by whānau.

I knew that my husband and all his whānau gambled big time. I was not interested in the housie, cards or horses, but the pokies; now, that was a different kettle of fish. My [Husband] gave me some money to play on them and I loved playing on them. [Riroriro]

Eleven women mentioned that their partners gambled. The preferred mode of gambling for male partners was horse-race betting. The women also reported that they were engaged in horse-race gambling at their local hotel and race tracks with partners. Two women described their experiences of horse-race gambling with their partners.

My partner went to the TAB every day for as long as I can remember and we would go to the races and trots together. I suppose I picked it up from [Husband] how to bet. [Korora]

Three women who played housie regularly with their partners in social environments said that social influence caused them to stop playing housie and take up playing on the pokies machines instead.

It just sort of became something that we did together every Friday night; go to the club and socialise with others who gambled. It was our time, our thing, I suppose. [Takahe]

My partner has always gambled with me; cards, housie, now on the pokies. He doesn't play on the machines as long as me; he goes off and gambles on the horses and cards. [Kea]

Encouragement to continue gambling

Some women who continued through to their teens playing and gambling joined card schools. Three reported belonging to card schools run by whānau.

We had a regular card school that mostly whānau belonged to. [Kea]

We knew which houses had card games and where we could, I suppose, play for money and, umm, yeah, to be with our whānau.
[Pukeko]

Housie was another activity that the women described as normal from childhood.

I went to housie once a week when I was about 8 -10 years-old with my mother. Yeah, it was just something that we all did together, my mother and all the cousins, and it just carried on.
[Takapu]

Some women were also encouraged into playing on the pokie and casino gaming machines by friends. Moreover, three women who had not engaged in any gambling activity as children were encouraged to do so later by friends.

When my friend invited me to the RSA I went into the bar and saw some of my mates on the pokie machines. They showed me what to do and I sat down and thought it was strange putting my money into a machine... I got hooked. [Riroriro]

I went into the pub to see my friend who gambled on the pokies. I went over to see how she was getting on and I thought I would give it a go. [Karearea]

The majority of women said that in order to continue gambling, they needed to put strategies in place to manage and maintain finances when gambling. Support from whānau was considered important to maintain gambling, particularly in the form of financial assistance and childcare. Some women said their partners accepted their gambling behaviour and supported them financially.

My partner has never had a problem with me gambling because we have been gamblers from way back. He might not like the pokies but he has always given me money when he can. [Kea]

Women who lived with parents not only had access to more available cash, but childcare was also taken care of.

My mum, she gave me money all the time for my gambling. She knew that I enjoyed it and so she gave it. I had to pay it back but that was something that we always did, I borrowed from her and gave it back when I won, or if I won. [Tieke]

Children were also asked for money to gamble.

My daughter, she is a good girl and gives me money to pay the bills. She knows that I gamble; just have to make sure that I don't go overboard. [Karearea]

Two of the women reported that their strategies to win jackpots involved time and funds from other whānau members.

I used to go around town at home cos it was safe work out how to beat the machine. There was always lots of money for gambling, mostly from my whānau. [Kea]

I was in this syndicate with my whānau and we used to go all around town checking out the jackpots that had not been won and my uncle would give us some money to sit there and just wait. That was the best part, crowding the machines. It was cool. [Pukeko]

Cultural mores of gambling

A large number of the women said fundraising was a significant cause of gambling in their familial and social environments. For some women (aged over 50), gambling on the marae was done to generate revenue for the marae and to help out with tangi expenses.

Everybody knows that us Māori always gamble on the marae to help with the buildings and crockery. The gambling, like the housie and the card games; it all went to the marae. It has always been like that for us. [Kotuku]

It was for our tangi as well. My nan always told us that the cards helped pay for the kai and stuff. [Parera]

Our whānau also played cards at the marae when we had a tangi, to help the kirimate pay for their expenses ... [Tieke]

Not all of the women learnt as children to gamble for money. For this group of women gambling was an activity that was organised by whānau members for fundraising purposes. Five of the women said that their parents had presented gambling to them as an altruistic activity that did not include personal or financial gain.

One of the things I remember as a kiddy was gambling was for the poor, marae and church and not for financial gain. I was never allowed to play for money; it was something that we were not brought up to do. [Korora]

Most of the women identified housie halls as social venues where gambling was popular and acceptable. As young children they experienced a sense of connectedness in gambling venues, playing housie with other Māori women.

...there was something quite collective about it. I suppose in some ways it was one place where we could just be with a whole bunch of Māori doing our thing. I think that is why I never stopped playing housie... [Toutouwai]

Recreating traditional environments

A number of women said they preferred to gamble at local pokie bars that were Māori-run or had Māori gaming staff in comparison to non-Māori gaming venues. Māori-run venues have been adapted to suit their regular gambling needs; they felt more socially accepted where they shared a commonality and where Māori protocols and tikanga were upheld. For example, the women socialised together and saved machines for one another whilst others replenished their resources. Two of the women said that the sharing of food was another Māori cultural norm reported by the women.

We have this neat thing between us at [venue] where we share our kai, and look after each other's machines when we need to go out and get more money. This is a good thing that we do for each other, like mates. [Toutouwai]

We can share kai too, one of the Māori women, she puts our pot of pork bones on at the back and when it's cooked we share it. [Kea]

One of the older women talked of the respect and care she received at her local pokie venue from rangatahi (youth), Māori gaming managers and patrons.

I find the respect of the Māori rangatahi in that area awesome: they look after me. I won \$1,600 at the local and the rangatahi looked after me and brought me home. The rangatahi look after their kuikui. I feel honoured. They ask, whāea [aunt], are you okay? Most are whānaunga and they ask me if I want to go home now, before they are too drunk to drive. There is always somebody looking after you, any kuikui that is at the pokies. I feel the respect they have for our kuikui is tika [good]. [Kotuku]

Some of the women who were dislocated from their tribal regions and lived in urban regions said that they used gaming venues to meet their cultural and social

needs. One woman said that the pokie venues provided them with a sense of kotahitanga (solidarity).

I have been living here in Auckland for ten years and I have been going home in my head every week since we arrived. The pokies are like the housie halls for me and I miss home and my whānau ...
[Koekoea]

Gaming venues were used to recreate social networks previously found in traditional environments, such as the marae or socialising with whānau. For example, four women who lived in regions that had a casino perceived the casino as a place to meet and socialise as Māori women.

For Māori women and their whānau in [region], the casino has become their marae. When there are big functions in their whānau they go to the casino, whether it is a tangi, wedding. That is like their marae, the casino, because they have nowhere else to go. The casino is the place to celebrate; it is very interesting and it also brings people together, like the marae.... [Toutouwai]

It is the closeness of the pokies and there is always music going on and it is like being home in the garage with all my whānau. It is, like, that close-knit thing. Well, the people are more real at the pokies. [Titi]

Local pokie bars that were Māori-run were regarded as more welcoming than were non-Māori gaming venues. Women said that these gaming venues provided them with an environment which they as Māori found more positive.

[Venue] is my favourite; it is run by Māori staff and they just make you feel so welcoming and not snobby-like. [Takapu]

I just love going to [venue]. It is all about us [Māori]; we are talked to and not at. The Māori staffs don't make you feel crappy and I tell you the sense of humour is to die for. We just have a lot of laughs. [Kotuku]

[Venue] is a real Māori friendly place. The wāhine there are just so cool, and they gamble too, so they sort of understand us. Also, where can we go as Māori women and just be ourselves? Nowhere without pokies, they are everywhere so how the hell do you not play them! [Tete]

Summary

For the majority of the women in this study, socialisation into gambling first began with observing and modelling gambling behaviour from parents and

whānau. More importantly, women learnt as young children to legitimatise gambling and gaming venues as a result of their familial and social backgrounds. The women who did not gamble as children reported that they were introduced to gambling on the pokie machines by their partners and immediate whānau. The majority of the women indicated that they gambled with whānau and friends on a regular basis in their social settings as well as work environments.

Fundraising was a significant reason why gambling occurred in their familial and social environments. Cultural norms associated with fundraising for marae and tangihanga support were also described by the women aged 40 years and over. Some women also saw the pokie venues and casinos as recreating the kotahitanga that Māori women used to get in traditional environments such as marae and housie halls. Whānau connections were found in pokie venues for women who felt alienated from iwi and whānau.

Situational Context of Gambling

This section presents the influences described by the women on their gambling by the situational context of gambling. They talked of societal and physical situational influences such as attractiveness, availability, accessibility and acceptance. These factors influenced both the onset of gambling and its maintenance. These influences are described in two sections: ‘Pull Factors’ arising from the attractiveness of the gambling situation and ‘Push Factors’ resulting from societal deprivation.

Societal attractions of gambling

The attractions of the casino were seductive to some of the women gamblers. Many of the women said that the availability and acceptability of pokie machine venues increased their opportunities to gamble.

Availability

Two women said that, because there were more venues to choose from than previously, gambling could be done in privacy away from people with whom they had work-related contact.

See, with my job I have to be more discreet where I gamble, sort of thing. The RSA is the best place I used to hide out at, because you

are not likely to bump into your clients there. You have to keep a low profile with our job. (Venue), it is also private and dimly lit. Most of them are dimly lit. Only those clients that are in my hapū and already know me and know that I play on the pokies. Also, the RSA appeals to more of the older crowd so the young mummies are not likely to be there. [Riroriro]

I suppose my (profession) limits where I gamble, and it used to be a problem for me because I would normally go out of town. But the availability of the machines all over the place means that I get to gamble in private and away from my clientele. [Korora]

Some women who gambled on pokies at their local pubs said that they were able to enjoy drinking alcohol as well.

I enjoyed a handle and sitting at the machine gambling and I lost control, at times. It was all about having a gamble and a handle of beer; that was me. [Tieke]

Accessibility to local pubs that had pokie machines made it easier for women who did not have vehicles to gamble. More than half of the women said that increased numbers of pokie machines in their suburbs made gambling easier. One of the woman stressed that the availability has made it almost impossible not to gamble on the pokie machines.

But the pubs were popping up with machines: the pubs were easier to access, yes, much faster to just go up to the pub. And at times faster, like sometimes I would have money that I would like to go to the casino but it would take too long to get there. Whereas if I went to the pub, I could go in and win some money and then I would have more chances because I would have more money. [Tieke]

Like, when I wake up there are 3 pokie machines all around me it is a constant war, it's a constant war day. I have three pokie venues within walking distance; I don't need a car or a bus. You can't even walk a different way because you have got the top of town so that when you get into the town it is on the right. Even if you came in the other way there is one on your right so they are everywhere even right next to the library very strategically placed. Now they have got them in one of the Valentines Family Restaurant. [Karearea]

Four of the participants who gambled in card schools preferred the immediacy of the pokie machines in contrast to waiting for the next game to be organised. Having pokie machines readily available was attractive as was the fact that play was instant as well as exciting. For two of the women the attraction of instant

availability was heightened by the opportunity to gamble alone which was possible in pokie venues and casinos.

It [the casino] was instant play, it was exciting. [Un]like a table of card players, you didn't have to wait for the next deal; you didn't have to wait for people to gather. [Tieke]

The thing about the pokies was they were there and you didn't have to wait for the housie halls to open. So, yeah, that was the beauty of the pokies. They were available every day after 9am until the pub closed. [Toutouwai]

Some women said the large number of pokie venues available in their regions provided them with the opportunity to gamble alone or in venues where they were not known.

Maybe I'm a loner. I just didn't want to talk to anyone. It was just me and the machine. I would very often not allow people to start up a conversation with me. I hated people talking to me. It was, like, piss off, you may ruin my luck - now you've done it; I'm going to lose because of the distractions. [Tieke]

I have three special places in town that I prefer to go to. I like the [pokie venue]; they have got good machines and they are away from people who know me, and private. [Riroriro]

Glamour

What was perceived as a glamorous environment was seen by the women as a major incentive for playing the machines and going to the pokie venues. The venues often provided services and commodities that were normally out of their reach. Five of the women talked of the elegant surroundings of the gambling venues and said they were seductive compared with the low incomes and solo parenthood of every day life.

The pokie venue that has just opened up in town is just so flash and seductive now, and there are all these lovely paintings, nice carpet and everything is just really lovely. You can just float in any time and forget and relax at the same time. [Karearea]

Using the pokies at the casino allows me to experience life on the other side because it is so flash, clean and really safe as well. Look, I get to sink down in those lovely rich coloured plush sofas before I head home to my crusty, shabby and soiled couch... [Pukeko]

Venue and perks

More than half of the women who resided in regions that had a casino stated that a number of attractive opportunities had opened up for them. The majority of the women were able to indulge themselves with resources provided by the venues. Most of the venues provided refreshments and food for their patrons, free coffee and tea, biscuits, lollies and finger foods. These were all incentives that kept them gambling. Some said that they shared their food with other women in the venues.

You see, at the casino, it is not only about gambling. There is dancing, a food element, and restaurants. So literally, from the time that you set foot in there, your head is buzzing. [Miromiro]

There is so much going on, lots of activity. So not only are you getting the buzz from the machines, which I love, it is about the entertainment aspect and that causes one big buzz for me. It is that real buzz. [Titi]

We just don't gamble you know; we get lots of perks from the pokies. Yeah, lots of nice finger foods and of course lollies and biscuits. Plus we share our food with each other. [Karearea]

The calming environment at the casino was also mentioned as important.

As soon as you hit SkyCity, and even when you get to the casino car park or walk into the gambling floors it is just so calm. You cannot hear the cars, you can't hear television, radios; you don't hear that. You don't even hear the pokie machines. You don't notice it but when you go to the casino you can't even hear the sounds of the machines until you're sitting right at it or you're in front of it. [Miromiro]

Some of the women said they received free vouchers from the casino on their birthdays and explained what some of the perks were.

I got this hamper with all these goodies and free action cards on my birthday from the casino. That was cool. Also, there are lots of goodies that are available, but the free action cards are really handy when I have got no money and, well, it all helps to keep me going back. [Miromiro]

My partner often forgets my birthday. The casino doesn't! I like it when they send me a card with the vouchers. It's the little thought that someone remembered your birthday. Not like my selfish husband. [Tieke]

As well as plush environments and venue perks a number of women stated that, regardless of winning or losing money, the opportunity to self-indulge with the assistance of gaming staff was an attraction. The women described the pleasure of having staff and casino assistants available to meet their every need in casino and pokie environments.

I have lots of people at my beck and call, asking me how they can help me. That's amazing for me. [Korora]

I remember that was one of the first things I noticed at the casino, was the way the staff talk spoke to you. It can be quite nice, not enticing, but very friendly. Yes, as a patron I always feel comfy at the casino and they really do make you feel special. [Miromiro]

Since I have been going to [pokie venue] I have noticed that there are really nice, clean looking men at your fingertips. That's the draw card for me, young men with nice manners. [Kea]

Another woman found the local pokie venue attractive because it was more relaxing than the casino environment.

It is not so hyped up in the pokie venues. It is certainly more relaxing and you can stay longer. I stay longer at the pokies than when I go to the casino: it's just too big. [Tieke]

Some women with husbands or partners stated that, as they got no help with childcare or household duties but bore most of the responsibilities, they were able to disengage from their familial situation with the assistance of pokie venue staff.

You know, when you live with a mongrel who is constantly putting you down or ignoring you and then the guy at the pokies, treats you like you're the best thing since sliced bread. Well, where would you rather be? Not at home, that's for bloody sure! [Koekoea]

Look, you get all this attention, and, honestly mate, I am going to stay at the pokies. Just for once in my life I get a chance to feel like a person and not a bloody slave. [Pukeko]

Accessibility

Accessibility of childcare at, or near to, pokie machines such as in restaurants and shopping malls was also identified by the women as another facilitator of gambling.

Man, it was so cool! I could drop the kids off at (playground), buy them a kai, and pop over to the pokies... Same with the library. I

could drop the kids off and go next door (venue) and have a tutu (gamble). While the kids were in the library, they were safe. It was cool. [Pukeko]

The gambling was easier for me when the pokies opened up in McDonalds. I could leave the kids in the play area and spend my time playing on the machines. They were being looked after, and I was able to play without any probs. [Matuhi]

The women in this study talked of a variety of incentives to gamble. These ranged from the obvious pay-out they would achieve by winning to psychological incentives such as being able to switch off and become oblivious to the challenges of their everyday lives.

Safe environments

Some of the women said the pokie venues were more intimate than a casino and allowed more interaction with other gamblers because they were smaller. One woman described this environment as not only safe but as allowing her to feel at home.

Pokie venues are for me very personal. You can go and sit down, be competitive in a sense, because it is a smaller area, whereas at the Sky City it is just too big. The atmosphere is friendlier in the pokies. You can talk more intimately with the women who are there. It is not so hyped up in the pokie venues. The music, entertainment, it's like you're having a party with a whole lot of other people. It is certainly more relaxing. [Titi]

The older women said gambling in their social environments was easier now that men are more accepting and less prejudiced. Two women said stigmatisation and hiding the compulsion to gamble was no longer relevant in their social settings:

Look, I used to sneak into the club and hope that the old koro hadn't seen me gambling because they used to give us such a hard time in the club with cards and even housie. So I don't know what it is about the pokies, but the men seem more accepting and don't look at you funny. [Riroriro]

It's so much easier to pop into the club now and not be treated like a bloody leper. It's great, and about time, the old kooties [old men]... [Kotuku]

Societal deprivation

The 'push' factor influences described below relate to the women's escape from unpleasant everyday circumstances.

Improving economic status

The strongest reason most of the women gave for gambling was to help supplement their benefit or low income. Particularly stressed was the desire to be independent, and to be able to live a comfortable life. Most of the women perceived gambling as a way to improve their financial status, or increase their status in society and to buy treats for their children as being powerful motivation for women on low incomes.

It basically means that I could get out of what I would call a poverty trap...I wanted to make big money ... But I found that is why I gamble. I just want to be like the other people in there that are winning big money. It's about status really for me. I see it every day when I take my kids to school. I'm walking and they're driving past in nice cars in their nice clothes. I wanted what other people that live in my community have. [Karearea]

I'm sick of being on a benefit and being poor. I just want to get out of [region] and be, well, not rich, but comfortable, instead of always being poor. I was able to buy my children better clothes and shoes. It was hard trying to buy nice clothes especially labeled clothing. The gambling helped. [Pukeko]

One of the women who had been made redundant said it was hard to cope without income, and gambling was perceived as a way to address this loss.

We had income, and all of a sudden when I finished working and I had to go on the benefit, our income was only half of what I got when I was working. I didn't know how to live on it because I was too used to living on \$500 a week instead of \$250. [Miromiro]

Some of the women on welfare benefits or low incomes stated that they gambled on the pokie machines for extra money, to help with increased rentals and overcrowded homes for their families.

Like, the rent has gone up by another \$60 and you're wondering where it is going to come from... because WINZ won't give you any help. You've already done your dash there. So I gamble on the pokies to try and get it. [Toutouwai]

I am sick of living with all these people in my home, and, you know, that jackpot will help me to get my out-laws out and just me and my kids. It's really hard... [Pukeko]

Some of the women who worked in low paid positions said that gambling was one way to help escape their work situations and one saw an opportunity to invest in a business.

It was all about telling me that I'm going to win big and never have to work. That's why I gambled; well that's how I perceived it. [Karearea]

You keep telling yourself that winning, well, I would never have to work again, or my husband could stay at home with me. [Riroriro]

... I needed to finance my legal fees of five thousand bucks for a business contract. I was given a contract for a business and a Pakeha lady came along and undercut me after I got the contract. I rung a lawyer who said it would cost five grand for her to represent me. So being uneducated in that area I thought, oh yeah, I will get together the five grand. So I started gambling on the machines. [Torea]

Psychological reasons to gamble

Boredom

Some of the women explicitly identified boredom as a reason for gambling because it broke the monotony of shift work duties or stressful employment.

I worked the night shift and had nothing to do during the day so I went to the pokies and it broke the monotony of waiting to go to work. [Koekoea]

Basically it was a way to fill my time. It was also an opportunity to not think so hard. At the time I was doing a lot of brain work and, umm, it was quite stressful and going to the casino or stepping up to the local pub to play on the machines, have some drinks: it enabled me to be separated from being responsible at work. [Takahe]

Gambling was a common response reported by married women to their husband's frequent absences from home. Four women whose partners were absent either because of work, night shift work, or work that involved travel said that their partner's absence increased their loneliness.

I think my gambling really did start when [Partner] started working on the night shift. Look, I was at home on my own, my kids were grown up and living away from home. I had no responsibilities and I was lonely. [Riroriro]

You know, your partner is working away from home and, well, you think, oh shucks, I don't have to go home. Partner isn't home to cook for. I can grab some nibbles and drinks at the pokies and not be on my own. [Korimako]

Women who lived alone also gambled to help cope with being lonely and described how their needs were met at gambling venues.

I don't class it as gambling because at the casino and pokies you meet people. When you live on your own day in, day out, you would like to meet people. Although I do voluntary work, yes, I love meeting people. I think it is company. [Kotuku]

For some of the women gambling was all about play and letting go of their daily responsibilities, whether in the home or workplace.

Why can't Māori women play while they are gambling on the pokies? Look, I just love the childish play element that's created for me when I am at the casino. I know that I am not supposed to be there and like a kid who is told not to go there, they go. So it is really all about playtime for me. [Toutouwai]

Increasing social isolation from whānau, friends, hapū or tribal regions compounded the problem of alienation for some of the women. Having made the transition from rural to urban, one woman escaped the consequent loneliness and found solace in a pokie venue.

At home I wouldn't go near the pokies in [region]. We have heaps of pokies at home but I have never wanted to play back home. I made the decision to leave home so that my whānau and kids could not get tied up in the drug scene that was prolific back home, plus we got good jobs in Auckland. I'm bored and lonely here in Auckland most of the time. Back home I have got whānau and friends around me but mainly whānau. That is where I really want to be, it is my home town ... [Koekoea]

I had finished all my housework, nothing to do so off I would go. Anything to get away from being absolutely bored shitless and I lived so far out of town. [Torea]

Stress release

Apart from using gambling to escape societal deprivation or low incomes, many of the women described it as a way to get away from their, often stressful, home environment.

A majority of the women said that they gambled because of stress and that stress was one of the most important reasons why they gambled. For some of the women the stress resulted from personal adversity, notably relationship breakdowns and disciplinary or legal crises.

Relieves my stress and helps take your mind off stressful events in your life. [Parera]

Using the pokies lessens the stress of my work and life at home. Just too much arguing about money and other problems and it just all gets on top of you. . [Takahe]

Coping with familial distress

Some women also perceived gambling on the pokie machines as a hobby.

... yeah, well, I don't really have much hobbies or stuff like that. I don't have a hobby or anything; so my time is really limited and I like to fill it with playing on the pokies. [Takapu]

Escaping from abusive partners

Gambling could also be an escape from overwhelming problems in the women's marriages. Five of the women said that although they knew that their marriages were failing they preferred not to deal with the problem, but to escape into gambling.

He is in complete denial about our crappy relationship. I try to talk to him about what is going on and he just goes to the pub and comes home drunk. I work just as hard as him. In fact, I work shift work which is not that great for my health. [Koekoea]

I could have quite easily matched being a problem gambler for about eight months. I think it was finally going through the motion and telling [Partner] that I didn't want to be married and I wanted out for me, and that was the process that I went through. So instead of confronting the actual issue, I gambled until I finally realised that this wasn't doing me any good. [Tui]

Lack of parental support with young children and partner's unavailability was considered another motivator to seek solace in gambling venues.

I had two little ones at the time [husband], was hardly ever coming home. You see, it was seven days of the week and he was drinking seven days as well. So, I never had anyone around to thrash out problems or anything like that; I just had to carry on, on my own, and stuff like that. I think I just had enough, wanted out of the relationship; and I did not know at the time that was why I was gambling. [Koekoea]

Some of the women reported gambling more when their relationships ended. One woman said she had no skills to salvage her relationship and found solace in the gaming venues.

We grew apart and did not have the skills to get what we had back. I was devastated by the loss and found my gambling got worse. I started to spend nearly every day in the pokie venues. [Tete]

Women who said their partners discouraged them from socialising with whānau stated that the casino and pokie venues provided the opportunity to meet without their partners and explained why.

I gamble with my two sisters once a fortnight at the casino and when I go home to [region] my other sister and I go as well. It is our whānau buzz that we have done since our early days when we went to the races with our parents. Our partners are Pakeha and disapprove of our gambling, especially when we get together with other whānau members, so the casino is our space and time away from our partners' negativism. [Korora]

Other women said that they gambled to cope with their partner's infidelity and excessive drinking, as well as lack of support from their parents.

When I first started it was a social event. It was fun, and then it got more and more problematic. When it escalated I was tapping into some of the bill money, and at that time, my kids were quite young, I lived with an alcoholic. There were a lot of relationship issues at the time between my partner and I. I think when it escalated was probably more around just feeling lonely. I found that the gambling helped me to deal with the turmoil that was in my life. It also helped me to not deal with the world or the reality of the moment. [Takahe]

Some of the women said that gambling on the machines was one way of avoiding dealing with unwarranted demands (such as for money) from whānau members.

Two of the women described how lack of support, familial demands and an inability to problem solve were factors in their decision to go to pokie machine venues where they sought an escape from their problems.

I started gambling in my early 60s to get away from all of the constant demands of my family. I only get a pension and my kids come and look for me at home. See they think kuikui [kuia] don't go to pokies or the casino. Always wanting money from me, my kids, and the mokos too. So I go to the pokies for peace.
[Kotuku]

Just recently I have had a lot of stress related to my oldest daughter and her ex-partner violently abusing her. There was no support because I had no one to ask for help. The pokie machines helped me to forget about all of my problems at home. Just didn't know how to cope or had the skills to address the problems.
[Karearea]

Although some of the women said that they did not have access to a television, let alone digital satellite television, others said that although they had a television they had no control over what was being watched. The opportunity to watch television in the gambling venue without the constant demands of children or partners was therefore an attraction.

I can watch Sky television for as long as I want with no-one wanting to change the channel... [Pukeko]

My partner, he holds the remote, so what does that say for our household? He has all the power and watches what he wants all the time. [Korora]

Two other women used gambling as a way to avoid accepting that their relationships had ended.

We were separating so I used gambling and the people in the gambling environments to help me get away from that. You try to win the money that you have lost and you just get so deep in that you can't see the trees for the forest. [Miromiro]

I just couldn't accept that my husband had left me. One minute I was married and next I was on my own... [Riroriro]

Women gambled on the pokie machines to escape from unemployed partners who blamed their inability to succeed on them. These women also felt angry about having to seek out employment of their own.

I really just wanted [husband] to get a job and get off my back about his inability to get a job. Other blokes from his job got jobs elsewhere. But no, not [husband]; he has to sit at home and watch television. I hated that, watching a grown man sitting around doing nothing. What made it worse for me is that he doesn't drive. So, I had to go to work, and do all the running around when I came home. So instead of picking up something and throwing it at him, I took off from home and went to the pokies. [Korora]

Five other women used gambling to help them cope with partners who had problems with alcohol and narcotic drugs.

My husband drinks every night and comes home drunk. He is abusive and I have to put up with this every night. [Koekoea]

My girlfriend she had a huge dependency on drugs, alcohol and popping pills. You name it she popped it and then she started sniffing after our gambling binges. [Tete]

One of the women escaped into gambling from a very difficult relationship with her partner, which she tolerated because she could not cope with the idea of living on her own.

Part of me wants to leave her because of her drugs. But it has taken me a long time to get a partner and I really don't want to live on my own. So better the devil you know, I reckon. [Pukeko]

Summary

The women attributed their gambling behaviour to a range of benefits they perceived gaming as providing. The availability and acceptability of pokie machine gambling increased the opportunity to gamble, particularly for women who did not have vehicles. In addition, the women preferred local gaming venues because they felt safe and experienced a sense of belonging. These women were able to find relief and escape longer from stressful familial situations, work environments and personal unresolved conflicts. Gambling broke the monotony of domesticity and shift work duties.

Financial need was the strongest incentive for the women to continue gambling. The majority of the woman said that they enjoyed gambling and playing. Gambling events provided the opportunity and context for close friendships with other gamblers. Such friendships often did not continue outside the gambling venue.

Most of the women described poverty as a feature in their lives and gambling as an opportunity to help supplement their finances, increase their social status and buy special treats for their whānau. Economic deprivation compounded gambling behaviour and its associated problems and while it was not necessarily the cause of the gambling it was definitely a contributing factor. Gambling was also used to try to supplement incomes for those on benefits, low incomes and the unemployed.

An important aspect of their gambling behaviour for some of the women was to seek relief and escape. Their goal was to keep gambling as long as possible to escape from life's problems rather than as a way to cope with them in a more effective manner. Some women said gambling enabled them to eliminate stress without interacting with other people. Three of the women welcomed the gambling experience since it involved only interacting with a machine, rather than with people.

The reasons or motives that led to conflict affected on their personal lives and consequently impacted on the lives of their whānau, friendships, whānau support, health issues and assets.

Personality Dynamics of Gambling Behaviour

Information about the personality dynamics of Māori women gamblers came from their responses to questions about why they gambled and what kept them gambling. I wanted to explore whether there were personality traits that separated the Māori women problem gamblers from other Māori women, and possible causes for these differences. Areas explored included self-esteem, unresolved personal conflicts, feelings of competence and missed opportunities.

Self-esteem and stigma

Boosts to self-esteem from winning and being applauded by other gamblers, were reported by some of the women.

The first time I played on the pokie, I won the jackpot. It was the most awesome feeling ever, everyone just congregated round me, and they're praising you and yelling out 'cher' [congratulations] and it just makes you feel so special. [Korora]

I would get all warm and bubbly, feel all tingly and just this amazing feeling of winning made me feel that I had won, and I could up to the bar, buy a round for my mates. It was just the coolest feeling, to walk around feeling really proud. [Toutouwai]

First time I won the jackpot I wondered what the hell I had done. I thought that I had done something wrong when I first won the jackpot. All these strangers are around you and boy oh boy, what a neat feeling. [Miromiro]

Feelings of competence

Some of them gained a feeling of power through competing with male gamblers.

It was like everybody just crowds in on you; especially the men. They sort of give you that look that you're cool and you're better than them. [Toutouwai]

For me, it was about getting one over the men who gambled next to me. Plus your getting the slaps, the big 5 [male handshake] from men and they think your cool. I liked that sense of power. [Tieke]

One other woman reported that gambling in public on the pokie machines gave her a sense of power over her partner, who disapproved of her social contact with whānau members.

... now when I think about it, the only time we had some power over our partners was when we played on the pokies at the club, because it was public. I never really thought about that before. [Korora]

Some women said they were able to develop systems to win money against the machines. Women said the mere fact that they could just sit and press buttons made it viable to play more than one machine at a time. The women stated that less money was required when gambling on a machine that took small currency and all that was required was persistence and free time. However, women were

also realistic about the prospect of not beating the machine and coming out poorer than when they went in:

But I think my skills were further advanced when the pokies came to town. There were four of us, all gambling mates, and we went up to the casino first to try and suss out how the free spins worked, and to count or look for some system that could be broken for working out when the jackpot would come up. [Toutouwai]

Our other mates thought we were fools, but we were certain that with time and persistence we would crack it and get the jackpot or increase our bets when the free spins came round. You see, for us it was okay because we had lots of time and nowhere to go, and it only cost a little bit of money. So it was all about timing and patience. We haven't always won, cos you know that the machines are set up to take your money. We all know that. But we win more this way than just going in and putting money in, that's for sure. [Kea]

Some of the women said that they could beat the machines with skills and another reported that she got a feeling of luck from her hands.

Now on the pokies, that is more strategic, and I'll tell you why. I had this plan to try and beat the machines. Sometimes it worked and other times it did not. You see I have worked out this system that has worked for me, say about six or seven times out of ten. I try to confuse the machine and count a certain number of times before I up my bets. I tell you, it has taken me a long time to work it out, but it works for me. I know that they say the machine always wins, but not all the time. So I think my system works, and I have been playing like this for nearly five years. [Kea]

I can feel it. Some people think that is a load of hog wash, but I know for me it is about tingling hands. When my hands are tingling, like yesterday they were, I listen to, 'Right to receive; left to leave'. But then the machine was pinging over, and combinations generally mean a win for me. [Tieke]

At least half of the women reported that discretion was necessary to enable them to continue playing on the pokie machines that were within easy reach from their homes or work. Two women talked about ways that they placated their partners or whānau members to maintain their gambling behaviour.

...I had \$10 and I said to my tāne, 'let's go to the RSA; you can have a drink'. So you know all the time: you're pinging over in your head all the time. You say, 'you can go and have a drink and I will have a little ping and I will only be five minutes'. It is all about

ulterior motives. 'By the time you have finished your handle I will be finished'. I was getting led to believe [by the pokie machine] that any minute now I was going to get a hit. I begged my husband for another \$10 and he said no, of course, but I got my way and I came out of there with \$164.00. I knew it was going to pull. You have a feel. So I gave him back exactly \$20 and I said, 'here is your money, but because you were a bit mean you are not getting a prize. [Titi]

Over half the women said that they hid their gambling from whānau members in a number of ways. Avoiding clubs that whānau frequented and gambling out of town was necessary for one of the women who had previously criticised whānau members for gambling.

I was always on the lookout for my whānau when I went into the club. I had always put down the nannies and my husband's whānau for gambling at the marae; the housie, card games and baton ups. We all know that the gambling was very much part of our tikanga in regards to fundraising, for the wharenuī, wharekai and at times, for the kīrimate [bereaved family]. So it was very important for me to not let them see me. That was the hardest kaupapa for me.... So it was very important for me to not let my whānaunga see me gambling on the pokie machines. It was frustrating for me to do that to myself. It also meant that I had to pay the extra to travel out of the area, but I found it. [Riroriro]

Mostly it was about not having any whānau or others who knew me seeing how much money I was winning or losing. I also thought that they might tell my family about my gambling. For me it was about keeping my winnings to myself so I could continue gambling. When I look back that is what it was about. But it was really about having a putea for the next gambling. Plus I didn't really want my whānau to catch me out. Like the closet drinker, you know. I didn't want to be seen so it was best that I looked for seclusion where nobody could find me... [Tieke]

Some of the women sought out friendships; identifying impersonal relationships that they had established. For example, two women said the venues provided the opportunity for indirect communication between strangers and gave them a sense of belonging.

It is the closeness of the pokies and the familiarity with the women who are there. Sometimes you don't even have to talk to each other. Just this knowing of each other. It is a real buzz, and you have this sense of knowing when each other is in the shit, and you get to read the signs when to say something or not to say something. [Miromiro]

Personifying Pokie machines

Incentives to gamble on pokie machines varied from the ease with which they could be played to fantasies in which they could engage. An important point in understanding the pull factors for women who gambled was their personification of the gambling machines, which enabled them to enter into what they perceived as a real relationship.

I can have sexual orgasms at the machine. It is the most awesome feeling and a very intense relationship that I have with the pokies. All I have to do is feed it and I get a reward. [Toutouwai]

I love the feel of the machines. I stroke them and ask them to be a good pokie for me. I even kiss them and talk to them all the time. If I win then they are just the bomb. [Takapu]

Some of the women reported that during their gambling sessions the machines took on human qualities. Iconology used in the physical design of the pokie machines such as 'Pina Colada' and 'Multi Star' enabled the women to involve themselves in a fantasy life. Two women said that they could create another identity and experience living the life of an actress when they played on a pokie machine.

I can be whoever I want to be. If I want to be in a jungle setting I play on the Triple Tiger and Jungle cash machines. I too can be Jane and Tarzan. My favourite are the Multi Star machines. Now that is where I get to be the best actress of all, and the attention when those bells start ringing; it is almost orgasmic. Yes, that is what it is like for me. [Pukeko]

When I first played the machines in Aussie I sought out the machine that had the Pina Colada and I could fantasize that I was in Hawaii. It is just surreal. [Korora]

Most of the women said they were mesmerised by the brightness and flashiness of the graphics on the machines, that were cleverly designed to draw them to gamble and two of the women said that the machines talked to them and lured them to continue gambling. Another participant said that she sought out a pokie machine that was perceived as a Māori symbol of good luck and described how the machine talked back to her when she loses her money.

And the pictures; they just grab you. There are some really beautiful pictures in those poker machines; really gorgeous pictures. And that is what makes me try another game, and another, to see what the pictures are and what the machine does. [Tui]

When I am in the club, the machines, they certainly attract you to them and gee, they are clever the way that they have made the machines appealing. They just draw you to them; the bright colours, and they really do speak to me, honest, they do! Then I go, 'oh better go and put some money in it'. [Korimako]

I have greater skill level on my favourite machine, TikiTiki. For me it's all about Tiki being a good luck charm for me. I always look for Tikitiki because he's one of us, and he is our Māori good luck charm. I give him a wink every time and you know he tells me when I've lost money. He says, 'arohamai' to me when I lose money; he does too! [Kea]

Whilst this personification was seductive in drawing in some of the women to play, others experienced it as a return to childhood. One woman saw gambling on the pokie machine as like getting a new toy.

If it is a new machine I have got to get on it and have a play around ... It becomes like a new toy, so once you have had a go at this toy and you have perfected it and it has been good to you, it is a good toy. [Titi]

Unresolved personal conflicts

A few women said they gambled to cope with internal conflicts, and reported that they had developed defence mechanism strategies for reducing anxiety, including repression, denial and projection by personifying a machine. Gambling was thus a displacement for their personal conflicts. These included, looking for acceptance, unresolved issues and sexual abuse and dealing with the loss of a child.

All I ever wanted was for my mother to like me but it never happened. So I found comfort in gambling environments, particularly with older women. I loved those housie and card games with the old people, and later at the pokies. The whānau and pokie mates just seemed to accept me for who I was and I never had to prove myself. [Kareruihi]

The sexual abuse; that was so hard to forget, and it just seemed that wherever I looked I could see [abuser's] face, and when I gambled on the machines, I could forget about it. You see, there are so many distractions on the machines. The graphics: well, they

can let you go wherever you want to go. Also, when I lost my money, well, I could blame the machine for all the wrongs and it didn't answer or hit me back. It's sad but true. [Toutouwai]

I suppose when I think back to the gambling to me it was about the other issues, like, historical ...and in this case my sexual abuse which happened when I was about 8-years-old. I believe, that my addiction and that's the dual stuff it's not only the gambling it was what I used as a suppressant in terms of coping with the loss of my daughter. I lost my daughter, in 2000, to suicide and that escapism for me with the machines increased. ...couldn't just drink it was to get drunk and same with the gambling it was until I had nothing. [Tieke]

Another woman said that she and her partner did not know how to communicate with each other about relationship concerns. Her partner remained in denial and drank heavily and she continued to gamble more regularly.

Just a lot of bad feeling and not able to express yourself or given the chance to and your partner doesn't want to listen to how you feel. He was powerless to do anything either so he just stayed around. He got drunker and drunker and the feelings of distrust or misunderstandings just got bigger and bigger. But after a while I got to see the pokie signs as a way of not having to think about anything and a place to regularly go. [Koekoea]

One woman said that she became possessive over the machines and flouted the rules of the venue with inconsiderate behaviour towards other gamblers.

There were a few occasions where that happens with other people. I got into arguments with other people who didn't like playing with me because of the ethics of the pokies. I knew damn well that you were not supposed to play more than two machines People would just put one coin in the machine, and that is about waiting for the jackpot and hoping that the coin that is in the machine will set up the jackpot. If I walked into a bar and saw that someone had put a coin in the machine next to them I would deliberately put my money in knowing that their coin was in there and just play the machine. Because I know that those are the rules of the bar. So it was about familiarising yourself with the rules of the bar. [Tieke]

Summary

Some of the women said that the motivation to gamble came from their desire to boost their self esteem by using winnings to increase their sense of worth in the eyes of their whānau and community.

In addition, some of the women tried to enhance their feelings of competence by developing systems that they perceived as gambling skills and that these required persistence, free time and less money. Nonetheless, they were also realistic about the prospect of not beating the machine and coming out poorer than when they went in.

Moreover, the venues and machines took on human qualities for some of the women. They mentioned that they got hooked on the sounds and graphics of the machines which were appealing and kept them gambling. The iconography of the machines was associated with creating another identity and fantasy.

Moreover, the women also identified conflicts that contributed to their desire to continue gambling. Some were related to issues from childhood, such as unsatisfactory parent-child relationships and sexual abuse. Other more current conflicts contributing to gambling motivation included coping with disability, unemployment and the burden of whānau responsibilities.

The Act of Gambling

Information about actual gambling behaviour came from a series of questions about such topics as preferred gambling activity, where they gambled, with whom, how often, and how much they spent. Again, I abstracted patterns from their responses to these questions and tabulated the frequency with which these patterns occurred. A variety of gambling activities, experiences and motives are described.

Preferred gambling activity

All of the women in this study said that their preferred gambling activity was pokie machines.

I never got introduced to pokie machines until the end of 2001. I was introduced to the pokies and I had a good run and loving the pretty sounds and pictures. I gave up the table games. All the strategising and all that, and I gave it all up just to play on pokies at the casino. At that time because the casino had been my realm, I suppose I didn't even know that there were pokie machines in [region]. There were probably a couple of pubs that had pokies and a pokie venue on its own. I was so indulged in Sky City casino that

I didn't even know that there were pokie machines in my own area.
[Miromiro]

When I found out that the pokies were in my own area, I decided to go there and oh, I loved it. I loved it because it was close and I never had to spend X amount of money shutting someone up so that I could piss off and get someone to lie for me, that sort of thing. The pokie venues are very different to the casinos. The pokie machines are very, very different: small, only 18 machines, and it felt like there must be more chances of winning with less machines, so that is what helped settle me into it. The jackpot was \$400, yeah, and that basically was it, because there were more chances and less machines and the jackpot. [Karearea]

Three women said that gambling at the casino was their preferred gambling activity even if they lived in a city without a casino and had to travel to get to one.

If any of the whānau were travelling up to Auckland I would get a ride and get them to drop me off at the casino. I couldn't go all the time to the casino because it was too far away from home. But if I had the wheels I would go all the time. It is much bigger and the jackpots are bigger. [Kea]

I started the habit with the casino. But it was table machines that I first played at the casino. I didn't get into the pokie machines. The casino; I don't know what it was that drove me there, because I ended up giving up housie and cards in the end, just to go to the casino. [Miromiro]

Gambling with whānau

Three of the younger women said that they had gambled with their parents.

I knew where to find my dad, and often I would go and look for him and we would have a tutu together. He was mainly into the horses, and at [pokie venue] you could do both; gamble on the horses and the pokies. [Matuhi]

My mum, she used to pick me up every Thursday morning at 8.30 when the kids had gone to school, and we would go to the casino or pokies; it all depended on the jackpots. [Pukeko]

Fifteen of the women reported that they engaged in gambling activity with their parents or whānau members. One woman described how money was pooled and then the wins shared with whānau.

It was with whānau; we would all go, and everyone would just put in some money, and it was just waiting for that lucky moment. When you did win something, even if it was \$10 it was such an

exciting thing, and what I liked the best in [region]; our whānau would share their winnings. I am only talking about my own whānau, but if one whānau member won money and someone got a big drop, say \$50, they would go, 'here', and share. Say, if I won, I would do the same. We all do the same. If I go into the Club or into the pokies, and my whānau are there, and they win, they still do it today. It really is about the excitement that I feel when I am with my whānau, we have a little tutu; that is what we say to each other. [Korimako]

Four women said they had worked out how the pokie machines were played after observing whānau playing them.

I took my mother-in-law to housie with me, and she didn't like to play housie; she liked to play pokies while we were there. She was here for two weeks, and I felt really guilty leaving her to play alone on the pokies. Then I figured out what they were doing: you know how to play the pokies! It did not take a genius to see what they were getting out of the machines. So that was when it carried on from there. When she left I carried on playing them. [Koekoea]

Three of the women reported that when they socialised with whānau members who were regular gamblers, they lost their self-control and were triggered to gamble as well.

We were just terrible together; like, no self control. As soon as we saw each other, us sisters would be off next door playing on the machines. We would be getting the meanest looks from our partners, but we just took off. [Korora]

I would be minding my own business at the pub with my partner, and my sister walks in, and off we both go, straight to the machines. [Takahe]

My cousin and I would be out at the pub and having a good time, and then next thing, we are not with the others anymore; we are at the pokie machines. It was just something that we did. [Tui]

However, five of the women had not experienced gambling as children. They were socialised into gambling after marriage into families who gambled regularly.

We were never really brought up around gambling, because of my mother's religious background. But [husband], he gambled, and so did most of his whānau. It seemed like it was just, sort of, like, natural or part of them to gamble! ...So I played with them. [Riroriro]

Three women said gambling was a social activity with their partners in pokie venues and clubs that had digital television. Two of them described the associated benefits of the gaming venues for themselves and their partners.

My partner and I have this agreement that when I gamble he comes with me so that we can socialise together. He watches the football on the Sky TV and has a beer and I play on the machines. He is very supportive of my gambling, and that is good. So, yes, it is something that we do together, and when he is bored he has the choice of leaving me, or waiting. [Tui]

[Husband] and I went to the club every Friday, and it was all about meeting up with mates, playing pool and housie, and having a social drink. Then, when the pokies got installed, we just played on them, too. It was our weekly thing that we did together to get away from the pressure of our kids; we went to the club, had our beers, played on the pokies and went home. When there were big footy games on, he could watch the telly and I could play... [Torea]

Regularity of gambling

Eight women reported that they visited their local pokie venue several times a week on their own.

I would go there four times a week. Now I go about four times over a fortnight. Depending on if the insurance or the rates turn up; then I am off for a month because I have no money left. It all really depends on how much money I have left over, and I go twice a week to the pokies. There are my little haunts that I like. I say twice, but at the same time, if I am up town and I get an urge it could be three times... it is always by myself because that is how I like it... [Takapu]

Some of the women said that they gambled daily at pokie venues.

I went to the pokies every day and stayed until they closed. [Kea]

I used to gamble twice a week, and I had a tendency to look for the venues that had big jackpots. I would also do the rounds of all the pubs that had pokies to see who had the biggest jackpots... [Karearea]

Seven of the women said that they were problem gamblers.

I was a problem gambler because I would waste hundreds of dollars on the machines. Now I keep it to a minimum, and feel more in control. [Takapu]

Expenditure on gambling

Most women reported that they had started by spending about \$20 per visit because that was the amount they used to spend on housie. However, this soon increased.

Sometimes, too, I think that I can take \$20 and that will be it, but it is not, I know that very well. I tell myself that I won't spend any more than my \$20 but it happens every time I go gambling, so I try not to go. I say it every day to myself that I plan to stop gambling, but it is so hard. But it doesn't matter what strategies I put in place, I will still find the money or look for a way to gamble...
[Karearea]

I never went with anything less than a \$100, because the odds of increasing my money were far greater than if I went in with less than \$100. Any jackpot under \$800 was not worth going in, because the jackpot had already gone. It was very strategic.
[Karearea]

It was nothing to spend \$200 up to \$400 a day. I could spend up to \$400 a day. It was nothing to spend all of my benefit. I would always win and then it would go straight back into the machine. You see, I had this thing that if you won, the jackpot was just around the corner. [Kea]

Some of the women talked about “out-manoeuvring” themselves by managing finances to try to limit the amount of cash available to spend on gambling. Nevertheless, some also talked about “outsmarting” themselves by undoing such practical strategies that they had put in place to try to prevent spending more on gambling.

But I still found the money to gamble, and no sooner had we tied up the rest of my money from my full time work, then [husband] found work. He found full time work. Then, you know, we had all this money between us. We tied up most of our money, but I wasn't satisfied with just putting \$20 in the machine: I had to put in more, and 'cause I had more money now to spend. You like to buy things for your mokopuna and that but then they are looked after by their parents so there was nothing that they needed. So then I tried to tie up my husband's pay I brought him a 4-wheel drive ... and it still wasn't enough, so I went and brought a big TV ..., you know, a great big screen for us. My husband said to me, 'oh, can we afford that?' I said, 'course we can'. But there was money still left over. So in the end you have to out-fox yourself; it is one big game of outwitting... [Takapu]

One woman was influenced by her gambling friends.

We go every Wednesday to the Sky City Casino. Like, I could run into a friend and ask where they are going, and next thing I hear they are going for a ping [gamble], and off I go. You know, you can self-talk to yourself that I have to get home. But then you bump into old friends, and before long, you're playing on the machines. [Tieke]

It was evident that the women gamblers had learnt to expect wins to be intermittent, so increasing the probability that they would continue to gamble despite initial losses. Additionally, each had developed a range of triggers which, when encountered, would stimulate a sequence of reactions that increased the likelihood that they would gamble. These triggers could be external, such as illuminating jackpot signs; or internal, such as physiological arousal or a gambling-related cognition.

Course you're gonna play for those rewards, and I would say that over the three years, nearly three years, I have been gambling on the pokies because of that, and I always get good drops, and well, you keep on playing in the expectation that you may win some money mostly, and challenging, because you know that it is a risk. I should say that everyone knows that, it is a risk. [Takapu]

I got hooked, and just this amazing buzz whenever I see jackpot signs. They are, like, geared to get you hooked into thinking that you can win all that money. [Pukeko]

On the other hand, two of the women described gambling as a social activity that was controlled, and undertaken weekly with gambling friends in a social and sporting club.

If I have thirty dollars, I will spend twenty dollars on the pokies and the rest of my money is spent on a couple of beers. I just play pool. I would say that my gambling on the pokies is social. It has to be social because that is the only time that I choose to play. I won't go and play just for the sake of it. No, it is purely social. You have a play on the pokies; play pool, put a coin in and play. That is what the excitement is all about... [Korimako]

I play my weekly game of golf and have \$20 to buy me two beers, lunch and I spend \$10 on the pokies. I like to play them but only socially. [Parera]

Summary

A small number of women had gambled with their parents on the pokie machines when they were first introduced in 1988 and thereafter. Other women had been strongly influenced by whānau and gambling friends to gamble. Some preferred to do their gambling in casino environments and others in their local pokie venues. Frequency ranged from weekly to daily and some said that they were problem gamblers. The expenditure ranged from \$20.00 a visit up to several hundreds.

Object of Gambling Behaviour – The Consequences of Gambling

One of the objects of this study was to examine the consequences of casino and pokie machine gambling by Māori women problem gamblers. The consequences for the Māori women have been classified as either Personal Effects or Whānau Effects.

Personal Effects

The women described a range of personal effects of their gambling on their health, their financial situations, their everyday activities and their friendships.

Health

Some of the women claimed that physical ailments resulting from inappropriate seating at the pokie venues had affected them.

Look, not only are you feeling crappy about losing the money, but those bloody stools had no back support. You're leaning backward all the time and they were really uncomfortable. 'Course, when you stay on the machines for bloody hours and hours, 'course you're gonna get a sore back. I used to just about cry with pain, and when I got home I should have got into a nice hot shower. But, you know, when you have lost all your money, sometimes having a shower is just too much to think about. [Tieke]

The women described a number of physical consequences of gambling, such as a tendency to neglect personal health and grooming. Four of the women reported that gambling had affected their physical appearance.

My physical appearance took a downward spiral when I was out of control gambling on the pokies. I had these big black rings under my eyes from lack of sleep and stressed out about losing my money. [Karearea]

Two of the women said that their poor appearance had been noticed by others.

I didn't really care, about how my skin looking gray and blotchy. My doctor told me that I had to start taking better care of myself and I knew it was because of the smoke, alcohol and losing time in the pokie venues. My mother used to ask me why I looked like shit all the time. [Karearea]

I gave all my beauty treatment away; my facials and massage for my gambling, and just lost it, really. When my daughters started asking how come I was looking so awful; that is when I realised that I had lost the plot. [Korora]

Some of the women who smoked said that their smoking increased when they gambled. Two of the women said the adrenalin arising from playing on the pokies increased their need to smoke, often up to three packets during a gambling session.

My smoking got out of hand whenever I felt a win coming on. It would be nothing for me to smoke up two to three packets during a session. 'Cause, if you're losing your money as well, the smoking just helps to take away the pain of losing or just missing the jackpot. Then the coughing starts and you're struggling just to bloody breathe because of all the smoking. It was really bad. [Tui]

It was easy to smoke heaps on the pokies. You just lose sense of time and just chain smoke. I started to cough up lots of blood and, well, it sort of really does go hand in hand; the smoking and the gambling. [Tieke]

The health effects of second-hand smoke from being inside pokie venues were mentioned by women who were non-smokers.

I hated the smoke: it used to always give me bad headaches. I would ask the young kotiro [young woman] to move away, or put the ashtray on the other side of the machine away from me, but you can still smell it. The smoke was no good for my asthma; it just brought it on. My asthma got really bad when I stayed at the pokies. That doctor, he told me, 'Why you still sitting amongst all that smoke?' I told him I would stop going [Kotuku]

The thing that just about killed me off was the smoking. Most of the wāhine smoked really heavily while they gambled. You have to just go with the flow, because after a while, as much as you hate the smoke, the playing just takes over. Until you get home, you're coughing like mad, reeking with the smell of smokes on your clothes, and you smell like a cigarette. How bad is that?! Pretty damned bad. [Riroriro]

Some of the women said that they went without eating regular meals when they gambled for a long time.

My eating was terrible when I went on my gambling binges. I used to tell myself that eating cold finger foods was okay. But I knew all that pastry and stuff wasn't crash hot. I think that's how I got my ulcers, and if I was really honest, the ulcers came from worrying all the time about losing my money. [Takahe]

Sometimes I would get home really late and be too tired to eat. I didn't really bother about eating. I lost a lot of weight during my gambling bouts. [Karearea]

The consequences for one of the women extended to an eating disorder.

I didn't want to eat while I played on the pokies. Sometimes I could go without eating for days – I wasn't interested in eating. I suppose I just lost the will to eat and more focused on playing pokies. [Toutouwai]

One of the women said that loss of control over her gambling generated feelings of low self-esteem, disappointment and stress.

This one night I am playing on my machine and feeling really angry with myself for losing all my money, and one of my clients comes up to me and says, 'Kia ora whāea. Are you okay? You don't look too good'. I just wanted to cry to think that one of my clients had seen me looking angry, depressed. And I am supposed to be her case manager! [Riroriro]

I had a lot of discomfort that caused me some stress when I lost control of my gambling. When I first got caught by one of my whānau members, I was so embarrassed and tried to make all these pathetic excuses. In the end I had to front up to my children that I had in fact let my gambling get out of control. [Riroriro]

Five women said that depression was the most common health issue that they experienced as a consequence of gambling. Four women said gambling losses made them emotionally unwell and two women alluded to suicidal thoughts.

I was more or less depressed and suicidal. That is when you go, 'oh what the hell! Life is crap.' You know, sort of thing. So you switch off; get restless and ongoing mood swings. [Toutouwai]

You're bloody depressed as hell. Lost all your money, and you go outside and some bastard is waiting for you with his fists ready to use you like a punching bag 'cause the rent money has been spent. So you're churning up inside and not wanting to leave, but at the

same time hoping like hell that the jackpot will be good to you.
[Pukeko]

Financial

Most of the women said that while they increased gambling as a way to solve financial difficulties, they later realised that gambling caused financial distress.

Two women reported losing their homes as a result of accrued gambling debts and declared themselves bankrupt. Both women were on welfare benefits, and living with whānau members, together with their children.

My whānau gave me money to gamble, but this last bout was too much, and I am going to lose my house to a mortgagee sale if I can't come up with re-financing my mortgage. I just forget about the rates, and everything just kept creeping up on me, and I just thought, 'It will all work itself out one way or the other'. [Kea]

Several of the women said that when they lost money gambling, they borrowed money to bet heavily to try and recoup their losses. One woman lost count of her losses. She sought out financial assistance from whānau but failed to provide accurate information about the purpose of the loan.

There was a time probably that my mum was not aware of my financial dilemma. My total debt at that time was about \$20,000. I came to [workplace] (and) got help to financially sort out the problem. At that time I did not tell them of my problem; that it was gambling-related, and they didn't really go into how and why I was in that situation. They didn't go there so I didn't tell them - just too dishonest. And that was back in 1998. It took me 12 months to repay the debt. I never told them. Plus, if I had of gotten honest back then I would not have been given the money for gambling.
[Tieke]

Providing inaccurate information to community agencies to top up benefits was reported by three women.

The Māori budget advisor found out that I had been getting emergency benefits on a regular basis and I wasn't entitled to the money. I used to be able to pull the biggest tito (fib) to the Pakeha Budget advisor and most times she would give me an emergency benefit. Well, it all caught up on me and they stopped my benefit.
[Kea]

Four of the women reported that they incurred financial distress by engaging in classic “chasing” behaviour.

But I was just so addicted to them, and then the chasing started. Look, I just wanted to win back all the money that I had put into the machines over the past five years. I just got more and more into debt and, well, that is when the shit hit the fan and I just lost all sense of reason. [Pukeko]

You have to chase to beat the machines. It's a battle of wills, me or the pokies or else you won't get your money back. [Kea]

Everybody knows that when you gamble you chase. It is all part of the game and that is when I got in the crap. [Takahe]

No, I just knew that I did it [chase losses] because I used to do it at housie and cards and then go back to try and chase. [Miromiro]

Most of the women blamed their significant financial losses on the tranquilising effects from the pokie machines.

What got to me was the sheer stupidity of weakness and giving in to the pokie machines. For me, I was put under a spell, the sounds, icons and my inability to stop feeding the machines. So, those bloody machines always worked against me. [Korora]

Two of the women said that their gambling losses made them feel angry, especially when they put their winnings straight back into the machine, lost it all, and then thought about what they could have bought had they kept the money and left the venue. Some said that the proliferation of machines in their communities made it almost impossible to not gamble.

It is a day to day war, like tomorrow when I wake up they are in my back yard, honestly! I go out my gate, take the kids to school, and there they are; in my bloody street I have 3 pokie venues, the pokie are all around me. It is a constant war. [Karearea]

Several of the women who had overspent on gambling chastised themselves emotionally about the consequences, left the venue feeling angry and totally weighed down.

I used to get so angry at me, scream internally at the absolute insaneness of it all. Sometimes my anger would just overwhelm me and I would take it out on the other gamblers. I would be kicking the machine and swearing at it or the other gamblers, especially when they would look at me like, 'you've lost the plot'. [Korora]

Just bashing me up inside make me think about for times depressed about all the money that has been lost, give myself the

most awful talking I would leave the venue, and sometimes I just wanted to drive over the bloody cliff he hit me so hard... [Karearea]

Some who continued to gamble and self-medicated with other substances.

That dumb mistake cost me my home and loss of respect from my kids and parents. I got so out of it on drugs and alcohol when I lost the money. I gave myself the bash up top when you know that you should have pulled out the money, but, no, you just keep on playing. [Pukeko]

Some of the women said that while they felt little guilt about the extent of the losses, they were ashamed about public exposure. Two women did not sound terribly concerned about the loss of their assets or even the shame brought on their whānau. They nevertheless expressed awareness of how others would perceive their losses.

I suppose the bankruptcy is the biggest shame for me. You know, when it's in the newspaper. It means that I will have to look for another place for my mum and me. I haven't told Mum and my whānau that the house is to be sold. [Kea]

Because you're gonna be shamed big time. Your mates all know, and it is really shameful. The only one that will be shamed is you and your whānau and, well, move on, I suppose. ... [Toutouwai]

Some of the women who were unemployed or on benefits said that they gambled instead of fulfilling social and occupational obligations. Three women thought this was the strongest reason for them to gamble.

I had no real employment. It was easier to gamble and not pursue a career. [Tieke]

My disability prevented me from doing a lot of things, so I gambled. I know that I have a skill with old people and rangatahi who are misfits, or just plain naughty, but my disability puts me on the back foot all the time. [Kea]

Some of the women described chasing the years they felt had been lost when they gambled. This type of chasing provided a hope that winning enough would make up for lost relationships, lost time, lost jobs, lost opportunities.

All my life I have given to my children and my whānau. I looked after my mother and my father, and then when my in-laws got sick they came to stay with us. I have never had the chance to do anything on my own, or spend money on me. I just wanted to take

back what I believed was my time to play, without being accountable to anybody or something. [Korora]

Illegal activities

Some women described a range of illegal activities that they initiated and engaged in so that they could fund their gambling. Some stole from their partners, including selling chattels.

I got physically sick in the guts when she asked me where the telly was. So I said that I had given it to my young sister for a loan. So you're always feeling sick about getting caught out and the anxiety you put yourself through. 'Cause you are running around to tell [sister] to say that she has got it and you go to the pokies and hope like hell that you can win back enough to go and buy a second hand one. I know that is how I got my ulcer from worrying about how to replace the stuff that I stole off [partner]. [Takahe]

I suppose it just got easier and easier to sell my husband's gears. He wasn't using them so I sold them. [Korora]

Five women had been arrested for stealing money from their employers or place of work to fund their gambling habit. Three women had begun their criminal careers as a consequence of problem gambling. They had been arrested, resulting in loss of employment, as well as shame and embarrassment for their whānau.

I don't know what happened and why I did it, but I took the cheque and cashed it down the road at the garage. I don't even know what made me do it. I can't believe that I did it. It was just sitting there. To this day, I don't know what made me do it. I cashed it, got the \$400 and \$200 went into the pokie machine, but the other \$200 went on bits and pieces, lottos, papers, yeah. I got arrested for that about four months ago. That was the straw that broke the camel's back, especially when they took me down and locked me in the cell. I sat in the cell and hit rock bottom. They strip searched me, photo and finger printing, and, yeah, I deserved it. I got sentenced to 200 hours community service and a year's supervision with my probation officer. But if you ask me, I can't tell you why I did it. [Torea]

Four of the women took time off work or gambled during work hours. Another woman explained that she used her position as a manager to gamble with money that belonged to her employer. She reported that this practice resulted in loss of employment and the opportunity to be a co-partner.

It was the look of shame on my two kids' faces when the cops came to arrest me at home... I had helped myself to the night's takings, gambled it all. Thought I could win it back and I lost it all. I didn't have enough in my credit card to pay it back...So I lost my job and the chance to become a partner. [Toutouwai]

One woman was given a number of warnings that were ignored and resulted in losing her job.

My supervisor approached me at work and told me straight up, 'you have got two choices: stop gambling or lose your job'. I tried to tito [lie] that I only went once a week, but she had heard from others in the community that I had been seen regularly at pokie bars around town. I was shocked at first and tried to hide that I had a problem. The last kick in the guts came when I was asked to consider early retirement. I knew it was because of the mishaps that had occurred with the quality of my work output, because I was only focused on the gambling... [Riroriro]

Three younger women had been legally convicted for child neglect.

I did a bad thing, leaving the kids in the car by themselves, and that just snapped me out of it. I went to try and make an appointment at WINZ and I was too early and I walked past the pokie machines and went in. I wasn't thinking at the time. [Matuhi]

Right now I am waiting to be sentenced for leaving my children at home while I went to the casino. I pissed off and left them on their own, no baby sitter and no food in the cupboards. [Miromiro]

Friendships

Repeated borrowing from friends and evading repayment resulted in the loss of friendships.

It got around to my circle of friends that I was borrowing big time and not paying it back. My mates were asking me too many nosey questions and I stopped going to the club. Some of my friends went back to my childhood - that was tragic. [Tieke]

You lose all your mates, good mates that were always part of your life; it is the saddest buzz out. All those close mates, gone because of the gambling debts. I miss them, I really do. F — the gambling, [Kea]

Some women even exhausted the patience of their gambling friends.

I knew I was getting further and further into the crap when I started borrowing money from my mates in the syndicate. We had this kaupapa, bit like the card games, that we could borrow money off each other. But you had to pay 10% interest, and it had to be paid back within a week. If you couldn't repay it within that week, because of bills or whatever, the interest went up another 10%. We all agreed to the kaupapa, and everything went along smoothly until I couldn't pay it back. I am not blaming my mates, but that is when we all got in the shit with each other. It was too easy to ask for big lots of money when your mates are winning and you're losing. I couldn't repay my gambling debts to the women and got chucked out of the syndicate. They gave me a month to get the \$5000, and if I didn't have it they were going to spring me to my partner and ask her for the money. [Toutouwai]

Whānau Effects

The women described a range of personal effects of their gambling on their whānau such as, health concerns, financial situations, illegal activities and their friendships.

Health

Some of the women said that their gambling caused health concerns for whānau members, particularly their children. Some of the women delegated adult responsibilities and one woman blamed her children when her relationship ended.

I really felt for my girl, she worked hard and did the night shift to 4am. I got her to take me shopping as soon as my benefit was in the bank. She had to drive all the way across town, pick me up do the shopping, 'cause otherwise I would spend my benefit and no food in the cupboards. My girl used to be so tired and it must have been so exhausting for her. She had to tend to my needs as well, before going home for a sleep. It's all these selfish things that we do to our kids just to gamble. [Karearea]

Their father and I had problems and umm we were going to separate so I started to disown my youngest two girls and I used the gambling and the people in the gambling environments to help me get away from that. I actually did blame my youngest girls for their father leaving and I knew that it wasn't their fault but I still blamed them. It took me a long time to get over that about a year and yeah. [Miromiro]

A small number said that they provided inappropriate food. Four women said that unhealthy food caused some physical ailments for their children.

My kids lived off tin food for a long time – I would go to the food-bank, you gotta take whatever food is in the bags. Sometimes it was dog tucker. You don't care what they get to eat. [Karearea]

You're always thinking how to stretch that dollar so you can get cheap food for the kids, I never thought anything about getting the poorest cuts of meat, always, always only thinking about how much money I could spend on my gambling. It's really hard to get my kids to eat healthy food; they just want to eat junk. [Korora]

Takeaways were the buzz in our household, chips and chips sometimes. If I got lucky they might get an egg, but it was mainly chips and bread. I knew it wasn't healthy, sort of, especially when my boy put on so much weight. No fresh fruit or veggies; no wonder my boy is obese now and pimples. [Toutouwai]

Financial

Some of the women discussed the financial distress they inflicted on their whānau. Financial support from whānau to meet household bills was important to them since it contributed towards the funds that allowed the women to continue gambling. Some women said that being irresponsible with gambling caused financial disruption to whānau households.

So I asked my partner for some money to help my daughter out with her rental arrears, and that helped with the first debt. Then I went to the bank and took out these little loans out, and before long they became big loans, and all the time I was lying to my partner. She thought that I was buying stuff for my daughter, and I lied to her about borrowing to help her get into a flat. All those little white lies then turned into big fat ones. But did I stop gambling? No! I carried on until I had run up a debt of nearly \$20,000. I had really exhausted all of my whānau and I didn't want to ask my parents for any money as they were both retired and just managing to survive. [Toutouwai]

Others gambled to cope with husbands who imposed control over how income was spent.

We were short of an income, so, what I was doing on pay days was always a bad day because it was like only my husband was entitled to that money and I had to go without. I knew that I couldn't go without so what I used to do was take a little bit of shopping money and go and see if I could earn a bit more. [Koekoea]

Some women used their children as money managers, having them hold onto money cards to avoid spending benefit money on gambling. These women also

said delegating adult responsibilities to their children was inappropriate. For example, some of the women chose to give their Eftpos card (electronic money cards) and bank cards to their children, to prevent themselves from withdrawing or spending money that was set aside for household bills and food.

My gambling was so bad that I had to give my cards to my girl so that I would not spend all my benefit on the pokies. My girl would come and pick me up after her shift finished at 3am and take me shopping at Countdown [24-hour Supermarket]. [Karearea]

Loss of relationship

Some women recognised that their gambling affected their children and implied that there were events associated with their gambling behaviour that were inappropriate.

My boy had to cover for me all the time, he didn't have that good a job. Supporting my gambling debts and keeping his own whare in order, it was hard for him. His wife just got more distant and I knew he was suffering because of my gambling debts. [Riroriro]

My daughter was starting to sound like a policeman all the time. I had to be accountable for my whereabouts to her during the day and it was just too hard to keep up all the time. I got sloppy one day, carried on gambling, and she sprung me, coming out of the pokies. I suppose all the lies... and I got tired of arguing with my daughter all the time about her not giving me my money card, and this one morning she threw it at me and told me that I was a sorry f--- and a disgrace. [Karearea]

I know my daughter has no respect for me because of my gambling. She blamed me for all the fighting that went on in our household. It wasn't good for my girl, when her mates all saw me on the machines, from morning to night. She looked at me with such disgust, I knew that look and it will take a long time before she sees me different. [Koekoea]

Deceiving whānau was also described, although they acknowledged that deceiving whānau was not appropriate.

My mother knew, my sister knew, and so did my husband and I suppose I hit rock bottom. It was the disappointment that I heard in my mother's voice that made me want to try and do something. It was the shame and the hurt. She rang me to say that she knew that I had sold her computer; the hurt in her voice... [Tieke]

I owed my sister \$500 for my gambling debts. I knew that my sister's husband was sick of me borrowing money from them. I only made it worse when [sister] came around home on my pay day, and there I am hiding from her. The worst part was that I knew she was saving up to go overseas for the birth of her moko. I was just selfish. [Takahe]

Summary

Health effects for some of the women included physical ailments resulting from inappropriate seating at the pokie venue and neglecting personal health and grooming. Some said their smoking increased during excessive play and others experienced eating disorders. Anger, low self esteem and depression were commonly reported health issues.

Gambling caused financial distress and loss. Failing to provide accurate information to whānau and community agencies about the purpose of the loan prolonged gambling. Misusing household money was a way to overcome control issues with partners. Similarly, they experienced feelings of anger about gambling excessively to win back losses, losing money, while at the same time continuing to gamble and ashamed about public exposure.

A number of illegal activities were described, such as stealing and abusing whānau and community assets. Deception to procure funds from whānau, friends and employers was also reported. Theft from employers resulted in legal convictions and loss of a business opportunity. Child neglect and losing children to government authorities was confirmed. Friendships were strained when debts could not be repaid.

Financial responsibility was inappropriately delegated to children, which created a conflict between their gambling addiction and behaviour that they perceived as morally wrong. Some women provided inappropriate food resulting in long term health affects. Gambling caused financial distress for whānau.

Loss of relationships, particularly with children, was described as resulting from events associated with their gambling behaviour that were inappropriate. The women said that they abused their children's generosity, particularly around money, arguments occurred and finally, loss of respect.

However, some of the women overcame their distress and began to put in place strategies to help them out of gambling.

Part Two - The Journey Out of Gambling

This section describes the situation of the women at the time of being interviewed for this study. They fell into three groups: 1) those who remained recalcitrant gamblers; 2) those who had experienced a crisis and stopped or significantly reduced their gambling; and 3) those who had not experienced a crisis but had nonetheless ceased or limited their gambling. Each group is described below, but the main focus is on those women who had stopped or reduced their gambling, because it is important to share with other Māori women strategies which had succeeded in assisting them along the journey out of problem gambling.

Recalcitrant Gamblers

Five of the women reported that they did not stop gambling and gave a number of varying reasons such as it being hereditary, being addicted to gambling themselves, or living with a problem gambling partner, it being a learned behaviour as well as a cultural norm.

I was born into gambling, it's just too hard to give it away and I don't want to give it up. It has been my best friend for so long, I would be lost without it. Sad but true. I'm addicted to gambling, end of story. My partner is a problem gambler and an alcoholic; he won't give up his booze, horses and card games. He's a heavy gambler and no, he won't give it up. [Kea]

Hey, why stop gambling when your partner, mother, in-laws, my kids, they all gamble. Everyone gambles in my whare, we got taught from my kuia, koro and cousins. It is just part of our life anyway, don't all Māori gamble on our marae? [Takapu]

However, three of the five problem gamblers also indicated that although they had not stopped gambling it was more manageable, expenditure was lessened and for one woman it was a small beginning to accept advice from her budget advisor.

I was a problem gambler because I would waste \$100's of dollars on the pokie machines, now I keep it to a minimum, \$40 and I feel more in control. [Karearea]

My gambling is a problem for me but it is my time and I don't want anyone to tell me that it is a problem. I have limited my smoking and drinking so I don't see why I have to give it up. [Takapu]

I love gambling too much to give it up. I have lost my home and my mother's but, I have started to look at how much I spend and might take on board advice from the budget lady. I know that it is my only enjoyment in life and why should I give it up. [Kea]

Women who had high paying incomes and no dependent children said that they did not see their gambling as being problematic because they could afford to gamble.

I can find my own way out of my financial strife when it gets out of control. I have a good job and I don't have any dependant children. But, it is sort of, well, managed and that says a lot for me. [Takapu]

I have got a really good job and can afford to gamble, plus I have always been a heavy gambler; and money has never been a problem. [Tui]

One elderly woman said that she would never give up gambling because of the positive aspects of socialising with friends and whānau and avoiding whānau pressure for money.

I will never give up the pokies because it is the best ever and I don't consider it gambling. Plus, it is my very best friend. Like I said before, gambling is all about socialising for me, getting together with my friends and whānau and getting away from hōhā [pestering] children or mokos' wanting money off me all the time. This is why I won't give it up. It really is not a problem. [Kotuku]

Degrees of Acceptance

Beginning to accept and change

The women in this study experienced their journey out of gambling in a variety of different ways. One group of women experienced a traumatic life event such as a court appearance, incarceration, marriage break up, or severe financial distress which made them realise how gambling was devastating to their individual lives. As a result they were shocked into acceptance that they had a problem and started to develop strategies aimed at reducing their dependence on gambling.

Involving children

One of the women reported reaching a turning point when she realised that she had bought her children inappropriate food to support her gambling behaviour.

I knew I had bought dog bones instead of pork bones for my children's tea. That is when I knew I had lost the plot. I looked at those disgusting bones in the pot and broke down and cried. That was the turning point for me, seeing those fatty bones and my kids waiting for their tea. I never went back to the pokies. [Korora]

Another woman said that she needed to sort herself out before she could help her son with his issues around the effects her gambling had on him.

I am working with my son and some of the issues he had with my gambling as a result of my behaviour. There were a few different things why I went to get help. Before I went to [Rehabilitation Centre], I took my son to see a counsellor. He had a behavioural problem. It wasn't until I spoke to the counsellors that I realised that I needed to sort me out first, before I could help my son. So I suppose that was another factor of why I wanted to sort things out. [Tieke]

Another two women said they were arrested for child neglect.

This past year, I had my children taken away from me. I am really feeling it now that I have no-one. I don't want to burden my kids with this. I don't hate my babies. It is not about that. At that time of my gambling I let the gambling control my life. I allowed gambling to control how I lived my life and I put the gambling before my own children. I don't feel good about it now: I feel guilty as shit, but at that time I just didn't care. [Miromiro]

I heard the police asking who owned the car outside with the two young kids in the car alone. I couldn't believe that I had left them for so long without anything to eat or drink. The look of fear on my kids faces with all these people looking at them... I will never forget that day for as long as I live. [Matuhi]

Finally, the turning point for one mother's stopping gambling was the loss of a young daughter who committed suicide.

I can't begin to tell you how devastating it was for me to hear that my girl had committed suicide. She was so young, and it shocked me into getting my shit together. It also helped me to look at what was happening to my boy. I wasn't available for my kids; too busy gambling. [Tieke]

Breakdown of whānau relationship

Three of the women reported the losses incurred through their gambling which included losing their relationships, loss of whānau respect as a result, especially where parents or children were involved.

When the relationship is ended you are depressed, so you play the pokies to block it all out. I didn't want to admit that my partner had left me it was over and it was because of my gambling.
[Riroriro]

I had hit rock bottom with her. My parent's retirement money all gambled because of our selfishness. It was really the straw that broke the camel's back – I walked away from her, hard as it was.
[Tete]

I will hold the memory of disappointment on my mother's face for the rest of my life. She kept saying to me, over and over, 'Why, girl, after all I have done for you and your whānau?' [Tieke]

The children could see what my gambling was doing to their father and my eldest did resent me there for a while. Now, when we go up town, my husband will give my eldest the money card and that doesn't worry me now. Before it was really hard and now I have got over it. [Torea]

Summary

Those women who did not seek help said either that they were addicted, had gambling partners, it was a learned behaviour or a cultural norm and helped encourage the maintenance of gambling. Others said that they were not ready or simply did not need it. However, women reported a number of crisis situations which induced motivation to change. Those involving children ranged from realising that they had provided inappropriate food for their children, finding themselves unable to help their children in crisis, being arrested for child neglect, losing their children to become wards of state, or even losing a child through suicide. Crises involving relationships included breakdown of relationships with partners or whānau or both.

Full acceptance and greater change

There was another group of women within the study who did not experience trauma but instead took stock of their situation, decided that they did not like what they had become, and set about trying to change.

Self Reflections

Two women who worked in non-gambling professional help services reported that loss of credibility in the eyes of others who depended on them was a powerful motivator to change their behaviour. One described an experience where a client witnessed her gambling and expressed her surprise and disillusionment. In turn this woman realised the import of what she had been doing, felt an acute sense of whakamā (shame), left the venue and did not return. She realised that she had let not only herself down, but her whānau and others who depended on her.

I gambled in venues that were not familiar to me so I could be alone to gamble without being monitored. I realised this one day when I looked around and there were no smiley or familiar faces. It was at that stage that I saw myself in the faces of these strange and unfriendly women and men. I got the shock of my life also to see some of my clients experiencing the same level of despair as me. [Korora]

The turning point for me was when one of my clients approached me and asked what I was doing playing on the pokies and she jokingly said, 'I thought you would have more sense'. The lack of credibility on this young kōtiro's [girl's] face made me feel so ashamed. I gave her the last of my credits on my machine and left. I got into my car and drove home to my empty flat and cried. I had let the gambling overwhelm my life as a mother, grandma, whānaunga, and friend. I had to hit rock bottom before I could see any sense. [Riroriro]

Māori Women's Support Group

Five of the women attended a Māori women's support group run by Māori gambling counsellors from a kaupapa Māori philosophy. The support group was local, transport was provided for those women who had no transport and of importance was some women were able to receive immediate responses to help with their distress.

I got in touch with [Māori Gambling Service Provider]. I found what made the difference was that I phoned them. By late afternoon two of the ladies arrived at my home. It was, like, immediate response, because when you are a gambler and you are trying to give up you sometimes need that immediate response. When you are at your lowest ebb, normally that is when you want to give up, and I was quite low at that time. Yes, the difference was that they came to me. It was good because, normally, when I have decided to give up I was broke anyhow and I could never make it to any meeting because I did not even have a bus fare. So that made a

difference, and also that they arranged transport to and from home. [Karearea]

Some who had previously attended non-Māori gambling services said that, although they had received some support, it had not been enough.

When I first got there [Māori Support Group], I was apprehensive and I thought, 'Oh yeah, what are these guys going to do for me that my counsellor hasn't already done?' But, you know, we didn't even talk about gambling on the first day and it buzzed me out. I was so buzzed out, I got up first and introduced myself, because I had been telling my story to counsellors and the Police, CYPS [Children, Young Person Services], everyone. Then I got asked some questions by [facilitators], and that was different, because before, my experience with the cops and CYPS was that they would never go deep. It was just all surface stuff. But these facilitators opened me up for me to be able to talk about it, because they could understand where I was coming from. So that really helped me a lot. [Miromiro]

Māori protocols of sharing food were upheld, facilitating communication and encouraging a sense of cultural safety.

We had lunches, and I mean, not every time, 'Can I go out and have someone counselling me and giving me a kai? We had lunch and it was nice to feel part of a positive group. These are people that I have just met and these are the only people outside of my gambling environment, these are the only people that I have opened up to. It was good because I felt safe about sharing my stuff. [Miromiro]

Some of the women said that they were given information about how to heal using Māori frameworks, which helped them see that their healing process was important and beneficial for their whānau as well.

Learning about being a mum was all that I had time for. But now I get out my booklet [Māori Women Support Group] and we are given the meaning of the baskets of knowledge and underneath we have how it relates to healing the gambling. So that just buzzes me out and I think, 'Oh is that what it is all about?' Then we have Whare Tapa Wha and it is like, 'Oh, I can understand it and work it out'. So now I understand where Māori concepts come into play a lot more with the healing and bringing it to our whānau, our entire Māori whānau, and that is all it is. I wasn't brought up to speak Māori or to practise Māori in the house or outside. [Miromiro]

I have to say that getting involved with this group [Māori Women Support Group] was the best thing that I have ever done in a long, long time. [Karearea]

Summary

Motivation to change arose from loss of self credibility on realising that they had been role modelling improper behaviour to others who depended on them. A number found that participating in a group run by for Māori especially helpful, providing a culturally safe environment in which to explore and understand their gambling behaviour and determine means of changing it.

Coping with the Effects

Financial support

Most of the women who were struggling with money management said that they gave over all their financial responsibility to others, either permanently or temporarily. Some of the women were challenged by their whānau to ask for financial assistance from appropriate organisations. Accessing financial advice or handing over financial control and access to all funds to budget advisors was mentioned by a small number of the women.

It was hard at first to go into the budget place and ask for help. I tried to give up twice, mainly because it pissed my man off, and I knew that I was losing control and wasting too much money. He gave me the hard word, 'get to the budget office, or walk'. [Torea]

Other strategies included limiting access to credit and cards, money lending institutions.

Put in place strategies for money management, automatic payment set up, and ask whānau to help you, like holding onto your money card. [Karearea]

But the secret is not having the money to gamble. If I want money I have to go to the bank and draw it out. I don't have a credit card now, and I have got the max that I am able to borrow, so I don't have access to extra money. If I did, the temptation would be there to spend it, so I chose not to have access to either of those temptations. [Pukeko]

I had to ring up the finance company and ask them to not let me have any more access to money, or get any loans, and definitely to

stop sending me any pamphlets. It was the only way that I could manage to not get money to gamble. [Karuhiruhi]

Whānau support

Whānau played a significant role in helping some women to give up gambling, many of them saying that they had been challenged by whānau, partners or children to give it up.

I just threw myself more into my addiction up until I went into treatment. All my worse stuff, all my illegal stuff, sent my mum to the wall, she had enough and she told me in no uncertain terms, that I was a compulsive and pathological gambler and it had to stop and it wasn't up for discussion. [Tieke]

My mother gave me an ultimatum: give up gambling or leave home. She had been helping me out on her benefit for too long and she had enough. I didn't want to leave home so I chucked it in. [Takahe]

Three of the women stated that whānau provided physical and emotional support by accompanying them to their first session with a gambling support group.

Having my husband with me the first time I went to my support group was very supportive. It was good to not feel so alone, it was great because he stayed with me until it finished. [Tieke]

I made my partner take me to counselling so that I couldn't go to the machines. If I was going to slip it would have been in that time.

That worked, you know, the GA meetings were all in town and the thought of me, going to the city all by myself, and so close to the casino or pokie venue, all those possibilities, that could happen and me going back to gamble. [Takahe]

Support from partners helped two of the women to remain gamble free, saying that having an empathetic ear to turn to and share personal and work-related concerns was preferable to running away to pokie venues. They also said that attending effective communication classes had helped them to talk more constructively with partners, and that they believed communication skills were important in gaining whānau support. However, one of the women said that she needed her partner not to gamble either.

I know that if I did not have a partner my gambling would be chronic. Having someone to talk to about your everyday happenings is good. So, having my [partner] to chat to about stuff

that goes wrong, at work, or with anything, in my life, was very helpful. So, yeah, I say don't go it alone, and look for a nice supportive partner. [Tui]

My gambling only turned to custard when I ended relationships. You get this sense of security when you have got a partner and that helps to stop the gambling. [Toutouwai]

Mutual support structures between whānau gamblers and the women gamblers were often put in place with the aim of helping each other when gambling became problematic.

You have to have a support group. We had a big group of us, all whānau, and we realised that we all had a problem with our gambling. There was eight, maybe nine of us, and we banked \$10 a week into an account that we set up, and the rule was, if anyone gambled they had to pay a fine of \$100, and this was paid into the bank account that we set up [Takapu]

My cousin she was my support person, I could talk to her about all of my problems with work, home just everything really. I was there for her too, because she was a regular too. Yep, it certainly worked for us. [Tui]

Listening to and accepting whānau members' perceptions helped one woman to reflect on her progress in reducing her gambling.

My family has all told me that I am a gambler-holic, and that has made me rethink about my gambling. I think that was a significant reason why I reduced my gambling. For me to say today to my whānau that I am not as bad as I was before; that if I did not get my fix on time I would [not] be hanging out to go to the pokies, is for me a big step forward. [Titi]

But I think the most influential people who helped to me stop gambling was my children. I had to finally get honest with them and admit that I had a problem. Our kids, they think we are stupid, actually dick-heads, for gambling. They think the same with our smoking. [Takahe]

Two of the women said they could stop 'cold turkey'. That is, they stopped gambling altogether, without any reduction in their habit first. This involved planning, preparation and support from others, especially whānau.

I went cold turkey two years after I started gambling. My sister and I made a pact to help each other by not gambling for 12 months. If we got the urge to gamble we would ring each other up and talk it

over. That was very important when weak moments occurred and just knowing that I had that instant support from my sister helped me a lot. After the 12 months we both gave up. [Karearea]

Self-motivated

Some of the women overcame powerful addictions, such as smoking, drinking or marijuana to get money to gamble. Managing to give up these powerful addictions, in turn, then helped two of the women to give up gambling.

I was able to give up my smoking so I could have the money to gamble. My smoking was very powerful at the time; and even though I have taken up smoking again, it has given me the insight that if I can give up gambling, I can also start looking at my smoking, again. Who knows? [Korora]

Alcohol and smokes they were my friends and I gave them both up so that I could have all my money for my gambling habit. I believe that's what helped me to give up my gambling was being able to give up my other addictions. [Tieke]

My dope was my world; it was all that I had lived for up until I lost it with gambling. But you know I gave up my dope and I really loved it, all to gamble, so why not the same with my gambling. [Miromiro]

Finding alternatives to gambling

A number of women talked about needing to find alternative behaviour to replace the time and effort put into gambling.

Three of the women said that they needed to find something to occupy their time and that doing jobs that involved their hands was helpful in their efforts to stop gambling. Doing domestic duties inside and outside their homes was also helpful when their withdrawal symptoms manifested themselves physically.

My whānau knew when I was going through the giving up game – my gardens and house were so damned squeaky clean. It was a dead give-away, but it worked for me. [Titi]

I went crazy with the chainsaw and chopped all the trees down. There wasn't a bloody tree left while I was going through my withdrawals. I know [Partner] thought I was mad. But I didn't care, it was keeping me away from the pokies and my hands were occupied. [Torea]

I painted my mum's house from top to bottom and it just felt the bomb. I could look back, see nice bright walls, and that made me feel really pleased with me. ...That really was the trick, you know, keeping my hands busy and it did help me to overcome my triggers.
[Karuhiruhi]

Some of the women doodled or did art work to help them to alleviate boredom and loneliness.

When I got restless and agitated I drew the machines in my spare time; it was the only thing that I could do to keep my mind off going to the pokies... [Karearea]

Some of my art work at the end of my withdrawal stages was horrific. It was so black and ugly and looked like it had been done by a mad woman. [Titi]

Friendship support

Four of the women said that they organised their household budgets first and then gave over cards to friends. Some of the women said friends who were empathetic, good humoured and strong willed were considered more effective to assist them with money management. Another woman said that she had to use extreme measures to ensure that access was near impossible.

I brought my kai, paid my bills, and kept \$20.00 for my gambling and then gave my card to [friend]. It was the only way I could make sure that my kids had kai on the table. [Matuhi]

*She understood what I was going through and knew it was bloody hard. [Friend] lived out in the country. I had no car, so that was one sure way of not getting access to my card. She was one strong cookie who didn't have a problem with telling me to f...off!
[Pukeko]*

You need strong friends to help you during and after the withdrawal times. My mate held onto my money card and that was so hard for me, not having any money to gamble. [Korora]

You need lots of mates or someone to laugh with and hold onto your money card. It can be hard going; but it certainly tests true friendship, I know my gambling did, and it was the hardest challenge for me. I had to work hard at times to not hate my friend for not giving me my card. The more times she said no, the easier it got for me. The neat thing about it was she didn't give me a sermon - just held onto the card. [Karearea]

Friends were asked to organise social outings away from social venues that had pokie machines for four of the women and work colleagues were important in monitoring the behaviour during and after work for two of the four women.

The thing I loved the most about my friends was all of our social outings were away from the pokie machines. It was the best support ever, not being close to those addictive sounds. I needed that support to help me over those hard times. [Korora]

My mates we go drinking at the bowls club because there are no machines there, yet! The RSA where there are heaps of machines. It meant a lot to me, even Valentines we saw the specials for \$19.95 but my mates picked the bowling club. [Tete]

I was lucky my workmates helped me by not including me in their gambling ring during our breaks. One of the women had a mum who was giving up gambling, she was very supportive. [Karearea]

Three of the women who lost their relationships reported that they chose friends who had a good sense of humour as well as good listening skills.

My mates were there for me when the relationship ended. They were great supports and it didn't matter what time of the day or night, I could ring them and they would listen to me. Plus, they rung me every day, got me involved with fundraising for their waka ama champs. [Toutouwai]

Spiritual support

Some of the women said that Māori models and practices such as karakia, and mirimiri, provided in a Māori environment was a key component in facilitating their healing and well-being which helped to reduce gambling.

It was awesome having access to kaumatua at the [Māori Service Provider], the karakia at the beginning and end of the session just gave me strength to carry on not gambling. I go and have mirimiri which was really good. But I know that it would have to be ongoing, say, once a week, until I got back on track. [Koekoea]

[Māori Service Provider] has taken me to have some reiki (Massage) and that was really good. I found it to be quite spiritual, to, and it made me think about other things before gambling. [Karearea]

Another recommendation was to seek spiritual support from tohunga for some of the women. One woman said that she was challenged by her partner, however, it resulted in a positive experience.

Yes, karakia. I pray every day and I thank god every time I have a gamble free day or I ask him to help me to be strong. I have not been to see a priest but I have been to a tohunga and that helped me. [Koekoea]

Once upon a time we had our own counsellors such as kaumātua, tohunga to talk to. I don't think that this is always possible for Māori because some of the regular gamblers are kaumātua as well. [Kotuku]

I wouldn't have got to where I was if my partner had not insisted that I go and get blessed from [Tohunga]. It helped put me back on track and gave me a sense of peace. [Parera]

Summary

A psychological process engaged in by some women as they tried to withdraw from gambling included revisiting childhood values. Other strategies included going 'cold turkey' with the help of whānau, gambling venue staff or friends. A more spiritual approach involved mirimiri and seeking help from ancestors. Some found alternative activities, such as housework or doodling. While some of the women overcame other powerful addictions to get money to gamble, this behaviour then helped one of the women to give up gambling. Self-monitoring and avoiding the vicinity of pokie machines enabled some women to take control of their gambling. Spiritual support was another effective coping strategy as well.

Nga Hoe – Helpful Strategies

Most of the women reported that they had been able to put strategies in place to stop or reduce the gambling behaviour.

Sharing the experience

Support groups provided the opportunity for five of the women to share information with other Māori women gamblers and this helped dispel some apprehensions. One of the women deliberately refrained from telling her case officer she was attending counselling in case she failed herself.

These two other woman introduced themselves, and it was a big blast for me, because I thought, 'Oh f—k, I am not the only one going through this'. I know that I am not the only problem gambler person out there, I know that other Māori women can stand up and say that they have done wrong due to their gambling addiction. In our group it was a buzz so it helped me to go back again. I had

CYPS up my arse about getting counselling. I never told them what I was doing. I never even told them that I had barred myself from the casino, because, you know, I didn't want to have to prove it to anyone else but myself. So I kept on with the group. [Miromiro]

Culture and identity

Attending and participating in a Māori woman's support group and a Taha Māori programme was an empowering experience for five women and something they wanted to recommend to other gamblers.

I would like to get them involved with, say, harakeke [flax work] or something that can detract [distract] from what is going on with them at that particular moment. [Tieke]

It is about feeling totally valued: That is what I feel our group is all about. This is the second class that I have attended and I can see my own growth.

Self-barring from venues

Some of the women said that they initiated self-barring practices to help stop their gambling behaviour. 'Self-barring' meant approaching gaming venue operators and asking to have their name registered so that they would be barred from entering the gaming premises. Three women reported that the first time they attempted to self-bar there were no staff available at the casino. One of the women continued to gamble until she saw a staff member, while the other actively sought out a manager to help her fill out the necessary documentation to have herself barred. The women described self-barring as a physical and personal loss.

So I barred myself from the casino; the hardest thing that I have ever done. It's like cutting ties with your best friend or your family. That was the only life I knew for the past 5 years. Gambling in the casino; that was the only life I knew, and it was terrible, but at that time I never thought about anything else. [Miromiro]

It was the hardest thing I have ever done, but I knew that I had to do it to save my relationship and respect from my kids. [Torea]

Practical solutions

The women mentioned a range of practical solutions to help reduce their urge to gamble. These included learning skills that involved Māori art or being involved with a community project.

Some women (4) formed a support group with other problem gamblers to help when withdrawals were difficult. Two of the women said stopping arose from participating and sharing their experiences with other women after they attended a Māori women's support group. Consequently, they were then able to revisit values about the negative aspects of gambling, as well as remembering family mores set down by their whānau as children.

I listened to the other women sharing their stories in the support group about their childhood and. It made me think about my Kuia. She was a strong influence in my childhood; and her teachings about gambling being immoral. I told my gambling mates about my Nan teaching me how to save my pocket money; to buy things. I can still remember my squirrel money box with the old Post Office. A lot of the young ones laughed, but the older women remembered the squirrel accounts. I know that my gambling was never part of my whānau background and I had allowed my partner's whānau and my friends to influence me. [Karuhiruhi]

I can't quite put my finger on when it all began to make sense; or rather I had come to my senses and stop my gambling. I think it was going to the support group and hearing the facilitators talking about the gambling on the marae. I could see my Nan working her butt off for the marae and [church]. That really was a wake up call for me. My Nan's korero it had all been wasted. [Korora]

Another two women kept themselves occupied by providing physical or emotional support to rangatahi and the elderly. Another helpful strategy reported by two of the Māori women was to involve themselves in whānau business ventures.

When I am in hospital I got to spend some really neat time with the oldies. Like I said before, you have to want to laugh with the oldies. I have met some really lovely old codgers. Share your kai with them; take them outside for a walk in the wheelchairs. It only takes a little bit of time to help them overcome some of their fears. Those hospitals are not the greatest places to be. I know that more than anyone else I know. [Kea]

I have this easy approach with helping my nephews and nieces with all sorts of problems. They come and talk to me about their relationship problems, and that is cool. Maybe that is where I can give some help. I like working with street kids and the unemployed. Yeah, I reckon it is all about using your down time to help others. [Pukeko]

The more involved you are with other interests, like being more involved with your whānau and helping your husband, you won't be tempted to go and gamble. This is what's helped me, so it may

be helpful for other Māori wāhine. I help my husband out with his contract work or mow the lawns. It all helps to keep our whānau unit tight. [Tete]

Practical solutions to help with emotional and physical withdrawal symptoms for some of the women included avoiding socialising in premises that had machines. Often the noise from the machines would precipitate a physical reaction from the women to go and play on the pokie machines. Some said that leaving social venues that had pokies was an effective strategy or they would take alternative routes home to avoid pubs.

I can't describe the excitement that I get when I hear those damned machines. I tell you it is the most haunting, ringing, obnoxious tune out, but I can't stop myself. I just have to leave or else I will weaken. Sad but true. [Korora]

I had to get my partner to drive us home the long way. You see, I just couldn't stop myself from wanting to go in to the pub. We went the long way home to avoid the pubs. I know it's mad but even if I saw the pub I would be hanging out for the sound of the pokies. [Torea]

Avoiding or absenting themselves from gambling whānau members who were not always very helpful with supporting them to stop gambling was reported by some of the women. For example, three women reported that they had to absent themselves from social outings with whānau members who gambled.

Look I just have to stay away from my [sisters] because our time out together, always involved gambling. I really miss their company, but I can't afford to gamble because I know that I won't stop. So I don't go and that's hard for me because I do miss them. [Korora]

I just can't go there anymore with whānau. It is just too hard; so my husband and I don't socialise with whānau: we go it alone. It is hard for me because most of them have been my mates since school. [Tieke]

Two women reported that they were scared into reducing their gambling expenditure or giving over control of finances to their partners by realising that their own gambling behaviour was mirrored by that of their gambling whānau or friends. Effects described by the women were loss of chattels, physical abuse and suicidal thoughts.

I have to say that my wake up call really came when [Cousin] came to me to ask for financial help to pay off her car payments. She had got so far behind and repossession was the next stop. I saw myself in my cousin and I was heading to the repossesses, fast! I left the pokies and I, asked [Partner] to take over all our finances and he had to only give me \$20. [Tui]

I drove my mate to see [Gambling Counsellor], she had got herself into a lot of financial strife and was suicidal. She was scared, she had hocked a lot of things off and hocked the house up. But her hiding, from her husband, it was just awful, her face was blue. I think that is what frightened me; sitting in that waiting room I had time to think about seeing the lengths that my mate went to, to feed her habit and the impacts of her gambling debts. I think that is what really frightened me; I could have been looking at myself. [Tieke]

Professional help

Ten of the twenty women mentioned that they sought help for their gambling problem from gambling specialists who dealt with addiction, or attended weekly group programmes and the remaining seven attended a gambling support group for Māori women.

Some of the women said that gambling services that were easy to access, had available staff and ongoing services were considered more helpful especially for women who needed more specialist support.

I am a total addict. I am so chronic, my mum is a chronic gambler, and not even my criminal charges will stop me from gambling. I know that something is going to happen to me it is like a threat and I know that I will have to give up or go inside. I am seeing a psychologist at the moment to try and help me. But, I am just so indulged, addicted or hooked into gambling. [Miromiro]

Part of my recovery programme down [Māori Organisation], was for me to get a counsellor to help me to continue to work on my historical issues. I worked on relapse triggers and tools. So I know today what can trigger an urge to gamble. I know to look for a feeling if an urge comes up, and to deal with that feeling, and work through that urge. It's ongoing and it has to be from a specialist or a psychologist. [Tieke]

In one instance, a family doctor referred one of the women to a psychologist to assist her with learning how to cope with stress, rather than relieving it by finding solace in gambling.

My oldest daughter was beaten badly by her ex-partner. It started in July; all the troubles with my big girl. Now, we are going through the Court process, and two weeks before that, he came back into our lives and the abuse was just ongoing. I knew that if I didn't get some help, I would go back to gambling. I talked to my doctor and he has put me under the care of a psychologist. She is helping me to cope with the stresses around my daughter and the abuse. But I have not gambled, although the need to gamble has been really strong, but I haven't. That is helping me to cope and for the first time ever, I have not turned to gambling. [Karearea]

Seven women reported contacting Gamblers Anonymous (GA) for help. Four of them went on to engage with service providers in order to get help and access information about their gambling addictions. Some women said that counsellors need to be well qualified, and provide interventions that include the women's reality and not from a text book.

The gambling counsellor said to me, from what she had heard, [it] was more like that I was having a love affair with the machine. Actually, it opened up quite a lot for [husband] and I around our relationship. So, I mean, that was where our split was actually good for the both of us, because when we split up, I didn't want to gamble as well. I wasn't gambling, trying to be quite independent, and all the rest of it. Because that is what was happening. As well, now, I can look at my gambling and see [it] as my relaxation time. But back before our split, it was about getting away from [husband]. [Tui]

I want a counsellor Māori or Pakeha to have all the information about my addiction with the machines. First, you have to look at the complexities of the relationship between the gambler and the machine. It does not matter if it is at the casino, pub, at home or on the internet. It seems to be different to drinking, and it is a very hard thing to keep away from. [Toutouwai]

Social supports

Some women who had ongoing dilemmas with giving up or reducing gambling said that they had to choose intellectual friendship groups or engage in challenging physical activities. Engaging in such activities helped one woman to modify her thought patterns so that the pull to go and beat the machine was no longer triggered.

For me, it was having contact with people who could keep me intellectually stimulated at least twice a week to help me not

gamble. I needed to have something like that to take my mind off the pokies. [Korora]

I joined a triathlon team and instead of starting at the bottom I went straight to the 'high' group. I set myself an aim to fast track my fitness level to be part of the team. This helped me big time. I think there is a bit of a mental thing going on in your head about beating the machines, the systems, beating the enemy. If that cycling team had not been in place for me or I can't be with friends who don't stimulate me because there is fulfillment for me, then I will crash. Every hill that I have to climb was one way of achieving not gambling. [Toutouwai]

Some women said that they organised social activities with whānau members who were also attempting to give up gambling. Social activities ranged from regular outings to movies and helping organise fundraising initiatives for sports club.

I got involved with my sister's waka ama team and had a bit of a run myself. It certainly has helped me being with her and doing something different and helps the kids. [Pukeko]

Me and my sisters helped each other by going to the movies. We had our \$20 for a kai, beer after the movies ... [Korora]

Summary

Processes used by the women included whānau, friends and professionals. Some had to learn to resist pressure from whānau who gambled. Others changed as they realised what effects gambling was having on their lives. Whānau support helped some women to stop or modify their gambling behaviour. Half of the women sought professional help for gambling, with most preferring a Māori women's support group. Such a group overcame the problems caused when the services they accessed were provided by non-Māori. They found cultural discrepancies experienced with other groups hard to overcome, sometimes abandoning counselling and returning to gambling. Learning more about the addiction involved in gambling and then bettering themselves through education helped some to move away from gambling. Immediate help interventions or seeking out appropriate social support systems were identified by the women as being essential.

Ineffective Support

There were some strategies tried which caused some concerns and often worked against some of the women.

Unhelpful whānau support

Two of the women reported that often asking partners or whānau to share the responsibility for resisting the urge to gamble failed. For example, one woman who had agreed with her gambling partner that they would ask each other for permission to gamble found she now had responsibility not only for resisting gambling for herself, but for her partner. The other woman failed in her attempts to socialise with gambling whānau members in an environment that had easy access to pokie machines. In both cases whānau each finished up sanctioning the other's gambling.

We had this certain look between us, and this one time I had convinced [partner] to stop into the casino even though we had said that we wouldn't. It was going to be our last time. But we both weakened and we gave the other person permission to gamble. [Takahe]

Me and my sisters we said no more pokies, and started going to the movies once a fortnight, then off to the casino for a cheap meal. But, you hear the old 'bling bling' [music from pokie machine], we would look at each other and sure as eggs, we would start playing on the pokies. I tell you we were as bad as each other. [Korora]

Most of the Māori women and some of their whānau who had been vulnerable to alcohol and drugs learnt to avoid them.

Barriers to gambling services

Some of the women considered a number of barriers that hindered their attempts to stop gambling. These included not having instant access to gambling counsellors or transport to regularly attend and some services did not reflect Māori culture.

I tried to give up gambling, attending one-on-one counselling - rung the Problem Gambling Helpline. But half the time I never got through to them when I really needed them. I know that sounds selfish, but sometimes when you need... you know, when I am walking past the [pokie venue], and if I have got my cell phone, I will ring up, but then they say, 'ring back because there is no-one

available to answer your call', and by then I am walking into the establishment. So I just don't bother with them anymore. [Miromiro]

I have been to Gamblers Anonymous in the city, but I did not go too often because sometimes I did not have the bus fare. I am not being horrible or anything but they were very Pakehafied. I found that I could not be myself. [Karearea]

Other barriers included filling out a number of forms and feeling discriminated against because of poor literacy skills dominated the session before intervention commenced. Most of the women in these situations said that counsellors should prioritise overcoming significant emotional concerns such as financial or relationship distress, clarify whether the information on the forms was relevant or easily understood and then attend to administration tasks.

You can go in for counselling and you got to fill out the SOGs form to check out what type of gambling caused you harm, and all of that. You know, you're feeling like shit: Who the hell wants to be taken through that process? If I had not been forced to attend counselling, I would have walked out. I got this sense that all I was to this woman was a statistic and a payment voucher. [Toutouwai]

First, they make an assumption that you can read or understand the all the information they need on that form they use – why all that paper work before the session commences? Why not after they have helped us get some help. I want, like budget advice or something to help relieve my stress levels. It sucks! [Miromiro]

I contacted the [Gambling Organisation] and was given the name of a counsellor. I went to see them and I was talking more about my family situation and all I really wanted was for someone to help me address my financial difficulties. [Karearea]

Another barrier described by three women was their unhelpful experience with non-Māori male counsellors who did not realise that reducing the gambling was more realistic than total abstinence. One woman felt that the counsellor did not understand or care about her feelings and how difficult it can be for someone to stop gambling.

...So, yeah, he could not understand where I was coming from. He just couldn't understand that I couldn't not just click off and cut the ties from gambling. That is how I felt treated by him, plus he was completely all about abstinence. But mine was that I wanted to carry on gambling, but I wanted something to help me not gamble as much, so that really pissed me off. [Pukeko]

The Pakeha male counsellor [name of counsellor]; he was the first one I went to see. I was at my lowest and although he listened to my bullshit; I got this sense that he just wanted me to go away. I gave up on the counselling for a year; then I got stuck in the mud again and I tried again, got some phone counselling. The problem with me was that I only rung them after I had a bad bash at the pokies; if I lost. But you know when you're being listened to and I can say he didn't really listen because it was all about stopping. I tried telling him that it was too hard, to give up. [Miromiro]

Participants reported that another way in which non-Māori provider services did not work for them was treating the problem medically. Some doctors were not aware of appropriate gambling help services in their regions, but the Māori women considered administering medication unhelpful.

When are those bald-heads gonna get it right! What made me mad was that negative talk about the labels for problem gamblers. Why does it have to be like that? I never went back for my next session – do you blame me? [Pukeko]

I didn't want to be tagged with 'compulsive or pathological gambler'. We already know that we are not you're usual gamblers, don't need it forced down our throats. I got pissed off and walked. [Titi]

Look, what good is medication for stopping the gambling behaviour? It doesn't work; makes you feel like shit, and how effective is that for wanting to stop? It makes me vomit and want to gamble more. I told the counsellor that the medication was crap, but I think at times it is easier to give us a pill to shut us up. [Karearea]

I told my doctor to get stuffed and walked out, what good is a pill going to do for me? For me, it was a quick fix to a life time problem. [Parera]

Summary

Women who turned to their whānau members for help found them unable to help if they were gamblers themselves. Some found that they could not get instant access for help from gambling counsellors and others found travelling to the counselling venue difficult. Procedures at counselling services were considered over complex with paper-work preceding counselling. Male gambling counsellors were believed not to be able to understand gambling behaviour from the women's viewpoint. They also failed to be realistic in setting goals, advocating total

abstinence rather than reduction as a first step. Finally, viewing the problem as medical and prescribing medication was not considered helpful.

Advice to Sustain Change for Māori Women

The women were asked for advice that they would like to pass on to other Māori women problem gamblers, whānau members and gambling service providers. The following information describes a range of personal strengths and support to further help Māori women who wish to sustain change on their journey toward reduction in gambling or total abstinence.

For Māori Women Gamblers

Self-empowerment

Most of the women said that Māori women need to learn how to value themselves and defy the expectations of others, particularly whānau members who chose to keep their gambling in the 'closet'. Only a few said that their whānau understood the reasons behind their gambling and others said that they were no longer uncomfortable about telling people they were recovering addicts or learn how to accept themselves.

Overcoming stigma of gambling

Some of the women said that gambling needs to be put into context particularly regarding the marginalised position of Māori women to reduce gambling related harm. These included overcoming feelings of shame, acknowledging that the process for healing takes time and with supportive people and the timing needs to be right.

Some of the things that I found worked for me was, that, I will always, always, say to Māori women, 'don't be ashamed and don't take on board all of the shame and guilt of your gambling'. [Miromiro]

We Māori women are always at the bottom of the heap, got to keep that in mind about why we gamble... [Korora]

You know there's nothing like the old stigma to keep you away down, don't let those cynics get you down. [Titi]

Accepting healing takes time

Taking personal responsibility for deciding to stop gambling or even changing to suit others was not advised. Others suggested that changing behaviour takes time and is more effective with support systems either from whānau or friends, particularly with money management.

In the end, it has to be the women's choice to stop. Nobody is going to listen to someone else telling you that it's wrong to gamble: That would just make me do it more. So I'm not going to tell them to do something that I wouldn't do myself. [Tui]

I wouldn't want to push the issue too much. Nobody wants to be told that they have a problem; they already know that. You just don't know how to deal with it at the time, I guess. I don't know if I was given stuff when I first started I would not have taken any notice. I wouldn't have thought that I needed help. So I guess it is up the individual because you can't do it just because someone else tells you, you need it. You are not going to listen to anybody only yourself, does that make sense. [Koekoea]

I would recommend that they talk to somebody; to be honest and not expect that it is going to stop just like that. Stopping gambling is not instant. [Karearea]

...But I would like to say to the woman as long as you have only one candle burning there is hope it just takes time and being with safe whānau or friends. [Titi]

It's about being valued and overcoming your fears, accepted for who you are, being in the right space and time when you need to start your journey to heal. [Tieke]

Gambling and wealth

Some of the women reported that they were given insights about the misconception of increasing their wealth after attending a workshop on financial management. A small number said that this view reinforced the need for them to be educated and to then provide a better life for their children. Undertaking tertiary studies to improve their current economic positions was also considered more helpful.

The information about the short term benefits of gambling really opened up my eyes. That course on money managements was awesome. You know; I could have owned my own bloody home with the money that went in those machines; yeah right! [Titi]

I say to Māori women we need to be more proactive. We have to get out there and get educated. Get the qualifications, get a job and look for a better future for our kids. [Tieke]

I am open to improving my life and lifestyle. I am open, and I take on any new suggestions. So when the time comes, I can start doing some papers after my parenting programme and make life better for my children. That helps me even more. [Miromiro]

Job satisfaction was considered an effective alternative by some Māori women who were dissatisfied with their current employment in order to overcome boredom and find a better life.

I have got a shit of a job at the moment. My life is crappy and being bankrupt is not helping. I am looking for a better job that can keep me interested and not bored. That is what I believe Māori women need to be involved in, get a job that you like. [Karuhiruhi]

When one woman was made bankrupt due to her gambling she decided to access funding to assist with tertiary studies to improve her current situation.

I did my course for one year - had to declare myself bankrupt and am unable to get a student loan to pay my course fees. I have tried to look for other avenues for funding, but there is nothing out there for people like me. Don't set yourself up to get depressed about not being able to better yourself. Check out what your Iwi or Runanga has available for tertiary studies: It only takes a phone call to the Trust Board or whānau. [Toutouwai]

Avoiding substance abuse

Some of the women said that they had to stop gambling because for them their alcohol and drug misuse was closely associated with gambling on the pokie machines.

I can't go near a pub because gambling and alcohol are linked so badly. So I just don't go to the pub. It's not easy but you can't do one without the other. But that alcohol; it's a biggie for me because I know gambling is where it will lead to. [Tieke]

Education

Education refers to seeking out alternative practices, using new learning processes and then making choices to change behaviour so that the women could experience a sense of achievement.

Understanding how pokies work

There were a number of women who said that they were captivated by the brightness and flashiness of the graphics on the machines that were cleverly designed to draw them to gamble more. Two of the women attended a workshop provided by a national gambling training organisation and they learnt more about how the pokies are programmed to pay out less than what they put in. Teaching themselves how to leave when the machines paid out small wins helped some of the women who did not want to stop gambling.

That workshop taught me so much about how silly I was to think that I could beat a machine. You just have to be strong and not let those pretty pictures lure you in. [Korimako]

You gotta pull out your small wins, don't let those credits get the better of you cause you know that the only one that is gonna get rich is the pokie owner, definitely not you. [Tieke]

Understanding triggers to gamble

Most of the women, who attended a Māori woman's support group and non-Māori gambling services, claimed that awareness about how to identify and resist helped reduce or prevent urges to gamble.

It wasn't until I started these classes with [programme] that I began to look at my gambling to relieve my stress from living with an abusive mongrel. Having the women to ring up and walk me through not getting caught up in all that crap, and running back to the pokies, was the greatest support. [Koekoea]

I never would have put my gambling down to grief or losing my partner. That was good to learn about what set me off and why I wanna head back to the pokie machines. I really hadn't got over my partner leaving. [Miromiro]

They [non-Māori support group] said that the highest reason for relapse is relationship issues. For me, the only time I feel the urge to gamble is when I am at my angriest point, in an argument with my husband. [Tieke]

Overcoming seductive advertising/perks

A large number of the women said that social support was essential to assist the women resist the seduction that gambling had previously provided.

The best ever advice I can give to Māori women is to rip up the pamphlets when they arrive in your mailbox. They end up being like the rubbish we get in our mailboxes every day. [Tieki]

I know it's hard when you're trying to give up and this lovely card arrives and inside is the voucher. Just let it go or get your kids to clear the mail. Just be strong because it is hard. [Miromiro]

Ask your kids to send you a birthday card, those buggers in the casino know how to get to you, for sure. Those cars, they get you all pumped up. Guess what you're never gonna get it from the casino. Just don't go there. [Karearea]

Re-establishing previous activities such as sports and strengthening old friendships with other women, helping with fundraising activities, and learning to rip up promotional brochures was reported by most of the women.

Get involved with sports or help out where you can. My kids have got me into waka ama; it's close and not expensive. [Titi]

Re-establish your friendship groups especially with friends that don't gamble, go for a coffee or something that doesn't involve a lot of money. Māori women need lots of friendship groups. [Parera]

A few women said that Māori women need to check out how to access social supports in their region and discouraged attempting to deal with gambling on their own.

I told my counsellor that there is a lack of social support for gamblers out here in [region], and for me that's why I turned to gambling. So I say to the women go look for some social support in your own community or ask whānau. Just don't try and think that you can stop gambling on your own. Because you can't! [Karearea]

You need a not a lot of encouragement from others to support you to stop gambling. Don't set yourselves up to fail, you can't do it alone. [Korora]

Tertiary studies

Some women found education helped them to re-focus themselves around goals, up-skilling and behavioural change.

I'm enrolled at [Māori counselling programme], and those are my goals, to up-skill myself and help establish my own support group to work effectively with Māori women and their whānau. [Tieke]

It's the only way to help our whānau and then set up our own programmes for Māori by Māori women problem gamblers.
[Tieke]

Doing self-checks, focusing on the reasons for gambling and taking responsibility for personal shortcomings helped one woman to understand her motivation to gamble.

Every now and again I do a self-check on myself, and look at my gambling, because it is quite interesting. Because one night, I was really angry with [partner], like, ropeable. He had gone away for the weekend and we had not sorted out something that we had discussed the night before. So I got \$50 out of my wallet and went gambling. It was very interesting, because the next day I went out with a friend, and we were talking about it, and I was able to identify when it changes from having a tutu [small fling] to gambling, and it was like, Friday night was around gambling, because I was doing it for a different reason, because I was angry with him. So when [partner] got home, he got it. But in the end, it really was something that I should have left him to do and let him be responsible. [Tui]

Self Care

Some of the women said that they found alternative sources of enjoyment instead of gambling. Committing to a programme to reduce gambling harm was seen as a sense of achievement for the women. Another rewarding and empowering experience, especially for women who were generally considered by whānau and friends as 'bad', was assisting others such as elderly patients in hospitals and at risk youth. One found her experience so rewarding that she now has a long term goal to establish a creative, holistic healing centre for Māori women.

Self esteem

At the moment I have been attending this gambling group every Thursday and it is amazing. I never ever finished a course or anything til I went to this course. It has made me feel real good okay about myself. [Miromiro]

Other alternatives mentioned included time out away from venues that had pokie machines; providing rewards for not gambling was also advised by most of the women.

You have to make time for you, it's really important. Looking after the kids on your own can get hard. So find time, for just you and no one else, otherwise you will crack and want to gamble. [Matuhi]

Time out is the best ever for you – you deserve it, and more importantly, you're owed it. Housework and childcare is a full time job and you deserve to treat yourself. Just be careful where you go. Try not to go to movies that are close to the casino. [Korora]

Treats

You have to learn to spend money on yourself, and treat yourself, instead of spending it on the machines. I buy myself kina and oysters, and my next pay will be some perfume. The last time I brought myself some perfume was about five or six years ago. [Kea]

Go out and pamper yourselves; get facials, and if you can't afford it, seek out where you can get mirimiri for free. We Māori women got to learn that we are worthy of being pampered. [Karearea]

Māoritanga

Strengthening identity

Most of the women who attended Māori help services said that being exposed to cultural and tikanga practices then opened the door for them to further their learning at tertiary institutions or they participated in wananga on their marae.

I was given some information about the te reo Māori and tikanga lessons at the Polytechnic from one of the facilitator. That programme has certainly opened up my eyes to looking ahead. I'm really excited. [Karuhiruhi]

Māori women and whānau who were disconnected from their iwi said that they asked for help from tūpuna (ancestors). Another woman said that reconnecting with her Māori identity gave her a renewed sense of her identity and becoming a better mother for her children who are in care.

During my mirimiri I was relaxed, felt safe and slipped into this really lovely place. I thought about the teaching from the kaumatua kuia about asking my tupuna or whānau members for help. Wow, I had never done that before. [Karearea]

The visit to the clinic on the marae was just awesome; I just wanted to cry all that awhi and being part of Māoritanga it blew me away. I don't think I will ever forget it. Right now, since I have been charged, I feel for me children in care. But you know I am

going to be a better parent and take my kids back to the marae.
[Miromiro]

It's a slow, hard process, but I think that having my ancestors and deceased whānau members alongside of me, has helped me for sure, especially when I start to slip. [Parera]

I didn't even know who my iwi or tribe was, couldn't speak the reo and well it made me think about how lost I was. The kaiako at the marae are awesome support people. I have learnt so much by going back to my marae. [Toutouwai]

Māori art as a healing strategy

One woman said that her long term goal is to establish a creative, holistic healing centre for Māori women to heal through their artwork.

I am going to have a whare, like a little Kura [school]. Let the woman heal with art therapy It has worked for me and I believe it can work. It is about feeling your way in a relaxed environment.
[Titi]

I think it is also about utilising the resources that the Māori community health workers have access to. For instance one of the workers gave us a mirimiri [massage] and that was really great. So it can be a two way learning thing because we share our stories with them and that is how come we ended up doing the hikoi up the mountain. [Koekoea]

Help systems

Specialist support

Accessing specialist support was suggested by most of the women to help deal with unresolved issues in relationships.

You just got to be real and tell yourself that you gotta fix up all the crap with you first. All those internal hurts got to be healed first; if you don't start; you're stuffed. [Tieke]

We all know that gambling is only the surface of the problem. It is the other shit that is going on with you that is causing the problem.
[Tete]

Whānau

More Māori women need to learn to be more assertive or empower themselves to ask for help from partners with childcare responsibilities and financial support.

You got to teach partners to be more helpful with looking after the kids and not spending all the money in the pub and being control freaks. [Karearea]

Don't be afraid to ask your whānau for help with looking after the kids. If I had of asked instead of leaving them all on their own, I wouldn't be in the shit that I am in now. [Matuhi]

Taking a more active role with whānau and avoiding unhelpful whānau members was also advised.

Like me, I thought that it was all about giving my kids and family money or presents, and they would be happy chappies. Everyone is happy. But the little things, like spending time with family, cooking the dinner for the family, sitting there talking or watching television. Just being with the family becomes more important and fulfilling and it is not until you try it that you will understand. [Miromiro]

Women were advised to seek support as they attempted to stop gambling from family, friends, fellow gamblers and work colleagues.

I think you have to find a friend who will stand by you. Find a mentor who will support you through this process of giving the gambling away. Actually the mentors must be able to relate to the gambling it's a bit like you can't con the con. Because there is a lot of conning between gamblers. [Takahe]

From my own experience all I can say is, 'Ask your supervisor to help you with your personal issues, and come clean about your addiction with the machines. Have the guts to front up and ask for some help'. [Riroriro]

Information

Financial management

Encouraging Māori women to seek help from Budget advisors to help manage their finances was the strongest advice recommended by most of the women.

I suppose, encourage them to pay their bills and to listen to the budget adviser. Only they can get you out of the crap. [Toutouwai]

I suppose, try and not get yourself into the bankruptcy courts, because you're pretty stuffed for the next few years. [Kea]

I would also encourage compulsive budgeting systems. Tear up your cards and don't let those lending moguls get to you.

Borrowing money works ... [for] them and not you. It worked for me. If you have no money you can't gamble. [Karearea]

Learning from others

Invaluable information about resources for useful information from other Māori problem gamblers and practical advice was helpful to the women when their withdrawal symptoms manifested themselves physically.

Learning how to take control of my stresses and letting go of those old familiar feelings about my finances it was an enormous help to me, relief actually. I wouldn't have been able to do that without the support of the facilitators and the other wahine in the group. [Koekoea]

One of the ladies taught me how to make those harakeke flowers, they were really hard to do and time consuming. My first ones were ugly as. But they got better, yeah they did. [Torea]

Helpful information about how to relinquish financial distress to budget advisors was another useful lesson provided by other problem gamblers. One of the woman said it also provided her with a sense of relief.

I had taken on board all of our finances, looking after the kids and instead of resenting him for not doing anything; I gave all our financial problems to the budget advisor, whew what a relief! [Koekoea]

Recognising and adopting a whānau member's perception taught one woman to reflect on her progress in reducing her own gambling.

Participating in research

Many of the women who attended support groups said they were given insights into their gambling behaviour after attending conferences or workshops with other Māori women gamblers. Some then voluntarily asked to participate in research projects, including this study.

Six of the women said that they would encourage other Māori women to participate in research projects. Some of the women mentioned the benefits of this research being a good starting point for discussion to begin or to share their experiences about Māori women's problem gambling in public forums. One woman spoke about her involvement in this research being one of reciprocity.

Also, I would encourage Māori women to write their own journey. I want to write a book to bring it out in the open. That is why I am so happy to support you in your research. The more people are aware of the problem; that will help prevent problem gambling for Māori women, I think. [Karearea]

I think it is important for me to say to other Māori wāhine, 'Share your rarurarus [problems], and get involved with research'. Just perhaps it may help someone else who is beginning to look at their gambling. You helped me and I guess I helped you too? [Kea]

In addition to participating in others' research about gambling, another woman said that she would recommend to Māori women to do their own research and develop a logo to demonstrate the physical consequences of gambling.

Do your own research about gambling... I am working on a logo to put on the machines to help with self control. The logo might put a face to it. The logo would incorporate a face with dark rings under the eyes, you know. Attractive women; you can tell when they are pokie players because of the change in their physical appearance. I see the typical traits of a pokie machine player and the physical change to their looks. I have had it happen to me: the dark rings under my own eyes. The logo would provide a not so good insight about their physical appearance and hopefully give the women a wake up call. It did for me. [Karearea]

Prioritising the needs of whānau, particularly children, was considered important advice. Support from older whānau members and not burdening their children was considered helpful.

If you have got kids, make sure that you look after them well and pay all of your household bills: then gamble. These are the main problems about the gambling. You need to look after your children, make sure that they are looked after, like, you have enough money to feed them. [Miromiro]

Childcare is a number one priority. It's not that easy for childcare; it costs too much to put them in childcare when you don't have much money. Even kōhanga [Māori pre-school] costs money, but get some advice to get you some funds. But if you don't have anywhere to take the kids, it is all about having resources. Have good supports in place. Look for kōhanga that you can afford, so that childcare duties have been taken care of. [Matuhi]

I suppose asking older whānau members for support is much better than telling your kids about your problems. I have always had people living with me in my house. Don't burden the kids with your crap; it's not their fault that their dad and me couldn't work out

our shit. They need to be just kids and enjoy their childhood. I can only tell the children so much, because they get hōhā [annoyed] with me. So, yes, whānau support is kapai [good]. [Koekoea]

They needed to take their role as a mother more importantly and not make children responsible for adult decisions, particularly around money.

Don't let the kids take over responsibility for your gambling. Ask your partner or husband to take it on. They're only kids; they didn't ask to become your financial or budget officer. [Toutouwai]

Some of the women recommended telling Māori women to overcome their discomfort with non-Māori counsellors and seek help.

I remember my first visit vividly. I was made to feel comfortable and I think it was the environment that helped. There were all this lovely bright posters on the walls. Nothing about gambling was bad on the posters: it just made you feel alright about coming for help. That is what put me off with the organisation in [region]. Who wants to go for help and see all these negative messages about gambling on the therapist's wall? You don't need to feel suffocated. [Tui]

I suppose the one word to describe my first session was lightness. The resources were nicely enclosed in a kete. This blew me away: I felt so cared for, and did not feel overwhelmed with information. The kete was very simple and had relevant information that was helpful and not daunting. I thought the counsellor went that little bit extra, and I left her office with a sense of empowerment and not feeling rat shit. I would definitely promote this woman's service to other Māori women who want help with their gambling. [Riroriro]

It is okay to go and ask for help and attend counselling. Counselling is a very foreign arena for Māori. When you talk to a counsellor you think you're crazy or you're nuts, and it is more for Tauīwi and not for Māori. The counselling was designed for white folks. But I say, 'Be open and find out what is out there for you, regardless of ethnicity'. [Tieke]

I would recommend that, even if women are in denial; try anything, even if you don't like it. Try it; even if you think it sucks... Like counselling, and all that stuff, if you don't like it, try something else. It has taken me six years and six different counsellors to find someone that I liked, trusted and that I could be open with. [Miromiro]

Another advised seeking help outside the immediate community.

... I won't go for help here in Rotorua, because I bet I will know the counsellors. I know that I need help, but for me, I have to know who the counsellors are, and I'm not that fussed about seeing a Māori counsellor because they are not discreet, and I don't really trust that they will protect me. I don't know who to ask for help. [Kea]

I would recommend that GA - it might not work for every Māori woman, but it may help some who are on the road to seeking further help; it is a good starting point. [Takahe]

Summary

Advice for Māori women included acknowledging the social pressures on Māori women, accepting them but at the same time being proud of the key role that Māori women play within whānau and society. Taking personal responsibility for stopping gambling and aiming at control was advised. New sport and community interests and finding alternative sources of enjoyment were recommended. Care with financial management was advocated. Strategies recommended to Māori women problem gamblers seeking help included not being ashamed to ask whānau for support, not imposing adult responsibility on children, consulting Tohunga, attending a Māori women's support group, being willing to consult with non-Māori counsellors and going outside their immediate community for assistance. Passing on their own experiences to help others to deal with gambling was also recommended.

Advice for whānau members

Whānau played a number of significant roles for Māori women trying to deal with problem gambling. These included listening to helpful advice about goal setting, being honest about not wanting to stop gambling, limiting what is spent on gambling.

Today I am thankful that I am gamble free. I am fortunate to have a partner who supports me to achieve my goals to stop. I never used to give him any credit for some of the knowledge or information he would share about. Now I listen to a lot of his wisdom. [Takahe]

I always was up front with my gambling with my partners. Keeping the gambling secret is, not good. Like, be honest about not wanting to stop gambling and ask for an allowance. [Korora]

I would advise Māori women to lay everything out on the table because it is kept hidden, so, it needs to be laid out, all the bills get paid first and then you got to put a limit on what is spent. Without this in place you will always be in the crap. [Karearea]

Other advice mentioned by the women was whānau based strategies to not facilitate the gambling behaviour. These included setting up whānau support systems to encourage abstinence, discourage whānau to loan money and resist peer pressure to continue gambling particularly in pokie venues.

...You got to teach your whānau about setting up pacts with partners, or other whānau gamblers who want to stop gambling. Start slow, like monthly, then weekly. Our pact with me and my sister to not gamble was for a year. [Karearea]

My whānau all know that they are not to give me access to any money, not even \$2.00. My son put this plan in action, called a hui and told my mokos 'no money for nanny'... [Riroriro]

You gotta tell your whānau that loaning or giving you money is a no go area, at the pokies. It's the easiest thing to do in the pokies, when you or the cussies win money; it's sort of taken for granted that we give each other money. We all do it. [Matuhi]

Other advice for whānau included asking whānau to monitor the behaviour and to then teach themselves to overcome non-believers' perceptions about their inability to stop gambling.

It's about telling or asking whānau members' to not sanction the gambling behaviour. If it wasn't for my partner reading those signals I would be stuffed. So, I am lucky, that I have a partner to monitor me to not gamble. Get your partner to stand for you. [Takahe]

I approached my whānau and discussed [that] borrowing money from them was not an option. They will say 'oh yeah whatever, cause they know that you're talking shit'. But, just keep at it; because your closest are gonna be the hardest to convince; because they don't think you can stop. [Karearea]

Don't let those cynics get you down; just accept that it's a life time of gambling behaviour that they have seen. Ask your hubby to get those doubting Thomases off you case. Just be strong, for you and your whānau. [Titi]

It can be the hardest ever to tell whānau not to give you money 'cause they really don't see gambling as a problem. So keep telling

them. I think there is nothing like whānau to help you out when it comes to finding solutions to help each other. [Korora]

Māori women advice to women who are sole providers was to get their partners to take responsibility for their role in the family, particularly financially, in order to lessen the likelihood of familial stress and so avoid Māori women seeking solace in the pokie venues.

More input from partners would help wahine to not want to run away to the pokie venues. It's all the resentment that builds up inside of you because you're doing everything. You're working your butt off and there's no financial support coming your way. [Karearea]

There's no maintenance coming regularly, [separated partner] says, he will pay for the kids school clothes, shoes and all the other stuff they need. It never comes, so you're always looking for that extra support. Get your man to be more responsible. [Pukeko]

They [partners] and kids need to take more responsibility in the home. It's not about the money; we all know that jobs are hard to get. But partners who are unemployed should help by doing the housework, look after the kids, and then the shit won't hit the fan. That is my advice to whānau. [Korora]

There was advice about the need for whānau to take responsibility and get professional help to give up or lessen their substance abuse. They also suggested leaving partners who did not want to change, if they wanted their family to be a strong and happy unit and provide a better future for their children.

You gotta go sort your shit out with the counsellor. It's about giving our kids a better life without all the grog, dak and the abusive behaviour we put on them. My kids saw it all, my gambling, and their dad drunk or stoned all the time. Man, if it means that you gotta live on your own, do it, 'cause there's no support coming your way anyway. [Miromiro]

I think that's what worked for me; was that we both went to counselling. Both need to hear the whole truth and nothing but the truth about the abuse we hurled at each other. None of this f.....in' half truths; and if the partner can't hear the truth, there is no relationship. [Toutouwai]

Support from whānau members to attend support groups was strongly recommended. One woman said that without support from her partner and a

whānau member she would have been easily led back to the casino or pokie venue.

I was grateful that husband was there to wait for me and bring me home. The casino and pokies are all in town and close to where the GA rooms are. I also had a cousin who was a gambler, and she was another support person for me. But I think it was more that I knew she understood me and we shared a commonality. I can only reinforce to whānau members that, without your help, the journey is very lonely and hard. [Tieke]

Summary

Partners, whānau, friends and fellow gambling friends were considered helpful support systems for those Māori women who wanted to change or stop gambling. Sanctioning the other's gambling was not helpful. Advice to not facilitate problem gambling was strongly recommended. Strategies for whānau in providing support and assistance included: limiting access to money, taking responsibility to lessen stress, lessening substance abuse and supporting attendance at a support group. Supporting whānau gamblers to seek help was also advised.

Advice for service providers

Provision of more services specifically for women and Māori was recommended.

We got to have a treatment centre for just Māori women. Something like the Taha Wairua programme or a residential centre that is run for and by Māori. I believe you need a treatment centre that helps whānau or partners to understand the gambling behaviour. If they are unwilling to attend, then the relationship is shot. [Totutouwai]

It is ... difficult because there is no help groups set up out there just yet. But if a Māori Community worker approached me, they must be aware of existing services out here [in this region]. I would like to say that, as far as Māori community health workers go, they should be looking for something along the lines of Odyssey House, with a kaupapa base and tikanga. It is a rehabilitation house where people stay, but it has to be based on Māori traditions and values. [Korimako]

Another need emphasised was that these services require adequate resources.

The funding that has been given for the wāhine support group is pathetic. How can they provide an effective service if they are given crumbs? [Tieke]

More money for the new services would be awesome. It is really hard seeing Māori providers struggling to deliver their services without the same dollars as [Mainstream Gambling Provider]. It's bloody unfair, to say the least. [Korimako]

The women said that good service provider support could be achieved only if the counsellors understood the women's motivation to gamble, and were able to offer a comprehensive range of alternative rewarding activities.

The gambling worker needs to have a check list of all the multiple impacts that gambling can have on a person's life. It's like having a shopping list when you go to the supermarket and you don't take your shopping list. You are not going to get everything. If there is not a comprehensive... programme, for different stereotypical gamblers ... different stages of gambling how you are going to know what to look for? I mean, I can have sexual orgasms at the machine! It is the intense relationship that you have with a machine. All I have to do is feed it and I get a reward. I did not have to think. I was just able to cope. I just watched the pretty little pictures going round and round. [Toutouwai]

You have to first have all of the information about what makes us gamble. If, say, for example, you're going to take away the poker machine that for the past ten years has fulfilled people's lives, you have to know all the things that it fulfils, and then you have to find an answer to replace the machine. I don't want to play sport. Hobbies suck. I suppose learning about te reo and Māori culture will be okay. So how are you going to get me interested in doing whakapapa stuff? So what is it that counselling or going to a programme will give me to replace my fulfillment with the machines? [Matuhi]

Providing a culturally safe environment and being non-judgemental was seen as important.

What needs to be in some programme is this: What it's like for me now and how the counsellor can live it with me - they can't. It needs to be put into action right there and then. It needs to be put into practice, because you think you have got all the knowledge, but it's how to apply it... I would like to see case scenarios and apply it to my life right there and then. All that behaviour modification stuff, it just goes over our heads. Simple talk is best and you don't want to hear about being sick. [Tieke]

Not rushing the counselling session and then making an assumption that Māori women gamblers are psychologically prepared to move on to a support group was also advocated.

I couldn't begin to think about going to talk to a group of women about my gambling problems. The women counsellors need to wait a bit longer before we can feel more comfortable with them I was not sure about taking the next step. They got to learn to let us take our time with our healing. [Miromiro]

Most of the women said that it was also important for service providers to be able to meet the needs of individual woman gamblers.

I think what is important for service providers to be aware of is that sometimes you just want a space that is your own. Many times I have just wanted a place where I can just be still. Knowing that I can access somewhere private to think and not have to worry about anything else is very important. [Tieke]

It goes back to relapse prevention, identifying my triggers, coming up with a strategy about how you're going to counter the gambling. Like I can say, yeah man, I'm in the car, just left the bank and what triggers you to the machines is the availability of the pokie. Those lights flashing at you 24-hours, seven days a week, my money card is loaded with my pay. I mean you pass all these pubs that have the machines. You already know what the triggers are. You're not going to go in the opposite direction because all the fun and excitement is inside the pubs. You're out there on your own and when it comes to choices; what choices are you going to take? A new one or one you are used to. A treatment centre will need to take all of these into consideration. [Toutouwai]

The women stated that services providing support to Māori women gamblers needed to have trained gambling-specific counsellors for client safety. Service provider staff needed to be knowledgeable, discreet and free of gambling themselves.

The community workers need to be aware of the effects of that particular moment for the woman gamblers. Because it is a big pit with a huge hole and they need to know how gambling impacts on the woman. I have a problem and I come to you for help and you can't fix me here and now - you're shit. I would not go back to any service provider who could not help me out that instant. So it is having all of the appropriate mahi [information] in place and if they can't see you there must be something else put there so that I don't go away felling shitty. It is about talking to the people who know the mahi. [Tieke]

You gotta be healed before helping us. [Kea]

On the other hand, some of the women advocated for Māori community health workers who had first hand knowledge of issues related to gambling or had themselves been problem gamblers. One woman said that gambling counsellors bring their own personal experience to share, unlike non-gambling counsellors whose experience is theoretical. Consumer advocacy was also recommended.

I think it is important that the Māori community health workers don't push the issue because they only know what they know in theory. They have not been through or know what it is like. Can you honestly tell me if any of those workers have experienced this? I don't think so! The hands on experience those are the counsellors that I would go and see. They know how we feel, been there, done that and come out of it. So I believe that Māori organisations need to promote or bring on board health workers who have been gamblers. They are the best people to help other Māori gamblers. It's people like me, who need to share it, with people like them, so that they can understand where the gamblers are coming from. [Koekoea]

I've asked people to give my name out to other Māori women gamblers. I believe the concept of sharing my story and experience of recovery reminds me of whom and where I was. That is why, for me, I need to be part of the sharing so that I can measure my success. It also reminds me of where I never want to go back to. That is why, for me, I need to be part of the sharing to demonstrate just how far I have come. [Tieke]

The gambling counsellors and Māori workers just have to be able to listen to the women, especially if you don't gamble. It's our story and not theirs, and no book is going to help us. [Miromiro]

Two of the participants commented that it was also important to ensure that follow up services are available to help when help was needed.

So once I got out of that depression, she can help me with my grief and depression, but what about the after-care for my gambling? Who is out there for when you hit the wall? Service providers have to make sure that this aspect of gambling is well cared for. Otherwise we fall through the gaps. [Toutouwai]

I also found that [Gambling Counsellor], even if I did not contact her, she would do her best to get in touch with me, even to say, 'How are you?', which is good, because sometimes you tend to think people forget about you. So that follow up makes you feel that you have not been forgotten. [Karearea]

A number of women said that service providers needed to know what resources were available in the community for Māori women problem gamblers and to be able to refer women on to them.

I would hope that the Māori workers have an updated list of who is out there for Māori gamblers. I would hope that they do refer on to these services. You have to liaise with all of the Māori networks in the community who are fully resourced to provide the service.
[Tieke]

They also need to be willing to accept that there are new, more Māori-focused organisations becoming available, and to be willing to refer Māori women on to them.

It would also be neat to get all the Māori gambling services to network and stop the in-house fighting or bickering. It is the competition that is unhealthy for our communities. I would just like to see some sort of cohesion and focus on helping the addicted gamblers get back on their feet, instead of all the squabbling among the networks. It will be nice to see all of the gambling workers working together, and not against each other, and stop bickering. Sometimes you, as the consumer, miss out on help while the in-house fighting for funds or clients is going on. [Karearea]

I have only been to GA and helpline, and not one of those counsellors referred me on to any Māori service. What is that all about? I saw the advertisements on television about the Problem Gambling Helpline and the Māori Call Backline. But what they don't tell you is that the counsellors are only on duty for a couple of days. One of the things that I am a believer of is things for and by Māori. But we need to look at other programmes that are out there to help, and get Māori who work in those organisations to start referring them on. [Takahe]

Summary

Advice to service providers included providing well resourced services specifically for Māori women. Gambling professionals needed to be aware of the complex motives for gambling and to provide alternative rewarding activities. It was important to provide a safe, supportive and relaxed environment and to be able to meet the individual's specific needs. The women felt that Māori community workers needed to be fully trained, have current information about relevant services, and should have had some experience of gambling, while now being free of gambling themselves. Follow-up needed to be provided. Providers

needed to know what community services were available in order to refer the women on. Gambling Service Providers needed to know of other new groups more appropriate for Māori women and be willing to refer Māori women problem gamblers to them.

CHAPTER SEVEN

Findings for whānau and partner interviews

In this Chapter, information reported by the partners or whānau members of the women is presented. Using the questions set out in Appendix P, whānau and partners were interviewed about their perceptions of their whānau member's gambling and their role with relation to it. Similarly, as in Chapter Six, I have used Allport's model to provide structure for this Chapter, which is presented in two parts, each of several sections. Like the Wāhine Findings, Part One presents the findings about the development of problem gambling. Topics covered include the historical background, socio-cultural setting, situational influences, personality dynamics, the phenomenon and the consequences of gambling.

Part Two describes how the whānau members dealt with the gambling behaviour, and how they coped with the implications of the women's gambling. Reports on attempts to cope with the women's gambling are presented with emphasis on the experiences of those whānau members who supported stopping or modifying the gambling behaviour.

Part One: Development of the Behaviour

The questions asked in this section of the interview schedule aimed to reveal information about the whānau members' perceptions of the historical background to gambling for each of the women gamblers. It reflected the whānau members' first experiences of the Māori women's gambling and how this had developed up to the present.

Historical gambling behaviour

Some of the whānau members recalled childhood memories of the women's gambling behaviour. Most of the participants came from gambling backgrounds and believed that gambling was inevitable. Gambling was commonly introduced to the Māori women by whānau.

I remember her mother playing cards when we were kids in the village. Everybody knew that their whānau were gamblers, especially the card games. I don't care what anyone says. It is in

her blood. I think that is why she gambles; it's in her blood.
[Tauhou]

It would have been about 15 years ago when I took her to the marae and she started with the whāea [aunts] and the kuia [grandmother]. It seemed to take over her whole reason for going to the marae, just to play cards and housie for money. [Weka]

We all saw the gambling at the marae, it went hand in hand with being Māori, and you got to know who the 'gambling whānau were'. It just carried on from nanny, aunty and now the next generation; they're doing the same buzz. [Hihi]

You can't say you couldn't see it coming – everyone in our street was playing cards, housie, batons-up. It was everywhere, and you just didn't have a chance. It was, 'join in, or get left out'. [Kukupu]

Summary

Most of the participants said that gambling was part of their whānau background and that gambling was inevitable for Māori women, some of whom became problem gamblers. Most had gambled with whānau from childhood.

Socio-cultural Context of Gambling

The socio-cultural context of the women's gambling as perceived by the whānau members describes the social experiences which encouraged gambling and the cultural influences from both non-Māori and Māori cultural mores on that behaviour. Questions asked the whānau members about their own influence on the gambling behaviour of the Māori women gamblers, as well as the influences of social mores on gambling.

Reciprocal irresponsibility

Whānau members reported a number of ways in which they and the Māori women problem gamblers were mutually irresponsible concerning gambling behaviour. At least half of the partners interviewed said that they supported their partner's gambling addiction so that they too could gamble or indulge in alcohol or substance abuse.

It started off with just \$10-20 a time - it didn't seem like a lot of money to lose. I suppose I never took much notice because I spent most of my money on the horses and drinking. [Tauhou]

We went to the club together every Thursday afternoon, play pool, have some beers. I would play cards with my mates and she would go on the pokies. [Tauhou]

The compulsion to gamble, and I supported that myself, being a compulsive gambler myself. I suppose I would have been labelled pathological, I guess I was in that area. I never had a home to gamble away. I would sometimes spend \$2,000-5,000 and sometimes \$10,000 a week that was the sort of money that I used to spend on gambling. I used to give a lot of money to [Partner] to spend on gambling. That would let me off the hook so if I gave her money that would be my ticket to gamble too. The money that we spent at the casino was very coercive. We supported each other very well with our gambling. [Pateke]

Not only were partners supportive but so too were whānau members. Pooling of disposable income and resources enabled three of the Māori women to gamble outside their region.

There was always money to be found for the gambling. My sisters who gambled and Mum always gave money to get her to the casino [in a different region]. Loaning money was something that happened regularly. [Weweia]

Similarly, one participant said that his partner belonged to a group of women who pooled their money and cars to enable them to gamble at the casinos.

They had this gang thing with five of them, all women and cousins, at that. One would drive them up to the Sky Tower in Auckland. They pooled their money for the petrol and the drinks to either celebrate or commiserate on the way home. [Weka]

One of the participants said that her mother's whānau colluded and hid the amount of gambling losses because they were heavy gamblers as well.

I try and ask my aunties if Mum's gambling is bad. They tell me that Mum has had some bad luck. That sort of rubbish answer used to make me mad. They are big gamblers, so they aren't going to blow Mum's secret. [Kaka]

Socialising with whānau

At least half of the participants described their whānau members' gambling resulting from socialising with whānau and friends in gambling environments.

We were able to have lots of laughs together. Yeah, that was the best time, those laughs. They brought in this karaoke machine and

this woman would entertain us while we gambled. She was choice!
... [Mohua]

*They were the best times ever, us all together at the housie halls
and now the pokie venues. Lots of laughs, and we got to share
being with all the whānau. It was good.* [Tauhou]

Concealing the gambling

Some extended whānau members lied about the amount of money that was borrowed to support gambling by a Māori women gambler from their whānau.

*That's what pissed me off the most, my Mum's sisters they all
gambled, filled us with crap about not giving Mum any money for
gambling. They always made out it was nothing, and never saw the
harm done. My aunties and uncles they hid the amount of money
they gave to Mum for her gambling. Just a bunch of jerks, if you
ask me...* [Kaka]

*They [aunties] always covered for Mum, gave her money, and
always saying 'oh she only gambles a little bit, or not long at all'.
...that sort of crap went on all the time...* [Kukupapa]

Cultural mores of gambling

Opportunities for Māori women to socialise were limited. Gambling on the pokie machines and at the casino was a way for Māori women gamblers to establish a form of social support network with other women and whānau gamblers.

*Where else can Māori women go – it is just the best place ever for Māori
women to just be with other Māori women.* [Whio]

*My Mum goes to the [pokie venue] down the road from here because it is
run by Māori and they look after her. I have been down to pick her up and
all these tattooed men, all blimmin haurangi [drunk] come up and ask if
she is kapai.* [Kuaka]

Participants said that borrowing from whānau in order to gamble was normal and acceptable behaviour. Some participants who were regular gamblers themselves reported that they gave Māori women gamblers money to gamble.

*My sister always had me to support her gambling. I didn't mind
loaning money because I love to gamble on the pokies.* [Weweia]

*...mark my words; there is nothing as tight as the gambler's ethics
around loaning money. I knew that [partner] borrowed from my
whānau; it was just something that was taken for granted.*
[Tauhou]

Mum always asked me for money when she run out. I had only just started to play on the one and two cent machines. I just gave it, cause I knew she would always give me money when I needed it to play. [Kuaka]

On the other hand, non-gambling whānau members were able to monitor Māori women's gambling activities with the help of whānau members who also frequented venues that were owned by Māori gaming operators.

The preferred venue is [pokie venue] ...that is where she feels more at home. The gaming manager is my whānaunga and I have asked him to help me monitor my Mum's expenditure on gambling. He is okay about this and has this nice way of approaching her when she is in strife. If I went in she would just get shitty so it is good to have that whānau connection. My cousins who gamble also keep an eye on her as well. It all helps. [Kiwi]

I suppose having a whānaunga [family member] who works at the pokies has been helpful for me. I ring him to see if Mum is still sitting at the machines. He can tell her to come home; he's got a way of speaking to her that doesn't get her back up. [Kuaka]

One participant made no attempt to cope with his partner's gambling behaviour because he believed that it was hereditary and therefore acceptable.

I can't really say much. Only that [partner's] gambling is hereditary, and I can't judge her because I think gambling is acceptable. I am not prepared to give it up so why should she? Nah, there is nothing wrong with gambling... [Tauhou]

Summary

Half of the participants stated that they supported their partner's gambling addiction so they too could gamble or indulge in alcohol or substance abuse. Whānau members who themselves were gamblers colluded and provided resources to support gambling. Within a gambling environment the women were able to establish and be part of a social support network with friends, whānau or partners. Some whānau members deluded themselves and others about the extent and seriousness of the women's problem gambling. In the society from which the Māori women gamblers came, cultural mores were to see gambling as normal and acceptable or to use whānau networks to monitor the gambling.

Situational Context of Gambling

In this section the situational context of gambling will cover influences described

by the whānau members of Māori women and the situational context of gambling. Like the Māori women they talked of societal and physical situational influences such as attractiveness, availability, accessibility and acceptance. These factors influenced both the onset of gambling and its maintenance. These influences are described in two sections: the first, 'Pull Factors' arising from the attractiveness of the gambling situation and the second, 'Push Factors' resulting from societal deprivation.

Societal attractions of gambling

Whānau members reported a number of ways in which they and the Māori women problem gamblers mutually enjoyed the benefits provided by gaming venues. Casinos provided ongoing entertainment and inexpensive meals and drinks.

We went to [pokie venue] because of the cheap kai and wine, free entertainment, you could have a dance if you wanted. The casino has it all there for you. It really was an inexpensive night out for me as well. [Mohua]

It was our social outing, every Friday me and Mum went to the RSA. It was the housie first, and then when the pokies came we played them too. We have always enjoyed gambling together. [Taranuii]

Whānau members who did not gamble also reported that the pokie venues held a number of attractions for Māori women gamblers. Enjoying personal leisure time in comfortable environments and attention from staff members were identified by at least half of the participants.

All of the facilities are there in the pokie venues. You sit there on a nice comfortable seat pushing a button and there is nothing else around you. Nice fresh coffee is available and someone is always cleaning or tidying up after you. I can see the benefits for the women. I have always pampered my wife so I know that she likes to feel special. [Whio]

It is a form of support for Mum. She forms a bond with others who share similar experiences and backgrounds. That is a very supportive environment. These are the things she says she gets out of gambling on the pokie machines. Also, she enjoys the perks from the gambling environments like free coffee, tea, and lollies. I approve of the support she gets from the experience, especially sharing with others. [Kiwi]

Socialising with whānau at the casino, away from their partners, gave them time together to reconnect with whānau and hapū events.

My sister and [husband] have had this ongoing rift for years, they never got on with each other. We had this weekly ritual of meeting at the casino. It was our time to get together as sisters without our partner interfering. You know not only did we get to gamble but we caught up on lots of whānau haps [events]. Both our husbands didn't gamble, it was our time to be just sisters. [Weweia]

Two of the participants reported that gambling was a time for their Māori women gamblers to socialise without them with friends and whānau.

She went with all her mates and when I went to pick her up at [pokie venue] she was always happy. That is what I saw, yeah, laughing with her gambling mates. She was happy she had her time out. There were times when she came home and whether she won or lost she was happy... [Whio]

I think she also gambled to overcome stress with her new job and the demands. But underneath that there was certainly an addiction there. [Pateke]

For some of the partners and whānau members, gambling was all about pleasure. Mohua liked watching the rewarding effect winning had on her partner and the admiration from gambling friends.

I just liked watching the immense pleasure on [name's] face when she won the money. The sound of the coins dropping into the tray - wow, she just glowed. [Mohua]

There's something quite rewarding about watching [wife] when she is winning money. She gets all excited and I see her sheer excitement. I like that about her gambling. [Whio]

Some of the whānau members said that they enjoyed the rewards from Māori women's gambling.

I also knew that when she won we would be in for a lot of treats, which was so cool. There would also be lots of grog shouted too. So there were some added benefits for me. Plus, we got to get some nice food to take home with us. I always made sure that from her winnings I put some aside for our treats. I suppose that is one way that I would sum up the gambling it was about getting treated. Yes, for one night we could live it up like queens. [Mohua]

On the other hand, some whānau members said that they were able to make use of the available perks at venues.

I don't prefer to gamble. But I go so that I can socialise with my wife. It was just being with my partner while she plays on the pokie machines. We usually go to a pokie venue that has got a television so that I can watch rugby and you get free coffee. [Whio]

Most of the partners reported that, if their partner or whānau member won at gambling, they benefited from small luxuries and extravagances such as take-aways, alcohol and sometimes money.

I also knew that when she won we would be in for a lot of treats, which was so cool. There would also be lots of grog [alcohol] shouted too. So there were some added benefits for me. Plus, we got to get some nice food to take home with us. I always made sure that from her winnings I put some aside for our treats. I suppose that is one way that I would sum up the gambling it was about getting treated. Yes, for one night me and my partner; we could live it up like queens. [Mohua]

You always knew when Mum had won, the cash was rolling. The KFC boxes would come rolling in, lots of coke and ice cream. It was just the bomb those winning days. [Kukupu]

Three of the participants highlighted the role they played in colluding with their partners to overspend on gambling to acquire material goods. Material goods included expensive cars, boats and expensive clothing.

I never thought anything of giving her \$20 to spend at the pokies. I just thought she could win all the time, well that is what she told me anyway. She often came home with \$500- \$2000 and that went on our boat. Yeah I encouraged her to gamble big time to get the goods. [Toroa]

Most of the whānau members saw some perceived community benefits from the pokie machines. However, caution was considered imperative to ensure that lower socio-economic regions are not disadvantaged by the increased number of machines.

It is awesome like how the money from the pokies is used for communities. The machines rake in a lot of money but it is bad, that it's lower class people's money that is going into the machines. [Kakapo]

Availability

Partners and whānau members reported that, for women with existing gambling habits, pokie machine gambling started from the time these were available and accessible in their regions.

First off, it was easy for my Mum to get to the housie halls. Now it's not difficult to get to the pokie venues because it is within walking distance from home. My Mum can walk to the venue any time of the day. [Kiwi]

There was a time when you had to catch a bus into town to get to the casino. Now they are just down the road. You don't even have to leave [region]. It's sweet as for them. [Kaki]

The club that my mother goes to play on the machines sends the van out for them, and then they get a lift home. How easy is that? [Hihi]

Gambling during work hours and breaks with workmates was done regularly because of the location of the pokies and casinos.

It was easy for Mum to get away from her job and play at the casino. She was the supervisor, got all her work done and most of her work mates all gambled at the casino. [Kaka]

My Mum she worked down the road from the pokies. I knew where to find her if she wasn't at work. We weren't supposed to hang out at the pokies but no one said anything. [Kukupu]

I suppose, it was sort of easy for [partner] to get to the pokies and the casino because of where she worked. She was just across the road and it was there. [Pateke]

Whānau members said that the high number of pokie machines in their regions was a concern, particularly for low income families.

Something seriously needs to happen about the huge numbers of machines. Like, there are bars everywhere. They are on every little corner you know, there everywhere. Like, there are four or five bars along [suburb] and I just actually saw one just recently here on our street. But why does it have to be like in areas [South Auckland]. Like out in Howick where there is mainly Pakeha with money, there are not as many machines. [Kakapo]

Man they are everywhere, what's the buzz, bet they are not in the Pakeha areas? [Kaka]

Locating the pokie machines in or near to shopping malls and family restaurants was considered inappropriate and immoral.

But here, there are little bars with pokies machines and that is totally wrong 'you shouldn't have them in our shopping malls!' There are 12 machines in that little bar on the corner of our street. That is really sad because like they are right next to Foodtown or Burger King it is like gambling or shopping. [Kakapo]

Why do they have to put the bloody machines right next to McDonalds for Christ sake? I see it all the time, drop the kids off, pop next door and have a play. They are all wāhine too! [Kaka]

Relatively easy access to gambling machines in various school settings was also reported.

I think having those machines so close to the kids school made it real easy for [Partner] to gamble every day, nearly. She could drop the kids off at school, stay right up to when they finished. [Weka]

They're tricky those gambling lot. Putting the pokie bars near to the schools is asking for trouble. My Mum she dropped me and my sister off at school and we knew where to go when school finished. It was just something that we saw all the time. Mum's car parked outside the pub. The car was always unlocked so we just waited or go in and tell her to hurry up. [Kukupa]

Societal deprivation

Whānau members reported a number of ways in which they and the Māori women problem gamblers mutually perceived gambling as a form of primary income or to supplement low income.

She would spend all our money to try and win back more so that we could be better off. That was our korero all the time; the gambling would make our lives easier without having to work harder. I suppose for me and Mum it was like a secondary income to support our benefits. [Pateke]

I always supported [partner's] gambling because we both had no money. She was on a disability benefit; I had been put off from Waipa and hadn't worked for bout 10 years. The first time she won and came home with \$900, it really was the bomb. It also meant that I didn't have to really look for a job. Her gambling helped us to keep our head above water. We had five kids, couple had partners and their three kids all living with us. [Tauhou]

Conversely, non-gambling whānau members identified that gambling also helped to supplement pensions for kaumatua Māori women gamblers.

I knew that Mum didn't get much money from her super. Dad had left her with no retirement fund. At first the gambling was for her treats to go out with her mates to shows and stuff. That's what she told us anyway. [Kuaka]

One whānau member said that he supported Māori women's gambling so they could continue maintaining contractual obligations.

Then I started to run out of money to purchase the supplies for my business. You run out of money and you're in the shit. So, yeah, gambling was the easy part, the hard part about gambling was getting the money so you could gamble, it was as simple as that. I just kept thinking that the big one was going to come and it would pay off. It was all about hope and it never came. [Pateke]

One of the participants said that her mother sought solace in the pokie venue to counteract her husband's alcohol misuse and to make ends meet on limited income.

For Mum it was time out from my dad and all the fights about his drinking. He was pissing all the money up against the wall and not giving Mum any money for the bills. She had to use most of her wages that really wasn't like, much. I had only just started working and wasn't earning that much. So, that silly cow; would take off to the pokies, put her money into those bloody machines and try to pay the bills, that way. [Kaka]

Summary

Gambling at the casino and pokie venues for some participants was about entertainment, socialising with whānau and an inexpensive night out. For others it represented a 'time out' activity from partners, and the casino or pokie venue became a place where they could meet friends and enjoy some personal leisure time.

The whānau/partner participants discussed why the women gambled in pokie venues and casinos and concluded that they were attractive to Māori women as they provided comfortable surroundings in which the staff paid them special attention. This atmosphere made the venues welcoming and frequenting them was associated with entertaining social events. The attraction of the pokie venues

and casinos was enhanced by bonuses such as sports television. The venues were seen as primarily social arenas where the whānau/partner members could socialise and benefit from the winnings if their wahine gambler was successful.

The availability and easy access to local pubs that had pokie machines was reported by most of the partners and whānau members. Relatively easy access to gambling machines in various lower socio-economic settings was also reported.

Partners and whānau members reported that ease of access to gambling venues exacerbated spending and overspending for the women gamblers. Whānau members said that gambling wins provided another form of income or supplemented benefits and low incomes

Personality Dynamics of the Gambler

This section presents information about the personality dynamics and structure which came from the whānau members' responses to questions about why they believed Māori women gambled and what kept them gambling. This will be discussed in two parts: (1) whānau members' perceptions of Māori women gamblers' personality traits and (2) aspects of their own personalities that contributed to the Māori women's problem gambling.

Perceptions of Māori women gamblers

Addiction

A number of the participants preferred to give their whānau members' gambling a psychological description, such as an addiction or disease, and/or spending money without concern for others.

Our Mum has an addictive personality with gambling. It dominates her life. She spends all of her disposable income and borrows money without security or means of repayment. [Kiwi]

It means that there is something really bad for both Mum and everyone, especially Mum. I know that it's a disease. [Kakapo]

Every day she has to play on those machines. It's her fix and without it she's stuffed and she don't care who goes without. The bills, food - and even when she borrows money from others, she knows it can't get paid back. [Touhou]

Personal inadequacies

One participant said she did not realise that her partner's anxiety and depression were the result of her gambling problems.

She was extremely emotionally manipulative and abusive. Next, very loving, but in a needy, insecure way. I tried talking to her to get some help for her mood swings. But she just denied that anything was wrong. Very often she was drunk when she came home, or we were both drunk when she finished playing on the machines. She would hurl all this abuse at me when we got home, hit me quite badly and then she would be this very loving, caring woman. [Mohua]

Some participants considered that gambling was a temptation, particularly for those whānau members who worked close to gaming venues.

It's just about having no will power and being easily led into those pokie machines or the casino. I saw my Mum and her mates going hard out at their work, just so they could go next door. Having easy access, no will power and being easily tempted; that describes my mother and her gambling. [Kaka]

Three participants recognised that their mother's preoccupation with gambling meant that they were emotionally unavailable to them.

I think the worst thing was we had to do all the homework and sports stuff on our own. My Mum was never there for us kids. Me and my sister grew up going it alone. [Kukupu]

My wife got into this really bad habit of not being home when the kids got home from school. My oldest daughter told me she was teased by her cousins when they were last to be picked up after school. [Weka]

Two of the three also reported that they were often provided with a pacifier such as money that functioned as a 'baby sitter'.

Sometimes the treats for baby sitting my younger brothers and sisters were awesome. If Mum won big, I would get my label clothes. She knew how to keep us happy, pull us in all the time with the cool things we were gonna get. But often it was a bit of a downer because she lost more than she won. I think that is what I resented the most with her gambling; I had to become an adult real early. [Kuaka]

Two participants who were comfortable with their own homosexuality stated that their Māori women partners gambled because they did not wish to reveal their sexuality to whānau and society.

Telling my dad that she was lesbian freaked her out, plus she would hide all the time. I would say that she was really insecure and the gambling was another vice for her to continue lying. [Kukupā]

The gambling was out of control because she wouldn't accept who she was. She was only new at being out as a lesbian. I had been out for nearly twenty five years. I can say now that she gambled to numb the pain of being lesbian. It was hard with her job. She was scared of losing her job. [Mohua]

Whānau Perceptions of their own Personality

Whānau/ partner members said that they needed to acknowledge the role they themselves had played in promoting and sustaining the gambling. This section describes some of the instances in which whānau saw themselves as having facilitated the gambling by Māori women.

Exploiting relationships

Participants said that many aspects of gender inequality were produced and reproduced within the family. For some participants, women's prescribed domestic and nurturing roles were normalised and enforced in their respective households. Three of the participants believed that their partners' limited power within the family led them to escape to the pokie machines, where they felt accepted, in control and could anticipate being rewarded.

I lived with my Mum up until I got married. My Mum always did everything for me and I just thought that [partner] would do the same. I never helped out in the home because I didn't think that I had to. There was lots of arguing between us, because I was lazy, I suppose. I thought that was her role: to cook, clean and care for the girls. I suppose not having a driver's licence caused a lot of stresses on her. So, yeah, I could see why she would want to get away from home and play on those machines. [Toroa]

Other participants stated that living in a communal environment with their in-laws provided the opportunity for them not to provide parental or domestic support to the Māori women gamblers.

After I had been to the counselling I had to accept that I was a lazy bastard and didn't want or expect to help out in the house. [Pateke]

You take a lot for granted when there's always someone at home to help Mum [partner]. I just didn't think that I should help out with the kids because, well, my Mum [partner], sister and husband, all lived with us. [Tauhou]

In contrast, participants who were economically and psychologically dependent on their wives or partners were more likely to project their insecurities about seeking or undertaking new careers on to their marital relationship. Consequently, the women involved turned to the pokies as a form of relief to escape the resultant feelings of pressure.

I knew that she was gambling more and more when I got laid off. I couldn't really see the wrong because I only ever had one job; and I found it hard to just get into any kind of work. Not like my partner. She had remarkable skills and it didn't matter what she did, she did it well. I suppose it really boiled down to me being dumb and not thinking that I could do anything else. [Toroa]

One of the participants said that to continue his own gambling required strategic planning to acquire money to finance gambling and this was supported by his gambling partner.

I used some unruly methods to get money so that Mum and I could gamble. It was not drug related. It was all about getting the money to gamble. But getting the money to gamble was vast, and the gambler spends most of his or her time thinking about how they are going to get the money. Where are you going to get the goods from to sell to gamble? There was a lot of strategic planning involved in spending money; to make money to gamble. It was a skill that I could sometimes get money out of thin air. I would buy truckloads of stuff ... make phone calls and flog it off. [Pateke]

Escaping from adultery

A small number of participants accepted responsibility for encouraging their partner's gambling behaviour when they themselves were unfaithful with other women. Two of the participants said that this behaviour led their partners to seek solace in pokie venues.

I made the misfortune of telling my wife that this young girl had hit on me while I was waiting for the bus. I treated it as a joke. I admitted that I was enjoying the attention, because I wasn't getting

it at home from my wife. It wasn't my wife's fault, I just let this young women get to me and I was unfaithful to her. [Wife] never played on the pokies, ever. But when my girl friend started coming and having drinks with me at the pub or to join us, she would take off next door to the pokies. I suppose it was her way of coping with the flirting and my not so good behaviour. [Toroa]

My mucking around didn't help my wife's gambling. I knew that she wouldn't take the news about the other woman, well. She found out and took off to the pokie venues all the time. My ego got the better of me and she gambled to cope with it. I know her gambling got worse when she found out about the other women that I played around with – it wasn't really something that I thought was not OK. I remember her gambling got worse after I got caught out and I kept denying it. [Pateke]

Two of the participants engaged in drinking binges in order to avoid their partner's gambling. Like others, these participants chose to remain in denial about the extent of time and money that was spent on gambling. Each believed that he should have taken a firmer position with his wife to stop her gambling, regardless of the fact that she did not listen.

I knew that [wife] wanted to talk about what was going on with us, it just was so easy to be drunk or out of it from the dope. I didn't want to talk to her about us. Because I knew that she really wanted to leave me. [Toroa]

When I think back now, I suppose I could have been stronger willed and told her to stay home, but she just wouldn't listen and it was easier to let her go. I was also in denial as well. I kept giving [partner] chance after chance, hoping that she would stop gambling. I suppose I was in denial. Perhaps I should have got help for her earlier. I just did not think that she would get that hooked. I was also in denial as well. I never really wanted to admit that my wife was a problem gambler who lied and stole money. [Weka]

Inappropriate responses

A number of the whānau participants said that their own reactions to the Māori women's gambling were inappropriate and only made it worse.

Spending sprees

Three whānau participants went on shopping binges that compounded their financial distress. Shopping for clothes was a way of getting a 'lift' to make them feel better about their relationship. Similarly, every time partners went out to

gamble, two of the three participants spent money to help increase their self-esteem.

Every time we argued, I'd buy myself something to show her, or rather, me that I was worth more. She spent most of our money gambling so I thought, 'What the hell!'... [Toroa]

Physical and psychological abuse

A few of the participants who were unable to cope with their partners' gambling reported they used physical actions such as hitting, pushing and throwing furnishings to express their anger and frustration at the effects of the gambling. However, the situation worsened as a consequence.

I know that I shouldn't have hit her, but the lies just got to me. Next thing I am throwing the chairs at her. I should have found a better way to let off steam, but I didn't know how to cope and she stayed longer at the pokies instead of coming home... [Weka]

Some of the participants admitted that they used intimidating behaviour, such as emotional abuse, in an attempt to express the frustration and fear of the debts resulting from their partner's gambling. One participant went as far as committing physical destruction in their home to express this frustration and anger.

I would wait for her to come to bed and then it would be all on. I knew that I had invaded her space but I just didn't care. All I was concerned about was how the hell were we going to repay our mortgage. When she chose to not answer me I smashed the wall in our bedroom... [Mohua]

Unresolved behavioural problems

When dealing with an angry partner, it was vital to put strategies in place immediately to target the problem behaviour. Friends needed to be enlisted to provide support and direction. However participants were sometimes unsuccessful in attempting to do this.

Mohua reported how her own upbringing imbued her with confidence and that she was brought up to have a deep belief in herself and her abilities. Her partner, on the other hand, was always considered inept by her own parents and consequently used gambling as a buffer between herself and her emotions.

Our upbringing does have a profound affect on how we view ourselves. My parents provided the grounding for me to not question my attractiveness and professional capabilities. I had to keep telling [partner] that she was clever, pretty and good at her profession. She created her own reality unfortunately on those damned machines. [Mohua]

Mohua felt that this inability to deal with homophobic taunts from whānau and society was a strong motivation to gamble. Moreover, she felt that her partner had replaced her with a machine, with which she had then gone on to develop a substitute relationship.

We had been living together for sixteen years and I'd been unhappy for eight years. I believe it was because my partner was uncomfortable with her sexuality. She would project a lot of her insecurities on me. I was very comfortable with my lesbianism. [Mohua]

Some whānau members said that they and their partners went from one compulsive disorder to the next - from gambling to alcohol to drug abuse.

I virtually gave up listening or caring about the unpaid bills when her gambling got out of control. I thought, 'Oh, what the hell, I may as well join her'. So, we gambled on the machines until we had no more to spend. Our drinking was way out of control as was the drugs. It was one big f...king haze ... [Mohua]

Me and my partner would win a couple of grand, then spend that couple to try and win the big one. You are always trying to catch up. But, in the end there is really no other word for it; we were compulsive, pathological, just out and out addicts, smoking, drinking and gambling. [Pateke]

Non-gambling whānau members reported that using drugs and alcohol was a way of coping with painful feelings of despair about dysfunctional environments and financial losses by Māori women gamblers.

... when I feel really bothered and not prepared to listen to Mum and her problems I would go out and look for say a tinny [marijuana] or something to help me lax out ... for my own self being. [Kaka]

I just drank more to cope. I tell you, I never saw any wrong. She gambled, so I drank every night. [Toroa]

Summary

Some of the participants suggested that the Māori women's gambling was generic and that they were problem gamblers. Others said that the gambling resulted from personal inadequacies of the Māori women gambler such as doubts about their sexuality.

However, many saw the Māori women's problem gambling as at least partially a result of their own inadequacies or inappropriate behaviour, such as infidelity. Economic and interpersonal dependence of women on men and in some cases more brutal forms of subordination were typical components of marriage and family for some of the participants. Some whānau members described how they either denied that there was a problem or remained falsely optimistic that it would solve itself. Physical and emotional abuse, while perceived as a result of a partner's gambling, was also seen as exacerbating her gambling. Whānau participants who said that they themselves had addictive behaviours around alcohol and drugs reported that they often put their own needs first and failed to listen or care about what was going on for the Māori women gamblers. When financial loss became acute, drugs and alcohol were used as ways to deal with unhappiness.

Act of Gambling

Information about the act of gambling came from responses from the whānau members about where the Māori women gambled, with whom, how often, and how much they spent. I specifically focused on whether or not the whānau members were present during the Māori women's gambling behaviour.

Preferred gambling activities

Most of the participants reported that the preferred mode of gambling for most of their partners' problem gambling was pokie machines, at either the casino or a pokie venue or a local pub.

My sister went once and couldn't stop talking about the big jackpots; and the seduction of winning one of those three cars. She was just addicted to gambling. [Weweia]

Basically, if money is available she will gamble on the pokie machines. She has a couple of venues that she frequents. She was

as regular as clockwork. Mark my words; where there is gambling, my mother is there. [Kiwi]

When the pokies opened up at the local pub she stopped the housie at the marae and started playing on the pokies; nearly every day. I went to work in town and she took off after she dropped the kids off to school. [Weka]

Participants who were gamblers said that they gambled on the pokies with their partners at their local hotel.

My partner first started playing on the pokie machines at the [name of pub]. That was our local, and we all started to play on the machines. It started off with just \$10-20 a time. It didn't seem like a lot of money to lose. [Weka]

Regularity of gambling

Ten of the 16 whānau participants claimed that gambling by Māori women gamblers was undertaken with whānau and friends who gambled regularly.

As far as I know she gambles on her own. But she had an elder sister who she used to gamble with, every week. They got their pension and off they would go. Mum's most recent friends are gamblers, people who take part regularly. So it's not necessarily meeting new people; it is old friends who are into gambling. [Kiwi]

Every Wednesday, for as long as I can remember [wife] has been gambling with her mates. They are all pokie crazy. Sometimes Mum will go more than once a week. [Taranuii]

Mum used to go to the pokies every lunch time with her work mates. They gamble every day, and sometimes during their breaks. [Kaka]

Expenditure on gambling

Participants said that the amount of money spent on gambling varied from anywhere between twenty dollars and several hundred.

It all started with twenty bucks and before long it had gone to about \$500. [Weka]

My Mum said that her gambling was only, say, about ten dollars. She was telling titos [lies], 'cause my cousin said that she spent all of her superannuate's pension. I'm certain it would have been about \$100 to \$200, easily. [Kuaka]

However, a small number said that Māori women problem gamblers spent several thousands of dollars on gambling.

One of the biggest jackpots I ever saw my mother win was \$12,000. The freak-out part was when she put it all back in the machines. One minute you saw it and, as god is my witness, it all went in a flash – f...ed up, if you ask me. [Kukupā]

I think the most I remember her spending was five thousand but that was over a couple of days. My daughter said that she spent \$20,000 when she got a loan from the bank. But, yeah, it was big dollars. [Tauhou]

Summary

The preferred mode of gambling reported by whānau members for most of their partners' gambling addiction was pokie machines, at the casino or pokie venue or local pubs. They gambled regularly, at frequencies ranging from daily to weekly. Expenditure ranged from small bets to thousands of dollars at a time.

Object of gambling

In this section I describe the consequences on whānau members of casino and pokie machine gambling by Māori women problem gamblers. Consequences for Māori women problem gamblers, as perceived by the whānau members, are presented first. Consequences that whānau members reported as experiencing themselves are then described.

Māori Women Gamblers

Unappealing consequences for the Māori woman problem gambler described by whānau included financial hardship and loss, relationship dysfunction and gambling excesses.

Financial effects

Three of the participants reported that the women got into such debt that they lost their homes and belongings and were declared bankrupt.

Yeah, it's not a good thing that [partner] lost her home and her mother's as well. She's bankrupt now and most of her debts have been consolidated with the help of a budget advisor. She had to come and live out here [region] with me and my kids. [Tauhou]

My Mum's bankruptcy notice was in the paper... house was a mortgagee sale and then the car. It all went. It couldn't get any worse than that... [Kukupa]

Personal effects

Five of the children of the Māori women gamblers said that they disapproved of their mother's gambling because of its effect on their mother's personal grooming and ability to provide domestic care within the home.

... [Mother] could have had better clothes; we could have had better food, and we could have had a car, maybe. She could have nice clothes or treat herself with a nice haircut, like what she deserves. The house always looked like a hell hole. [Kakapo]

I suppose the gambling and all my Mum's stress; like, it all started to show on her skin and her face. She had really bad pimples, and they always came out more when she was stressed about the money. It was losing all the money and not knowing where it was gonna come from. Mean as buzz. [Kukupa]

The body odour was over the top, sometimes. She was nervous or anxious all the time. It was really overpowering sometimes, and my wife was always on my case to get her to bath or wear deodorant. [Kiwi]

Partners of Māori women gamblers also said that they noticed physical and domestic changes.

I used to make her go and have a shower, 'cause she stunk of grog and smoke all the time. That wasn't like her, really. She was so clean and tidy. But she did get really sloppy with her appearance. I never thought about it before. [Taranui]

You know when the gambling has taken over. She is so irritable and always complaining about headaches. Her hair looked like it had never seen a comb; just lost the plot sometimes. [Kaki]

The dirty clothes all over the floors, piled up washing and sometimes the clothes were on the ground All those things went out the window when the gambling took over. [Weka]

Whānau members said that Māori women with disabilities who gambled for long periods of time were affected by inappropriate seats.

I noticed that my sister's gammy leg was worse when she forgot to go home. You could really notice the limp, and sometimes I could see that she was in a lot of pain. Of course she always denied it.

But I could tell it was sitting, from sitting all day and into the night on those stools. [Weweia]

Mum's back always caved in when she got home from the pokies. I suppose it was from the stools and her arse was glued to them nearly every day. [Tauhou]

One mother of a woman gambler believed that the effects of colonisation and Christianity for Māori were at the root of her daughters' problem.

Māori people over the years are susceptible to risk, because we are happy go lucky and we are gamblers by nature. We are very competitive. This is the normal, natural make up of a Māori. We are competitive, and we don't necessarily grieve for the money that we have lost. But, you see, our people were spiritual mai rā no. We had all of our spiritual concepts. So, after Christianity came, we all became gullible and it got to our spiritual nature. I believe that is what happened to Māori. It crept up on our spiritual nature and before you knew it, we were addicted. That is what I believe happened to my girl and her whānau. [Kaki]

Neglecting responsibilities

There were a number of reports from the whānau participants about the deleterious effects that gambling losses by the Māori women gamblers had on their whānau. Behaviour resulting from the gambling addiction affected the lives of children, spouses and parents.

Five participants thought that their mother's could have provided more nutritious food. One of the whānau participants attributed an ongoing problem with weight to his mother's failure to provide healthy food.

I think my Mum could have given me and my sister healthy food instead of takeaways all the time. I think that is why I got so fat, eating chips and burgers. I suppose that's what was closest to the pokies: fish and chip shop when Mum finished playing. I've always had problems with my weight and I think it was all those greasy chips way back then... [Kukupu]

Additionally, children who worked were often asked by their mothers for money to buy food. Kaka was unaware that the money was spent on gambling and not food. However, she put strategies in place to make her mother accountable and at the same time tried not to undermine her mother's integrity.

Mum often borrowed money off me to buy bread and milk. I used to give it to my Mum. I never knew that she was spending it on the pokies. But when she told us that she was gambling, I started to question her and asked for receipts. One of the things that I never did to my Mum was to go out and buy the kai, it was just something that I trusted her with. It is a bit shameful at times, checking up on her like I was the adult and she was the child. [Kaka]

Children were also asked to take over financial management for their mothers to ensure that disposable income such as welfare benefits was spent appropriately. Holding on to money cards and physically accompanying mothers to supermarkets to buy food was a practice used by whānau to safeguard them from being irresponsible. The availability of 24-hour shopping enabled one of the participants to adopt this safeguard despite working shift hours and irrespective of her personal physical well-being.

It was hard sometimes taking Mum shopping after I finished work in the early hours of the morning. I would be tired, wanna have a shower and hit the sack. My Mum asked me to help her, so I kept her money card and she would come into the shop, do her shopping and then we go home. ... But I wanted to help my Mum. She couldn't do her shopping during the day because the pokies were straight opposite Countdown, and the temptation was too great. That is what I don't like about Mum's gambling. How many people do their grocery shopping at 4 o'clock in the morning?-hello.... I would like to have been the child in this thing with my Mum and her gambling. [Kakapo]

“Home alone” cases involving under-age children or failing to collect children from school were concerns highlighted by the husband of one of the Māori women gamblers.

I couldn't believe it when I got a ring from the cops and them saying that [partner] had been taken to the cop shop for neglecting the kids. The worst part was finding out that the kids had been left at home alone, while she was gambling at the pokies down the road, for god's sake! [Weka]

Dishonesty

Dishonesty related to the gambling behaviour impacted on the whānau and partners. Participants experienced feelings of hurt when their mother revealed to her whānau that she was a problem gambler.

I never thought that my Mum would lie to me for that long. I think that was the hardest for us all; was when Mum told us that she had this gambling problem for five years, and we only found out a year ago. [Kakapo]

Another participant described her anger at being lied to.

Yeah, she tells me that she is going down the road to get something, and I know that she has gone into the pokies. She has said a few times that I'm quitting, and, yeah, right! I just stop listening because she doesn't, and I get mad. I suppose it is disappointment. [Kaka]

You just get used to being disappointed all the time. It would have been choice to be like the other kids at school that had, like, lunches and nice clothes. [Kukupu]

Material goods were purchased by some mothers to appease their children, and to encourage them not to reveal the gambling to their father. One participant reported that her father's anger was directed not at their mother but at them, and explained her distress.

You're walking on egg shells all the time. Dad's asking me, 'Where's Mum?' He would be throwing things around the place, and screaming at us to tell him where she was. I couldn't tell him she was down the pub playing on the pokies. He would have got pissed off. It was that sort of bullshit that went on that made me really hate my mother's gambling. [Kaka]

Effects on Whānau Members

Financial disruption

Participants reported financial problems for the whānau as a primary result of the Māori women's gambling. Financial problems commonly became serious before the women acknowledged that they were in difficulties, and they had often reached crisis point before their partners and whānau realised how serious it was.

I didn't know that she was spending all of her pay on the pokies. I only found out when we went to counselling. That pissed me off. I was shocked when she told me that the money we had saved for our holiday was kind of, like, well, spent on her gambling. What a bloody piss off that was! [Whio]

We had got behind in our mortgage repayments about \$5,000, and I never knew anything until that horrible day in November 2000. I just lost the plot in the bank manager's office. I couldn't believe

that the bank could let us get so behind. Then I was told that she had applied for a personal loan to cover the mortgage! [Mohua]

Some of the whānau and partners reported loss of earnings and financial hardship due to their partner or whānau member's gambling.

My Mum lost her job all the time because she spent too much time gambling at the pokies. We were always broke! I can't remember a time when we were flush with money, or just enough to not have any bills piling up. [Kukupa]

Another blamed their own abusive behaviour and its negative consequences on their partner's gambling.

I got 120 hours community work as a consequence and lost my part time job on the weekend. That was a big loss for me and my kids because it was hard to get full time work in [region]. [Weka]

Relationship disruption

Some of the participants stated that they compromised their relationship with whānau and denied the problems to close whānau members.

Mum knew it was all about my partner's gambling. A lot of my mother's friends had been talking about the big amounts of money [partner] was losing at the pokies and told her. Mum told me, and I chose not to listen to her. Sticking up for my partner caused a breakdown in my relationship with my Mum. Prior to nearly losing the house, we stopped visiting my Mum. It was all about guilt and denial. [Mohua]

All my life I had watched my parents saving their money for a nice easy retirement. It broke my heart to tell Mum that I needed the money; so that our whenua (family land) would not be sold. My dad had not long passed away and it really was just too much for my Mum. She gave me the money and it put a strain on our relationship. [Weka]

Relationships between whānau members were often disrupted when the participants willingly or reluctantly took on the role as financial monitors. Three of the participants reported that monitoring spending on gambling had disrupted relationships with partners/whānau members.

But he [brother] is not helpful in his own way because he does not force the issue with my mother about her gambling. I am always the one that is seen as the bad person because I am always on her

back about it. Whereas my brother takes the softly, softly approach. [Kiwi]

Being involved with a woman who gambled and who became angry at losses was a frightening experience for each of three participants. The conflict that occurred wore down relationships and had a harmful impact on them.

I had this tendency to downplay her anger when she lost money gambling. The verbal signs, like yelling, shouting and foul swearing and the destruction of property, just wore me down. I didn't know what to do, so just switch off... [Mohua]

It started off that she was only one hour late arriving home. Then it started to get later and later; sometimes well after the kids had gone to bed. She would come in half pissed. At first I thought she was having an affair and challenged her about it. [Weka]

Some of the participants found it difficult to accept how their partners were able to identify with and personify a machine and not relate to them. Whio stated that his partner chose going to the pokie machines instead of dealing with issues in their relationship and described his hurt that machines were preferred to him.

She just laughed and said that the only relationship she was having was with the pokie machine. I just laughed at first then it became clear that she was spending more time and our money on the bloody machines. So, yeah, she really was having a big time affair with the pokie machines. [Weka]

... it was about getting away from Whio... Yeah, it was just hurtful. Like, if you are going to choose a machine over me - hey, you choose it. If it is the pokie machines you want rather than me, so be it. [Whio]

I felt so betrayed when she said that the machine was like a very good friend; who doesn't answer you back, or put you down. How the hell do you answer that, eh? [Toroa]

Six of the participants married to or living with Māori women gamblers found that leaving them was the final option when they realised the gambling was out of control.

But when the mortgage payments got so far behind, it really was the last straw. I told her that I was leaving her and she was not to come around to Mum and Dad's. She never listened, and when she came to say that she had hit rock bottom I could not feel anything

for her. My mother got the kaumātua to call around at her house and she broke down to him. [Weka]

The gambling, emotional abuse and the drugs had a profound effect on our relationship; and there was lots of arguments. It was a constant let down. There was no intimacy or love anymore, so we broke up. You just get worn down, well, I did. [Mohua]

Dishonesty by partners

A number of the participants reported their disappointment and anger when partners who said they would stop or modify their gambling behaviour did not make the promised changes.

For five years we got in and out of financial trouble with her gambling. Every time she would reassure me that she would give up and no more gambling. I loved her and always wanted to believe her. She would be so moody and hurl out offences, she was a complete arse-hole to live with when she got found out. [Weka]

You give them the benefit of the doubt that it will change, or the bills would be paid at least. It never happens and you're always getting let down by all the lying. [Kiwi]

I got sick of her saying, 'Yep, Hon, this time I really mean it, no more gambling, I'll come straight home, I promise'. But she lied all the time, and go straight back to the pokies and lose our money. [Mohua]

Some of the participants said that their partners used their children to ask them for money to gamble and believed it was dishonest.

The end for me was when she used the children to lie or ask me for money. That is how bad it got, she used our kids to get money for her gambling. She was setting our kids up against me all the time. I had enough. It was destroying me, so it was easier to leave her and move back with my Mum. [Weka]

Physical and emotional abuse as a result of gambling

One of the participants hit his partner because of his wife's gambling, was arrested and as a consequence lost his weekend job.

...she was pissed blind when she got home from gambling with her friends, and had been at the casino in Auckland. I couldn't cope with the lies and being angry, because I knew that I had a short fuse and I would eventually hit her and I did. I hit her after we had this huge argument, and when I found out that she had been going

up to Auckland twice a week while stupid pricks like me went to work. [Weka]

Another participant said she prepared herself to accept the physical and emotional abuse that her partner inflicted on her when her partner lost money gambling. This behaviour did not necessarily stop the participant from leaving the relationship.

I loved her and she loved me, and that was all that I could see when she came home ranting about the money that had been lost. She always blamed me because of my ability to accept my sexuality, and my background was so different. She would hit out at me all the time. Yeah, I was stupid and took it. The last hiding was over the top and I had to be hospitalized. But you know I still really couldn't go through with leaving her... [Mohua]

Four of the participants reported that their interactions with partners were disrupted at clubs and pubs that had pokie machines.

It was embarrassing at first. You walk into the club together and then she would be off over to the pokies. I used to get mad and go up and ask her, 'What the hell are you doing?' She always said, 'I will only be a few minutes, Dad'. This would go on all night, me going backwards and forwards to those stinking, smoky machines trying to prise her away from them. [Weka]

I always knew that our social life changed when she started gambling. It's like there was this spell put on her by those pokies. It was not good going to the club and, well, being left on your own. [Taranuii]

Participants claimed that often they would be the recipients of the Māori women's insecurity, and some were exposed to emotional abuse. Two participants found solace with other women who did not gamble.

I really think there is only a certain amount of abuse a person can take. I just gave up, and that is when I met my new partner. She didn't gamble, only drank occasionally and I could just talk to her about anything. [Mohua]

It was not good living with someone who was constantly telling you what to do all the time. She would go crazy and be screaming for me to get my driver's license, and the put-downs got me down so much, and I didn't get all that nagging from my other woman. It was just about having a good time. [Toroa]

Some of the whānau participants believed that children were unnecessarily exposed to verbal abuse when reprimanding Māori women about gambling losses.

Yes, it was not tika [acceptable] for the tamariki to hear all the shouting and swearing. In the end I had to send the children to live with my parents because of the fighting, and she was lying all the time. I could see that they were frightened all the time. My screaming was not OK. [Weka]

The girls got sick of hearing us fighting all the time. I know they switched off and spent a lot of time away from home. Yeah, it was because of our screaming at each other all the time. [Toroa]

Loss of cultural responsibility

A few participants spoke about how meeting cultural responsibilities, such as attending wananga and adhering to Māori tikanga, were disrupted for both the Māori women problem gamblers and their partners.

I had just taken over from my Dad on the paepae and I needed lots of time to learn whaikorero and whakapapa. [Partner] made a commitment to be at home with the children so I could go after work. But she was often late home and I would have to drive the kids to my parents who lived out at [region]. By the time I got to my wananga I was late, stressed out, resentful and stuffed. It didn't help that she stopped going to the marae to work and help out at our tangi [funeral]. [Weka]

What's the buzz with this gambling, anyway? Māori never used to gamble in the old days, so why do it now? That's the crazy part of the gambling, going against the kawa and trying to be like Pakeha. What favours has the gambling done for Māori? [Kaka]

Yeah, I suppose it was a bit hard-case at the marae. We all knew that they were stuck out the back gambling hard out and forgetting to do their stuff. So much for the tikanga – that went out the door with the gambling. [Tauhou]

It never used to make sense about why Mum and all the aunties went hard out with the gambling in the back room. What I think is wrong is the gambling came first, before the karanga and the waiata. Those old kuia and our Mum would be so lost in the gambling, they forgot about us having to wear the shame from the other kids. Yeah, it was embarrassing and tragic. [Kuaka]

Influencing children to gamble

Five whānau participants attributed blame to Māori women gamblers for their own or other whānau members' gambling.

My Mum took me to the pokies with her all the time when I was just a little boy. I learnt how to gamble first with scratchies, and then I played on the one cent and two cent machines. [Kukupu]

I know that my youngest daughter; she's about 14, nearly 15 years, is going to the pokies with [Partner]. She will be a bad gambler like her and me, I suppose. [Tauhou]

Our oldest girl has got into the pokies. I blame her Mum 'cause she has to go and pick her up from the pub. It only starts off with a little tutu and you're hooked. [Toroa]

On the other hand, five of the participants stated that they loathed gambling because of their early experiences of the negative effects that gambling had had on them. They personally do not gamble, and choose not to be in relationships with partners who gamble.

If there is one thing I detest most is those damned pokie machines. Mum used to dabble on the horses, housie and cards. But these pokies, man, they are in your face, and she doesn't want to leave them either. I hate them! We were poorer and abandoned for pokies. I can tell you now; I will never gamble nor live with one, ever! [Kuaka]

Emotional and psychological demands

Some of the participants said that they felt unsupported when left to cope with Māori women's gambling. Some barriers perceived to accessing support included financial constraints.

I have to ring my Nan during the day after I finish work, which is the peak rate. So I have to be careful, and can't just pick up the phone when I really, really need to talk to my Nan about Mum's gambling. But, yeah, I just need someone to talk to, and it is often my Nan. I wished she [Nan] lived near to us. No one to turn to for support, only my Nan.... [Kaka]

I often had to cope with all the issues with my Mum's gambling alone. I would have like to have had earned more money, to help her out a bit more. My brother was not working, so most of the stresses fell on me. Plus we are having a little baby. [Kiwi]

Often participants who provided ongoing support to gambling mothers faced an emotional dilemma when they were unable to provide ongoing support, usually because they had left the family home environment. Providing such support had made them the adults within their relationships with their mothers.

It is hard for me at the moment. Umm, it is a bit harder now that I am not living at home. You see, when I was living at home I could be there for Mum. But I moved out with my partner and we live in the opposite direction. I can only provide limited support. I can only check up on her by asking my sisters. [Kakapo]

I suppose the hardest part is trying to live with the disappointments. You try to make it go away, but, whatever, it doesn't. The lying buzz with us and Dad. She can't talk to Dad about her problems, or I think Dad just switches off. She talks to me about her problems, and I hear them arguing and I don't want to listen to them. I am supposed to be the child not the f...n adult, you know. I am not supposed to be coaching them or telling them what to do. They are supposed to be coaching me. I can't wait to get out of here. I should be doing something like that gambling, not my Mum. [Kaka]

Shame

Another participant expressed the shame and anger she felt when her friends observed her mother gambling when they socialised at the same hotel.

I feel embarrassed when my friends tell me that they see my old lady at the pubs on the machines. ...I just don't like it at all. And seeing her sitting in there [pokies] is not a good look, not a good look at all. [Kaka]

All my mates are always going on to me about the old girl's gambling at the casino. They say to me, 'How come your old lady is gambling? She supposed to be a kuia with more sense'. This really makes me feel like crap. [Kuaka]

The shame that my girl put me through when she took the cheque [from me]; it just hurt so much. I had to lower my head when this happened. Me being so proud, it was very hurtful. [Kaki]

Participants also reported that they were ashamed of their whānau members' gambling and that this stopped them from seeking help.

I couldn't bring others in to help me with my sister's gambling problems. Shit, it was hard enough knowing that most of the whānau gambled. My husband's whānau never gambled, and so, yes, it was about the stigma. But boy! Did it do my head in, not getting any help... [Weweia]

Shame prevented one of the participants from seeking financial support until the gambling was at crisis stage.

I didn't want my parents to know that my wife had a gambling problem. It was really about the shame that it would bring. I waited until I hit rock bottom before I went to my parents for help.
[Weka]

The majority of the five children reported they disapproved of their mother's income being spent on gambling and thus making the gaming operators wealthy.

I just don't like to think about my Mum putting her money into those machines and making someone else rich. You win some but you lose lots. I just see her wasting her money, and that is not a good look. [Kaka]

One participant reported that his mother's gambling caused so much distress that his father consequently took his own life.

... I believe it was the loss of trust ... or perceived destruction of his marriage through Mum's gambling habit. It is hard, but I think that there were other elements that my father was not happy about...but in terms of the gambling, it was the straw that broke his back. I think that dad's suicide was an effect of the gambling.
[Kiwi]

Summary

Gambling had serious financial costs for some of the women. Most children of the Māori women gamblers disapproved of gambling, blaming it for their mothers' neglect of personal grooming and domestic pride. Health was also affected by long periods of inactivity and inappropriate seating. One whānau participant attributed Māori women's problem gambling to the external forces of Christianity and colonisation.

Behaviour resulting from the gambling affected the ability of some gambling mothers to provide for their children, resulting in after-school neglect and failure to provide nutritious meals, borrowing and having to borrow money from their children for household expenses. Some Māori women gamblers felt incapable of managing their finances to the extent of having to call on their children to do it for them. Gambling affected some Māori mothers to the extent that they neglected their children, leaving them at home alone.

Gambling affected some of the women's moral integrity causing them to conceal the gambling and lie to their whānau. Some attempted to bribe their whānau in order to have their gambling accepted.

The effects of gambling on whānau and partners were multiple and ranged from financial hardship to relationship dysfunction. Often debt and financial problems related to the gambling were hidden from whānau and partners until it was too late and either debts were called in, resulting in material hardship, or bankruptcy was declared. Gambling by the Māori women to remain in employment caused hardship for their whānau. One woman's gambling caused domestic dispute resulting in loss of employment by her partner.

Māori women's gambling resulted in strain on their relationships with their partners and with other whānau members, as well as between the partner and the whānau. Such strain often caused anger resulting in physical and emotional abuse. Relationships were further strained as the women chose to engage in gambling rather than relating to partners. In some cases this culminated in the break up of the relationships.

Moral integrity was also affected in that some of the women failed to keep promises to not gamble and others used children as intermediaries with their partner in order to obtain money and support for their gambling.

Gambling resulted in physical abuse, both to the gambler from an angry and frustrated partner and also by a gambler on her partner. Social interactions were disrupted in pubs that had pokies. Insecurity arising from the relationship disruption resulted in some partners forming relationships elsewhere. Fighting between the gamblers and their partners also exposed their children to stress.

Gambling also disrupted the ability of some of the Māori women gamblers to meet cultural responsibilities both in the home and on the marae.

Some children of the Māori women gamblers felt that their own gambling had resulted from their mother's modelling and others were adamant that they would never gamble themselves because the effects of it they had seen on their mothers.

Whānau members believed that they had to provide excessive degrees of support to the women as a result of the gambling and some felt guilty because they were unable to do so.

The Māori women's gambling caused some whānau members to feel shame, both before both their whānau and wider society. One went so far as to take his own life as a consequence.

Part Two: Coping with Gambling

This section describes how whānau participants dealt with the effects of Māori women's problem gambling. Like the Māori women's findings they fell into three groups: 1) those who themselves remained uncontrollable gamblers; 2) those who had experienced a crisis in their own lives as a result of problem gambling, and consequently supported the Māori women problem gamblers to stop or significantly reduce gambling; 3) those who had never gambled, limited or even ceased their own gambling. Each group is described below, but the main focus is on those whānau members who had stopped or reduced their gambling, in order to investigate and understand the strategies that had assisted them in coping with problem gambling successfully. Also within this section some of the instances in which support proved to be inadequate will be described.

Uncontrolled gamblers

Half (8) of the whānau participants, whose gambling ranged from social to heavy, said that they did not see gambling as a problem and would not encourage Māori women to stop.

I know that I am a heavy gambler and will never stop. Like [Partner] we are addicts; gamble all our money, live for gambling and drinking. [Touhou]

I don't care what people say; we gamble because we love it and there isn't - no way - I would ever tell my sister to stop. I would be talking shit. [Weweia]

Supporting Māori women to address gambling

Many of the whānau participants interviewed had tried strategies to cope with their partner's gambling. Supporting Māori women problem gamblers to address gambling ranged from understanding the behaviour itself, going outside of the

relationship and accessing professional help to providing support to help the women to monitor or reduce their gambling.

Whānau and partner support

Four of the participants considered it a priority to keep the gambling problems private within the whānau.

It's got to be private coping with the gambling because of my whānau background. My parents have got a lot of respect in the hapū [sub-tribe] and, well, my sister's shit had to stay within our whare. [Weweia]

Well, for me it's a private matter and one that has to be kept private. My Dad he wouldn't have wanted me or my brother to tell other whānau members about the gambling and our raruraru [problem]. [Kiwi]

Some participants arranged for the care of dependent children so that their partner or whānau member could enter a gambling intervention centre. Two of the participants took over childcare responsibilities themselves, with the help of immediate whānau members.

In the end my son-in-law was able to work around the kids' school hours. His job was good like that. I helped out as well. The whānau would be called in at odd times to help out with picking them up from school. It was all about us fixing up our girl. [Kaki]

I helped my Mum out and cared for the kids when she went into [Rehabilitation Centre]. I made sure that the kids all got off to school and would take them in to see her on my days off. I knew that she was stressing out about me working and at the same time looking after the kids. It was my way of supporting Mum. [Kakapo]

Ongoing physical support for Māori women after they completed rehabilitation programmes was provided by some whānau to assist them to attend gambling support groups.

The hard part was when she came back from attending the programme in [region], and had to attend 39 consecutive AA [GA] meetings. They need that ongoing support. Her husband, he's the biggest support she had, coping with her family while she was away and back home too. For him to go night after night with her while she attended her meetings must have been hōhā [inconvenient] for him. Yes, he stood by her right to the end. [Kaki]

Establishing whānaunga [relatives] networks working within the field of health and addictions also helped some participants to cope with their whānau members' gambling.

We had other family members who had alcohol and drug addictive problems. We went back through the grapevine and heard where we could get some help. My daughter was working in health so we took my girl to [region] and listened to the kōrero. I knew after they had finished talking it was the right place for [daughter] to go for help. [Kaki]

Providing unconditional support when a Māori woman relapsed into gambling was another helpful strategy by whānau participants that helped her to cope.

...and there really is nothing much that I can do, because it is up to them to want to change. I suppose you just need to back off a bit when they say that they are going to stop and then they go down the road and play again. Just back off a bit, but not too far, and really, they don't need our stuff on top of them... [Kaka]

Some participants believed that Māori women gamblers needed to be provided with positive encouragement when they stayed free of gambling or remained committed to attending gambling programmes.

That was amazing, that she stayed for the whole six weeks in [region]. It was really up to her, and I think what turned her around was the hurt that she was creating and what she had done to me. She had reached the point where she wanted to help herself and that was a big difference. I would ring her up and tell her how proud I was of her, at least weekly... [Kaki]

Understanding gambling behaviour

There were a number of ways in which the participants reported they were able to gain insight concerning their partner or whānau member's gambling behaviour. Some participants reported that their understanding about the complex nature of gambling behaviour and relapse increased when they accompanied wāhine whānau gamblers to support group meetings. Three of the children of Māori women gamblers attended a Māori gambling support group by Māori women gambling counsellors. As a result they became more understanding and could be more empathetic about the reasons why their mothers used gambling to help them cope with familial distress and no parental support with child rearing.

That programme was good for Mum. ...my Dad was really hard on her, and he wouldn't sit down and talk about all the problems with them. No wonder she pissed off to them pokies! Mum had to care for the kids on her own, without little or no support from Dad, because he was out boozing and didn't come home. I read about all the stuff at home; being shitty and driving Mum to the pokies. If anyone had of told me before, I would have said their talking shit. But, it sort of, well, makes sense. [Kaka]

The gambling was the easiest part for us to understand. But the other stuff about Mum having to cope with my sister's shit, not having enough money, Dad not helping out: all that stuff sent Mum to the pokies. It would drive me to the pokies too – doubt it! [laughs]. [Kakapo]

One of the participants who attended gambling support meetings was able to learn about some of the motivations that triggered the women's gambling behaviour.

It was good to learn about how my daughter's grief about the loss of her daughter, and how it triggered her to gamble. I was pleased for my girl, that I could come to this insight instead of always blaming her. [Kaki]

Information from gambling counsellors about the way pokie machines have been designed to entice players to continue and favour gaming operators provided some participants with a better understanding about motives for Māori women to continue gambling.

I have a little bit of an understanding about the need for them to want to continue gambling, and the drops or rewards the machines give them. See, those highs and lows of winning, they are important to them. Whoever designed those pokies machines were clever, yeah, really clever... [Kakapo]

Understanding the physiological effects of withdrawing from gambling such as trembling, excitement, sweating and craving provided valuable insights for some of the participants who attended GAMANON [Gambling Support Group] and counselling.

I never knew that her moods were related to wanting to gamble all the time. The counselling lady, she made me see her mood swings, you know, like the tapping and playing with her hands. It was all part of acting out her gambling and wanting to gamble. [Weka]

I did wonder why my Mum's hands used to always be shaking and she was always doodling. I used to think that was so bizarre. But

now I know that it's about her needing to keep her hands occupied. That was helpful information for me and I stopped giving her a hard time for drawing rubbish. Yeah, that was good, to stop putting her down. [Kakapo]

Participants who read the material from a Māori women's support programme which their mother had attended to address their gambling said that the use of simple language to explain gambling behaviour made it easier to understand. Moreover, one participant reported that her understanding of her mother's gambling behaviour was made easier by including a Māori context.

I read Mum's folder about the gambling, and learnt a lot because it was in simple language that I could understand. There were no fancy words; it was about Māori and the history of gambling. I think that is why I could understand it. [Kaka]

Whānau participants reported that they were more vulnerable than most to adverts, marketing strategies and clothing sprees. This information helped some participants understand Māori women's vulnerability to gambling.

I related a lot to the gambling but in different ways. I could relate my own experience of shopping, and I get the same rush when I go shopping. I just love shopping, and when I see the ads and, well, I could see how my Mum could be seduced by gambling. [Gambling Support Programme] taught me a lot, like looking at how we get hooked into buying things. It made me relate, and have something in common that could help me to understand what Mum was going through. [Kakapo]

You know, all our teachings in psychology about impulses, irrational attitudes and behaviour, gets lost when it's close to home. My wife told me that I had to look at my own obsession with cars and wanting to change them every year. That wake up call jolted me a bit, and I had to look at my own behaviour, and why I wasn't happy. Like my Mum, I was in denial about the loss of my Dad and the car made me happy - for a short while. [Kiwi]

On the other hand some participants said that they could not fully understand their partner's gambling behaviour. One participant reported that one addiction had been replaced by another when attempting to stop gambling. His partner gave up gambling and went back to smoking cigarettes instead.

What can you say? She gives up gambling and heads straight back into smoking like a trooper. It beats me. But she stopped without

any help from anyone, so how do you explain giving up one bad thing for another? [Toroa]

Health promotion in schools

Two of the children of Māori women gamblers who went to see gambling counsellors argued that information about problem gambling should have been made available in school environments when casino and pokie machines were established.

You know when Mum's gambling got out of hand I just couldn't turn to anyone. My dad and sister had moved overseas and I was left behind. I was always late to school, lunch was pretty crappy and I remember telling my counsellor that our money was being spent on gambling. He never took much notice so I thought it was normal. [Kereru]

How come we weren't told about this gambling buzz at school? You know, someone could have at least come to our school and talked about all the pitfalls that we kids needed to look out for when those bloody pokie machines came to town. That gambling place in town – where the hell were they back then? [Kaka]

Providing unconditional support

Two of the whānau member participants reported that they were able to provide unconditional support to their mothers by trusting that they would in fact succeed in addressing their problems with gambling.

I suppose it was after I went to the GA meetings and listened to one of the speakers say that we had to start to trust them. And it was good, because it was about starting with little things. After the meetings I started to trust her and not judge her. [Kakapo]

On the other hand, some whānau participants found it hard to accept that their wives were genuine in their desire to stop gambling and at times had difficulty in understanding how she was coping with addressing her gambling behaviour.

The testing time came when she got one of her support group ladies to bring her home. I was so convinced that she would wander into the pokies, but she didn't. Of course I tell her that I had no faith and that just makes her feel more badly. [Weka]

More frequently, while participants claimed that they initially found it difficult to accept the many contradictions associated with Māori women's efforts to address

their gambling behaviour, they eventually realised that they had to learn to trust her anyway.

... I say to her, 'Hey! How come you going to that course and still gambling? I just get mad with her when I know that she still goes down the road and is away for ages. I know that she is trying and that she just can't stop the gambling straight away. I just have to stop being a doubting Annie! [Kaka]

I would go shopping with Mum to make sure that she spent the money on groceries. I questioned her all the time... if I gave her some money, it would be given with a lot of questions. I would go shopping with Mum, ask her for receipts because there was no trust there. I had to learn to stop being like a policeman. [Kakapo]

It was hard not to trust that [partner] wouldn't go to the casino. There were some familiar signs, and, like fidgeting all the way home, and that suggested to me that she would be easily convinced to wander into the pokie venue if I didn't pick her up. That scared me a little. She only carried on like that for eight months but she didn't [go into the pokie venues] and that's where I had to learn to give her a chance. [Pateke]

One of the participants realised that his passive aggressiveness was being expressed by using his wife's attempts to deal with the gambling as a means of controlling her.

I made a commitment to my ex-partner that I would finish working on my stuff, and I carried on living with my Mum. I suppose it was all about learning not to stop putting in all these clauses. See, my original thing was that I would only support her on the condition that she must finish all her counselling and GA programmes. See, that control thing, always got in the way. But I saw some positive changes in her and I had to also look at my control issues. [Weka]

One participant who separated from a Māori women problem gambler reported that she had tried to maintain a friendship after they had dealt with the residual effects of gambling.

Even though we didn't reconcile I still made an effort to tell her how sorry I was for not supporting her in an appropriate manner. I am glad that we can have a friendship now. I accept that the relationship is over. [Mohua]

Working collectively

Six of the whānau participants said that they were able to help Māori women overcome their preoccupation with gambling by working with them to set up achievable goals.

Three partner participants believed that working together with the Māori women gamblers on different physical tasks helped to alleviate the boredom which had driven the women to gambling in the first place. One of these participants spoke about a project that he helped his partner start and asserted that it had had long-term benefits for his partner and community.

She asked me to help her with a veggie garden at the marae. So that's what we do now, together it feels good. Thing is, we never did anything like this before. Plus, we have both got involved in starting up a plot for us as well. [Weka]

Another participant said that his partner modified her gambling when she enrolled on a course and was taught how to do traditional weaving. As a result the whānau participant and Māori women were involved in a small self-employed venture supplying crafts to market sellers. This participant believed that his partner's preoccupation with her gambling has now been replaced with weaving.

I reckon that [partner's] gambling is more controlled now because she has got an interest. She got taught by the women on that [Māori Women's Support Group] programme; and she just ran with it. I take her goods to the market and sell them on her behalf when she is too busy. Now I can see that her orders are picking up - people like them. So, yes, it has been good for the both of us. Soon as she started to do the weaving and stuff, it [gambling] sort of all died down a lot. [Taranuii]

Another whānau member participant was able to help his mother to remain gamble free by including her in his business.

I asked my Mum to come and help me out with the lawns, instead of her gambling every day. She came out, like, sort of, not really keen and then she got into helping me with the landscaping and that is when her creativeness came out. I like the fact that we can work together and I never go there about her gambling. I just accept that we are helping each other out, and that feels good for us both. [Kereru]

One of the six participants said that he and his partner utilised their own personal experiences of achieving abstinence to set up a service for problem gamblers in their region. The crucial ingredient for the success of this venture was their ability to work together to achieve their aims.

Now, we just encourage each other. We support each other to remain gambling free. But now I think it is having a goal in life and our thoughts are more pre-occupied with planning our service. So, yes, I think the [less] time we have to think about the gambling helps us to remain gamble free, and, more importantly, we have each other to draw from. [Pateke]

Summary

Half of the whānau participants chose not to deal with their partners' problematic gambling behaviour, putting it down to being hereditary and an activity in which they themselves participated and therefore perceived as acceptable.

Support for Māori women gamblers from whānau participants ranged from keeping it private, through to offering emotional and practical support in taking care of dependent children to allowing the woman gambler to seek gambling interventions. Partners and whānau members were often involved in supporting the women when they chose to access help as well as using whānau networks to find help. Some whānau participants reported that providing unconditional support and positive encouragement, either when Māori women gamblers stayed free of gambling or at least remained committed to attending gambling programmes, was another way of successfully supporting them.

Information from gambling support groups and counsellors helped whānau participants to understand the complex nature of gambling behaviour and the motivations to gamble for Māori women. Such motivations included dealing with familial distress, no parental support with child rearing and unresolved issues around grief. This information provided some context to empathise for some whānau participants. Also helpful was learning about the way pokie machines are designed to favour gaming operators. Some participants learnt from gambling support groups and counsellors about the physiological effects of gambling and the need to support and not ridicule the women's efforts to cope with its effects. Simple material containing a Māori context made gambling easier to understand.

Some also related their own addictive experiences, such as impulse buying or smoking to their whānau members' or partner's gambling behaviour.

Some children of Māori problem gamblers said that health promotion strategies in schools about the effects of gambling would have been helpful when pokie machines were introduced to their regions.

Some participants were able to provide unconditional support to their mothers by trusting them. A small number doubted the Māori women's attempts to remain gamble free, but they eventually realised that they had to learn to trust them.

Moreover, one exhibited passive aggressive behaviour by using his wife's attempts to deal with the gambling as a means of controlling her. Another maintained friendship after separation in order to provide the support that she had not been able to give when they were together.

Some participants reported working collectively with the Māori women problem gamblers on different physical tasks and achievable goals, such as engaging in community projects, assisting them with self-employment projects and inclusion in a business venture. Another couple, after becoming gamble-free, set up a support group for other Māori problem gamblers in their region.

Whānau taking Responsibility

Participants identified numerous ways in which they themselves had contributed to their partner's gambling. Having acknowledged this and taking some responsibility for the Māori women's problem gambling, many then set out to change the situation. This section describes various ways in which they tried to achieve change.

Addressing their own dysfunctional behaviour

Understanding the effects of partner and whānau gambling behaviour on the women was considered important by most. Some participants who had gambled themselves reported that they had stopped gambling so that they could support their partners and whānau members.

I think what has helped my partner is that I no longer gamble. That helps to support her. We made this contract with each other to

support being gamble-free. It's been good for our relationship and our kids. [Pateke]

I know now that helping me Mum to stop gambling, was a lot better when I said that I would stop too. That was hard for me at times. But we had each other to, well, prop each other up, especially when we went to [Pub]. All your whānau are there, hanging out at the machines and it was hard, yeah. [Kukupā]

One of the participants, who himself achieved abstinence from gambling, had a personal understanding of the complex nature of gambling and the many difficulties involved with it.

I know I have been there, and believe me, it is one of the hardest addictions to overcome. I tell you it is so damned hard. Like, the alcohol, I could get over that one okay. But the gambling! I would have some money in my pocket, and there was this huge thing inside of me that wanted to go to the pokies. So you have to always keep telling yourself that it's a hard road ahead for your mate. [Pateke]

On the other hand, many of the participants felt that their own contribution to their relationship becoming dysfunctional was an important reason for some Māori women finding solace in gambling. One participant became aware that not being attentive toward his partner was a reason why she enjoyed the positive attention she received from the pokie operator at the pokie venue and why she then wanted to spend time with the pokie machines instead of him.

I didn't realise that she was going to the pokies to get away from me and my lazy ways. I never noticed how the gaming operator was really nice to her. She was always going on about [Pokie Operator] treating her nice and talking, like, nice, too. I was too caught up in my own stuff to notice all that attention and she did spend a lot of time at the pokies. [Toroa]

One participant had not realised that she had contributed to her relationship being dysfunctional by her need to control her partner. When she did realise it, she could not understand why. Dealing with historical and unresolved personal issues helped her to take stock of her own role in encouraging her partner's gambling behaviour.

... I went to seek help for my co-dependent behaviour ... I wanted to learn why I had this need to control. It was a shock to me when I was told that, or advised that, while-ever - I was focusing on my

partner's gambling I never had to deal with my own historical abuse issues. I had never told anyone about the sexual abuse issues and how my Dad's best friend had abused me as a young girl. He was my Dad's business partner and all those years ago...I kept quiet. [Mohua]

Some participants reported that they had encouraged their partners to gamble in order to raise money to provide for their own desires and help maintain their lifestyles.

I think it was more about us keeping up with the Heke's next door, sort of thing. You keep telling yourself that the gambling will make it better for you. The cars get better, and you take it for granted that Mum's wins is gonna do it for you. [Taheke]

You don't even think about where the money is coming from because [Partner] always had lots and lots of money. I know, for me, it was all about showing my mates that we were, well, not rich but not poor either. It just was easier to buy things and not ask questions. The cars and boat all got paid from her gambling, for as long as I can remember. [Taranuii]

...I wanted a spa, and never thought about the expense involved, like the installation, and I did it without even thinking about asking her for advice or permission. I knew that I could talk her round and say, 'You know you're a gun at gambling. You can easily win; you always do'. And on it went like that; filling her head with rubbish, and it was wrong. I have always been a spoilt bastard, got what I wanted, and thought, 'She's right. [Partner] will help me pay it off with her gambling wins'. Then the bills start to pile up, and I kept putting the blame on [Partner]. It was a bloody nightmare. [Toroa]

One participant realised that she had developed an addiction herself in response to their dysfunctional relationship.

I had hit rock bottom after [Partner] knocked me out. I was battered physically, and the emotional abuse that she sent my way had a profound impact on me. I had medicated myself with alcohol and drugs for too long, just to be in this dysfunctional relationship. [Mohua]

One of the whānau participants, who had had problems with alcohol and had enrolled in a therapy group to address it, realised that his partner would need similar external assistance to deal with her gambling addiction.

For me as a Māori male to be confronted with the truth... For myself, I felt uncomfortable being with a room full of alcoholics, but it is only after the sharing that you realise that you are with like-minded people and you can confront your addiction. You're a gambler or an alcoholic. It is okay to acknowledge who you were. For Māori women it is okay for them to say, "Hey, we need help and we can't do it on our own". [Weka]

Some participants reported that they were unable to remain in their relationships with the Māori women because of their feelings of guilt, arising from their realisation of the degree to which they had contributed to her problem gambling. This realisation came after they attended counselling and begun to address their own addictive behaviours.

I didn't really think that I could carry on with [Partner] at the end of my counselling sessions. I think I just had too much guilt to deal with, and it totally overwhelmed me about the role that I played in keeping her close to me, so I left her. [Mohua]

Control Issues

Some participants reported that counselling helped them realise that they had initiated and controlled major whānau decisions without first consulting their partners. As a consequence their partners had felt powerless, became physically and emotionally withdrawn and sought solace in gaming venues away from the marital relationship.

The long and short of our counselling sessions together was my huge need to control and have power over her. I just had this huge need to want and control her. I was the one that made the decision to leave [hometown] and move to the coast. I never asked her if she wanted to move: just took it for granted that she did, and I had convinced myself that it was kapai. [Weka]

Another participant said that he was able to improve his relationship by contributing more in assisting his wife with domestic duties.

I wanted things to work out between us for the better so I started to pull my weight around the house. I still haven't got my licence, but I have got better at taking over some of the cooking without being told what to do. When the male counsellor put the roles and responsibilities on the board, and I had to fill in my lot, it gave me a bit of a wake-up call. 'Cause I saw how little I did. [Toroa]

Providing whānau support

Some whānau participants and their Māori women started discussing the problem of gambling behaviour together. They said that being specific about types of gambling behaviour that had affected them, such as pokies, and about the impact on whānau, made a dialogue about coping easier. Some of the participants claimed that such discussion helped with the development of strategies for them to support the gambler in her attempts to deal with the problem.

It was a hard thing to go into WINZ and see the budget lady to help us with our bills. It's that whakamā [shyness] thing. So I went in with [Partner] so that we could work it out together, to get out of the crap that we were in. [Weka]

Another three participants reported that they initiated a plan and signed a contract with their partner/whānau members to help each other stop or reduce gambling.

We both knew that we had to sort out our relationship first, before the gambling. So to help each other we agreed to this contract, that was [that] we had to get permission from each other to gamble. We had this tendency to fool ourselves that we could do it alone, but I knew that I couldn't do it without [partner's] support. So we helped each other. I had to be strong for her and likewise with her. [Pateke]

My two sisters and I signed a pact with each other to help with our gambling, more around the amount that we spent. We both knew it was getting us nowhere, so it was helpful for us to limit our spending. It worked for us, our little pact. [Weweia]

Whānau members who also gambled were sometimes called on to provide emotional support when needed.

The best help I got for my Mum's gambling was from my two sisters who gambled. They were always there for me when I needed to off-load, especially about money that Mum owed. I knew that they couldn't give me the money, because they were also in the crap. But just having someone else to talk to about how I was going to cope was 'kapai'. [Weweia]

However, a small number of whānau participants talked about ways in which their attempts to provide support, for example, by providing ongoing financial assistance, actually fostered irresponsible gambling by the Māori women.

To this day I can't explain why I will still pay my Mum's bills so she can gamble. I hide Mum's telecom and power bill when they come in from my wife, and I just pay it. The worst part is that I know my co-dependency is not helping her. I am lying to my wife all the time, and that's wrong. [Kiwi]

However, one whānau participant experienced feelings of hurt when gambling professionals labelled this process for her.

I remember when the counsellors told me that I was co-dependent. I was so hurt when they called me that. I thought I was trying to help her by giving her money to pay the overdue bills. They [counsellors] said that I was feeding her habit by paying or organising for her bills to be paid. I was very hurt, hurt to the point that I didn't want to go back. I hadn't come all this way to [region] and be called a co-dependent. [Kaki]

Accessing kaumātua support

Some participants said that they asked for help from local kaumātua, particularly when there was no gambling service provider in their region.

Māori; we got to get kaumātua to bless the raruraru [problems]. Without it we are lost, and still in that state of being lost. It certainly helped me and my girl to move forward when she came home from [Māori Rehabilitation Centre]. [Kaki]

At the beginning when all the shit hit the fan we had no help. We lived out at [region] and there was no support or service. It was about not knowing who to ask for help, and more importantly, we had the help of our kaumātua. That was good for us at the time because we had both lost sight of our marriage, and the blessing helped put us back on track. [Weka]

Cultural context

Two participants who attended a conference presented by the researcher said that information about the history of gambling, especially with regard to Māori cultural obligations, helped provide an explanation of why Māori women constantly gambled on their marae. One participant explained how his view-point changed after learning about the fundraising aspects of card playing on the marae.

...The kōrero about the history of gambling for Māori and the social stuff, I would have continued to blame Mum for gambling at the marae. I never knew it was about giving back to the people and to help with the upkeep of the marae. That korero you gave us about the history of gambling and cultural obligations, it was so

right. I can still see the old kuia playing cards in the back; I never really knew that was why they played. So, yes, it was good to have that information. [Weka]

I learnt so much about Mum's gambling when I started work at [Health Centre] from [kaumātua]. My Mum never ever spoke to us kids about why they left [region]. We just always thought that we moved to [region] for Dad's job. It all made sense when I listened to your korero at the conference. I never put the two together, you know, rural Māori needing somewhere to socialise together and finding it in the housie hall. [Kuaka]

Accessing friendship supports

Whānau participants trying to cope with their whānau member's gambling said that it was important, before talking with their partners, to seek out support from trusted friends. They found that friends provided them not only with good advice but debate and discussion about the introduction of new strategies to break the gambling behaviour patterns. Moreover, if change did not occur, friends could help provide practical and emotional support when making preparations to leave the relationship.

I knew that I needed help from my friends if she wasn't prepared to change. My friends could then rally around and help me leave my partner. [Mohua]

My friends; without them I would have gone bonkers. It was good to have someone to offload to about the problems at home. Dad being a jerk and Mum's gambling. [Kaka]

One participant said that support for dealing with his mother's gambling came from a friend who was the manager of a pokie venue his mother frequented. The manager would often approach and intercede when he saw that his friend's mother had overspent on the pokie machines. This ability to utilise his friendship to receive direct and specific feedback to help monitor his mother's gambling helped to eliminate some stresses.

One of my school mates managed the pokie venue where Mum was a regular. I could ring him when she wasn't home and [manager] would let Mum know that I was on my way to get her. I don't know what it was, but she listened to [manager] and often he would growl her when she spent a lot of money on gambling. [Kiwi]

The same participant said that he compromised his friendship when he tried to control and monitor his mother's gambling behaviour.

... When my father passed away Mum chose not to frequent [venue] because of stigma. I think she gambled in town because she is less likely to be monitored by [gaming operator]. When she is in town she can gamble at her will. It was a huge expectation that I put on my friendship. But I never had anywhere else to go for help and I just thought I was doing the right thing. [Kiwi]

Accessing professional help

Six of the participants attended relationship counselling with their partners, and four of the six who had left their relationships said that they had since reconciled with the assistance of counselling.

Some participants said they had attended relationship counselling sessions with their respective partners and both participants said that they had felt guilty as they realised the role they had played in isolating their partners from their whānau.

So when I was told by our counsellor that [partner] was mokemoke [lonely] for her whānau, and it was kind of met in the housie halls and marae with other Māori, it made me feel stink. Basically, I allowed my own insecurities to creep in and, well, after nine months of counselling it ... kind of made sense to me. [Weka]

Some participants said that they were in denial about their partner's gambling before realising that the relationship between them was the root of the problem.

Three of the partners of Māori women gamblers reported that overcoming such denial was achieved as a result of a sense of kotahitanga (solidarity) and community built up through participation in kaupapa Māori addiction programmes. The programmes provided a solution to the pain and unhappiness of believing one was alone.

I went to the self-help group for two months, I guess, and, you know, being whakamā [embarrassed], it took me ages to open up. But there was this other Māori guy in the group, and he said to me, 'Just let rip about your probs, we all in the same boat, mate'. And, you know, that made me feel okay. [Weka]

I think going to those programmes with my wife was a hōhā [nuisance] at first. But when we got separated I was left with all these strangers to talk about me and my stuff. I just listened at first

to what others said about their mate's gambling and stuff...
[Pateke]

The ladies in the group made me see sense but it took a while because I was so set in my own crap about not helping with the kids or looking for a job. I see things different now, and I have made an attempt to have my CV updated. [Toroa]

I went for the first time to the programme, first to drop Mum off, then I got invited to stay for lunch. I was able to meet other whānau who had been through what we had, and it helped me realize that I wasn't alone. That was a good thing for me, to listen to others and share similar hard times. [Kakapo]

At the time of being interviewed two of the whānau participants were undergoing therapy with the assistance of a finance counsellor to curb their own spending urges.

It was hard going into the WINZ office to ask for financial help to get us out of the crap. But, it was necessary. We had gone round and round getting nowhere. I didn't even know that there was all this financial support to help you out. Financial assistance was what we needed and we got it. [Weka]

Whānau members reported gradual improvements in self-discipline and reduced gambling behaviour after Māori women attended a gambling support group. Reaffirming and reconnecting with their cultural identity was said to be helpful.

Umm, I have noticed that my Mum is really proud ...to be around people who are Māori, know what she is going through and hearing their responses. [Kakapo]

All the staff of one gambling intervention programme had been gamblers themselves. This was seen as an advantage. Some participants stated that having Māori women staff and services specific to women was encouraging and not deterring, because they believed that women's experiences differed from those of men.

I think one of the good things about the programme was having Māori women counsellors. Like, if you had men counsellors, what would they know or understand about women's experiences? It's one of the strengths of the programme, and some of them have been gamblers too, so they know what Mum and them are going through themselves... [Kakapo]

Conversely, three of the participants claimed that their family doctors had held fundamental assumptions about gambling, which from the outset had undermined the patient-physician relationship. These participants reported that often the problem for which their partners had sought help from their general practitioner (GP) was a physical ailment, like stomach ache or insomnia, which was actually a symptom of depression caused by feeling helpless to deal with their problem gambling. Frequently the GP did not have time to discover the real problem, and often the problem gambling partner became a recurrent patient and dependent on medication.

He never once asked her about what was causing the depression. He was useless, and I believe encouraged her to become dependent. [Partner] was constantly going to the doctor for tablets or help with depression, and becoming like a revolving door. [Mohua]

Some physicians did not adequately understand the cultural and socio-economic context of Māori and gambling. For one partner, one result of this was a feeling that their physician did not adequately respect their intelligence, motivation and desire to understand and to provide support in coping with the effects of the gambling.

My doctor was hopeless when it came to giving advice about gambling. He only saw the benefits of giving me medication and I never received any other information from him. It was all about giving me a pill to help with sleeping. That wasn't what I wanted at all. [Weka]

This same partner reported what he perceived to be ignorance and negativity from police officers about how he had been affected by his partner's gambling, which resulted in unnecessary stress that left him disempowered.

I know that hitting [wife] was wrong and this cop is laying down the law to me about her rights. He didn't want to know about how her gambling had caused me stress and all the worries about money and the kids, plus losing my job. I got taken to the cop shop and just felt like crap. I was just another dumb-arse Māori who bashed his wife ... [Weka]

Summary

A first step toward whānau taking responsibility for assisting the Māori women problem gambler to desist was to address their own behaviour. Some stopped gambling themselves and others signed a contract. Cessation also gave deeper understanding of the complexity of achieving abstinence. Some realised that their relationship becoming dysfunctional had led to their partner finding solace in gambling and that their own contribution to such dysfunction had included neglect, over-control, and not dealing with unresolved historical issues.

Some had even encouraged their partners to gamble in order to raise money to provide for their own desires. Some whānau attending counselling for other addictions said that the same principles applied to gambling. Others were unable to remain in relationships because of their feelings of guilt concerning their own contribution to their partner's problem gambling. Some participants attended therapy and addressed their own addictive behaviour.

Support to help cope with gambling started with discussion of it together. Some signed a contract or at least provided emotional support to the Māori women gambler. However, in some cases, the gambling was fostered by whānau participants providing ongoing financial assistance to the extent of co-dependence in one case.

Some had found they were able to help only after obtaining support from kaumatua or information from attending a seminar on Māori and gambling.

Getting support and information from friends and whānau networks helped some whānau participants deal with the gambling.

Relationship counselling helped some whānau members and Māori women gamblers cope with the emotional impact of the gambling. This was most effective when provided by Māori for Māori because it helped provide a sense of kotahitanga and belonging. Gambling intervention was particularly effective for Māori women when it stressed cultural and gender identity and was delivered by counsellors who were reformed problem gamblers.

However, help for some partners and whānau members was sometimes limited or even misdirected. For instance, some general practitioners were accused of not looking behind problems presented to them such as depression and insomnia, to realise that gambling was actually the root cause of these disorders. Similarly, police were described as disempowering by not taking account of the Māori women's problem gambling as a background to domestic dispute.

Advice

The last three questions asked of the whānau members were about what advice they would share with Māori women gamblers, with their partner/whānau members and with other service providers. Again, the underlying aim of asking these questions was to provide guidelines concerning gambling for service providers working with iwi, hapū and whānau to develop Māori health.

For Māori women gamblers

Whānau participants were asked what advice they as the whānau or partners of a Māori woman with a gambling problem would share with others dealing with the same problem.

Encouraging Māori women to take up alternative methods for relieving stress was suggested by one of the participants. Participants recommended encouraging wāhine gamblers to keep themselves occupied with a range of non-gambling activities to distract them from wanting to gamble.

Look, take up going to the gym, instead of going to the f...ing pokies. Take your frustrations out on a punching bag. At the same time, you're losing something: it is not your money, but it is your weight [laughing]. [Kaka]

There's lots of stuff out there for women to do, that doesn't cost that much money, for relieving stress. I know some cousins who get cheap massages or even get it free down at [Health Centre]. [Kiwi]

I have told me sister that she needs to take up jogging or waka ama. That way, she keeps out of trouble. She needs to be doing something physical to keep her away from those machines. Yes, I would definitely encourage Māori women to take up some sort of sport. Bowling is okay; because they haven't got the pokies in the bars – well, yet! [Weweia]

Another suggestion was to work on collective projects that had long term benefits for the women as well as for their whānau, hapū and iwi.

I believe you have to work together and be committed to bringing new interests to the relationship. She has a project that belongs to her now. It [garden] keeps her busy and I can see that it's good for her, me and our kids. Helping with the gardening project, like, she asked me for help, and I gave it because I could see the benefits for all of us, the whānau, hapū and iwi. [Weka]

Participants whose elderly mothers gambled said that they would like to see their mothers involved in other activities that did not affect them financially. Some participants said that they would like to see Māori communities and marae committees taking a more active role to ensure that alternative fundraising activities are available.

It's a concern for me that our kuia, my Mum included, are going to the pokie venues, spending their pensions, and then we gotta bail them out. I tell my Mum all the time, 'Why don't you be like those old Pakeha kuia at [Club]? They have a little gamble, hop off, go have a beer or juice, and then they go home'. I say to those old kuia out there that they are bad role models for our rangatahi, and our age as well. [Kuaka]

Marae committees and our hapū; we all need to monitor the housie at [marae]. The truth of the matter for me is, Māori women have to stop fooling themselves that they are gambling for the good of the marae. I want to tell our kuia that with the housie; the money came back for the benefit of the hapū. Those pokie machines, the only one that gets rich is the likes of [Pokie Owner]. [Hihi]

I would like Māori to get more skilled in applying for funding from the Lotteries Commission. Look, there is help out there for filling out the application forms. Its too easy to say, 'lets organise the housie nights'. Why do this when we know all the pit falls are there for Māori to gamble. Get smart and get help from the right people. [Whio]

We had this Māori budget advisor tell us about the funding alternatives kaupapa. It was awesome, wish we had the money to get her to stay longer. She gave us some really useful information. [Weka]

I would like to see my Mum going to [Old People's Centre], do what other old kuia do. Play cards or bridge with a different group of people who are not hard-out gamblers. Go get involved in doing something other than gambling. [Kiwi]

The same participant said that any plan needed to include information about how to re-educate the gambler into a life that is gamble free.

Māori women need to fill their lives up with something else. It was a fulltime job, gambling and getting the money to gamble. You have to plan to unlearn to gamble. It will work with another human being, talking and sharing with another human being. [Pateke]

Oh, I tell my Mum all the time, to get over Dad leaving and start going to the marae, or doing some voluntary work at the [Māori Health Clinic] herself, and stop wasting her time and money, or rather our money, on those machines. Dad left because he couldn't handle being in the relationship. [Hihi]

At least half of the participants believed that there was a need to look at the women's home environments, as well as looking at a plan to address relapse.

It will have a big impact on the women, for them to have a look at their own home environments. You see, it is in the home that most of the problems occur. If things aren't alright there, then look outside for a women's support group who has got their own programme to help with the relapse. [Pateke]

Whānau participants indicated that Māori women gamblers need to elicit help from gambling help professionals to help them to address relapse.

I can see this [women's support group] is an awesome programme for Māori women. Today, I don't gamble or drink alcohol, but I know that it is always there, so I just have to keep my partner and myself safe. You have to be occupied with activities, reading, and working. You need to have a programme to help you over this period. [Pateke]

You gotta go get some help about the relapse buzz. You can't go it alone. Go ask the programme counsellors or the Māori working at the telephone line. They can help you with the relapse, not us! [Kaka]

Doing it yourself is very, very hard. See the type of addiction gambling is, well, it takes total control of your head. It's all in your head, why you gamble. That bad thinking has to be dealt with by the gambling helpline counsellors or go to GA. It's only a phone call away. [Pateke]

Overcoming issues of shame was seen as a barrier particularly important for Māori women against accessing help from gambling help support systems.

My advice for Māori women is to not be whakamā [shy]. Seek help, and it doesn't matter from where or who. Because the type of addiction gambling is; that you can not beat this by yourself. You need another human being to help you stop. [Kakapu]

For Whānau members

Most of the participants saw enlisting help from supportive people, namely whānau, as a high priority for Māori women gamblers, rather than trying to deal with the gambling alone, and feeling isolated as a consequence.

It would have to be a very extraordinary person who can cope or stop on their own... You just can't do it without your partner or whānau, really. Yes, you definitely need support from whānau or anyone that will support you. Just know them more, I think. You know, have an honest relationship. Go to GA meetings with them. I believe the place to find someone who can relate to you is GA... [Pateke]

Whānau supporting whānau! I think that's the key, to have whānau support. I think her husband has been wonderful. Without that whānau support they are going to fail again. No support from you means your whānau will collapse. [Kaki]

For me, it was about me supporting my wife, and asking my whānau to stop giving her a hard time about her gambling, and that I was just as much to blame. We got to support our wāhine because no one else will, and plus it will just end up with them going back to the pokies. [Weka]

Participants shared advice about the importance of providing ongoing positive affirmation to their partner or whānau member when abstinence was achieved. Four of the participants said that they tried to reinforce these affirmations regularly, and acknowledged the difficult pathway their partner or whānau member had to traverse.

For me, it's about letting other Māori whānau know that our wāhine; they need lots of praise for achieving abstinence. I never encouraged her to give up gambling. She more or less gave up herself. So, I try to remember all these little things that mean so much to them when they are going through such a trying time. Because giving up gambling is not an easy process. I am very proud of her achievement and I remember to tell her all the time. [Pateke]

You got to remember to give them rewards to help with not gambling. Other whānau and partners need to remember the

importance about rewards for giving it up. I used to buy my partner little treats, like flowers or chocolates, when she started or stayed at the GA meetings. I knew that it was hard for her, but those little treats came in handy when things were not going so well. [Weka]

Whānau participants reported that they had come to understand that gambling is a complex addiction, difficult to overcome, and requires unconditional support. Without such support attempts to cope with it will be less successful.

I say to Māori whānau to not be so hard on your partners, sisters or Mums. They stuffed up: so what? We've all made mistakes. Get over it, and try not to put them down. It just makes them feel worse, and that will head them back to the pokies. [Whio]

Participants said that obtaining information on the physiological and psychological effects of trying to give up problem gambling is essential for partners and whānau members trying to help Māori women to abstain.

For me, the information I got about the gambling, and what Mum is going through, like the withdrawal stuff, helped me a lot. I saw the high and lows of Mum's gambling, and never really knew what was going on. So, yep, I reckon, go and get the information, so that you can help them, instead of guessing. [Kakapo]

Most of the whānau participants said that an important way in which whānau members could support Māori women problem gamblers was by not providing money to gamble.

It is hard, I know, because I was guilty. You see, we have to learn not to give them any money to gamble. It's hard when you have to say no. But, you know, you have to be cruel to be kind. Not giving them any money will help them in the end. [Kaki]

I know that giving the money has always been the easy part for me, and most probably for other whānau too. I see my Mum looking sad all the time, and, well, if she gambles, then I can feel good. It is so simple. Don't give them any money. Buy them something nice instead. [Kiwi]

A small number of participants believed that asking whānau members who had recovered from gambling themselves would be another form of support.

Whānau, you need someone to support you through all the shit that has come down on you. Ask a cousin that has gambled and then stopped. They will be able to understand and help you. [Kuaka]

I try, but we just end up arguing all the time, and it is always around borrowing money. So, get help from the cussies that were hard-out gamblers. I know that helped my Mum with her problems. Yeah, talking to her sister; she was good for my Mum. [Kaka]

I have a lot of whānau members, mainly kuia, who I can go to for help. They were gamblers way back, and you know, they have some amazing views about what to do; to help my sister. They know all the tricks of the gambler, and you can't bullshit a bullshitter now, can you? [Weweia]

Whānau participants who did not gamble said that they may not be the most appropriate people to give advice for Māori women problem gamblers.

It would be different if I had been a gambler, too, or experienced those circumstances. It could be different, I could give advice. But because I have never gambled I really can't say much. [Kakapo]

I reckon, don't give advice if you don't know or really understand about the gambling. It's like, don't go there. Let someone else help them. [Kaka]

Some of the participants said that whānau members needed to be better informed about how pokie machines are designed and programmed to lure Māori women to continue to gamble.

So, teach yourself about what they [gamblers] put themselves through to stay gambling. If you don't take the time to read up about how easy the pokies are to play, and those pay-outs are gonna keep them putting their money into the machines. I always tell my mates about that little booklet – it's really cool. [Kakapo]

That book Mum got from the wahine at the programme, about them pokies being done to prey on vulnerable people, it helped me a lot. I suppose, if you look at the pictures, they are kind of pretty, and the little drops of cash they give you. Yep, those crafty buggers get on top of them, and don't let your Mums and Dads fall prey to those crafty machines. [Kaka]

Whānau participants said that gambling counsellors and support group meetings had helped them to understand the complex nature of gambling behaviour, for example, the motivations that triggered the gambling, how to achieve abstinence and strategies that can help maintain it. However, some said that it was just as important to realise how quickly some Māori women can undo these strategies

and then relapse. Nevertheless, even when relapse occurred, providing unconditional support was considered important.

You have to be aware that although she puts some things into place to help her to not gamble, she can also undo them quite easily, too. My Mum hides her shoes away and wears jeans to town so that she can't get into the casino or pokie venues. I thought that was really clever of Mum, but then she can have \$4, go to the hokohoko [opportunity shop] and buy a \$2 pair of shoes ... and that is her done. She has got the other \$2 to put into the machine. So you have to accept that one day it will be good, and the next day it can all go down the tubes. [Kakapo]

Don't set your Mum or partner up to fail by expecting them to not gamble. It has been part of their life since they were kids. No one told them it wasn't ok. Go with the flow, and accept that there will always be that temptation to go back to what they did. Don't put the pressure on. [Kukupu]

For Service Provider Organisations

Despite the fact that communities benefit from pokie venues by receiving charitable funding for community projects, there was a concern that the proliferation of pokie machines in less affluent areas needed serious attention. All five children whose mothers had been identified as problem gamblers said they had serious concerns about the availability and easy access of pokie venues.

But why does it have to be, like, in our areas, like, the poorer areas? The machines rake in a lot of money, but it is bad that it is lower class people's money that is going into the machines. Why can't [mainstream gambling organisation] stop the pokies coming to our areas – they need to try and stop those bloody machines. [Kakapo]

I think that the workers should also be trying to find out why there are so many pokies in our communities. Man, they are everywhere! What's the buzz? I bet they are not in the Pakeha areas. It's not a Māori kaupapa. So why are we the ones that have got the problems? Bloody sucks, if you ask me! [Kuaka]

But I would like to know when and where those machines came from. That is the bum deal that we have got so many of those machines in our pubs. It just makes me mad. That is all I have got to say. [Kaka]

Participants argued that gaming operators needed to take a greater role in achieving moderation of problem gambling by acknowledging host

responsibilities and assisting with self barring. One participant noted that his partner had been able to enter gaming venues even though she had self-barrred herself.

How would they [Gambling Venue] security guards be able to recall every single person who has self barred himself or herself? It's not very effective at all. In fact it stinks! Security take you down to this room, take photographs; get all your details; and they get you to sign a document that you agree to allowing security to arrest you for trespassing on their property. It is a legal thing, so they have a right to arrest you. I think they give you one chance, then they have the right to arrest you and ask you to leave the premises. Actually, you give that right to the casino. That is part of their commitment to host responsibility and helping problem gamblers. That sometimes does not work, as a lot of people still outsmart them and go in to gamble. The concept is fine, but how do you get or monitor people who self-ban? [Pateke]

Some argued that the gambling service providers had a role in ensuring that casino operators fulfilled those obligations.

The whole purpose of the photo is to ensure that security do their job and keep you out of the casino. After a couple of approaches you can be arrested. My wife should have been arrested! [laughter]. I don't think it is very efficient. Those [service provider] workers need to use their heads and get those workers on board at the casinos. [Hihi]

For me, [service providers] have got to monitor the pokie operators – that's part of their health promotion contract, isn't it? [Pateke]

Participants said that Māori health workers should have current information on the availability of support groups appropriate for Māori women problem gamblers and their whānau.

I suppose they [Māori Health Workers] just need to be there for when Mum needs someone to help, or just to have a talk to. I guess they will need to know where the [gambling] support groups are. Yeah, they should also know where the support groups are for whānau who need support, and it better be current information! [Kukupu]

Some whānau participants said that gate-keeping by non-Māori gambling providers, including Māori on their staff was inappropriate. Moreover, not

referring Māori women problem gamblers to culturally appropriate services was not helpful, and needed to be addressed.

Give us [Emerging Māori Service Provider] a chance to prove that we can help Māori problem gamblers. That's all I want to say to all the gambling service providers, Māori included. Why do we have to prove ourselves 100 times over to them? Refer clients to us we can take care of our own. We have the experience, been there, done it, and come out of it. [Pateke]

What on earth is going on with the bloody service providers? No one knows what's out there to help our wāhine. We find that some of the providers have not got any funding. Yet, they come and pick up my Mum. [Kuaka]

There has got to be more support for my Mum and the other Māori wāhine who need help. Those Pakeha organisations need to be aware of this, and help those Māori organisations who are struggling 'cause they got no funding. Instead of setting up another Pakeha office, let the Māori come on board and help Māori. [Kakapo]

What we got to have all the [Mainstream Gambling Organisation] out here helping Māori? Māori don't want to go see them. My Mum, she had to go and see a Hinamana [Chinese] counsellor; she was all that was out here. That sucks! [Kaka]

Summary

Whānau participants' advice for Māori women problem gamblers were described and ranged from physical to age-specific activities. Getting involved with alternative activities, especially for stress relief, was advised. Collective activities could be used by the whānau and partner, such as joint gardening projects, to provide benefits for both the Māori woman gambler and her community. The marae was mentioned as an appropriate venue for such activities. Women with a gambling problem were advised about the value of re-education for abstinence.

Ensuring that Māori women's familial environments were free from distress was mentioned. Seeking outside help from professionals to assist them with a number of issues that affected them, such as marital problems was advised. Overcoming whakamā in order to seek help was seen as particularly important for Māori women problem gamblers.

It was important for whānau to provide help and not leave Māori women problem gamblers feeling isolated. Participants believed that giving up gambling was difficult and that positive affirmations were helpful in supporting their partners/whānau member when they succeeded in addressing their gambling behaviour. On the other hand, unconditional support was also seen as necessary when they failed. Information on withdrawal effects could help to understand the mood swings and anxieties associated with trying to give up gambling. While support was necessary caution was advised concerning giving money which could be used for gambling. Reformed gamblers were seen as more useful advisors than those who had not gambled. Information about the attractions designed into pokie machines was seen as essential. Whānau support needs to be given when Māori women relapse.

Participants expressed concern at the proliferation of pokie machine venues in poorer socio-economic areas and argued that service providers should be trying to prevent this. They also felt that gaming operators were failing in their responsibilities with assisting Māori women problem gamblers in abstinence strategies such as self-barring and argued that service providers should be ensuring that those responsibilities were being met. Māori gambling service providers were advised to ensure that Māori health workers in their communities knew of their existence in order to refer Māori women problem gamblers to them. Finally, advice for Māori gambling service providers was to argue that they were more appropriate than non-Māori gambling service providers in helping Māori women deal with their problem gambling.

CHAPTER EIGHT

Discussion

The primary goal of this study was to document perceptions of gambling held by Māori women gamblers and their whānau. The perceptions of 10 service provider representatives, 20 Māori women gamblers and 16 whānau members have been presented in the previous three Chapters and themes arising from their perceptions are outlined below. More specifically this Chapter considers the aims, unexpected findings, limitations of the study, further research, theoretical and practical implications of the study and recommendations.

Strategies to achieve these goals were as follows:

- Ask Māori women gamblers about their views of new forms of gambling and their impact on their health and the health of whānau, hapū, iwi and community.
- Explore the views of partner/whānau members of Māori women who engage in new forms of gambling.
- To work with Māori women, and their whānau and others to identify possible intervention strategies which would help to cease or reduce their involvement in new forms of gambling.

These aims translated into the following specific objectives:

- 1) To study how Māori women problem gamblers, their partner or whānau members and key informants perceived gambling, what it meant to them and why they did it.
- 2) To investigate the consequences of gambling for women, whānau and service providers in dealing with the effects of gambling.
- 3) To examine how these three groups dealt with the effects of gambling.
- 4) To discover what helped to bring about positive changes for the three groups.

Two models help us understand the processes of moving into and out of gambling problems. Te Waka Hūrihuri describes the interrelationship between the pull and

push factors and the downward spiral toward problem gambling, and its implications for society. *Te Waka Māia* describes how some participants moved from a state of entrapment to empowerment and it illustrates the sources of the momentum required to achieve this.

While each of the aims outlined above was achieved, the extent to which each was accomplished varied. This is illustrated in the model "*Te Waka Hūrihuri*" (See Figure 8.1). The relationship between the model and the sections that follow describe the development of the gambling behaviour up to the present and are discussed below.

Part One - Te Waka Hūrihuri – Development of Problem

Gambling

I have used the concept of Allport's 'Lens Model of Prejudice' (Allport, 1954, 1979) as a basis for describing the environmental, societal and personal factors that explain the reasons for the establishment, maintenance, and consequences of gambling by Māori women. Doing so ensures coverage of the full complexity of the development and maintenance of problem gambling for Māori women.

The first aim was to find out how Māori women problem gamblers, their partners or whānau members and other key informants perceived gambling and their motives for doing it.

This section describes the influences on and the development of the Māori women's problem gambling from their first experiences of gambling up to the time of the study. The development of problem gambling from social gambling could be described as seeing the waka going down into a downward awhiowhio (spiral), led by its ihu (bow of the waka) and followed by its taurapa (stern), with the woman paemanu (seated) in between. Contributing to the awhiowhio were facilitating factors ranging from historical influences, through socio-cultural influences, situational context; personality dynamics and the act of gambling to the object of gambling. The two hoe (paddles) describe the push and pull factors of gambling. The right hoe describes the push factors that pushed them into gambling and the left hoe describes the maintenance and why they continued to gamble. The two figures on either side of the waka demonstrate the factors that

either encouraged or discouraged gambling behaviour. Similarly, the rough waters surrounding the waka represent turmoil in the woman's familial and societal environments.

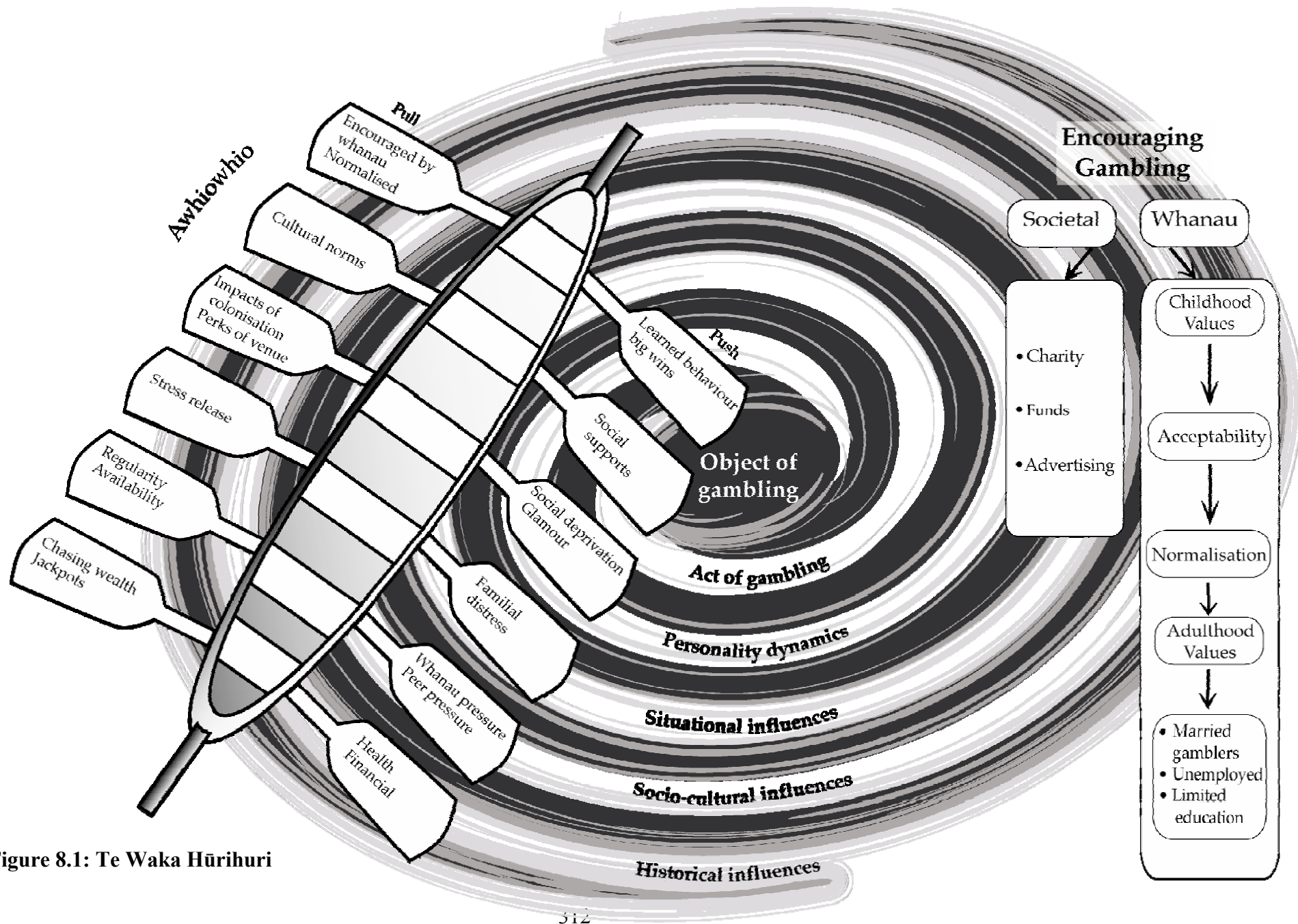


Figure 8.1: Te Waka Hūrihuri

Historical influences on Gambling

Learned behaviour

The development of gambling for many of the women had started in childhood and some had been taught to gamble by parents, aunts and grandmothers. The findings support the literature concerned with individual children and parental influence as a critical component in the development of psycho-social motivation to gamble (Sullivan et al., 1994). Gambling, in particular, housie, had been a normal activity for Māori whānau for generations (Dyall, 2003a; Dyall & Morrison, 2002). A number of the women said that, having observed and learnt the appropriate skills as children; they went on to gamble for money with parents and whānau in cultural and social settings such as the marae and housie halls. This finding supports the researcher's previous study that gambling was normalised and considered to be a learned behaviour that was transferred from one generation to the next for some of the women (Morrison, 1999a).

Big wins from their first experiences of gambling encouraged some to continue and some never stopped.

Socio-cultural Influences

The interviews demonstrated that gambling was very much part of the women's familial and social milieu. Gambling on the pokie machines and at the casino was a way in which the Māori women gamblers, their partners and whānau developed their social relationships with each other. This finding is consistent with other indigenous international prevalence studies of women being drawn to a supportive place, where they had a sense of belonging, and where they were treated with respect and felt welcome (Rugle, 2005).

Gambling took place regularly with whānau and friends and support from whānau was important in maintaining gambling, particularly in the forms of financial assistance and childcare. This finding supports those of Rugle (2005) that, while marginalised groups may not know or understand how to fit into the majority culture, they do know that they gamble with their family, and with people in their cultural

group as a way of identifying with, fitting in and belonging to that culture. Moreover, it also supports Goodale's (1987) and Steane et.al's (1998) qualitative research showing that Tiwi women card gamblers often reported the same experiences.

The introduction of pokie machines into their social environments at clubs and pubs altered the way Māori women and their partners socialised together. A small number of women had gambled with their parents on the pokie machines after they were first introduced in 1988. The majority of the women reported that they gambled with whānau and particularly with gambling partners on a regular basis in familiar social settings. As a result, the gambling venues became social centres for the women and their whānau. However, a few women stated that their partners believed that the pokie machines were intrusive and fragmented their social interaction.

Social supports

The women described Māori-run pokie venues as safe and culturally supportive, where Māori norms could be upheld (Dyall & Morrison, 2002). The women who gambled on pokie machines said that they had adapted their regular gambling venues to suit their needs. In other words, they socialised with other women, saved machines while others replenished resources, and formed friendships and found camaraderie (Brown & Coventry, 1997). Māori-run, local pokie bars were reported to be more enjoyable than were non-Māori gaming venues. Moreover, whānau and partners supported these perceptions, saying that there were limited social options available where the gaming machines were not installed.

Cultural norms

Cultural norms associated with fundraising for marae and tangihanga support were also described by older women. Some also saw the pokie venues and casinos as recreating the kotahitanga that Māori women used to experience in traditional environments such as marae and housie halls (Dyall & Morrison, 2002). Whānau connections were found in pokie venues for women who felt alienated from iwi and whānau. However, some whānau participants said that Māori marae committees and

hapū should be looking at alternative methods of fundraising by accessing appropriate help with funding applications and workshops.

Situational Influences

This section presents the situational influences described by the participants on their gambling. They talked of societal and physical situational influences such as attractiveness, availability, accessibility and acceptance.

Social deprivation

The history of colonisation and its impact on Māori, discussed in Chapter Two, provided an important context within which to view gambling in Māori families today in terms of their economic opportunity, education and identity. While economic deprivation was not necessarily the cause of the gambling, it was definitely confirmed by some of the participants as a contributing factor. Māori women in this study perceived gambling as a means of increasing their wealth, and believed that this, in turn, would increase their social status (Abbott, 2001; Amey, 2001; Australian Institute for Gambling Research, 2001; Dickerson, 1984) and a possible way to subsidise existing low incomes or even, in some instances, to replace income (Abbott & Volberg, 2000).

A Ministry of Women's Affairs report showed that rents rose between 25-40% in the two years prior to the interviews (Ministry of Women's Affairs, 2002). Such rising housing costs have made it very difficult for many women, especially solo mothers, to provide homes for their families that do not have to be shared. Along with other social and economic factors, overcrowding often resulted in gambling, particularly for those participants who resided in Auckland. This was consistent with other local and international studies that have examined the motives for minority groups' gambling behaviour and concluded that playing on the pokie machines is seen by some members of those groups as a way of escaping their overcrowded homes and of possibly increasing their socio-economic status (Dyall, 2003b; Steane et al., 1998).

Glamour

Glamour and congeniality was a factor emphasised by the Māori women as being a major draw for playing the machines at casinos and pokie venues. These venues often provided services and commodities that were otherwise out of reach for those women. This finding was also supported by whānau and Service Provider participants. Low-income women and solo parents said that they found gambling venues, designed to be stylish environments, seductive and therefore conducive to their gambling behaviour (Bicego, 2002; Boughton, 2003, 2004; Brown & Coventry, 1997). This was accentuated by feelings of warmth and familiarity arising from the presence of whānau and friends in a recreational situation surrounded by internal décor emphasising Māoritanga (Woollard & Gregory, 2002).

The gambling allowed both the woman and her whānau to buy the material commodities that demonstrate to society that they have succeeded (Abbott, 2001; Boughton, 2003; Rugle, 2005). Whānau confirmed that they encouraged their partners to gamble in order to raise money to provide for their own desires and help maintain their lifestyles and confirms Dyal's (2003b) report that Māori have put their lives on hold and rely on gambling. Given that Māori women continue to dominate the low-income bracket, it was not surprising that some women imagined that their hopes and aspirations might be achieved by gambling. There is a need therefore for more education and awareness raising on the impacts of gambling and the need for Māori to be more fully included in gambling policy development of culturally specific interventions to help reduce gambling harm (Dyall, 2004; Dyall & Morrison, 2002).

Acceptance

Women and their partners said gambling had become more acceptable in their social environment, and that this had been accelerated by making pubs more female friendly (Australian Institute for Gambling Research, 2001; Bicego, 2002; Brown & Coventry, 1997; Hing & Breen, 2002; Thomas, 2001; Volberg, 2003). Consequently, the once male-dominated domain of pubs has seen a significant increase in the

number of women who find that walking into a pub is more comfortable than it used to be (Custer & Milt, 1985).

Venue and perks

Another incentive for the women to gamble was the food and refreshments offered to patrons. While gambling operators viewed such provisions as a way to ensure that gambling patrons did not have to leave their premises when they were hungry or thirsty, the women reported that the food and drinks met more basic needs. It is clear from this research that some Māori women and gambling partners continued to rely on luck to determine personal or whānau destiny and relinquish their tino rangatiratanga (Dyall, 2003b). Further research into problem gambling prevention therefore needs to focus, not only on gambling, but on what makes it so attractive, and in some cases necessary, to Māori women, particularly those on a low income.

Personality Dynamics

Stress release

An important theme in the interviews was the women's perception that playing the pokie machines meant that they got to live a life different from the tedium of their everyday lives. The women perceived the opportunities for stress relief offered by the pokie machines as outweighing their negative aspects (Blaszczynski & Silove, 1995; Hing & Breen, 2002). Whānau members who at varying times enjoyed the treats associated with the women's wins supported this perception. The women saw the gambling venues as freeing them, at least temporarily, from the burden of daily stress and pain in their lives (Rugle, 2004). Some of the women were neglected by their whānau who did not help with childcare or contribute to the household income through employment. Hence, the women found gambling provided relief from unresolved personal conflicts and escape from stressful familial and work environments (Rugle, 2004).

In order to continue gambling in the face of large losses and mounting debt, some of the women used cognitive distortions such as believing that each spin of the machine added to those before and that therefore the chance of winning increased (gambler's

fallacy). Some women believed that they had greater skill on a particular type of machine, because of elements of its appearance representing femininity and Māoritanga (illusions of control). Many also saw gambling as being not about money, but as a way of coping with life's stresses. A few women related their winning to physiological feelings, such as tingling sensations in their fingers (Abbott & Volberg, 1999).

Familial distress

For many of the women, gambling served as a temporary escape from their efforts to fulfill socially prescribed role expectations in unhappy or abusive relationships (Brown & Coventry, 1997). Gambling broke the monotony of domesticity and shift work duties and provided a way to relieve and manage the high levels of stress in their family and work lives (Thomas, 2001). Gambling provided the convenience both for time out and the sometimes high expectation of looking after whānau (Sullivan, 2001), and for one older Māori women participant the unruly cycle continued (Siegal-Woodward, 2004).

Some of the women said that the motivation to gamble came from their desire to boost their self esteem (Volberg et al., 1997) by using winnings to increase their sense of worth in the eyes of their whānau and community (Morrison, 2003). In addition, some of the women tried to enhance their feelings of competence by developing systems that they perceived as gambling skills (Griffiths, 1994) and which required greater persistence, more free time and less money. Nonetheless, many were also unrealistic about the probability of beating the machine and coming out richer than when they went in (Dixon & Hayes, 2000). As a result, they continued to gamble.

One of the women talked of her need to be taken care of and fear of being separated from her partner as adding another dimension to the maintenance of her gambling. She bought material possessions in an effort to please her partner. Thus her gambling and dependency positively and negatively reinforced each other. When she won, she could buy goods or pay off debts. She gained the approval of her partner and avoided

the consequences of her gambling debts being discovered. Winning also reduced the anxiety produced by previous losses and increased her sense of self-efficacy, albeit temporarily.

The women also identified conflicts that contributed to their desire to continue gambling. Some were related to issues from childhood, such as unsatisfactory parent-child relationships and sexual abuse. Other more current conflicts contributing to gambling motivation included coping with disability or unemployment and the burden of whānau responsibilities. To this extent, the Māori women gambled for reasons similar to those of women reported in overseas studies, specifically, to gain respite from the problems and pressures in their lives (Bicego, 2002, 2003; Brown & Coventry, 1997; Hing & Breen, 2002; Hraba & Lee, 1996; Morrison, 2003; Rugle, 2004, 2005).

The power of gambling in their lives was highly significant for the majority of the women. A large proportion who admitted to being obsessed with electronic gambling also reported that they had previously been addicted to other forms of gambling. On the other hand, women who started at a significantly older age progressed to problem gambling on pokie machines twice as fast as men, confirming the findings from Canadian studies (Tavares et al., 2001). Reasons were because they were bored and lonely (Volberg, 2003; Volberg et al., 1999) and the reinforcement given by the machines was immediate although intermittent (Griffiths & Parke, 2003).

The women in this study reported changes in their motivations to gamble from the positive one of winning to the negative one of reducing negative feelings when playing the machines. Most of the women had become compulsive gamblers, reporting continuing to gamble despite feeling bored during extended periods of play, relief when funds were exhausted and annoyance at winning because it prolonged play. This supports findings by Blaszczynski & Silove (1995) who reported that most gamblers experience boredom when they spend long periods of time gambling. In fact, most of the women felt excited until they found that their available funds substantially reduced, when they would start feeling angry and anxious, increase the size of their bets and employ self-deceptions such as telling

themselves that they could beat the machines and win the jackpot (Griffiths & Parke, 2003).

Most of the women tended to personify the machine and treat it as an electronic friend (Delfrabbro & Winefield, 2000; Griffiths, 1994) and others became emotionally involved with the machine, caressing it and talking to it, striking bargains with it and trying to cajole it into returning better profits (Griffiths, 1994). Some women became possessive about particular machines and entered into arguments with other players. At least three believed that a pokie machine that was decorated with Māori themes brought them good luck and spoke back to them. This personification contributed to irrational thinking that, in turn, helped in the maintenance of their gambling behaviour. They also reported being captivated by the tranquilising effects of the appearance, sounds and kinaesthetic sensations associated with the machines (Griffiths & Parke, 2003; Volberg, 2001, 2003; Woollard & Gregory, 2002). It is clear from this study that there is a need for research on Māori involvement in gambling and the effects of iconology to try and reduce gambling harm.

A significant number of the women matched the profile that predicts problem gambling and probable pathological gambling for indigenous women. These women were 30 years of age or over, unemployed, had achieved a moderate level of education and reported a history of parental problem gambling (Abbott, 1999; Compulsive Gambling Society, 1997; Volberg & Abbott, 1997).

However, the strongest single predictor of problem gambling was early involvement in gambling. Several saw themselves as pre-destined to become gamblers because of the social and familial environment in which they had grown up (Sullivan et al., 1994). This view was supported by some of their partners, as well as by the Māori service providers. Gambling for these women had become an addiction to the extent that they denied that gambling was a problem for them and did not want to stop. This was compounded by whānau who supported and even encouraged them to continue gambling. This is a significant finding and one that needs urgent attention in order to design interventions to counteract the fact that problem gambling has become normalised and acceptable in parts of some Māori communities.

Act of Gambling

A small number of women had gambled with their parents on the pokie machines when they were first introduced in 1988 and thereafter. Other women had been strongly influenced by whānau and gambling friends to gamble on the machines. This supports Sullivan's (1994) claim that problem gambling is more probable by the children of gambling parents. Some preferred to do their gambling in casino environments and others in their local pokie venues. The frequency for many of the women ranged from weekly to daily and it increased rapidly when they started gambling on pokie machines (Griffiths & Macdonald, 1999). Although expenditure on gambling was often only \$20 at first, in many cases it gradually increased, in some cases to several hundred dollars per session (Griffiths & Parke, 2003).

Availability

The women blamed some of their gambling behaviour on the many perceived benefits provided by gaming operators. Particularly for those women who did not have vehicles, increased availability of pokie machines in their suburbs made gambling easier, as did accessibility of childcare services adjacent to the pokie machines, which were also close to other services such as restaurants and shopping malls (Brown & Coventry, 1997). Whānau members and SPOs supported the Māori women gamblers' claim that the proliferation of pokie venues in their regions had made it almost impossible for them not to gamble.

Gambling has become very accessible and gives a false message about safety. Moreover, the more we open up access to a variety of forms of gambling, the more we normalise it. Whānau members argued that gaming operators therefore needed to take some responsibility for monitoring gambling by Māori women. They also claimed that there should be restrictions on the number of gambling venues established in low SES areas (see also Abbott & Volberg 1999). Moreover, they asserted that service providers in the area should have some responsibility for monitoring gaming operators.

Object of Gambling

The second aim was to investigate the consequences of gambling for women, whānau and service providers in dealing with the effects of gambling.

Health effects

Health effects for some of the women included physical ailments resulting from inappropriate seating at the pokie venue and neglecting personal health and grooming. Some said their smoking and alcohol use increased during excessive play and others experienced eating disorders and confirmed that gambling and substance use concurrently occurred during gambling sessions (Briggs et al., 1996; Castellani & Rugle, 1995; Orford et al., 1996).

Anger, low self esteem and depression were other commonly reported health outcomes of problem gambling for the Māori women, often manifesting in the form of headaches. Moreover, when prevented from playing the machines most of the women reported withdrawal symptoms and feeling depressed. Conversely, some women who lost their partners attributed feeling depressed to losing their partners, rather than to the cessation of gambling.

Some women reported that as they found that their funds had reduced to a fraction of their starting amount, they would start to feel frightened and then guilty and eventually depressed. At that stage, some of the women relied on cognitive distortions that minimised the seriousness of the situation. When all funds were exhausted they would feel angry at the machine, often drink and smoke more, and go home and lie to whānau about where they had been. They would probably not be able to sleep after lying about her gambling to whānau. Nonetheless, they would believe her, she would consider her secret safe, and her pattern of gambling-related behaviour would yet again be reinforced (Bicego, 2002). One woman talked of feeling personal despair when she took time to reflect on her own gambling behaviour and a gambling friend's attempted suicide.

Financial distress

A major outcome of problem gambling was financial distress and loss. Most of the women believed that the memory of past rewards and the expectation of future rewards was a motivating incentive to gamble excessively, resulting in significant financial losses (Orford et al., 1996). Some women chased losses by prolonging play despite significant losses, feeling increasingly overwhelmed, but continuing to gamble excessively (Rugle, 2004). Most of the women said that they saw increased gambling as a way to solve financial difficulties, despite also being aware that the gambling could later cause financial distress. A small number experienced loss of assets and bankruptcy through accrued gambling debts. However, others reported that they were in high employment and spent more money on gambling because they had more money to spend, which supported the maintenance of their gambling addiction (Sharpe & Tarrier, 1993).

Although other studies have reported that suicide attempts are common outcomes for some gamblers who are unable to cope with financial loss, particularly confrontation by their partners (Sullivan, 1998), this was not found in this study. However, one whānau participant said that the effect of problem gambling was a contributing factor to loss of life in their whānau.

Also, some women used cognitive distortions such as believing they were entitled to continue gambling with community agency monies. Some obtained grants from community agencies by providing inaccurate information about the purpose of the loan. Another tactic some women used to prolong gambling was to lie to their whānau about the extent of their financial losses, often rationalising to themselves that a win would soon allow them to repay the money. Unemployed women or those on benefits said that they gambled instead of fulfilling social and occupational obligations (Abbott, Gerstein & Toce, 2002).

Misusing household money was a way to overcome control issues with partners. Similarly, they experienced feelings of anger about gambling excessively to win back losses, losing money, while at the same time continuing to gamble and feeling

ashamed about public exposure. Fear of possible impending consequences led to emotional withdrawal from their whānau for some. Others felt little emotion, becoming impassive and acquiescent to losing significant assets such as whānau homes, stealing from whānau and employers. Interventions need to be designed which will allow such Māori women to start to experience emotion again.

Inappropriate activities

Friendships were strained when debts could not be repaid. Loss of respect from whānau and primary family members was acutely felt where children were involved. A consequence for some women was to cease or decrease their gambling, suggesting that revealing the gambling to whānau may be an appropriate means of intervention in some cases. In some cases, children were used as money managers, being given bank cards to hold on to, to support their gambling mother in her attempts not to spend the household money and benefit money on gambling. These women realised that delegating adult responsibilities to their children was inappropriate as it could lead to arguments and loss of respect by the children concerned. The women felt that they had abused their children's generosity. Whānau participants also reported that the gambling resulted in some of the women providing inappropriate food for their children, resulting in long term health effects.

Chasing wealth

Chasing losses (i.e., gambling more frequently or on an increased scale in order to make up for previous losses) was perceived as resulting from false hope that winning enough would make up for lost relationships, lost time, lost jobs, and lost opportunities (Rosenthal, 1995; Rugle, 2004). A result was that the salience of the gambling decreased and they did not get the same level of excitement from it.

Part Two – Te Waka Maia - Dealing with the Effects of Problem Gambling

The third aim of this study was to examine how Māori women problem gamblers, their whānau and service providers dealt with the effects of gambling. This aim was achieved as a wide range of different ways of coping with the effects of gambling was uncovered. This section therefore discusses how, having gone around in circles and down a spiral of despair, the women, and their whānau coped with the effects of problem gambling, and how the providers helped them to do so.

To assist in discussing these coping processes they are arranged within the framework of a waka model. This is because a waka is a means of moving from one situation to another. Women wanted to move from gambling to not gambling and this section describes ways in which they achieved movement.

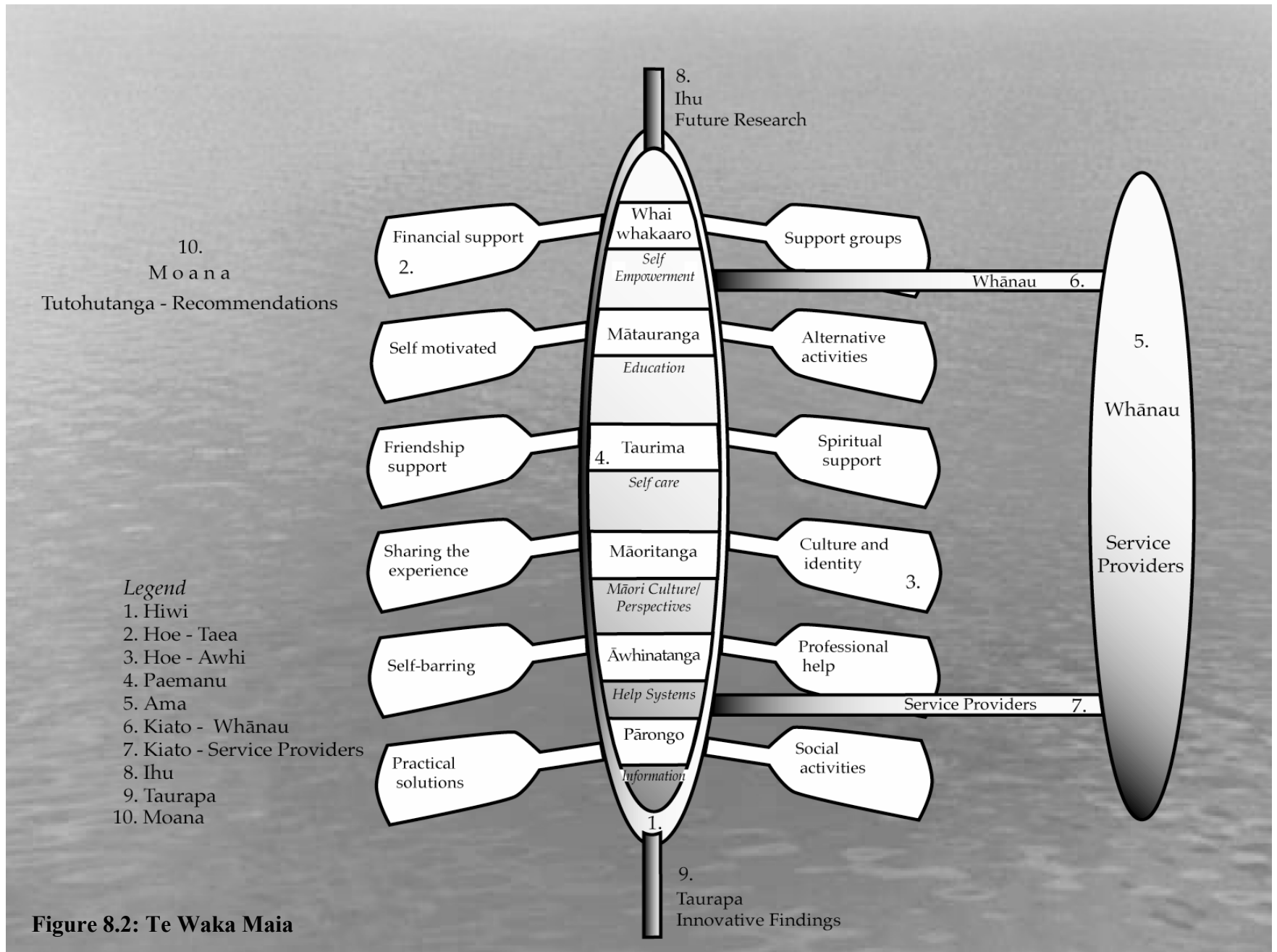


Figure 8.2: Te Waka Maia

Hiwi - Acceptance of Problem Gambling

The hiwi (hull) represents the woman's recognition that she had a problem and would have to work to solve it. Without such recognition women had no waka i.e., no means of moving from problem gambling to not gambling.

As mentioned in Chapter Six there were three groups: 1) those who remained recalcitrant gamblers; 2) those who had experienced a crisis and stopped or significantly reduced their gambling; 3) those who had not experienced a crisis but had nonetheless ceased or limited their gambling. In this section I discuss how these three groups coped with the effects of gambling. However, the main focus is on those women who had stopped or reduced their gambling, because it was important to share with other Māori women strategies which had succeeded in assisting them along the journey out of problem gambling.

Recalcitrant gamblers

Not all of the women were ready to change their behaviour (Griffiths & Macdonald, 1999). Some women who did not seek help said that gambling was perceived as being hereditary, they were addicted to gambling, or lived with a problem gambling partner (Boughton & Brewster, 2002; Brown & Coventry, 1997). However, most of the women, whānau members and some service providers confirmed that gambling was a cultural norm that helped to encourage the maintenance of gambling (Dyall & Morrison, 2002). Some of the women were not ready or simply did not need to change, a phenomenon also reported in other studies of problem gamblers in other cultures (Griffiths & Macdonald, 1999). Māori women who did not stop gambling modified their gambling behaviour and one devoted money to other priorities. Moreover, without a hiwi construction of the waka was not even going to start.

Degrees of Acceptance

Beginning to accept and change

The essential requirement of building the waka was acceptance by the woman that gambling for her or her partner was a problem. Some women, even though they did not wish to stop gambling altogether, accepted that they had a problem and were trying to reduce it. For instance, some women who previously gambled out of control stated that, although they might not have stopped, their gambling was more manageable and more controlled. For some at least the reason was that they got help in dealing with it from being in a group with other whānau gamblers. An appropriate intervention for women in this situation therefore would be for gambling counsellors to have a range of behaviour change strategies available for women who are not ready to stop gambling but who do wish to reduce it.

Full acceptance and greater change

Some women were shocked into accepting that they had a problem and started to try to develop coping strategies aimed at reducing their dependence on gambling (Griffiths & Macdonald, 1999). These events precipitated strong emotions that convinced the women of the severe consequences of gambling for them or their family. Many of the women said that they were challenged by whānau to give up gambling and they realised that if they continued to gamble, they would end up disconnected from their whānau.

Most of the Māori women in this study experienced a number of crisis situations which induced their motivation to change. Some women experienced traumatic life events such as a court appearance, losing their children to become wards of state, or even losing a child through suicide. These women realised that gambling was a problem for them and that they needed to cease or at least decrease it significantly (Griffiths & Macdonald, 1999). Others were apprehended for committing legal transgressions such as theft from an employer or wrongdoing such as stealing from whānau. A third group experienced marriage break-up or severe financial distress, making them realise how devastating gambling had become to their individual lives.

Another group of women did not experience trauma, but found themselves behaving in ways that were morally wrong. This caused them to take stock of their situation and decide by themselves that they did not like what they had become, and to set about trying to change. These women not only experienced crisis but they learnt from it.

It may be important that service providers provide counselling which encourages self-evaluation.

Taea Hoe – Coping with the Effects

Having accepted that they had a problem the women needed a set of hoe to take them in the right direction. The first six hoe represent the coping strategies which the women found helpful. Examples are discussed of ways in which they instigated movement forward. These have been grouped under Financial Support, Support Groups, being Self Motivated, finding Alternative activities, Friendship Support and Spiritual Support, with all the hoe paddling together to symbolise how the women and their whānau coped.

Financial support

Giving some financial responsibility to others, either permanently or temporarily, helped the women and whānau with managing money. Many of the women said that they were challenged by their whānau to ask for financial assistance from appropriate organisations. Accessing financial advice or handing over financial control and access to all funds to budget advisors helped relieve some overwhelming stress for some of the women (Griffiths & Macdonald, 1999). Others recognised that gambling had become problematic and relinquished credit card access or contacted money-lending organisations, some asking for help to block loans. Other considerations included not having any credit or debit cards at all. Similar findings are reported by other international studies with women problem gamblers (Brown & Coventry, 1997; Mark & Lesieur, 1992).

Support groups

Most of the women and some whānau said that support from others played a significant role in helping them to cope with their gambling behaviour. The more organised support groups provided by mainstream organisations were the first port of call for the women but for some additional support came from a recovered gambler or ‘sponsor’ (Custer & Milt, 1985). The support groups enabled the women to feel sufficiently accepted and safe to start opening up about their experiences with other like-minded people (Custer & Milt, 1985; Hraba & Lee, 1996). Some of the women had doubts about being with other gamblers. However, after listening to other people’s problem gambling testimonials they felt less alone.

Self-motivated

Some of the women reported that they had originally started gambling in order to compensate for giving up smoking, drinking alcohol and taking drugs. Having realised that they could give up other addictions, they were then able to modify old thought patterns and give up gambling (Blaszczynski & Silove, 1995). A strategy for women trying to cope with gambling therefore would be to revisit how they had overcome powerful addictions such as smoking and drinking alcohol, and then use similar procedures as interventions for gambling behaviour. Focusing on the positive aspects of how the woman had overcome other powerful addictions and using the process to overcome problems with gambling may therefore be a further useful coping strategy.

An important finding from this study was that the women who stopped gambling without experiencing any trauma revealed that they had not been exposed to gambling as children. They related their cessation to revisiting values about the undesirability of gambling and re-accepting family mores set down by their parents for them as children. This suggests that an integral component in any intervention will need to include family mores.

Some avoided social venues that had pokie machines or they chose to avoid whānau and friends who gambled. Often, the woman would realise that she was being

captivated by the music from the machines, experience a euphoric ‘rush’ and then have to use extraordinary will power to remove themselves physically or resist whānau peer pressure to gamble. One woman used this avoidance strategy to the extent that she took an alternative route home to avoid her local pub.

Alternative activities

Another way of coping through withdrawal symptoms was to undertake alternative activities with the help of Māori women support workers and gamblers. For instance, some of the women undertook weaving or other artistic pursuits at home to keep their hands occupied without gambling. An appropriate intervention for women in this situation therefore would be to provide updated information about Mana Wāhine programmes in their communities and to encourage them to engage in something meaningful to occupy their lives. Providers and whānau need to know what alternative activities are available in their community.

Friendship support

Although some women accessed help primarily from whānau, at times it was not enough. Some of the women who were at the beginning stages of their journey out of gambling accepted help from friends. Often friends were available to listen, and for women who had ended their relationships provided companionship, encouragement or support. Some friends were more effective than partners, primarily because they had not been affected by any of the stresses and inevitable disappointments often experienced by partners and or whānau members (Heineman, 1992).

Several of the women in this study found friends most helpful with money management, particularly if the friends were strong willed or lived in regions that were not accessible. Moreover, some of the women said that their friendship groups often had more faith in their achieving abstinence or reducing the behaviour, compared with whānau members.

Spiritual support

Most of the women mentioned that they were engaged in some form of traditional Māori healing kaupapa, often with the support of whānau or Māori gambling counsellors. These included karakia (prayer), cleansing rituals or using rongoa (Māori medicine), visiting spiritual locations and mirimiri (massage). Gaining information from tohunga and kaumatua helped to enlighten some of the women about the effects of colonisation on Māori. One woman was able to then use this information to understand her feelings of isolation. Gambling counsellors helped some to identify cultural supports and others to take pride in their Māori identity and tikanga. A few found that they were able to help only after obtaining support from kaumatua or information from attending a seminar on Māori and gambling.

Awahi Hoe – Helpful Strategies

The fourth and final aim was to discover what strategies had helped to bring about positive changes. This was also achieved for the three groups and is characterised and represented in the remaining six hoe. Having had such experiences, they reported that they had been able to put strategies in place to stop or reduce the gambling behaviour, and then to help maintain the momentum toward change. The second set of six hoe represent these strategies.

Sharing the experience

Most of the women and whānau members who attended a Māori woman's support group shared between them information and strategies for coping with the effects of their problem gambling. Some whānau members reported that they had witnessed their mother's reconnection and pride in her Māori identity and mentioned that the resources provided were simple and without non-threatening language. From these sharing experiences some whānau members also learnt how to understand and cope with their mother's withdrawal symptoms and the importance of providing ongoing support. These findings are comparable to many international and national prevalence reports about sharing information and resources being integral to gambling recovery for women (Brown & Coventry, 1997; Hraba & Lee, 1996) and whānau (Custer & Milt, 1985).

Talking with other Māori women gamblers helped dispel some apprehensions for these women. One of them deliberately refrained from telling her case officer she was attending counselling in case she failed. However, the support of other like-minded people enabled her to continue attending the group. They strongly recommended joining a support group with other Māori women. An appropriate intervention for women and whānau in this situation therefore would be to provide a supportive environment for sharing to take place. Having only one Māori women's support group for gamblers, which is in Auckland, is insufficient provision for Māori nationwide who are seeking Māori gender specific gambling services. More such groups are needed.

Culture and identity

Issues of cultural identity and cultural–spiritual awareness had a particular relevance for those Māori women who attended a Māori women's support group (Richards & Herd, 2003). Several authors have argued the importance of addressing what they perceive as problems related to cultural identity and esteem in substance abuse and gambling prevention programmes for Māori (Durie 1994; Dyal, Taurua et al. 2002; Robertson, Pitama et al. 2002). Māori gambling services provided some of the participants in this study with immediate responses to their problem. They were available, culturally appropriate and provided a place where most women could just be Māori. Most of the women believed such groups to be more effective than some non-Māori services in addressing gambling behaviour (Durie, 1994; Dyal et al., 2002; Robertson et al., 2002).

Professional help

Some of the women said that counselling taught them how to deal with unresolved emotional conflicts from their childhood, and how to deal with grief and resolve abuse issues. Moreover, some women recommended encouraging Māori women to overcome their discomfort with non-Māori female counsellors and to seek help, particularly when Māori services were unavailable or confidentiality was an issue.

Self-barring

Some women said that they had initiated self-barring practices to help stop their gambling behaviour with the help of whānau or friends. However, there were some barriers to self-barring. For example, staff were often not available to monitor the women when they relapsed and entered gambling premises. This suggests that casino and gaming operators need to ensure that their floor staff diligently monitor and implement self-barring practices when asked to do so by Māori women problem gamblers

As mentioned above some of the women who had used cognitive processes to overcome powerful addictions to get money to gamble then used these same processes to give up gambling. Others managed to stop voluntarily (went ‘cold turkey’) by modifying their thought patterns so that the pull to gamble was no longer triggered by entering gaming venues. Both groups gained a better understanding about the addiction involved in their gambling (Blaszczynski & Silove, 1995). An important finding from this study was that this change in thinking was easier and more successful for women who had not gambled as children, had started late in life and had not experienced a financial crisis (Blaszczynski & Silove, 1995). Counsellors therefore need to be aware that women who started to gamble late in life may be able to stop on their own.

Practical solutions

Some of the women reported that they had found having diverse interests helpful and that learning skills to keep them occupied during the day and evening to replace the gambling behaviour had been useful. Learning how to make Māori art as well as forming a support group with other gamblers was reported as having been helpful in aiding cessation of gambling. Another helpful strategy was to assist their partner in a business venture. Some women kept themselves occupied by providing physical or emotional support to rangatahi and the elderly.

One of the women said that sharing how to make Māori crafts was another practical solution to help with boredom and loneliness. She believed that sharing each other’s

artwork and skills would also reduce gambling harm. An appropriate intervention for women in this situation therefore would be to provide cultural experiences that would be effectively and acceptably culturally therapeutic. For example, providing more women-friendly support groups, acceptable cultural therapies and involving women in designing strategies to address their gambling behaviour are needed. This finding is consistent with other international women gambling researchers and theorists (Brown & Coventry, 1997; Masterman-Smith et al., 2001).

Social activities

A small number of woman said that they engaged in sporting activities that required intellectual and physical stimulation to overcome thinking about their obsession with gambling. Some women said that they organised social activities with whānau members who were also attempting to give up gambling. Social activities ranged from regular outings to movies and helping organise fundraising initiatives for sports clubs. It was also recommended by whānau that kuia should seek out social activities appropriate for their age and status. An effective intervention would therefore be to encourage appropriate social interaction.

Paemanu – Providing Strength and Support for Change

Having built up the momentum with the twelve hoe paddling together in the same direction, the women had to consider a range of personal strengths and support to sustain change. The metaphor of the paemanu (seat) within the hiwi and between each pair of hoe represents a class of personal changes that supported them on their journey toward reduction in gambling or total abstinence. The following sections describe and discuss each of these paemanu.

Whaiwhakaaro – Self-empowerment

Overcoming stigma of gambling

Some of the women said it was important for Māori women to learn how to value themselves and defy the expectations of others, particularly whānau members who chose to keep their gambling in the ‘closet’. Only a few said that their whānau understood the reasons behind their gambling and others said that they were no

longer uncomfortable about telling people they were recovering addicts or learn how to accept themselves. This perception of gambling among Māori women must be understood in order to help them. Employment and income opportunities, increases in positive social support, and Māori women being valued for who they are, all need to be targeted if as a culture and as a country we want the prevalence of Māori women's gambling to be reduced.

Accepting healing takes time

For many of the women having sufficient time to heal was central to their recovery. Although some said that they were able to reduce their gambling without support, others asserted that without help over a period of time they would have continued to gamble. Another woman said that developing self belief was part of her road to recovery and that this process would be lengthy and fraught with temptations.

Several of the women talked of relapsing into gambling, despite having modified their behaviour, as, for various reasons, the temptations became too great. Some recognised their own gambling behaviour, mirrored by that of a problem gambling friend. Others cited a strong Christian upbringing and a fear of hell as the motivation to try to modify their own gambling behaviour.

Others, who had previously believed that they could not live on their own, empowered themselves to leave relationships, and address their unresolved feelings of guilt concerning their own contribution to their partner's problem gambling. Some of the women believed that they had been meeting all the responsibilities of their whānau and established strategies to distribute such responsibilities to their partners or help agencies.

Gambling and wealth

The motivation for Māori to overspend in order to increase their wealth was found in this study. This phenomenon has been a public concern from some Māori communities and active anti-gambling lobbyists, both Māori and non-Māori, concerned about the social, economic and cultural determinants of gambling (Abbott & Volberg, 2000; Bunkle, 2003; Dyall, 1998a, 1998c). Some women undertook their

own research or read books that were helpful about the effects of their gambling. A small number of the women who believed that gambling would increase their benefits or current low and replace income (Abbott & Volberg, 2000), were provided with more insights after attending a workshop on financial management. More importantly, they realised that the only way their future would change would be not to include gambling in it. Moreover, this view reinforced the need for more education and awareness programmes aimed at Māori women and whānau to successfully commence changing their irrational belief that gambling would increase their financial and social status in Aotearoa (Dyall et al., 2002; Morrison, 1999a).

Avoiding substance abuse

Most of the Māori women and some of their whānau who had been vulnerable to alcohol and drugs learnt to avoid them. One woman said that for her, alcohol was associated with drinking and gambling on the pokie machines. It was something she had to work on continuously, and this finding is consistent with that of addiction theorists that there is a definite correlation between gambling, alcohol and drug addictive behaviour (Briggs et al., 1996). Information and advertising displayed on pokie machines in gaming venues about the harm of combining alcohol and gambling may be a helpful strategy to help reduce gambling harm for Māori women problem gamblers.

Matauranga – Education

Understanding how pokies work

What came through clearly in this study was the inexperience of most of the Māori women in the playing of pokie machines. For example, the pokie machines provided a continuous stream of visual and auditory incentives that encouraged the women to respond and continue to gamble (Fisher & Griffiths, 1995). Some of the women, who had been engaged in traditional forms of gambling like card schools and housie, reported that their social interactions were disrupted by the stimuli from the pokies. This was supported by whānau and confirms the findings of Fisher & Griffiths (1995). Perhaps the suggestion proposed by Geraldine (1998) that New Zealand adopt

the strategy used by the Netherlands of removing pokie machines out of pubs would be a way to facilitate social engagements for Māori.

Most of the women experienced strong feelings of being compelled to play, despite knowing the odds clearly supported the gaming operators (Custer & Milt, 1985; Griffiths & Parke, 2003). They also knew that they would lose more than they would win (Dixon & Hayes, 2000). Nevertheless, they did not understand randomness or the implications of the odds being highly stacked against them. Consequently they kept playing, resulting in many of the Māori women being vulnerable and experiencing financial, personal and health problems. The whānau members and service providers confirmed that Māori women need to be provided with more information about the psychological power and probabilities of the pokies, how they worked and their impact, particularly on low income Māori women (Rosenthal, 1995). An appropriate intervention to help improve Māori women's understanding would be to familiarise themselves with the booklet published by Gambling Watch, 'Know the Facts Before you Spin' (Gambling Watch, 2004). This booklet is free, user-friendly and readily available.

Understanding gambling addiction

Some women had to have ongoing help from gambling specialist counsellors. These women learnt that they had been using poker machine gambling as a form of respite from unresolved childhood problems, such as being sexually or physically abused (Boughton, 2003; Volberg, 2003). They were then able to turn their lives around, and some learnt to endorse cognitive processes to prevent gambling urges (Blaszczynski & Silove, 1995). Others explored alternative activities in their community, such as helping with respite care for elderly parents. Yet others explored options such as relaxation techniques and stress coping skills to overcome their proneness to anxiety and depression (Hraba & Lee, 1996). Several were then able to seek out social venues that did not have pokie machines.

Another woman who had been sexually abused learnt how to overcome her feelings of resentment by understanding her position of powerlessness, and asserted that she is

no longer ruled by the desire to self medicate on the pokie machines (Van Den Bergh, 1991). The key to her recovery was to engage in traditional Māori healing practices that helped to restore her wairua and reconnect with her tupuna (Durie, 1994; Herd & Richards, 2004). Developing and providing adequate resources for traditional Māori practices would therefore be another effective strategy to help Māori women reduce gambling harm.

Overcoming seductive advertising/perks

As previously mentioned gambling was often hard to resist because of the glamorous environment provided by the venues. The women, some of whom were either beneficiaries or on low incomes, also found social aspects of the pokie venues particularly attractive, such as being attended with respectful courtesy (Hing & Breen, 2002; Trevorrow & Moore, 1998), being in nice surroundings and experiencing wealthy or plush environments (Austrin, 1998; Brown & Coventry, 1997). Moreover, most of the women were seduced by the attractions provided by the gambling operators and the venues themselves. For example, some of the women received gift vouchers on their birthdays or were encouraged to play by a scheme involving accruing points that entitled them to cheap or even free food or refreshments.

However, achieving new goals and re-establishing previous activities helped restore their self esteem for some women. Examples reported included strengthening old friendships with other women, helping with fundraising activities, and learning to rip up promotional brochures found in their mail boxes, which they found easier with practice. Quite clearly, social support systems were essential to assist the women to resist such temptations (Boughton, 2003; Hraba & Lee, 1996; Volberg, 2001).

Another useful strategy to help overcome the seduction to return back to gambling is more advertising to warn Māori women about the harms of gambling. The use of Māori role models to promote anti-gambling strategies would be an effective way of reducing gambling harm, but at the time of writing this is yet to occur (Morrison, 1999a).

Taurima – Self Care

Self Esteem

The findings show that some of the Māori women were socially isolated; they were drawn to EGMs to escape from difficult life circumstances (Rugle, 2004; Steane et al., 1998). Moreover, some of the women who had feelings of self-doubt from their childhood used pokie machines to provide social interaction. However, women who successfully completed the intervention programme run by Māori women (see Chapter 2) reported that their self esteem was boosted by their ability to remain committed to completing the programme. Others were able to gain more insights and improved their self efficacy (Bandura, 1997). A small number took heed of the information and moved away from gambling (Brown & Coventry, 1997; Hraba & Lee, 1996).

Another rewarding and empowering experience, especially for women who were generally considered by whānau and friends as ‘bad’, was assisting others such as elderly patients in hospitals and at risk youth. One found her experience so rewarding that she now has a long term goal to establish a creative, holistic healing centre for Māori women.

Time out

Most of the women said that Māori women need to take time out for themselves, particularly from childcare responsibilities. Time out included social outings to movies, facial massages and utilising available resources provided by Māori community or social services.

Relaxation

Most of the women explored alternatives for leisure such as relaxation techniques and stress coping skills to overcome their proneness to anxiety and depression (Hraba & Lee, 1996). Some of the women said that Māori women need to learn how to relax more in their homes, work environments and in social settings with other gambling whānau or friends. A few, though not many, welcomed breaks from domestic responsibilities. Most of the women mentioned the benefits of spending time with

other Māori women in a support group. These findings support a Canadian study that gender must be a priority and taken into account when developing treatment strategies for pathological gambling (Tavares et al., 2001). Whānau and service providers confirmed that more attractive support groups need to be available for Māori women. To date, there are still limited opportunities to match the attractions offered by the gaming industry.

Treats

Māori women who had been susceptible to problem gambling, alcohol and marijuana attempted to avoid them and instead spent money on treats for themselves, such as food delicacies or perfume. Meeting the needs of children and whānau was considered a priority before purchasing their treats. However, it was important for Māori women to reward themselves for not gambling or reducing their expenditure and this view was strongly supported by whānau and service provider participants. More Māori women need to learn to care for themselves and seek out more information about what is available in their communities.

Māoritanga – Māori cultural perspectives

Strengthening Identity

As mentioned previously, the women who had attended a support group with other Māori women wanted to further strengthen their identity and enrolled on a course to learn te reo Māori and gain more in-depth understanding of tikanga. Māori women and whānau who were disconnected from their iwi said that they asked for help from tūpuna (ancestors), and the guidance then enabled them to become better parents as well as helping their hapū with a sustainable project.

Māori art as a healing strategy

Other women took up tertiary studies and used their personal expertise to begin working in a support role for problem gamblers. One of the women said that her long term goal for assisting Māori woman gamblers was to establish a drop-in centre. The drop-in centre would provide a women-friendly atmosphere, the women would be taught to learn Māori arts and crafts as a healing strategy and she believed that

sharing each other's artwork and skills, would aid with the cessation of problem gambling. This finding is consistent with that of Morgan (Aldworth, 1997) that Māori women need to revisit the creative ways in which they formed the kōhanga reo movement and once again take their place as leaders within Māori women society.

Māori and fundraising

Several of women said that gambling was intrinsically linked to fundraising to help maintain their marae and benefits for their communities (Dyall, 1998b; Morrison, 1999a). The older women in this study said that gambling on the marae for the benefit of marae was not considered gambling. This study found definite links between colonisation and gambling, and Māori women's dependence on gambling tends to continually keep Māori communities colonised; hence their reliance on gambling funds to sustain their communities including marae and church halls (Dyall, 1998b; Herd & Richards, 2004; Morrison, 1999a, 2003; Stockdale, 2003). This finding suggests that Māori need more education and health promotion messages aimed at highlighting the differences between the pokies and the traditional forms of gambling and reciprocity that prevailed in card schools or organised housie games on the marae (Morrison, 1999a). Understanding that casino and gaming machines always work in favour of the gambling operators and that their profit depends on the gambler's loss may lead to behaviour change and help to reduce gambling harm (Custer & Milt, 1985; Griffiths, 1994).

Awhinatanga – Help Systems

Some women attended counselling in order to get help with relationship issues resulting from their gambling behaviour. Relationship counselling helped some whānau members and Māori women gamblers cope with the emotional impact of the gambling. These interventions were most effective when provided by Māori for Māori, because they helped provide a sense of kotahitanga and belonging. For example, the sharing of food provided insight for some of the women about the lack of nutritious food they had eaten or given to their children while focusing on gambling (Herd & Richards, 2003). Information from a non-Māori nutrition workshop was also shared with another Māori woman about the high fat content in

the free finger foods that are provided by the gaming operators. This suggests that Māori women problem gamblers need to be more fully informed about the perceived benefits of eating such food at gaming venues.

These women emphasised that attending effective communication classes had helped them to talk more constructively with their partners. An appropriate intervention for women addressing effective communication skills would therefore be to encourage the spouse and whānau in their attempts to support the Māori women gambler who is trying to give up her addiction.

Relapse prevention and after care

Several of the women who previously had problems with gambling talked of relapsing into gambling, despite having modified their behaviour, as the temptations for various reasons became too great. Follow-up services need to be available to help with relapse prevention. Focusing on the positive aspects of how these women overcame such powerful addictions could then be transferred to overcoming problems with gambling.

Another couple, after becoming gamble-free, set up a support group for other Māori problem gamblers in their region and concurred with Dyal's (1999) report, that consumer input brings another helpful dimension to aid cessation of gambling.

Parongo – Information

Financial management

As previously mentioned, immediate help with finances was identified by most of the women as being essential to effective support. However, a small number of women said that they also needed to put in place regular meetings to monitor and limit what they spent on gambling. Attending a workshop to help with monitoring and implementing useful strategies for handling their financial commitments were also considered helpful. Setting up regular meetings with budget advisors also helped them to monitor their expenditure. A small number found their needs were best met

by Māori budget advisors who had more understanding about the concept of koha and this finding was supported by some of the service providers.

Learning from others

Support groups were invaluable resources for useful information from other Māori problem gamblers and practical advice was helpful to the women when their withdrawal symptoms manifested themselves physically. Distraction strategies for dealing with boredom and loneliness were learnt by listening to other gamblers. Education awareness to identify and resist triggers to reduce or prevent urges to gamble, or helpful information about how to relinquish financial distress to budget advisors were other useful lessons provided by other problem gamblers. Recognising and adopting a whānau members' perception taught one woman to reflect on her progress in reducing her own gambling.

Participating in research

Many of the women who attended support groups were given insights into their gambling behaviour by attending conferences or workshops and some voluntarily asked to participate in research projects, including this study.

Ama – Reducing Barriers

In this study the ama (float) symbolises the support systems that were out of the women's control such as whānau and service providers. In order for the ama to balance the waka it must be floating and free of impediment. In this model the ama therefore represents the actions which can be taken by the whānau and the service providers to counteract possible negative influences on the Māori women's problem gamblers attempts to reduce or stop gambling. However, to connect the ama to the waka requires two kiato (cross arms) and these are discussed first.

Kiato – Positive support systems

Without some form of external support the waka would capsize. In this model the external support is the ama (outrigger). To connect the waka to the ama there are two kiato (struts) representing the positive support provided by the whānau and the service providers.

Whānau supports

As previously mentioned whānau provided support for the women in a myriad of ways to assist Māori women to help stop or reduce gambling. This is discussed below.

Whānau gamblers

Other support groups were formed and included whānau gamblers. Support from other whānau members who gambled was available, and whānau aimed to help each other when gambling became problematic. Even women who did not wish to stop gambling got help in dealing with it from being in a group with other whānau gamblers. It is clear from this study that modification was more effective than abstinence which concurs with other studies (Dickerson & Weeks, 1979; Rankin, 1982). Therefore it is important for gambling counsellors to accept that some women will not want to abstain, but nevertheless would be willing to engage in strategies aimed at modifying their behaviour.

Childcare responsibilities

Giving over childcare responsibilities to whānau members enabled some women to attend rehabilitation programmes or seek help outside their regions. Having the support of whānau made the women feel less isolated and more importantly to remain in therapy (Brown & Coventry, 1997). However, some whānau members supported Māori women by keeping it private because of shame (Lesieur & Blume, 1991) or kept it within whānau health networks and accessed information about Māori interventions.

Unconditional support

Unconditional support and positive encouragement was provided, either when Māori women gamblers stayed free of gambling, modified their behaviour or at least remained committed to attending gambling programmes by whānau. Some whānau celebrated the women's success with small gifts and this was seen as a positive incentive and successful way of support. Some reported the importance of having

whānau in their lives to listen or just convey a sense of support and this was preferable to running away to pokie venues (Custer & Milt, 1985).

Joint therapy

Attending therapy together provided the opportunity for some Māori women and their whānau to communicate more effectively. Some whānau attended counselling to address their own addictions; they then were able to gain a deeper understanding of the complexity of achieving abstinence for their partners. Whānau support also involved dramatic challenges as well as support. Some were reluctantly sent to seek help from counsellors, budget advisors or tohunga, and one Māori woman was physically abused by her whānau. Nevertheless, the challenges in the context of support helped some of the women begin their process of healing. Others who had issues with infidelity, anger management and spending issues said that counselling helped them to rejoin whānau or to become better partners and fathers.

Gamble free

Some stopped gambling themselves and others signed a contract with other gambling whānau members to aid the cessation to gamble or others made pacts with whānau gamblers to at least modify their gambling.

Service Providers

Māori gambling help services

The “for Māori by Māori” support group, using Māori frameworks and focusing on the women’s familial and unresolved personal issues, was more successful in helping the women to deal with their gambling. In addition, seven metropolitan women who attended a safe, supportive and tikanga Māori programme reported positive experiences. The women attended a Māori women’s support group, which was run by Māori gambling counsellors from a kaupapa Māori philosophy and was located in the region in which the women lived. However, this figure dropped substantially in the follow up period where women had to attend non-Māori counselling sessions in order to achieve an intervention.

Māori Women's Support Group

Only one Māori woman's support group aimed specifically at helping meet the needs of Māori problem gamblers was found in this study. Women who attended it agreed that they reconnected with their culture and identity. Māori health models, Poutama and Te Whare Tapa Wha, were used by this programme as appropriate frameworks to deal with problem gambling (Herd & Richards, 2004). However, another programme working with both men and women but focusing on Taha Māori was also effective (Durie, 1998; Dyll, 2003b; Stockdale, 2003).

Consumer role

Gambling intervention for Māori women which stressed cultural and gender identity was particularly effective when delivered by counsellors who were reformed problem gamblers (Dyll & Bridgeman, 1998). The use of consumers advocating for change was a useful strategy for Māori women in this study who were at the beginning stages of their recovery, and this view is consistent with national (Dyll et al., 1999) and international gambling researchers (Dyll et al., 2002).

Gender specific options

Māori and non-Māori counsellors provided a safe place where some could express themselves emotionally and begin a journey of self-empowerment. The women who attended counselling discussed the ways in which health professionals or support workers played a role in their abstinence or healing. One woman said she had a revolving door relationship with a male gambling counsellor, often became apathetic, and continued to gamble out of control. However, her attitude changed moderately when a woman counsellor was employed to help meet the needs of women presenting for counselling (Compulsive Gambling Society, 1998).

Cultural appropriateness

This study found a number of ways that non-Māori women gambling therapists overcame some barriers for Māori women who accessed their services. These included providing options for the women to remain in counselling and if not, referring them on to one of a current list of Māori providers. Māori women who had

some reservations about approaching Māori organisations said that they preferred non-Māori services, because staff members were neither known nor related to them, and this helped to cope with the stigma they felt about being a problem gambler. Moreover, they were made to feel included, more relaxed in a safe, more formal and structured environment and at least one of the non-Māori practitioners employed Māori frameworks in her session with Māori women. It is clear from these findings that some non-Māori women overcame inevitable cultural discrepancies in order to encourage the women to continue addressing gambling rather than not helping them at all. More such practitioners are needed.

Ama – Reducing Barriers

Having discussed the kiato, we now move onto the ama itself. It symbolises actions to be taken by the whānau and the service providers to counteract negative influences on the Māori women problem gamblers' attempts to reduce or stop gambling. The following sections therefore describe and discuss how their whānau and service providers can support Māori women to move toward being gamble-free or at least supported sufficiently to reduce the behaviour.

Whānau

Partners taking responsibility

Taking responsibility for assisting the Māori women problem gambler to desist was only possible if whānau problem gamblers addressed their own contribution to such dysfunction, such as neglect, over-control, and not dealing with unresolved historical issues. However, help for some partners and whānau members was sometimes limited or even misdirected.

Pressure to gamble

Some women said that whānau gamblers often made it difficult for them to avoid gambling venues, and were not always very helpful. For example, a small number of women reported that they had had to absent themselves from social outings with whānau members who gambled and they tried to deal with their addiction alone. A more helpful strategy by whānau members was to involve them in, or work

collectively on, community or business projects. An appropriate intervention for women in this situation therefore would be to help professionals to understand the dynamics of Māori whānau and the roles they can play in supporting the gambling behaviour or in helping reduce such behaviour.

Cultural norms and gambling

Particularly significant in the findings of this study was that Māori women and whānau had strong views about gambling being perceived as a 'cultural norm' (Dyall & Morrison, 2002). For example, asking whānau to stop giving money or to stop bailing them out of financial difficulties was one way that gambling could be discouraged. However, in some cases, the gambling was fostered by whānau participants providing ongoing financial assistance to the extent of co-dependence in one case.

Gamble free whānau

Most of the women stressed that it was important for their partners to remain gamble-free in order to help Māori women who are trying to give up their gambling addiction.

For example, women who had sought help initially from whānau had to learn to resist pressure from whānau who gambled. Similarly, there were risks associated with pairing up to stop as sometimes a temptation for one to relapse was endorsed by the other. Whānau was seen as an important source of support for the women. Some whānau were helpful and some made matters worse. Irrespective of either way whānau was referred to by most of the Māori women. It is clear that an appropriate intervention for women in this situation therefore is to encourage the spouse and whānau in their attempts to support the Māori woman gambler who is trying to give up her addiction.

Service Providers

Understanding Māori values

Most of the women and their whānau said that service providers need to take into consideration the issues of whakamā and not assume that all Māori are comfortable with asking budget advisors for help (Durie, 1994; Dyll & Morrison, 2002). For some women in this situation therefore, would be to ensure that support workers have a good awareness of Māori and non-Māori budget advisors or services in their regions so Māori women and their whānau do not feel stigmatised (Brown & Coventry, 1997).

Inappropriate interventions and information

Some non-Māori male counsellors failed to be realistic in setting goals, advocating total abstinence rather than reduction as a first step. The women pointed out that helping professionals need to be more empathetic and needed to be aware of the many complexities associated with abstinence, and that modification, rather than total abstinence was considered realistic. Others said that modifying the gambling may be all that can be achieved. Perhaps a contract including choosing when to stop gambling or involvement in non-gambling pursuits may have been more effective or realistic for Māori women (Dickerson & Weeks, 1979; Rankin, 1982).

A result of this research was that the women considered the imposition of a Western gambling assessment tool (SOGS) impractical and culturally inappropriate (Sullivan, 1999). For example, procedures at counselling services were considered overly complex with paper-work preceding counselling. The women reported that overcoming important emotional concerns such as finances or relationship issues was considered to be much more important than filling out numerous forms. The findings from this study found that paperwork dominated the women's first session and hindered their desire to remain in therapy (Brown & Coventry, 1997; Hraba & Lee, 1996; Richards, 2004; Stockdale, 2003).

Moreover, some women also felt that some counsellors should check out whether the information on the forms is relevant or easily understood. As was seen in this study some women said that limited literacy skills caused them to be non-compliant throughout therapy, and finally to abandon counselling (Brown & Coventry, 1997;

Dyall et al., 2002). Therefore, counsellors need to understand the gambling behaviour from the women's cultural viewpoint to help encourage Māori women to remain in counselling. This finding means that there is an urgent need for Māori to develop an assessment tool that reflects culture, social factors and is practical (Richards & Herd, 2003).

Furthermore, some gambling therapists tended to view the problem as medical and caused some women to feel stigmatised or worse than when they first went in (Brown & Coventry, 1997; Hraba & Lee, 1996; Mark & Lesieur, 1992). A more helpful strategy would have been to refer them to a gambling support group run by Māori women or non-Māori women, where the opportunity to interact with other women gamblers in a non-judgemental and women-friendly environment would help them to deal with their issues (Brown, 1987; Masterman-Smith et al., 2001).

There were a number of ways in which the women and whānau said that doctors needed to be brought up-to-date about appropriate gambling help services in their regions. Some general practitioners were accused of not looking behind problems presented to them, such as depression and insomnia, to realise that gambling was actually the root cause of these disorders. Administering medication was believed to have no benefit by either the Māori and whānau participants. Similarly, police were described as disempowering whānau, by not taking account of the Māori women's problem gambling as a background to domestic dispute. More education and awareness raising programmes focusing on problem gambling in general would help to overcome this lack.

Strengthening Māori gambling services

The Māori women in this study reported that there was limited support available for them to address their gambling problems. The interventions or support groups available to the women were predominantly those provided by three mainstream non-Māori organisations and a problem that repeatedly came up was that the gambling counsellors were mostly non-Māori. Māori women who were desperate to talk to someone about their problems gave up hope when help professionals were either

unavailable or culturally inappropriate. Not having instant access to help services was a barrier against some women stopping gambling.

This study found that although Māori community and social services are not funded to provide gambling services, they are nonetheless being resorted to by Māori women gamblers and their whānau members. These services need to be funded with adequate resources to assist the workers to provide culturally appropriate emotional support in their relationship with the women, while counselling the woman herself, through finding solutions to her financial status or legal crisis. Therefore a useful strategy would be resource these organisations to train Māori gambling-specific counsellors and to encourage the forming of support groups for Māori women gamblers. In both cases, the intent should be eventually to make their role as a facilitator redundant.

Strengthening collaboration

Clearly there was a need for collaboration between the non-Māori mainstream organisations and the newly emerging Māori gambling services, particularly by referring clients to each other as appropriate. The established mainstream services were perceived as gatekeepers by emerging Māori services, particularly in regards to referrals. However, whilst the new emerging Māori services acknowledged their lack of gambling specific skills, they agreed that they brought another dimension of a consumer perspective, or a kaupapa Māori service within a kaupapa Māori environment, where the protocols were intrinsically intertwined with Māori tikanga to facilitate the women's recovery process. However, the Māori women and service providers recognised that Māori consumer advocates need themselves to be wholly 'healed' (i.e., gamble free) to attain credibility when employed to deliver services and clearly supported views from other Māori and non-Māori gambling theorists (Dyall et al., 1999; Morrison, 1999a).

Gender and cultural appropriateness

It is clear from this study that there were limited gender and culturally specific services available for Māori women and their whānau. This hindered their ability to address their problems or discouraged them to seek help and this finding is consistent

with Māori and non-Māori gambling therapists (Compulsive Gambling Society, 1998; Payne, 2004; Richards & Blair, 2000; Richards & Herd, 2003), and international prevalence reports (Brown & Coventry, 1997; Mark & Lesieur, 1992).

Travel constraints

Travel constraints to attend regular sessions were fraught with problems for some of the women. For example, it transpired that some of the women's avoidance of GA support groups was because they found it inconvenient, often due to the lack of a GA group in their home town, so that some women lost the motivation to seek or attend counselling. Additionally, some Māori women who felt whakamā (shame) in their own communities had to travel out of town to see a woman counsellor or where they were less well known. Exploring options to provide transport to transfer Māori women to support groups would be a helpful strategy to avoid isolation (Brown & Coventry, 1997).

Financial plans

As previously mentioned, immediate help for finances was identified as being essential, however the gambling services that the women accessed did not always provide this. Information to assist with monetary problems should be a priority, followed by turning the focus to addressing issues related to gambling. Finding solutions by referring them on to budget advisors first would have been preferable. Another aspect of intervention for women in this situation would also be to ensure that gambling counsellors have access to Māori budget advisors in their regions.

Limitations

Every human construction has some shortcomings, whether it is a waka or a piece of research and these are discussed and presented below.

The piloting of the interview schedule went well. Nonetheless, the large interview schedule required for this study meant that areas of the schedule were occasionally overlooked as the interviewer tried to build a rapport and interview the participants in one lengthy meeting. The interviewer attempted to rectify such oversights by rescheduling a second interview with the participants concerned; however this

resulted in unexpected expenses and alterations to the proposed timeframe of the project. In future studies, it will be preferable to complete a separate initial interview for whakawhānaungatanga (connections and rapport). More information about the project should be provided and consent processes undertaken prior to the interview itself.

Another limitation relates to the way in which feedback was obtained from the participants. They were given an opportunity to edit the transcripts of their interviews and, in some cases, altered these records to change the essence of what they originally said. In future research, the participants should be asked to comment on their interview transcript/summaries but not be given the opportunity to edit. Allowing the participant to comment would have allowed the researcher to use discretion as to what needed to be revised.

The diverse range of Māori women gamblers who participated in this study was a small beginning in starting to conceptualise their experiences. However, it would also have been helpful to have talked with a wider sample of women who had in fact stopped gambling, and in various ways, in order to gain a broader picture of what brought about positive changes. A wider variety of suggestions for interventions would have resulted, providing more assistance to Māori women gamblers who are experiencing similar concerns. Notably, the Māori women sample group consisted mainly of Māori women help-seeking problem gamblers, which may not be representative of Māori problem gamblers in general.

Ihu – Future Research

The ihu (bow) of the waka can be seen as the direction to be taken by future research into understanding the health effects of gambling on Māori women's lives and culturally appropriate means of addressing problem gambling.

There needs to be a wide range of research into Māori and gambling, particularly gambling by Māori women, their partners and whānau members. Further research should consider:

- Longitudinal research with Māori women problem gamblers and their whānau.
- Research with Māori women and their whānau who have successfully addressed their gambling behaviour.
- How Māori whānau are expected to take on supporting roles in helping women deal with gambling, with little or no help.
- Research and evaluation of intervention programmes for Māori women problem gamblers.
- Research on pokie machines decorated with Māori themes to try and reduce irrational thinking patterns to reduce gambling harm.

Despite the fact that there have been numerous studies in Aotearoa by non-Māori, more studies are needed in which Māori women are invited to discuss their opinions and views. There is not sufficient information on Māori women and gambling available to assist people working in Public Health to develop means of treating gambling problems (Dyall, 2004). Further research and more culturally relevant proposals of interventions and strategies to reduce and prevent problem gambling by Māori women is needed to help with Māori health development.

Taurapa – Innovative Findings

The taurapa (stern) supports the ihi as it glides smoothly toward ensuring that future research is directed in the right pathway to help Māori women address problems related to gambling. Therefore, the taurapa then needs to propel the waka forward, succinctly with the ihu. This study has featured a range of innovative findings that could further assist future research and are presented below.

A new finding from this study was that gambling by their mothers forced some whānau participants to enter adult roles from childhood, which had the potential to disrupt their own familial circumstances as they matured. Moreover, while taking on various family responsibilities, they were also given the responsibility of supporting the women's gambling behaviour as well.

Another unanticipated finding was that some women continued to gamble despite catastrophic losses of finance and assets. Moreover, they perceived the benefit money paid to them as not theirs, so they felt little compunction about gambling with it. A culturally specific intervention programme involving kaumātua and kuia would be necessary to start to deal with such hardened attitudes.

A third unforeseen finding was the extent to which some Māori women adapted these new gaming venues to meet their social and cultural needs, particularly when those venues were run or owned by Māori and attended by respected kuia. This in turn facilitated entry into gambling in such places by young Māori women, who saw their role models already there. Intervention must therefore start with the senior members of the community, because only when they reduce or give up their gambling will its attraction for younger people be reduced.

A final unanticipated finding was that some Māori women and some whānau saw themselves as pre-destined to become gamblers because of the social and familial environment in which they had grown up. These women did not see gambling as a concern and did not want to stop gambling. Clearly the results from this study highlight the need for reformed Māori women problem gamblers to be employed as advocates to replace these erroneous beliefs or myths.

Moana Tutohutanga - Recommendations

The imagery of the sea stands for the recommendations developed from the findings of this study. A highlight was that there needs to be ongoing collaboration between services, in the development of gender specific interventions, and inclusion of emerging and established Māori services, to ensure that the voices of Māori women and their whānau are heard and responded to expeditiously and in a positive manner. Therefore, it will be absolutely essential that the recommendations listed below be given consideration to ensure that Māori women can successfully glide on the smooth water toward a proactive and meaningful future for Māori women's and their whānau.

Therefore, the following recommendations are offered concerning Māori and non-Māori Providers:

Support group and Māori women's group

The service provider narratives made it clear that non-Māori gambling-specific organisations and funding bodies needed to take more responsibility in addressing issues of accountability. Māori gambling service providers reported being required to provide a detailed indication of their actual service provision costs despite having to rely upon an inadequate resource base.

- Counsellors need to do a follow-up call to ensure that Māori women are being helped and provided with updated information about budget advisors.

In Rotorua, there is a support group for eating disorders and nothing for gambling. Gambling has been identified as an emerging health problem, yet it remains an unmet area of need for women, particularly Māori women.

- An investigation should be undertaken into how the existing help and professional services can play a more active role for Māori women problem gamblers and their whānau in dealing with gambling.

For problem gambling to be discouraged requires societal and whānau support that will help Māori health development services retain their tino rangatiratanga.

- Ensure that gambling counsellors have a range of behaviour change strategies available

There was a lack of Māori women gambling health professionals in the Bay of Plenty and Auckland region for Māori women gamblers with gambling problems and their whānau members. This recommendation stems from the identification of poor service provision in both regions.

- Emphasis should be on providing low cost, accessible and detailed information about gambling for Māori women gamblers, their whānau and the wider community.
- Counsellors need to be aware of their limitations and seek out appropriate Māori help professionals.

Ministry of Health

Fully funded academic courses and childcare support are currently available for underage mothers but nothing is available for Māori women problem gamblers. Emphasis should be on providing more meaningful programmes to address irrational thinking about the negative aspects of gambling and the long term benefits of education for Māori women.

- That the Ministry of Health ensure that the Māori gambling intervention programmes such as the Māori women's gambling support group be fully resourced.

The research suggested that Māori gambling service providers were under-funded, a situation that is leading to a number of internal questions about the ability of these services to perform with integrity.

- More funding for such services are needed.

Availability, attractions and acceptability provided by the gambling industry and venues proved hard to ignore and pushed some women back to gambling. This suggests that limited women-specific spaces should be available.

- That the Ministry of Health and local authorities encourage the provision of alternative spaces free of alcohol and gambling where women can socialise.

Gamble free and discouragement

The importance of revisiting values passed down by elderly whānau members about gambling helped some women to stop gambling. Breaking down role-modelling of gambling and promoting gamble-free environments was also helpful. Gambling has become intrinsic within some Māori whānau and as mentioned above Māori women need to be encouraged to re-learn that this behaviour is not acceptable.

- That helping professionals be trained to understand the dynamics of Māori whānau and the role they play in supporting gambling behaviour and that

information and support be readily available for families living with a gambler.

Training and resources

The study indicated that there were insufficient services within both regions for Māori women gamblers and their whānau members.

- Recommendation: That an evaluation be undertaken of the service delivery by helping professionals to help address this gap.
- Recommendation: That adequate funding is provided to existing services that are currently providing services for Māori women problem gamblers and their whānau members.
- There need to be more support groups available and within easy access.
- Current and up to date information needs to be provided about how to access Māori budget advisors to suit the reality of the client.

Availability and monitoring

There was an urgent need to address the proliferation of pokie machines and there needs to be an improvement in the regulation of gaming machines in areas that are less affluent. The availability and accessibility of pokie venues needs to be diligently monitored by local councils. The study found that there was an increasing number of pokie venues in the regions.

- More careful monitoring of the number of gaming machines in regions where these women reside should be conducted by the Ministry of Internal Affairs and Ministry of Health.
- The number of gaming machines in the areas where the problem gambling Māori women reside should not be increased, and where possible, reduced.

CHAPTER NINE

Conclusion

This thesis set out to describe the perceptions of gambling held by Māori women problem gamblers, their whānau and those services that were assisting them. It also then set out to explore the consequences of problem gambling for each of these groups, how they coped, and strategies for reducing or stopping gambling. It was carried out in provincial and metropolitan regions of Aotearoa. As shown in the discussion, all of these aims were achieved for those involved.

However, it was a small qualitative study and does not claim to represent any complete population. It did, however, include the analogy of a marae process - Powhiri that has metaphorical resonance for Māori and a basis in a Māori worldview. Nonetheless, I believe that the findings from this study provide the foundation for further research, particularly studies that focus primarily on Māori interventions and what may work to help bring about change for Māori women problem gamblers and their whānau. Implementation of the recommendations should result in improved services being offered to Māori women gamblers and their whānau.

In the Introduction of this thesis, I discussed how we need to contextualise Māori women in present day New Zealand society – they remain at the lower end of the socio-economic spectrum, are often lone parents, are under-educated and have to face a multiplicity of discriminations as they go through their daily lives. Most of the women participants in my study reported that gambling within casino and pokie venues offered them an escape from the routines and boredom of day-to-day living. Only when they started to gamble so heavily that problems arose in their personal lives – the loss of relationship, children or financial hardship – did they start to see what they deemed a pleasurable pastime turn into a dependence that brought with it enormous problems.

It is important to note that the women participants found comradeship and connection in the casino and pokie venues with other women: they formed gambling

relationships – often with whānau or partners – that validated their gambling and enabled them to justify to themselves the amount of money they were spending. This whakawhānaungatanga amongst the women gamblers is an important aspect of understanding the complexities behind the behaviour of those with gambling problems. In Māori society, gambling has been institutionalised through card schools and fundraising events on the marae. However, the acceptance of gambling as part of Māori life has been detrimental in the long term to those seeking help for gambling-related problems. The problems they find themselves experiencing are far more crucial than anything arising from traditional Māori gambling, which occurred with a sense of fun and in large groups, in a way that had financially beneficial outcomes for Māori iwi and hapū. This has resulted in an acceptance by society at large that Māori gamble and that doing so is part of Māori culture.

Service Providers charged with offering support to Māori women reported a need for training in the area of gambling. This was echoed in the responses of the women participants who found that they were often hindered in their attempts to seek help, especially by having to fill in forms that they did not understand and to accept counselling from some staff that had no background knowledge of Māori culture or the complexities of Māori social relationships. Little has been done to address the fact that Māori organisations dealing with Māori who have gambling addictions have been under-funded and those that have dealt with Māori women gamblers in particular have had negligible support or subsidies.

In trying to understand these processes, two models were developed: *‘He Waka Hūrihuri’* (see figure 8.1) and *‘Te Waka Māia’* (see figure 8.2). *‘Te Waka Hūrihuri’* summarises the development of problem gambling and the interrelationship between the pull and push factors which involve Māori women in an increasingly rapid downward spiral toward gambling. *‘Te Waka Maia’* symbolises how the women coped with the effects of gambling. Using the traditional Māori waka as a metaphor, *‘Te Waka Hūrihuri’* and *‘Te Waka Māia’* enabled me to express in language, symbols and apt cultural values how the psychological implications of the women’s social and economic circumstances had a bearing on their behaviour.

The cultural appropriateness of services, training, and provider development support were all areas that were identified as being in need of improvement. Moreover, services for Māori women who have gambling addictions urgently need financial aid as well as further research. Evaluation of client needs at the first point of contact also needs to be undertaken, and quality of service and the nature of ongoing client contact all need to be reassessed.

Yet, whilst it is important to identify how there might be an improvement in the Service Providers' interaction with Māori women gamblers, there also needs to be a refocussing by both researchers and government departments on Māori women, who have tended to be viewed by society as a problematic cultural sub-group of little importance.

The proliferation of gaming venues that are accessible to Māori women will continue to draw into them those women vulnerable to a habit of gambling. As the operators of those venues increasingly target women and make their surroundings conducive to long stays, Māori women who gamble will increasingly face problems associated with their activities within them. Māori women and their whānau need to be able to heal together, but in order to do so they must be able to access service providers who are regional and local within their towns and communities.

Overall, gambling is an important problem affecting the lives of Māori, particularly Māori women. For some, gambling is controllable and achievement of control reduces the effect gambling can have on their lives. This study found that gambling contributes toward the deterioration in finances, health, relationships and the role of the whānau.

It is hoped that this study will contribute to improving New Zealand's existing health policy and capacity for Māori health development. This study has implications for Māori health policies, and relevance for the wider field of international cross-comparative research on indigenous gambling and mental health issues. Although the study included a relatively small, localised sample, meaning that the findings cannot necessarily be generalised to the wider population of Māori gamblers, it makes a

small start to illuminating some of the reasons why Māori women have problems with gambling, some of the difficulties their whānau have in helping them address those problems, and some of the ways in which service organisations could better help them to deal with the consequences. It is hoped that the insights developed in this study may be helpful in developing more appropriate interventions by both Māori and non-Māori service providers.

This study provides information that enriches understanding of the adaptation of Māori women into gambling, of their whānau members' reactions to it, and the effectiveness of SPOs in trying to assist them. It also suggests strategies for all three groups on how to cope with problem gambling and most importantly, how to reduce or stop it. Similarly, it should provide some insight for hapū, iwi and their communities as they work toward providing services to deal with problem gambling amongst Māori women. Finally, it is hoped that the study will make it at least a little less true that “every day is a war day” for some Māori women and their whānau, in trying to deal with the problems of gambling.

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APPENDIX A: GLOSSARY OF MĀORI WORDS AND PHRASES

Māori	English
Ama	Outrigger of canoe
Aotearoa	New Zealand
Atua	Māori God
Āwhinatanga	Help systems - assist, provide relief
Āwhiowhio	Whirlwind, spiral
Cook Island Māori	Māori and Cook Island ethnicity
Dak (slang)	Marijuana
Haka	Māori war dance
Hākari	Māori ceremonial meal
Hapū	Sub-tribe
Harakeke	Weaving
Harirū	Māori greeting
Hawaiiki	Mythical homeland of Māori
Hinamana	Chinese
Hinengaro	Psychological processes
Hiwi	Hull

Hoe	Paddle
Hōhā	Pest
Hokohoko	Second hand shop
Hongi	Māori greeting pressing of noses
Haurangi	Drunk
Hui	Meeting
Hurihuri	Spinning, rolling
Ihu	Prow of canoe
Iwi	Tribe
Ka pai	Good
Kai	Food
Kai karanga	Female caller
Kaimirimiri	Masseur
Kanohi ki te kanohi	Face-to-face
Karakia	Prayer
Karanga	Call
Kaumātua	Māori elder
Kaupapa	Strategy
Kawa	Protocol
Kete	Basket, bag
Ki Maketu ki Tongariro	Bay of Plenty, Turangi. Taupo regions
Kia ora	Hello

Kīato	Canoe thwart
Kirimate	Deceased
Koha	Gift
Kooties (slang)	Old men
Kōrero	Conversation
Korowai	Māori cloak
Korowai Aroha	Māori Health Clinic
Koro kaumātua	Male elder
Kotahitanga	Unity
Kōtiro	Young girl
Kuia	Older woman
Kuikui (slang)	Elderly Māori woman
Kura	School
Mai rā no	Going back in time
Mahi	Work
Māia	Brave, courageous, empowerment
Mana	Integrity
Manawarū	Incentive
Mana wahine	Strong woman
Mana Māori	Strong Māori worldview
Maniapoto	Sub-tribe in Waikato
Manuhiri	Visitor

Māoritanga	Māori culture and Māori perspective
Marae	Meeting house
Marae-Ātea	Courtyard
Mātauranga	Education
Mirimiri	Massage
Moana	Lake, sea
Mokemoke	Lonely
Mokopuna	Grandchildren
Mokos (slang)	Grandchildren
Nga Ngaru O Aotearoa	Māori Health Organisation
Nga tikanga	Mini protocols
Ngai Tahu	South Island Māori
Ngapuhi	North Auckland Māori
Ngati Porou	East coast Māori
Ngati Raukawa	Tribal region - Palmerston North & Wellington
Ngati Whakaue	Sub tribe - Te Arawa Māori
Ngati Whatua	Auckland Māori
Pā	Village
Paemanu	Seat of canoe
Paepae	Orators bench
Pakeha	New Zealander of British/European ethnicity
Pananas (slang)	Pacific Islanders

Papakāinga	A place for Māori to stand
Pārongo	Information
Pāua	Abalone
Pōwhiri	Welcoming ceremony
Pūtea	Money
Rangatahi	Youth
Raruraru	Problem
Reo	Māori language
Rongoā	Māori medicine
Rōopū	Group
Rūnanga	Māori council
Tainui	Waikato tribe
Tamatekapua marae	Ancestral home for Te Arawa
Tāne	Man
Tangata whenua	People of the land
Tangi	Cry
Tangihanga	Funeral
Tapu	Sacred
Tauīwi	Foreigner
Taurapa	Stern post of canoe
Tautokotia	Helpful strategies, support
Te Ao Māori	Old time Māori

Te Arawa	Rotorua Māori
Te Atea Marino	Māori health organisation
Te Hapai Hauora	Māori health organisation
Te Pae Mahutonga	Māori health model
Te Puni Kokiri	Ministry of Māori Affairs
Te reo	Language, particularly Māori language
Te Roopu o Te Ora	Women's Health League
Te Take o Marae	Discussion inside meeting house
Te Waharoa	Gateway to marae
Te Waka Hurihuri	The turbulent canoe
Te Waka Māia	The empowering canoe
Te Whānau Poutirirangiora a Papa	Māori health organisation
Te Wheke	Māori framework
Tika	It's all right
Tikanga	Customs, traditions
Tinana	Physical
Tino rangatiratanga	Self determination
Tito	Tells lies
Toanga	Treasure
Tohunga	Māori healer
Tu Matauenga	Māori God of war
Tuhoe	Māori tribe Eastern Bay of Plenty

Tutohutanga	Recommendation
Tupuna	Ancestors
Tupuna whare	Big house
Tutū	Meddle
Wāhine	Woman
Wahine Tupono	Māori women's support group
Wai	Water
Waiariki	Bay of Plenty region
Waiata	Song
Wairua	Spirit or soul
Waka	Canoe
Wānanga	Learning session
Whāea	Aunty
Whaikōrero	Make a speech, oration
Whai whakaaro	Self empowerment, think, reflect on
Whakamā	Shy
Whakamanawa	Coping, inspire, give confidence
Whakapapa	Genealogy
Whakawhānaungatanga	Connectedness
Whānau	Family and extended family
Whānaunga	Relative by blood
Whānaungatanga	Relationship, kinship

Whare

House

Whare kai

Dining room



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o Waikato

APPENDIX B: INFORMATION SHEET

Information Sheet

Kia Ora koutou katoa

My name is Laurie Morrison and I am a postgraduate student at the University of Waikato. I am at the beginning stage of writing my thesis on the health implications of new forms of gambling on Māori women and their whānau. This study is also an extension of my Masters Thesis that looked at Māori women's experiences and their involvement in traditional forms of gambling such as raffles, dice games, cards, housie and horse race betting.

Gambling is a facet of New Zealand society that has been around for years. However, some people find they are gambling more than they want to. Researchers have paid little attention to gambling effects among Māori women. For example, there is little or no literature available on the effects of gambling as perceived by Māori women. Consequently, there is little information available to help community and social services groups who might be working in this area. It is against this backdrop that I wish to ask questions about gambling and how it is perceived by Māori women. I am interested in speaking with a range of Māori women who participate in new forms of gambling, e.g. casino and poker machine gambling, internet and lotto gambling activities, together with those who have sought or are currently seeking help for gambling related issues. With your consent I would also like to speak to a whānau member of your choice about their perceptions also.

The goals of the research are to:

- Ask Māori women gamblers about their views of new forms of gambling and its impact on their health and the health of whānau, hapū, iwi and community
- Explore the views of partner/whānau members of Māori women who engage in new forms of gambling.
- To work with Māori women and their whānau to identify possible intervention strategies to cease or reduce their engagement in new forms of gambling.

I have chosen to restrict my current study to Māori women and their partners who reside in Rotorua and Auckland. The rationale for this is that I am of Te Arawa descent and the hapū I acknowledge has expressed interest in establishing a casino. I see this research as another step toward giving something back to my whānau hapū and iwi. I also wish to include Auckland I believe that urban Māori who have easy access to a casino may bring another diverse perspective.

A consent form will be available with an understanding that you may withdraw at any time during the project. If you have any concerns about this project, please contact the convener of the Research and Ethics Committee.

The project is supervised by Dr Mike Hills, Dr Aroha Yates/Smith, and Dr Heather Hamerton. If you require any information about the research members or about the study please contact the Principle Researcher Laurie Morrison, Ph: (07) 838 4505.

Noho ora mai

Laurie Morrison

Principal Researcher

APPENDIX C: INFORMAL SUPPORT

TIPU ORA HEALTH SERVICE

27 October 2000

To Whom It May Concern:

RE: L. MORRISSON RESEARCH PROJECT APPLICATION

I am writing in support of Laurie Morrison's application to undertake a study which focuses on the health implications of new forms of gambling on Maori women and their whanau.

I believe that this research is timely given the latest statistics and reports, which suggest that Maori participation in new forms of gambling, particularly Maori women, have increased. Tipu Ora endeavours to maintain and support Maori whanau therefore, it goes without saying that I as manager, support this proposed study.

The governments effort to *close the gaps* and our effort to improve whanau health in our community can only benefit from clear and up to date information. I hope that you give this application full consideration to assist with Maori Health development.

Naku noa na,



Matapihi Kingi

Tipu Ora, Manager



TIPU ORA
HEALTH SERVICE

7 September 2001

Laurie Morrison
3 Ariariterangi Street
Ohinemutu
ROTORUA

Tena koe Laurie

RE: INFORMAL CONSULTATION

Thank you for the opportunity to begin discussions with yourself about your doctoral research on the health implications of new forms of gambling on Maori women and their whanau.

We are aware that recent research suggests that Maori women's gambling has increased. We see your research project as contributing to understanding why this is occurring for our people. Therefore, Tipu Ora supports the kaupapa and its relationship with our service and our clientele, as we both strive to improve Maori health development.

We wish you well in your study and look forward to developing our relationship throughout the course of your research. Please do not hesitate to contact us, if and when you need support.

Naaku noa
Na



Matapihi Kingi
General Manager

APPENDIX D: TE UTUHINA MANAAKITANGA SUPPORT LETTER



Te 31 o nga ra o Whiringa a Nuku 2000

*E nga mana, e nga reo, e nga maunga, e nga awaawa,
E nga pataka o nga taonga tuku iho,
Tena koutou.*

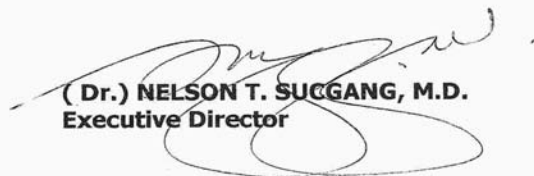
LETTER OF SUPPORT

Gambling problems relating to Maori women and their whanau have so often been minimized resulting in unsatisfactory support structures that eventually lead to the disintegration of the social fiber of every community.

Te Utuhiina Manaakitanga Trust, Rotorua is the recognized Gambling addiction Treatment Agency in Rotorua and the districts and have of late been witness to the ever increasing social decay, pain and neglect that has come about from this particular disorder. As such, the Trust is privileged to offer its support to the study, "**The health implications of new forms of gambling on Maori women and their whanau**".

The Trust believes that the identified goals of this research are going to be sufficiently met and in turn will hopefully result in innovative, sensitive and appropriate interventional strategies for Maori women, their whanau and ultimately their communities.

For and in behalf of Te Utuhiina Manaakitanga Trust,



(Dr.) NELSON T. SUGGANG, M.D.
Executive Director

Patron: Bishop Whakahuihui Vercoe • Chairperson: Dr Henry Bennett, CBE, QSO
PO. Box 1802, 2a Ranolf Street, Rotorua • Telephone 07-348 3598, Fax 07-348 1783
Email: addictioncentre@clear.net.nz



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APPENDIX E: WOMEN'S HEALTH LEAGUE HUI SUPPORT LETTER

Women's Health League Conference
Puha Marae Gisborne
September 2001

Kia Ora Koutou Katoa

First, I would like to take this opportunity to thank the table for allowing me to present an overview of my post graduate scholarship to look at the "health implications of new forms of gambling on Māori women and their whānau. Secondly, I would like to ask that the Women's Health League particularly the Ohinemutu Branch support my Doctoral research project.

Rationale for my study

The circumstances under which Māori women gamble on poker machines are not fully known. To date, there has been one small report in Auckland that involved both Māori men and women. The findings from this report will help make the views of Māori women better known. More Māori women have gambling problems than non-Māori women, leading to an increasing concern as to why this is so. The proposed study will provide a unique and groundbreaking perspective about Māori women and their partner/whānau member's lived experiences of gambling. Māori women have not figured significantly in past or current research on gambling. My particular interest is to find out if gambling is perceived as problematic for Māori women and more importantly how Māori women define gambling behaviour. Additionally, working with Māori women and their whānau to identify strategies to help cope with gambling issues will have social and economically benefits, as well as promoting healthy lifestyle choices for Māori.

The goals of the research are to:

- Ask Māori women gamblers about their views of new forms of gambling and their impact on their health and the health of whānau, hapū, iwi and community
- Explore the views of partner/whānau members of Māori women who engage in new forms of gambling.
-

- To work with Māori women, and their whānau and others to identify possible intervention strategies to cease or reduce their engagement in new forms of gambling.

Laurie Morrison

KIA HIWA RA KIA HIWA RA

Women's Health League Support Letter



KIA HIWA RA KIA HIWA RA

Women's Health League Inc.

TUNOHOPU HEALTH CENTRE
HOUKOTUKU STREET
OHINEMUTU, ROTORUA

TELEPHONE (07) 348 0622 or (07) 348 2400

President: (07) 348 3892

Secretary: (07) 348 0622

7 September 2001

Laurie Morrison
3 Ariariterangi Street
Ohinemutu
ROTORUA

Tena koe Laurie

RE: INFORMAL CONSULTATION

Thank you attending the Women's Health League National Hui last weekend to present your doctoral research on the health implications of new forms of gambling on Maori women and their whanau.

The feedback from the Maori women in attendance was positive. Some of the women discussed the effects of gambling on their own communities and see the benefits of this project relevant to improving Maori health development.

We wish you well in your research and look forward to supporting and advising throughout the course of your research.

Naaku noa
Na

Inez Kingi
President

APPENDIX F: TE ATEA MARINO SUPPORT LETTER



Waitemata
District Health Board
Te Wai Awhina

*Te Atea Marino
Maori Alcohol &
Drug Service
316 Richmond Road
Grey Lynn
Auckland, New Zealand.
Telephone: 09 441 8969
Facsimile: 09 360 5839*

27 March 2002

To Whom It May Concern:
Auckland Ethics Committee

Tena koutou katoa

He mihi tenei ki a tatou tini aitua kua hupeke ki tua o te arai, Haere koutou ki te moenga okioki a o tatou tupuna. Na reira e te hunga ora tena koutou, tena koutou, tena koutou katoa.

He purongo hei tautoko i ta Laurie Morrison tono ki a koutou mo tana mahi rangahau.

This letter supports the research of Laurie Morrison on Maori women gamblers.

I work as a problem gambling counsellor within Te Atea Marino. Most of my clients are Maori women, and I see a need for this research to benefit my work and to improve the quality of the lives of my clients.

Any findings from this research will be of great interest to myself and to other treatment providers. Laurie's previous research was presented at a National Gambling Conference last year in July when I had just started out in this field and was very useful to me at the time. I hope that the committee will support this research.

Naku na

A handwritten signature in black ink, appearing to read 'Ruth Herd'.

Ruth Herd
Kaimanaaki Tuupono
Problem Gambling Counsellor
Te Atea Marino
09 361 6846

APPENDIX G: TE WHANAU POUTIRIRANGI ORA PAPA SUPPORT LETTER

Te Whanau Poutirirangiora a Papa



Te Whanau Poutirirangiora a Papa Hui
To be held Friday 17 May 2002
At the Kiwi Room, Hillier Centre, MT MAUNGANUI
Starting At 10.00 am

AGENDA

Friday 19 April 2002

10.00 am Powhiri / Mihi / Karakia
Cup of Tea

Introductions

Feedback from around the Rohe

Apologies

Correspondence

Minutes of the previous meeting
To be accepted as a true and accurate record

Financial Report
To be approved

1. Planned Hui
 2. Laurie Morrison (Researcher)
 3. Annual Plan
- General Business

Uplifting of Taonga from Poutiri Trust Offices

At 1.45 pm the Roopu will leave to travel to Poutiri Trust Offices in Te Puke for a formal ceremony to hand back Te Whanau Poutirirangiora a Papa Taonga.

Te Whanau Poutirirangiora a Papa

P O Box 10337
Mt Maunganui
Phone/Fax 575 2084
E-mail - temaimoa@xtra.co.nz



May 20, 2002

Laurie Morrison
3 Ariariterangi Street
Ohinemutu
ROTORUA

Tena Koe Laurie

This letter is to confirm that Te Whanau Poutirirangiora a Papa was happy to welcome you to our roopu and supports you fully in your research regarding "Gambling Among Maori Women and Health Implications for Whanau." In supporting your research Te Whanau Poutirirangiora a Papa wishes to state that it was good to have your Kaumatua come to introduce you and support you and your *take* fully at our monthly Hui held on 17 May 2002 at the Hillier Center, MT MAUNGANUI.

Research on the Maori population is of benefit to us only when it is done in a comprehensive manner that takes into account both the positive and negative aspects of any issue. It is also important to have a study of Maori women that takes into account the spoken word of those being researched and does not merely make assumptions of those women without having their input.

We look forward to the outcomes of your research.

Naku noa, na

Emma Campbell
Project Manager
TE WHANAU POUTIRIRANGIORA A PAPA

APPENDIX H: INTERVIEW SCHEDULE – PROVIDER

INTERVIEW SCHEDULE

Service Provider: Interview One

Name: _____

Date: _____

Organisation: _____

Position Held: _____

Iwi: _____

Hapū: _____

Kia Ora

My name is Laurie Morrison and I want to talk with a range of Māori service providers working with Māori women who experience problems with gambling at casino, pokie machine and on the internet. Consequently, there is little information available to help community and social services groups like yourself who might be working in this area. It is against this backdrop that I wish to ask questions about how your service meets the needs of Māori women and their whānau. The information that you share in the interview will be confidential to us. I will not be disclosing any information to others. What information you choose to share with other people is all right. I would also like to ask your permission to tape the interview or touch type and write notes. The information will be put together with the other service provider information to look for similar themes and I will be looking at what are some of the problems and what are the ways of dealing with it. Your information, along with information collected from other service providers, will be used to write up a report. I will make up a summary of your interview and send it to you for your comments before I compare your information with others. Do you have anything you would like me to explain?

PART 1: TYPE OF SERVICE:

The first lots of questions will illicit information from service providers about the type of service they provide and whether it is specific for Māori women problem gamblers and their whānau.

Part 1.	QUESTIONS	CASINO	POKIES	INTERNET
1.	Please describe the types of client who present for problems at your service ...			

2.	Do you have a gambling specific service for gambling ...	YES NO	YES NO	YES NO
3.	If yes, please describe ...			
4.	If no, please describe ...			
5.	What sorts of gambling problems does your service deal with ...	Problem Pathological Compulsive Other	Problem Pathological Compulsive Other	Problem Pathological Compulsive Other
6.	How does your service define gambling as problematic ...			
7.	Does your service have a cut off point for providing help ...	YES NO	YES NO	YES NO
8.	If yes, please describe ...			
9.	If no, please describe ...			

PART 2. REFERRALS

The next lot of questions will provide information about their knowledge of other services in their regions and the processes they engage to refer on.

Part 2.	QUESTIONS	CASINO	POKIES	INTERNET
1.	Are you aware of any other Māori gambling services for Māori in your region to assist Māori women and their whānau with ...	ﻯ YESﻯ NO	ﻯ YESﻯ NO	ﻯ YESﻯ NO
2.	If yes, please explain ...			
3.	If no, please explain how you try to meet the needs of Māori women gamblers			
4.	How does your service decide which cases to pass on to other relevant Māori gambling service providers in your region ...			
5.	Do you refer clients onto non-gambling specific services...?	ﻯ Mental Health ﻯ Naturopath ﻯ Tohunga ﻯ Other	ﻯ Mental Health ﻯ Naturopath ﻯ Tohunga ﻯ Other	ﻯ Mental Health ﻯ Naturopath ﻯ Tohunga ﻯ Other

PART 3. SERVICE DELIVERY:

Eliciting information about how the service meets the needs of Māori women seeking help for gambling will be drawn from the following questions. The effectiveness of the service will also be discussed. Also, how the service may be improved.

Part 3.	QUESTIONS	CASINO	POKIES	INTERNET
1.	What impact do you feel your service has had meeting the needs of Māori women gamblers ...			
2.	Are Māori women gamblers provided with the opportunity to see a Māori woman counsellor? If yes, please comment ...	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
3.	If no, could you please explain how Māori women's needs are met ...			
4.	How could you make your service more appropriate for Māori women and their partner/whānau members ...	☐Resources, ☐Time, ☐Childcare ☐Other	☐Resources, ☐Time, ☐Childcare ☐Other	☐Resources, ☐Time, ☐Childcare ☐Other

PART 4. INTERVENTIONS:

The next lot of questions will describe the types of programmes that are provided; whether or not the programmes have been effective; how the programme may be more effective.

Part 4.	QUESTIONS:	CASINO	POKIES	INTERNET
1.	Do you provide any programme/s to assist Māori women and gambling issues?	ف YES ف NO	ف YES ف NO	ف YES ف NO
2.	If yes, please describe ...			
3.	If no, please describe ...			
4.	Do you have a programme to help their partner/whānau members to cope with the effects of gambling ...			
5.	If yes, please explain ...			
6.	What makes your programmes less effective for Māori women, please explain ...			
7.	How do you think your programmes could be more effective?			

PART 5. ADVICE:

Finally, what advice would the service providers share with Māori women and their partner/whānau members and service providers to assist Māori Health Development for iwi hapū and whānau?

Part 5.	QUESTIONS:	CASINO	POKIES	INTERNET
1.	What advice would you provide to Māori women and their partner/whānau members to reduce or stop the behaviour ...			
2.	What advice would you share with other Māori service providers who wish to assist Māori women with gambling problems ...			
3.	Is there anything else that I have not asked you about that you think is relevant ...			

No reira, kua mutu enei kōrero

Tena koutou

APPENDIX I: INTERVIEW SCHEDULE – MĀORI WOMEN

INTERVIEW SCHEDULE

Māori Women: Interview One

Ingoa: _____

Date: _____

Kia Ora

My name is Laurie Morrison and I want to talk with Māori women who get involved with gambling at casinos, poker machines and on the internet. I am interested in what gambling means to a wide range of Māori women, including you. The information that you share in the interview will be confidential to us. As far as I am concerned I will not be disclosing any information. What information you choose to share with other people is alright. I would also like to ask your permission to tape the interview or touch type and write notes. The information will be put together with the other women's information to look for similar themes and I will be looking at what are some of the problems and what are the ways of dealing with it. Your information along with information collected from other women Māori women will be used to write up a report. I will make up a summary of your interview and send to you for your comments before I compare your information with others. Do you have anything you would like me to explain?

Part 1: Current gambling:

The first set of questions will engage Māori women in a discussion about what gambling means for them in relation to gambling activities such as casino, poker machines and the internet.

Part 1.	Questions:	Casino	Pokies	Internet
1.	What does gambling mean for you on ...	excitement money boredom competitive socialising	excitement money boredom competitive socialising	excitement money boredom competitive socialising
2.	What sorts of gambling do you engage in ...			

3.	How often do you gamble on the ...	Weekly Fortnightly Monthly Regularly Occasionally	Weekly Fortnightly Monthly Regularly Occasionally	Weekly Fortnightly Monthly Regularly Occasionally
4.	How much do you spend gambling on the ...			
5.	Where do you gamble ...			
6.	Do you gamble alone or with somebody else ...	نہ YES نہ NO	نہ YES نہ NO	نہ YES نہ NO
7.	If somebody else who ...	friend partner whānau other	friend partner whānau other	friend partner whānau other

Part 2: personal experiences:

The following questions are about the participant's perception of their gambling behaviour activities and what they get out of gambling. The information will determine when the participant first gambled; why they gamble, the types of effects if any (eg. Health, financial, social,) and what type/s of gambling activity contributed toward the problem. The information will also relate information about the characteristics of those Māori women that do not experience problems.

Part 2.	Questions:	Casino	Pokies	Internet
1.	How old were you when you started gambling on ...			
2.	Why did you start to gamble in the first place on the ...			
3.	Why do you gamble now on the ...			
4.	How important is your gambling to you on the ...	ڤVery important ڤImportant ڤModerately important ڤNot very important ڤNo importance	ڤVery important ڤImportant ڤModerately important ڤNot very important ڤNo importance	ڤVery important ڤImportant ڤModerately important ڤNot very important ڤNo importance
5.	Do any of your friends gamble at the ...	ڤ YES ڤ NO	ڤ YES ڤ NO	ڤ YES ڤ NO
6.	How easy is it to access the ...	Very easy Difficult	Very easy Difficult	Very easy Difficult

7.	Do you find gambling on the ...	Very easy Difficult	Very easy Difficult	Very easy Difficult
8.	Can you explain what is the most important reason why you gamble on the ...	financial social competition entertainment perks other	financial social competition entertainment perks other	financial social competition entertainment perks other
9.	Can you explain what is the most important reason why you do not gamble on the ...	financial social competition entertainment perks other	financial social competition entertainment perks other	financial social competition entertainment perks other
	What helps you to manage your gambling ...			

Part 3: Addressing the gambling behaviour:

PART 3.	QUESTIONS	CASINO	POKIES	INTERNET
1.	Have you ever thought about giving up at the ...	YES NO	YES NO	YES NO
2.	Have you ever tried to give up gambling at the ...	YES NO	YES NO	YES NO
3.	How many times have you seriously tried to stop gambling at the ...	Often Few times Once	Often Few times Once	Often Few times Once

		فNever	فNever	فNever
4.	Have you <i>ever</i> given up gambling at the ...	فOften فFew times فOnce فNever	فOften فFew times فOnce فNever	فOften فFew times فOnce فNever
5.	Why did you want to stop gambling those previous times at the ...			
6.	How (i.e. what methods) did you use to give up gambling each time at the ...			
7.	If you have quit gambling, why did you start again at the ...			
8.	Do you plan to stop gambling at the ...	فYES فNO	فYES فNO	فYES فNO
9.	If yes, how are you planning to stop gambling, e.g. what method and why..			
10.	If no, go to Part 4.			
11.	What have you done to prepare yourself for this quit attempt on the ...			
12.	12. Have you done other courses / programmes that might have helped you on the ...	فYES فNO	فYES فNO	فYES فNO
13.	If yes, please describe the course/s or the programme/s ...			
14.	Why do you want to stop gambling on the ...	فfinancial فrelationship فhealth فwhānau فself image	فfinancial فrelationship فhealth فwhānau فself image	فfinancial فrelationship فhealth فwhānau فself image

		other	other	other
15.	How confident are you that you will succeed at stopping gambling this time?	<input type="checkbox"/> I won't be able to do it <input type="checkbox"/> I should be able to do it <input type="checkbox"/> I'll definitely stop this time	<input type="checkbox"/> I won't be able to do it <input type="checkbox"/> I should be able to do it <input type="checkbox"/> I'll definitely stop this time	<input type="checkbox"/> I won't be able to do it <input type="checkbox"/> I should be able to do it <input type="checkbox"/> I'll definitely stop this time
16.	Do you think you will be successful in this attempt to quit gambling?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
17.	What would you miss most about gambling ...			
18.	What thoughts have you had about how stopping gambling might affect your health ...			

Part 4: Current Health Status:

The following questions are about the participant's perception of their gambling behaviour in relation to their health status; who they approached and whether or not they had any influence to help with the gambling behaviour.

PART.4	QUESTIONS	CASINO	POKIES	INTERNET
1.	Has your gambling made you feel unwell at any stage on the ...	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Has gambling ever caused you to feel any of these feelings: Anything else	<input type="checkbox"/> Anxious <input type="checkbox"/> Unhappy <input type="checkbox"/> Depressed	<input type="checkbox"/> Anxious <input type="checkbox"/> Unhappy <input type="checkbox"/> Depressed	<input type="checkbox"/> Anxious <input type="checkbox"/> Unhappy <input type="checkbox"/> Depressed <input type="checkbox"/> Anger

	If yes, could you describe what you went through, your symptoms on the ...	<input type="checkbox"/> Anger <input type="checkbox"/> Headaches <input type="checkbox"/> Heart palpitations <input type="checkbox"/> Other	<input type="checkbox"/> Anger <input type="checkbox"/> Headaches <input type="checkbox"/> Heart palpitations <input type="checkbox"/> Other	<input type="checkbox"/> Headaches <input type="checkbox"/> Heart palpitations <input type="checkbox"/> Other
3.	Have you ever sought help?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Who have you sought help from to help with gambling ...	<input type="checkbox"/> Doctor <input type="checkbox"/> Psychologist <input type="checkbox"/> Counsellor <input type="checkbox"/> Social Worker <input type="checkbox"/> Community Health Worker <input type="checkbox"/> Kaumātua <input type="checkbox"/> Tohunga <input type="checkbox"/> Clergy <input type="checkbox"/> Other	<input type="checkbox"/> Doctor <input type="checkbox"/> Psychologist <input type="checkbox"/> Counsellor <input type="checkbox"/> Social Worker <input type="checkbox"/> Community Health Worker <input type="checkbox"/> Kaumātua <input type="checkbox"/> Tohunga <input type="checkbox"/> Clergy <input type="checkbox"/> Other	<input type="checkbox"/> Doctor <input type="checkbox"/> Psychologist <input type="checkbox"/> Counsellor <input type="checkbox"/> Social Worker <input type="checkbox"/> Community Health Worker <input type="checkbox"/> Kaumātua <input type="checkbox"/> Tohunga <input type="checkbox"/> Clergy <input type="checkbox"/> Other
5.	Did any of these people mentioned above influence your decision to stop gambling ...	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	If so, who influenced your decision to stop gambling ...	<input type="checkbox"/> Doctor <input type="checkbox"/> Psychologist <input type="checkbox"/> Counsellor <input type="checkbox"/> Social Worker <input type="checkbox"/> Community	<input type="checkbox"/> Doctor <input type="checkbox"/> Psychologist <input type="checkbox"/> Counsellor <input type="checkbox"/> Social Worker	<input type="checkbox"/> Doctor <input type="checkbox"/> Psychologist <input type="checkbox"/> Counsellor <input type="checkbox"/> Social Worker

		ʔHealth Worker ʔKaumātua ʔTohunga ʔClergy ʔOther	ʔCommunity Health Worker ʔKaumātua ʔTohunga ʔClergy ʔOther	ʔCommunity Health Worker ʔKaumātua ʔTohunga ʔClergy ʔOther
7.	Have gambling environments ever effected your health in any way ...	ʔ YES ʔ NO	ʔ YES ʔ NO	ʔ YES ʔ NO
8.	If so, what were some of the effect/s	ʔSmoke ʔFlashing lights ʔDarkness ʔOther	ʔSmoke ʔFlashing lights ʔDarkness ʔOther	ʔSmoke ʔFlashing lights ʔDarkness ʔOther

Part 5: other attractions:

The following questions are related to other attractions that the women may also engage in before, during and after gambling at the casino, and on the poker machines or internet.

Part 5.	QUESTIONS:	CASINO	POKIES	INTERNET
1.	Do you regularly (at least once a week) use any of the following drugs when you play on the ...	ʔTea/Coffee ʔMarijuana ʔAlcohol ʔTobacco ʔMedication for anxiety/depression ʔOther	ʔTea/Coffee ʔMarijuana ʔAlcohol ʔTobacco ʔMedication for anxiety/depression ʔOther	ʔTea/Coffee ʔMarijuana ʔAlcohol ʔTobacco ʔMedication for anxiety/depression ʔOther

2.	If you drink, how often do you have a drink containing alcohol when you gamble...	<p>فNever</p> <p>فMonthly or less</p> <p>ف2-4 times a month</p> <p>ف2 to 3 times a week</p> <p>ف4 or more times a week</p> <p>فOther</p>	<p>فNever</p> <p>فMonthly or less</p> <p>ف2-4 times a month</p> <p>ف2 to 3 times a week</p> <p>ف4 or more times a week</p> <p>فOther</p>	<p>فNever</p> <p>فMonthly or less</p> <p>ف2-4 times a month</p> <p>ف2 to 3 times a week</p> <p>ف4 or more times a week</p> <p>فOther</p>
3.	If you smoke, number of cigarettes smoked per day when you gamble...	<p>ف1-5</p> <p>فAlmost half a packet</p> <p>فAlmost a full packet</p> <p>فAlmost 1 and ½ packet</p> <p>فAlmost 2 packets</p> <p>ف2 packets or more</p>	<p>ف1-5</p> <p>فAlmost half a packet</p> <p>فAlmost a full packet</p> <p>فAlmost 1 and ½ packet</p> <p>فAlmost 2 packets</p> <p>ف2 packets or more</p>	<p>ف1-5</p> <p>فAlmost half a packet</p> <p>فAlmost a full packet</p> <p>فAlmost 1 and ½ packet</p> <p>فAlmost 2 packets</p> <p>ف2 packets or more</p>
4.	If you smoke marijuana – do you gamble when stoned on the ...	<p>فYES</p> <p>فNO</p>	<p>فYES</p> <p>فNO</p>	<p>فYES</p> <p>فNO</p>
5.	What do you like about the place that you gamble in ...	<p>فFamiliarity</p> <p>فAccessibility</p> <p>فSecurity</p> <p>فPrivate</p> <p>فOther</p>	<p>فFamiliarity</p> <p>فAccessibility</p> <p>فSecurity</p> <p>فPrivate</p> <p>فOther</p>	<p>فFamiliarity</p> <p>فAccessibility</p> <p>فSecurity</p> <p>فPrivate</p> <p>فOther</p>

6.	What do you not like about the place that you gamble in ...	<input type="checkbox"/> Public <input type="checkbox"/> Smoky <input type="checkbox"/> Claustrophobic <input type="checkbox"/> Over-crowded <input type="checkbox"/> Other	<input type="checkbox"/> Public <input type="checkbox"/> Smoky <input type="checkbox"/> Claustrophobic <input type="checkbox"/> Over-crowded <input type="checkbox"/> Other	<input type="checkbox"/> Public <input type="checkbox"/> Smoky <input type="checkbox"/> Claustrophobic <input type="checkbox"/> Over-crowded <input type="checkbox"/> Other
----	--	---	---	---

Part 6: gambling and the whānau:

The next questions are related to the women's whānau and gambling involvement; their perceptions of how their gambling may or may not have had an affect on whānau; and what help or support was provided in dealing with the effects of gambling.

Part 6.	QUESTIONS	CASINO	POKIES	INTERNET
1.	Did your parents ever go to ... When you were a child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Who took you to the ...			
3.	Who showed you how to play on the ...			
4.	Did other whānau living with you gamble when you were a child on the ...	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	How many people (including yourself) live in your household ...	<input type="checkbox"/> Partner <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Tamariki	<input type="checkbox"/> Partner <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Tamariki	<input type="checkbox"/> Partner <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Tamariki

		ٱMokopuna ٱWhānaunga ٱOther	ٱMokopuna ٱWhānaunga ٱOther	ٱMokopuna ٱWhānaunga ٱOther
6.	Which of them gamble on the ...	ٱPartner ٱMother ٱFather ٱTamariki ٱMokopuna ٱWhānaunga ٱOther	ٱPartner ٱMother ٱFather ٱTamariki ٱMokopuna ٱWhānaunga ٱOther	ٱPartner ٱMother ٱFather ٱTamariki ٱMokopuna ٱWhānaunga ٱOther
7.	Who out of your whānau mentioned above are regular gamblers on the ...	ٱPartner ٱMother ٱFather ٱTamariki ٱMokopuna ٱWhānaunga ٱOther	ٱPartner ٱMother ٱFather ٱTamariki ٱMokopuna ٱWhānaunga ٱOther	ٱPartner ٱMother ٱFather ٱTamariki ٱMokopuna ٱWhānaunga ٱOther
8.	Who out of your whānau do not gamble ...	ٱPartner ٱMother ٱFather ٱTamariki ٱMokopuna ٱWhānaunga ٱOther	ٱPartner ٱMother ٱFather ٱTamariki ٱMokopuna ٱWhānaunga ٱOther	ٱPartner ٱMother ٱFather ٱTamariki ٱMokopuna ٱWhānaunga ٱOther

9.	What does your whānau think about your gambling ...			
10.	Has your whānau/partner ever asked you to get help to stop or cut down on ...	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
11.	Why do you think they want you to get help ...	☐ Can't cope ☐ Had enough ☐ Embarrassment ☐ Other	☐ Can't cope ☐ Had enough ☐ Embarrassment ☐ Other	☐ Can't cope ☐ Had enough ☐ Embarrassment ☐ Other
12.	What was it that the whānau liked best about your gambling ...	☐ Financial ☐ Social ☐ Enjoyment ☐ Entertainment ☐ Other	☐ Financial ☐ Social ☐ Enjoyment ☐ Entertainment ☐ Other	☐ Financial ☐ Social ☐ Enjoyment ☐ Entertainment ☐ Other
13.	What was it that the whānau liked least about your gambling ...	☐ Financial ☐ Social ☐ Enjoyment ☐ Entertainment ☐ Other	☐ Financial ☐ Social ☐ Enjoyment ☐ Entertainment ☐ Other	☐ Financial ☐ Social ☐ Enjoyment ☐ Entertainment ☐ Other

Part 7: service providers:

The next question is related to gathering information to determine what services and support were/are known was available to Māori women gamblers and their whānau to deal with gambling related issues.

Part 7:	Questions:	Casino	Pokies	Internet
1	There are a range of services available to help with gambling problems. Have you heard of any of them and if so which ones ...	ʔGambling Anonymous ʔProblem Gambling Helpline ʔOasis Addiction Centre ʔTe Utuhina Manaakitanga ʔTe Atea Marino ʔWaiparaira Trust ʔOther	ʔGambling Anonymous ʔProblem Gambling Helpline ʔOasis Addiction Centre ʔTe Utuhina Manaakitanga ʔTe Atea Marino ʔWaiparaira Trust ʔOther	ʔGambling Anonymous ʔProblem Gambling Helpline ʔOasis Addiction Centre ʔTe Utuhina Manaakitanga ʔTe Atea Marino ʔWaiparaira Trust ʔOther
2.	Have you ever needed to access any of the agencies for help to deal with ...	ʔ YES ʔ NO	ʔ YES ʔ NO	ʔ YES ʔ NO
3.	If yes, could you please describe which of the agencies helped you with	ʔGambling Anonymous ʔProblem Gambling Helpline ʔOasis Addiction Centre ʔTe Utuhina Manaakitanga ʔTe Atea Marino ʔWaiparaira Trust ʔOther	ʔGambling Anonymous ʔProblem Gambling Helpline ʔOasis Addiction Centre ʔTe Utuhina Manaakitanga ʔTe Atea Marino ʔWaiparaira Trust ʔOther	ʔGambling Anonymous ʔProblem Gambling Helpline ʔOasis Addiction Centre ʔTe Utuhina Manaakitanga ʔTe Atea Marino ʔWaiparaira Trust ʔOther

4.	What was the focus of the service to help with ...	ʔAlcohol and drug ʔGambling ʔsocial; ʔhealth; ʔtherapeutic, ʔbudgeting ʔOther	ʔAlcohol and drug ʔGambling ʔsocial; ʔhealth; ʔtherapeutic, ʔbudgeting ʔOther	ʔAlcohol and drug ʔGambling ʔsocial; ʔhealth; ʔtherapeutic, ʔbudgeting ʔOther
5.	How did you find out about the service ...			
6.	Who helped you access any one or more of the above mentioned services			
7.	Did you go alone or with somebody	ʔAlone ʔAccompanied	ʔAlone ʔAccompanied	ʔAlone ʔAccompanied
8.	Who accompanied you? Please describe?	ʔWhānau, ʔSpouse, ʔFriends, ʔOther	ʔWhānau, ʔSpouse, ʔFriends, ʔOther	ʔWhānau, ʔSpouse, ʔFriends, ʔOther
9.	What are your thoughts about how effective the service/s was for you?			
10.	Would you recommend the service to other Māori women with gambling problems? If yes, please explain.	ʔ YES ʔ NO	ʔ YES ʔ NO	ʔ YES ʔ NO
11.	If not, why not?			

Part 8: possible intervention strategies:

The following questions will help to work with Māori women and their whānau to identify possible intervention strategies to cease or reduce their engagement in new forms of gambling.

QUESTIONS:	CASINO	POKIES	INTERNET
Māori Community Health Workers found that someone is having problems with gambling. Have you got any suggestions about what they might do about it? Please describe.			
What advice would you provide to Māori women who over spend playing on ...			
Is there anything else that I have not asked you about that you think is relevant ...			

No reira, kua mutu enei kōrero

Tena koutou

APPENDIX J: INTERVIEW SCHEDULE – WHĀNAU

INTERVIEW SCHEDULE

Partner/whānau member: Interview One

Ingoa: _____

Date: _____

Kia Ora

My name is Laurie Morrison and I want to talk with partners or whānau members of Māori women who get involved with gambling at casinos, poker machines and internet. I am interested in what gambling means to a wide range of partner and whānau member, including you. The information that you share in the interview will be confidential to us. As far as I am concerned I will not be disclosing any information. What information you choose to share with other people is alright. I would also like to ask your permission to tape the interview or touch type and write notes. The information will be put together with the other partner/whānau information to look for similar themes and I will be looking at what are some of the problems and what are the ways of dealing with it. Your information along with information collected from other partner/whānau member's will be used to write up a report. I will make up a summary of your interview and send to you for your comments before I compare your information with others. Do you have anything you would like me to explain?

PART 1: MĀORI WOMENS GAMBLING:

The first set of questions will engage the views of partner/whānau member's in a discussion about what gambling means for them in relation to gambling activities such as casino, poker machines and the internet that their partner or whānau member engages in.

Part 1.	QUESTIONS:	CASINO	POKIES	INTERNET
1.	What does gambling mean for you on ...	<p>‡ Excitement</p> <p>‡ money</p> <p>‡ boredom</p> <p>‡ competitive</p> <p>‡ socialising</p>	<p>‡ Excitement</p> <p>‡ money</p> <p>‡ boredom</p> <p>‡ competitive</p> <p>‡ socialising</p>	<p>‡ Excitement</p> <p>‡ money</p> <p>‡ boredom</p> <p>‡ competitive</p> <p>‡ socialising</p>
2.	Can you please explain who the whānau member you are talking about is?	<p>‡ Partner</p> <p>‡ Sister</p>	<p>‡ Partner</p> <p>‡ Sister</p>	<p>‡ Partner</p> <p>‡ Sister</p>

		Whānaunga Other	Whānaunga Other	Whānaunga Other
3.	What does your partner/whānau member's gambling mean to you ...			
4.	What would be her most preferred gambling activity ...			
5.	How often does your partner/whānau member engage on the ...	Weekly Fortnightly Monthly Regularly Other	Weekly Fortnightly Monthly Regularly Other	Weekly Fortnightly Monthly Regularly Other
6.	Do you know how much money your partner/whānau member spends on gambling ...	Weekly Fortnightly Monthly Regularly Other	Weekly Fortnightly Monthly Regularly Other	Weekly Fortnightly Monthly Regularly Other
7.	Please describe where your partner/whānau member gambles ...			
8.	Does your partner/whānau member gamble alone or with somebody else ...	YES NO	YES NO	YES NO
9.	If somebody else who ...	friend partner whānau other	friend partner whānau other	friend partner whānau other

PART 2: PERSONAL EXPERIENCES:

The following questions are about the participant's perception of their partner whānau members' gambling behavior, what effects if any the gambling has on them, how they coped with the effects and what strategies one used to help Māori women who gamble.

PART 2.	QUESTIONS:	CASINO	POKIES	INTERNET
1.	How old was your partner/whānau member when she started gambling on ...			
2.	Do you gamble on the ...	ﻯ YES ﻯ NO	ﻯ YES ﻯ NO	ﻯ YES ﻯ NO
3.	If no, please explain ...			
4.	Do you approve of your partner/whānau member gambling on the ...	ﻯ YES ﻯ NO	ﻯ YES ﻯ NO	ﻯ YES ﻯ NO
5.	If yes, please comment ...			
6.	If no, please comment ...			
7.	Do any of your friends gamble at the ...	ﻯ YES ﻯ NO	ﻯ YES ﻯ NO	ﻯ YES ﻯ NO
8.	How easy is it for your partner/whānau member to access the ...	ﻯVery easy ﻯDifficult	ﻯVery easy ﻯDifficult	ﻯVery easy ﻯDifficult
9.	Is it difficult to gamble on the ... Is it easy to gamble on the ...	ﻯ YES ﻯ NO ﻯ YES ﻯ NO	ﻯ YES ﻯ NO ﻯ YES ﻯ NO	ﻯ YES ﻯ NO ﻯ YES ﻯ NO
10.	What is the most important reason why you believe your partner/whānau member gambles	ﻯfinancial ﻯsocial	ﻯfinancial ﻯsocial	ﻯfinancial ﻯsocial

	on ...	فcompetition فentertainment فperks فother	فcompetition فentertainment فperks فother	فcompetition فentertainment فperks فother
11.	What is the most important reason why you do not encourage your partner/whānau member to gamble on ...	فfinancial فsocial فother	فfinancial فsocial فother	فfinancial فsocial فother
12.	What helps you to support your partner/whānau member's gambling ...	فfinancial فsocial فentertainment	فfinancial فsocial فentertainment	فfinancial فsocial فentertainment

PART 3: ADDRESSING THE GAMBLING BEHAVIOUR:

Part 3.	QUESTIONS	CASINO	POKIES	INTERNET
1	Have you ever thought about your partner/whānau member giving up gambling on the ...	فYES فNO	فYES فNO	فYES فNO
2.	Have you ever tried to encourage your partner/whānau member to give up gambling on the ...	فYES فNO	فYES فNO	فYES فNO
3	How many times has she seriously tried to stop gambling on the ...			
4.	Why did you want her to stop gambling those previous times			
5.	How (i.e. what methods) did you use to encourage her to give up gambling each time on the ...			
6.	If she quit gambling, why did she start again ...			
7.	Do you plan to stop her from gambling on the ...	فYES فNO	فYES فNO	فYES فNO

8.	How are you planning to help her stop gambling, e.g. what method and why on the ...			
9.	What have you done to prepare yourself to assist her (Also - have you done other courses / programmes that might have helped you?)			
10.	Why do you want to stop her gambling on the ...	<input type="checkbox"/> Financial <input type="checkbox"/> relationship <input type="checkbox"/> health <input type="checkbox"/> whānau <input type="checkbox"/> self image <input type="checkbox"/> other	<input type="checkbox"/> Financial <input type="checkbox"/> relationship <input type="checkbox"/> health <input type="checkbox"/> whānau <input type="checkbox"/> self image <input type="checkbox"/> other	<input type="checkbox"/> Financial <input type="checkbox"/> relationship <input type="checkbox"/> health <input type="checkbox"/> whānau <input type="checkbox"/> self image <input type="checkbox"/> other
11.	How confident are you that she will succeed at stopping gambling this time?	<input type="checkbox"/> She won't be able to do it <input type="checkbox"/> She should be able to do it <input type="checkbox"/> She'll definitely stop this time	<input type="checkbox"/> She won't be able to do it <input type="checkbox"/> She should be able to do it <input type="checkbox"/> She'll definitely stop this time	<input type="checkbox"/> She won't be able to do it <input type="checkbox"/> She should be able to do it <input type="checkbox"/> She'll definitely stop this time
12.	Do you think you will be successful in this attempt to quit gambling?"	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
13.	What would you miss most about her gambling ...			
14.	What thoughts have you had about how stopping gambling might affect her health on the ...			

PART 4: CURRENT HEALTH STATUS:

The following questions are about the participant's perception of their partner/whānau member's gambling behaviour in relation to their health status; who they approached and whether or not they had any influence to help with the gambling behaviour.

Part 4	QUESTIONS	CASINO		
1.	Has your partner/whānau member's gambling ever made you feel unwell at any stage ...	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Has her gambling ever caused you to feel any of these feelings...	<input type="checkbox"/> Anxious <input type="checkbox"/> Unhappy <input type="checkbox"/> Depressed <input type="checkbox"/> Anger <input type="checkbox"/> Headaches <input type="checkbox"/> Heart palpitations <input type="checkbox"/> Anything else	<input type="checkbox"/> Anxious <input type="checkbox"/> Unhappy <input type="checkbox"/> Depressed <input type="checkbox"/> Anger <input type="checkbox"/> Headaches <input type="checkbox"/> Heart palpitations <input type="checkbox"/> Anything else	<input type="checkbox"/> Anxious <input type="checkbox"/> Unhappy <input type="checkbox"/> Depressed <input type="checkbox"/> Anger <input type="checkbox"/> Headaches <input type="checkbox"/> Heart palpitations <input type="checkbox"/> Anything else
3.	If yes, could you describe what you went through, your symptoms on the ...			
4.	Have you ever sought help ...	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	If so who?	<input type="checkbox"/> Doctor <input type="checkbox"/> Psychologist <input type="checkbox"/> Counsellor <input type="checkbox"/> Social Worker <input type="checkbox"/> Community Health Worker <input type="checkbox"/> Kaumātua	<input type="checkbox"/> Doctor <input type="checkbox"/> Psychologist <input type="checkbox"/> Counsellor <input type="checkbox"/> Social Worker <input type="checkbox"/> Community Health Worker <input type="checkbox"/> Kaumātua	<input type="checkbox"/> Doctor <input type="checkbox"/> Psychologist <input type="checkbox"/> Counsellor <input type="checkbox"/> Social Worker <input type="checkbox"/> Community Health Worker <input type="checkbox"/> Kaumātua

		☐Tohunga ☐Clergy ☐Other	☐Tohunga ☐Clergy ☐Other	☐Tohunga ☐Clergy ☐Other
6.	Did any of these people help you to cope with the gambling behaviour ...	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
7.	If yes, what types of help were provided ...			
8.	Has gambling environments affected her health in any way ...	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
9.	If so, what were some of the affect/s			

PART 5. EFFECTS OF GAMBLING ON WHĀNAU

The next questions are related to the effects on whānau and what help or support was provided in dealing with the effects of gambling.

QUESTIONS:	CASINO	POKIES	INTERNET
Has your partner/whānau member's gambling had any effects on your whānau <i>Prompts: Financial Relationship Social Anxiety Stress</i>	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
If yes, could you please explain ...			
If no, could you please explain ...			
What types of gambling activity did your partner/whānau member take part in that			

caused you most concern ...			
What were some of your concerns ... Please explain? <i>Prompts: Relationship Financial Physical, Health, Whānau.</i>			
Did you seek help from whānau? If yes, who provided support ...	ف YES ف NO	ف YES ف NO	ف YES ف NO
If no, why not ...			
What types of help did you seek and what was provided ...			
Financial	ف YES ف NO	ف YES ف NO	ف YES ف NO
Emotional	ف YES ف NO	ف YES ف NO	ف YES ف NO
Social	ف YES ف NO	ف YES ف NO	ف YES ف NO
Physical	ف YES ف NO	ف YES ف NO	ف YES ف NO
Professional	ف YES ف NO	ف YES ف NO	ف YES ف NO
Was the whānau support able to influence her decision to seek professional help ...	ف YES ف NO	ف YES ف NO	ف YES ف NO

PART 6: SERVICE PROVIDERS:

The next questions are related to gathering information to determine what services and support are available to partner/whānau member to deal with gambling related issues

QUESTIONS	CASINO	POKIES	INTERNET
There are a range of services available to help with gambling problems. The most common services are Gambling Anonymous, Problem Gambling Helpline, Oasis Addiction Centre (Salvation Army)			

and Alcohol and Drug Addiction Centres. Which of these best describe who you are aware of in your community/region?			
Have you ever needed to access any of the agencies for help to deal with your partner/whānau member's gambling on ...	ف YES ف NO	ف YES ف NO	ف YES ف NO
If yes, could you please describe which of the agencies helped you with ...			
What was the focus of the service? (eg. Alcohol and drug; gambling; social; health; therapeutic, budgeting) to help with ...			
How and where was the service provided ...			
Who helped you access any one or more of the above mentioned services?			
How did you find out about the service ...			
Did you go alone?	ف YESف NO	ف YESف NO	ف YESف NO
Who accompanied you? Please describe? <i>Prompt: Partner/whānau member, Whānau, Spouse, Friends, Other</i>			
What are your thoughts about how effective the service/s was for you and your partner/whānau member?			
Would you recommend the service to other partner/whānau members' with gambling problems? If yes, please explain.	ف YESف NO	ف YESف NO	ف YESف NO

PART 7: POSSIBLE INTERVENTION STRATEGIES:

The following questions will help to work with Māori women and their whānau to identify possible intervention strategies to cease or reduce their engagement in new forms of gambling.

QUESTIONS:	CASINO	POKIES	INTERNET
Māori Community Health Workers found that someone is having problems with gambling. Have you got any suggestions about what they might do about it? Please describe.			
If you were given the opportunity to develop possible intervention strategies aimed at reducing your partner/whānau member's engagement in gambling, what would you suggest?			
What advice they would provide to partner/whānau member about all of the above.			
Is there anything else that I have not asked you about that you think is relevant ...			

No reira, kua mutu enei kōrero

Tena koutou

APPENDIX K: DEMOGRAPHICS - WOMEN

Demographic Information

Reference:

The following information will be collected and monitored through process of contacting participants to ensure that I maximise sample diversity. The information will also be used as background information for the researcher.

Date of interview

Place of residence:

Age:

Gender:

Occupation:

Single:

Married:

Iwi affiliation:

Hapu affiliation:

Partner's iwi (if known):

Partner's hapu (if known):

Religion

How would you describe your gambling?

APPENDIX L: DEMOGRAPHICS - WHĀNAU

Demographic Information

Reference:

The following information will be collected and monitored through process of contacting participants to ensure that I maximise sample diversity. The information will also be used as background information for the researcher.

Date of interview

Place of residence:

Age:

Gender:

Occupation:

Single:

Married:

Iwi affiliation:

Hapu affiliation:

Partner's iwi (if known):

Partner's hapu (if known):

Religion

How would you describe your gambling?

APPENDIX M: PROVIDER INFORMATION SHEET



Health Research Council
of New Zealand

Te Kaunihera Rangahau Hauora o Aotearoa

Information Sheet

Service Provider



The
University
of Waikato
Te Whare Wānanga
o Waikato

The Health Implications of new forms of gambling for Māori women and their whānau

Kia Ora koutou katoa

My name is Laurie Morrison, I am a Māori researcher from Te Arawa, and I would like to invite you to participate in a research study. I am at the beginning stage of writing my thesis on the health implications of new forms of gambling on Māori women and their whānau. This study is also an extension of my Masters Thesis that looked at Māori women's experiences and their involvement in traditional forms of gambling such as raffles, dice games, cards, housie and horse race betting.

Gambling is a facet of New Zealand society that has been around for years. However, some people find they are gambling more than they want to. Researchers have paid little attention to gambling effects among Māori women and their whānau. For example, there is little or no literature available on the effects of gambling as perceived by Māori women and their whānau members. Consequently, there is little information available to help community and social services groups like yourself who might be working in this area. It is against this backdrop that I wish to ask questions about how your service meets the needs of Māori women and their whānau. I am interested in speaking with a range of Māori service providers working with Māori women who find gambling an issue, and where appropriate whānau members or partners of women who participate in new forms of gambling, e.g. casino and pokie machine gambling, internet and lotto gambling activities, together with those who have sought or are currently seeking help for gambling related issues.

The goals of the research are to:

- Ask Māori women gamblers about their views of new forms of gambling and its impact on their health and the health of whānau, hapū, iwi and community
- Explore the views of partner/whānau members of Māori women who engage in new forms of gambling.
- To work with Māori women and their whānau to identify possible intervention strategies to cease or reduce their engagement in new forms of gambling.

I have chosen to restrict my current study to Māori women and their partners who reside in Rotorua and Auckland. The rationale for this is that I am of Te Arawa descent and the hapū I acknowledge has expressed interest in establishing a casino. I see this research as another

step toward giving something back to my whānau hapū and iwi. I also wish to include Auckland I believe that urban Māori who have easy access to a casino may bring another diverse perspective.

Participation in this study is confidential; therefore no identifying information will be used in any reports from this study. It is important to know that participation is voluntary and that you may withdraw from the project at any time.

This study has received ethical approval from the Bay of Plenty Ethics Committee on behalf of Auckland Ethics Committee (*pending*).

The project is supervised by Dr Mike Hills, Dr Aroha Yates/Smith, and Dr Heather Hamerton. If you require any information about the research members or about the study please contact the Principal Researcher Laurie Morrison, Ph: (07) 838 4505 or on the toll free number 0800 3483 49

If you have any queries or concerns regarding your rights as a participant in this study, you may wish to contact a Health and Disability Advocate, telephone 0800 555 05 Northland to Franklin or mid and lower North Island 0800 42 36 38 (ADNET)

Noho ora mai

Laurie Morrison

Principal Researcher



Health Research Council
of New Zealand

Te Kaunihera Rangahau Hauora o Aotearoa



The
University
of Waikato
Te Whare Wānanga
o Waikato

APPENDIX N: MĀORI WOMEN INFORMATION SHEET

Information Sheet

Kia Ora koutou katoa

My name is Laurie Morrison and I am a postgraduate student at the University of Waikato. I am at the beginning stage of writing my thesis on the health implications of new forms of gambling on Māori women and their whānau. This study is also an extension of my Masters Thesis that looked at Māori women's experiences and their involvement in traditional forms of gambling such as raffles, dice games, cards, housie and horse race betting.

Gambling is a facet of New Zealand society that has been around for years. However, some people find they are gambling more than they want to. Researchers have paid little attention to gambling effects among Māori women. For example, there is little or no literature available on the effects of gambling as perceived by Māori women. Consequently, there is little information available to help community and social services groups who might be working in this area. It is against this backdrop that I wish to ask questions about gambling and how it is perceived by Māori women. I am interested in speaking with a range of Māori women who participate in new forms of gambling, e.g. casino and poker machine gambling, internet and lotto gambling activities, together with those who have sought or are currently seeking help for gambling related issues. With your consent I would also like to speak to a whānau member of your choice about their perceptions also.

The goals of the research are to:

- Ask Māori women gamblers about their views of new forms of gambling and its impact on their health and the health of whānau, hapū, iwi and community
- Explore the views of partner/whānau members of Māori women who engage in new forms of gambling.
- To work with Māori women and their whānau to identify possible intervention strategies to cease or reduce their engagement in new forms of gambling.

I have chosen to restrict my current study to Māori women and their partners who reside in Rotorua and Auckland. The rationale for this is that I am of Te Arawa descent and the hapū I acknowledge has expressed interest in establishing a casino. I see this research as another step toward giving something back to my whānau hapū and iwi. I also wish to include Auckland I believe that urban Māori who have easy access to a casino may bring another diverse perspective.

A consent form will be available with an understanding that you may withdraw at any time during the project. If you have any concerns about this project, please contact the convener of the Research and Ethics Committee.

The project is supervised by Dr Mike Hills, Dr Aroha Yates/Smith, and Dr Heather Hamerton. If you require any information about the research members or about the study please contact the Principle Researcher Laurie Morrison, Ph: (07) 838 4505.

Noho ora mai

Laurie Morrison

Principal Researcher



Health Research Council
of New Zealand

Te Kaunihera Rangahau Hauora o Aotearoa



The
University
of Waikato
Te Whare Wānanga
o Waikato

APPENDIX O: WHĀNAU INFORMATION SHEET

Information Sheet

Whānau/partner

Kia Ora koutou katoa

My name is Laurie Morrison and I am a postgraduate student at the University of Waikato. I am at the beginning stage of writing my thesis on the health implications of new forms of gambling on Māori women and their whānau. This study is also an extension of my Masters Thesis that looked at Māori women's experiences and their involvement in traditional forms of gambling such as raffles, dice games, cards, housie and horse race betting.

Gambling is a facet of New Zealand society that has been around for years. However, some people find they are gambling more than they want to. Researchers have paid little attention to gambling effects among Māori whānau. For example, there is little or no literature available on the effects of gambling as perceived by Māori whānau members. Consequently, there is little information available to help community and social services groups who might be working in this area. It is against this backdrop that I wish to ask questions about gambling and how it is perceived by Māori whānau. I am interested in speaking with a range of Māori whānau members or partners of women who participate in new forms of gambling, e.g. casino and pokie machine gambling, internet and lotto gambling activities, together with those who have sought or are currently seeking help for gambling related issues.

The goals of the research are to:

- Ask Māori women gamblers about their views of new forms of gambling and its impact on their health and the health of whānau, hapū, iwi and community
- Explore the views of partner/whānau members of Māori women who engage in new forms of gambling.
- To work with Māori women and their whānau to identify possible intervention strategies to cease or reduce their engagement in new forms of gambling.

I have chosen to restrict my current study to Māori women and their partners who reside in Rotorua and Auckland. The rationale for this is that I am of Te Arawa descent and the hapū I acknowledge has expressed interest in establishing a casino. I see this research as another step toward giving something back to my whānau hapū and iwi. I also wish to include Auckland I believe that urban Māori who have easy access to a casino may bring another diverse perspective.

A consent form will be available with an understanding that you may withdraw at any time during the project. If they have any concerns about this project, please contact the convener

of the Research and Ethics Committee.

The project is supervised by Dr Mike Hills, Dr Aroha Yates/Smith, and Dr Heather Hamerton. If you require any information about the research members or about the study please contact the Principal Researcher Laurie Morrison, Ph: (07) 838 4505 or on the toll free number 0800 3483 49.

Noho ora mai

Laurie Morrison

Principle Researcher

APPENDIX P: PROVIDER CONSENT FORM
Service Provider Consent Form

Participant's Copy

Thank you for reading the information sheet about this project. If you would like to participate in this research can you please complete both sets of consent forms and return to me in the enclosed self addressed envelope. If you would rather not take part simply **DO NOT** return this form.

Kia Ora Laurie

My name is _____ and I have read your information sheet about this research project or it has been explained to me. I have been able to ask any questions and discuss my taking part with other people. Any questions have been answered to my satisfaction.

I therefore agree to participate in this research project.

I understand that I may withdraw at any time.

I also understand that if I have any concerns about this project, I can contact either the project supervisor Dr Mike Hills, Psychology Department, University of Waikato or the Research and Ethics Committee Convenor, Department of Psychology, University of Waikato..

I understand that the project is about new forms of gambling that my partner or someone in my whanau engages in. I understand that you have sought consent from my partner/whanau member for my participation.

I also understand that the information gathered in the interview may be used to inform other research studies, however all information obtained will be anonymous and no identifying information will be used.

My mail address is

.....

.....436.....

My phone number is

APPENDIX Q: MĀORI WOMEN'S CONSENT FORM

Māori Women Participant Consent Form

Participant's Copy

Thank you for reading the information sheet about this project. If you would like to participate in this research can you please complete both sets of consent forms and return to me in the enclosed self addressed envelope. If you would rather not take part simply **DO NOT** return this form.

Kia Ora Laurie

My name is _____ and I have read your information sheet about this research project or it has been explained to me. I have been able to ask any questions and discuss my taking part with other people. Any questions have been answered to my satisfaction.

I therefore agree to participate in this research project.

I understand that I may withdraw at any time.

I also understand that if I have any concerns about this project, I can contact either the project supervisor Dr Mike Hills, Psychology Department, University of Waikato or the Research and Ethics Committee Convenor, Department of Psychology, University of Waikato.

I understand that the project is about new forms of gambling that I engage in or that I or someone in my whānau engages in. I understand that you may wish to talk to other members of my whānau, but that you will discuss this with me before you do so.

I also understand that the information gathered in the interview may be used to inform other research studies, however all information obtained will be anonymous and no identifying information will be used.

My mail address is

.....
.....
.....

My phone number is

Signature.....

Date.....

APPENDIX R: WHĀNAU CONSENT FORM

Partner/Whanau Participant Consent Form Participant's Copy

Thank you for reading the information sheet about this project. If you would like to participate in this research can you please complete both sets of consent forms and return to me in the enclosed self addressed envelope. If you would rather not take part simply **DO NOT** return this form.

Kia Ora Laurie

My name is _____ and I have read your information sheet about this research project or it has been explained to me. I have been able to ask any questions and discuss my taking part with other people. Any questions have been answered to my satisfaction.

I therefore agree to participate in this research project.

I understand that I may withdraw at any time.

I also understand that if I have any concerns about this project, I can contact either the project supervisor Dr Mike Hills, Psychology Department, University of Waikato or the Research and Ethics Committee Convenor, Department of Psychology, University of Waikato..

I understand that the project is about new forms of gambling that my partner or someone in my whanau engages in. I understand that you have sought consent from my partner/whanau member for my participation.

I also understand that the information gathered in the interview may be used to inform other research studies, however all information obtained will be anonymous and no identifying information will be used.

My mail address is

.....

.....

My phone number is

Signature.....

APPENDIX S: SUBMISSION LETTER MOH

20 November 2002

Integrated Plan for Problem Gambling Submissions
Ministry of Health
PO Box 5013
Wellington.

Ms Laurie Morrison
Research Officer
Psychology Department
University of Waikato
Private Bag 3105
Hamilton

Tena Koe

Re: Integrated National Plan for Minimising Gambling Harm Submission

Thank you for the opportunity to provide a submission on the proposed draft of the Integrated National Plan for Minimising Gambling Harm. Included in my submission will be Māori specific issues. They are:

Māori Women as a priority group

Concerns for Māori women and high rates of conversion to new forms of gambling were noted in the 1995 New Zealand gambling report commissioned by the Department of Internal Affairs (Abbott and Volberg, 1995). The study was replicated five years later and again it was noted that Māori women had the highest rate of conversion than non-Māori women. According to Abbott & Volberg (1999) Māori women were three times more likely than non-Māori women to access the Problem Gambling Helpline to seek help for gambling problems. The recent national statistics for the telephone helpline for personal counselling services reported Māori women and problem gambling is indeed increasing (The Problem Gambling Committee, 2001). That is, an increasing percentage of Māori women problem gamblers have cited non-casino gaming machines as their primary problem mode for the past 5 years (1997: 56.9%, 1998: 70.8%, 1999: 72.7%, 2000: 78.5%, 2001: 84.3% (cited in p.47).

An attempt to overcome this problem has been set in place by a group of Māori and Pacific women working in the South of Auckland to address the harm caused by problem gambling which is affecting Māori and Pacific women and their whānau. Wahine ki Mua consists of Māori and Pacific women who work for various community help services in the South of Auckland. The main drivers of this group are Māori gambling counsellors Dianne Richards from Oasis and Ruth Herd working for Te Atea Marino from Waitemata Health who aim to empower Māori through health promotion, prevention and support Māori with gambling related problems.

Dianne Richards from Oasis reports that during the period 01/04/02 to 31/10/02, a total of 39 Māori women gamblers presented for help. In addition, 6 Māori whānau have been affected. The concern here is that Māori men gamblers who reported for the same period totalled 25 and only 3 whānau were affected. She also concurs that generally Māori women score significantly higher than women in other ethnic groups when they present for help.

The recent figures from the Gambling Problem Helpline agree with the above reports in relation to Māori women. Out of the 3000 gamblers who contacted the Helpline 25% were Māori and of these, almost 70% are women. He further reported that around 37.5% of the Māori callers were from the South Auckland region and assuming the above patterns hold good that means 280 Māori callers from Auckland, of whom approaching 200 are women. Also, between 10 to 12 Māori women from South Auckland contact the Helpline for the first time each month or 2-3 a week (Personal communication, Judy Wanakore, 29 October, 2002).

Margaret Sloan from the Problem Gambling Foundation in Tauranga concurs that up to 70% of her clientele are Māori women. The concern here is that a large number of women attending the service in Tauranga are from Rotorua and Whakatane. The rationale for the high numbers seeking help was the lack of or no gambling specific services in Rotorua.

Although there has been financial support from the Problem Gambling Committee to help Māori women to address gambling issues, such as the newly formed group Wahine ki Mua to work together with a number of community groups in the south Auckland region. It is not enough.

Therefore, what is required is the inclusion of Māori Women as a priority group in the Draft National Plan for Minimising Gambling Harm. It is no longer acceptable that Māori women and gambling problems be generalised with those of Māori men.

Workforce Development

There is currently in place the opportunity for Māori Service Providers to develop services specifically to meet the needs of Māori gamblers. The Problem Gambling Committee aim is to work for the reduction of gambling related harms in Aotearoa by providing funding for service provider development and more recently raising awareness campaigns about safe gambling. While these initiatives are helpful for Māori there seems to be a discrepancy between those community workers who are skilled and unskilled. For example, Māori gambling counsellors concur that a few large mainstream agencies will continue to monopolise funding and referrals (Personal communication, Ruth Herd, 1 November, 2002). The concerns identified by the gambling counsellors were the lack of skilled Māori gambling counsellors; undeveloped infrastructures and resources. They also agreed that the existing gambling services that are well resourced, employ highly skilled clinicians/practitioners, have good infrastructures in place are well ahead to monopolise referrals.

Therefore, to enable Māori to meet the current service specifications developed by the MOH workforce development funding must be a priority need for Māori Health Development.

The following amendments need to be made to Service Type descriptions: Dedicated Māori problem gambling intervention. They are:

Service Staff p.39	Include Māori team or a person who is culturally safe and not just culturally competent
Service Staff p. 40	Include Māori team or a person who is culturally safe not just culturally competent
Service Staff p. 42	Again include Māori before team or person

Māori, we have come too far to not go forward.

Therefore, the needs of Māori women and workforce development to help address problem gambling in Aotearoa should be considered a priority need.

Noho ora mai

Laurie Morrison, Ngati Whakaue Te Arawa
PhD (in progress)

Please note: I wish to receive a copy of the summary of submissions
I give permission for my personal details to be released to persons under the Official Information Act 1982

List all patents

List all inputs into policy development (e.g. government publications, reports to ministers)

Morrison, L. (2003). Māori women and gambling on pokie machines: Friend of Foe! Paper presentation to Rotorua Labour Member of Parliament Stevie Chadwick. Rotorua Electoral Office, 8 September 2003.

Preliminary findings were used by MP in the house to debate the Responsible Gambling Bill.

APPENDIX T: RESEARCH PUBLICATIONS AND PRESENTATIONS

List and number all papers and reports by the Named Investigators which have been published, accepted or submitted for publication since the commencement of this contract. The list should not include letters, abstracts or papers in preparation.

Publications should be arranged in the manner recommended by the International Steering Committee of Medical Editors i.e., Authors(s), title, journal year; volume: page numbers. (For example, Smith BA., Etiology of depression, NZ Med J. 1979; 89: 259-64.) If there are no publications, please outline reasons.

Chapter contribution (In Negotiation with Publishers regarding contributing a Chapter in the production of a book based on the “reality of conducting qualitative research and, in particular, how researchers managed the difficulties they have encountered).

Morrison, L.E. (2003). Insider or Outsider: The complexities of analysing qualitative data with Māori women gamblers. “Emerging complexities in conducting qualitative research in Psychology, Qualitative Psychology Department, University of Leeds, England, 9 -11 April.

Dissemination & Implementation of Research Results

Please list or provide brief statements on the manner in which the results of your research have been disseminated to relevant target audiences. List conferences attended. Please indicate if posters or papers were presented, and whether abstracts were published in proceedings from the conference.

Morrison, L. (2003). Māori women and gambling on pokie machines: Friend of Foe! Paper presentation to the Third International Conference on Gambling in New Zealand, 11-13 September.

Morrison, L. (2003). The relationship of gambling and Māori women. Paper presentation to the Problem Gambling Symposium, Today’s Major Social Issue, 19-21 June.

Morrison, L.E. (2003). Insider or Outsider: The complexities of analysing qualitative data with Māori women gamblers. “Emerging complexities in conducting qualitative research in Psychology. Qualitative Psychology Department, University of Leeds, England, 10-12 April.

Morrison, L. E. (2003). The Place of Gambling in Māori Women's lives. Māori and Psychology Research Symposium University of Waikato. (Paper published in proceedings).

List communications to the wider community of interest (e.g. meetings, hui, presentations, interviews, media broadcasts, editorials, newspaper articles, monographs, letters published)

Morrison, L.E. (2003). Putting Gambling in its social and historical context for Māori women gamblers. Guest speaker for Collaborative Practice Teaching team Batchelor of Applied Sciences, Waikato Institute of Technology, 18 October.

Morrison, L.E. (2003). Gambling and research in Māori communities: Safety and some unexpected issues. Guest speaker for Rangahau Māori 2nd year students Batchelor of Applied Sciences, Waiariki Institute of Technology, 15 August.

Morrison, L.E. (2003). Putting Gambling in its social and historical context for Māori women gamblers. Guest speaker for Collaborative Practice Teaching team Batchelor of Applied Sciences, Waikato Institute of Technology, 9 August.

Annual reporting HRC

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conferences commercial collaborations policy

MY CONTRACTS 01/120 The impact of gambling on the health of Māori whan
01/351 The health implications of new forms of gambling o

1st Report 2nd Report 3rd Report 4th Report 5th Report

FINAL REPORT due Sunday 01 January 2006.

Summary Personnel Milestones Progress Outputs Policy impact Administration Final summary

Publications

Article (peer reviewed journal)

1. Morrison L. 2005 Unfolding stories: Whānau members perceptions of Māori women and gambling. ECOMMUNITY: INTERNATIONAL JOURNAL OF MENTAL HEALTH AND ADDICTION.

2. Morrison L. 2005 Māori women's perceptions of gambling: A beginning. JOURNAL OF GAMBLING ISSUES. -(-) :

Book Chapter

3. Dyall L, Morrison L. 2004 Treaty, Māori and gambling. in . eds. Curtis, Bruce. :

Review (peer reviewed journal)

4. Morrison L. 2004 Pokie gambling and Māori women: Friend or Foe!. JOURNAL OF GAMBLING ISSUES- GUEST EDITOR: PETER ADAMS, UNIVERSITY OF AUCKLAND, AUCKLAND, NEW ZEALAND. (12) : 21

Collaborations

International collaboration

1. 2004. Yerington Paiute Tribal Health Clinic. Ms Thelma Simon LADC/BSW. Nevada USA

2. 2004. Healing Centre. Prince Albert Grand Council in Saskatchewan and the Morning Sky – Problem Gambling Centre Program in Frog Lake, Alberta Saskatchewan Canada - Ms Alice Marchand & Karen Abraham

Local collaboration

3. 2003. Te Kahui Hauora - Gambling and Health Promotion. Anaru Bidois New Zealand

4. 2003. Ngati Pikiāo Hauora - Kaupapa Māori gambling services. Hakopa Paul. Rotorua New Zealand

National collaboration

5. 2003. Atea Marino - Regional Drug, Alcohol and gambling Services. Ruth Herd. Auckland

6. 2004. Te Hapai Hauora & Oasis Centre for Gambling. Ruth Herd & Dianne Richards. Auckland New Zealand

7. 2005. University of Auckland & Te Hapai Hauora. Ruth Herd. Auckland New Zealand

Conferences

Conference (international)

8. 2005. New Orleans. National Council on Problem Gambling. Critique of gambling

9. 2004. Winnipeg, Manitoba Canada. Assembly of Manitoba Chiefs. Paper presentation: Pokie, casino and internet gambling: Playful or harmful implications for Māori women and their whānau

Conference (national)

10. 2005. New Zealand. Gambling Research Centre, National Institute for Public Health and Mental Health Research, Auckland University of Technology and the Gambling Helpline, Spencer on Bryon, Auckland. Policy, Practice & Research: One Year On!

11. 2005. Auckland New Zealand. Problem

Gambling Foudation of New Zealand. Abstract: Was it a game! Did the narratives unfold and where to for Māori Gambling Service Provider Development Presenter: Laurie Morrison (Te Arawa, Ngati Whakaue) This paper will report the results of research undertaken in Rotorua and Auckland in 2003. A total of 46 Māori and non-Māori gamblers, partners, whānau members and service providers were interviewed. The women, partners and whānau members were interviewed to determine their perceptions and responses to gambling, the effects of gambling, how they coped, and where they sought help. The service providers provide an interesting and eclectic response to how they met the needs of both groups. The study design was qualitative and encapsulated a kaupapa Māori research design. Results from the three groups provide important information regarding gambling amongst Māori communities in Rotorua and Auckland.

Lectures and presentations

Invited lecture (international)

12. 2004. Wahine Toa - gambling issues and Māori women. Morrison, L., Dyall, L. & Bunkle, P.. Biltmore Arizona,

Invited lecture (national)

13. 2003. The Place of Gambling in Māori women's lives. Morrison, L.E. Social Work and Community Course Waikato Polytechnic Hamilton 18 October 2003

14. 2005. The gambling game and Māori women. Morrison, Laurie. Manukau Urban Māori Authority Paper presentation for Te Hapai Hauora

15. 2005. Think Tank - Policy, Practice and Research: One Year On -. Morrison.L. Spence on Bryon Hotel North Shore Auckland

Local presentation

16. 2004. Māori women and pokie gambling: Friend of Foe. Morrison, L.E. Women's Health League Annual General Meeting Manutuke Gisborne

17. 2003. Māori women and gambling: From housie to pokie machines. Morrison, L.E. Mana Social Services Rotorua November

Media event

18. 2005. Māori women and gambling related issues Interview with Te Karere

TV One. Morrison, L. Dyall, L. Herd. R.. Bryon on Spencer Hotel North Shore Auckland

Policies

National policy

19. 2004. Ministry of Health PO Box 5013 WELLINGTON. Preventing and Minimising Gambling Harm Submissions. Kia Ora Arawhetu Please find listed below feedback on the four parts of the document. They are as follows:

What I agree with. • Development of secondary prevention • Māori service providers not being marginalised • The opportunity for Māori to develop services alongside iwi and community development • The opportunity for Māori to access generic funding Māori social services agencies have opportunity to participate • What I disagree with: •The exclusion of the Treaty of Waitangi •There needs to be greater detail of evidence for direction particularly for evolving services •Māori women need to be a priority area and not merged with Māori men. The latest statistics from the Problem Gambling Helpline show a progressive increase from 1998 to 2003. To merge both Māori women and men will indeed marginalise Māori women • What needs to be different? • Articulate the need for research into Māori women gambling - why they gamble and the effects on whānau and tamariki. The Treaty of Waitangi is the mechanism for meeting the identified needs of Māori and should be here as could be pae Mahutonga • Workforce development how will this evolve for new services; will they be resourced to access gambling specific training - public health and/counselling skills • Māori gambling specific training needs to be a priority area with adequate resources • New Māori services must be nurtured and given adequate resources to pilot their programmes • Ensure that generic services do not capture all of the services at the exclusion of new Māori services Funding plan: • The funding plan is so high level not sure that it will meet the needs of community but want to ensure that in particular the research budget reflects and includes a programme of research relating to Māori women.....indicative funding yr1 = 60k and again in yr 2 with 30 k for write up and evaluation in year 3..... • Research on Māori women and their whānau does not seem to be a focus for the MOH • At risk populations in different communities such as rural and coastal regions not a focus • Need of the populations where high percentage of Māori not a focus • Funding strategy is a bit light on detail about why and where I look forward to hearing from you about the above feedback and talking to you and your contracting team later about research opportunities. Manaaki Tia Laurie Morrison Doctoral Candidate 3 Ariariterangi Street Ohinemutu ROTORUA

20. 2005. Ministry of Health New Zealand. Māori Service Provider Development. Māori gambling service provider development: Ministry of Health need to be cognisant of limited infrastructure and Māori emerging providers working without trained staff. Need for urgent workforce development competencies to enable and not disable emerging services. Ministry of Health shifting the goal post all the time for emerging

services. Shane Ngahu (representative for Ministry of Health) to take concerns back to Ministry.

21. 2005. Problem Gambling Helpline & Auckland University and Institute New Zealand. Māori and Pacific Island Gambling - setting our own research agenda. Māori and Pacific Island researchers want to set own research agendas and take control of gambling problems in respective communities.

22. 2005. Māori Caucus - Te Herenga Waka. Māori context: What services are not being funded. The second full meeting of the International Think Tank on Presenting Gambling Populations and First Contact Services, held on 25/26 May 2005 in Auckland, New Zealand - to Ministry of Health.

Professional service

Advisory (national)

23. 2005. Think Tank. New Zealand, Canada, Australia, United Kingdom, Pacific Peoples. The second full meeting of the International Think Tank on Presenting Gambling Populations and First Contact Services, held on 25/26 May 2005 in Auckland, New Zealand.

Committee (national)

24. 2002. Committee set up to address Māori and gambling related issues in Aotearoa. Elected to committee in research capacity. Te Herenga Waka Aotearoa. Committee member from 2001-4