

A phenomenological study of gambling and Vietnamese Australians.

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ABSTRACT

This thesis explores the phenomenon of gambling within a Vietnamese Australian context, helping to develop an understanding of the 'world' inhabited by Vietnamese Australians who have developed a problem with gambling. There is limited published literature pertaining to Vietnamese people and gambling, and it was found that most previous studies recruited limited numbers of people with direct experience of gambling, or the accounts of those who gamble were superficial. Hence, this study endeavoured to capture in depth, firsthand community perspectives towards gambling: from men, women, first and second generations, establishing the local opinion, or the backdrop, to which a Vietnamese Australian who has developed a problem with gambling exists. Utilising the concept of lived world, the author explores experiences of people with direct experience of gambling within this cultural context, applying lived world constructs within a value based context.

Lived space

This study identified that gambling venues, and the family home were significant spaces. Vietnamese Australians view licensed gambling venues as exciting, with the casino emerging as the most popular venue, due to its atmosphere, and its accessibility. When first established the casino became a meeting place for lonely and socially isolated Vietnamese Australians – it remains to this day a popular place for Vietnamese Australians to take family visiting from Vietnam, for younger people and international students coming from Vietnam. However, there are perceived risks to frequenting the casino. A person may be 'sucked into a downward spiral'; there is the danger of losses, amassing debts and exposure to loan sharks, and people who are seen regularly at the casino are viewed as 'untrustworthy' by others in the Vietnamese Australian community. In contrast, the family home is a place of sanctuary, with Vietnamese Australians identifying home ownership as a sign that 'they've made it' in their new country. Home ownership indicates respectability, it signifies a person who is successful and responsible – unfortunately the choice to engage in gambling puts this all important symbol at risk.

Lived time

The study also examined the experience of lived time, focusing on the impact of uncertainty and insecurity typically associated with migration, exploring how this impacts peoples' sense of time and their wellbeing and renders them vulnerable to developing a problem with gambling. Australia experienced a rapid expansion in the commercial gambling sector in the 1990s, coinciding with the height of exodus of people from Vietnam. Those arriving were leaving behind a country where gambling was mostly forbidden, to arrive in a place where participation in gambling was soaring. Electronic gambling machines became

widespread, a casino was established – the developments taking place at this point of time affected all of society but had exceptional consequences for Vietnamese Australians who were seeking accessible entertainment and company in earnest.

Lived body

Applying the lived body construct to this study revealed that exposure to traumatic events, coupled with insecurities, rendered some Vietnamese Australians susceptible to using gambling as a form of emotional escape. Vietnamese Australians demonstrate a proclivity to avoid heightened emotions and commonly adopt avoidant coping strategies – it is widely recognised that participation in gambling can lead to behavioural conditioning, whereby someone who gambles on a frequent basis may resort to gambling to ‘numb’ unwanted emotional states. Gambling though can be a very expensive coping strategy; inevitably gambling losses add to the distress, and this in turn, exacerbates the urge to gamble, and so on, consistent with the trajectory so commonly associated with other addictions.

Lived human relations

Australia presented a very different social environment for Vietnamese Australians; people experienced real loneliness: separated from family, no longer living in high density living, feeling unwelcome, and grappling with familiarising themselves with their new surroundings. Gambling venues provided a place of welcome, and importantly, a place to connect with others. The study also found that living in harmony is an all important cultural concept: traditional Vietnamese culture dictates that one should not behave excessively, and that people should behave in a way that does not bring shame on their family. Anyone struggling with gambling would be expected to regain control through their own efforts, and if unable to do so, seek support from within the family. This ensures that the reputation of the family remains intact. Obligation to family can prevent the onset of problem gambling, but once that threshold has been crossed, the associated shame of this transgression serves as a major barrier to people identifying they have a problem and to seek help.

Conclusions

This study calls for a deeper understanding of the role that culture plays in determining problem gambling, using an exploration of the role of gambling within the Vietnamese Australian setting as the paradigm. Given the culturally diverse nature of the Australian population, more needs to be done to deliver culturally informed and nuanced responses to aid in the prevention of problem gambling, to support self-resolution and promote help seeking across a broader cross-section of community groups. Within the context of problem gambling, the needs of a large contingent of Australians is largely being overlooked and unmet – the situation is unfair. There is a need to advocate for changes that ensure that every person who

develops a problem with a government sanctioned gambling activity has access to care, and the information and the support they need to resolve this issue. Gamblers, regardless of their background, should stand an equal chance to stay safe, to get the information, and the help they need, alike other Australians.

Declaration

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Signed.

A handwritten signature in blue ink, appearing to read 'Sue Zee', written in a cursive style.

Date: 29th April, 2024

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GLOSSARY

Âm	Yin (female energy, comprising passivity, intuitiveness, creativity, darkness, stillness and cold).
CAASSA	Community Access and Services South Australia. A not-for-profit organisation supporting culturally diverse communities in the northern and western regions of Adelaide, South Australia. Operates as the welfare arm of the Vietnamese Community in Australia/SA Chapter Inc.
Chơi hụi	An unregulated financial borrowing system established within small groups of Vietnamese people, as an alternative to borrowing from banks or other regulated bodies.
Đổi Mới	Refers to the economic reforms initiated by the Vietnamese government from 1986.
Cờ bạc là thằng bần	Gambling is the uncle of poverty (a traditional saying).
Dương	Yang (male energy, comprising activeness, light, dominating, strength, movement, hot, expanding).
EGMs	Electronic Gaming Machines. Also commonly referred to in Australia as pokie machines or 'pokies' for short.
Gambling	Any activity that involves staking or risking money or anything of value on outcomes involving chance.
Gambling Disorder (GD)	Persistent and recurrent problematic <i>gambling</i> behaviour leading to clinically significant impairment or distress (First, 2022)
Gambling harm	Refers to the adverse consequences of participation in gambling that directly affects the person who is gambling, but also includes harm caused to their family, community and wider society.
Problem gambling	This term is used to define gambling behaviour that is causing moderate to severe harm to the person who is engaged in gambling.
Hòa thuận	Desired state of harmony and unity achieved in relations between people.
Nó mê quá	To be immersed or subsumed by something, used in relation to the effect that gambling has on people who become addicted to gambling.
Ơn	Moral debt or favour.
Quả báo	Retribution or repayment.
Rượu chè, trai gái, cờ bạc, hút xách	Four vices in Vietnamese culture: drinking, womanising, gambling and smoking.
Tết	Vietnamese Lunar New Year

Việt Kiều

Used with reference to people of Vietnamese background who live outside of Vietnam.

NOTE TO THE READER

Gambling terminology

Throughout this thesis care has been taken to adopt language that is most respectful towards those who engage in gambling activities. For example, there are references to a 'person who gambles' rather than 'a gambler'. A few exceptions occur in instances where the sentences would become unwieldy otherwise, for example, where the passage of text is contrasting 'people who gamble' against 'people who do not gamble'.

The author also makes references to gambling harm or harmful gambling. The use of the word harm is consistent with a public health understanding of gambling, which recognises that gambling has the potential to cause harm to the person who is gambling, but this harm can extend to others, including the person's family, community and the broader society.

Where the author refers to 'problem gambling' this refers to gambling behaviour that is causing harm to the person who is engaged in gambling, this can be moderate to severe in nature.

There are instances where the author refers to GD (Gambling Disorder) or 'people with GD', and this refers specifically to people who engage in gambling and present with symptoms that meet clinical diagnosis for GD within the Diagnostic and Statistical Manual of Mental Disorders (DSM-V-TR) (First, 2022). In this, GD is described as a condition that is characterised by a persistent and problematic pattern of gambling behaviour leading to significant distress or impairment.

References to gender

Gender-neutral pronouns have been applied throughout this thesis, except for where the gender of the person is relevant to the point being made or where someone is being quoted and has used gender specific pronouns.

CHAPTER 1 INTRODUCTION

From a young age I held a keen interest in exploring the diversity of cultures, so when taking up my current role, I was very pleased to be appointed to a position that would both satisfy my professional aspirations and personal curiosity. Initially employed to work alongside a specialist problem gambling treatment service, I promoted access to treatment for culturally and linguistically diverse groups generally less represented in their use of the service. As part of this role, I had the opportunity to work closely with the South Australian Chapter of the Vietnamese Community in Australia Incorporated, and in particular, with the welfare service component of their organisation, referred to as CAASSA (Community Access and Services South Australia).

Over many years our services worked in partnership to devise a culturally adapted treatment program to better suit the needs of Vietnamese people experiencing harm from gambling. Pilot outcomes indicated a high rate of retention of Vietnamese Australian clients in treatment, while seemingly achieving at least an equivalent rate of success with short-term treatment outcomes as that achieved with mainstream clients attending the same service. The greatest difficulty with delivering a treatment program for Vietnamese Australians did not seem to be with constructing a culturally suitable treatment program; instead, the greater challenge was recruiting people into the program.

The low rate of help-seeking is apparent among all people who engage in harmful gambling behaviour (Gainsbury et al., 2014); however, Vietnamese Australians seemed more reluctant than other Australians to come forward and seek professional help. Comparatively lower rates of help-seeking behaviour may be anticipated for culturally and linguistically diverse populations, particularly cultural groups with less familiarity with western-styled help services. To gain a greater appreciation of the barriers operating for Vietnamese Australians specifically, this study explored the perceptions of Vietnamese Australians of 'gambling'¹ and gambling harm, while examining the experiences of Vietnamese Australians who engage in gambling. This chapter presents an overview of Vietnamese people's experiences of migrating to Australia and an exploration of Vietnamese gambling traditions. Subsequently, there is a historical overview of the evolving, expanding culture of gambling occurring in Australian society in recent decades, a phenomenon that coincided with the height of Vietnamese immigration to Australia.

¹ Gambling refers to any activity that involves staking or risking money or anything of value on outcomes involving chance.

The Vietnamese community in Australia

At the 1971 Census there were less than 700 people living in Australia who were born in Vietnam (Department of Immigration and Citizenship, 2016). The end of the Vietnam War in 1975 triggered a diaspora of Vietnamese people seeking refuge in other countries, with Australia being considered a popular sanctuary. By 1986 there were more than 800,000 Vietnamese-born people in Australia (Castle, 1986), with the majority of those accepted as part of the humanitarian intake. Since the initial period of influx, Vietnamese people have continued to emigrate to Australia, but in much smaller numbers, with most of the more recent arrivals gaining entry through the family reunification migration stream rather than as refugees (Department of Immigration and Citizenship, 2016). Today, Vietnamese Australians form a significant cultural group, being the fourth largest non-English speaking, overseas born community in Australia, and with the Vietnamese language being the sixth most common language spoken in Australian homes after English (Australian Bureau of Statistics, 2011).

Many of the Vietnamese people arriving in Australia had been exposed to significant trauma throughout their lifetime, having experienced long-term hostilities as either soldiers or civilians, firstly as part of the nation's struggle to regain independence from French colonial rule, which was achieved in 1954, and then as part of the protracted war between the Democratic Republic of Vietnam in combat with the US-backed Army Republic of Vietnam (ARVN) (Jamieson, 1995). The fall of the southern capital Saigon in 1975 signalled the end of civil war, with the northern and southern regions reunified as one nation under Communist rule (Nguyen & Ho, 1995). Vietnam continued to be involved in conflict with the neighbouring countries of Cambodia and Laos for many years. The human toll of the Vietnam War (i.e. the Second Indochinese War) alone is thought to number between one and three million, and although the Vietnamese government achieved reunification, the estimated total loss of life in Vietnam as a consequence of war far exceeds the sum of casualties for all foreign forces fighting in Vietnam during this period (Chui & O'Connor, 2006). Taking into consideration the loss of life that also occurred in the first Indochinese War between France and the Việt Minh, and later in the third Indochinese War, the people of Vietnam were subject to 40 years of conflict, meaning that there were few people or families in Vietnam were unaffected.

With the Communist take-over, many people who had been sympathetic to or directly involved with the ARVN suffered discrimination and persecution by the new government, as did religious groups and ethnic Chinese living within Vietnam (Nguyen & Ho, 1995). This generated a mass exodus from Vietnam that continued over many years. The first boat of refugees from Vietnam arrived in Darwin in 1976 with up to 50 boats carrying 2000 refugees being estimated to have

arrived in Australia. However, most Vietnamese refugees arrived by plane, after being processed by Australian immigration authorities in Malaysian or Thai refugee camps (Department of Immigration and Citizenship, 2016). Escaping Vietnam usually involved treacherous journeys, whether by sea or land, evidenced by the accounts of the Vietnamese people who arrived as refugees. Their stories of migration are filled with references to encounters with pirates at sea, being subject to rape, robbery, murder and extreme hardship (Nguyen & Ho, 1995). Families were regularly separated as individual or small groups of family members left ahead of others, with only some reuniting successfully years later. The often overcrowded and deplorable camp conditions, matched with years of uncertainty about their future, added to the trauma experienced by many of the people who finally settled in Australia and other host nations.

The final dissolution of the Australian Government's White Australia Policy restricting immigration of Asian people prior to the 1970s, meant people from Vietnam were now able to gain permanent residency or citizenship in Australia following their acceptance through government resettlement programs (Department of Immigration and Citizenship, 2016). Yet, the new openness of the government to Asian immigration was not necessarily matched by a welcoming public. People arriving from Vietnam not only had to struggle with linguistic and cultural differences but were also likely to encounter racism and discrimination from their fellow Australians. A daughter of a refugee recalls her father's experiences shortly after their arrival in Melbourne:

My father quickly found a job working on the production line at the Sunbeam Factory in Campsie – on the graveyard shift from 2 pm to 2 am, the job nobody wanted.

The train ride home was the worst, he would later tell me. Every night was dangerous. The locals threatened to beat him and the worst bigots threatened to kill him. 'Go home to your own country, you bastard', they would yell.

My father cried every day going home on that train. We all cried a lot in those days. We came into a new country with nothing: no job, no house, no money. We didn't know the laws, the language, or the systems.²

Most of the Vietnamese people arriving since the mid-70s had direct and personal experience of war, and those arriving in the earlier years would have experienced further trauma during their journey to Australia. Children were not necessarily immune to these events; some had accompanied their parents on the journey and therefore had their own direct experiences of harrowing events. Others were born in Australia, but this did not necessarily safeguard them from

² <https://griffithreview.com/articles/born-in-vietnam-made-in-australia/>

trauma, with many being exposed to vicarious suffering through their parents' experiences. On their arrival, families would have been confronted with the challenge of learning to function in a new and different cultural context following their ordeals. A short drive through the western suburbs of Adelaide offers a picture of prosperity — families working together to run small businesses, a high rate of home ownership, parents speaking with pride about their children's educational achievements. Beneath the veneer of Vietnamese Australian "success" stories, lies untold stories of hardship and struggle. This study aims to search beneath the Vietnamese Australian stereotype of success and develop a deeper understanding of what it means to be Vietnamese Australian, and to appreciate the typical challenges faced at resettlement. In turn, this study will shed light on the functions that gambling serves in the Vietnamese Australian context, the nature of this community's help-seeking behaviour, and factors affecting their engagement in gambling treatment.

Gambling in the Australian context

Over the period that most Vietnamese people were arriving in Australia, the gambling industry in Australia had undergone a period of rapid expansion. Gambling transitioned from being a male-dominated, race-betting activity to an industry with much broader appeal and offerings (Australian Institute of Gambling Research, 1999). Although gambling is part of traditional Vietnamese culture, the Communist regime mostly banned gambling, restricting access to gambling to a government-run lottery or to black-market options. Over the years there has been a slow and incremental liberalisation of gambling by the Vietnamese government, with the government financially motivated to stem the flow of gambling dollars from Vietnam to neighbouring countries and to attract the tourist dollars of the Asian gambling market (Champion, 2007; Wah, 2007). Mostly though, these changes occurred following the major departure of Vietnamese people as refugees to other countries, and therefore the people of Vietnamese background who are central to this study left a country where gambling was mostly forbidden, to arrive in another country where the opportunities to gamble were not only vast but also sanctioned by government.

The social acceptance of gambling among Australians in general has been perpetuated by a somewhat romanticised, stereotypical characterisation of Australians, summarised by:

Gambling, it is often argued, is an expression of the basic egalitarian values of Australian society, enabling 'equality of opportunity' in the search of wealth and excitement. Complementing this view, gambling is seen as reflecting an underlying fatalism derived from the unyielding nature of Australia's harsh environment and its social origins (Australian Institute of Gambling Research, 1999, p. 10).

Church and welfare lobbyists were less enthused by the liberal and egalitarian aspects of gambling in the Australian context, instead arguing that the rise of gambling had broadened and deepened its detrimental impact on community (Productivity Commission, 1999). In South Australia, approximately 65% of the population participated in at least one form of gambling in the past 12 months, with 2.9% considered to be experiencing severe harm due to their participation in gambling or at moderate risk of direct harm (Woods et al., 2018). These data would appear to support the argument that gambling is a commonplace and accepted form of entertainment for many South Australians, with only a minority experiencing harm due to gambling. However, a more accurate picture of the negative impact of gambling would include a further 4.6% of the population considered to be at low risk, while also taking into consideration the scale of the impact of harmful gambling on others (Woods et al., 2018). It was estimated that between 5 and 10 other people are adversely impacted by the behaviour of each person with direct experience of gambling harm (Olivieri & Rogers, 2005). South Australia's most recent prevalence study indicated that 6% of people had been impacted by someone else's gambling in the past 12 months, with younger adults (18-44 years, 7-8%) more likely to be impacted than those in more senior years (65-74 years, 4%) (Woods et al., 2018).

Ready access to gambling has now become a feature of the Australian way of life in most states and territories, with a trend towards private ownership replacing government owned gambling outlets. Licensed clubs and hotel venues typically offer a range of opportunities for people to gamble: front bars provide horse and greyhound betting, sports betting, lottery-style betting through KENO and access to Electronic Gaming Machines (EGMs), (known colloquially as 'pokies'). Newsagencies are licensed to sell lottery tickets, offering both large prize weekly draws and smaller instant prize style tickets. Each of the capital cities in the states and territories boasts at least one casino establishment, and there is widespread placement of EGMs, in all states and territories, except for Western Australia, where the machines are confined to the main city casino complex. EGMs have been referred to as the 'crack cocaine' of gambling (Dowling et al., 2005) due to their high association with problematic use. As a nation, Australia has the highest concentration of gaming machines in the world, outside of the gambling destinations which are dominated by the casino industry, such as Macau or Monaco (Ziolkowski, 2016). On average there is one machine for every 114 people in Australia (1 in 125 in South Australia) (Ziolkowski, 2016).

The steep rise in gambling in South Australia coincided with the advent of the city-based casino and the widespread introduction of gaming machines throughout hotel venues in the metropolitan area and rural areas of the State. In response to this the State Government introduced

a range of measures in an attempt to regulate the industry and protect the community from the negative impacts of gambling. A brief chronological history of gambling in South Australia covering the period to 2006 is provided in Table 1.1.

At the federal level the Government had instigated two Productivity Commission studies, the first in 1999 (Productivity Commission, 1999) and the latter in 2010 (Productivity Commission, 2010), with the expressed aim of examining the costs and benefits of the commercial gambling sector. The Final Reports acknowledged the increase in social costs attributed to the rapid expansion of the gambling industry, with concerns generally raised by church and welfare bodies, community groups, gambling help services and individuals and families affected by problem gambling. The social and religious arguments had been countered by a stronger and more influential oppositional perspective in support of the recent growth of the industry, which largely purports gambling to be an 'enjoyable pursuit' for many, that the benefits to the community should be preserved, while any negative affect on the relative few in the community can be alleviated by the provision of gambling help services and additional welfare provision. Due to the growth of the industry, these bodies have become well-funded and have been a formidable opposition for those advocating the abolition or a significant reduction to the industry.

By 2011-12 the South Australian government collected \$4 million in taxation from gaming, representing around 11% of the total state-based government revenue stream (Government of South Australia, 2013). State governments in Australia have limited means for collecting taxes, and therefore the importance of gambling revenue to the State Government cannot be underestimated. Although chiefly responsible for the regulation of the gambling industry, the government can hardly be viewed as an innocent bystander in relation to the gaming industry. Pressures from community groups have forced the South Australian government to initiate and be seen as 'taking action' to curb gambling on EGMs specifically, in relation to the vulnerability of more disadvantaged sections of the population. The higher per capita placement of gaming machines in low socio-economic suburbs has been a politically sensitive point, a point that may be difficult for the government to argue given that EGMs were contributing to approximately 70% of total gambling revenue (Government of South Australia, 2013). The Government responded by placing a freeze on EGM licences in 2000. In 2013 the Government projected a reduction in proceeds from EGMs but attributed this to a 'maturing of the market' and the introduction of their new regulatory measures (Government of South Australia, 2013). It was noted, however, that there were other forces at play that might also provide an explanation for the reduced level of expenditure on 'pokie' machines: one

Table 1.1 History of gambling in South Australia

Period	Event/s
Until mid-1960s	Horse and dog racing were the most common forms of gambling during the early years of settlement in Australia. Adelaide's first horse race meeting was held in 1838, two years after colonisation, and greyhound racing commenced in 1868 at a country site.
1966	Introduction of government lotteries. Portion of revenue contributing towards the Hospitals Fund and Recreation and Sport Fund.
1985	Establishment of government-owned casino, the Adelaide Casino, based in the state capital.
1994	Introduction of electronic gaming machines in licensed clubs and hotel venues, across metropolitan and rural areas.
1994-95	Establishment of GRF (Gamblers Rehabilitation Fund) to provide problem gambling rehabilitation and prevention.
1995	Establishment of the Independent Gambling Authority (IGA) to develop and promote strategies to reduce the incidence of problem gambling and to minimise harm caused by gambling
1996	Gaming Machines (Miscellaneous) Amendment Act Redistribution of a share of gaming machine taxation directed to sporting and community groups through the Sport and Recreation Fund, the Charitable and Social Welfare Fund and Community Development fund.
2000	Government freeze on machine numbers, with trading system introduced to reduce the overall number of pokie machines by 20%.
2000	Introduction of GST (Goods and Services Tax) by Commonwealth government, applies to net gambling revenue. State taxes on gaming machines and the casino reduced to achieve revenue neutrality but states recompensed through GST disbursements.
2001-02	Privatisation of TAB.
2004-05	State-owned lotteries consist of X Lotto, PowerBall, instant lottery tickets i.e. 'scratchies', and KENO, with \$89 million being contributed to Hospitals Fund and \$0.2 million to Recreation and Sport Fund.
2005-06	GRF comprised of SA government contributions of \$3.8 million plus industry contribution of \$1.6 million (hotels, clubs and casino).

(Source: South Australian Centre for Economic Studies, 2006)

explanation being that there was a noted decrease in discretionary spending overall (Government of South Australia, 2013), which may partly explain the reduction in expenditure. Further, it is possible that the reduction has been due to an increase in online gambling activity, with people switching their preference to newer forms of gambling.

The emergence of online gambling has increased accessibility again, with people able to use their phones or computers 24-hours per day, seven days a week to link up with gambling opportunities. Online gambling is the fastest growing segment of the gambling market. In 2013, 5% of the South Australia population reported as having gambled online; by 2013 this had increased to 13%. Online gambling activities consisted of either sporting events, horse, harness or greyhound races, fantasy sports, novelty events, casino games online or purchased lottery products through the internet (Woods et al., 2018). Of concern is that people who gambling online tend to gamble more frequently and were much more likely to be classified as experiencing problems or being at-risk (Woods et al., 2018). These participation estimates may be understated, given that some types of gambling e.g. online poker or interactive gambling, are forbidden in Australia, and people accessing overseas gambling sites may be reticent to report their participation if they are knowingly gambling illegally. Internationally based providers are accessible but are not yet subject to local government control mechanisms, which can be designed to reduce the risk to the person gambling. Additionally, engagement with international gambling sites has the potential to diminish revenue for local operators and reduce gambling income for governments.

The novel aspect of online gambling is likely to attract new punters, with concerns being expressed about young people in particular who are comparatively savvy with technology. Online gambling also increases the accessibility of opportunities to gamble and offers reduced visibility of gambling participation, which may obscure the recognition of problem gambling by significant others. Online gambling may only represent a small portion of the overall gambling spend but it is believed to be of growing importance (Barnes, 2001; Ziolkowski, 2016). Gambling help services are beginning to be accessed by people whose primary form of gambling is online; it may be expected that there will be some lag time between the introduction of a new form of gambling and people coming forward to seek help, and therefore these initial help-seekers are likely to represent the 'tip of the iceberg'.

State Government forward estimates anticipate a further decline in gambling revenue, with the government having approved an expansion of the casino complex, designed to attract more of the tourist dollar through income from interstate or international 'high rollers', rather than relying on a dwindling source of revenue from South Australian residents. The future trends of gambling

within South Australia are unknown, but what has been observed in the past is that the introduction of new venues and new forms of gambling generates broader appeal, increasing the risk of harm to community. Any confidence in the government as protector of the people is severely undermined by the government's own dependence on gambling as a major source of income.

Research question

This study proposed to arrive at an understanding in response to central research question, that being:

“What does it *mean* to be a person experiencing problem gambling, in the eyes of family, of community, within a Vietnamese Australian context?”.

To achieve this the author aimed to explore the perceptions of gambling and problem gambling as held by Vietnamese Australians, inclusive of people who've experienced problems with gambling, through:

1. developing an understanding of the social, environmental and cultural context of gambling and problem gambling within Vietnamese Australian culture.
2. describing and make meaning of Vietnamese Australians' experiences of gambling.
3. identifying cultural-specific factors that may inhibit or facilitate help-seeking behaviour based on the lived experiences of Vietnamese Australians who've experienced problems with gambling.

The author acknowledged that there were limited published studies specific to Vietnamese people and their experiences of gambling, hence, this study would rely primarily on

collecting and examining the perceptions of the Vietnamese Australian community towards gambling, including personal accounts of Vietnamese Australians who have direct experience of problem gambling and/or receiving professional assistance for problem gambling. Previous studies of gambling among Vietnamese people have attempted to recruit people with direct experience of gambling but have generally failed to attract sufficient participants or the research has been superficial at best.

The author was in a unique position, due to the length of their association with the Vietnamese Australian community, to be able to recruit a significant number of participants. This is coupled with the invaluable experience of having worked as a treating therapist with Vietnamese Australians experiencing problem gambling, a role which involved delving beneath the polite reserve

typical of Vietnamese people to encourage more open revelations. The author is very much indebted to the Vietnamese Australian community for their continual support for this study for the duration of this project, and hope that the findings of the study will be of use in the provision of health services to their community over the longer term.

In Chapter 2, the literature pertinent to Vietnamese people and gambling is examined. The search for relevant literature revealed that only a small number of studies have been conducted in this field, with limited findings. In particular, the literature has failed to include the 'voice' of Vietnamese people with direct experience of problem gambling, citing the sensitivity of the topic and the reserved nature of Vietnamese people as a barrier to participation in research. This spotlights the significance of this research and the benefits it affords to both the scientific, and more crucially, to the Vietnamese Australian community.

In Chapter 3, the literature search was extended to provide background knowledge in relation to vulnerability to gambling and barriers to seeking help among those who engage in at risk or problem gambling. This has been undertaken in both universal and Vietnamese Australian cultural contexts. The expanded search of literature established a solid foundation from which to formulate the research design.

In Chapter 4, the author presents their own views of the behaviour of Vietnamese Australians who engage in problem gambling, obtained through their involvement in the development of a treatment program specifically for this group, and their direct experience in treating Vietnamese Australians presenting with this concern. This chapter presents the author's views and opinions prior to the collection of data from primary sources. This self-examination and reflection of their experiences accords with the selected methodology, as this approach does not assume that the researcher is a 'blank canvas' or agnostic at the commencement of a study, nor does it assume that the researcher will remain a completely objective observer throughout. Instead, the researcher is encouraged to make transparent their thinking and any changes in perspective affected by findings throughout the course of the study.

Chapter 5 describes the methodological approach being adopted and describes the methods devised for the study. This study applies an Interpretative Phenomenological Approach, a methodology suited for in-depth studies with small numbers of participants, where there is little foreknowledge of the research topic.

Chapter 6 examines the social and cultural context of gambling, gambling harm and problem gambling among Vietnamese Australians. This chapter draws on knowledge gained through

community focus groups and the representation of gambling within Vietnamese society across media outlets.

Chapters 7 to 10 explore the phenomenon of gambling within Vietnamese Australian culture. The study applies the four constructs of Van Manen's phenomenological concept of *lifeworld*, with each chapter devoted to a single construct. The chapters use the data obtained from community focus groups and interviews with Vietnamese Australians who have divulged past or current experiences of problem gambling, leading to a much deeper understanding of what it means to be a Vietnamese Australian who has a problem with gambling.

The final chapter documents the journey towards new understandings of how gambling is perceived by Vietnamese Australians and summarises the experiences of Vietnamese Australians affected by problem gambling. Twenty years ago, Raylu and Oei (2002) identified that there was limited research that explored the role of culture in relation to gambling and problem gambling, calling for studies to examine the influence that cultural values and beliefs, processes of acculturation and culturally determined help-seeking behaviours have on the onset and maintenance of gambling behaviour. This study endeavours to respond to this need, through its examination of gambling within a significant cultural minority population. It is hoped that the study's findings will prove to be of benefit to this cultural group, with the potential to benefit other communities commonly overlooked, despite the cultural diversity featured in Australia.

CHAPTER 2 LITERATURE REVIEW

A search of literature over the course of this study targeting the combined subject of 'Vietnamese Australians' and 'problem gambling' revealed very few articles, thus the search was expanded to include any reference to people of Vietnamese background in Australia, Vietnam and other host nations, in relation to 'gambling' and not necessarily 'problem gambling'. Search terms applied were 'gambl*' AND 'Vietn*' AND NOT 'veteran' or 'Vietnam-era'. The nullifications served the purpose of excluding studies referring to Vietnam veterans or U.S.-based studies that coincided with the era of the American Vietnamese conflict, with neither cluster of studies typically having any relevance to people of Vietnamese background. Search terms were required to appear in the title, abstract or keywords, and included all articles published in English, with no date period applied.

The search engines initially consisted of Scopus, OVID Medline, PsychINFO, CINAHL and Google Scholar. Repeated searches over the course of this study revealed fourteen articles of relevance to this study, of varying quality. A further three references were located by searching the reference lists of the initial batch of articles, bringing the total references located via peer-reviewed sites to 17. Subsequent to these searches, the search engine Informit (Humanities and Social Science Index) was applied for the purpose of locating additional media, magazine or newsletter references to Vietnamese people and gambling. This search revealed 30 articles, six of which had already been located through the initial searches, five were deemed not relevant to the topic, adding a further 20 articles to be considered. Unfortunately, these additional articles tended to be of low quality and sensationalist in nature. Therefore, their use as part of this study was limited to providing some background information about community perceptions of gambling held by Vietnamese people as deemed relevant when analysing data emanating from this study.

Given the limited quantity of publications specific to this study, the literature search was later broadened to include papers of relevance to Vietnamese people (both Vietnamese citizens and members of the Vietnamese diaspora) and their culture, their help-seeking behaviour, and to include studies examining the help-seeking behaviour of people engaged in problem gambling in general (see Chapter 3). These additional studies serve to confirm or disconfirm claims made by the minor studies examining Vietnamese peoples' experiences in relation to problem gambling behaviour.

Gambling among Vietnamese Australians

With the rapid expansion of regulated gambling throughout most states of Australia since the 1980s, there has been concern expressed about the harm gambling was having on individuals

and families. In South Australia, there had always been vehement opposition to gambling, emanating traditionally from religious and welfare groups, “Historically, South Australia was the most conservative state regarding legalised gambling” (Australian Institute of Gambling Research, 1999, p. 182). The casino development in South Australia was proposed by the State government on four occasions before finally being approved in 1986, still with only 52% of the public supportive of the government’s proposal at that time (Australian Institute of Gambling Research, 1999). With the introduction and widespread dispersal of EGMs a much broader cross-section of the community was now questioning the wisdom behind such an industry. Further evidence of growing concern was the successful candidacy of politician Nick Xenophon to the upper house of South Australian parliament, largely based on a “No Pokies” platform³. Although opposition to gambling was broadening its base, somewhat ironically more Australians than ever before were partaking in the newly provided opportunities to gamble. In 1999, the Australian Productivity Commission published its inaugural Report on the gambling sector, examining both the benefits and consequences of the industry (Productivity Commission, 1999).

The Report paid scant attention to cultural minority groups, although groups representing the different communities were invited to be involved in the process. As is typical with large scale studies, there were greater barriers for cultural minority groups to participate, particularly those from non-English speaking backgrounds. The Report largely relied on telephone survey data, with the authors acknowledging that an inquiry into the cultural factors underlying gambling behaviour and the impact on sub-groups was generally neglected. The Report did make brief reference to the earliest known study of the Vietnamese community and gambling in Australia, which was conducted in 1999 by the Jesuit Social Services based in Victoria. With the exception of Indigenous Australians, there were no other significant references to cultural minority groups contained in the Report.

The Jesuit-initiated study conducted by was dominated by the views and opinions of Vietnamese service providers and a select group of community members, with the author choosing not to approach people with direct experience of gambling “due to privacy and ethical concerns and the nature of the issue” (Tran, 1999, p. 7). Although this limits the study’s outlook, the author had managed to interview a large sample of community and welfare workers, accessing 40 people from 12 agencies. Despite the constrained sample, the narratives contained in the report suggest that the nature and extent of gambling within the community was undergoing significant shift. Consistent

³ http://apo.org.au/files/Resource/20060411_and_mann_elec_sa.pdf

with the responses from other agencies, a worker noting the sudden increase in referrals observed that:

We ... knew there were quite a few problem gamblers who used to frequent Chinatown. It was very secretive, it was very club like. Only a handful of people, very often older, middle-aged, Chinese-Vietnamese. It was a very secret society ... but then very suddenly, the community here in Victoria, we have a very big casino out of the blue. They got back-up from the government, illegal became legal. Then, within three months ... from two to three cases in the last ten years of this association ... to nearly 40, 50 cases. How many percentage increase is that? There has been a steady increase and that has steadied out. We haven't seen a drop (Tran, 1999, p. 34).

Family violence regularly featured as part of the case work of the nominated agencies, with gambling problems identified in 30 to 60% of cases. The issues of power and control in relationships that might lead to family tension and violence were exacerbated by gambling. One worker reported that many of her female clients had been sponsored by their partners to come to Australia and had little knowledge of their husband before their arrival. The worker stated that:

A lot of men were involved in drugs or gambling already and that's why their parents asked them to go to Vietnam to get married because their parents thought that if they got married they would settle and change their attitude, unfortunately it's not like that (Tran, 1999, p. 40).

Other workers observed an increase in violence among Vietnamese Australian families, arising since the opening of the Crown Casino in Melbourne:

After the casino opened a lot of women came and said their husband was violent because they said he was gambling. But we cannot say because of the casino there is abuse. Before the casino we still have abuse in the family. You could still go to Chinatown or friends can play together. With the casino though, it happens more. They know they can stay all day. They have a Mastercard they can use. Violence happens for many reasons but since the casino there is violence – more gambling-related violence (Tran, 1999, p. 39).

Those working within gambling help services also encountered cases of family violence, with the most common example given being female victims seeking help when their partner's violence was associated with their gambling behaviour. For example:

I have some cases where women call up and they are being threatened by the male for money to continue gambling. But they fear being hurt by their partner if they tell too much or disturb the household too much (Tran, 1999, p. 40).

Cases of family violence and harmful gambling were not restricted to males who engaged in gambling. There were reported cases of women gambling as a means of sabotaging their

relationship “I’m sick of doing everything for everybody. You just watch me, I’ll throw away all this money and see what you can do about it” (Tran, 1999, p. 43). Gambling also acted as a means of escape for women living in hostile or violent home situations, “She said that her husband was really violent and abusive, it was the only way she could escape him” (Tran, 1999, p. 43). The prevalence of family violence among those experiencing gambling problems, although a serious issue, is probably not as high as that inferred by this study. The reason being that many of the workers interviewed were employed within domestic violence agencies and not in gambling help services, and hence were more likely to encounter cases of gambling harm associated with family violence. It is also not clear if the presence of harmful or problem gambling in family violence cases emerged as part of the study or was assumed by the author at the outset.

Despite the narrow and early origins, Tran’s study is the richest source of information on Vietnamese Australians’ perspectives of gambling in Australia so far. Tran (1999) identified a range of life stressors commonly experienced by Vietnamese immigrants, many of whom entered Australia as refugees. Through interviews, Tran found that participants offered these stressors as a means of explaining the emergence of problem gambling and gambling harm within their community. An examination of literature pertaining to the life experiences of Vietnamese Australians and henceforth their vulnerabilities to problem and harmful gambling is covered in more depth in Chapter 3.

An unpublished master’s thesis investigating the Vietnamese community in Adelaide and the impact of gambling revealed findings from 30 interviews involving community leaders, service providers, community workers and community members of the Vietnamese community residing in Adelaide (Zysk, 2003). Samples of conversations suggest that the researcher achieved a respectful and sensitive approach to participants but as the study was conducted nearly 20 years ago, it is uncertain how relevant some of the findings may still be within the Vietnamese Australian community today. In common with other papers, only a minority of those interviewed ($n = 10$) claimed to have direct experience of gambling.

Zysk (2003) found that those interviewed expressed a high level of concern in relation to gambling and its harm to community, but even greater concern that few people were accessing support to deal with harm caused from gambling. Somewhat predictably from a service provider viewpoint, the paper identified a need for further training of the workforce in problem gambling and gambling associated harm. More community education, to promote discussion about gambling within the Vietnamese Australian community, was seen as a means of breaking down the barriers preventing people from seeking help. Service providers also argued that there was a need for more

holistic responses to harmful and problem gambling, promoting approaches which take into consideration the personal, interpersonal, economic and structural influences that contribute to people's vulnerability to experiencing gambling harm. In particular, Zysk (2003) found that those interviewed attributed the emergence of problem and harmful gambling in the community to the trauma experienced by many Vietnamese Australians as refugees, with the effects being viewed as long-lasting and trans-generational. Further discussion on the relevance of trauma to the development of problems with gambling is contained in Chapter 3.

Further to this Zysk's study provided an opportunity to examine the degree of acceptability of gambling within the Vietnamese Australian community, with those interviewed drawing reference to the Vietnamese traditions around gambling as part of *Tết* (New Year) festivities, and its association with the concept of luck within Vietnamese culture:

Gambling is a very important part in the Tết festival ... The whole nation celebrates Tết and gambles as part of it. There will be good food. There will lots of meetings with our family; extended family; greetings, giving gifts, money gift but gambling as well. So it's there in our culture, embedded in our culture (Zysk, 2003 p11).

During the New Year we say that it is a cultural belief that for the first three days of the new year if you are lucky, you get lucky for the whole year. So luck is something which is very important to Vietnamese people, And during the New Year adults and children will play and have different games to play and see if we get lucky and that's just how it is. And it's quite important (Zysk, 2003, p. 11).

Ania Zysk (2003) found that gambling at times of cultural festivals was community sanctioned, whereas participation in regulated gambling was viewed less favourably, as was frequent or regular gambling or gambling among women. As one worker explained:

You can gamble up to a certain degree. During the festival everybody accepts it, even the children they have their own gambling activity but after three days, after a month in Vietnam, gambling should be finished and for those who expand it, the community don't like that kind of expanding (Zysk, 2003, p. 12).

Excessive or unwarranted gambling behaviour was far from a new concept though, as in traditional Vietnamese culture gambling is regarded as one of the four vices by men, alongside womanising, drinking and drug taking (Zysk, 2003). There is in fact a traditional Vietnamese saying which warns against the excesses of gambling, stating that 'gambling is the uncle of poverty'. Interviewees made comments on the risks posed by the ready availability of commercial gambling in South Australia, and the expansion of the industry was seen as causing an increase in the number of people exhibiting problem gambling behaviour and harm to community. Discussions of the negative consequences attributed to gambling centred on the impact on families, including relationship

problems, family breakdown, family violence and neglect of children. The importance of the family unit and obligation between family members cannot be understated in traditional Vietnamese culture (Dinh et al., 1994; Jamieson, 1995) and this aspect of Vietnamese culture is still evident among those who have migrated (Davis, 2000a). Most of the participants who engaged in gambling interviewed in Zysk's study had borrowed extensively, usually from within the family unit or friends and less so from commercial lenders (Zysk, 2003). Although this may have minimised the additional burden of interest payments in many cases, the debt had the potential to inflict financial hardship on others or place added stress on relationships and friendships, thereby spreading the harm and endangering sources of support for those engaged in gambling. There was also a small mention in the study of gambling leading to illegal activities.

Another contribution to research specific to Vietnamese people and gambling has focused on the concept of luck held among Vietnamese Australians who gamble. There has been substantial research into the beliefs shaping problem gambling behaviour. Langer (1975) introduced a model of *illusory control*, identifying that people tend to attribute outcomes to personal attributes or skills, even when outcomes are non-controllable. Langer defined 'illusion of control' as "an expectancy of a personal success probability inappropriately higher than the objective probability would warrant" (Langer, 1975, p. 311). Langer purported that firstly, people tended to misperceive a chance event as being controllable, and secondly, people tended to believe that they have and can use a conventional ability to control the outcome of an event (Langer, 1975). Subsequent studies have further explored the association between illusion of control and problem gambling (Ejova et al., 2015; Fu & Yu, 2015; Wohl & Enzle, 2002), with this concept underlying the design of cognitive treatment for people experiencing problem gambling, whereby erroneous beliefs are identified and challenged (Fortune & Goodie, 2012; Ladouceur et al., 2001).

Illusion of control beliefs have been identified as a predictor of gambling frequency and problem gambling, motivating authors to investigate culture-specific schemas of Vietnamese Australians who gamble that may reinforce these more universal beliefs around luck typical to those experiencing problem gambling. Ohtsuka and Ohtsuka (2010) highlighted the concept of retribution *quả báo*, within Vietnamese culture. Those who are 'winning' at gambling are good people, and conversely those who are losing, must be bad. A Vietnamese person may attribute a series of losses to actions in the past or even in a previous life, ensuring that there is capacity for the person to change their luck for the better through changing the life they lead. In their 2010 study, Ohtsuka and Ohtsuka were able to interview 21 Vietnamese Australian people who gamble, although those interviewed expressed openly their ambivalence in talking about their gambling behaviour to the

researchers. The authors stated that gambling appeared to be a sensitive topic, even among those who had agreed to be interviewed (Ohtsuka & Ohtsuka, 2010).

This work appears to have matured over the years, demonstrating a better understanding of the specific cultural nuances that might apply to someone who gambles of Vietnamese background. The research posits that people of Vietnamese background who participate in gambling are sensitive to the signs of good or bad luck in others and will follow or avoid playing alongside these people accordingly. They also tend to attribute their luck to events occurring before they play and are alert to signs that their luck was changing. Those interviewed expressed thoughts that they could manipulate their luck, and although this may be universal among those who experience problem gambling, the authors found that Vietnamese Australians did apply culturally specific representations to explain their theories about gambling and to maintain their illusory beliefs about how the outcomes of gambling can be controlled. One explanation was that superstitious beliefs tend to come to the fore in situations where people have little primary control over outcomes, re-establishing a sense of control. In the case of a Vietnamese person, the superstitions applied would be culture specific. Is it possible that losses experienced as an immigrant create a stronger desire to achieve control than might be seen in others? Ohtsuka and Ohtsuka (2010) stated that the attributions of winning are straightforward – wins are evidence of special internal qualities of a person who gambles. It therefore could be surmised that a win is a much more potent and influential event among those who gamble, who in other aspects of their lives feel as if they have ‘lost’; in this case, a Vietnamese person who is struggling to integrate into Australian society.

Subsequent to this study, Nguyen (n.d.) undertook a Doctor of Philosophy study examining the relationships between gambling behaviour and *quả báo*, beliefs in luck and gambling cognitions among Anglo/Euro-Australian, Vietnamese and Chinese people living in the state of Brisbane, Australia. Nguyen (n.d.) argued that Vietnamese and Chinese people who engaged in gambling were more likely to subscribe to illusion of control theories relating specifically to perceptions of personal luck than their Anglo/Euro-Australian counterparts, and this is associated with increased gambling behaviour. Eastern and Western cultures differ in their understanding of the concept of luck. Eastern cultures tend to view luck as a more stable phenomenon and internally attributed, whereas Western cultures see luck as more random and external (Crittenden, 1996). Nguyen (n.d.) found that the cultural differences in beliefs in luck helped explain the increased frequency of gambling among the Chinese and Vietnamese participants in his study when compared with Anglo-Euro participants.

Nguyen (n.d.) also found that the Vietnamese-specific belief of *quả báo* further perpetuated gambling behaviour despite negative consequences, claiming that gambling losses among

Vietnamese people who gamble can be explained as a result of bad acts in the past, and are not necessarily an indication of defective character. Nguyen (n.d.) argued that this distinction makes it possible for someone who is gambling, who is experiencing losses to rectify the situation through a series of positive acts, rather than the more complicated act of repairing their character.

Nguyen's study attracted the largest contingent of Vietnamese people who engage in gambling of any published research to date. Of the 378 participants, 181 were Anglo/Euro-Australians, 102 were Chinese and 95 (25.1%) were Vietnamese. Participants were recruited through the pool of first year psychology students and others living in the Brisbane, and relied on a series of self-reporting measures that provided an indication of gambling behaviour, gambling cognitions, beliefs in good luck, as well as a uniquely created scale to indicate the extent of the concept of *quả báo* as an influence on the participant. Most of the Vietnamese participants identified as second or third generation (77.9%), with an average age 32.3 years. In conclusion, Nguyen (n.d.) found significant cultural differences in gambling behaviour that could be attributed to culturally specific beliefs. They advocated that the inclusion of cultural understandings would help inform gambling treatment for minority groups.

More recently a study found an association between problem gambling and Vietnamese women's involvement in the illicit drug trade (Le & Gilding, 2016). Le interviewed 35 Vietnamese women based in prison in Melbourne, 18 of whom had become involved in the drug trade due to debts incurred through casino gambling. The interviews formed a substantial part of the first author's PhD Thesis and examined the involvement of female Vietnamese prisoners in the illicit drug trade, with the association between problem gambling and debt being revealed as part of this earlier research (Le, 2014). Le (2014) found that the casino provided a social environment for these women initially, where they played Blackjack, Baccarat or Poker table games. None of the women interviewed spoke of playing EGMs at clubs or hotels. The participants saw the casino as a good social outlet for Vietnamese women, as it provided the opportunity to meet up with other Vietnamese people, it was viewed as an acceptable environment for a Vietnamese woman to be on her own, and it provided an 'escape' from undesirable circumstances at home and personal problems.

Most of the women interviewed were motivated to enter the illicit drug trade as a means of addressing debt incurred through gambling, with the group distinguishing themselves from other drug offenders on the grounds that their participation in gambling had distorted their "usual judgement". Many had taken loans from people they had met in the casino environment and were

charged exorbitant but agreed upon rates of interest⁴. The casino provided the social network for the women to access loans, but also facilitated their pathway into the illicit drug trade. It is important to note that Le managed to conduct interviews with people who gamble, unlike their research predecessors investigating the topic of gambling within the Vietnamese Australian community, but their findings have limited application as they only focus on a narrow band within this community, that is, of female drug offenders with prison sentences.

Since 1999 there have only been a small number of additional studies focusing on the Vietnamese Australian experience of gambling. Typically, the studies involved small samples, brief and superficial levels of inquiry into participant's experiences of gambling, or the responses of Vietnamese Australian participants were amalgamated with participants derived from other cultural minority groups. These studies also tended to draw mostly on the views of welfare service providers working with Vietnamese Australians, rather than eliciting the view of ordinary community members and people with direct experience of gambling. The following overview of the literature will highlight these limitations.

Chui and O'Connor (2006) interviewed five immigrants who engaged in gambling, of whom only two participants were of Vietnamese background. The two case studies were presented in more depth in a later paper (Chui, 2008), providing a brief description of participants' explanations for their gambling behaviour, their beliefs about gambling, the impact of their gambling and their views on the availability of services. In relation to help-seeking one of the participants declared no intention of seeking help as they no longer had a problem, and the other was unaware of any services that could help specifically with gambling, and instead was seeking help for financial problems and child-care. The two participants stated that they would prefer to seek help via culturally specific services, and in particular, services that can assist with finding employment and resolving immediate needs.

In another study, Scull and Woolcock (2005) conducted interviews with eight people who participated in gambling of Chinese, Greek and Vietnamese background, with only three participants being of Vietnamese descent. The original intention of this study was to focus on recruiting participants with personal experience of gambling, but the authors were unable to achieve this aim, instead interviewing a further 65 service providers working with the three communities of interest.

⁴ 10% interest charged on a weekly basis was consistently quoted, which represents around 520% per annum.

Although this information has value, the views expressed by those working in a supportive role with their communities may be very different from those who have personal experience of gambling.

Similar to the 1999 Productivity Commission investigation, other large population studies have generally failed to recruit a sufficient number of people of Vietnamese provenance to be able to make any claims about the prevalence or patterns of gambling behaviour within this sub-population. For example, in their study of the relationship between socio-demographic characteristics and high gaming machine expenditure in New South Wales, Breen et al. (2002) found that 56% of variance in expenditure could be attributed to the presence of non-English speaking residents, without vocational or tertiary qualifications and unemployed. The groups identified in this study were from nine nations, with Vietnam listed as one of these (Breen et al., 2002). A report by the Victorian Casino and Gaming Authority (Dickerson et al., 1997) was even less enlightening, stating their finding that 31% of Crown Casino patrons were of South-East Asian appearance, concluding that this sub-population seemed to be overrepresented in the casino environment.

Hence to date, there appears to be a general failure to provide well-sourced and representative information on the experience of gambling within the Vietnamese Australian population. The few extant studies are often dated, small in coverage, and are biased towards the accounts of service providers responsible for delivering welfare and counselling support to members of the Vietnamese Australian community. Their views on gambling may be at odds of those held by other community members, in particular people who gamble on a regular basis. It is therefore imperative that this current research concentrates its efforts on collecting and understanding the experiences of people in the Vietnamese Australian community who have direct experience of gambling or problem gambling.

Vietnamese people and gambling outside of Australia

Literature pertaining to Vietnamese people and gambling is similarly scant in other countries. Petry et al. (2003), assessed the gambling status of 96 South-East Asian (Vietnamese, Laotian and Cambodian) refugees living in the United States of America and found exceedingly high rates of problem gambling (59%) among the participants (Petry et al., 2003). There is a potential for sample bias in this study as all participants were attendees of a community service organisation, which served the needs of people from these three communities. It may be that people with 'greater problems' are more likely to engage with the service than others in the community. Petry et al. (2003) also applied a standard measure to assess problem gambling, and although the tool was

translated into each of the languages there is no assurance that the tool was suitable for cross-cultural assessment.

Also in the United States, one study examined the use of illegal video poker machines in Vietnamese cafes in southern California (Nguyen, 2004). The machines had the capacity to switch from legal video to gambling games, as controlled by the café manager. These cafés attracted mostly Vietnamese-speaking patrons and access was limited to invitation only. Over time the cafés lost their patronage as punters turned towards legalised gambling offered in the advent of casinos, but the existence of these cafés confirms the strong interest in gambling by some Vietnamese immigrants in the United State of America.

A more recent study of people aged 16-24 in Vietnam found a slightly higher rate of gambling among youth in Vietnam when compared with youth in other countries (Lostutter et al., 2013). This finding was partly attributed to a high level of perceived stress among Vietnamese youth, in terms of establishing role and identity, academic stress and high familial expectations, noting a widening generational gap in Vietnamese society occurring in more recent years. However, the researchers also found an association between coping style and problem gambling vulnerability. In their study, Lostutter et al. (2013) found that among participants with avoidant coping styles⁵, gambling frequency was more likely to be associated with gambling problems. These findings may have some implications for Vietnamese people who immigrated to Australia as well, as the transition to a new country is likely to add to the generational gap experienced within migrant families, with resettlement causing significant stress.

A more recent study in the United States of America has further explored the relationship between coping style and vulnerability to problem gambling among Vietnamese Americans, and similarly proposed that Vietnamese culture is linked to its peoples adopting avoidant and passive coping styles (To, 2016). When faced with threats, people typically respond in one of three ways: actively, avoidantly, or passively (sometimes referred to as *fight-flight-freeze* options when confronted). Lostutter et al. (2013) identified the avoidant coping style, but this study expanded to also include participants exhibiting a *passive* coping style. The researchers implemented four questionnaires used to assess problem gambling, acculturative stress, generalised stress, and coping style, and respondents limited to those achieving at least Year 8 English. The English requirement most probably effected the range of participants with less than half of participants first-generation Vietnamese, with the majority employed (i.e. 79.6%). The questionnaires were either completed on-

⁵ People with avoidant coping styles will take cognitive and behavioural measures to avoid perceived threats and/or threatening situations.

line or in paper-form, and of the 331 participants recruited, only 162 met inclusion criteria and completed the study. The responses between those who completed the questionnaire on-line varied with those who completed the paper-based questionnaires, suggesting differences in participants between the two groups, but also variation in how people might respond based on data collection method.

It appears that there are higher rates of problem gambling among Vietnamese Americans than other Americans, although rates quoted from other studies are highly variable. In relation to this study, To (2016) reported that participants using the paper-method were more likely to be first-generation Vietnamese and of lower income. There was a significant association between stress and problem gambling within this group, but not within the group completing the questionnaires online. The study found those on lower income experienced higher levels of stress, with To (2016) proposing that income stress may serve as a pathway into problem gambling for Vietnamese Americans. No association was found between acculturative stress and gambling. Further, problem gambling was associated with disengaged (i.e., avoidant or passive) coping styles but acknowledged that this association was true for all people who engage in problem gambling, where “Gambling can alter arousal levels, produce psychological highs, and shift focus away from life problems” (To, 2016, p. 118). Nevertheless, the study may help explain the cultural basis for higher rates of problem gambling experienced by Vietnamese Americans compared with other Americans.

The study failed to find a significant association between stress, coping and gambling but argued that there may still be an interactive effect between all three elements, with the interaction likely to be more complex than revealed by the study. Study findings were limited by the unrepresentative sample and the superficial concept of stress applied, with the author stating that the source of stress is likely to influence the style of coping employed by Vietnamese Americans, suggesting that further exploration is required to determine the interaction between stress, coping style and gambling.

Conclusion

There is a dearth of literature pertaining to Vietnamese Australians’ views and experiences of gambling. Large studies commissioned to examine the impact of a rapidly growing and relentless industry within Australia have failed to identify the experiences of cultural minority groups, including the Vietnamese Australian community. Smaller, more targeted studies have generally represented the views of community service providers, with only four studies managing to attract sufficient people with direct experience of gambling of Vietnamese background to be able to make valid

claims. Researchers have generally been hampered by the reluctance of Vietnamese Australians to share personal experiences, particularly in relation to gambling.

Although the literature pertaining to Vietnamese Australians and gambling is limited, several areas worthy of deeper exploration were identified. From a public health perspective, it would be useful to gain a better understanding of the association between family violence and criminal behaviour, with gambling. This may only apply to a small portion of Vietnamese Australians experiencing harm from gambling, however, the contingent impacted on are likely to require interventions that are tailored to their cultural context.

From a clinical perspective, another avenue worthy of further exploration is in relation to the role of illusory beliefs, the retribution concept of *quả báo* and avoidant or passive coping styles. A greater understanding of this is likely to lead to more effective messaging with community to prevent harm but also underpin cognitive-based treatments to address problem gambling or clinically diagnosed Gambling Disorder (GD).

The available literature on this topic intimated that there were several culturally specific factors associated with problem gambling within the Vietnamese Australian community. To further examine this possibility, the literature search was extended to develop an understanding of the help-seeking behaviour of people experiencing problem gambling in general, while comparing the help-seeking behaviour of Vietnamese Australians across the health sector. The result of this extended literature search is presented in Chapter 3.

This study will award priority to the views of Vietnamese Australians who have direct, personal experience with gambling. This has been made possible through having developed well-established connections with the Vietnamese Australian community, and through the author's direct experience of treating Vietnamese Australian clients presenting with gambling problems. Therefore, the study has the potential to advance understanding of problem gambling in a hitherto understudied community. Findings may also better inform practice guidelines for conducting research or designing services for the Vietnamese Australian community or may benefit agencies responsible for working with cultural minorities who are characteristically disinclined to access health and/or addiction services.

CHAPTER 3 HELP SEEKING BEHAVIOUR AND VULNERABILITY

Conducting a broader search of the literature pertaining to Vietnamese Australians provides an opportunity to gain greater insight into the factors that might increase the risk of problem gambling among members of this community, while highlighting the factors that may inhibit help-seeking to address problem gambling. On the whole people experiencing problem gambling have proven to be reluctant help seekers (Productivity Commission, 2010), with many Vietnamese Australians likely to be reticent for similar reasons. However, it is highly probable that there are culture-specific factors influencing Vietnamese Australians vulnerability to problem gambling and inhibiting help-seeking behaviour.

This section focuses on revealing the cultural aspects affecting the behaviour of Vietnamese Australians, using knowledge gained from the literature presented in Chapter 2 but extending the search to include studies that provide greater cultural insights in relation to gambling and problem gambling in this community.

Vulnerability to problem gambling

Bridging social needs

Many of the studies on Vietnamese people and gambling suggest that gambling fulfils the social needs of players. This may be universal among people who participate in gambling; however, the studies indicate some distinctive behavioural responses which may be due to cultural origins. Vietnam is a highly populous country, with people commonly sharing their abode with several other family members, and being highly dependent on each other (Davis, 2000a; Jamieson, 1995; Nguyen, 1985). As a result of war, political upheavals and subsequent immigration experiences, family units fragmented, whereby members of families were dispersed across nations and, with limited recourse to reunite the family unit (Mellor, 2004). Many refugees faced more isolated lives than they were accustomed to, in a new and unfamiliar nation. The people interviewed by Chui (2008) indicated that their gambling was directly tied to their social needs, as it provided a social forum where cultural differences were inconsequential. One of the participants interviewed was recorded as saying:

I think gambling was fun because I was lonely and didn't have anything to do
(Chui, 2008, p. 278).

The loss of social space customary to Vietnamese Australians also contributes to the appeal of gaming venues:

In Vietnam there are lots of places where you can sit for hours talking, without having to move. The community have no place to feel free to sit down. A lot of them go to the casino because it's their only source of entertainment, they may go in big groups, it becomes a regular habit. They would play just to get out – it's the only place to do that (Tran, 1999, p. 54).

The participants perceived language difficulties as seriously restricting Vietnamese people's opportunities to interact socially in Australia, as shown:

[Vietnamese people] can't go to the movies because they can't understand. They go to Chinatown but they don't understand Chinese movies ... They can't go to clubs or pubs. So what are they supposed to do? Gambling ... they don't need to speak good English (Chui, 2008, p. 278).

They don't know, go to anywhere, except for the Casino because at the Casino they don't need much language (Zysk, 2003, p. 15).

It also has to do with our recent past, having 30 years of war. A lot of people are poor and not many have the opportunity to go to school and be educated so there is a limit to the spectrum of pastime they can ... want to have. Not many want to read a book or listen to music or play sport so what is left is gambling (Zysk, 2003, p. 16).

Language differences cause social alienation for any immigrant group that has had minimal exposure to the dominant language in their adopted nation, however, more than any other immigrant group Vietnamese Australians have strongly maintained their own language, with Vietnamese being the dominant language spoken in the home (Ben-Moshe & Pyke, 2012; Department of Immigration and Citizenship, 2021). Ninety percent of the first-generation Vietnamese Australians are still able to speak, read and write Vietnamese fluently, despite the passage of time since the majority of people arrived in Australia (Department of Immigration and Citizenship, 2021). Of those who reported speaking English at home, as many as 42% claimed that they did not speak English well or at all (Department of Immigration and Citizenship, 2021). Problems with communication would discourage people from leaving the areas where they could converse and mingle with others who share their home language or limit their venturing to venues and public spaces where language differences were well tolerated. As this quote suggests, groups that were experiencing greater difficulty in navigating the language divide could be more dependent on gambling as a form of entertainment outside of home:

Pokie machines people started to play a few years ago. But pokie machines I think mainly are popular with the older people ... Vietnamese people like them because it is easy to play, easy to learn, you do not need much money to play and it has music but also because they feel very sad and very bored because they can only speak Vietnamese, they have a mouth but they can't speak because they haven't

got English, especially the older people. They can't get out of their house (Zysk, 2003, p. 14).

The studies specific to Vietnamese people and gambling revealed that Australian casinos served as venues where Vietnamese people might meet up with other Vietnamese people, with people choosing to play on the same table or to form gambling circles. Ohtsuka and Ohtsuka (2010) found that Vietnamese people believed that 'good company' at the same table would boost their own chances of winning. Ohtsuka and Ohtsuka (2010) also made reference to the Vietnamese practice of *chơi ke*, whereby people will watch others play and bet in accordance with others. Games popular among the Vietnamese, such as *baccarat*, views players favourably when they bet collectively, either against or with the house. The spirit of cooperation evident in Vietnamese culture is therefore reflected in some people's approach to gambling:

Many people [in the Vietnamese community] will sit down together and try to work out strategies to try to win at the casino (Ohtsuka & Ohtsuka, 2010, p. 35).

Alienation

Experiences of racism and discrimination influenced Vietnamese people's ability to integrate or feel welcome in their newly adopted nation. These experiences furthered people's dislocation from the social fabric of Australian society, such that gambling venues became more enticing. The first intake of Vietnamese refugees occurred shortly after the retraction of the White Australia policy, making Vietnamese refugees an unintended test case for the government's 'change of heart'. Since the end of World War II, successive governments advocated for increased immigration intake to support economic growth in Australia (Mellor, 2004; Thomas, 1996). In an overview of Australian public attitudinal surveys conducted between 1961 and 1996, a decline was evident in public support for immigration. This attenuation occurred simultaneously with the influx of Vietnamese immigrants; opposition to immigration continued to grow throughout the 80s and 90s (Betts, 2002).

Public opposition appeared to be sensitive to the cultural composition of the immigration intake, possessing particular disdain for immigrants from Asian countries (McAllister & Moore, 1991; Mellor, 2004). Further, Vietnamese immigration corresponded with a period of high unemployment and a challenging job market in Australia. During the 1980s and 90s, populist speakers, historian Geoffrey Blainey, and politician Pauline Hanson, gained notoriety for their stated opposition to Asian immigration based on the need for preserving "jobs for ordinary Australians" and protection of the Australian cultural identity (Mellor, 2004; Tran, 1999), challenging the principles of multiculturalism lauded by government policy makers at the time (Australian Council on Population and Ethnic Affairs, 1982). It seemed that the people feeling most threatened by increasing immigration were

those who were either Australian born or those emigrating from English-speaking countries (Mellor, 2004). McAllister and Moore (1991) characterised this as Anglo-Australian's "discomfort with difference". In his interviews with 50 Vietnamese Australians in relation to their experiences of racism and discrimination, Mellor (2004) identified instances depicting the disquiet felt by some Australians. For example, two people of Vietnamese background had stopped their car to help an elderly lady:

It was drizzling. We saw a Western woman, an elderly, crossing the road pushing a trolley. My friend got out to offer help while I stayed in the car. My friend offered help to push the trolley but she scolded my friend. 'Black-haired people this and that'. She didn't let my friend push the trolley. She said she didn't need any help. She made such a scene. She kept repeating 'black-haired people (Mellor, 2004, p. 639).

Other situations recounted suggested that some English-speaking Australians tend not to approve of, or feel uncomfortable with, people speaking any language other than English. In this instance, a woman sitting nearby to a couple speaking in Vietnamese said:

You are [in] Australia. You come here, you are Australian. You can't talk Chinese. You have to talk English (Mellor, 2004, p. 642).

In a further example recalled by a Vietnamese man driving with his newly arrived relative, a police officer said to them:

What the hell are you talking about? And my uncle told him that I am just ask him what is the matter. 'He's speak English not so very well, so we are talking by Vietnamese'. And he said 'No fucking talking Vietnamese in front of me. Your language is rubbish (Mellor, 2004, p. 642).

Most of the instances recounted were subtle or covert in kind, where people felt ignored, avoided, belittled or unaccepted (Mellor, 2004). Mellor (2004) intimated that despite their encouragement when conducting interviews, Mellor suspected that many respondents understated their experiences with racism, which they attributed to the characteristic reserve of Vietnamese people, enhanced further by their refugee background. Due to cultural and linguistic differences it is also possible that microaggressions may have gone unnoticed by some. In their study of Vietnamese Australians and their involvement with law agencies, Burley (1990, p. 201) noted:

Their customary behaviour of withdrawal from confrontation, tolerant acceptance of situations, their polite wish to please rather than to offend and their traditional diffidence and respect to authority all combine to mask the internal and external difficulties they may be experiencing.

Being refugees – as were many of those who took part in Mellor’s study – may have made them more reluctant to express their disquiet, so as not to appear ‘ungrateful’, particularly to those who represented their host country (Burley, 1990).

In a study of Vietnamese immigration into Australia, (Thomas, 1997a) found that the Vietnamese community in their early years received more media coverage and public discourse attention than other immigrant groups before them. Thomas attributed this to significant changes in the Australian job-market and perceived threat to jobs on behalf of other Australians, however, Thomas also noted that Vietnamese immigrants were criticised for their ‘failure to assimilate’. Vietnamese Australians mostly settled in the major cities, congregating in areas where there were Vietnamese-tailored support services, shopping and a sense of community (Ben-Moshe & Pyke, 2012). Many of the suburbs to which Vietnamese were attracted had previously been the stomping grounds of earlier immigrant groups, with the areas proving to be attractive due to their comparative affordability.

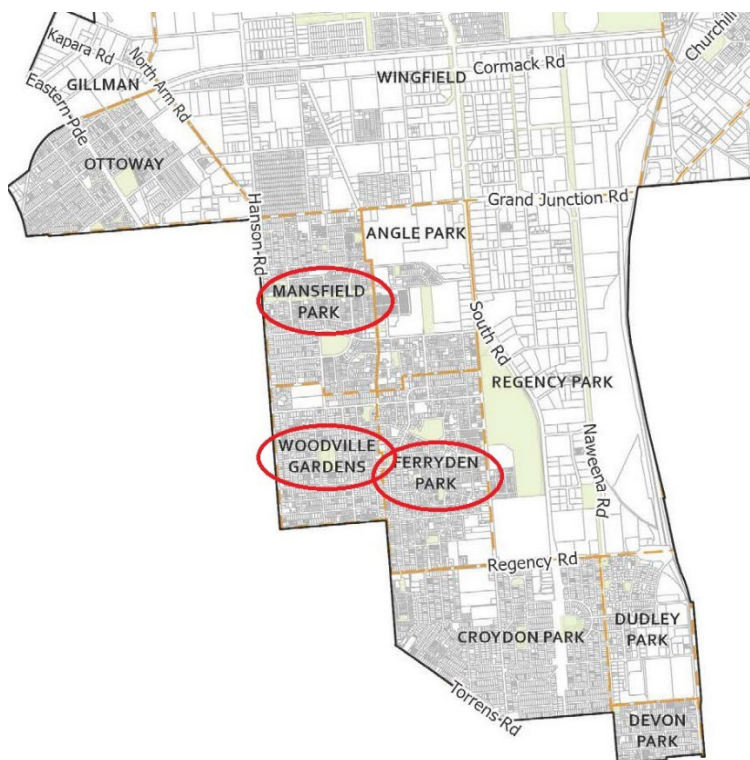


Figure 3.1. Vietnamese Australian cultural enclaves across Adelaide

Additionally, the establishment of a cultural enclave would have helped with establishing a sense of community for the Vietnamese-born. A United States-based study examining the emotional

adjustment of post-war Vietnamese immigrants highlighted the need for people to feel a sense of cohesiveness, noting:

The protection and remedy most frequently advocated and ardently sought for is the presence of a native Vietnamese community... The need of belonging is so profound that anything that contributes to ascertain that one is not alone is priceless (Haines et al., 2017, p. 313).

The reality though is that the people migrating from Vietnam were far from a homogenous group, reflected in their regional, religious and ethnic diversity (Thomas, 1997b); however, their shared experiences as refugees and their opposition to the communist government in Vietnam initially generated community cohesion (Viviani, 1984); 'a sense of 'community' developed to provide a sense of shared identity and to compensate for feelings of loss and separation' (Thomas, 1997a, p. 34). Gambling venues represented one of the few public spaces outside of the cultural enclaves where Vietnamese Australians were comfortable to socialise together, in an environment that was perceived as hospitable and non-discriminatory.

Loss and status

During the 20 years of war these are 1955 to 1975 our whole population, our people went through a lot of loss in their lives. It could be the loss of family relatives who died in the war, loss of dreams, loss of education, loss of money And in ourselves there is a huge emptiness, huge, huge emptiness...like I have never live my life. I have never had one minute of feeling fulfilled or happy and I guess when we gamble we forget about that. It allows us to escape from that huge feeling of emptiness and hope; hope that by gambling I achieve something. I fulfil something. So the hope is where and the compensating for the loss is where that gets us hooked (Zysk, 2003, p. 15).

Exposure to war, displacement and settlement were central themes defining the lives of Vietnamese people who first immigrated to Australia. Although the impact of these experiences may have somewhat diminished over time as people settled and adjusted to life in Australia (Steel et al., 2002), these events are of such significance and were so extensive in their reach that everyone was affected, with negative impact lingering on the lives who experienced these events personally but also having repercussions for younger generations through transgenerational trauma (Dinh, 1994; Nguyen et al., 1999).

Other studies into Vietnamese people and gambling also implied a link between gambling behaviour and motivations to address perceived personal deficiencies, whether it be rebuilding a sense of identity or gaining the recognition of others, achieving financial security, or aspiring for wealth. The Vietnamese customary criticism of people who engage in heavy gambling being seen as 'bad' or 'greedy', may be regarded more sympathetically when considered in the context of loss and

deficit. Gambling provided an opportunity for people to regain a sense of social identity, with casinos presented as welcoming, non-prejudicial environments:

I've had some clients ... who have gone [gambled] through their settlement money. They said 'it's the only place where people call me by my first name. They remember who I am, I am warm, I am surrounded by people (Tran, 1999, p. 62).

The casino sounds so glamorous. The advertising is so glamorous, you don't hear about the bad side of it (Tran, 1999, p. 86).

I think there is preference for people to go to the Casino because people are well dressed and there is an expectation that people behave more decent (Zysk, 2003, p. 13).

Gender

Experiences of migration and settlement differed by gender, with many authors reporting that the process of adjustment has been more difficult for men, than it has for women. From the start of the mass exodus from Vietnam, men outnumbered the women leaving the country, as they went ahead to 'smooth the passage' for their wives, children and other relatives to join them later under sponsorship arrangements (Tran, 1999; Zysk, 2003). Their journeys were often dangerous and involved substantial risk-taking, demonstrating the courage of many of the men, however, settlement in Australia challenged the traditional social construct of a Vietnamese man as the main provider and head of the family unit (Tran, 1999). In Zysk's study of family violence and gambling, it was apparent that many of the men were experiencing a greater loss than women in role and status within the family unit as they made the transition to life in Australia:

There has been a big change in roles ... when women come here ... most of the women are working, they are sewing at home or doing the factory work. The men found out that he's not as good as before ... a 'loser' (Zysk, 2003, p. 56).

Over here women have more freedom. In Vietnam men were in a higher position, more respected. Over here they emphasise equality. Men lose their power (quyền). They have low self-esteem and still want to be leaders (Zysk, 2003, p. 87).

Gambling provided an outlet for men, but there is more acceptance within Vietnamese culture for men to gamble than women, "the man seems quite habitual to have a bit of mischievous behaviour" (Tran, 1999, p. 69), with Zysk (2003, p. 12)) asserting that, "knowing how to gamble is considered to be a symbol of masculinity and manhood in Vietnamese culture".

Men see it as one of their pastimes and accept it, a privileged pastime and to the extent that some young men would say that if you don't go to a prostitute, if you don't drink and don't gamble you are not a man. It is like an affirmation of their virility and their masculinity (Zysk, 2003, p. 12).

Lostutter et al. (2013) found that in Vietnamese culture there is a common belief that men are naturally 'prone to gambling' and are perceived as having fewer alternative ways of dealing with stress than women. In speaking with males of Vietnamese background who engage in gambling Ohtsuka (2013) found an emphasis placed on bravado and risk taking, with respondents expressing that 'guts' and 'daring' are essential to gambling success, with one making the comment that "you got to have *guts* to win" (Ohtsuka, 2013, p. 40). These references to masculinity may be of greatest relevance when considered in the context of the loss of status that many Vietnamese men underwent as part of their transition to a new country.

However, it is not as if all Vietnamese Australian women experienced comfortable passages to Australia; in no way were women immune from emotional challenges in the transition process (Davis, 2000b; Killingsworth et al., 2010; Loughry et al., 1993; Tran, 1999). It is simply that a higher proportion of men were the first to make the journey out, with many confronted by challenges to their sense of identity as men in relation to cultural expectations. The men's struggle to establish a new home, and support their extended family financially, could have made them more vulnerable to gambling, with their penchant for risk-taking utilised when escaping Vietnam, and now applied to their forays into gambling (Liao, 2011).

Economic disadvantage

The studies of Vietnamese immigrants and gambling also revealed that some Vietnamese Australians were attracted to gambling as a form of 'wealth creation'. Coming from a country where gambling was almost totally banned, gambling provided a new opportunity to accumulate wealth. In accounting for people's motivations to gamble:

Many Vietnamese people gambling [sic] because they wanted to make money to buy houses and go back to Vietnam (Chui & O'Connor, 2006, p. 71).

People want to get rich quickly, build up the status for themselves, the social status because when they come to Australia again they lost their social status and they have some belief that OK if I have a big house, a brand new car my neighbour will respect me and to do it it's not easy (Zysk, 2003, p. 16).

It has been noted that gambling may be most attractive to people of low socio-economic backgrounds as it presents a unique means to making significant amounts of money quickly (Ohtsuka & Ohtsuka, 2010; Tran, 1999). Typically, Vietnamese Australians have experienced higher rates of unemployment than other Australians, their incomes were often limited, making it hard for them to establish themselves financially in Australia. Many would have had the added burden of supporting

family members who remained in Vietnam, subject to abject poverty and hardship for decades following the end of the Vietnamese American conflict (Templer, 1998).

Vietnamese people very much have responsibility or obligation with their relatives back in Vietnam. It's very different to Western culture ... If they ask ... you have to help them ..., if you don't you feel miserable and the people there will think badly of you ... I think some people gamble so they can fulfil their responsibilities. (Zysk, 2003, p. 16).

Other studies identified a strong sense of obligation to financially support family remaining in Vietnam on behalf of those who escaped Vietnam (Chui, 2008; Chui & O'Connor, 2006; Liao, 2011). Obligation to family is tantamount to the Vietnamese psyche, where from a young age people are made aware of their personal indebtedness to others, referred to as *ơn*. In his study of Vietnamese cultural traditions Jamieson (1995, p. 23) noted that moral debt was 'so immense as to be unpayable'. He stated that:

You were, simply by being alive, in debt to your family – no matter how much you might have accomplished, no matter how wretched you might be. You still had to thank them for the food you ate, the house you lived in, your spouse, your land, your membership in the village, most of all for life itself.

On leaving Vietnam, many people would have been under enormous pressure to support those remaining at home due to their traditional familial obligations, but also out of a sense of repayment for those who contributed towards their escape from Vietnam. Relations between those who have left and those who stayed behind in Vietnam are complex; Thomas (1997a) identified that people based in Australia regularly send letters, money and goods. People are under pressure "to represent themselves to their families back home as materially successful and thus having imbued what is perceived to be the magic of the West" (Thomas, 1997b, p. 163). Of relevance to men in particular, the ability to make money is viewed favourably within Vietnamese culture, and failure to do so is personally shameful. The sad truth though, is that a high proportion of Vietnamese people found themselves struggling economically in their adopted nations, confronted by limited opportunities to find employment and without family to share the 'cost of living' burden. Gambling presents itself as a unique opportunity to create the sort of wealth needed to support life in Australia and to subsidise family remaining in Vietnam.

Mental wellbeing and suppression

As part of their pathways model to explain the development and maintenance of problem gambling behaviour, Blaszczynski and Nower (2002) identified subsets of people who identified as having a problem with gambling, with one of the three key groups being those who are 'emotionally

vulnerable'. The other main subsets are those whose gambling behaviour is anti-social, impulsivist and those who are regarded as behaviourally conditioned, with the groups not necessarily being mutually exclusive. It is widely recognised that the nature of gambling activity produces a mental state equivalent to a 'drug induced' high in response to gambling cues (Wulfert et al., 2009). In the case of someone who is emotionally vulnerable, gambling is believed to relieve anxiety and to moderate dysphoria in the short run (Blaszczynski & Nower, 2002; Lostutter et al., 2013).

Vietnamese refugees were a highly traumatised population, due to their experiences of war and displacement, with their mental wellbeing further challenged by the stress of resettlement and acculturation (Nguyen et al., 2016). There is evidence of recovery among this population over the long term (Steel et al., 2002), however there were still significant rates of mental illness found across the Vietnamese diaspora, particularly among those who experienced a high degree of exposure to trauma (Hinton et al., 2004; Steel et al., 2002; Vaage et al., 2010). A more recent Sydney-based study of 350 patients attending clinics that provided Vietnamese-speaking General Practitioners found a high rate of psychological distress among patients of Vietnamese background, almost twice that recorded by non-Vietnamese residing in the same suburbs (Nguyen et al., 2016). The authors were able to link the prevalence of mental health problems in this cohort with exposure to trauma. This finding is consistent with other studies examining the prevalence of mental health conditions among refugee populations (Fazel et al., 2005).

Self-control is commendable character trait within Vietnamese culture, with expression of emotions discouraged, as it is indicative of a 'weak' mind or person (Jamieson, 1995; Nguyen, 1985). Persistent distress can lead to engagement in distracting activities, such as gambling or drinking, to avoid stress. Lostutter et al. (2013) identified gambling as a maladaptive coping strategy, with gambling wins and social interactions positively reinforcing gambling behaviour and the relief/distraction from a stressor negatively reinforcing gambling behaviour. Over the long-term though, people who use gambling as a 'form of escape' are likely to encounter new problems after gambling, due to the loss of time and money expended on gambling. In their study of young adults in Vietnam Lostutter et al. (2013) found a high association between avoidant coping behaviours and gambling problems, and this association has been demonstrated more universally across people who experience problem gambling (Riley, 2014). The vulnerability for Vietnamese people in relation gambling is that firstly, many Vietnamese have been subject to a high level of trauma, an experience also highly associated with avoidant behaviours, and secondly, that 'denial' and 'avoidance' are regarded as culturally appropriate ways to deal with stress within Vietnamese culture. A Vietnamese youth worker summed it up in relation to a family they were assisting:

I'm finding that families are going through a lot of struggles in terms of cultural issues. They do it [gambling] as a way to cope with the tensions they are carrying from their refugee experience. The young people often talk about getting involved with drugs because of the tensions at home. The parents are releasing the tensions on the young people. They only time they have a break is to go to the Crown Casino.

I'm working with a family in a hopeless situation. Both parents have no grasp of the English language. They had four kids. Three young ones and an 18 year old. He's involved in drugs. They don't know where to go to get help. They rang me up because somebody told them about me. What has happened is that the father can't cope with his son using drugs ... he's spending every day at the casino. The mother's way of coping is to sit on the sewing machine and sew night and day (Tran, 1999, p. 53).

Gambling, similar to alcohol and drugs, provides a highly accessible and rapid means for escaping difficult emotions.

Help seeking behaviour of people with problem gambling

A review of the studies of Vietnamese people and gambling highlighted the culture specific factors and life events that could lead to the development of gambling problems, however, the greatest concern expressed was in relation to their reluctance to seek professional help once a problem has developed. This is in fact typical of most people who experience problem gambling, most of whom never seek help externally, and only then at a point of crisis – that is, they are faced with major financial problems, family breakdown, job loss or criminal charges (Evans & Delfabbro, 2005; Pulford et al., 2009). The 2010 Productivity Commission into the gambling industry provided a brief overview of help-seeking among those experiencing problem gambling in Australia (Productivity Commission, 2010). The Report found that 17 500 people who gamble sought formal help in the year 2007-08, and studies have estimated that only between 8-17% those will seek professional help (Productivity Commission, 2010). The most recent South Australian Gambling Prevalence study found that 36% of those experiencing problems with gambling reported they had used a gambling help service in the past 12 months (Woods et al., 2018); the majority though still did not access help through government funded services, and the outcomes of these interactions are unpublished so it unknown how effective this support for this group.

Self-denial is acknowledged as a major barrier (Pulford et al., 2009; Suurvali et al., 2009), as are guilt, shame and embarrassment, and a belief that the problem can be resolved via the person's own volition, and thus not benefitting from professional interventions (Suurvali et al., 2009). These findings are consistent with a study which compared the perceptions of 125 people experiencing problem gambling who had either sought or not sought professional help, whereby the three

primary barriers to help-seeking among this group was found to be psychological in essence, rather than service-related, namely 'pride, shame or denial' (Pulford et al., 2009). In accordance, studies of cultural minorities and gambling have a tendency to name 'denial' and 'shame' as the most significant barriers to people accessing services (Gainsbury & Hing, 2014; McMillen et al., 2004), although it is acknowledged that cultural minority groups are likely to be more effected than mainstream communities by service barriers, particularly those whose primary language is not English, and who have less familiarity with Western models of counselling and support services (Clarke et al., 2007). Problem gambling is also commonly associated with mental health problems, such as anxiety and depression and substance use problems (Lorains et al., 2011) and being a victim of domestic violence (Dowling et al., 2016), adding to the person's inability to access or commit to treatment.

Universal studies of people experiencing problem gambling have found that initially that most people will attempt to control their gambling behaviour through self-management strategies. People will curtail or minimise their exposure to gambling or reminders of gambling (Hodgins, 2005); and develop activities which are incompatible with gambling (Hodgins, 2005; Lubman et al., 2013; Toneatto et al., 2008; or may act as a replacement for gambling (Lubman et al., 2013; Toneatto et al., 2008). Other strategies involve the use of 'self-talk', whereby the person recalls the negative consequences of gambling to help motivate them to stay on track or attempts to suppress thoughts about gambling whenever they occur (Hodgins, 2005; Lubman et al., 2013). People will also attempt to limit access to money or bank cards (Lubman et al., 2013; Toneatto et al., 2008). The self-management strategies applied by people experiencing problem gambling are in keeping with the Vietnamese penchant for self-control, relying on 'strength of character' and the use of avoidance strategies to manage problems, however, the effectiveness of the strategies at any point of time or over time has not been well researched (Lubman et al., 2013).

Subsequent to applying self-help strategies, most people will then seek help from family or friends, once again before accessing professional interventions (Gainsbury & Hing, 2014). Both Tran's (1999) and Zysk's (2003) studies provided evidence that Vietnamese Australians prefer to seek help from within family than from outsiders. Vietnamese is a collectivist culture, where a 'problem for the individual is a problem for the family' among Vietnamese people. Seeking help outside the family has the potential to bring shame on the whole family:

In Vietnamese culture you don't go outside to seek help, they can go to their family first, like the wife and they keep it secret, they don't tell anyone because it would be a disgrace for the family and bring shame so they keep it in the family (Zysk, 2003, p. 19).

A person's actions either enhance or detract from the prestige and status of their family in the eyes of the broader community, with people of Vietnamese background being inherently sensitive to community ridicule and gossip (Jamieson, 1995). People working within services providing support to people with gambling problems have found that the problems need to be insurmountable before a person of Vietnamese background would request support from an external agency (Duong-Ohtsuka & Ohtsuka, 2001; Tran, 1999). For as long as the person believes that their problem with gambling can be publicly denied, they are unlikely to run the risk of seeking help and thereby exposing their problem to others.

Family is not always able to help, nor is it always possible or safe for someone to admit to other people in the family that they have been gambling. Tran (1999) found an association between family violence and gambling, with women seeking external support when their husbands had a gambling problem or using gambling as their own avenue of 'time-out' from an unhappy home. In some cases, immediate family members may be informed, but extended family kept unaware to protect the dignity of the individual:

I knew a couple where the wife gambled and lost. When the husband found out, she said 'I'm scared now and I want to stop. If you forget what happened and not let our family know, your parents, brothers and sisters, I will quit.' Now she's given up and they have had to start from scratch (Tran, 1999, p. 83).

In their study of Vietnamese Australian help-seeking behaviour, Duong-Ohtsuka and Ohtsuka (2001) found that major barriers included a lack of knowledge about available services, limited awareness of problem gambling as a health issue, and the stigma associated with problem gambling. As mentioned earlier, language barriers are significant for the Vietnamese Australian community, preventing many in this community from becoming aware of problem gambling as a treatable condition and the availability of counselling and therapy options.

Ethnic specific gambling help services for Vietnamese Australians are available in some states, but, as noted by Clarke et al. (2007) the lack of availability of helpers from a similar cultural, ethnic, and linguistic background compounds the difficulty in accessing services that are in the position to provide culturally sensitive support. In general, Vietnamese Australians have proven to be poor seekers of help from mainstream service providers, as are many other cultural minority groups (Henderson & Kendall, 2011). The population continues to exhibit low rates of health service utilisation outside of Vietnamese-speaking primary care practitioners (Duong-Ohtsuka & Ohtsuka, 2001; Reid et al., 2002; Steel et al., 2005). Mainstream services working with Vietnamese Australians may be dependent on interpreters, creating another obstacle to effective communication, while also

having trouble employing workers with the cultural awareness and flexibility to achieve equivalent outcomes with clients coming from cultural backgrounds distinct from their own.

Conclusion

This chapter provides an overview of the factors governing the development and maintenance of problem gambling universally, while also providing insight into the more cultural nuances associated with problem gambling among Vietnamese Australians. The impact of trauma, displacement, and resettlement figure largely in the literature relating to this cultural group, and although the influence of these events over people's wellbeing may have lessened over time, knowledge of such events and their influence remains critical to understanding the context of Vietnamese Australians, including those who were not directly affected. Gambling is a common and accepted pastime among Vietnamese Australians; however, the literature suggests that problem gambling within this community is symptomatic of the struggle that many people faced coming to terms with traumatic memories, loss of family, culture and self-identity while adjusting to life in a new, and not necessarily welcoming, country.

CHAPTER 4 POSITIONALITY

The iterative nature of IPA requires researchers to reflect upon their own understandings of the research topic, acknowledging pre-existing understandings of the subject at hand while openly reflecting on how the findings arising throughout the course of the study are a source of influence, subsequently modifying the researcher's understandings (Smith et al., 2009). Prior to this study, the author was invited by the Vietnamese Gambling Help Service to act as a leading clinician in a pilot program designed to treat Vietnamese Australians experiencing problem gambling. This was the author's first significant interaction with the Vietnamese Australian community, and proved to be a formative experience, stimulating an ongoing interest which ultimately catalysed this study project.

In this chapter, the author examines their own thoughts and perceptions as a clinician responsible for treating Vietnamese Australians with problem gambling, which involved mapping their personal journey, while also providing a personal perspective on the pilot program's outcomes. This is not an egotistical, self-indulgent exercise, but rather a necessary component of an interpretative analytical approach. While self-examination was repeated throughout this study, the participants' narratives were not subsumed by the author's own deliberations. This practice is consistent with the reflexive approach adopted by researchers applying IPA principles, in which the study has the potential to be transformative for both the researcher and participants. Thus, outlining prior beliefs at the start of a study promotes research transparency.

The Husserl school of phenomenology advocates that through a series of *eidetic* reductions the researcher's preconceptions can be stripped away, allowing for an untainted examination of the phenomenon of interest. As stated by Smith et al. (2009, p. 14).

Each reduction offers a different lens or prism, a different way of thinking and reasoning about the phenomenon at hand. Together, the sequence of reductions is intended to lead the inquirer away from the distraction and misdirection of their own assumptions and preconceptions, and back towards the essence of their experience of a given phenomenon.

Although acknowledging an intellectual debt to Husserl, Heidegger instead argued that our perceptions, awareness and consciousness incorporates "*the existing world of people and objects, language and culture, and cannot be detached from it*" (Smith et al., 2009, p. 17). This includes any pre-existing understandings held. This chapter, therefore, represents the author's presumptions and preconceptions relating to the phenomenon of gambling in the Vietnamese Australian community captured prior to this study. For the self-examination the author drew on information contained in

personal journals maintained throughout the course of the pilot program, combined with their appreciation of literature reviewed in Chapters 2 and 3 of this thesis.

Initiative for the pilot

Rationale

The pilot treatment program was initiated by CAASSA, as part of their role in delivering gambling help services to the Vietnamese Australian community residing in South Australia through the Vietnamese Gambling Help Service (VGHS). For more than a decade the VGHS had been responsible for providing community education aimed at preventing and reducing the harmful impact of gambling, while also providing counselling support for Vietnamese people and their families affected by gambling. There was no clinical component to their program. Staff working within the VGHS reported that efforts to link clients with external agencies to enable them to access psychological treatment had not been successful. The Director at CAASSA was keen to pursue treatment options for people experiencing problem gambling in their community and contacted Statewide Gambling Therapy Service (SGTS), a large, public gambling treatment provider. At the time the author was employed by SGTS with their role being to provide culturally tailored therapeutic services to Aboriginal people and Culturally Linguistic Diverse people. The aim was to improve accessibility to specialised gambling treatment for a broader cross-section of the community. The task of investigating the possibility of SGTS and CAASSA working together was allocated to the author.

Cultural initiation

Prior to this project the author had limited exposure to the Vietnamese Australian community, either professionally or in their personal life. CAASSA's Managing Director invited them to participate in a 4-day training workshop aimed to equip their team with the skills to deliver a cognitive therapy⁶ program to treat amphetamine users. CAASSA had been awarded a grant to conduct group programs in their community, which was founded by a United States program devised for offenders. The staff training was facilitated by the program's North American developer. Being present at the workshop, the author was able to witness firsthand the response of workers to using a cognitive approach with their clients. It rapidly became apparent at the training that the proposed program would need to be significantly adapted to suit local participants. At a minimum, the use of cognitive therapy presented challenges in terms of language transference of key concepts

⁶ Cognitive Therapy draws association between thoughts and emotions, and ultimately their influence on behaviour. Learning to challenge unhelpful thought patterns is a central part of therapy.

and terminology. Despite these difficulties, the author came away impressed with staff members willingness to learn and adopt a new approach to working with clients.

The workshop provided the author with their first glimpse of the character of Vietnamese Australians, with the author finding the group very polite and respectful yet reserved to the point of being reluctant to question or raise objections. Although the facilitator constantly sought feedback from the group, cultural norms appeared to inhibit the group communication. The group consisted of management, support workers, peer educators and the author. Despite being present at all the workshops and doing their best to observe and pay attention to proceedings, the author had been unaware that there was an issue brewing within the group, until they were stopped and pulled aside at the beginning of the third day. Some participants in the group raised their concerns with the author, perhaps viewing them as an intermediary between themselves and the facilitator. That politeness suppressed their angst and inhibited provision of valid feedback to a facilitator, provided a significant insight into their culture. During the sessions, the facilitator had invited the peer educators to share knowledge gained through their personal experiences. No doubt the facilitator was motivated to do this out of respect for their lived experiences, but the peer educators did not appreciate being repeatedly singled out. Other members of the group were sympathetic but there was a reluctance to approach the facilitator. Traditional Vietnamese culture is hierarchical, with people such as teachers are revered as being 'ultimate source of knowledge' (Thanh, 2011), hence inhibiting two-way communication between the presenter and the group. This experience instilled in the author how much Vietnamese people will avoid open dissent in the interests of maintaining social harmony and highlighted the difficulties that can arise through this cultural practice. The situation was resolved when a manager approached the facilitator and explained what was occurring. Needless to say, the facilitator was very apologetic and subsequently changed their practices for the remainder of the training. This experience posed potential difficulties for delivering therapy to Vietnamese clients. The author's view was that therapy was most effective when open and frank exchanges can occur between a therapist and their client, however, given the inherent power differential in any client-therapist relationship, the author held genuine concerns on how this cultural divide could be spanned.

Potential for collaboration

Early discussions with the VGHS team revealed that clients within their gambling service generally refused to be referred onto other agencies for more specialised interventions. VGHS workers emphasised the shame associated with having a problem with gambling for Vietnamese people. This finding was consistent with Zysk (2003, p. 19) examination of Vietnamese people and

gambling, with Zysk stating that an “admission of problem gambling would risk shame, loss of face and tarnish the reputation of the individual and the family” (Zysk 2003, p. 19), with this observed behaviour also noted in other studies (Bertossa, 2022; Chui, 2008; Tran, 1999).

Although gambling may be a particularly sensitive issue for Vietnamese Australians, the author remained intrigued by the reluctance of people to be referred onto another service, given they were already presenting to VGHS. Conversations with VGHS workers provided alternative explanations for this reluctance. Firstly, not all people engaged with the VGHS service openly acknowledged the extent of their problem with gambling, instead requesting assistance with managing finances, debts, or family problems. The workers suspected in many cases that the person requesting help was denying or minimising the impact of gambling. Similarly, Tran (1999) identified the reluctance of Vietnamese Australians to seek help for gambling specifically, with people requesting help for associated problems. This had obvious ramifications for the capacity for successful referral of people to services specialising in gambling treatment.

Secondly, even when Vietnamese people *did* seek help from the VGHS to address their problem with gambling, there were still significant barriers to referral onto another service. Workers spoke about the discomfort and anxiety Vietnamese Australians experienced in accessing mainstream services. Seemingly it was one thing for a Vietnamese person to present with a physical health issue and receive professional treatment from a mainstream health services, but quite another to present with a behavioural or emotional/mental health problem (Duong-Ohtsuka & Ohtsuka, 2001; Trần & Spivakovsky, 2021; Wagner et al., 2006). In addition to this, discussions with the Vietnamese workers revealed a third major barrier; it was clear that members of the VGHS had little understanding of the specialist treatment options, and this made it more difficult for them to advocate referrals to services. It rapidly became apparent that for the pilot study to succeed having developed culturally tailored treatment, there would also be a need to consider strategies that would diminish barriers to Vietnamese Australians engaging in problem gambling treatment in the first instance.

Perspectives on problem gambling

Within the Australian public health context, problem gambling is usually defined in terms of *harm*, that is, with reference to the situation when a person’s gambling activity gives rise to harm to the individual player, and/or to his or her family, which may extend into the community (Victorian Casino and Gambling Authority (VCGA), 1997, p. 106). Although the author’s views accorded to the public health perspective on problem gambling, the author’s experiences of the phenomenon primarily came from working as a clinician within a gambling treatment service. Thus, the author

maintained a more medicalised appreciation of ‘problem’ gambling, viewing it as a mental health condition. Eligibility for treatment at SGTS was based on diagnostic criteria used for determining a clinical disorder; at the time of the pilot program diagnostic criteria were drawn from the Diagnostic Statistical Manual of Mental Health Disorders (DSM-IV), which categorised “problem gambling” as an obsessive-compulsive related disorder (American Psychiatric Association, 1994). A more recent version of the Manual i.e. DSM-V, recognised problem gambling as an addiction (American Psychiatric Association, 2013) and this definition remains the same in the most recent version (First, 2022). Despite the change in disorder classification the modes of treatment offered by SGTS remained unchanged. The advantage of applying a medical lens is that it shifts the blame for problem gambling from the individual to a ‘condition’, thereby suggesting that treatment was required to manage the condition, rather than a ‘moral overhaul’.

Studies have revealed that there is a high level of stigma associated with problem gambling in the public realm, with people who gamble typically blamed by others for their failing to moderate gambling behaviour (Hing et al., 2016; Livingstone & Rintoul, 2021). The author’s view also seemed at odds with the Vietnamese support workers involved in the pilot. The author observed that the Vietnamese workers were willing to provide extensive *practical* assistance to their clients, helping them to resolve the negative consequences of their gambling, and to offer counselling. However, this was delivered with moral overtones. Relative to their community, the workers saw themselves as being more understanding and empathetic towards with problem gambling. This was particularly so where they believed that the person with problem gambling had been exposed to extreme hardship, or they were living in difficult circumstances, such as being a victim of domestic violence. The author was unsure of how a moralistic viewpoint might impinge upon the effectiveness of therapy, given that Western counselling decries the intrusion of personal and moralistic values into the client-worker therapeutic relationship.

Establishment of the pilot

A reference group was established to help guide the project, consisting of the VGHS team, the author, representatives of the gambling industry and external gambling help services. For the pilot program to be successful the group recognised early that strategies to overcome the reluctance to identify as having a problem and to be referred onto specialist treatment providers would be needed. Additionally, the group was aware that the provision of psychotherapeutic treatment for problem gambling would be considered a strange phenomenon for many Vietnamese Australians, and care would need to be taken to explain and deliver treatment to retain clients. The following section describes the author’s experience with the project as it transpired.

Resource creation

To help aid recruitment, the author worked with CAASSA to seek additional funding used in the development of resources for use with community and clients. Bilingual brochures, booklets and a DVD depicting a story of recovery from problem gambling by a Vietnamese Australian were created and distributed throughout the Vietnamese Australian community. The resources were designed to help someone experiencing gambling problems to recognise the issue and then present options for assistance. Personal stories were adopted to help overcome the stigma associated with problem gambling in their community and thereby encourage people to come forward and seek help.

The second DVD devised was to acquaint new clients to the treatment process, covering basic counselling concepts that are not typically customary to people of Vietnamese background. For example, the DVD explained the concept of service confidentiality and demonstrated the collaborative nature of the working relationship between therapist and client. It also demonstrated the therapist providing instructions to the client, providing a visual window to treatment. Both DVDs were presented in *language*, with Vietnamese actors.



Figure 4.1: The therapist (actor) presenting the treatment rationale to client (actor) (Source: Statewide Gambling Therapy Service)

Cultural immersion

With the author being involved in the creation of the DVD, from script writing, ‘talent’ selection through to involvement in the production and editing process, useful insights into how gambling is perceived by the Vietnamese Australian community emerged. Sourcing actors that were prepared to be part of the production was a challenge, particularly the roles as ‘problem gamblers’. Accessing industry talent databases provided only one cast member who was of Vietnamese

background, and therefore actors were sought from the local community. Once engaged, the actors were encouraged to adopt a stage name. This was deemed important as although we would state at the outset of the DVDs that all people were actors, anyone recognising them in the video would be reminded that the person was assuming an acting role if the name in the video differed from their actual name. In the second DVD the team experienced several last-minute name changes, as people deliberately avoided the names of friends at risk of offending them by associating them with a DVD about gambling. Using ordinary people from the community as actors is a ploy which has been used even by high-end productions and requires you to be able to locate people who will have the confidence to perform, while also being able to retain a script. In this case, the potential 'loss of face' in community served as an added challenge, with people worried about the connection to problem gambling.

The author collaborated with one of the Vietnamese gambling workers to devise the script, writing in English and Vietnamese simultaneously. The draft script was presented to the Managing Director and production team for further amendments before the script was finalised. The dialogue between the worker and the author during the script writing process provided the author with further initiation into Vietnamese Australian culture, as ideas for scenarios were workshopped and wording deliberated. This was quite an exacting process and of great value in terms of gaining a better understanding of Vietnamese Australian culture. This helped to dispel the author's misgivings on how best to traverse the cultural divide and deliver an effective treatment program for Vietnamese Australians experiencing problem gambling. Developing the resources in partnership with the CAASSA and the VGHS workers went some way towards overcoming the doubts held by the author and helped forge bonds between the author and the Vietnamese workers.

Devising treatment

Therapeutic alliance

It was readily apparent that the VGHS team had a strong commitment towards their clients, and where the author might advocate treatment, their expectation was that through acts of workers' kindness, commitment and compassion, a client could be supported and through this support, be able to recover from their problem with gambling. Although the author was highly influenced by their clinical experience of providing evidenced-based treatment for people with problem gambling, they still recognised value in the approach adopted by the VGHS team. Applying a clinical lens, the author understood their approach to supporting clients as a cultural equivalent of *therapeutic alliance*. Therapeutic alliance refers to the quality of the client-therapist relationship and is widely recognised in clinical circles as being of paramount importance in determining treatment

outcome in psychological interventions (Haug et al., 2016; Weck et al., 2015). Still uncertain about the presence of moral overtones within the therapeutic context, over the course of the pilot the author arrived at a deeper appreciation for the role of moral viewpoints which were highly evident in relationships between Vietnamese people, and how its deleterious impact was partly negated through demonstrations of empathy and commitment on behalf of the support workers. The dialectics of 'harshness, rigidity' and 'compassion' in Vietnamese culture was highly evident in the approach used by Vietnamese Australia support workers to establish therapeutic alliance with their clients.

Selecting treatment modality

The author regarded themselves as fortunate to be given a fairly open reign by their manager to determine the treatment modality, or modalities, applied as part of the pilot program. At the time the therapists at SGTS were chiefly applying a *behavioural approach*⁷, however, given their recent experience using cognitive techniques CAASSA's Managing Director was keen to pursue this newly acquired skill set. The author had some reservations about applying a cognitive approach to the treatment of gambling from the outset, due to cultural considerations.

As the plan was for the author to act as the lead therapist during the pilot, they were primarily concerned with how they would be able to introduce the method of *cognitive restructuring* which involves the identification of 'erroneous cognitions', a standard feature of the cognitive approach for treating problem gambling (Menchon et al., 2018). For example, people with problem gambling tend to over-estimate the degree of influence they have over the outcomes of gambling, which they may assign to personal attributes such as perceived skill and knowledge. This tendency has been noted among those with problem gambling, even when participating in forms of gambling which are completely random, as in playing an EGM. Cognitive restructuring challenges the client to re-examine their beliefs, noting distorted thinking patterns. In their germinal work on Vietnamese Australians and gambling Ohtsuka and Duong (2000) argued that the perceptions of luck among those of Vietnamese background might be distinctive from people who gamble from other cultural backgrounds. The author's limited experience working with Vietnamese clients made it harder for them to read and interpret clients' reactions. Without knowledge of Vietnamese culturally held gambling-specific-beliefs, the author was concerned that they may cause offence, fail to register, or misconstrue clients' perceptions of luck.

⁷ Behavioural treatment covers a range of treatment modalities but they share an understanding that behaviour is learnt, and therefore problematic behaviours can be changed through new learning experiences.

As a treating therapist, the author had applied both cognitive and behavioural approaches to treating problem gambling and other mental health conditions. In practice, they tended to opt for either treatment or a combination of both based on clients' previous experiences and inclinations at assessment. A recent randomised-control trial indicated that both cognitive and behavioural treatment modalities are effective, with no significant difference in treatment outcome established (Smith et al., 2015a). This confirms that either treatment method could have been favoured for use in the pilot in terms of treatment's effectiveness.

By adopting a single treatment mode, the author believed it would simplify the process for the pilot. Representatives from the Vietnamese Australian were best placed to decide which approach may be more suited to members of their community. The author invited the Managing Director (MD) to sit in on the delivery of behavioural therapy by a SGTS therapist working with mainstream clients, observing assessment, treatment and follow-up sessions. The MD was able to compare this with their own experiences adapting and delivering the cognitive program for amphetamine users' trial. The MD came to view a behavioural approach more favourably. In particular, the MD and other members of the reference group were attracted to the task-oriented nature of behavioural therapy, believing this to possibly more suited to Vietnamese Australians than a cognitive approach. Thus, it was decided that the pilot would adhere to a behavioural approach to treating problem gambling.

Personnel

The pilot team consisted of the author, a leading clinician, a trainee therapist and two Gambling Support Workers, the latter three were all of Vietnamese background and competent in both English and Vietnamese language. For most of the trial the Vietnamese-speaking trainee provided therapy to gambling clients who were not of Vietnamese background. This allowed the trainee to develop and hone their skills away from the guise of the community, in addition to gaining the necessary treatment experience working with people experiencing problem gambling to provide valuable input to treatment design during the pilot phase. The two support workers had strong links with community and therefore took primary responsibility for recruiting participants and facilitating them to attend treatment. The support workers routinely sat in on treatment sessions conducted by the author, providing language assistance and cultural feedback throughout the session. By the end of the pilot, the intention was that the Vietnamese-speaking therapist would have completed their qualifications and would be in the position to transfer their skills to their own community. This would equip CAASSA to conduct a treatment program for Vietnamese Australians experiencing problem gambling independent of mainstream service providers.

Treatment modality

The selected treatment modality was Graded Exposure, with Response Prevention (hereinafter referred to as GERP). GERP involves calibrating a hierarchy of cues, which would normally serve to trigger an urge to gamble. Examples of relevant tasks are dealing cards, listening to sounds recorded in a gaming venue or sitting outside a gaming venue. Clients are instructed to confront each cue, taking note of how their body and mind responds without trying to relax or suppress their urge to gamble. Cues are presented in order of increasing difficulty, with clients repeating each individual task until exposure to the cue no longer stimulates an urge to gamble.



Figure 4.2: Actor practising exposure therapy independently in home setting (Source: Statewide Gambling Therapy Service)

In the author's experience of working with people with problem gambling, the loss of control associated with problem gambling can be as perplexing to the person who gambles as it is to others around them. People who have lost control over their gambling can experience very strong urges to play and find it difficult to contain their behaviour (Reith & Dobbie, 2012; Smith et al., 2015b), as might someone who is struggling with alcohol or substance dependence. Although behavioural addictions, such as problem gambling, can be partially explained through physiological dependence, this understanding is generally not understood outside of medical circles. GERP aims to reduce the level of physiological arousal in response to gambling cues, as a means for allowing the person to regain control. The VGHS spoke of the intractability of problem gambling in a portion of clients, who failed to respond to their interventions. GERP provided an alternative approach, with the team open to trialling the use of therapy in these cases.

Treatment adaptations

Variations to standard protocols were employed at screening, assessment and during treatment, with the view of better supporting the cultural needs of Vietnamese Australian clients. To promote client engagement a brief screening tool was applied initially, as opposed to a full-scale

assessment. The intention was to ease client introduction to therapy and allow them time to familiarise themselves with the treatment rationale and approach.

At screening, clients were provided with the DVD that outlined the nature of therapy and their involvement. This gave them something to take away from session, reinforcing verbal explanations offered by their clinician. In CAASSA's experience, Vietnamese clients tended to present only when in crisis and seek brief and rapid responses to their problems. It would therefore be a challenge to adjust client's expectations and to promote commitment to attend the service for a period of longer duration. At the time SGTS advocated for 10-12 treatment sessions, with an expectation that Vietnamese Australian clients would require a similar amount of clinical input to reach the same outcomes.

Modifications were also made to the assessment tools and processes, with questions pertaining to luck and gambling added. It was anticipated that the Vietnamese Gambling Support Workers would play an active role in supporting clients to attend sessions and be present in treatment sessions, to provide language and cultural support. They would also provide case management to clients while they are attending therapy, to help resolve the problems associated with gambling. To help maximise recruitment for the study, treatment was also available via outreach, including visits to prisons.

Outcomes

During the pilot phase, a total of 33 Vietnamese Australians registered with SGTS and/or the VGHS, requesting help with problem gambling. The team's efforts to promote the program to community resulted in an increased number of Vietnamese Australians seeking help, but not solely for the pilot program. Twenty-two ($n = 22$, 67%) attended the culturally adapted program, with the remaining eleven attending the mainstream SGTS service, without support from the VGHS team. The upsurge in Vietnamese Australian clientele provided an unexpected but valued opportunity to contrast the effectiveness of the adaptations being made to suit Vietnamese Australians with problem gambling.

Although not formally structured per se, the pilot operated on a participatory action cycles, with new learnings influencing the way in which the clinicians practised. At the completion of the pilot, a case-note audit was conducted to examine aspects of treatment, the use of motivational factors, and application of cross-cultural practice, between those completing treatment and those prematurely withdrawing from treatment. Three key differences determining treatment outcome were identified, and with the author referring to these in turn, with respect to her own practice.

Engagement in treatment

A major motivation for anyone seeking gambling treatment is to regain personal control over gambling, regardless of whether their goal is to reduce or stop gambling altogether. The program evaluation revealed that not all clients were easily convinced that GERP would be effective in countering their urge to gamble. This is likely to be due to a reliance on *confronting* the urge to gamble rather than trying to *contain* the urge. Prior to seeking professional help, Lubman et al. (2013b) found that most people experiencing problem gambling will try to control their urge to gamble through the use of avoidance strategies. On-line forums in Australia for people experiencing problems with gambling identified that common strategies involve the purposeful avoidance of gaming venues and reminders of gambling, including the use of self-exclusion strategies (Lubman et al., 2013). People will also avoid having ready access to cash, at times relying on 'trusted others' to help manage their money and thus, also control their gambling (Lubman et al., 2013). The author found that the Vietnamese Australian clients presenting to the service were no different to their Australian counterparts, meaning that they had used avoidance strategies to reduce their gambling and had generally failed to achieve their desired outcome. This was true regardless of whether their desired outcome was controlled gambling or complete abstinence. The author presented GERP as an alternative way of regaining control over gambling behaviour.

Throughout the pilot, the author found that Vietnamese Australian clients found exposure therapy challenging. GERP involves presenting clients with cues purposefully triggering their urge to gamble. When presented with a cue, the client is invited to focus on their response to the cue, that is, to examine and monitor how their mind and body respond to the cue and avoid any thoughts that may distract them from the task at hand. They are instructed to maintain that focus until the urge has reduced significantly. An example of a gambling client's homework sheet is presented in Figure 5.3. In this case, one of the clients treated by the author had repeated the task of viewing a DVD simulating their preferred gambling type, i.e., blackjack. The sheet indicates that the client repeated the task several times per day, even persisting with the task when it is no longer generating any significant urge. The first column records the day, with this column indicating that the client practised the task twice daily. The scores in the first column indicate the level at which their urge peaked during the exercise, which commenced at 4/8 and eventually reduced to 0/8 with practice. The next column records any residual urge at completion of the task. The final column indicates the number of minutes spent on each task in minutes.

DAY DVD Blackjack	URGE (0-8) Cảm nhận/nghi về mức độ thích	1 (Thu, 3 p/h 14/10/2016) Thời gian bao nhiêu và mức độ giữ	35 của em (14/10/2016)	TIME TAKEN (min.) phút
1 - 10-2000	4	3	-	40
1 -	4	3	-	30
2 -	3	2	-	45
2 -	3	2	-	25
3	3	2	-	30
3	2	1	-	40
4	2	1	-	35
4	1	0	-	30
4	1	1	-	40
5	1	0	-	30
5	1	0	-	25
6	1	0	-	35
6	1	0	-	45
7	0	0	-	30
7	0	0	-	20
8	0	0	-	35
8	0	0	-	30
9	0	0	-	30

Figure 4.3 Sample homework sheet (Source Statewide Gambling Therapy Service).

At the start of treatment, the therapist and client establish a hierarchy of gambling cues relevant to the client's type of gambling and situation, with cues graded according to their anticipated level of stimulation. The initial task is usually based on a cue which generates a moderate urge to gamble, with that task introduced in session with the request for the client to repeat the same task at least four more times in the next week. Through repeating the task at close intervals, it has been found that the person becomes less responsive to the cue, and it takes less time for their urge to gamble to dissipate. This process is referred to as *habituation* and is based on the application of cue exposure to treat anxiety disorders (Benito & Walther, 2015). In this case, the client not only repeated the task twice daily, but continued to repeat the task, even when it was no longer stimulating any urge to gamble and sat with the task for lengthy periods. Discussions with the client revealed that they viewed the exposure treatment as a type of 'punishment', something they forced themselves to do, out of the guilt they felt for their past gambling. That might explain why the client

was committed to repeating the task daily and persisted with each task beyond the time required for the urge to dissipate.

The Vietnamese Australian clients the author worked with were distinctly uncomfortable when presented with cues, and the concept of 'riding out an urge' was counter-intuitive to them. With persistence, the author was able to convince some clients to engage in cue exposure tasks. However, more than any other group the author had worked with, Vietnamese Australian clients demonstrated a strong compulsion to suppress the urge, even when instructed otherwise. For clients particularly wary of completing tasks outside of session, the author would invite them to attend the clinic for longer durations to allow them to complete tasks with support available. This involved placing clients in a neighbouring space where they could complete their tasks uninterrupted, but request support if required. Evaluation of the pilot indicated that, where the therapist had taken more time and care i.e., with explaining the treatment, inviting and answering questions addressing reservations, the clients were more likely to remain engaged in the treatment.

For any person with problem gambling there is a concern that undertaking exposure treatment will elicit their urge to gamble, resulting in lapses. To facilitate people's participation in the treatment, clients are advised to restrict ready access to cash in the early stages of therapy, with independent money management re-introduced once the person is no longer reactive to gambling cues. The purpose of this practice is to prevent lapses during the treatment period, avoiding any reinforcement of the urge to gamble. Convincing any person to restrict their access to cash can be difficult. Apart from the loss of independence, clients may have already attempted to control their gambling in this way, without success. The following examples from Lubman et al. (2013) provide some insight into how anyone experiencing problem gambling could view the advice to restrict access to money:

I agree that it may work for some of you to give family members exclusive access to your finances until you're through with this problem and having an allowance in the meantime. It is another way of removing an 'access' point. However, I tried this and it didn't work for me as I felt like I was missing a 'part' of me, having to explain to my parents why I needed a bigger allowance at times (e.g. to fill up petrol, etc.), in other words it made me lose some confidence in myself and feel like a kid again, needing to explain myself for everything and need to persuade my family members in to believing me before they agree to give me the pay rise. At times, my dad would also come with me to fill up petrol to make sure that the money went on petrol and nothing else. It made me feel like no one trusted me and I began to distance myself thereafter for a few weeks but once I reclaimed control of my finances, everything went back to the way it was (Lubman et al., 2012, p. 167)

I've tried to limit myself to a set amount of money each week but I always exceed that limit. I know that stopping is my only option now before I ruin my life
(Lubman et al., 2012, p. 162)

The author experienced great difficulty in getting Vietnamese Australian clients to adopt cash-restriction strategies, as many operated very much within a cash economy. Those employed in restaurants and market gardens were paid in cash; many of the smaller shops and cafes in the Vietnamese enclave preferred cash payments, or clients who were not highly literate or competent in English seemed to find it easier to operate in cash. The author found that clients who had accrued a high level of debt with official lenders were reluctant to keep money in bank accounts, where lenders would have access to their funds. Other clients had debts with family members or through *chơi hụi*⁸, where repayments could only be made in cash. Evaluation of all cases in the pilot phase with Vietnamese Australian clients indicated that, where therapists insisted on their client implementing cash-restriction strategies before being able to proceed further in treatment resulted in premature withdrawal.

Aware of the difficulties that cash restriction placed on their clients, the author adjusted their approach to focus more on planning for occasions when my clients were more likely to receive larger sums of cash, times that are usually associated with more powerful urges to gamble among those experiencing problem gambling. The most common strategies were to involve significant others in personal management of money, restricting ready access to large sums, or to develop plans to disperse funds as quickly as possible whenever they received their income. This might mean using a portion of their income to pay off debts or buy up on food or other necessary purchases. Without money, most people with problem gambling experience significantly less urge to gamble, and the author found that once money was delegated for the current pay period, the participants engaged effectively in the cue exposure tasks during the rest of the pay period.

Use of adjunctive supports

The author's typical practice was to offer clients assistance across a broad range of issues at treatment initiation, such that there was a broader focus beyond gambling. Common issues were homelessness, medical and legal problems. The rationale for extending beyond standard practice was to help engage people in the treatment process, but it also served to reduce stress levels, leading to a reduction of problem gambling risk. It is anticipated that a less stressed client exhibits

⁸ *Chơi hụi* are unofficial lending bodies which operate within the Vietnamese community that provide access to loans outside of family groups. Vietnamese Australians may opt to use this form of lending ahead of the formal banking system.

less compulsion to use gambling as a dysfunctional coping strategy and so avoids further reinforcement of their gambling behaviour while attending treatment.

Surprisingly, this more comprehensive support approach proved to be inconsistent: effective in some cases, but not so effective in others. Evaluation of the pilot study revealed that the provision of extra support helped reduce premature withdrawal from the treatment process, providing alternative reasons for the client to maintain attendance at sessions. For example, one client who the author treated worked extremely long hours in market gardens to pay off debts. Although the author managed to partially complete the treatment regime and achieve positive outcomes in terms of their gambling behaviour, it was probably more the support provided with establishing and monitoring debt repayment plans that helped maintain regular attendance at sessions. Language was often a significant barrier to clients being able to resolve financial issues with official lending bodies, and as the Vietnamese support workers attended the sessions with the client, with part of the session time used for phoning and representing clients. A few people treated by the author were incarcerated or facing serious charges for offences related to their gambling behaviour. The service was able to advocate on behalf of clients, preparing court reports and liaising with lawyers. Clients still waiting to be sentenced were highly motivated to engage in and progress through treatment, with treatment outcomes summarised ahead of hearings.

On reflection, being able to attend to practical matters helped the author connect with clients; it was easier to demonstrate compassion and understanding of the client's circumstances. Presenting as a 'caring' person is regarded as an all-important feature in building rapport with Vietnamese Australian clients (Nguyen & Bowles, 1998). The author also felt that the provision of additional support helped clients feel less overwhelmed, granting them more capacity to focus and engage in treatment. However, in some cases the author was not able to progress clients onto treatment, with sessions consumed by the provision of practical assistance or advocacy. This can occur in the treatment of people presenting with complex needs, as the needs are extensive and so subsuming. However, the author believed this was more an avoidance behaviour on behalf of the clients that the author was responsible for treating. Some clients were not convinced that the treatment would be effective and were worried by the confrontational nature of the treatment.

Other services within Australia have noted the tendency for Vietnamese Australians to request practical assistance first, only later divulging a gambling problem (Chui, 2008; Ohtsuka & Ohtsuka, 2010; Zysk, 2003). One client in the pilot made three points of contact before revealing that they had a problem with gambling. The author's decision to offer them support with housing advocacy provided the opportunity for the author to make sensitive enquiries about their gambling

behaviour at each meeting, with the client finally 'breaking down', tearfully recounting their history of gambling and the impact on their life. Combining practical support with treatment seems an obvious connection point and allowed the author to demonstrate the collaborative working relationship between the Vietnamese worker and the clinician, as they would often share these tasks. The risk of clinicians becoming overly involved in supporting clients outside of therapy role may be considered an acceptable risk when devising treatment programs for vulnerable, hard-to-reach communities.

Application of Motivational Interviewing

The provision of therapy and counselling was unfamiliar to most of the Vietnamese people accessing the service; as might be anticipated, most clients initially resisted the treatment. By employing strategies to build better rapport, the author was able to persuade clients to participate more fully in the treatment. Further, audit of the pilot program client case-notes revealed noteworthy differences in the approach adopted by the therapists affecting treatment engagement and retention.

Therapist entries about resistance were evident in some case notes, and further exploration highlighted cultural nuances effecting engagement. Some clients were invited to express their reservations with cue exposure treatment, with the therapist responding to their concerns. This approach allowed the therapist the opportunity to provide reassurance to any objections. Alternatively, where the client did not comply with treatment and/or care was not taken to address client's misgivings, typically clients prematurely withdrew from treatment.

Those experiencing problem gambling characteristically present with a complex range of thoughts and emotions, ranging from self-ridicule and regret through to excitement and hope when exposed to gambling cues. Some of the Vietnamese Australian clients to whom the author was assigned only responded with shame and guilt in response to cues, and they exhibited no desire to gamble. Without evoking desire to gamble, it could be argued that proceeding with cue exposure therapy was unwarranted. Yet interestingly, some of the author's clients still elected to proceed with therapy. One of these clients had recently been released after serving a prison sentence for many years. When the author first met with them the client was highly distressed, crying for most of the first two sessions, and the author was only able to acquire basic information of the client's background and current circumstances. Further, the client was unable to speak English, and had not received any counselling support for their entire prison sentence. Once the client was able to engage more effectively in conversation through an interpreter, they demonstrated interest in undertaking graded cue exposure therapy. On presenting them with an initial gambling cue, they subsequently

responded in great anguish. Enquiries revealed a deep sense of guilt related to the perceived impact gambling had had on her children; the cue served as a reminder of their failings as a parent. The client indicated that the cue did not trigger any desire for them to gamble, however they insisted on proceeding through the tasks, with each cue stimulating thoughts about the negative consequences of their gambling behaviour. Similarly, another client treated by the author found that the cues generated images of their son, who they had not seen in years. Their absence as a parent resulted from their gambling; they used the cues to confront the feelings of guilt they harboured over not being present as a parent while their child was growing up. In these cases, the cue exposure tasks appeared to provide cathartic benefit, with participants being able to expel deep and upsetting thoughts and emotions stimulated by the cues. Furthermore, it appeared to function as form of self-retribution: participants forcing themselves to submit to the tasks. This was not a behaviour the author had previously witnessed among the clients they had treated for problem gambling, suggesting that it was a culturally specific behaviour.

Evaluation of the pilot program had revealed that time and flexibility were critical factors in building an effective therapeutic partnership, and hence engagement in treatment. Duration of treatment sessions was recorded consistently in the gambling treatment program, and it appeared that allowing more time in session was important, as was being prepared to extend the duration of treatment. Extra time in sessions allowed more time for two-way discussions to occur, helping familiarise Vietnamese Australian clients with the mode of therapy and to receive more intensive support with completing exposure tasks under the guidance of the therapist. As stated earlier, the author would allow participants to complete tasks in session, either in their own room or in a neighbouring space. One of the author's clients refused to complete tasks outside of the office for fear of relapse. Without any protective cash restrictions measures in place, this seemed an acceptable course of action. However, the client was working two jobs to pay off gambling debts, limiting the time they had available and their ability to repeat tasks, as required with this type of treatment. While they reported no gambling at the time of discharge, the author was unable to follow them up over the longer term and so outcomes were unknown.

Conclusion

The author's role in the pilot program was essential. Not only did it stimulate their initial interest in understanding gambling among Vietnamese Australians but was also crucial in enabling them to conduct this current study. Through their experiences with the pilot program the author gained an appreciation of various aspects of Vietnamese Australian culture and developed a curiosity into other cultural idiosyncrasies. For example, individuals simultaneously demonstrated

opposing human qualities: compassion with judgement, submissiveness with assertiveness, acceptance with stridence. There is no doubt that, universally, all people can present with opposing and conflicting qualities, nonetheless the dichotomous yet harmonious blending of opposing forces within the Vietnamese character, was novel in the author's eyes. It stimulated a passion to understand more about Vietnamese culture, and how it influenced people's ability to seek help.

As stated earlier there are benefits from being an insider or an outside in the research space. The author developed the opinion that the private and reserved nature of Vietnamese people would have prevented them from being able to research the topic of gambling among Vietnamese Australians if they hadn't developed cultural contacts. The author also felt grateful for the experience of holding therapeutic discussions regarding gambling with Vietnamese Australians, as it helped hone their interviewing skills, enabling disclosure by a population who are generally reticent to share personal stories and experiences. Indeed, Finlay (2011, p. 7) argued that the skills involved in therapy are transferable to the research domain, arguing that:

Both therapy and phenomenological research involve a journey of evolving self-other understanding and growth. They involve similar skills, values and interests, like interviewing skills; critical, reflexive intuitive interpretation; inferential thinking; bodily awareness; and a capacity for warmth, openness and empathy; these are all qualities that are needed in both therapy practice and qualitative research.

Over the course of the pilot the author grew more confident to talk to Vietnamese Australians about their gambling and the impact it has had on their lives, self-discovering new ways to show compassion and understanding. Many of the clients that the author saw had been part of the mass exodus of Vietnamese who came to Australia as refugees, with almost all of them having endured extreme hardship growing up in Vietnam and hazardous journeys to Australia. It would have been easy for the author to make a direct association between problem gambling and the traumatic experiences of their clients, but these stories are far from exclusive to people who gamble and are shared by many of the people who came from Vietnam during this era. This made the author curious to capture the stories of people experiencing problem gambling, but to also delve deeper to develop an understanding of how the community views people who are experiencing problem gambling. In the next chapter the author explores Vietnamese Australians' attitudes towards gambling via a series of focus groups.

CHAPTER 5 METHODOLOGY AND METHODS

It is evident from the literature review that little is known about Vietnamese Australians' experiences of gambling, whether experienced directly or indirectly. Unfamiliarity inspires phenomenological research, in this case making it possible to achieve an understanding of the phenomenon of gambling, as it occurs within the Vietnamese Australian cultural context. Phenomenology involves researchers conducting open-ended inquiries of people's first-hand experiences of events and promotes the sharing of experiential narratives that raise self-awareness and consciousness of the meanings of experiences. Although the school of phenomenology has undergone major transformations, it remains true to its core, seeking to facilitate people by:

Finding a means by which someone might come to accurately know their own experiences of a given phenomenon, and would do so with a depth and rigour which might allow them to identify the essential qualities of that experience (Smith et al., 2009, p. 12).

The qualitative research approach adopted was a structure based on Interpretative Phenomenological Analysis (IPA). This methodology was initially developed for psychological studies, often involving an in-depth exploration of a small number of cases (Smith et al., 2009). This befits this study, given the likelihood that only a small number of Vietnamese Australians would participate in research that involves a high level of disclosure, as is the case with problem gambling. The author's clinical experience treating Vietnamese Australians who've experienced problems with gambling, and their connections with the Vietnamese community, presented a rare opportunity to conduct a study of this kind.

Aims and objectives

The author's initial intention was to examine the factors that inhibit or facilitate help seeking behaviour among Vietnamese Australians experiencing problem with gambling, with an in depth investigation into salient features of effective of treatment interventions for Vietnamese Australians with Gambling Disorder (First, 2022). This interest grew from the author's direct experience of developing and piloting a gambling treatment program for Vietnamese Australians (Bertossa, 2022). However, the literature review revealed the paucity of research into culturally specific understandings of gambling within cultural groups, calling for a much broader exploratory approach in view of limited established knowledge pertaining to Vietnamese Australians and their experiences with gambling. The main aim was to develop greater insight and understanding in response to the

central research question: *What does it mean to be a Vietnamese Australian who is experiencing a problem with gambling?*

The study's objectives were revised to reflect this change in focus, and are:

1. to develop an understanding of the social, environmental and cultural context of gambling and problem gambling within Vietnamese Australian culture.
2. to describe and make meaning of Vietnamese Australians' experiences of gambling.
3. to identify cultural-specific factors that may inhibit or facilitate help seeking behaviour based on the lived experiences of Vietnamese Australians who've experienced problems with gambling.

The expanded scope of this study allowed the author to gain a deeper knowledge of the world in which a Vietnamese Australian person who gambles exists. This revision occurred organically as the author encountered a broader range of perspectives on gambling from Vietnamese Australians during the planning stage, than those confined to those the author interacted with as clients during the pilot treatment program.

Methodology

The historical and theoretical foundations of IPA were initially described in Smith (Smith, 1996) and further advanced in Smith, Flowers and Larkin (Smith et al., 2009). As the title suggests, this methodology is focused on examining the lived experiences of participants as per the phenomenological tradition, while also relying on interpretations emanating from researcher-participant discourse and interactions. The research approach has been informed by key thinkers of phenomenology, Husserl, Heidegger, Merleau-Ponty and van Manen; their influence is alluded to and evident throughout this chapter. The key components of IPA research are *phenomenology*, *hermeneutics* and *idiography*, which are explained in turn within the context of this study.

Phenomenology

Husserl, who is acknowledged as one of the early key figures of phenomenology (Smith et al., 2009), advocated that phenomenological research required participants to become more conscious of their experiences. Husserl argued that people tended to take many aspects of lived experiences for granted, referring to this as their *natural attitude*. In place of this, participants and researchers need to be encouraged to be more aware of the meaning of objects and/or events through a process of self-reflection, an approach now commonly regarded as adopting a *phenomenological attitude*.

This requires a reflexive move, as we turn our gaze from, for example, objects in the world and direct it inwards, towards our perception of those objects (Smith et al., 2009, p. 12)

Someone who gambles on a regular basis, without enduring any great losses or attracting criticism from others, may barely stop and reflect on the meaning that participating in gambling has for them. Even someone who is gambling heavily may operate on 'automatic pilot' most of the time, surrounded by others who are doing the same, or following what have become habitual patterns of behaviour. As part of this study, the author interviewed people who had been clients of gambling treatment services. Their involvement in treatment-focussed therapeutic discussions was likely to have stimulated self-reflections in relation to their gambling behaviour, in contrast to those who gamble and have never sought help. Importantly, the reflections pursued in therapy are distinctly different from those in keeping with phenomenological modes of enquiry. Phenomenology does not attempt to categorise or explain behaviour as usually occurs in a therapeutic setting but instead raises consciousness and self-awareness of events as a means of getting to the very essence of those events (Finlay, 2011). Husserl believed that this could be achieved through the application of two somewhat enigmatic processes, namely, *epoche* and *eidetic reduction* (Smith et al., 2009). These processes involve suspending what they referred to as the 'natural attitude' towards events, accessing the "primordials of life as it is lived and experienced from moment to moment" (van Manen, 2016, p. 61). Husserl explained natural attitude as being an everyday, ordinary account of things around us, as if things simply are and can be understood through our immediate experiences of them. Suspending natural attitude, the participant is able to renew contact with a previous experience (van Manen, 1990), eradicating and overlooking assumptions through a series of reductions to arrive at the original sources of people's experiences. As Smith et al. (2009, p. 14) explains:

Each reduction offers a different lens or prism, a different way of thinking and reasoning about the phenomenon at hand. Together, the sequence of reductions is intended to lead the enquirer away from the distraction and misdirection of their own assumptions and preoccupations, and back towards the essence of their experiences of a given phenomenon.

Within this school of thinking, it is recognised that it is impossible for a researcher to set aside all assumptions and preoccupations (Bevan, 2014; Smith et al., 2009). Instead, it is argued that researchers should be aware of their preconceptions and self-beliefs, and these need to be made transparent throughout the research process. The researcher is an inclusive part of the world they are describing and making inferences about (Larkin et al., 2006). In this case, the author's background is as a clinician treating people with GD using Cognitive Behaviour Therapy (CBT). With

this comes a personal belief that Vietnamese Australians who are experiencing problem gambling would benefit from this type of therapy. This view is based on witnessing positive outcomes of people who sought gambling treatment. This is an example of the *principle of universality* being applied to people's behaviour, in this case, to their gambling behaviour. Another therapist who had experienced less than favourable outcomes treating a similar cohort may instead believe that CBT is not a culturally appropriate intervention to use with Vietnamese Australians. Thus, it was understood how the researcher's viewpoint can influence the direction research takes in subtle ways, whether it be in the pursuit of interviews, the choice of participants or inferences about data.

A further crucial part of IPA is the concept of the 'double-hermeneutic' (Smith et al., 2009). This refers to the dual interpretative process at play in researcher-participant exchanges. At one level, the participant is trying to make sense of their experiences. Participants interact with the researcher, establishing mutual understandings of the meanings of their experiences. Flood (2010) describes this interplay as 'co-institutionality', whereby the meanings derived from the research are a blend of both the participants and researchers. Unlike research conducted founded using the positivist paradigm where the maintenance of researcher objectivity is seen as paramount, IPA encourages the researcher to develop close and prolonged relationships with those involved in the research and, through the transactional nature of exchanges with participants, unlock new knowledge and fresh insights. The author's previous experience as a therapist treating Vietnamese Australian clients with gambling problems does not preclude them from undertaking the study; instead, this prior experience can be seen as further enhancing the quality of the perspectives gained via the research process. Designed for psychological studies, IPA has helped treating psychologists regard their therapist experience as a positive rather than an undermining adjunct to the study. As stated by Finlay and Evans (2009, p. 7):

Both therapy and phenomenological research involve a journey of evolving self-other understanding and growth. They involve similar skills, values and interests, like interviewing skills, critical, reflexive intuitive interpretation; inferential thinking; bodily awareness; and a capacity for warmth, openness and empathy: these are all qualities needed in both therapy practice and qualitative research.

Not only is subjectivity accepted in participants as a means of arriving at new truths, but perspectives of the researcher are also acknowledged. Points of difference between the researcher and participant perspectives are valued in helping to reveal the meaning of events. Adopting a phenomenological attitude is the key here. The focus of the study, though, needs to be on participants' recounts and understandings of their experiences, with the researcher always consciously working in a secondary capacity, maintaining a degree of detachment from the

information being shared by participants (Finlay, 2011). Therefore, in using IPA it is incumbent on the researcher to disclose their values and biases, acknowledging simultaneously that the information imparted by the participants is also value laden. This logically influences the information participants choose to share and their portrayal of events.

Hermeneutics

The IPA approach also takes guidance from those following Husserl, with Heidegger, Merleau-Ponty and van-Manen being most influential in relation to this study. Heidegger was instrumental in introducing 'hermeneutics' i.e., the theory and practice of interpretation, to the field of phenomenological research. In so doing they were questioning the purity of knowledge as espoused by Husserl and arguing that it was not possible for any knowledge to exist outside of an interpretative stance (Dowling, 2005; Smith et al., 2009). Interpretation is of key importance in the analytical phase of applying IPA, with Heidegger stressing the importance of going beyond description of data, to a higher (meta) level of analysis, to reach the *true meaning* of participants' experiences. The practice of interpretative analysis is not regarded as a static process; researchers are expected to form and reform propositions throughout the course of the study, and this is how knowledge is believed to be advanced (Tuohy et al., 2013).

IPA applies a constructivist/interpretivist research paradigm, which assumes that multiple versions of reality exist, with each version of reality being based on people's own interpretations of events (Smith et al., 2009). The phenomenon of gambling has attracted an industry endorsed definition as "an entertainment based on staking money on uncertain events driven by chance" (Productivity Commission, 2010, p1.4), however, it takes little imagination to propose equally justified understandings of gambling phenomena, made even richer by the myriad of possible standpoints. For one person who engages in gambling, the concept of *gambling* might be of *fun* and *excitement*, to another it may be *sorrow* and *regret*. Significant others of people who engage in gambling might attach very different meanings to gambling phenomena, ranging from positive attributions, such as *time out*, to less salubrious viewpoints /perspectives, such as *distrust* or *destitution*. Broadening the definitional landscape would only lead to proliferation of possible meanings, each valid within its own context.

Heidegger also argues that phenomena occur within "the lived world – the world of things, people, relationships and language" (Smith et al., 2009, p. 16). This understanding is consistent with a social constructivist perspective, in which:

People categorise the world the way they do because they have participated in social practices, institutions and other forms of symbolic action that presuppose or in some way make salient those categorisations Miller (1991, p. 156).

Miller adds that people who are equally rational, competent, and informed observers are free to constitute different realities, but the categorisation used is “in some sense, tradition bound, and thus transmitted, communicated and ‘passed on’ through symbolic action” (Miller, 1991, p. 156). Bourne (1991) concurs with this viewpoint, stating that “knowledge, at its limits, is without foundation; what is of importance is a matter of consensus; social ‘facts’ are created, not discovered” (Bourne, 1991, p. 126).

Consistent with a social constructivist framework, this study took steps to develop an understanding of the social, environmental and cultural aspects of gambling within Vietnamese Australian society. This was undertaken through the review of literature, culture specific media and the use of focus groups conducted with community members. These focus groups served as a microcosm of Vietnamese Australian society, allowing the opportunity for the author to witness firsthand publicly held opinions of gambling among Vietnamese Australians. The goal of an outsider is to experience the cultural context under exploration, to unearth enough detail of people’s experiences, so that the “ideas and conduct of others make sense *given* the context.” (Bourne, 1991, p. 119). Indeed, by the end of this study, the premises, presuppositions and standards of the Vietnamese Australian community in relation to the phenomenon of gambling became evident.

Heidegger’s concept of *Dasein* ‘being there’ was consistent with this study’s objectives, in that a person’s lived experiences occur at a particular point in history, at a particular time in their life and within a social, cultural, political, and economic context. Hence the person is always and indelibly a *person-in-context*.

In short, we are a fundamental part of a meaningful world (and hence we can only be properly understood as a function of our various involvements with that world), and the meaningful world is also a fundamental part of us (such that it can only be properly disclosed and understood as a function of our involvements with it. This fundamental rejection of the Cartesian divide between subject and object is captured by Heidegger’s characterisation of human-being in terms of Dasein. Dasein means “there being” (or “being there”), by which he implies that our very nature is to be there – always somewhere, always located and always amidst and involved with some kind of meaningful context (Larkin et al., 2006, p.106)

The philosopher Merleau-Ponty strengthens the relational concepts expressed by Heidegger through their emphasis on the intertwining of our body and its world, stating “to be born is both to be born of the world and to be born in the world” (Merleau-Ponty, 1945/1962, p. 453). Merleau-

Ponty (1945/1962) argued that we have an embodied sense of self, in relation to others and through a shared consciousness with others. Van Manen (1990) identified four existential themes to highlight the fundamental structures of human existence, otherwise known as *lifeworld*. These are, *lived space* (spatiality), *lived time* (temporality), *lived body* (corporeality) and *lived human relations* (relationality or communality). An examination of the literature pertaining to Vietnamese culture suggested possible avenues of exploration in relation to van Manen's core constructs. These constructs were found to be applicable and were subsequently used to categorise research findings during the analytical phase of this study.

Idiography

A central component of the IPA approach is that it is principally idiographic in nature (Smith et al., 2009), rather than nomothetic; this means that knowledge is gained through the detailed studies of individuals with less emphasis on the need to identify generalisations about the study cohort. This approach is in stark contrast to previous studies of Vietnamese Australians who gamble, where exchanges were mostly superficial. The author relied on the strength of already established relationships with clients and CAASSA to engage participants in more in-depth interviews. Besides the author's own pool of former clients, management and staff members at CAASSA played a key role in identifying people from within the Vietnamese Australian community who would be willing to speak about gambling. As all staff were familiar with the author and were motivated to see the study proceed, they were in the position to 'vouch' for the author — in effect, 'opening the door' for someone outside of their community to conduct research.

The value of 'insider' or 'outsider' status as a researcher is of relevance here and is a topic that has been debated in the field of cross cultural research (Irving et al., 2008; Mullings, 1999). An 'insider', that is, someone belonging to the cultural group under investigation, is seen as having the advantage of sharing cultural knowledge and language with participants. However, insiders can be viewed as being biased or too close to the culture to ask essential questions; in contrast, an 'outsider' is perceived as being more neutral in status, allowing participants to be more willing to share personal elements of their stories (Bishop, 2005). The researcher in this case is an outsider to the community but is also someone who has direct experience of treating Vietnamese Australian clients and has had a long term involvement with other CAASSA programs. The familiarity with culture necessary for conducting culturally competent research was achievable through prior cultural exposure, while the more neutral positioning of the researcher as an outsider was also retained; thus, a balance maintaining the benefits of both insider and outsider status was established.

Language and culture

The potential for miscommunication in qualitative research is significant, however, the risk of miscommunication is greater if the participant is not able to speak in their native tongue or if an interpreter is involved (Esposito, 2001). It is critical to research outcomes that the participant can speak and respond in the language within which they are well proficient, and that the researcher has sufficient knowledge of participants' culture and world such that valid interpretations of data collected was possible within the scope of this study. In this case, the researcher was not of Vietnamese background, nor could they speak Vietnamese language, relying heavily on the use of interpreters/translators. Nevertheless, the researcher had considerable experience speaking with Vietnamese Australians experiencing problem gambling as part of their clinical role and was familiar with these contexts and constraints. Experience in the use of interpreters was invaluable and considered critical to the success of the research. The author's clinical and therapeutic experience in treating Vietnamese Australian clients for problem gambling assisted with the recruitment of participants to the study and facilitated in depth discussions of the research topic. Without this clinical experience, the participant-researcher exchanges may have been more constrained, limited to politeness and mostly superficial discussions.

Cross cultural research does present challenges, particularly in qualitative research where language and meaning are essential to achieving accuracy. As evident in the following Methods section, several strategies were employed to help overcome possible shortcomings in the research process caused by language and cultural disparities between the researcher and participants.

Methods

Reference group

At study initiation, a reference group was established. This comprised a select group of six cross cultural health practitioners and/or researchers, all with experience of working with Vietnamese Australians or other like communities. Two of the six members are of Vietnamese background and had considerable knowledge of gambling and the provision of services to Vietnamese Australians. Both groups provided substantial feedback on the proposed research protocol and research process.

Participants

In defining suitable participants, the author's interest was to speak to three groups, with the analysis of data for each group completed before preceding to speak to the next group. Firstly, the author consulted via focus groups with Vietnamese Australians to access community attitudes towards

gambling. Secondly, the author interviewed Vietnamese Australians with direct experience of problem gambling, and thirdly, interviews were held with health practitioners who had an involvement in working with Vietnamese Australians. Convenience sampling was applied, with participants invited by the author or contacted by CAASSA Management or staff members to participate in this study.

CAASSA provides a broad range of health and welfare services, across all genders and age groups, to the Vietnamese Australian community based in Adelaide, the capital city of South Australia. Therefore, they were well positioned to play a key role in recruiting participants, explaining study details, and vouching both for the study and the author. This assistance from CAASSA staff was vital, particularly in view of the language and cultural barriers between the community and the author. Former gambling clients of the Statewide Gambling Therapy Service pilot program for the treatment of Vietnamese Australians with GD were also invited to participate., once again, first point of contact was usually with a CAASSA staff member.

All participants were of Vietnamese background; with most born in Vietnam. Additional efforts were made to recruit second generation Vietnamese Australians as well. Table X indicates the number and roles of participants engaged over the course of this study:

Ethics

Approval for the conduct of this study was granted by the Flinders Social and Behavioural Research Ethics Committee (SBREC6526). The research team advocated for participant information and consent forms to be produced in English only⁹, while assuring that bilingual speakers with fore knowledge of the study will be used to explain the content of forms to potential participants. This acknowledges that standard terminology contained in research documentation can be foreign to Vietnamese speakers. Furthermore, translated documents can become lengthy and cumbersome when terms and concepts are translated. This alternative approach is supported by other cross cultural researchers (Barata et al., 2006; Cortes et al., 2010). Participants were granted opportunity to discuss their potential participation in the study with family and significant others before consenting to their involvement.

⁹ See Appendices A to D for Participant Information Sheets and Consent Form

Table 5.1 – Number and roles of participants

Phase	Activity	Participants
1	Self-reflection	1 (author)
2	Three focus groups with community members	Group 1 – seven males Group 2 – six females Group 3 – 2 men, 5 women, aged between 18 and 30 years.
3	Ten semi-structured interviews with eight people who had direct experience of problem gambling	3 males ¹⁰ 5 females
4	Six semi-structured interviews with health practitioners	1 male, 5 females Consisted of 1 Vietnamese psychologist, 1 Addictions counsellor, 4 Gambling Counsellors All of Vietnamese background and working specifically with Vietnamese people
5	Post-reflection	1 (author)

Procedure*Interpreting and translation processes*

A Memorandum of Understanding was developed between CAASSA and Flinders University outlining the responsibilities of each party and the code of conduct. This was essential not only in terms of clearly identifying the purpose of the study, but also clarifying roles and expectations for either party throughout the research process. The author was aware that interpreting, transcription, and translation needs of this study would be overly burdensome on Vietnamese-speaking staff, and therefore sourced funds to cover this independently of CAASSA.

¹⁰ One of the male participants was interviewed on three occasions.

For this study, the role of the interpreter was extended beyond phrase-by-phrase interpretation; instead, the person acting in this role was encouraged to become more actively involved in to promote more accurate verbal and cultural interpretation of the information being shared. This practice is supported in cross-cultural qualitative research (Shimpuku & Norr, 2012; Williamson et al., 2011). Although the interpreter maintains a degree of independence and objectivity, they also become an adjunct-participant; therefore, their input and influence need to be accounted as part of data analysis.

Individuals participating in interviews were offered a choice of professional interpreter prior to the session to ensure that the person providing the service was acceptable to them. It was anticipated that some participants would show preference for an interpreter based on gender or may not be willing to participate if the interpreter is known to them, which is more likely to happen when researching smaller cultural groups. The person responsible for transcription and translation was independent of the interpreter as part of quality assurance of the transcript, and translation. Sections of Vietnamese text and its translation were presented adjacent to each other to demonstrate transparency.

Protecting participant confidentiality

The smallness of the community being investigated presented unique challenges in terms of protecting the confidentiality of individuals. Once data was collected the author endeavoured to remove identifying characteristics of the stories collected from the participants, as is standard practice in qualitative research. Subsequently the author applied pseudonyms as a means of further protecting the privacy of each participant. However, once data were gathered it became readily apparent that the use of pseudonyms or any other device that effectively collated the responses and attributed them to an individual may not be sufficient protection. Being a small community, with many of the participants recruited through CAASSA, there was the very real risk that a participant or someone known to them could still identify them. This dilemma has been identified by other researchers, particularly those working with small or unique communities (Kaiser, 2012), and given the potential stigmatisation associated with gambling, the sources of information shared with the author have not been assigned to an individual, and the minor details already made were retained as secondary form of protection.

Design

Phase 1: Self reflection

Consistent with IPA principles, this study commenced with an exploration of the author's perspective, reflecting openly on the experiences stimulated their curiosity, forged the relationships and connections necessary, and informed the author's preceding viewpoint, as covered in Chapter 4. As the study proceeded, as new information and stories were gathered, this would prompt the author to re-reflect on their prior experiences and meld them with new information. While acting as a clinician for the pilot gambling treatment program the author had maintained a personal journal, in which they had recorded interactions with Vietnamese Australian clients, meetings and discussions with colleagues. The purpose of the journal at the time was to help the author retain a more 'reflective stance' throughout the pilot, with feedback from clients and colleagues informing the approach and trajectory of the treatment program in real time. This journal was revisited several times during this study, reflecting on the experiences shared by former clients, in a new light.

The author's ability to self-reflect and remain open to the views of others had been critical to developing a culturally tailored program but now proved to be of benefit to conducting a cross-cultural study of this kind. Throughout this study, steps were taken by the author to examine and re-examine their own thoughts and perceptions, remaining alert to the influence of 'theory-ladenness' whereby "everything one observes or perceives is influenced by and interpreted through one's existing beliefs, values, assumptions and expectations" (Tan, 2016, p. 83). Philosopher Wittgenstein makes an important contribution to understanding how author bias and theory-ladenness can influence the outcome of research studies, through their concept of a *world-picture*. This concept refers to the totality of beliefs, values, assumptions and expectations shared with the community we belong to, affecting all our convictions and actions (Tan, 2016). The prior experience of the author as a therapist in the cross cultural space, being responsible for working with and listening to others who belong to other communities was essential grounding for this study. Wittgenstein believed that 'world-pictures' could be challenged but differentiated between beliefs that are held firm and those that are more open and dynamic, consistent with an interpretative hermeneutic approach (Honcharenko, 2019). The practice of the author to maintain a self-reflective stance and being willing to access the views of a broad spectrum of the community being studied upholds the integrity of this study.

Phase 2: Focus groups with community members

Focus groups are used extensively in consumer research but also in social and health research, as they offer an efficient means for reaching large groups of participants simultaneously. However, the nature of the topic being explored and the dynamics of the group, strongly influence the extent of information shared within the group. It was with some trepidation that the author approached the organising of focus groups for this study, having found that Vietnamese Australians are typically reserved in nature and disinclined to express personal opinions in front of others. Focus group participants were recruited on the understanding that they did not need to have direct experience of gambling to take part in the group. Originally, the author had wanted to separate participants according to their gambling status, that is, separating non-gamblers from people who were regularly engaging in gambling or had stopped gambling. The reference group advised that this would not be possible, as potential participants were unlikely to divulge this ahead of the group, or even during the group.

The groups were all held in the meeting room used by CAASSA based at the Vietnamese Council in Australia (SA Chapter Inc.) facility. The venue was considered convenient and familiar to most potential participants. Each focus group session lasted for around 60 minutes. As stated earlier, all discussions were audio-recorded, with the signed consent of participants prior to the commencement of each group. Participants were issued with gift card honorariums for \$50, acknowledging their contribution to the study.

The author was aware that there is a degree of shame associated with gambling among Vietnamese Australians, which was likely to impede the degree of disclosure. There was also the additional barrier of needing to work through an interpreter. Despite these challenges, the author recognised that focus groups had capacity to provide valuable insights into the collective views of Vietnamese Australians in relation to gambling. As one of the aims of the study was to develop an understanding of the social, environmental, and cultural context of gambling within Vietnamese Australian society, focus groups were conducive to accessing important data.

To promote more open and candid discussions in the focus groups, participants were allocated to groups based on gender, as recommended by the reference group, who believed that Vietnamese Australians were more likely to be open in their responses if separated by gender. A degree of homogeneity in a focus group is regarded as being helpful to discussions, as it is believed that people will be more comfortable to speak in the presence of others who share common experiences (Boateng, 2012; Rabiee, 2004). Their shared experiences can also benefit the flow of

discussion, triggering memories and feelings held in common (Khan et al., 1991). Rabiee (2004) states that although most researchers support the concept of homogeneity to promote discussion in focus groups, they might otherwise advocate that group members are unknown to each other to allow for a broader range of responses. Given the relatively small size of the Vietnamese Australian community and the plan for CAASSA, a single agency, to be involved in recruiting participants, forming a group unknown to each other was deemed too difficult. Given the circumstances of this project, it could be argued though that there was an advantage in meeting with participants who already knew each other, as there was an established sense of trust between participants, with participants exhibiting capacity to support each other in an unfamiliar setting.

The original intention was to hold two groups, but a third group was added to attract a younger, second-generation sample of Vietnamese Australians. The author moderated all sessions and used a male interpreter for the men's group and a female interpreter for the women's. Matching the gender of the interpreter was recommended by reference group, to support more candid discussions among group members. Participants in the third focus group were aged between 18 and 30 years, and their level of competence in English meant that no interpreter was required.

Focus group discussions were structured, with the intended areas of enquiry approved in advance by the reference group (refer to Appendix E for an outline of moderator guide and questions). The group discussions commenced with open questions about the types of gambling activity being witnessed in community and then progressed onto an exploration of attitudes towards gambling and how and when the community recognised gambling to be a problem. A written case study of a person with problem gambling was then presented to each group, with the men's group being assigned a case study depicting a story of a male and the women's group being assigned a female case study (refer to Appendices F-G). As the majority of the second generation focus group were female, the female case study was applied. Despite the age difference between the person depicted in the case study and the members of the youngest group, the story still appeared to resonate with the participants.

The case studies were presented in both Vietnamese and English and read aloud in Vietnamese by the interpreter. The reference group had overseen the development of both case studies, ensuring those applied would appear credible to community members. The group had suggested that using fictional case studies would help generate discussion about the personal impact of gambling, without group members feeling pressured to talk of any personal experiences of problem gambling. Initially drafted by the author, the Vietnamese members of the reference group recommended small changes to potentially evoke more sympathy towards the protagonist, stating

that unsympathetic stories were more likely to constrain discussion as participants default to the rigid behavioural codes upheld by the Vietnamese Australian community. In their study of qualitative interview methods for use with Asian immigrants, Suh et al. (2009, p. 196) reported a tendency for people of Asian background to present 'socially desirable' opinions in group settings, with "normative values and loyalty taking precedence over individual ideas, which served to reaffirm cultural discipline". After being presented with the case study, members of each group were asked to respond to a series of questions in relation to the case study for the purpose of exploring likely attitudes from peers, partner, family and the broader community towards a person who is experiencing problems with gambling.

An effective focus group acts as a 'microcosms' of community, making evident thoughts, attitudes and beliefs possessed by sub-groups within the Vietnamese Australian community about gambling. In their theory of symbolic interactionism, sociologist Herbert Blumer ascribed a key premise that "the *meaning* of things arises out of the social interaction one has with their fellows" (Blumer, 1969, p. 2). The focus groups provided an opportunity for the author to directly witness shared understandings held by different groups of Vietnamese Australians about gambling and its affect. The observations of group dynamics provided additional insight into the topic being researched, with the author able to learn more about the phenomenon of gambling by what was being said in the groups, but also by noting *what was not being said*. Symbolic interactionism provides a rationale for this, with Blumer (1969, pp. 4-5) stating:

"Symbolic interactionism does not regard meaning as emanating from the intrinsic makeup of the thing that has meaning, nor does it see meaning as arising through a coalescence of psychological elements in the person. Instead, it sees meaning as arising in the process of interaction between people. The meaning of a thing for the person grows out of the ways in which other persons act towards the person with regard to the thing. Their actions operate to define the thing for the person. Thus, symbolic interactionism sees meaning as social products, as creations that are formed in and through the defining activities of people as they interact. This point of view gives symbolic interactionism a very distinctive position".

The device of using an external story proved to be effective in generating discussion, particularly in the case of the men's group. The author was acutely aware of how being a woman might impede discussion with men. Although the author had previous experience of working with Vietnamese men in the pilot treatment study, they anticipated that working with men on an individual basis in the privacy of a clinical room would be a very different proposition to confronting men as a group. The author noted a greater fluidity to the discussions held with the women's group. The women presented as more forthcoming than their male counterparts, with the men seemingly

more protective of one another and the information they were willing to divulge to the author. This may be a characteristic of Vietnamese men in general, however, this impediment may have been further enhanced due to the author being a woman. The protective forces observed in the men's group was confirmed once the translated version of the transcript was received, where it was clear that even the male interpreter was caught up in this group dynamic and would use language that minimised or understated disclosures. Rabiee (2004, p. 656) highlighted that one of the distinct features of focus groups is the group dynamics, arguing that "the type and range of data generated through the social interaction of the group are often deeper and richer than those obtained from one-to-one interviews". The quality of the exchange between the author and all three focus groups was distinctly different, as were the dynamics within the group, all contributing towards building an understanding of the phenomenon being researched.

Towards the end of each group discussion, the groups were asked to identify what options were available to the characters in the case studies to resolve their situation or access assistance, formal or otherwise. The intent of these questions was to build a better understanding of how Vietnamese Australians would approach the issue of problem gambling, and what forms of help they would be inclined toward. This final prompt is consistent with the study's third objective which was to describe the conditions/circumstances that inhibit or facilitate help-seeking behaviour Vietnamese Australians who are experiencing problems with gambling.

Phase 3: Interviews of people with problem gambling

Vietnamese Australians known to have had direct experience of problem gambling¹¹ were approached and invited to participate in one-to-one interviews (refer to Appendix H for an interview guide). This would add to the information gathered on gambling in the Vietnamese Australian community gained through the focus groups, confirming, or providing fresh perspectives on the research topic. The application of more than one method, with different groups of community, helped to strengthen the findings of this study. Interviews were held at the offices of CAASSA or SGTS, as per the choice of the participant.

Similar to other studies that sought to interview people with direct experience of gambling from within the Vietnamese Australian community (Chui, 2008; Tran, 1999; Zysk, 2003), the author encountered barriers with locating willing participants. Initial attempts to reconnect with the author's former clients and invite them to take part in interviews presented an ethical issue, as it

¹¹ ¹¹ These participants were identified and deemed to meet the clinical threshold for 'problem gambling' by Statewide Gambling Therapy Service clinicians or the Vietnamese Gambling Help Service.

appeared that former clients felt a sense of obligation towards the author, and this was influencing their decision to take part in the study. Of the four people contacted, two became participants, with the author providing reassurance to the other two potential participants that they were not required to participate. This method of recruitment was not pursued further. Instead, the author relied on CAASSA staff and their connections with community to identify potential participants, successfully recruiting a further six participants, all of whom had personal experience of problem gambling. Seven of the eight participants consented to recorded interviews, with one participant opting to provide personal information in writing and via a series of personal communications recorded in the author's journal. The depth of the information collected from the eight participants was deemed sufficient for the purposes of this study, and therefore no further participants were sought.

Phase 4: Interviews of people with problem gambling

Semi-structured interviews were held with people who had direct experience of treating Vietnamese Australians who presented with mental health and/or addiction problems, including problem gambling (refer to Appendix I for a description of questions). Alike gambling, people experiencing mental health or other addictions, face considerable stigma within the Vietnamese Australian community (Fancher et al., 2009; Phan, 2000; Phan et al., 2004; Taft et al., 2008; Wagner et al., 2006). Therefore, this professional group of participants would be in an effective position to describe the help-seeking behaviour of Vietnamese Australians with problem gambling. The interviews with this cohort explore their observations of gambling and the impact it is having on community, while also developing a better understanding of the vulnerability of Vietnamese Australians in relation to gambling.

It was considered critical to the study methodology that the interviews with practitioners were deferred until the community focus groups and interviews with people with direct experience of gambling were completed, data analysed, and core themes identified. This ensured the primacy of the 'community voice' and role in directing the subsequent pathways of exploration throughout the study. The views of practitioners have typically dominated most previous studies about gambling and Vietnamese populations; thus, it was considered essential that interviews of health and welfare professionals would be used to supplement, and to provide clarification or cultural explanations for emergent findings. All participants in this phase were Vietnamese-born and had significant connections with community through their private life, as well as in their roles as practitioners

Data collection

All group discussions and all interviews conducted for this study were audio recorded, and each recording, except for one, were professionally transcribed and translated. One participant agreed to be recorded for the benefit of the author and asked that it not be shared with anyone else, preventing it from being transcribed. In all other cases, deidentified transcripts were available to research supervisors and other members of the research team to improve rigour of the analytic process. The author also took notes in session as a means for recording further prompts and recalling direct observations of dynamics within sessions.

Transcripts of focus groups and interviews were prepared by an independent transcriber, knowledgeable in both English and Vietnamese. Sections of the transcript that appeared in Vietnamese were later translated by a third party. The tasks of interpreting, transcribing, and translating were performed by three independent people to ensure an accurate account of proceedings, with records maintained of all stages of the interpretation/translation process if required for later verification. The transcripts and translations were deidentified, preventing disclosures being linked with any one participant.

Analysis and dissemination

Consistent with IPA practice, immediately after each focus group or interview the author journalised their overall impression of the exchange and recorded notable points of significance (Finlay, 2011). Once data were transcribed and translated, the author read and re-read each transcript, effectively immersing themselves in the information. The transcripts were then analysed on a line-by-line basis, noting and naming elements of the discourse and manually generating an initial set of codes. An early sample of transcripts was also coded by a co-investigator, with comparisons of findings shared ensuring translation equity. The initial set of codes were re-examined, with each category classified under one of four constructs: *lived space*, *lived body*, *lived time* and *lived human relations*.

The author later used computerised software, namely N-Vivo, to highlight 'passages' of the transcript, that related to the set of codes, aligned with the four constructs. The author came to the belief that when working with translated material it was important to maintain coded data *in-situ*, that is, within the text that it appears. In doing so, it enabled the author to recall the dynamics of the interactions that accompanying each coded element, in addition to permitting the author to later clarify findings via a cultural guide drawn from the Vietnamese Australian community. Without the software, data would have become unwieldy. The software enabled the author to review data by

category, while retaining the source of the passage for each coded piece and the author's perceptions. Over the course of the study significant quotes were identified. Care was taken to draw these from a range of participants to add trustworthiness to the research outcomes (Tong et al., 2007). This a manual process was used to refine and confirm the naming of categories, and the removal of redundant categories. Although this could have been achieved using the software, the author found using a manual visual mapping process provided the necessary oversight.

As the study progressed, all transcripts were revisited and submitted to a second cycle of coding. This second cycle applied *Values Coding* methods, useful for studies exploring identity, cultural values and belief systems (Saldana, 2016). This allowed the re-examination of data in terms of *thoughts, feelings* and *actions* of the author and the participants made apparent via the exchanges. Saldana (2016) advocates that there is a complex interplay, influence and affect occurring between thoughts, feelings and actions, such that the author advocated that a second exploration of data using these constructs would be helpful in illuminating conceptual differences between the author and the participants.

Data analysis was complicated by cultural differences between the author and the participants; the author invited three main people to act as cultural guides throughout the research process. One was an individual who had a personal history of problem gambling and who had been interviewed during this study. This person spoke confidently about their own experiences but was also prepared to speak about the culture of gambling in general among Vietnamese Australians. The second person had been responsible for all the transcribing and had come to know these data intimately. Following the second cycle of coding the author sat side-by-side the transcriber, revisiting each transcript, and allowing the transcriber to make their own observations. Records of these exchanges were maintained in the author's journal, providing a Vietnamese Australian's perspective to identify miscommunications and inaccuracies. The author approached the third person, during the write up of study, seeking clarification and confirmation of key findings. This person had been involved in the pilot treatment program, as a cultural guide to the project, and was responsible for delivering problem gambling therapy and counselling to Vietnamese Australians. These discussions were recorded, allowing the author to revisit as needed.

In accordance with the IPA approach, the author progressed from a descriptive phase towards a more interpretative-analytical assessment of the transcribed discourses with participants. This allowed the author to become very familiar with each story, garnering a strong sense of *how* participants talk about gambling, *what* their understandings are of gambling behaviour and their personal reflections on how gambling has impacted their life and their significant others. The second

cycle of coding was more interpretative in nature, with van Manen's existential constructs serving as a heuristic lens. In the same way that participants are encouraged to assume a reflective attitude to the information they are conveying during the focus group or interview, the researcher is expected to reflect constantly on the dialogue between their own "pre-understanding" and their new, "emerging" understanding of participants' worlds (Smith et al., 2009). Throughout the analysis, findings influenced the directions of further data collection; with interview questions being adjusted to suit the participant and representing a search for confirmatory or new information. This approach is consistent with the iterative nature of IPA research (Smith et al., 2009).

Following the completion of the second round of coding, a matrix was produced, with categories aligned to each of van Manen's constructs. Applying values coding methods led to a transformation in coding nomenclature. It is as if through the process of visiting and revisiting these data, the author became more immersed in meaning and had developed a deeper understanding of the lived experiences of the people interviewed. To retain the primacy of voice of community and Vietnam Australians, only the focus group data and interviews with people who gambled were coded, with data collected through interview of workers referred to and used to extend on from this knowledge, but never in a way that negated the primary voices of this study. Previous studies into gambling and Vietnamese Australian society have too often relied on the voice of people working with the Vietnamese community; the intention of this study was always to represent the views of Vietnamese Australians who had direct experience of gambling, and to use the voice of community to help the author understand the socio-cultural context in which their gambling had occurred. Although workers of Vietnamese ethnicity can also be regarded as community members, through their work they occupy a unique role within society and their views are not necessarily representative.

Early in the analysis two primary categories were recognised, namely *suppression* and *status*. However, as the study progressed these two categories were subsumed within each other, as more and more categories appeared that did not belong distinctly belong to either category. For example, the category *denial* was coded under suppression and the category *reputation* as status, and yet in the final write up, the two concepts became intrinsically entwined. There were too many instances where this occurred, and therefore *suppression* and *status* were demoted to category ranking but remained important concepts.

The four van Manen lifeworld constructs of *lived space*, *time*, *body* and *human relations* remained a useful device for making sense of these data, applied as chapter headings for the main discourse of this study. Codes were further amended as writing proceeded, with each code revealing

itself as pertinent to the discourse in its own right or subsumed by other codes. The final matrix is presented in Table 5.2 and is consistent with the final narrative presented in Chapters 7 to 10 of this thesis.

At the end of the study, a brief overview of the study's findings will be produced in both Vietnamese and English, then disseminated across community. Subsequent to this the intention of the author is to publish and present findings to the health and welfare sector, thereby contributing towards addressing the significant gaps in health research extant in health research for cultural minority groups.

Table 5.2 – Coding matrix against lifeworld constructs

1 - LIVED SPACE	2 - LIVED TIME	3 - LIVED BODY	4 - LIVED HUMAN RELATIONS
<p>Places to gamble</p> <ul style="list-style-type: none"> - private/public - regulated/unregulated - safe/unsafe/dangerous - familiar/unfamiliar - welcoming, non-discriminatory, sanctuary - adult, 'coming of age' - novel, enticing, alluring - crowded/isolation - loneliness/company <p>Own home/houses</p> <ul style="list-style-type: none"> - achievement - family security - symbol of wealth - potential for serious losses 	<p>Refugee</p> <ul style="list-style-type: none"> - uncertainty - displacement - separation - family expectations - timing of arrival <p>Intergenerational</p> <ul style="list-style-type: none"> - survival - sacrifice - pressure to succeed <p>Accessibility</p> <ul style="list-style-type: none"> - forbidden - shameful - criminal/blackmarket - comm Rule/ Đổi Mới /Australia <p>Gender contrasts</p> <ul style="list-style-type: none"> - men as heroes - arranged marriage - relationship difficulties/DV 	<p>Vulnerabilities</p> <ul style="list-style-type: none"> - body-subject duality - loneliness, emptiness - separation - unfamiliarity - being other, not belonging - discrimination/disadvantage - minority status - inordinate stress - exposure to trauma <p>Mind-body duality</p> <ul style="list-style-type: none"> - impaired self control - heightened emotions - external/internalised loci - suppression <p>Coping</p> <ul style="list-style-type: none"> - underutilisation - distraction/avoidance - cultural proclivity <p>-</p>	<p>Reputation</p> <ul style="list-style-type: none"> - shame - hiding - saving face - responsibility towards others - protection of others - denial <p>Family</p> <ul style="list-style-type: none"> - isolation and loneliness - migration - status, wealth - disrupted connections - gendered experiences - intergenerational trauma - obligation and discord <p>Money</p> <ul style="list-style-type: none"> - trust/distrust of family - customary, chôi hui - loan sharks, debts, criminal <p>Support</p> <ul style="list-style-type: none"> - self responsibility - family/advice/indirect - estrangement - religious - judgement - unfamiliarity Western concepts <p>Treatment engagement</p> <ul style="list-style-type: none"> - shame - denial - suppression - power differential - gendered differences - cultural constraints

CHAPTER 6 THE COMMUNITY PERSPECTIVE

This chapter explores community perspectives on gambling and problem gambling held by Vietnamese Australians living within the Adelaide metropolitan area, using focus group interviews. This approach is consistent the aims of the study: to develop a social constructivist understanding of the phenomena of gambling within this community. “Human experience is built and organised within particular social contexts” (Liamputtong, 2015, p. 4). Previous encounters with members of the Vietnamese Australian community alerted the author to the possibility that people from this community may be less than forthright when speaking in front of other community members. However, the author made the early decision to persist with the inclusion of focus groups, as this research method had the potential to reveal unique insights into the social and environmental context of the phenomena of gambling held by a cultural group. What is said, and to an extent, what is left unsaid in a public space would be helpful to gaining an understanding of the phenomena of gambling in the Vietnamese Australian context. The focus group as a microcosm of Vietnamese Australian society helped the author understand what it means to be a Vietnamese Australian who gambles, and in particular, what it means to be a Vietnamese Australian who is having problems with gambling. As Merleau-Ponty stated “To the born is both to be born of the world and to be born in the world” (1945/62, p. 453). Based on symbolic interactionism where perceptions and meanings are constructed through social interactions, the use of focus groups creates opportunities for researchers to examine ways in which people understand an issue collectively and construct normative views (Liamputtong, 2011). Following the focus groups, interviews were conducted with individuals reporting direct experience of problem gambling; this added another layer of understanding to gambling phenomena within the Vietnamese Australian community.

Three focus groups were conducted in the course of this study; the first comprised all-women, first generation Vietnamese Australians, and the second an all-men, first generation group. The third focus group consisted of both men and women who were younger, and mostly second-generation Vietnamese Australians. The four van Manen constructs of *lived space*, *lived time*, *lived body* and *lived relations*, were used to examine the complexities involved in establishing the focus groups, given the cultural constraints, and the dynamics at play within each group (described below). Subsequently, a preliminary analysis of the information was shared within the groups, once again applying these constructs. A more in depth analysis of the information shared will be presented in Chapters 7 to 10, where the content of the focus groups will be combined and

compared with data collected via interviewing participants with direct experience of problem gambling.

Complexities and dynamics

Lived space

To improve accessibility for the planned focus groups it was decided to hold the sessions on the premises of CAASSA. This not only made it more convenient for people but provided a comfortable and familiar environment for them. There are benefits to holding groups at places that are readily accessible and familiar, however the author was also conscious about the potential for stigma to serve as a barrier to attending a focus group involving gambling, a sensitive topic within this community. Attendance at CAASSA by participants could be 'explained away' using a variety of existing connections with CAASSA.

Lived time

Although the author believed that the topic of research had the potential to reward community, particularly a community that is less understood and encountering significant barriers to accessing health care, they were aware that not all participants would see the same value in what they were trying to achieve. The author felt exceedingly grateful and appreciative when people set time aside to talk about the research or be involved as a participant. Thus, it was vitally important to the author that respect was shown to the participants, operationalised by taking particular care in ensuring planned interactions were well-organised, on-time and scheduled at a time convenient to participants.

The focus groups were scheduled to follow other community activities routinely conducted at CAASSA's main office, adding convenience for many participants. Potential participants were forewarned that the sessions would be of 90-minute duration, based on a basic 60-minute session, allowing additional time for interpreting. Although it is a standard requirement of ethical research to alert participants to the likely duration of their involvement ahead of time, through the author's earlier involvement with Vietnamese Australian clients the author was very aware that the focus group sessions would need to be tightly scheduled. Participants not only needed to know the duration of the planned session, but it would be critical that the session starts on time, with many participants unlikely to stay past the scheduled end time.

As anticipated, following the end of each focus group session, most participants personally thanked the author as they received their honorarium, then rapidly departed. If this was to occur in a mainstream setting one could have deduced that the research topic was of no interest or value to the people who attended. However, since these focus groups were held, some of the participants have enthusiastically approached the author or greeted them when they have subsequently come across each other on CAASSA premises. Two participants (one male and one female) later made contact via the CAASSA Gambling Intervention Officer and volunteered to be interviewed individually. Based on the author's previous role as a therapist treating Vietnamese Australian clients, the author's overall impression was that Vietnamese people can be very business-like with time management. The author found it rare for a Vietnamese Australian client to be late for their appointment, and they rarely overstayed their session, unlike other clients. In the same way that Vietnamese Australian clients rarely lingered following their therapy sessions, the author noted that the focus group participants also tended to not linger past the prescribed finish time. No one stayed following the closure of the men's group, and only one female participant remained behind wanting to talk further following the first generation women's group.

Lived body

When conducting cross-cultural research, it is imperative that researchers operate in a culturally sensitive manner, taking into consideration the interplay between cultures and the status differential between researcher and participants. It has been argued that focus groups can be a very effective means to 'give voice' to members of cultural minority group, if the setting is non-threatening and participants feel comfortable to express their feelings and experiences, giving power to their viewpoints (Ivanoff & Hultberg, 2006). As Liamputtong (2015, p. 4) states:

The focus group methodology has great potential for discovering the complex layers which shape the individual and collective lived experiences of the research participants. The process of collective talk in focus groups renders it 'a culturally sensitive data gathering method', not only for women but also for other cultural groups such as ethnic minorities, indigenous people and other non-Western populations.

As explained earlier, it was with some trepidation that the author approached conducting focus groups with members of the Vietnamese Australian community. The author's usual confident countenance when speaking to groups was undermined by their fear that the group dynamic would fail to work effectively, particularly due to language and cultural barriers between the author and the participants. As the author was relying on the goodwill of CAASSA staff to recruit participants and was under pressure to meet the considerable costs associated with transcription and

translation, the author worked on the understanding that they had a single opportunity for each group to produce valuable research outcomes.

At the commencement of each session there was an air of apprehension among the participants in the all-female and all-male groups, and absent from the later-held younger, second-generation participant group. A foundation of trust between the researcher and participants is essential to conducting effective research, and as the author was meeting most of the participants for the first time, the author very much welcomed the introduction by the CAASSA Programs Manager at the commencement of each session. The Manager was well-known and highly regarded across the client groups engaging with CAASSA services and therefore was able to effectively vouch for the research project, and for the author, at the beginning of the sessions. Similarly, the author was wholly dependent on CAASSA's reputation, with their community to recruit participants throughout this study, and to enable them to have fruitful discussions with people the author was previously unacquainted.

The use of focus groups is culturally appropriate when working with groups with *collective* culture heritage, such as Vietnamese Australians. In effect, focus groups can provide a situation in which there is 'safety in numbers', and in this case the author purposefully withdrew from their role as primary moderator of discussion, as is usual practice with conducting focus groups (Sim & Waterfield, 2019). This allowed the group to take ownership of managing the discussion within culturally acceptable boundaries, the author remained fully aware that data gathered were dependent on the goodwill and consent of the group. Although the author was responsible for initiating discussion using a series of pre-designed prompts, the degree of disclosure was controlled collectively by the participants.

The energy spanning the three groups was palpable as they spoke about gambling. Regardless of the group, there were references to the excitement associated with gambling, but also anger, regret and frustration with the impact it can have on families. It was readily apparent that gambling was far from a neutral topic, producing quite animated discussions. In the same way that Vietnamese Australians experiencing problem gambling would describe feeling 'hot' or 'hot-headed' when discussing gambling, the focus group participants had their own experience of conversing about a *hot* topic. Everyone had an opinion on gambling; it was the author's role to extract these viewpoints, leading to some interesting dynamics between the author and the focus group members.

Lived human relations

With the author being a woman, the author felt more comfortable to initially approach the all-women group. The author engaged a suitably qualified interpreter who was also a woman. The interpreter had previously worked as a gambling counsellor with the Vietnamese Australian community and had familiarity with the topic at hand. When the interpreter first heard about the author's plan to conduct this study, the interpreter had welcomed the idea and offered support.

The women's group were initially apprehensive – but curious, growing more comfortable after the project was explained to them. All the participants added to the discussion at some point, with the group self-managing to ensure all voices were heard and that participants did not talk over each other. As the discussion progressed participants became increasingly enthusiastic about sharing information and ensuring that the author understood their perceptions and experiences of gambling, as Vietnamese Australian female identities. Far from being an objective person to the process, the interpreter used their former experience as a counsellor and their familiarity with the background of the participants to help drive the conversation. The author was open to this, believing that it facilitated a more forthcoming discussion among participants. The author's analysis of the group discussion viewed the interpreter interchangeably as the *interpreter*, and at times as a *participant*; even, periodically as a *co-researcher*. Involving the influence of the interpreter in the research proceedings is akin to the social constructivist paradigm underlying the study's research methodology.

The men's group was polite, but comparatively their discussion seemed more measured than the women's group. The author had not met the interpreter beforehand, and unlike the female interpreter, he did not actively promote further discussion or add cultural clarifications for the author's benefit throughout the discussion. The dynamic at play in the men's group was not unexpected. On the one hand, the participants all seemed very polite and cooperative, but intuitively the author felt that some information was being withheld. Once the translated transcripts became available it was clear that participants had used tactics to inhibit more open disclosure. There were several instances where participants stopped the flow of conversation to prevent someone disclosing information about their own gambling, with the interpreter also involved in containing the discussion.

There is an assumption with the traditional positivist model that qualitative research can be undertaken objectively, with the author being removed from their personal perspective. In cross-cultural research, where an interpreter is required, it is possible to take the positivist stance one

step further: assuming that the interpreter is purely present to convey conversation between participants, and as such, this should be invisible to the research process. However, in their critical reflection of the use of translators and interpreters in qualitative cross-cultural research, Berman and Tyyska (2011) signalled that issues of power and authority are operating between the researcher and the participants, but importantly, also involve the interpreter. We can no more remove a translator or interpreter from the research process than we can remove ourselves as the researcher. Berman and Tyyska, (2011, p. 184) emphasised the need to consider the social location of translators and interpreters on the research process, stating:

While the term 'subject' has largely been rejected and replaced by the term 'participant', questions about the appropriate terminology for the interpreter or translator in cross-cultural qualitative research remains. Possible terms include the following: community researcher, translator, interpreter, cultural broker, facilitator, key informant, interpretive guide, bi-cultural translator, and team member.

The author was highly dependent on interpreters throughout the course of the study. It was beneficial to the research that the author had developed a close working relationship with the person who acted as an interpreter for the interviews of individual participants, augmenting the role of interpreter with being a facilitator of discussion. In contrast, in the focus groups there was less opportunity to establish this level of rapport with the interpreters, as the author only worked together on the single occasion with the female interpreter and then once with the male interpreter. While more inclusive practice in cross-cultural research advocates for translators and interpreters to be more proactive in guiding the research process (Temple, 2002), this becomes constrained when only limited contact is possible between the interpreter and the author. The benefit was clear in the author's prior acquaintance with the female interpreter, and the mutual trust and rapport aiding the group discussion. Contrastingly, the men's group interpreter was simply introduced at the start of the group session, working together with the author only for the duration of the session. As stated earlier, the author was aware that not everything being shared within the group was being reported accurately, which was confirmed by the session transcript. Murray and Wynne (2001) refer to the act of 'gatekeeping', which can occur when an interpreter *selectively* fails to relay responses that could reflect negatively on an ethno-cultural group. It is not clear whether the male interpreter was choosing to be protective of members of his shared ethnicity, or whether he was driven by other motives. Here again it is obvious that focus groups are both revealing in terms of what people will say publicly or withhold.

There are many possible explanations for the barriers the author experienced with the men's group. Would a male researcher have experienced the same level of participant restraint?

Would it have been easier if the interpreter knew the author beforehand, or if the interpreter had a greater understanding of problem gambling and was aware of the author's relevant previous experience? Throughout this study the author was forced to reflect repeatedly on any disadvantages of being an 'outsider'; this was an occasion that underscored 'outsider' status. It is likely a Vietnamese-speaking male would have found it easier to get the men to speak openly. As a clinician, the author had treated many male Vietnamese Australians and had become adept at getting men to speak more openly about the problems they were facing, with this being crucial to achieving treatment outcomes. Vietnamese Australian co-workers frequently expressed their surprise by the depth of revelations that occurred in therapy sessions. The author had always attributed this to them being an 'outsider', and therefore a convenient but removed person with whom clients could be more open. Subsequently, the author came to understand that there is a great deal of difference between what a Vietnamese Australian male will disclose when meeting with an outsider privately, than when in front of peers. The author found the concept of 'saving face' – as known within Asian circles - was found to be most relevant to Vietnamese Australian men, but less so for Vietnamese Australian women. This concept is explored in more detail in later chapters as it is central in understanding restraint exhibited by Vietnamese Australians.

The third focus group, made up of second generation Vietnamese Australians, seemed very comfortable from the start; they were clearly more familiar with the concept of research and its purpose, and seemed less concerned about what they said in front of the other participants. The responses were generally more superficial though; no one referred to direct personal experience of gambling, and the group tended to speak in generalities. However, similar to the other groups, a strong sense of *camaraderie* was evident. Participants showed respect towards the views being expressed by others in the group, finding common ground and avoiding dissent within the group.

Focus group content

The four Van Manen constructs are reflected on in relation to the content of the discussions emanating from the three focus groups. At this stage, the analysis is mostly descriptive in nature, with in-depth *analysis of meaning* to be addressed in subsequent chapters.

Lived space

Discussions across all three focus groups revealed that the casino was regarded as a popular venue among Vietnamese Australians, viewed simultaneously as an exciting place, while also being a place that could be risky or unsafe for patrons, as detailed in Chapter 2 as part of the literature review for this study. The casino in Adelaide opened in 1985, shortly after the first arrivals of

Vietnamese refugees to South Australia, and for nearly 10 years was the only place where people could participate in government-sanctioned gambling other than race-betting, bingo and lotteries. One of the participants from the women's focus group conveyed the opening of the casino and the excitement it generated in the Vietnamese Australian community, but also alluded to the perils of gambling:

1980 just about Lotto Saturday ...another time 1985 the casino opened, the people go in there and enjoy ... they just put too much money in there. Same as my husband too. They got just one game, \$100,000 ... just minute ... poof!!! Sell the land ... how bad! I'm very sad.

A member of the male focus group reported:

When I first came to Australia, I went to the Casino and lost 50 dollars. Since then I have not wanted to go back to the Casino ... I know it is dangerous.

In Chapter 2, Tran's findings of the Vietnamese Australian response to the opening of the Casino in Melbourne were presented, with people reporting the casino as a popular place for Vietnamese Australians to patronise (Tran, 1999). The Adelaide based casino was similarly popular with the Vietnamese Australian community. Participants in the focus groups referred to the casino venue as "very bright", "shiny", "colourful", "mesmerising" and a place "where time flows differently". One participant spoke of the "freedom" associated with the casino, given it was open 24 hours per day, and it was such a welcoming environment. Another participant from the second-generation focus group noted the presence of Vietnamese people in the casino, stating that:

They come to the Casino to see friends, they come to party. They go straight to the Casino, they go around, and try to look like that, maybe lucky today, I'll just put \$50 in there and maybe see it is possible to win maybe one hundred or one thousand.

With another participant adding:

I know some of my friends, whenever they get the chance, like because some of them have left uni, just purely to do some work and then they spend all of their work pay to go to the casino, or like every weekend or whenever they get paid.

As an Adelaide resident, the author also could recall the excitement that coincided with the opening of the casino. The place employed a strict dress code in a stylish environment and was open 24 hours per day. The place was both a novelty and notorious in its day, attracting a broad range of patrons. The author well imagined the attraction for Vietnamese people arriving in Australia. As one participant stated, "I guess Vietnamese people like to ... go to a crowded place, because the Casino has more people and they come there and think it's fun". Another participant added "Maybe it

reminds them of their environment, also back in Vietnam it is very crowded". Vietnamese Australians were arriving from a country where gambling was all but illegal, the venue offered a welcoming and accepting environment, packed with people, with the potential excitement of winning money. Now, many more opportunities are available to gamble in South Australia, owing to the widespread distribution of EGMs across licensed venues, and the advent of on-line gambling. Nevertheless, the casino remains a popular venue, well-frequented by Vietnamese Australians.

Lived time

In the first two focus groups the author was able to capture the perspective of more senior members of the community, many of whom were first-generation Vietnamese. Subsequently the author held a third focus group, purposefully concentrating this time on recruiting generally younger, second-generation Vietnamese Australians. The life experiences of first-generation Vietnamese Australians and second-generation Vietnamese Australians are substantially different, providing contrasting perspectives on gambling, underpinned by variations in age and lived experience. Many of the first-generation Vietnamese Australians accessing CAASSA's services were exposed to war in their home country, they had been forced to flee their country, to re-establish themselves in a totally unfamiliar environment, and pressured to adapt to a new language and culture. The group of second-generation Vietnamese Australians were distinctly more acculturated to mainstream Australian society, they were more proficient in English and were able to discuss differences between the thoughts and behaviours of their Vietnamese Australian parents and wider Australia.

Second-generation refugee populations generally have not had direct experience of war, persecution and political unrest as had first-generation refugees. However, it is recognised that there are unique pressures on the children of refugees: they are expected to combine the cultural influences of their parents with that of their peers, and the exposure to trauma experienced by the first-generation can influence parenting behaviour (Bryant et al., 2018). In his paper on illicit drug use among Vietnamese Australians, Reid et al. (2002) highlighted the vulnerability of Vietnamese youth, many of whom were still forced to contend with isolation, language barriers, poverty, unemployment and racism as had their parents, while also facing conflicting pressures to maintain the culture of their parents and to assimilate to the broader Australian culture. The members of the third focus group all had connections with the CAASSA organisation, which is probably indicative of having personal interest in maintaining cultural ties with their Vietnamese ethnicity. However, inter-generational conflict was repeatedly mentioned throughout the focus group discussion.

The difference in age range between the initial focus groups and the third group also exposed the differences in the forms of gambling mentioned by each group. Predominantly men spoke of playing casino table games, such as baccarat and blackjack, and indicated that EGMs were very popular. While women also referenced EGMs, they spoke more about Vietnamese/Chinese games of origin, in particular, *Tứ sắc*, a card game played by women, *Lắc bầu cua* and *Tài xỉu* (both dice games). Discussions among men and women indicated the main traditional game played by men is *Tiến Lên*, a card game that remains popular throughout Vietnam.

Men and women similarly mentioned soccer betting, but generationally, it was more prominent in discussion within the youngest focus group. The younger group was the only one to talk about making bets from your phone or referred to online gambling in the context of sports betting, casino games such as poker, and, referred to *Tiến Lên* as a game played by overseas students. Games where players were encouraged to pay extra to influence the game's outcomes were described, too. They viewed this as a form of gambling, and distinguished gaming styles that were completely 'free' from those involving paid inducements.

It was also clear that all the younger participants had some awareness of traditional Vietnamese/Chinese games commonly played by their parents and grandparents' generations, being games played in their homes. However, they showed no indication that they participated directly in these games, aside from *Lắc bầu cua*. This game typically features at cultural gatherings and has cultural 'approval' as family entertainment during Lunar Year celebrations. The men's group also referred to *Tiến Lên* as a game that may be played at this time of year. Some of the participants spoke of the normalcy of gambling in family homes as part of gatherings, stating that this commonly acted as an introduction to gambling for younger Vietnamese Australians. One of the participants declared:

It's a culture thing as well, you've grown up seeing this around your house, your family members, your parents doing it. It becomes a norm so then you think it is OK to do it because your parents do it ... and it becomes part of events and stuff, you see it at parties, you think you will join in, I'll come in and join and play, and you feel normal to.

Therefore, regardless of which group we spoke to it was evident that gambling was widespread throughout the Vietnamese Australian community, with people engaging in many forms of gambling, in both regulated and unregulated environments, such as private card games.

Lived body

The most distinguishing characteristic of problem gambling to emanate from focus group discussions was that there was a loss of control, with gambling transforming from a fun activity to a perilous past-time, without the full awareness of the transition by the person engaged in the activity. There was a sense of some external force being at play, particularly among women. As one participant stated:

When gambling, at first we play to entertain, we play a little bit, and then all of a sudden it's like we go swimming ... in a gentle, flowing stream, alone and all of a sudden there is a dip and we don't know when we are going to sink.

Across all the focus groups there was a consensus that although gambling could be relaxing and entertaining, enjoyed by many, it was also a risky behaviour to engage in. People could lose control, with disastrous consequences.

Gambling is one of many entertainments. At first, people play it mainly for relaxation, for entertainment only. But that depends on whether you can control yourself.

At first we only play for fun, after losing two rounds you get 'hot temper' and start to play a bit more aggressive. At first you play with, if you don't have money you use clothes, hats, as the bet. When you lose your clothes, hats, watches, rings, you get upset. You can also use your wife and children, your friends or to steal money from home.

Gambling was also viewed as something that could affect the health of someone when it becomes problematic for them, "so maybe you don't watch out for you, your personal health" and "they [people with problem gambling] get abusive, or they get depressed and maybe their mental health decrease as well". There was also a sense of an external force that takes over the person once they become addicted to gambling "getting sucked into the spiral". The female interpreter expressed this as "the only way we can explain ourselves is it is as if the person is being controlled by someone in another world, not in this world". However, there was also a sense that the person gambling is responsible for their behaviour, and only they can make the decision to stop gambling once it becomes problematic.

I know that many people could quit when they are getting too deep in. Vietnamese people lost a lot of money, they sold their houses. When they can quit, they start from scratch even though they had lost before, it is their decision to quit. They can be scared of their wives or their parents, but they can still play stealthily. But when they can make up their mind, they can quit. That's it.

Through the discussions gambling was emerging as a multi-faceted phenomenon in the eyes of Vietnamese Australians: relaxing and entertaining, a socially popular past time, on the one hand, while also being viewed as a risky and dangerous pursuit on the other. These contrasting perspectives towards gambling held by Vietnamese Australians created a sense of dissonance across the focus group discussions.

Lived human relations

The supremacy of the family unit is an aspect of traditional Vietnamese society that has continued to play a pivotal role in the lives of Vietnamese Australians (Ben-Moshe & Pyke, 2012) and has relevance to the phenomena of gambling. Gambling is viewed by participants as an activity that brings families together, whether it be socialising at the casino or through private card games. This is viewed as particularly exciting at times of celebration, such as Tết, the spring new year festival. However, gambling is also considered to be highly destructive to families, causing family breakdowns, separations and divorce. For Vietnamese Australians who espouse the importance of family, estrangement from family would be devastating. Thomas (1996, p. 84) highlighted the need for family to stay together, with an interviewee stating:

*Our life would have no meaning without being in a family and contributing to it.
We would be nothing if we didn't have any family.*

Family is of course revered across many cultures, however, the importance of family within traditional Vietnamese culture cannot be overstated. In his study of Vietnamese culture via literature Jamieson (1995, p. 17) remarked that:

Many well-known stories reinforce the ideological primacy of blood ties, implicitly illustrating that going against family obligations was contrary to a natural order in the world. And to oppose the natural order was futile and dangerous.

First-generation participants identified a causal relationship between family breakdown and problem gambling, which operated in both directions. People living in difficult family circumstances were viewed as more prone to developing a problem with gambling. For example, in the fictitious case study with Mai as a main proponent, the female participants expressed sympathy for Mai, firstly because her husband was not supportive of her, and secondly, due to her being separated from her children and grandchildren, depriving Mai of a highly esteemed role within the family unit, deprivations that ultimately led her to gambling. Conversely, the development of problem gambling would in turn prevent people maintaining their responsibilities towards their family. An important aspect of the traditional Vietnamese family is the assignment of roles within the family unit. Thomas

(1996, p. 84) noted the concept of *hòa thuận*, that is, 'harmony and unity in relations' and its importance to family life.

[Hòa thuận] is the basis of the family's moral code which relates to the way in which each individual suppresses independent desires in order to maintain a co-operative and unified family.

In traditional society, the roles and responsibilities within the family were differentiated by gender. The word *hòa* means *conciliation*, and is the responsibility of men, while *thuận* can be understood as *obliging consent*, and is seen as the province of women, with each party contributing to the harmony of the group (Thomas, 1996). Departures from assigned roles leaves people vulnerable to developing problems, or could serve as justification for others in the family to 'behave badly'. Female first-generation participants expressed this concept through an old saying: '*Ông ăn chả thì bà ăn nem!*' *Ông chơi được thì tôi chơi được* (if he eats ham, she can eat roll), effectively justifying poor behaviour among women on the poor behaviour of their husbands/partners. In this case they provided a justification for women who chose to gamble, given their husbands/partners were also gambling. The male first-generation participants expressed how important it was for women to show patience and understanding towards their husbands/partners, if the men developed a problem with gambling, with the women's passivity viewed as critical to a man's recovery.

It was clear that most of the first-generation participants still saw a healthy family life as the key to protecting people from problem gambling or aiding their recovery. Unilaterally the first-generation participants identified the importance of the family unit to resolving the person's problem, with statements drawn from the men's and women's focus groups respectively:

Although the family is not happy having a member like that, but they should not separate from him, they should try to bring him back.

Only the love from her family can help her to escape the situation.

Therefore, family were viewed as the first port of call for support for people who developed problems with gambling. However, there were notable difference between first-generation and second-generation participants in how they spoke about family. In his study of traditional Vietnamese culture, Jamieson (1995, p. 17) identified the contrast between Vietnamese and Western family units, stating that:

Unlike most Western children, children growing up in traditional Vietnamese families learned dependence and nurturance, not independence. They learned the importance of hierarchy, not equality. They learned the rewards of submission to those of senior status, not assertiveness.

Second-generation participants expressed a tension between managing the expectations of their parents and grandparents decreed by traditional Vietnamese culture, while adhering to their own personal wishes, a behaviour more in keeping with the individualistic nature of mainstream Australian society. They spoke about feeling undue pressure to excel, with their elders seemingly only concerned with academic achievement and generation of wealth. The younger participants made positive references to family life, indicating that a sense of family was also important to them, but tended to be somewhat critical of their forebears. They held them to account for introducing their generation to gambling within the family home, and for creating a normalcy around gambling that was not apparent to them in other cultural groups living in Australia. Their criticism would not be tolerated in traditional Vietnamese society, with younger people expected to always show reverence towards their elders. Inter-generational conflict is far from unique to Vietnamese Australians, but there is a tendency for any migrating population to experience greater disparity between generations due to the vastly divergent life journeys they experience.

As much as the first-generation participants emphasised the importance of family the truth is that there is growing evidence of increased fragmentation among Vietnamese Australian families, with recent reports indicating that a high proportion of second and subsequent generation Vietnamese Australians are living in single mother households (Baldasar et al., 2017). This is strong contrast to life in Vietnam, where divorce remains uncommon, and people who are divorced may be marginalised (Thomas, 1996). The notion of family has been challenged, whether this be a product of migration, a feature of changed times or a combination of both. Although the first-generation male participants had dismissed any changes to the prevalence of gambling among Vietnamese Australians in recent years, the first-generation female participants saw this quite differently, stating that gambling was becoming more of an issue every day for their community. More women had become involved in gambling, “in the past, women stayed home and cook, there was no casino”, and there was recognition that times were harder for families, driving more people to gamble in order to make money quickly. Consistent with this the second-generation participants identified that people who were single would be more vulnerable to problem gambling, as they would have nothing to do at home and no responsibilities. The very concept of being single and having no responsibilities represents a distinct shift in thinking between the generations interviewed. Traditionally for a Vietnamese person there would never be the sense of being single; you may not have a partner, but you would still have obligations to parents, grandparents, siblings, aunts and uncles. The meaning and relevance of gambling among Vietnamese Australians is changing, as is the allegiance to cultural traditions.

Conclusion

Using focus groups, the author was able to gain unique insights into the collectively held views of gambling, contrasting the perspectives between men and women, first and second generation Vietnamese Australians. The author was able to rapidly develop rapport with the women to enable more open and candid discussions. The men as a group were more closed, that may be attributed to meeting with a female researcher, it may be a feature of Vietnamese cultural norms among men, or a combination of both. As a therapist treating Vietnamese Australians with problem gambling, the author had not sensed a noticeable difference in reticence between male and female clients, so this was unexpected. Second-generation participants showed much less hesitation in being involved in a focus group.

The discussions revealed that gender-specific roles and behaviours remain strong in Vietnamese culture, with traditions still guiding behaviour today. Both men and women showed sympathy to the person portrayed in each story, however, ensuing discussions indicated that women could be harsh critics of other women who gamble, whereas men were more forgiving of their male counterparts who developed problems with gambling. Time and accessibility would not permit a further investigation using both a female and male-based story with all focus groups, enabling the author to explore how women might view a male with problem gambling as adverse to a female with gambling problem, and vice versa with the male participants in the focus groups. However, it was clear from the focus groups that it was important for the author to pursue interviews with both men and women, to further explore perspectives on gambling based on gender.

It was also evident from all focus groups that gambling was far from a neutral topic. Despite language and cultural barriers, discussions were quite animated, even within the men's group where the group appeared to be actively suppressing personal revelations. Gambling was viewed as an exciting activity and the casino a highly attractive place to socialise, while also being viewed as a dangerous pursuit, in the sense that some people will 'lose control', as if by participating in gambling, people are being exposed to external forces with potential to strip them of their agency. The discussions confirmed that gambling was commonplace and widespread throughout the Vietnamese Australian community, among men and women, of all ages. Despite its riskiness (especially to family harmony), gambling was seen as an activity that brought families together, especially during Tết festivities. The importance of family in Vietnamese culture cannot be exaggerated; acknowledging this is key to understanding the impact of problem gambling on Vietnamese Australian society.

This chapter provided an overview of the socio-cultural context of gambling and problem gambling within the Vietnamese Australian community. In later chapters the information gathered through the focus groups will be combined with data drawn from one-on-one interviews, undergoing further analysis through the application of the four lifeworld existential constructs of *lived space, lived body, lived time* and *lived human relations*, to guide the process. Each of these constructs is considered in turn in the following chapters.

CHAPTER 7 LIVED SPACE

Phenomenological research is not about building effective theories that would allow prediction or the ability to control what occurs, instead it is about establishing a deeper understanding of the nature and meaning of everyday events, offering the possibility of 'plausible insight' that brings us into more direct contact with our world (van Manen, 1984). This chapter examines the phenomenon of gambling and Vietnamese Australians applying the construct of *lived space*, one of the four constructs attributed to Van Manen, that underly their phenomenological concept of lifeworld to the data collected via focus group and interview. In subsequent chapters, the author will utilise each of the remaining constructs to explore the nature of Vietnamese Australians' lived experience of gambling using the same data. The chapters draw on the author's encounters with Vietnamese Australians during this study, consistent with phenomenological research aspirations:

The point of phenomenological research is to "borrow" other people's experiences and their reflections on their experiences in order to better be able to come to an understanding of the deeper meaning or significance of an aspect of human experience, in the context of the whole of human experience (van Manen, 1984, p. 55)

The construct of *lived space* invites us to consider the subjective experience of the space in which people live, to explore how people feel about the space they occupy and reflect on how that space affects them. Two significant spaces emanated from the course of this study: first and foremost, the space people occupy when gambling, with participants identifying both the appeal and danger associated with these spaces. Participants discussed the space in which both government sanctioned and unsanctioned gambling activity takes place and compared their experiences of gambling in Australia with those in Vietnam. The second space is that in which people live, with the concept of 'home ownership' emerging as an important symbol of wealth and stability to Vietnamese Australians. Gambling wins might support the purchase of a house, but largely, study participants associated persistent gambling with the risk of losing one's home.

Where people gamble

Adelaide Casino featured prominently in both focus group and interviews, with only brief mention of the presence of EGMs in hotels and clubs. There was an acknowledgement that predominantly more senior Vietnamese Australians on limited income played EGMs, but even then, the Casino appeared to be the preferred place to play. Other spaces in which Vietnamese Australians

gambled was in the home, with this being a normal part of family gatherings and parties for some Vietnamese Australian households.

Private, unregulated gambling spaces

As expressed earlier in this study, gambling in family groups occurs at times of celebration, such as Tết; however, gambling can also be part of any social occasion held in people's homes. At parties in private homes, it was more common that men would gamble, with the women being responsible for providing refreshments to the men as they played; occasionally, women might join in. In the author's experience of working with Vietnamese Australians experiencing problem gambling, people who were trying to stop or reduce their gambling did not seem to struggle with controlling their gambling in these settings. It appeared that most games in these settings were not high stakes, therefore less stimulating and more social in nature. Participants described typical occasions, whereby groups of Vietnamese Australians came together to share food, and after two to three hours, drinking and gambling would commence. Music and karaoke also featured regularly at these gatherings. Gambling, as described by a participant:

Was only for fun and nothing else. Maximum thirty or forty dollars. And we played in that weekend. That means that we finished the game; that means we finished the night. We finished the party. Just thirty or forty dollars. Win or lose in that amount, we did not spend a lot of money.

Other participants stated:

We did not want to rob each other for money. I could be lucky to win last time and unlucky to lose this time.

It's a social thing as well. It's easier when we have social gatherings, and we play cards and stuff, it's just easier access. It's easy, it's a sociable thing.

Interviews of participants revealed that more senior Vietnamese Australian women have continued with their tradition of playing *Tứ Sắc*, a card game originating in China. One participant recounted that the game it is still played in rural communities in Vietnam, with the women sometimes playing and gossiping for up to two days at a time. In Australia though the games tended to be more short-lived and once again, mostly an opportunity to socialise and gossip. One of the more senior women referred to this specific game, saying that:

*Women, they like to play *Tứ Sắc*, because that kind of cards are small like this and they have four colours. That's why they say 'tứ' means four, and 'sắc' means colour. I don't think we have it in the casino, but they group together at home and they play because women prefer that kind of cards.*

It is not a game that appears to have been carried on by younger Vietnamese Australian females, with the tradition of playing and gambling *Tứ Sắc* potentially being phased out. On enquiring in general about whether private games held in people's homes could become more serious, i.e., involve higher stakes or become more intense, the responses were mixed. Most participants referred to home games as



Figure 7.1 *Woman playing Tứ Sắc in Vietnam*

being social in nature only, however, one of the younger participants reported that some men spend a lot of time together, playing cards and drinking, stating that:

I see a lot of men, it's middle-aged men that I see, they sit around and they get affected when they get together, they drink, they eat, at parties, and their wives will make snacks and that for them, and they sit there all day long, and just gamble with cards, and that's what they do, yeah.

This promoted another participant to talk about the games played among the Vietnamese Australians who worked on the farms just north of the Adelaide metropolitan area. Through the author's previous experience of treating Vietnamese Australians experiencing problem gambling, they were aware that card games regularly featured at work sites where groups of Vietnamese Australians congregated. A participant described this subculture and how it operates, saying that:

It's very common for farmers, during their lunchbreak. On hot days, they'll start ringing each other up. Let's all gather at someone's farm or shed, and they'll all go to that shed and get their partners to cook some meals for them. It's about gambling in the lunch breaks, and then forget about the farm, forget about the work. We'll just sit here and make money.

Within private spaces, gambling activity among Vietnamese Australians appears mostly social in its purpose. The activity and the occupied space are differentiated by gender and by age, with the activity serving to maintain cultural norms and traditions inherited from the home country of first-generation Vietnam Australians. Younger Vietnamese Australian participants in this study bore witness to gambling at social gatherings but showed little inclination to inherit and replicate

the gambling behaviour of their elders outside of Vietnamese festivities. Younger Vietnamese Australians overwhelmingly referred to gambling with their families in a positive light – during Tết especially – which may be due to the nature of what Tết represents i.e., the beginning of a new year, but it may also indicate allegiance to the culture of their parents.

Casinos – sanctuary and duplicity

The popularity and fascination with the Adelaide casino could not be denied in this study. The casino clearly represented a space that is both welcoming and alluring for Vietnamese Australians. People were attracted to the ‘busyness’ of the casino environment, with one participant noting:

I guess Vietnamese people like to ... go to a crowded place, because the casino has more people and they come there and they think it is fun.

A participant suggested that the casino probably reminded older Vietnamese Australians of the crowded social spaces they would have occupied in Vietnam, serving to placate feelings of loneliness experienced on transitioning to life in Australia, while being valued as a meeting place for a younger generation of Vietnamese Australians. By 1980, Australia was estimated to have a population of 14.69 million, while Vietnam had a population of 54.28 million living on a considerably smaller land mass. Population density data reveals that Australia had an estimated three people occupying each square kilometre of land; contrastingly, in Vietnam 163 people were estimated to occupy the same space (World Bank, 2023). Based on the author’s prior experiences in working with Vietnamese Australians as a therapist, many clients spoke of the *quietness* of life in Australia relative to the life they had left behind in Vietnam. This was regardless of whether they came from densely populated city and town centres, or rural areas. Vietnamese Australians in general had come from busy, noisy, and overcrowded settings, and found the relative peace of Australia unsettling.

Currently, people coming from Vietnam are no longer able to seek refugee or asylum status, and changes in government policies that limit family reunification left more recent arrivals of Vietnamese immigrants unable to bring family, and therefore, without a family support network in Australia. Refugees in earlier intakes typically arrived in Adelaide and were received at the Pennington Hostel, based in the western suburbs of Adelaide. The area in which the hostel was based remained popular with subsequent arrivals from Vietnam, as the area offered government housing and low-rental properties, it was in the proximity of low skilled employment opportunities and access to Vietnamese shops and restaurants established by early arrivals (Hugo, 1990). Over time, as Vietnamese immigrants became more dispersed, life became isolated and lonely and the deafening quietness of sprawling suburban life in Australia was clearly troubling for many. One

participant spoke about the benefits they enjoyed when they first settled in Adelaide, due to Vietnamese Australians congregating in a common area, making it easier for small groups of families to come together and socialise. Often, the person stated that the people that gathered were not related to each other but there was comfort in their shared cultural heritage and background:

Five or seven families got together. We took turn, we went around and around, we met at this house this week, we then changed to another house next week.

Gradually the group broke up and went in different directions, with people moving to houses in more distant locations, making it much harder for them to come together, with this participant lamenting the isolation which resulted from the transition. The casino helped bridge this gap, becoming a place where Vietnamese Australians could gather, where they could be part of a bustling environment, with a high probability of encountering other people of Vietnamese background – the casino became known as welcoming space for those who ventured through its doors. Most participants positively recounted their first experience of the casino. Typically, they were initially invited by other Vietnamese Australians, whether it be their partner, work colleagues or friends. In coming into the space, they encountered other Vietnamese Australians. Not all of them participated in gambled immediately, but most spoke positively about the social atmosphere offered by the casino environment.

This experience did not appear to be age specific, with a participant from the second-generation focus group remarking that the casino environment was popular with all age groups. Another participant from the same group spoke about present-day experiences of the casino among second-generation Vietnamese. It appears that the casino serves as a social drawcard for younger Vietnamese Australians as well, with many of the participants in the second-generation focus group identifying the reasons underlying this attraction. These include being based in the city and open 24 hours a day - both important features for younger Vietnamese Australians, with the group agreeing that this was a popular place for young people to congregate, at any hour.

But some people, look like Vietnamese people, they come with friends, they come to the casino to see friends, they come to party.

Known as a space reserved for *adults*, the casino was described as an enticing ‘coming of age’ experience, or a space where only adults can spend their leisure time and spend their money as they wish:

I reckon some people just feel as though once they reach 18, like they're finally able to do things legally so they want to experience it.

Two participants shared the view that casinos apply the ancient geomantic practices termed *feng shui*, utilising the alleged spiritual forces to attract people into the venue. The participants argued that where the casino is situated, and exterior and interior design features, not only attracts people but works in favour of the casino. They said:

Casino owners really believe in feng shui. They really believe in Feng Shui. Everybody who comes in gets haunted. Actually, in Melbourne, they occasionally have a few dragons spewing up the flame, that is feng shui.

The wind, the water, the wood, the land and things like that. They consider this very carefully and I think the casino is built, it operates in a way that it's kind of, its factors will affect business.

Casinos also have water features and a tower behind it.

Although feng shui may be regarded as superstition by some, it has its followers among Vietnamese Australians. The application of feng shui in the placement and design of the casino is a shrewd marketing ploy, if the intent is to attract Vietnamese and Chinese patrons, who share similar belief systems. Every casino in Australia is situated next to a river on the waterfront, albeit in the case of Alice Springs, a dry riverbed. Casinos in Australia, like others in the Asia-Pacific region, also feature displays and special promotions for Lunar Year celebrations, a time of year where gambling is commonplace among both Vietnamese and Chinese celebrations.



Figure 7.2 Melbourne Crown Casino (Source: Author)



Figure 7.3 *The redevelopment of Adelaide Casino, with a tower structure being built at the rear of the facility. Source: Author)*

Vietnamese Australians' attraction to casino establishments was made abundantly clear from the time the author worked with people experiencing problem gambling from this cultural group. Some of those who accessed the service were seeking to be barred from the casino as a harm minimisation measure, and yet, their greatest concern was on how their exclusion might impact of their ability to attend celebrations, or more importantly, how they would accompany visiting family from Vietnam to the casino. Clients expressed a wish to be formally excluded from gambling but still be permitted to venture onto the premises. In their previous role as clinician, the author was able to negotiate this on limited occasions with the host responsibility team answerable for managing people with problem gambling within the casino environment. However, *only once* the person demonstrated adherence to the orders in place and it could be confirmed that they were participating in gambling treatment. These negotiations are no longer possible, as exclusion orders are now organised through an independent regulatory body, independent of the casino.

Another former client who completed treatment expressed no interest in returning to the casino but eventually asked for the author's support in having his exclusion order lifted, after being pressured by his partner to do so. Previously, the partner had co-attended early treatment sessions, as they were concerned that the exposure treatment would stimulate the client's urge to gamble again. The client's partner also consulted with the author post-treatment discharge, being worried that without ongoing support their partner was at greater risk of relapse. Despite these concerns,

the partner was highly motivated to have the barring lifted as they had family visiting and there would be a high expectation that they would take their visitors to the casino. After meeting with them both it became clear being unable to attend the casino would cause great difficulty. The option of the wife accompanying visitors without the husband (the client) was not viable, as this would be questioned by her family – and worse, and they might become aware that her husband previously had a serious problem with gambling. To avoid this shame, I assisted him to have his barring lifted.

Participants who admitted that they patronised the casino expressed being made to feel welcome by casino staff, a feeling that was not necessarily replicated at other places in community. Dickins and Thomas (2016, p. 8) identified that casinos purposefully create environments that are welcoming for members of CALD communities, stating that:

Casinos, for example, pay specific attention to providing a venue that is perceived as safe, attractive, and culturally sensitive for individuals from CALD communities. Many casinos offer culturally specific food, drink, and entertainment (including gambling games) that are inexpensive and designed to make people from a wide variety of minority cultures feel welcome. Décor is designed such a way to be appealing and glamorous, and casinos are open very long hours, mimicking the busy nightlife exhibited in many cities overseas.

There is no doubt that other offerings by casinos serve as inducements as well. Participants spoke about the availability of food i.e., discounted meals or even free food for valued patrons. The bars were also enticing for young people, offering a place to take a break from gambling. The level of service from waiting staff was seen as a highlight, with one participant stating:

You don't have to go somewhere, just say a lady or a man, they come around with a drink, you don't have to pay for it.

Once you are recognised as a regular patron by the casino, the level of inducements is raised. As one participant said:

They know and they know everything. Their control room up there even knows who is placing big bets. They send their staff to help you applying for their membership. With the membership, you can free carpark, free meal or buffet meal upstairs.

Another participant spoke about how initially she hadn't been keen on going into the casino, as she felt forced to accompany her husband. Later, once their relationship had ended, she returned with work colleagues and eventually enjoyed her experience of being made to feel special, saying that:

When my drinks were served, when I was invited upstairs to eat luxury foods, I felt excited, and I liked to go there very much.

The casino in Adelaide, similar to other casinos around Australia, has employed a team of people who are responsible creating a safe space i.e., gambling environment for patrons and offer support and information for people gambling who are wanting to stop or moderate their gambling (SkyCity, 2021). While working on the pilot gambling treatment program for Vietnamese Australians, the research group received several referrals from the casino. This included cases where a patron had been potentially identified by a member of the Host Responsibility Team (HRT) as experiencing a serious problem with gambling, or where the person had sought help from casino staff. It also included cases where Vietnamese Australians who were asking for an existing exclusion order to be lifted. The HRT team would ask that we meet with this person and assess their readiness prior to lifting the order. Over the years the number of people who have been referred to the Vietnamese Gambling Help Service has been minimal. It is very difficult to see how a business, such as SkyCity, or any other the other licensed gambling venue, can be expected to take chief responsibility for identifying and referring patrons to gambling help without this practice interfering with the main intent of their business, which is to promote gambling.

A similar system operates in gaming venues based in hotels and clubs, where proprietors bear responsibility for making people who gamble feel welcome, while also being responsible for identifying people experiencing problems with gambling and approaching them to assess and offer support to help address any issue with gambling. 'Role conflict' for gambling venue workers has been identified as a significant issue in two Australian studies (Hing & Nuske, 2012; Riley et al., 2018) but these studies did not include casino-based staff. The investigations revealed both venue staff, and patrons believed there was a conflict, the latter also expressed doubts that gaming staff could manage these 'conflicting' roles. In the casino environment, a distinction in responsibilities becomes potentially practical as more numerous staff permits assignment to different roles.

Comparative governance

Discussions about casino safety led to some interesting and divergent views, whether based in Australia or in Vietnam. Two participants expressed that availability of government-regulated gambling venues in Australia had its benefits. It allowed the government to collect taxes but also provided an opportunity for the government to control gambling participation and avoided problems that some participants associated with illegal gambling. One participant referred to the casino as a 'sanctuary for gamblers'. Another stated that:

When they gamble unlawfully at home, and there are many places where people gambling on soccer, bet on other things and end up owing money, killing each other, avoid debt repaying and cause many social problems.

Not everyone saw the casino as a place where the patrons are treated fairly. Some participants believed that the casino designed its games so that you would have an early win, enticing you to come back again and again, until you kept returning and would inevitably lose. This sentiment was encapsulated by the following:

They don't set up for everyone to lose because everyone will be discontented. They let you win and then lose; you win and you lose gradually and become addicted to it. It is not a trap to make you bring your money to them, but they are very smart, they let you win first.

The same participant was disparaging of the limits set by the casino, arguing that the limits were not set for the protection of the person who is gambling, but instead to assure the casino always wins, saying that:

This is why we lose. We lose but we are still playing. For example, we play other game at 20,000 dollar maximum table. Many people find a way to bet double than just bet \$1000 each time. For example, I bet \$1000 at the Baccarat table, I lose that game; the second time I bet \$2000 and I lose again; the third time I bet \$4000 and I lose again; the fourth time I bet \$8000 and I lose; the fifth time I bet \$16,000 and I lose; the sixth time I bet \$32,000 but the dealer only allows the maximum of \$20,000. Do you understand? So I can only bet 6 times. They are very smart to set up a limit. There are times that the results are not in your favour a dozen times or more. When they set the limit up, they beat us. We use their money to win theirs but we can only go up to \$20,000 limit on six games.

This example is recognised as a common fallacy held by people who have a problem with gambling. Without a limit being in place, the person who gambles stands to lose large sums of money, very quickly. Within 10 losses, the original \$1,000 would lead to a loss of \$512,000 – with one more loss leading to a loss of over a million dollars. It could be argued instead that the limit set by the casino is protective of those engaged in gambling.

Discussions about the casino in Adelaide led to discussions about the availability of casinos in Vietnam. These revealed a disconnect between Vietnamese Australians and the current situation in Vietnam. Only some participants were aware that there were casinos in Vietnam; those who were aware, believed these were foreign owned and only open to foreign passport-holders. None of those who had visited Vietnam had visited a casino, even though *Việt Kiều*, many of whom have a foreign passport, and eligible to gain entry. On enquiring further about casinos in Vietnam, some participants then referred to gambling venues located along the Vietnamese Cambodian border. Only one participant who had recently visited Vietnam was up to date with the development of casinos in Vietnam, reporting:

I think they allow now. If the Vietnamese government did not allow the casino to be opened, people would still go to Cambodia to gamble. Unintentionally the profit would be lost to the other country.

The interpreter agreed with this conversation, citing that people motivated to gamble at casinos, were travelling to Cambodia and Hong Kong, but by setting up casinos within Vietnam, the government had the potential to profit from Vietnamese people gambling. Consistent with these viewpoints, another paper highlighted the emerging regulated gambling industry in the China-Vietnam borderlands (Wah, 2007). The Vietnamese government has been caught in a cleft stick: on the one hand they see gambling as a 'social evil', however the establishment of casinos on home soil has the potential to attract investment and tourist dollars, while stemming the flow of money into neighbouring countries and helping to eradicate widespread illegal gambling (Champion, 2007). Discussion content made it clear, though, a general mistrust of government involvement in gambling in Vietnam persisted, with participants viewing their experience of regulated gambling quite differently. As one participant maintained, in Australia the government offered 'system-wise' gambling environments, stating that:

The odds and probability are all controlled by the professionals or whoever is staying on top, in Canberra, they feel more, they feel safer.

It was clear that a casino operating within Australia was viewed as more trustworthy than those based in Vietnam or neighbouring countries, but this is the perspective of people who chose or felt forced to leave Vietnam, that is a group of people who had major reasons for not holding trust in the Communist government regime of Vietnam, and anything under their control.

A risky space

Enticing as the casino has proven to be for some Vietnamese Australians, it is seen as a place posing serious risk to those who are unaware and for those who may be particularly vulnerable to gambling losses and/or the exploitation by others. Although some people who had developed a problem with gambling were criticised in the focus groups, the use of the case studies made it evident that most participants believed that those experiencing problem gambling were often good people, who for a range of reasons became susceptible to developing a problem with gambling. The casino was recognised as an exciting and social place to be, while also viewed as a bad or dangerous place to be. The danger associated with the casino was more apparent in the individual interviews that were held with people identified as having problem gambling.

First, casinos offer the opportunity to gamble, and gambling is clearly something in which many Vietnamese Australians engage. Gambling, itself, is perceived as a risky behaviour, with some

focus group participants asserting that it is better not to gamble at all. However, there is another side to casino life that borders on, or *is* in fact, criminal behaviour, and patrons who are experiencing gambling problems are highly vulnerable to being exploited or taken advantage of by others. Two interviewed participants gave permission to use parts of their story that were not shared at the time of interview. These stories were consistent with others revealed in the study of Vietnamese Australian women in Victorian prison who had become involved in gambling, and those detailed by other counsellors the author had met during this study.

For a range of reasons, perhaps it was relationship breakdown, loss of employment or health issues, a small group of participants had been attracted to going into the casino. Often, they were initially invited by someone they knew, but once they developed a problem with gambling, they would more commonly go into the casino on their own. They became acquainted with some other Vietnamese Australians who also frequented the casino on a regular basis, forming new friendships. Baccarat is the game that most would ultimately play, with Vietnamese Australians banding together, sharing their wins, and helping each other out when they lost. In time, their new friends would say they could not lend any more money, but they would offer to introduce them to someone from whom they could borrow a larger sum. One former client provided the author with a somewhat sanitised version of what happened to her:

"The first time I went I was happy to be there. There were lots of people, I didn't have to think about my life at home, I could talk to my friends. I would only go there on weekends and spend a little bit of money.

I started going in there more often and the amount I played with went up, especially if I had been losing. At first, I wasn't worried as I had savings in the bank. Eventually I had no money in the bank and my friends let me borrow from them, maybe \$300 or \$500. I kept thinking I will win the money back for them.

... I couldn't stop now because I had to get the money back to my friends, I owed them too much. That's when I got money from others, and I had to pay interest.

At first, I played Blackjack, I didn't lose too much – it was just me playing against the dealer. I came and watched Baccarat and saw all the people playing at the table there. My friends and I started to play. I would place the same bets as my friends. When they won, I would win, when they lost, I also lost. When we were losing, my friends would ask me to give money, but I didn't have any either.

My friends introduced me to a man and woman who offered to lend me money. That was okay for the first few months. I was working, I stopped going to the casino, I paid them interest. I paid for the rent and the food and what I had left I would pay to them. After a while I couldn't keep up, it wasn't enough. That put me under pressure to go back to the casino and try to win more money and solve my problem".

Unfortunately, it seems that unofficial lenders are indeed present at the casino. The Vietnamese Australians spoken to as part of this study referred to them as *loan sharks*. The interest rates offered by loan sharks are extremely high, and any failure to make repayments attracts threats. In the author's former role as a clinician working with Vietnamese Australians, they had come across several people who shared a similar story – the person would develop a problem with gambling, when they could no longer borrow from family, friends or gambling acquaintances, they would be introduced to a loan shark, commonly at the casino. In some cases, the lender initially acted benevolently, offering moderate interest rates to begin with, that would later rapidly increase. In other cases, the person was offered a loan with high interest rates from the start, accepting this due to desperation or believing that the borrowed money would enable winning back the money. By the time people sought help from services they usually were in substantial debt to the lender; when unable to meet payments, many had received serious threats from the lender or people who were connected to them. Typically, they would be pressured by the lender into committing illegal acts, such as selling or trafficking drugs, in lieu of repayments. Some were charged with drug related offences, attended court but would refuse to provide the identities of their lenders through sheer fear of what might happen to them or their family.

There was general awareness of these situations in the focus groups, particularly by female participants. Through the author's experience of treating Vietnamese Australians with problem gambling, the author was aware that these experiences were common to men *and* women, but the latter were more willing to share this information in a forum and/ or to an outsider. A participant expressed their thoughts about the risk associated with developing a problem with gambling:

For example, I don't have money, no money. I don't have money, I can't pay the bills, buy the groceries, I cannot take care of myself. Furthermore, one day people will lure me into doing illegal things just because I don't have the money. And I will be imprisoned. That's something I don't want to happen.

Others in the female focus group conceded this was a familiar story. Another female participant recounted the experiences of someone she knew, saying that:

She followed instructions from her friends to deliver drugs interstate. She had to do it because she was so addicted to gambling, and now she has to sell her body to people to get money for gambling.

It would be good to think that there had been changes at the casino to help curtail this activity, but as former clients continue to refer Vietnamese Australians to the author for assistance, the author is aware that this practice continues. Other casinos in Australia have been alerted to the presence of unofficial lenders and the vulnerability of patrons who are experiencing serious debts due to

gambling. A series of news articles over many years describe very similar modus operandi to the one heard directly from clients (Martin, 2021; Morri, 2014).

In discussing these issues, the author had been highly conscious not to ask the participants interviewed to reveal more information than they felt comfortable to share. Those who granted permission to discuss their case in more detail, did so because they indicated that they believed that it was an important part of their story, and important to include in this study. Personal stories shared included stories of being victims of ongoing verbal threats to themselves or members of their family, serious physical assaults, and even one occurrence of child kidnapping, all used as means by representatives of loan sharks to coerce people into meeting loan obligations. People were usually given the choice to either meet their exaggerated loan repayments or be corralled into committing illegal acts in return for a reduction on their loan. This happened to ordinary people, people who had no former involvement with criminal activity, many of whom easily drew the attention of authorities due to their inexperience. For example, one person spoke of how they were caught the first night they were selling heroin, directly selling to an undercover officer. There was a clear understanding that the author would write in such a way that it would not reveal the identity or details of their stories, however, these recollections revealed an ugly underbelly to the casino, in high contrast to the 'welcoming' and 'safe' environment described by other participants.

For Vietnamese Australians, the casino is a place of contrast. On the one hand it offers the opportunity to gamble in what can appear as a safe and regulated environment; a place where Vietnamese Australians can socialise with each other and be accepted. On the other hand, it is a place that poses risk for those who are vulnerable to developing a problem with gambling. Vietnamese Australians who have lived a hard life, those who are lonely and socially isolated, those who are leading stressful lives, may all seek sanctuary in the casino. However, this exposes them to the potential negative impacts of gambling, such as financial problems, relationship breakdowns and loss of business. For a small group of Vietnamese Australians who experience debts due to gambling, this may even lead to committing and being charged with criminal acts under the threat of loan sharks.

Security, wealth and achievement

Without doubt, the focus groups and interviews revealed the importance of having your own home within Vietnamese Australian culture. Home ownership symbolised *achievement*, *stability*, and *respectability* for families. A younger person without responsibilities was viewed by some as being as free to use their money for gambling, "they don't have money to spend for, like

children, real estate”, relative to people who were viewed as established, “they just play for fun because they have everything in their house”. Anyone with a family, without disposable wealth, was not granted the same licence to gamble, as indicated in the following comments from a range of participants:

They [family and house], yeah, they go together. If you have a family, the priority should be to have a house for them, the house, to possess the house.

For Vietnamese people, we have the concept, like we have to have the house to, to show that we are established.

Yes, definitely the house is important, they can go their whole life, but they have to have the house ... the house, the family, it's like the base, that's foundation.

And some of them may work for a boss so they can have the tax register, so they can have the money to borrow to buy, but they still have to work extra hours, cash in hand so they can pay, have enough to pay mortgage. They can work all their life to pay mortgage, but for Vietnamese people to having the house, its super important, it's essential.

Regardless of culture, having somewhere to live is recognised as a universal basic need. At the commencement of Vietnamese immigration into this country, non-Vietnamese Australians were facing high unemployment rates and high interest rates, thwarting the dreams of many young Australians to buy their own home. Many of those who accessed the pilot treatment program were experiencing housing insecurity, partially attributed to being forced to live a solitary life away from family, but also due to being unemployed or in low skill occupations providing limited income. In contrast to other immigrants, many of the Vietnamese came as refugees and their sudden ‘uprooting’ meant they were unable to transfer capital, that being, money, belongings, or other assets of value. Once in Australia, they also were confronted by high unemployment at that time, made worse by the language barrier, and racial discrimination, including exploitative practices (Hugo, 1990). Khoo et al. (1994, p. 352) also found that the Vietnamese were amongst the most disadvantaged of all Asian immigrants arriving in Australia at this time, stating that:

The higher unemployment rates of people born in Cambodia, Laos and Vietnam compared with those of other Asian-born people at durations of residence of more than five years indicate that they continue to face problems integrating into the labour market even after several years of residence. Many of these people were likely to be refugees and might lack relevant occupational skills or had language difficulties which made it problematic for them to gain employment, particularly during the recessed economic conditions of mid-1991.

Possibly, as a means for circumventing discrimination, Vietnamese Australian community leaders reported that a high proportion of Vietnamese Australians chose to become entrepreneurial;

once they had managed to establish themselves, they focused on building the capital required to set up their own businesses (Hugo, 1990). It was apparent in this study that wealth was highly respected in Vietnamese Australian culture, especially if made through your own enterprise. Indicators of wealth were home ownership, buying other real estate, business ownership and the number of people you were able to employ within the business. As participants reported:

After I started my business, we earned a lot of money from it. We bought a house and everything.

Because in Vietnamese, we say, if we have money, we are powerful, powerful. We have the house, we have a family, he has a business, the business that can employ other people.

Therefore, home and/or business ownership are important ideals for Vietnamese Australians, indicating that you are respectable and able to provide for your family. Developing a problem with gambling runs contrary to achieving this ideal. One participant expressed that it was foolish to believe that people could use gambling to acquire wealth, saying, "I don't think anyone can buy big houses from gambling money." Others talked about the loss of home or business once their problem with gambling became more serious.

I have known many people, who seemed to do very well with their business at first ... but after a while I saw them selling their house, husband and wife split up. The reason being they worked during the day, and at night they played at the casino until they had to sell their house, owed hefty debts. Therefore, they had to run away and hide.

Gradually I lost five thousand, ten thousand, fifty thousand, one hundred thousand, five hundred thousand, one million dollars and finally I had to sell the houses.

He lost the business, he lost the house, he even show me the big house, he used to live there before, so he lost everything.

The loss of a home was not only experienced by Vietnamese Australians but also noted by one participant who had lived in Vietnam more recently. They made reference to Vietnamese people who would travel across the border in order to gamble:

So mostly they go to Cambodia and they are betting over there. And I've seen a lot of people who've lost their house and all their properties because of gambling.

In the author's role as therapist, they had encountered many Vietnamese Australians who had lost businesses and properties due to gambling losses and the debts incurred. This appeared to hit the men particularly hard, perhaps as they held onto a more traditional stereotyped gender role, that saw men as the primary provider to the family and household. One participant who had been a

highly successful business person, and owned multiple houses, was now in the position where being granted a government house was all they hoped to achieve.

I have no money, no house, but when my life and my health are being cared for by the government, I consider myself luckier than people in my homeland. The only hope I have is that I'm getting old, I have the responsibility to care for a young child. This is my responsibility. I only hope to be granted a house by the government, so if anything happens, the child still has it.

Another client drove the author out to see the house they had owned. Once a popular and outgoing man, his problem with gambling had led to major debts and imprisonment for fraud, leaving him more reserved and less confident. A central part of therapy had been to help him come to terms with his changed situation, and the associated change of status within his family and community. Both men had become wealthy in Australia and enjoyed the prosperity and status wealth commands in Vietnamese Australian circles. Today neither of them speaks of the casino in positive terms. As much as they had initially enjoyed the social atmosphere that allowed them to meet up and gamble alongside other Vietnamese Australians, it is also the place that stripped them of their accomplishments – that is, of being a homeowner in Australia and having status within their community.

A home is the space that signifies respectability; it signifies accomplishment among Vietnamese Australians. As much as a home may be seen as serving a basic need, in the Vietnamese Australian community it signifies that 'someone has made it'. This can mean a lot to someone who felt as if they lost almost everything when they were uprooted from their home country and set off on a journey into uncertainty. Although some participants the author spoke with had won large sums of money at gambling, which could have contributed to buying a house, there was a general acceptance that participating in gambling risks home ownership. Participants stated that:

We have to understand that if we keep playing, we will lose our house. I have 10 young children, so I have to work hard to bring them up. I have to think of my family.

My wife is not happy when I bring home money from gambling. She is even smarter than me. You are lucky to bring home money today, but you will sell the house to other people the next day.

Home ownership is incredibly important to Vietnamese Australians; venturing into gambling spaces, such as the casino, places this aspiration at serious risk. Vietnamese Australians are generally tolerant and accepting of gambling, however, the loss of home ownership symbolises a person has lost control and can no longer be respected.

Conclusion

This chapter explored the concept of *lived space*, capturing the subjective experiences of the spaces occupied by Vietnamese Australians that relate to gambling. Participants contrasted their experiences of gambling in regulated environments - particularly in relation to the casino - to their experiences of gambling within private environments. Although many Vietnamese Australians were clearly attracted to the casino, frequent patronage was associated with the personal risks, such as heavy losses, but also extended to the risk of becoming vulnerable to illegal behaviour. Gambling within home environments, where people felt control over the extent of the activity, was deemed to be relatively safe. Poignantly, it is in the company of family where most Vietnamese Australians are introduced to gambling, where private gambling is considered a relatively normal and acceptable part of Vietnamese social life.

The availability of government-sanctioned gambling in Australia contrasted strongly with gambling activity in Vietnam. While respect was expressed for how gambling is regulated in Australia, the casino was revealed as a place contrived to feel a safe space. Rather, it presents real risks to those who are vulnerable. At the extreme, the casino environment presented real risks to Vietnamese Australians who gambled heavily, pressuring and forcing people who gamble to become involved in illegal activities as a means of repaying debts to unscrupulous money lenders. Informal money lending behaviour was not unique to the Adelaide casino, as media stories and studies suggest similar practices interstate. Distinct and varied perceptions were apparent about the space occupied by the casino in the eyes of Vietnamese Australians: a sense of a 'fun' juxtaposed with a threatening, hidden seediness.

Finally, this chapter defined the concept of 'home', which was revealed as a space that vital to Vietnamese Australians. Besides providing a safe and secure space for family, owning a home signifies respectability to other Vietnamese Australians. For those Vietnamese Australians who felt forced to leave Vietnam, strong feelings were expressed about home ownership, with the securing of a home serving to mollify the uncertainty associated with the refugee experience. Persistent or excessive gambling was generally met with disapproval, owing to the risks to home ownership and all this represents. In the next chapter, the lifeworld concept of *lived time* will be explored, generating further knowledge of the way gambling is perceived by Vietnamese Australians.

CHAPTER 8 LIVED TIME

The concept of *lived time* invites us to explore our subjective experiences based on the dimension of time, that is, our 'sense' of time, rather than calculated time. Time moves differently depending on the nature of the contemporaneous experiences. Lived experiences belonging to the past, subsequently influence current understandings, which in turn orientate future experiences. There were two important notions of time that arose from this study. The first being participants' experience of time based on their life experiences as refugees or migrants to Australia; the second involves the concept of 'being a product of your time', with so much of one's life decided by when a person is born and the occurrence of major events that feature across the lifespan.

Relationist time

Uncertainty

Many of the participants in this study came to Australia as refugees and faced considerable periods of uncertainty – an experience of time that affects the psyche of many Vietnamese Australians today. People left Vietnam not knowing when they would arrive at their destination; they had no idea whether they would see family again, and if they did, *when?* Many Vietnamese people left their home country uncertain about their destination, but even more uncertain about *when* they might reach their terminus or how many waypoints there would be along the way. Aside from destination uncertainty, the timeframe they would spend on each juncture of their journey was also unknown. Enduring hardship is easier to bear if timeframe is explicit, affording a level of control in managing until one's situation improves. For example, think about a prisoner remanded and awaiting sentencing. Court processes are invariably delayed due to adjournments; this typically distresses the prisoner. Once they have received their sentence, as much as the prisoner may be dissatisfied with the length of the sentence received, the prisoner can now settle knowing how long they are likely to remain in custody. In effect, the prisoner accepts their current status quo - 'doing their time'. Refugees left Vietnam not knowing *how long* it might be until they reached safety; *how long* it would be until they reached Australia; *how long* it would take them to adjust; *how long* it might be until their family may be able to join them. We all face uncertainty in our lives. However, rarely is it on such a grand scale, where each juncture of the journey people faced such adversity, with limited capacity to influence outcome.

Being a refugee from Vietnam during the years of mass exodus involved frequent periods of waiting: *waiting* for a boat to become available; *waiting* to arrive at a waypoint; *waiting* to be

accepted by another country; *waiting* to arrive at your destination; *waiting* for family to be able to join you in your host country. These are all periods of waiting involving little control or agency over proceedings. One participant shared the story of their journey. They had left Vietnam by boat, leaving behind their pregnant partner and first child. Their first port of call was Thailand, they had encountered bad weather at sea but all managed to survive. They stayed in the Thai refugee camp for an inordinate amount of time. The participant was a very friendly and outgoing person, but they felt they were being constantly overlooked by agencies who came to assess eligibility for migration. They watched others arrive after him and depart for their destination countries ahead of them. They attributed this experience to their refusal to become a Christian, asserting that it was Christian faith organisations that were largely responsible for assessing refugee candidates. There is no way of knowing if what they purport is true, but this experience has affected their outlook towards services. They believe that the extensive duration of their stay in a refugee camp added considerably to the time they spent away from family, causing undue disconnect with their partner and children. Even though they reunited with their partner and children in Australia, they believe it was too late to salvage the relationship, with the marriage ending in divorce.

Today it is common to hear stories of people spending much longer periods in refugee camps. Nevertheless, time is a relative concept. This person saw people come and go ahead of him, creating a sense that time was moving laboriously slowly for them versus the experience of time for others - and unfairly so. It could be argued that the impact of uncertainty has driven the people with shared experience as refugees to chase security in their lives henceforth. This was clear in the discussions presented in Chapter 7, where the importance of establishing a home was identified as a primary goal of people who arrived from Vietnam as refugees. Establishing a home and family are perceived as the ultimate goals of the Vietnamese refugee, providing a space where people can feel safe and importantly, and be in control of their destiny again.

Survival, generational impact

The passing of time has also generated a disconnect between the lived experiences of first and second generation Vietnamese Australians. The narrative of first generation Vietnamese Australians is dominated by language involving *hardship* and *sacrifice*. These are people who had direct exposure to war: bearing witness to shocking events and community upheaval. The early years of Communist rule in Vietnam are characterised by government control, retaliatory and discriminatory policies against sections of the community. In his treatise on the refugee exodus from Vietnam, Grant (1979) identified two main groups who left Vietnam for fear of reprisal: the first group comprised ethnic Chinese, who were predominantly urban and 'capitalistic'; and the second

group comprised Vietnamese who were associated with the pre-1975 political, military and economic order in south Vietnam. The latter consisted of:

Members of the former government's armed forces, including police, civil administration and anti-communist political parties; employees of the US embassy and its aid agencies; teachers, academics and intellectuals, professionals, technicians, businessmen and businesswomen, rural landholders and fishermen Grant (1979, p. 99).

This contingent represented a substantial portion of the community who commonly reported a fear of being sent for 're-education' or being relocated to a 'new economic zone', with a shared pessimistic outlook, as stated by Grant (1979, p. 99)

Feeling of alienation from the new communist administration and identity with the old regime was common, often mixed with an economic motivation: a conviction that their livelihood was better before and could only get worse. They felt the future was bleak for themselves and their children.

Consistent with this sense of hopelessness, a participant reported retrospectively:

We had to sacrifice ourselves for our children. Because we anticipated how life would be under the new regime, as we could not survive back then. Instead of staying and dying, we chose to leave to find a way.

The same participant described how they had avoided being conscripted during his adolescence, spending years "hiding like a rat". They said:

Almost everyone between 18 and 45 years of age was conscripted and I was so scared, so I ran away. I was still very young and was afraid of being killed.

Another participant identified how many of the people returned from three years of military duty mentally or physically ill, with long term or permanent impact to their health and wellbeing. Another participant spoke to the author about how they had been forced into conscription at the age of 16 years, but along with others, chose to defect. Their father had been retained in a re-education camp for political reasons, leaving their mother to fend for herself and her children. Occasionally the family would trek to the camp and give what food they could to the father. At one visit another prisoner informed them that their father had died. The participant recalled that they had strongly objected to fighting for an army that they saw as being responsible for the death of their father, thereby motivating their decision to defect and leave Vietnam. They had trekked across Cambodia, finally reaching the Thai border, where they handed over their gun. Later they were accepted as a refugee into Australia, and once established, they sponsored their sibling to join them.

The choice to leave Vietnam was not an easy one to make for many people, given the dangers that people faced in making the journey and the money required to make the journey. People were forced to leave members of their family behind, others brought family with them as they set out on hazardous journeys. In burgeoning friendships with Vietnamese Australians, the author discovered that many seemed compelled to tell the story of how they came to Australia, making references to the perils this journey posed for them. Although these stories often possess a 'scripted' quality to them, crafted to draw or test for a sympathetic response from an outsider, the seeming compulsion to tell these stories is indicative of the centrality of these experiences in how the person sees themselves; with their stories becoming reinforced with each iteration. These accounts also indicate how people wish to be viewed and understood by others – by following a scripted version of history it serves to protect the person from what are incredibly painful memories. In their memoir Do (2010, p. 22) recounted the story of their family's journey to Australia.

The boat was so small that we were jammed into every crevice, corner and spare patch of deck. It was almost impossible to get downstairs into the hold, which was heaving with sweaty bodies and the suffocating stench of old fish. Forty people had transformed this tiny fishing boat into a living, seething mass of human desperation floating in the Eastern Sea.

Do (2010, pp. 22-23) details his family's experience on their second encounter with pirates on their journey from Vietnam, stating:

As the boat got closer we realised they were also pirates, but Dad could do nothing. The vessel rammed into ours and within minutes a gang of nine men were on our boat waving guns in the air and screaming.

It was too much. We stood there silent and numb, like sheep awaiting slaughter. We were forced to strip off our clothes again, and the pirates stalked up and down the rows of naked bodies, inspecting opened, trembling mouths, occasionally pulling out a gold capping. My father stated what appeared to be obvious, 'We have nothing left'.

A pirate with black front teeth leered at Auntie Huong. He muttered something and then without warning, grabbed her arm and dragged her onto the other boat.

Do further recounted how the men in his family were able to turn this situation around, ensuring the survival of those remaining:

Back on our boat one of the pirates grabbed hold of the smallest child. He lifted up the baby and ripped open the child's nappy. A tiny slice of gold¹² fell out. The pirate picked up the baby and wantonly dangled the baby over the side of the

¹² Gold was bought by Vietnamese families to hedge against inflation before 1975 and was usually comprised thin, beaten strips referred to as tael (Grant, 1979, p. 63)

boat, threatening to throw the infant in. My father screamed at the top of his lungs, 'We must save the child! We will fight to the death to SAVE THE CHILD!'

Suddenly guns were lifted and machetes raised. The robbery now turned into a full-blown standoff: nine men with weapons against thirty-seven starving refugees, a baby dangling over the ocean, and a naked woman awaiting hell.

The most dangerous animal is one cornered and fearful. My uncles, ex-army paratroopers, suddenly felt a surge of adrenaline and stood up in unison. They were tired and hungry and weak, but they had one last fight in them. Then the teenage boys started calling out to each other, psyching each other up, their fear now turned into desperate rage. Everyone was ready to fight till the end. If the child was thrown into the ocean, there would be no survivors.

The head pirate sized up the situation and barked frantically at the man dangling the baby. The child was thrown to the feet of his mother. His life was spared.

That baby was my brother Khoa. My crying mother gathered him up and held him tight, like a son who had returned to the dead.

One by one pirates went back to their vessel, taking with them every little thing they could find, even our broken second engine. The pirate with black teeth angrily yanked my aunty out of the pilothouse and shoved her back onto our boat. She fell on the deck and was protectively covered by the arms and bodies of our family, grateful that nothing further had happened to her Do (2010, pp. 23-24).

Do used the writing of his autobiography to make public a very personalised account; others with similar experiences may well be motivated to suppress the details of the events to avoid painful recollections. Do's story, like others the author has heard, often highlight the strength and determination of Vietnamese people to survive in the face all odds, and to protect one another. It was in the therapeutic space, that Vietnamese Australian clients disclosed more shameful aspects of these stories. One Vietnamese Australian counsellor working with Vietnamese Australians experiencing problem gambling alluded to this, by saying:

Because with the Vietnamese community have a lot of, successful story, but also tragic story because we are affect, a lot of us affected, more or less, by the war, to escape, to the refugee camp, very harsh background.

In the author's experience, Vietnamese Australian people were inclined to avoid the more deleterious details of their experiences, but these might be revealed in therapy when a person is in distress. In their clinical role, that author was to witness the guilt that people carried for being a survivor; the author observed guilt arising from instances where the person perceived they could have - or should have - done more to help others. Others spoke of the betrayal of others, for example, one of the author's former clients perceived that their parents had been more protective of their siblings, which led to them being separated from family and having to fend for themselves.

As the worker inferred, these were harsh times and people were pushed to their limits. Mai (2009) found evidence that Vietnamese American parents routinely shared stories to ensure their children had an accurate understanding of their parents' experiences, with the children reporting that discussions of historical trauma occurs in families at least yearly. Stories of noble acts instil a sense of pride in first-generation Vietnamese Australians, and adults are keen to pass these onto their children. However, the reality is more complex and multi-faceted; these are complicated stories to tell.

Do (2010) recounted a story of survival, and yet, also attributes his father's problem with alcohol and violence to his exposure to extreme hardship and traumatic events during their life in Vietnam and the journey to Australia. In their study of Vietnamese refugees Silove et al (2007) found that trauma and post-traumatic stress disorder (PTSD) still impacted on Vietnamese refugees more than a decade after resettlement in Australia. PTSD is a serious and disabling mental health condition. PTSD is characterised by intrusive recollection or reexperiencing of events, hyperarousal, emotional avoidance or numbing and depressed mood (First, 2022). Vietnamese Australian refugees were also less likely to be identified as having PTSD by health professionals, and to seek help (Silove et al, 2007). Of additional concern is the strong association between PTSD and Substance Use Disorder (SUD), adding complexity to the person's circumstances. People presenting with comorbid PTSD and SUD are at increased risk of chronic health problems, suicidality, legal problems and violence, while also exhibiting poorer social functioning (McCauley et al., 2012).

Pressure to succeed

The direct impact of PTSD can be devastating and longstanding for the person, but has potential for causing intergenerational trauma, with the effects of the trauma passed on vicariously or negatively influencing parenting practices and emotional availability to children. It was clear from this study that stories of survival are recounted to descendants of first-generation Vietnamese Australians refugees, ensuring that children understood the hardships their parents have overcome to ensure they have a 'better life' for their children. A likely consequence is the second generation of Vietnamese Australians feel the pressure of expectation by their forebears to 'do well'. Participants in the younger focus group identified that this led to a sense of competition between families, competing for status, with money and occupation as indicators of success.

I think also like with Vietnamese families, we are all grown up to kind of be taught that money is power, get money, you need money, money is good ... I feel like everyone talks like that, get an education so then you can make money, and then it's all about this greed.

With another participant adding:

It's a status thing ... it's more of a status, it's like a competition, it's competitive amongst people like, that person's a doctor or der der der der, it's like that, like we've got to beat them, or be as good as them ... yeah, they've got like 5 cars, we've got to try to get up to that.

The pressure for children to succeed, may be common to other migrating populations, particularly where parents have made significant sacrifices. However, this phenomenon also needs to be understood within the Vietnamese context of *ôn*, where traditionally Vietnamese children are highly obligated to honour and repay their parents. Studies into inter-generational experiences of migrants and refugees to Western countries have highlighted the clashes that may occur between parents and children due to cultural dissonance, with parents tending to adhere to traditional cultural beliefs while children choose to endorse Western values (Flanagan et al., 2020). Choi et al (2007) argued that this dissonance may be more marked in those from non-Western cultures, such as the Vietnamese. It is highly probable then, that second generation Vietnamese Australians bear the combined duress of meeting their parents' expectations, while trying to navigate the expectations of mainstream Australian culture.

The issue of intergenerational cultural dissonance and conflict is explored in more depth in Chapter 10 focusing on *lived human relations*. However, it suffices to say that vulnerability to engaging in risky behaviour such as gambling, will differ across generations of Vietnamese Australians, and varies according to period and cohort effects.

Gambling and prohibition in Vietnam

Although the Vietnamese government has relented in more recent years making gambling more available to the populace, it appears that unregulated or 'black-market' gambling persists. Newspaper stories drawn from English-speaking press in Vietnam routinely report on police busts of illegal gambling rings. A sample of these stories are shown in Figures 8.1 and 8.2 and colours the community's perceptions of gambling. One of the Vietnamese workers interviewed said that this portrayal of gambling as an illegal behaviour continued to affect some Vietnamese Australian's perceptions of gambling, preventing people experiencing gambling problems from seeking help due to stigma.

And when they migrate to free countries, like America, Australia or other countries, gambling is a very normal thing. But when they have a problem they become very hesitant to approach someone. Because to gamblers, they still think it is a sin, a shame. They always think they are wearing the prejudice of being a criminal.

Caution needs to be applied to accessing information from media sources in any country, however all media outlets within Vietnam are state sponsored. While correspondents in Vietnam may be ardent seekers of the 'truth', there are significant forces within government that control what stories are published (and those that go unpublished). News outlets also provide an avenue for government to serve propaganda (Cain, 2014). According to the Reporters without Borders (2021), Vietnam is ranked low, being 175 of 180 countries listed on their World Freedom Press Index (Australia is ranked 25th).

In his study examining the freedom of press in Vietnam, Lesmana (2016, p. 4) reported that:

In a communist country, the main function of the media is to support the party and the government, besides functioning as tools of propaganda and indoctrination. News by itself must expose positive things for the party and the government. The success of the national development becomes the focus of the media reporting, its party's activities, including activities of party leaders are also the main reporting priority. Seemingly the negative things in the eye of the government or about development failure, must not be exposed.

Media stories relating to gambling commonly feature in Vietnamese media outlets and typically depict police forces as strong and accomplished, while also serving as a warning to not transgress the law. Although the Communist Party had initially outlawed all gambling since the Đổi Mới reform, they have gradually introduced government operated or sanctioned gambling opportunities. Despite this government liberalism, black-market gambling has persisted, is ordinary and quite widespread. Participants spoke about how ordinary people in Vietnam would conduct illegal betting systems, using the national or provincial government's *Lottery for Redevelopment* as its basis. Referred to as *Số đề (playing the numbers)*, bookmakers run games comprising the last two digits of the government lottery. At the end of each working day the government publishes their results, but it seems that the unofficial versions are more popular. One participant explained by stating that:

So they just organise for the last two digits to make it quicker, more comfortable, more convenience, easier if you go to Vietnam, every time around 5 o'clock. We got the time where the government put it in the newspaper. And you see all the voice, they go 'hello, hello'. They want to read the result quick as possible for the people there who bought it. And they are waiting for the result, anxiously waiting for the result.

SEVENTEEN ARRESTED FOR GAMBLING IN ĐỒNG NAI

Update: June, 08/2020 - 12:00

Article removed due to copyright restriction, available to read online from <https://vietnamnews.vn/>

Figure 8.1 Story printed in the National English Daily newspaper (Source: Viet Nam News)

GAMBLING BUST

Update: March, 25/2019 - 01:00

Article removed due to copyright restriction, available to read online from <https://vietnamnews.vn/>

Figure 8.2 Story printed in the National English Daily newspaper (Source: Viet Nam News)

One of the interpreters commenced by saying that the government system was too “complicated”, saying that *Số đề* was more for the convenience of the people. The same person later acknowledged that this was a private lottery and as such, it was illegal. Although some people still participated in the government lotteries, it was considered more difficult to win as you had to match six numbers and there was also the suggestion that the national game could be corrupted. Although the interpreter advocated that the lottery was televised, with a representative to supervise, a participant challenged this, saying:

But the players were tricked. I also knew when I watched the balls before, that ball there, it was made heavier than the others so it could drop down first if they wanted.

The Số đề dealers were viewed as being wealthy, and able to run a cartel of women and children to sell the tickets on a daily basis. As a visitor to Vietnam in recent years, the author recalled being approached repeatedly by people selling lottery tickets on the street, whenever venturing away from tourist areas. So, it would seem this activity remains highly prevalent, with the government unable to stamp it out.

With advent of casinos and internet access in Vietnam, the association between gambling and criminality has become more sophisticated, according to more recent stories published in Vietnam, as depicted in Figures 8.3 and 8.4. The persistent illegal connotations of gambling as portrayed by the Vietnamese government is likely to have continued to impact on Vietnamese Australians, arriving in more recent years, enforcing the stigma of gambling within this community. This view was reinforced in the women's focus group, with a participant stating that:

Even though, if they do it illegally, they still have problem with gambling. When they lost money, they can fight, they can kill each other just because of money, and they have to borrow the money, they have to leave the house, and running away from the lender who lend them the money, so I still have the problem even though if they do gambling illegally.

As the worker stated earlier, this stigma has serious ramifications as it prevents Vietnamese Australians from being able to disclose problematic gambling behaviour and access support to change this behaviour. Disapproval of gambling was expressed emphatically by a proportion of focus group participants, reinforcing the notion that gambling is a stigmatised behaviour within the Vietnamese Australian community.

POLICE BUST \$435 MILLION ONLINE BETTING RING

Update: October, 15/2020 - 16:35

Article removed due to copyright restriction, available to read online from <https://vietnamnews.vn/>

Figure 8.3 Story printed in the National English Daily newspaper (Source: Viet Nam News)

HCM CITY POLICE FIND ONLINE GAMBLING RING WITH \$3.94B STAKES

Article removed due to copyright restriction, available to read online from <https://vietnamnews.vn/>

Figure 8.4 Story printed in the National English Daily newspaper (Source: Viet Nam News)

Lived time, across the genders

The Vietnam War, and the resultant exodus of its people, heavily influences the psyche of Vietnamese people, including Vietnamese Australians. Not all Vietnamese immigrants to Australia come as a refugee; presently, Australia no longer accepts Vietnamese people based on humanitarian justification. The initial mass departure of Vietnamese men, occurring in the seventies and eighties, resulted in a surplus of single men coming to Australia. The 1986 Census revealed 26% more Vietnamese men than women, with very few (i.e. 5%) people of Vietnamese background marrying non-Vietnamese spouses (Australian Bureau of Statistics, 1986). Although some men left partners and children behind, later sponsoring them to join them in Australia, others arrived young and single. Similar to other cultural groups migrating to Australia, this ultimately led to a greater ratio of Vietnamese Australian men to women, and many of these men would later seek a partner from their home country which typically was organised through family connections or via agencies. Some Vietnamese women welcomed the opportunity to migrate to Australia, either through marriage to a Vietnamese Australian man or in some instances, to marry a man outside this cultural group. These differing stories are connected to time, with each case and circumstance dictating the experience of the individual.

More recently the author worked with a group of Vietnamese peer workers in which they developed a characteristic story of a Vietnamese man who developed a problem with gambling. The objective of the exercise was to develop more culturally nuanced approach to health interventions. The peer workers chose the 1990s as the era for migration, depicting a young man, single, whose passage to Australia was made possible through the combined sacrifice of money by his extended family. Commonly, the group reported, the man would have spent 2-3 years in a refugee camp after leaving Vietnam, finally being assessed, and accepted as a refugee into Australia. Arriving in Adelaide he would have been based at Pennington Hostel, a hostel used as the landing point for humanitarian entrants. While at the hostel, he would have been supported to attend English classes, would have met other refugees and be encouraged to find work. During this era, Vietnamese Australian men were generally limited to unskilled work (Hugo, 1990). Finding a job would have assisted him to find a share house, with other single Vietnamese Australian men. Unskilled jobs during this time were notoriously insecure, limiting his overall income due to gaps between jobs. The man would have been under pressure to live on a minimum, aiming to save and send money home to his family in Vietnam.

The group said that this was an extraordinarily lonely and unstable existence for many Vietnamese Australian men: they had no family, and no prospects of building their own family. The man would have had insufficient income to fly to Vietnam to see family, as the cost of flights were prohibitive at this time for anyone on a limited income. A man in this situation would not have been in the financial position to sponsor a wife from Vietnam; the preponderance of men to women within the Vietnamese Australian community would have meant he had limited opportunity to meet a Vietnamese Australian woman either; it was also unusual for a Vietnamese Australian man to marry outside his culture. This consuming sense of loneliness, combined with a pessimistic outlook were perceived by the group as the main drivers to developing gambling problems.

Women who have departed Vietnam for marriage purposes, regardless of whether they married a Vietnamese Australian or someone of a different cultural background, were particularly vulnerable. On arrival in Australia, they are usually highly dependent on their partner, particularly if they have no other family based in Australia. Many of these relationships go on to prosper, but within the Vietnamese Australian welfare sector, it is relatively common for women to seek help as they are living in unhappy and/or abusive relationships. This also holds true of the experience of people working to support Vietnamese Australian women around problem gambling, who often cite gambling as both an emotional and physical escape from their domestic situation. This is consistent with the women interviewed by Le in their study examining Vietnamese Australian women's involvement in drug-related crime. Le devoted an entire chapter to the women's experiences of gambling (Le, 2014), identifying a key function of gambling was to act as a retreat from personal problems. Le (2014, p. 119) specified that of the women she had interviewed:

Almost half of the 15 participants started going to the casino in an effort to escape personal problems they were experiencing at home. The casino was perceived as a temporary retreat, where they could socialise and meet new people, and take their mind off circumstances that, in their words, made them feel 'fed up with life [chán đời]'. These circumstances included marital problems, loneliness and bereavement.

Caution needs to be taken not to generalise Le's study to all Vietnamese Australian women, as their study is focused on a small sub-culture of Vietnamese Australian women involved in illegal activity, however, the commonality underpinning how these women came to participate in gambling and their vulnerability to developing a problem with gambling, was not substantially different from the stories the author had heard as part of their clinical work and as part of this study. These were unhappy women, looking for a social network and a place where they could feel good. The loss of extended family network, as is the tradition in Vietnam, would have been detrimental to both men

and women in this community. The experiences of loneliness and social isolation were common, with participation in gambling filling a gap in their lives.

One of the women who consented to tell her personal story of migration and resettlement in Australia as part of this study, described the connection between her criminal behaviour and gambling. Importantly for her, she wanted me to know that she had come from a 'good family' in Vietnam. She relayed that she did not know her husband well before arriving in Australia and had spent years since living in an abusive relationship following her migration. She was introduced to gambling via her husband, who insisted that she accompany him to the casino, with her role being to control the money supply. She attested that when he lost, he would demand more money from her, despite his earlier requests that she limit his spending. In the early years of their relationship, she rarely participated in gambling. Later she had the opportunity to go the casino with work colleagues while she was living separately from her husband. She experienced some large wins early in her playing, adding welcomed excitement into her life, and allowing her to send money to support her family in Vietnam. She reported feeling too ashamed to tell her family back in Vietnam about the nature of the relationship with her husband. She felt a strong sense of guilt for never having enough money to send to them to help alleviate their financial hardship. She added that she received no support from her husband's family based in Australia. She returned to the relationship a year later at his family's request, with them advocating that her husband had changed. She soon realised that her husband had not changed, and the violence returned. Her continued involvement in gambling provided her with the outlet to escape the violence she was experiencing at home.

These stories highlight how timing of arrival into Australia typically varied by gender, with Vietnamese men predominantly arriving ahead of Vietnamese women. People were affected by the era and order in which they arrived in Australia, likely generating gendered experiences. Vietnamese Australian men were advantaged by having been in Australia for longer, affording them more time for acculturation than the women who followed. However, many of the men were forced to contend with high rates of unemployment that were operating at that time, limiting their opportunities to attract adequate income to support a family. Vietnamese men traditionally have been regarded as the "pillar of the household" (Hoang & Yeoh, 2011), signifying their authority but also their responsibility to ensure the economic wellbeing of the family. Culture is dynamic, and is undergoing substantial change, both here in Australia and in Vietnam such that women are increasingly entering the paid workforce. Traditionally Vietnamese women may have run the household, including managing finances, but the man was 'in charge' and the main provider, hence this presents a real challenge to the status Vietnamese men. Women who have spent less time in Australia than their

partners may become more dependent on their partners than would be usual, due to language barriers and their relative unfamiliarity with life in Australia and are a greater risk of experiencing isolation.

Era-based vulnerability

Early arrivals

The era in which people first arrived in Australia is a likely influence of the probability for Vietnamese Australians participating in gambling. In particular, their attitudes and beliefs about gambling modifies their vulnerability to developing a problem with gambling. As stated earlier in this study, the mass exodus of Vietnamese to Australia coincided with an escalation of legalised gambling activity transpiring in Australia. Although the increasing prominence of the gambling industry met fierce opposition from some segments of the community, the public appeared enthusiastic about access to casinos and the widespread distribution of EGMs to hotels and clubs. This situation is in stark contrast with Vietnam's restrictions where gambling activities were deemed illegal by the Communist government when it came to power in 1975. The endorsement of gambling by the Australian government appeared to confuse some people arriving from Vietnam at that time. A Vietnamese worker commented that the availability of gambling at casinos and hotels, effectively made it 'government-sanctioned', essentially *tricking* senior Vietnamese Australians into thinking that, when they were gambling at the casino, they were engaging in a form of entertainment. Consequently, their activity would be accepted by others in the community. The participant stated:

For Vietnamese people in particular, gambling in Vietnam is always a guilt, it is a sin. The parents always curse and scold their children. But here gambling at the casino, at hotel pub is a business. In fact, they have ways to keep the gamblers, for example they even lure young people who do not have a job and elderly people who have language difficulties, especially without a job. Vietnamese people always look down on Vietnamese gamblers. In fact, when they go to the casino, the casino's gimmick towards the concept of gambling is a game of entertainment. They lure the customers under a hidden form of business.

However, the worker was adamant that many Vietnamese Australians were unaware of the risks entailed in entering gaming venues, and partially attributed those risks to how the casino promoted their business. Casinos can be seen as 'cultural melting pots' with casino management using times of cultural celebration to promote business within different communities. This is most evident for Chinese and Vietnamese patrons during Lunar New Year celebrations. Casinos may argue that they are supporting this celebration of culture, however, it would be naïve to assume that this practice is not primarily motivated by business interests. Vietnamese clients who had been patrons of the casino often voiced suspicions about perceived deceptive practices of the casino - once their

gambling was under control. A client who attended the pilot gambling treatment program had only ever aspired to *regain control* and limit their gambling, rather than completely abstain. Therefore, once they had been completed treatment, they were looking forward to going to the casino to celebrate the New Year with others. They recounted their experience of sitting in the car park and being overwhelmed by strong and divided emotions. As much as they wanted to meet up with the people who had invited them, they no longer felt comfortable associating Tết, which marks the beginning of a new year, with a place that had caused them so much grief and sadness. They reported that they drove out of the carpark and went to a Buddhist temple instead. Others have spoken to the author about “the pull of the casino” as a place to meet up with others, and the need to find different people and alternative outlets to recover from gambling.

I came along with her just for fun because she was cheating me by saying that the casino sold good steaks for few dollars a plate and I thought she was nice to me. After we finished the meal, she lured me into gambling. I was on unemployment benefit and I did not have much money. I could not afford to gamble like that. If I ran out of money, I could not take care of myself.

With another participant adding:

So I chose to buy a ticket to the swimming pool where I could meet good friends than being with Casino friends. They showed me good things, new and interesting things. From then on, I have not thought about gambling anymore.

International students

In a discussion paper about gambling in Culturally and Linguistically Diverse (CALD) communities, Dickins and Thomas (2016) highlighted the particular risk identified around young adults coming to Australia as international students. The students are often experiencing their first taste of independence, and particularly those coming from countries with restrictions on gambling, may venture into gambling venues out of curiosity. This is consistent with a study conducted comparing the experiences of international and domestic university students in Australia. Although it found that most international students refrained from gambling, the rate of problem gambling was found to be higher among international students than in the general student population (Moore et al., 2012). This was partly attributed to most international students originating from Asian countries, such as China, Vietnam, Malaysia and Indonesia; all of these countries that have more restrictive access to gambling. However, there was also indication of heightened vulnerability to problem gambling due to higher stress levels among international students when compared with domestic students (Moore et al., 2012). Not only are they subject to the normal aged-related stressors relating to the transition into adulthood, but international students may also be exposed to loneliness and social isolation from family and friends, and be under intense pressure to succeed, particularly

where families have made sacrifices to enable their children to study overseas. As Moore et al. (2012, p. 219) states:

International students who come from countries with limited exposure to gambling are likely to be curious about new gambling opportunities, and also less likely to have been educated about potential dangers associated with different forms of gambling or what constitutes excessive gambling. They may be inexperienced at handling their own finances, yet some bring large sums of money from their home country. These funds are often meant to be for living expenses for a whole semester or a year, but the temptation to use the money for entertainment, including gambling, can be strong. Such a combination of factors can be particularly risky, giving these young people the potential to lose more than they can afford, chase losses and engage in other behaviours typical of problem gambling.

As part of the economic reform of *Đổi Mới*, the Vietnamese government encouraged their citizens to gain overseas qualifications to improve the quality of their workforce, with the emergence of middle-class families further contributing to this trend (Nguyen, 2013). Student numbers have reduced somewhat since COVID; however, Australia remains a popular destination for students coming from Vietnam. This may appear a natural consequence of earlier migration, where people in Vietnam may feel a special affinity or have connections with Australia through family. However, one Vietnamese student the author spoke to, identified a disconnect between young people coming from Vietnam today and people who migrated many years ago: the student had attended a protest against the Chinese invasion of the South China Sea, and was admonished by Vietnamese Australians for holding up the Vietnamese flag. The official current flag of Vietnam is largely unrecognised by Vietnamese Australians who fled the country when it came under Communist rule, with many who came as refugees still observing the southern Vietnamese flag and not recognising the current government as legitimate rulers of Vietnam.

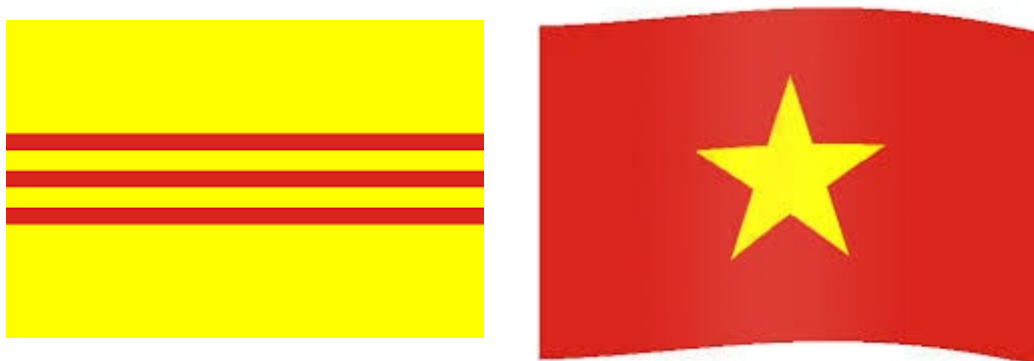


Figure 8.5 From left to right, the South Vietnamese flag and official flag of Vietnam (Source: Wikimedia Commons)

The student also reported being confronted with prejudice from Vietnamese Australians, particularly when they became aware that the student had held a government position in Vietnam. As a young person, who was not alive during the Vietnam war, they were initially perplexed by this prejudice. Their father had fought alongside the Republican forces against Communist rule, so they did not expect the Vietnamese Australians' distrustful reaction. Later the student came to understand that Vietnamese Australians, particularly those who chose not to visit Vietnam since their emigration, were unaware of how much Vietnam had changed as part of the economic reformation that commenced in the 1980s. Despite their father's allegiance during the war, the student's youth made it possible to apply and gain government positions – something that had not been permitted when Vietnam first came under Communist rule. Therefore, although Australia attracts significant numbers of international students from Vietnam, having an extensive Vietnamese Australian population will not necessarily imply a more welcoming environment and cultural support network for Vietnamese international students. It may well be they are at *increased* vulnerability to problem gambling as a consequence of originating from a country where access to legalised gambling is limited, allowing them with potentially novel, but risky experiences. Further, greater vulnerability due to social and emotional isolation, while contending with financial independence as an adult makes them highly prone to gambling problems.

Conclusion

This chapter explored the concept of *lived time*, in relation to the arrival of Vietnamese immigrants to Australia, and their exposure to gambling. Peoples' perceptions of gambling were partially governed by the era in which they arrived in Australia, and the circumstances that led to them residing in Australia. Early arrivals left a country where gambling was severely restricted, to arrive in a country that was enjoying a massive expansion of opportunities to gamble. This first wave of migration was dominated by men. Vietnamese men who had had harrowing experiences as refugees, were in relative isolation from their families, creating a situation that substantially increased vulnerability to problem gambling. A substantial number of Vietnamese women and children were also subject to these experiences. Exposure to trauma deeply affects the psyche and emotional wellbeing of the Vietnamese Australians, placing them at risk of developing a problem with gambling. Vietnamese Australians have been found to be reluctant users of health services dealing with PTSD, and given the stigma relating to problem gambling, this could equally apply to seeking help when experiencing problems with gambling.

The uncertainty surrounding *time* for those coming to Australia as refugees severely impacted people's wellbeing. Vietnamese Australians responded to this experience by

demonstrating intent to establish a home, to find work or set up businesses, to ensure their children led better lives. The children of first generation Vietnamese Australians are acutely aware of the sacrifices their parents have made and perceive pressure to succeed. Alike other immigrant communities, dissention is evident between generations, each grappling in their own way with the forces of acculturation. Intergenerational cultural dissonance is associated with substance use disorder among Vietnamese youth residing in countries outside of Vietnam. In all probability, as gambling is also a disorder of addiction, it is likely that this conflict increases people's vulnerability to developing problems with gambling.

In more recent years there has been an influx of international students coming from Vietnam. These students, like other recent arrivals of immigrants from Vietnam, are not necessarily readily accepted by earlier migrating groups of Vietnamese to Australia. The novelty of gambling in Australia may also be enticing for these groups, as although there has been some liberation of gambling in Vietnam since the inception of *Đổi Mới*, this space is still restrictive in comparison with the gambling opportunities readily accessible in Australia. The novelty, coupled with their social isolation, may render this group more susceptible to participating in gambling, in turn, placing them at greater risk of problem gambling.

CHAPTER 9 LIVED BODY

The lifeworld construct of *lived body* is explored in this chapter, with the aim of building a deeper understanding of Vietnamese Australians and their experiences with gambling through adopting a further and different lens. An appreciation of what constitutes *lived body* will aid this endeavour. Merleau-Ponty and Sartre (Smith et al., 2009; Smith et al., 2012) advocated that the concept of lived body connects *subjective* with *objective* bodily elements, with each element of relevance to this study. Merleau-Ponty (1945/62, p. 82) referred to the subjective-body as “the vehicle of being in the world”; we are our bodies, the bodies in which we go about our daily activities: we cook, we take our children to school, we turn off a light, we hug our partner; it is through our daily activities that we engage with our world. In unanimity, Sartre referenced the *subjective body* as the body ‘passed-by-in-silence’ (Sartre 1943/69); describing people’s tendency to go about their lives in ways that are familiar and known to them (Ouellette & Wood, 1998). In this course of this study, the author became more attuned to identifying the disparate aspects of the lives of Vietnamese Australians to those of other Australians, occurring due to differences in life circumstances but was also influenced by culturally specific norms, beliefs and traditions. These central tenets are key to understanding the vulnerability of a Vietnamese Australian to problem gambling, as is distinct from the broader Australian population, knowledge gained through examining the lived experiences of Vietnamese Australians whose lives have been disrupted by gambling.

Relational body

Mind-body duality

A phenomenological approach requires us to not only identify with the body-subject but to also observe the body and its experiences more objectively, as if always assuming the position of an objective observer (Finlay, 2011). From this external position, it becomes possible to observe and reflect on how the *body* responds to people, situations, events, places i.e., its *world*, facilitating understanding of this world better. This study focused on the ‘world’ as experienced by Vietnamese Australians, paying specific attention to experiences that help explain how a Vietnamese Australian might become susceptible to developing gambling problems. First, the author identified how being a member of a cultural minority group impacted negatively on the self-worth of some Vietnamese Australians, and in so doing, increased their vulnerability to problem gambling. Second, the study presented unique opportunities to examine how people can respond differently to gambling, paying

specific attention to embodied, culturally nuanced experiences of problem gambling, and the interactions involved in seeking help and accessing treatment by Vietnamese Australians.

Towards the end of his career, Merleau-Ponty regarded body subjectivity and objectivity as indivisible, as revealed in his last but incomplete work (Finlay, 2011). This duality of bodily experience is recognised as being important to understanding the concept of lived body. Through examining the entwined nature of subjective and objective bodily experiences, one reconciles that each exists because of the other. For example, in the context of problem gambling, heading to the casino after work may be a norm for one person, that is, part of their daily life, a customary activity for them. However, iterations of this action give way to consequences of daily gambling, and its impact; ultimately giving rise to reflection upon the value of maintaining this cycle of behaviour. For another person a trip to the casino could be very much a novel experience and hence evoke feelings of excitement as the person commits to an action that is outside their normal life. It is evident from these practical examples that the body-subject and body-object perspectives are simultaneous, and influential of each other. Collectively they engender the concept of lived body, with the study focused on elements somewhat idiosyncratic to the lives of Vietnamese Australians.

Loneliness, separation and unfamiliarity

The interviews with Vietnamese Australians with problem gambling conducted as part this study were littered with references to feelings of loneliness and isolation. Participants alluded to the loneliness experienced on being forced to leave Vietnam unaccompanied by family, and the sadness of leaving family behind. As a participant reported:

I travelled alone, I left my wife and my children behind until the end of the year. We were not allowed to bring family. The organiser of the escaping trip required that we had to leave all the wives and children behind.

People did not know if they would ever see their family again; they lived in hope they would eventually be reunited in Australia, with the separation from family felt keenly. The sense of 'being on your own' was exacerbated for those who arrived in the early years of resettlement in Australia, with participants stating:

I did not have many friends, and there weren't many people in the community. The Chinese shop was even very scarce then.

I did not know anybody. Nobody.

As reported in Chapter 7, the casino rapidly became a gathering place for Vietnamese Australians, providing a place for them to meet up with each other, but also providing one of the few

places where people felt accepted. The loneliness of being separated from family for Vietnamese immigrants was compounded by the experience of not being readily accepted within their adoptive country. Although the arrival of Vietnamese people to Australia demarcated the final demise of the *White Australia Policy*, it is evident that not all sections of the government and the wider community were accepting of this policy change (Seet, 2021). Australia's involvement in the Vietnam war, ultimately leading to the Vietnamese diaspora, caused division in the Australian community. Pockets of the community were more sympathetic to the plight of the Vietnamese people - particularly given Australia's role in events that led to Vietnamese migration. However, it is evident that others were less understanding of the Vietnamese Australians' influx. Indeed, a review of literature conducted as part of this study revealed that Vietnamese Australians experienced inordinate racism and discrimination compared to other immigrant groups (see Chapter 3).

The inhospitality of some may be attributed to the timing, as large numbers of Vietnamese people landed during a period of high unemployment and were therefore viewed as a threat by other Australians (Hugo, 1990). More critically though, there is a strong association between racism and the ease in which people can distinguish between groups, in effect, creating a sense of 'Us' and 'Them' (Udah & Singh, 2019). The Vietnamese and Vietnamese Chinese exodus from Vietnam to Australia was noticeable to other Australians, given there had been no significant migration from Asian countries to Australia since the gold rush years in the mid-1800s. This meant that people from Vietnam were easily differentiated by language and appearance. Greater visibility has found to be associated with lower life satisfaction among refugee groups (Colic-Peisker, 2009) hence, it is not surprising that cultural enclaves evolved in the early years of settlement, with newly arrived Vietnamese Australians seeking solace by creating small spheres, or worlds, of familiarity. A participant who had arrived in recent years spoke about the comfort they drew from coming across other people of Vietnamese background:

Because, if they're Vietnamese, it's already easy to, like, in Vietnamese you say, hello but in the Vietnamese way, to do it in the Vietnamese way. It's very, it's easier to get empathy because you are Vietnamese, I'm Vietnamese. Like for me, I go to any shopping centre, I see any Vietnamese people say hello to me, we already have the connection, because we minority here, we are surrounded by mainstream.

Another participant referred to the immediate warmth when Vietnamese Australians come across each other, even though they may be strangers to each other:

It's small, very, very, very small community and you know what, it's very cute, they say Vietnamese people very warm. I remember one day, I was just wandering around outside of Coles, you know Coles shopping? Waiting for my

husband, and one Vietnamese lady came up to me and was like, hey, you know the duck is half price, go and get it. I said, okay, cảm ơn rất nhiều [thank you very much].

The participant went on to add that they always felt an instant connection when they came across someone else Vietnamese, providing instant reprieve from the usual sense of being an *outsider*. The desire to have respite from the unfamiliar and to step back into accustomed territory helps explain the enduring popularity of places where Vietnamese Australians gather, whether it be neighbourhoods that evolved into cultural districts, community events, or as mentioned earlier, gambling venues such as the casino.

Being other

Despite the increasing evidence of cultural diversity within Australia, Udah and Singh (2019, pp. 844-845) identified that there has been a tendency in Australia to see people of Anglo-Celtic heritage as normative, and anyone else, including Indigenous Australians as 'others', stating:

The existing meta-discourses of Otherness in Australia still give primacy to whiteness – an identity and system of privilege – at the direct expense of non-white Australians. (pp. 844-845)

The concept of an Australian mainstream society within such a culturally diverse nation is somewhat of a misnomer or mirage, however, the 'white nation fantasy' continues to shape the dialectics of inclusion and exclusion of non-white people in Australia (Hage, 2012). Ahmed (2007, p. 230) referred to 'whiteness' as an orientation from which we perceive the world, adding that:

Bodies are shaped by histories of colonialism, which makes the world "white", a world that is inherited, or which is already given before the point of an individual's arrival. This is the familiar world, the world of whiteness, as a world we know implicitly. Colonialism makes the world "white", which is of course a world "ready" for certain kinds of bodies, as a world that puts certain objects within their reach.

Migration and settlement present exceptional challenges to the self-identity and self-worth of émigrés. First-generation Vietnamese Australians typically left a homeland in which their own language and customs were dominant, to emigrate to a new home where they would live the rest of their life identified as being *other*, and as such, someone of less importance or worth. Powell and Menéndez (2016) purported that othering practices propagate group-based inequality and marginality, making it harder for ethnically and racially marked people in Australia to develop a sense of belonging. The author was motivated to conduct this study to give voice to a community that might otherwise be overlooked, however, their personal status demanded that the study be

conducted in a manner that aims to reduce the power differential between the research and participants.

The author is a middle-aged, middle-class, Anglo-Australian white woman who has had no exposure to events commonly experienced by the Vietnamese Australians interviewed for this study. Participants' life experiences typically entailed: being subject to war, being forced to leave home, family, country, and everything of familiarity. The author also acknowledged the extraordinary advantages they'd had in life, including access to a university education in Australia. The extent of their privilege is in contrast with the experiences of learned Vietnamese during resettlement in Australia, as reported by a community leader:

I have known many judges, lawyers, doctors, pharmacists and dentists who worked for Holden or other similar factories.

Qualifications that were hard earned in Vietnam were unrecognised in Australia. As a result, simultaneously, the social recognition of *standing* or *status* of Vietnamese Australians possessing knowledge and/or professional expertise – a critical part of self-identity - was razed. As the community leader went on to explain, a return to education was not possible for most, as the need to earn money had to be prioritised. Most had responsibilities to family in Vietnam, as well as the need to provide for themselves and any family living with them in Australia. This forced many highly educated people into unskilled or semi-skilled positions, until retirement. This is in stark contrast to the personal advantages that the author gained through their university education – where they had the benefit of finding highly paid work that enhanced their sense of worth, while also providing for a comfortable lifestyle for themselves and their family.

It is evident that for Vietnamese Australians, migration presented significant challenges to their sense of identity and belonging, with this *embodied* difference frequently used by participants to explain or justify why they developed a problem with gambling. Due to migration people became separated from their family base, they felt very alone in their efforts to adjust to living in a strange and unfamiliar place, made that much more difficult by having to contend with racist attitudes based on the outdated and flawed belief that the ideal Australian identity is equated with being white and English speaking (Seet 2021). The result was that many Vietnamese Australians felt unwelcome, their self-worth was challenged by others, and participation in gambling provided a viable emotional escape. One of the counsellors interviewed, who was of Vietnamese background and routinely worked with Vietnamese Australians, argued that many Vietnamese Australians, particularly those who were more senior and/or uneducated were attracted to gambling and other addictive behaviours due to their inability to recognise and process emotions, and then attributing this to how

Vietnamese children are raised and the trauma that many Vietnamese Australians have been exposed to:

You run away, when you run away from the difficult emotions, or physical sensations of the trauma, you need to give yourself some rewarding experience. So lots of traumatised people have depression and addiction, either to alcohol, to cigarettes or to gambling. It's a form of avoidance and running away, in a way, self-medicating through an addiction.

All the counsellors interviewed for this study expressed that problem gambling among Vietnamese Australians was primarily due to the inability of Vietnamese Australians to cope with past trauma, whether it be direct, vicarious and inter-generational. The use of avoidant behaviours by people of Vietnamese background is explored in greater detail later in this chapter.

Self-control

Impairment

There is a tendency in western circles to distinguish between mind and body, however, a phenomenological approach to understanding invites us to relinquish this position, and 'to bring together the polarities of mind-body, self-other, individual-social, feelings-thoughts' (Finlay, 2011, p. 21). Thereby, developing an understanding of how Vietnamese Australians *engage bodily* with gambling. This section focuses on how Vietnamese Australians interact with gambling, exploring the body's ability to sense movement, action, and location.

Applying the concept of lived body revealed that *impaired self-control* was a major theme among Vietnamese Australians experiencing a problem with gambling. This finding is revelatory to building culturally tailored responses to address the issue of gambling in this cultural context. Diminished self-control is ubiquitous among those experiencing problem gambling, and indeed among anyone experiencing addiction (Chamberlain et al., 2016; Grant et al., 2010). However, this study identified cultural distinctions in the perceived value of self-control and the use of strategies to maintain self-control that have implications for help-seeking and engagement in treatment among Vietnamese Australians who are experiencing a serious problem with gambling.

There was a consensus among participants that intrinsically gambling had the potential for being 'addictive', with addiction implying a loss of self-control. Interviews with those identifying as having a problem with gambling referred to their gambling behaviour as an addiction, or used words that implied addiction, such as not being able to refrain or control gambling, having a 'passion' for gambling or becoming 'hooked' on gambling, as the following examples demonstrate:

At first when we learn how to play, we are not addicted. When we lose small sum here and there, gradually we start to lose big money.

If you get hooked onto that, you got a problem. Does not matter what kind, regardless the kind of a gambling.

I thought it was easy to win their money and I liked it. Not knowing that I gradually fell into the circle of addiction.

It [gambling] has attracted me and I have the passion.

Although there was agreement among those identifying as having problem gambling status that gambling can be addictive, the author recorded that this loss of control was often confounding to the person who is gambling. With alcohol or drug addiction there is a mind-altering substance involved, but in the case of a behavioural addiction, such as gambling, this strong urge to continue gambling in the face of the overwhelming negative consequences, appeared to be perplexing to those who gamble. As one participant stated:

There is something that makes me go there, even though I know that I can never win, but I still go.

Those experiencing problems with gambling were highly self-recriminating, with one participant sharing a personal recollection following a gambling lapse.

Yesterday I did something horrible again in my life. I took the ring and the handbag to Cash Converters. I let myself down again, let my husband down, everyone in my family is disappointed in me. I don't know what I am thinking, I am too scared to face my husband, who is always kind and good with me, look after me, love me. Why did I do like that to him, he deserved to be happy. I don't think I'm a good person.

This self-criticism was reinforced by the condemnation of families and community for the person's failure to address the problem, as revealed by opinions expressed in the focus group forums. This quote summarises the accepted viewpoint:

If we can control ourselves, then we play for fun. Sometimes people need to play to forget about something and that can help them. But because the players want to win more and cannot control themselves then they lose, they cannot blame on gambling but should blame themselves of not being able to control.

Although the focus groups indicated that community were sympathetic to the reasons why someone may develop a problem with gambling, it was also clear that Vietnamese Australians firmly believed that the onus was on the person to address their behaviour. A participant summed up this attitude:

I can only say briefly that gamblers need to make their own efforts to escape from their close-circled problems more than getting help from others, because they are only supported from the outside. They have to help themselves escape the addiction.

This moralistic standpoint may motivate someone to make all efforts to regain self-control; however, a failure to do so leads to further self-recrimination and a sense of hopelessness. People may reach out to someone for support when they have exhausted their own attempts to resume control over their gambling but given the value that Vietnamese people place on self-responsibility, the danger is that the person will isolate from others and avoid situations where their behaviour could be revealed. Deceitful and avoidant behaviour may be common and universal among those diagnosed with Gambling Disorder, as is estrangement from others (First, 2022). However, it can be argued that the level of personal shame and the fear that disclosure will impact on family is critical to understanding the reticence of Vietnamese to seek help. The concept of *saving face* is central to Asian cultures and will be explored in more detail in Chapter 10, which has a specific focus on exploring the phenomenon of gambling via *lived human relations*. At this point, it suffices to say that an inability to regain self-control can be deeply disturbing and particularly shameful for someone of Vietnamese background, impacting their capacity to seek help from others or engage with professional services.

External loci

A more forgiving explanation of problem gambling is that there are uncanny forces at play affecting people's decision-making and behaviour, particularly in the case of someone demonstrating an intense addiction to gambling; a view shared by those who gamble and non-gamblers alike. Discussions revealed that Vietnamese Australians experiencing problem gambling were described as obsessive or *nó mê quá* (immersed) in gambling, due to unwelcome and unwanted external agents:

I know those gamblers don't listen to any advice. It's like being possessed by demon. They gamble until they die.

From my own experience, after I came inside [the casino], there was a magic force that sucked me in, and I got addicted to it...it is not simple at all.

Because there is something that pulls you in, not because you intentionally step in.

It means that you cannot control your habit, you're just sinking, sinking in that bad habit, so we cannot explain why she is like that. The only way we can express ourselves is she was controlled by someone in other world, not in this world.

Participants in the women's focus group described the case of one Vietnamese Australian woman, well known in the community for having a problem with gambling.

There is no one can give advice to her. Since Vietnamese said that she was culded by a ghost, gambling ghost so since she gets into, there's no way to get her out. She's just playing gambling and then get money from other people, and run away from them because she cannot play the debt, from one state to another state, sometimes she runs out of the country. Still gambling, still get money.

An alternative explanation for uncontrolled gambling behaviour suggested was that the behaviour can be genetically inherited, with whole families seen as being afflicted:

Some people may think about it, that mean it very hard for me to change, because it's already in my blood. It's genetic, from previous generation, from my grandfather and now my parents and me.

To be honest, the reality is in Vietnam, there are families that over generations, they got hooked on the gambling issue.

Other explanations for uncontrolled gambling behaviour were ascribed to inheritance, via either *karma* or genetics. Many Vietnamese Australians hold beliefs in the concept of *karma*, whereby what happens to a person today may be a product of something they did in an earlier life. As one Vietnamese Australian counsellor explained:

Karma is, it's about like, what we got today is due to Vietnamese people beliefs in different life. What we got today is ... either the consequences or the good things, is a result of our previous life like yeah, many people believe in karma. So like because, today I'm poor, I don't have a house, I had a relationship breakdown, it's maybe due to the fact that I did something not good in my previous life, so now I have to suffer for that.

In the Vietnamese context, the concept of *quả báo* specifically refers to punishment due to doing something morally wrong. Beliefs in the retribution system of *quả báo* provides a plausible explanation for suffering and a person's inability to improve their situation, despite their best efforts to do so. However, *karma* takes the sum of one's actions, and advocates that people should do something good now, in hope of a better next life, or more importantly for the sake of their children, as one participated explained:

Pass on the generations, is a very strong belief and it's quite a strong, um, motivation, for us, to do the good thing, to do the right thing, because we don't want our children to suffer.

Therefore, although the community accepts that a person's behaviour might be affected by forces outside of their control, it was up to the person to make better decisions and follow the advice of

their family. In response to the case studies, first generation Vietnamese Australian participants from focus groups explained:

Many people advise him to quit. I agree that community or close friends can help him, but more important he has to decide to quit.

It means for those other gamblers if they want to get out of their problem the only way is they have to control themselves.

In contrast, the younger focus group largely made up of second-generation Vietnamese Australians, was more forgiving of the person, emphasising the importance of withholding judgement and encouraging people to seek help from services. Participants across all three focus groups agreed that 'good' people were vulnerable to developing a problem due to circumstances, however, it appeared that the first-generation participants more strongly believed that it was up to the individual to resolve their situation, and to seek help within the family unit for the collective good. This disparity in viewpoint may be attributed to generational perspectives but may also indicate participants' exposure and degree of acculturation into Australian mainstream society. Greater acculturation was evident among participants in the second-generation group generally apparent by younger age, more likely to be born in Australia, and able to converse effectively in English without an interpreter.

The pilot program devised to assist Vietnamese Australians with problem gambling was mindful of the difficulty that many Vietnamese Australians would have for stating that they had a problem with gambling, with intake and assessment processes modified to 'ease' someone into treatment. As detailed in Chapter 5, intake and assessment were made flexible, with treating clinicians permitted to take more time than usual practice and stagger the assessment over more than one session. This allowed more time for rapport to be established between the therapist and their client, allowed the therapist and support worker to provide adjunct interventions to address the immediate concerns of the client, and to educate the client about therapy and what it involves. Assessment protocols for programs encouraging behavioural change will normally include a device to assess readiness to change. It was during the pilot that the author and others in the treatment team became aware that a clients' beliefs about on how luck may influence gambling outcomes was a major indicator of readiness – relinquishing beliefs around luck was an indicator that the person was more ready to make changes to their gambling. In this study, participants made reference to times where they achieved poor gambling outcomes, and would admonish themselves for the choices they made and their inability to 'read the signs' as a means for improving outcomes:

That is why I got upset. Why did I not choose, I had chosen that and then I changed my mind.

Had I not thought about it or not chosen this chair to sit on, I wouldn't be upset.

We bet the games on luck, but we could guess the games ... I guessed the way it turned into and told him to bet on but he did not listen to me. He bet his way and he lost, and we started to disagree.

These observations infer people expected that they *should* be able to 'sense' the right way to play. One participant recounted how Vietnamese people might approach others ahead of gambling, looking for signs that can influence the choices they make, stating:

Usually, they ask you if you have any dream and they whisper in your ears, asking you to share it with them.

Experiences gained through the pilot program suggested that clients who still maintained their belief in luck at the time of assessment were resistant to treatment, but those expressing that they were no longer lucky i.e., no longer someone who could attract luck, appeared more motivated to reduce or stop gambling. There is a commonly held perception that luck fluctuates and is subject to forces beyond the control of the person. Where someone may attract bad luck, another person may attract good luck. One participant expressed how seeing someone be unlucky initiated their own exploration of gambling, in the belief that they could attract luck instead of another person they'd observed gambling, with them saying:

Next time I went again, and I saw him lose again. I was wondering how he could be so unlucky. So, I tried it myself.

It may be reasonable to suggest that in more collectivist societies the concept of luck may be more influential on people's thinking, as people may view themselves as 'part' of things, but not necessarily the 'driver' of things – that is, more attuned to accepting an externalised view of control than those living in more individualistic societies. The potential for causing offence in challenging beliefs that are grounded in culture led to trialling the use of exposure therapy instead of a cognitive approach in the earlier pilot program for Vietnamese Australians with gambling problems. A central tenet of cognitive therapy is to use techniques to change erroneous beliefs. Using exposure therapy side-stepped this cultural dilemma, but recruitment remained a challenge, and exposure therapy presented very real challenges to those who tend to use avoidance as a major coping mechanism.

Data from interviews and focus groups identified Vietnamese Australians often attribute the development of gambling addiction to a range of forces or situations, some of which may evoke sympathy. However, there is a very strong onus on the individual to take responsibility for resolving

their problem, coupled with serious impediments to accessing support from others. The upshot is that a Vietnamese Australian experiencing a severe problem with gambling can become entrapped in an internal battle with their addiction, with their emotional state reinforcing their need to engage in gambling – a vicious cycle of harm and reinforcement of harmful behaviour.

As self-control and self-responsibility are strongly valued within Vietnamese culture, an inability to lead a life consistent with these values draws strong criticism from others. This renders Vietnamese Australians vulnerable to problem gambling, as they are highly unlikely to seek help in the early stages. The next section examines how stress, cultural coping styles and the plight of Vietnamese Australians has added to this vulnerability.

Stress, avoidance and gambling

Blaszczynski and Nower's (2002) pathways model proposed that stress is both a precipitating and perpetuating factor for problem gambling, identifying a subset of people who gamble who are emotionally vulnerable to developing a problem with gambling. They contest that gambling provides a means to escape emotions, through disassociation and narrowed attention, where gambling serves as an effective distraction from unwanted emotions. This subset features people with premorbid anxiety and/or depression conditions, a history of poor coping and problem-solving skills, and a background of negative experiences. The relevance to Vietnamese Australians is now explored further.

Nontreatment of underlying issues

Although the prevalence of mental health problems among Vietnamese Australians has not been established due to limited data collection and cultural validity issues, there is evidence of underutilisation of health services and an undertreatment of mental illness within this group (Silove et al., 2007). Several explanations for underutilisation have been proposed, including linguistic barriers, concerns with stigma and disclosure, concerns regarding confidentiality, somatisation of mental illness, and unfamiliarity with western-based counselling systems (Duong-Ohtsuka & Ohtsuka, 2001; Hart, 2002; Nguyen, 2013; Vu, 2014). Do et al. (2013) observed similar barriers among Vietnamese Americans but added that there is a propensity within this group to also view their own personal emotional difficulties as a lesser priority than other responsibilities. It is quite reasonable to suggest given the shared characteristics of Vietnamese diaspora, that this would be an added barrier to Vietnamese Australians seeking professional health care. Therefore, although the prevalence of mental illness is not known for this cultural group, there is a high degree of association between problem gambling and mental illness (Dowling et al., 2015) and yet Vietnamese Australians

living with mental illness are less likely to have sought professional health care. Consequently, untreated or undertreated mental illness is a diathesis which increases this group's susceptibility to developing a problem with gambling.

Avoidance and suppression

Second, Blaszczynski and Nower's model proposed that poor coping and problem-solving skills also increased vulnerability to problem gambling (Blaszczynski & Nower, 2002). There are profound differences in coping styles between eastern and western-based cultures, with people more likely to adopt emotion regulation strategies that are normalised within their cultural group (Nagulendran et al., 2020), however, culture also plays a role in shaping whether coping strategies are deemed adaptive or maladaptive (Ford & Mauss, 2015). Several studies have indicated that Vietnamese culture promotes the use of avoidant coping strategies, advocating that heightened, unwanted emotions should be suppressed (Nagulendran et al., 2020; Qu & Telzer, 2017; To, 2016). In terms of promoting better mental health, an avoidant approach is very much at odds with western-based thinking, where recovery largely centres on the use of confrontation and disclosure. It has been reasoned that within collectivist cultures, such as the Vietnamese culture, stress is perceived to be a threat to group harmony, and therefore stress is better managed through avoidance than confrontation (Ford & Mauss, 2015; Nagulendran et al., 2020; To, 2016). However, in a study involving 21,150 participants Hu et al. (2014) found a positive correlation between expressive suppression and negative indicators of mental health, with this more evident in western participants ($r = .19$) than eastern participants ($r = .06$). This suggests that culture moderates the impact of suppression on mental health, causing more harm for someone from western culture than someone from an eastern culture where suppression is encouraged. A study by Qu and Telzer (2017) comparing Chinese and American methods used to regulate emotions provided an explanation for this observation, finding that Chinese people were more inclined to believe that emotion can be changed through their own efforts, leading to the view that an individual is capable, and therefore, responsible for regulating their emotions when around others. Similar to Chinese culture, Vietnamese Australians identified self-management of emotions as being highly important, with this central tenet continuing to guide the behaviour of first-generation Vietnamese Australians, and of subsequent generations.

Two gambling specific studies involving people from Vietnamese background have reported a connection between avoidant coping responses and problem gambling. In his dissertation examining the interplay between stress and gambling, To (2016) identified that Vietnamese Americans had retained a more avoidant coping style, with gambling viewed as an avoidant coping

response in the same vein as problematic alcohol or substance use. Lostutter et al. (2013)'s study examining the relationship between perceived stress, avoidant coping and problem gambling among Vietnamese youth in Vietnam found that the people who used avoidant coping strategies tended to gamble more frequently, arguing that participation in gambling served as a distraction, and as such, was negatively reinforcing. Hence, in cultures that encourage avoidant coping, gambling could be seen as an attractive and accessible means of escape. The notion that gambling serves as a form of avoidant coping among Vietnamese Australians was also shared by a counsellor interviewed as part of this study, with the person observing that:

You run away, when you run away from difficult emotions, or physical sensations of trauma, you need to give yourself some rewarding experience. So, lots of traumatised people have depression and addiction, either to alcohol, to cigarettes or to gambling. It's a form of avoidance and running away, in a way, self-medicating through an addiction.

Other participants described situations where they used gambling to forget their problems, often viewing the transition from gambling for entertainment purposes to using gambling as an emotional escape, as the point at which their gambling became problematic for them.

When I started playing, I thought it was for fun only; but when the family problem was happening, my husband did not take his responsibility in the family, I felt frustrated.

They think when they come there, they can forget their unhappiness in life for a while.

Lostutter et al. (2013) purported that if the person continued to use gambling to relieve stress, subsequent financial problems, and loss of time due to gambling would add to their level of stress. In accordance, a participant stated:

Some people feel bored, some people have family problem for this and that... Then they did not know what to do, they just went there to have fun, and the fun game really damages you.

The damage perceived as being caused by gambling was reinforced by interviews conducted with people who'd had direct experience with problem gambling. Whereas initially gambling was a welcome distraction, continued dependence on gambling to cope with stressors inevitably led to an escalation of personal problems – with money, with significant others. The added stress caused through uncontrolled gambling, paradoxically led to an increased urge to engage in gambling to relieve stress.

Trauma as an impediment

Blaszczynski and Nower's model indicated the association between stress and problem gambling, while also implicating that a background of negative life experiences would increase vulnerability to problem gambling (Blaszczynski & Nower, 2002). Many Vietnamese Australians have been subject to inordinate hardship, particularly those who are first generation and came to Australia as refugees. A systematic review of mental illness in refugee populations compared with immigrant populations indicated higher rates of anxiety, depression and post-traumatic stress disorder (PTSD), albeit acknowledging that estimated prevalence varies markedly (Henkelmann et al., 2020). There is sufficient evidence to indicate trauma-related exposure has had significant impact on the wellbeing of Vietnamese refugees coming to Australia (Birman & Tran, 2008; Dao et al., 2012; Hinton et al., 2006; Nguyen & Bowles, 1998; Steel et al., 2002; Vaage et al., 2010); high rates of psychological distress were found among those with high exposure to trauma (Nguyen et al., 2016), with mental health problems persisting long after resettlement in the host country (Silove et al., 2007).

PTSD is a particularly severe and disabling mental health condition; it has found to be prominent among the Vietnamese Australians who have sought help from Australian health clinics (Silove et al., 2007) but is highly probable that in many cases it has been overlooked by their clinician or not disclosed/described/reported by the person.

The author found that almost all Vietnamese Australian clients attending the gambling treatment service had experienced significant trauma or hardship, and most had not disclosed their experiences in detail to anyone else or sought professional help beyond their general practitioner. One participant described how decades after their escape from Vietnam they continued to experience nightmares, evoked by a strong sense of guilt for not doing more to save the young women they were travelling with when their boat was attacked by pirates. This person, like many others, tried to get on with life, achieving what they could to ensure a better future for their family. They continued though to be haunted by their perceived failing to protect those they felt responsible for. It was only through counselling that they felt they could talk about these experiences, as they had travelled without family, and sharing their story with family now would place an unfair burden on them.

PTSD is characterised by three key behavioural responses: hyperarousal, intrusion and constriction (First, 2022); all with the potential to influence a person's use of gambling as an emotional coping mechanism. People with PTSD experience heightened physiological arousal, as if the person is on permanent alert. The person will startle easily, be easily irritated, have difficulties

with concentration and experience disrupted sleep. Intrusive factors include distressing memories of traumatic events, recurrent dreams, or flashbacks (a form of disassociation where the person feels as if they are reliving the events) (First, 2022). Constriction consists of avoidance behaviours and disassociation, whereby the person will avoid people, places situation that remind them of the events, or experiences a sense of detachment from reality (First, 2022) It is understandable that a person with PTSD may use gambling to relieve boredom or as a distraction, and in time, continued gambling can become more effective at temporarily numbing emotions – a desirable outcome for anyone experiencing PTSD.

Not everyone who is exposed to trauma will necessarily go on to develop PTSD (Wilson & Keane, 2004). However, it is worthwhile recognising that PTSD, similar to any other recognised mental health condition, exists along a continuum – hence anyone exposed to trauma, as so many Vietnamese Australians have been, may present with similar difficulties, and as such be vulnerable to developing a problem with gambling.

Exposure therapy relies on the Western mental health ideas of disclosure and confrontation, the very antithesis of traditional Vietnamese behavioural expectations. Experiences as part of the pilot Vietnamese gambling treatment program revealed the difficulties that exposure therapy posed for the Vietnamese Australian cohort, with many clients experiencing great discomfort when directed by the therapist to notice but not react to heightened states of physiological arousal associated with their urge to gamble as part of treatment (Bertossa, 2022). The author recalled incidents when clients showed real fear of engaging in exposure tasks, and it took considerable effort to persuade the client to attempt this type of therapy. A possible explanation is that most Vietnamese Australian clients were highly uncomfortable with the experience of heightened emotions and found it very hard to refrain from suppressing these sensations, as being directed to do by the therapist.

The author noted that this seemed more of an issue for male clients. It could be that male clients were more likely to be embarrassed to exhibit heightened emotions, especially in front of a female therapist. Vietnamese men are expected to exhibit strength (Nguyen, 1985) therefore they could have found the physiological arousal personally embarrassing. There is also a cultural belief (held by both Vietnamese men and women) that men are more impulsive, and less in control of their behaviour. Traditional Vietnamese sayings alluding to the four vices were clearly written with men in mind, as they refer to excessive drinking, smoking, gambling, and womanising. Even though the man is viewed as chief of the household, the woman is often given the task of holding the money. Beliefs are based on the idea that men are more prone to act on urges, therefore, it is highly probable that

exposure therapy, where efforts are made to deliberately stimulate the urge to gamble, would have proven more challenging for Vietnamese men than women. Exposure therapy asks a person to 'do the very opposite' of what is intuitive for many people, but in the case of people of Vietnamese background, there is additional cultural constraint of using avoidance as major coping mechanism that would act as a constraint on the person's ability to engage in this type of therapy.

Conclusion

This chapter explored the concept of lived body in relation to Vietnamese Australians and gambling. It started by stating that the concept of lived body encapsulates how a person feels, reveals and interacts with others. Central to this was the notion of *being other*, whereby a Vietnamese Australian, regardless of where they were born or the length of time they have lived in Australia, they can be made to feel by the dominant majority that they do not belong, that they are an outsider. First generation Vietnamese Australians entered and occupied spaces that were distinctly new and foreign to most of them. These were spaces in which the expectations on how people conduct themselves were likely to be markedly disparate from social expectations inherited as part of their cultural heritage. As demonstrated in Chapter 7, casinos were revealed as gathering points for Vietnamese Australians. Historically, casinos constituted one of the few social environments where Vietnamese Australians could congregate, and where being perceived as 'other' was not salient. Gambling in private homes created another environment where people could maintain bonds with each other, creating small worlds in which people could escape back into familiarity. The casino remains a popular venue with second generation Vietnamese Australians, as even though they may be more acculturated than their forebears, visible differences remain, creating a sense of not belonging. It was argued that being perceived as other created a vulnerability that could lead to using gambling as both a social and emotional outlet, with potential for participation in gambling to escalate into a serious problem.

This chapter also highlighted the use of avoidance as a normative coping response among Vietnamese Australians. It was difficult to ascertain the effectiveness of coping strategies typically employed by Vietnamese Australians in coping with stress, and further concern that these coping methods might be problematic. Avoidance appears to operate better as a coping response for people from collective backgrounds (such as the Vietnamese) rather than individualistic cultures. However, suppression and distraction strategies were not as successful when the person was highly distressed, as in the case of those who have been subjected to trauma and/or developed PTSD. The use of avoidance was observed to have implications for help-seeking behaviour, and for treatment compliance among Vietnamese Australians - particularly in relation to exposure-based therapies.

Engaging in a Western form of counselling, where disclosure is encouraged, potentially offers cathartic benefit and entry to therapy, that otherwise, may not be available to a Vietnamese Australian. In his seminal work about trauma (van der Kolk, 2014, p. 31) stated:

“You can be in charge of your life only if you can acknowledge the reality of your body, in all its visceral dimensions.”

This potential benefit of Vietnamese Australians stepping away from cultural traditions and engaging in therapy as part of healing and recovery is explored in more detail in Chapter 10 which focuses on the lifeworld construct of lived human relations.

CHAPTER 10 LIVED HUMAN RELATIONS

This chapter explores the phenomenology of gambling in the Vietnamese Australian context by means of the *lived human relations* construct. Merleau-Ponty (1945/1962) emphasised the importance of social relations in defining the meaning of our experiences; arguing our social world view should function ‘not as an object or sum of objects, but as a permanent field or dimension of existence’ (Merleau-Ponty, 1945/1962, pp. 362). This prompts us to inquire: “What does it *mean* to be a person experiencing problem gambling, in the eyes of family, of community, within a Vietnamese Australian context?”. Central to understanding the social forces at play those experiencing problem gambling within this cultural context is the concept of ‘saving face’, a pivotal, socially constructed concept shared by other Eastern cultural groups (Hsin, 2018). ‘Face’ is the presentation of public self, and people of Vietnamese background will go to great lengths to save face (Kien, 2015). Saving face has implications for social standing and reputation. The collective nature of this society determines that a person bears responsibility for themselves in addition to protecting the face of *all* those associated with them, including their partner, family, and even workplace (Kim & Nam, 1998). This study was testament to the substantial efforts Vietnamese Australians make to avoid being revealed as a ‘problem gambler’. The fear of being exposed appears to underpin the deep inhibitions experienced by so many Vietnamese Australians in seeking external help – seeking help is risking disclosure of their personal gambling problems to others.

Interplay between self and others

On migrating to Australia, Vietnamese Australians were encountering a lifestyle and culture in Australia that was very different, serving to reinforce feelings of being an outsider. Interactions with members of the dominant group permeate the boundaries between the person’s self and their environs, forcing the person to constantly reassess their status and the way in which they are being perceived by others. This is most evident in this statement made by a Vietnamese Australian counsellor describing his experiences of the workplace:

I get on well with my co-workers, but somehow I never feel totally right. It’s because they don’t have the same respect for people I knew in Vietnam. But also, somehow they feel our opinion doesn’t count, we are smaller, we don’t dominate conversations, that’s how we were educated as children, always listening, never push your own ideas. So, you see, it’s hard to be heard (Thomas, 1997a, p. 41-42).

In this case, the person found it hard to contribute, and they clearly felt their opinion would be undervalued by his colleagues. It is evident that differing communication styles between cultures is a plausible explanation for what occurred, however, despite the multicultural nature of Australia,

the onus appears to be on the members of minority groups to find ways to conform and integrate, with minimal expectations that people, or services, guided by the majority need to make allowances or adjust what they are doing to be more inclusive. This inflexibility, given the multicultural nature of Australia, has been questioned in both the fields of social work and health. Vincent (2017, p. 51) asks:

First Nations peoples, people seeking asylum and people of refugee background commonly access social work and many also become social workers. Why then, with multiple knowledges available and ways of doing and being possible, is the Western white way predominantly and continuously privileged over others?

More than twenty years ago, Razack (1998) associated othering with the reproduction and reinforcement of positions of domination and subordination with relevance to health settings, making special reference to where care is being provided by members of the dominant group to the subordinated or marginalised group. From this viewpoint, patients' problems with access, communication, and compliance are seen as occurring because customs and traditions conflict with mainstream medical practices (Johnson et al., 2004). Johnson et al. (2004, p. 256) added that barriers to health care were the responsibility of the marginalised group, stating that:

There is a tendency to attribute the problem to the cultural beliefs and practices of the underserved group (e.g., shyness, folk beliefs about disease causality) rather than to discriminatory attitudes and practices of health practitioners that act as barriers to health care.

Shame and reputation

It can be helpful to learn about the role that shame in guiding the norms governing social behaviours in a broad sense, before attempting to understand the commitment of Vietnamese people to saving face. Sanderson (2015, p. 11) pivotal work helping counsellors work with people experiencing shame acknowledged both the value and harm caused by shame:

Shame is a social emotion which is elicited when in the presence of others to regulate social interaction and social bonding. It can be a powerful way to facilitate affiliation and prosocial behaviour but can also be used as a means of social control and oppression. If shame is used in a healthy way to guide social behaviour and aid social cohesion it can lead to empathy and compassion for others. If, however, shame is used to humiliate and degrade others, it can become toxic and elicit rage and humiliated fury, which results in destructive attacks on self and others.

In this way, shame can be considered a constructive social force, guiding people's behaviour and promoting harmonious interrelations. The study focus group discussions made it evident that most Vietnamese Australians are tolerant of gambling – it is a popular social pastime and a source of

entertainment. However, there is also widespread awareness within the community that some people lose control over the amount of time and money they spend gambling. This 'losing control' meets with strong societal disapproval. Some people are opposed to all gambling due to this risk, typified by a participant:

In general, gambling is very bad. Because they start gambling for fun, no money involved, but starting when they lose and they come to, like, they can bet or they can gamble for clothing or games whatever. And when they lose jewellery, yeah, when they lose, they got hot-tempered and that's why they try to gain back and they bet more valuable things. And then they go back home, they steal some things from their families, their sisters, brothers, friends, parents at home to satisfy their gambling habits. So, to me, gambling is bad.

A person with problem gambling is likely to experience a very deep sense of shame from gambling, while simultaneously living in hope that they will be regain control before too much damage is done – such as others getting to know about the problem. Chapter 3 explored the help-seeking activities/behaviours of those experiencing problem gambling, highlighting that in the first instance, most will try to self-manage/resolve. The social construct of saving face pressures many to opt for this: it is *imperative* for them to maintain personal privacy, as clearly expressed by one of the participants:

When a person wants to hide and not to let other people know that he is gambling, he wants to hide it for himself or to hide it for his family because he doesn't want other people know that his family has such a bad gambler as people can look down on his family; he feels ashamed and doesn't want to share it outside.

Regardless of culture, when a person fails to meet peer expectations, shame can become oppressive, potentially damaging to one's sense of self-worth, and connections with others. Kim and Nam (1998, p. 526) contest that the *cultural divide* between Western and Eastern cultures helps explain the commitment to saving face, and the different function that this behaviour serves:

While both Westerners and Asians share the same motivation to present themselves positively to others, the reason for doing so may vary. The individualism of the West involves a conception of self as an autonomous, independent, and unique person (Markus and Kitayama 1991). The primary motive of the social encounter is to use the encounter to serve the basis need of the self, which is to express, assert, and strategically present a positive self image to others.

In contrast to the western perspective, the authors found that in more collectivist cultures, such as the Vietnamese culture, the cultural ideal is to foster and maintain harmonious interrelations within the group, with it being more *honourable* for individuals to prioritise group

goals over the achievement of personal goals. Although this study relates to business dealings, it provides an essential insight into how the competing forces of individualism and collectivism can impact on a person struggling to abide by social expectations within a Vietnamese cultural context. So, although maintaining personal reputation is motivation for anyone to not disclose their problem with gambling, those from a collectivist cultural background experience a strong need/drive to avoid bringing shame on others, while also acting in a way that avoids disrupting the harmony of the group. A harm to oneself, becomes harmful to the group.

Some of the participants in this study who divulged memories of their experiences during exposure therapy, and revealed the extent to which Vietnamese Australians can feel shame from the harm that their gambling had caused others. For example, one former client spoke about not being able to suppress an image of their son when confronted with a gambling cue. The participant had been separated from their son for several years, following their conviction and imprisonment for drug trafficking, with their offending linked to their efforts to repay gambling debts. Unable to extinguish the thought of their son when confronted with a gambling cue, they reported that they'd ended up using the gambling cues to think through the pain they had caused others, leading to a determination never to gamble again.

Shame and gender

For many participants, problems with gambling had led to a strong sense that they had let others down, that they had shirked their responsibilities towards their family and children, and as such, were not 'good' people. Women who gambled were more harshly judged for prioritising gambling over their responsibilities to their families. This following quote is representative of views expressed:

A wife, she should be staying home, cooking, cleaning, whatever, not going to the casino, yeah, your husband has gone to work to make money, and there you are at the casino, playing, wasting money away.

As discussed in Chapter 5, women who regularly participated in forms of gambling outside of customary playing of traditional card games were held in disdain by other women. A common opinion, regardless of the generation, was that a Vietnamese Australian woman *must* prioritise the care of her family and home, but she should also bear responsibility for managing the household budget. Hence, a Vietnamese Australian woman who gambled excessively must be a very *bad* person in the eyes of her community, for example:

The men they think they have a right to play, to gambling, but not the women, especially their wives, because when men are gambling, it's gambling, they still save their knickers ... but the women, when they start to gamble, they can sell even their knickers and even they can sell themselves like a prostitute to get money to do gambling. That's why it is never good for women to go out gambling.

Other instances of shameful behaviour were raised by female participants in the focus group, namely:

She was gambling to such a degree that her husband, who was a good boy and was never gambling, had to slap on her face and kick her out of the house. He gave her half the value of their assets and she gambled up the sum he gave her.

With another adding:

Not long ago there was a woman who left her three-year-old child in her car and went gambling ... then she was arrested and spent time in jail because she had left her three-year-old child in the car, while the weather was hot. That cannot happen!

A female participant described the strong sense of shame they'd experienced due to their gambling. Although it had been ten years or more since they had last gambled, they felt that they could not reveal this to others and had only confided their experiences to their eldest daughter. Exposure therapy elicited a strong reaction to cues, but in this instance, the exposure tasks generated feelings of guilt and self-reproach, rather than urge or desire to gamble. The person blamed themselves for their marriage dissolution, even though their partner had gambled heavily too. Following therapy, they became motivated to speak to other women they knew who frequented the casino, wanting to warn them of the danger that gambling posed. They kept their story private to all others, fearing anyone outside of this group would judge them harshly. If they became known as having a problem with gambling, the person believed that they would never regain 'face' within their community. They expressed that their main concern with being 'outed' is the impact on their children, who they expressed "had already been through enough".

Study participants tended to be more sympathetic towards men who developed a problem with gambling, but still harshly judged those who persisted with gambling long term. For instance, a male participant referred to their years spent isolating themselves from community, deliberately choosing to live in an area where there are few Vietnamese Australians. They had developed a private life, maintaining a relationship with just their partner and children, and spent the years of recovery 'atoning' for their sins. They remained worried about the shame they'd caused family and resultantly put all their energies into their children and their future. They'd severed both their and their family's connection with the Vietnamese Australian community; they could not bring himself to

engage with people known to them in their former life. They'd attempted to compensate for their actions that led to the family's isolation from community, by observing a strict code of behaviour based on Buddhist faith, and their demonstrating their allegiance to ensuring their children were educated and had other opportunities.

This study found that shame did not necessarily resolve once the person had regained control over their gambling, - certainly not in the case of females who were experiencing problem gambling. Participants reflecting on past experiences of problem gambling continued to admonish themselves, with one participant stating:

It is very shameful indeed. I think gambling is shameful, very shameful. When I did this, I felt very ashamed, and when my children knew that, and they had a boyfriend or a girlfriend they would feel ashamed because their mother was like this.

This depth of shame has posed a difficulty for CAASSA to be able to locate people from the Vietnamese Australian community who would be willing to share their lived experience of problem gambling for the benefit of community, finding that even when recovered they remain reluctant to share personal experiences with others. Their belief of a permanent 'staining' of their character continues regardless of the years since last gambling, or the lengths they have gone to make amends. While recovery stories are standard modus operandi in health practice in Western contexts – particularly for addiction – this approach is somewhat fraught in a Vietnamese Australian context. For example, while CAASSA has sought to employ people with lived experience into peer worker roles, there is full recognition that the peer worker may still remain unwilling to declare their past. CAASSA's invested in an expectation that a peer worker who has lived experience will demonstrate greater compassion and understanding to others experiencing problem gambling. Of note is that personal stories of recovery are shared in the *third* person and are an amalgamation of multiple stories, devised in collaboration with peer workers. Those approached by CAASSA to work as peers will often cite their need to protect the reputation of family. Vietnamese culture maintains a belief and expectation which prioritises family needs over individual needs; this position is respected. The relationship between family and problem gambling, though, is far more complex, and worthy of greater exploration.

Problem gambling and the family context

There are three key understandings that help explain the interrelationship between the phenomenon of problem gambling and the concept of family within Vietnamese Australian culture. First, forced separation or isolation from family makes people vulnerable to developing a problem

with gambling. This viewpoint is typically in reference to people who are the *first* or *only* person in family to migrate to Australia. Second, a strongly held view is that family *should* be the first source of support for someone struggling with gambling. Third, it is widely believed by participants that gambling excessively will ultimately lead to family breakdown and ostracisation, a situation akin to purgatory for people of Vietnamese background. These three facets will be discussed in turn.

Isolation and loneliness

As a way of explaining the evolution of problem gambling among Vietnamese immigrants, participants recounted stories of people who had come to Australia on their own, or had few, or no family members in Australia. In the early years of migration from Vietnam to Australia, typically men were the first to escape. It was not unusual for years to pass before they could sponsor other family members to join them. The impact of being cut off from family cannot be underestimated as a factor of enormous importance in the context of Vietnamese culture. As Chui (2008) stated with reference to Vietnamese Australians:

The Vietnamese community places great emphasis on the importance of family and the role that families play in providing emotional, social, and financial support. However, the immigration process has changed, and in some cases, severed, the important family network.

In many circumstances, it took years before families were reunited. It was also not unusual for family groups to be permanently severed – where a proportion of family remained in Vietnam, others were scattered across nations hosting refugees and immigrants from Vietnam. Separations were not limited to partners and children but also affected members of the extended family.

Following the height of the exodus, the “emptiness, sadness and loneliness” of Vietnamese refugees was observed, was the added sadness that continued to plague these migrant long after the needs of basic resettlement were met (Nguyen & Bowles, 1998). Those men who left Vietnam ahead of their families continue to be revered by community, for the courage they had shown and the personal sacrifices they made for the benefit of family. There was also a sense of forgiveness for men who had been through these experiences, only to later develop a gambling problem, partially explaining the more sympathetic stance shown towards men with gambling issues. Despite the story of courageous men, there were also very real hardships experienced by many of their female counterparts during ensuing years in Vietnam and the stories of men should not discount women’s own stories of escape and endurance. Taft et al. (2008) made specific reference to the experience of women escaping Vietnam, being subjected to violence, either at the hands of pirates or in refugee camps; these stories became familiar to the author through their own conversations with

community members. Many of these women went onto experience considerable hardship, in adjusting and making a new life for themselves in an unfamiliar country. In their exploration of pathways to crime and problem gambling among criminalised Vietnamese Australian women, Trần and Spivakovsky (2021, p. 38) identified that “the particularity of their experiences of diasporic migration and its associated trauma, and the factors informing their sense of belonging within their new place of residence” stood in the way of Vietnamese Australian women’s capacity to recover from problem gambling.

The predominance of men in the first waves of migration also included single men, and due to this, there is still a disproportionate number of men to women in the Vietnamese Australian community. This has led to a practice of Vietnamese Australian men returning to Vietnam to find a wife, later sponsoring female partners to join them in Australia. This new wave of female immigrants is also at risk of social isolation and loneliness, as their English is often limited, and few have family already living in Australia – a stressor already identified as a diathesis in seeking solace through gambling. This more recent experience of female migration is reflected in other studies referring to the participation of Vietnamese Australian women in gambling (Le, 2014; Scull & Woolcock, 2005; Trần & Spivakovsky, 2021). Indeed, in the author’s professional capacity and their role in doctoral candidature, it has not been uncommon for the author to observe Vietnamese Australian women miserable in their living situation, with unhappy marriages as the basis of the women’s venture into gambling. Many of the women claimed not to know their husband well before coming to Australia and then finding life in Australia harder than they imagined. Stories of domestic violence within this contingent also seemed common. A participant recounted her own experience of living with a husband she had barely known ahead of her arrival:

I don’t mean to talk behind his back, but I just want to tell you the truth. He did not work and I worked for the chicken factory. He kept all my money. At that stage I did not know how to gamble, I was a good person. I bought the house, I bought a nice car, I had all the comforts for my life. After that he wanted me to bear a child, he did not ask for a child, and to be honest I could not conceive, so he beat me badly so many times.

Unhappy marriages, coupled with limited access to their own family support network, heightened the risk that women found gambling attractive, for both its ‘analgesic’ effect, but also gambling venues provided opportunities to form new social connections beyond their place of residence (Tran, 1999; Trần & Spivakovsky, 2021).

Family disruption

Many of the Vietnamese Australians experiencing serious problems with gambling, damaged their relationships with loved ones, and ultimately, families broke down. Although no longer strictly living in a collectivist culture, the obligation to family persists as a strong guide to moral behaviour among Vietnamese Australians:

We have to understand that if we keep playing we can lose our house. I have ten young children, so I have to work hard to bring them up. I have to think about my family.

Cautionary tales about gambling centred on highlighting the risks that gambling posed for family unity, as made evident by comments recorded in the focus groups:

It pushes the society down and causes many families to break down, husband and wife, children, and parents with children, too.

I know quite a few families, they're very successful in business and they're rich, I don't know why some day they sell all their property and they declared bankruptcy, there's divorce happening in the family. After that I found out that daytime they worked really hard, and night time they spent their whole life in the casino.

A great majority of those with problem gambling who the author met during the course of this study had experienced disconnection from family due to their gambling behaviour. It is evident that the loss of family due to their persistence with gambling was a major regret:

I feel regret and ashamed with relatives, my family. I have lost all my time and when I look back I have lost everything. I have lost my family, my work, my house, my money.

The loss of family was particularly painful for those who had already experienced separation at the time of migration, causing a second and sometimes third wave of separation or estrangement from family. Even when immigration policies allowed families to reunite, not all families were able to do so harmoniously. Reunification did not always end in happiness, but due to the importance of family and the Vietnamese disdain for divorce, many couples persisted with living together, raising children, for the sake of preserving the family unit. The author became familiar with the duplicity of Vietnamese family life, where in public Vietnamese Australians will present as happy family groupings, and yet the story at home can be very different. Two examples are immediately apparent. In one case, the man returned to living with his family on his release from prison. He and his wife continued to present to their children and community as a couple, and yet unbeknown to all others, including their children, they had divorced years earlier and no longer considered each other

as partners. In another home where the father had incurred serious debts due to his gambling, he and his wife no longer spoke to each other but remained living in the same house. They communicated when needed via their children. Appearances outside of their home as a tight family unit were sustained.

Through this study the author arrived at the understanding that having access to a family support network was a significant protective factor for problem gambling. However, once a person has developed a problem with gambling, this behaviour seriously disrupts the home and family unity. It is evident that persistence with problem gambling is associated with family breakdown, divorce, and estrangement. Being part of a family will help prevent a problem developing initially, but family also serves as your first port of call for those unable to self-resolve their problem with gambling. Resolving problems within the home is not only culturally appropriate but serves to strengthen bonds within the family.

Self-responsibility and responsibility towards others

It was very evident participants believed that a person experiencing problems with gambling should, in the first instance, tackle the problem themselves, and if unable to resolve only then seek help from their family rather than seeking external assistance. This ensured that the problem would stay in the family, thereby avoiding the public airing of their issue and the dishonouring of family. Cultural norms around privacy stemmed from life in Vietnam, as referenced by a participant: family only seeking the help of outsiders when gambling has caused serious financial issues and is beyond the capacity of the family to deal with, as described here:

Normally in Vietnam the family is very close knit, they always keep everything in secret for, they call it 'we never turn our back for people', they can see our back with some, you know, if you have some rash or something it would mean bad things that you hide under the table, you never want to tell your neighbour or even with your parents or your other siblings know about your family until the last minute when they can't tolerate then any more, and it has become a big problem of huge debt or financial issue, that's the time they go to get help, the family will force that person to go get help.

Another participant explained that keeping problems within the family unit is consistent with Vietnamese people's desire to maintain appearances publicly but also is reflected in their desire to avoid open disclosure with the potential to reveal heightened emotions:

Control is everything, it's so like um like um, I think, when there is like virtue value or something, one of them is about presenting, you know like you know like, when you go out of the house you presenting well, dressing up neatly and thing like that, virtue with female, you need to show that you look after yourself well and

another thing about the way you act and things, that in the controlling manner they expect.

During the course of an interview the author openly expressed to one of the counsellors of Vietnamese Australian clients that there had been times in their clinical practice when clients had expressed themselves in a very emotional fashion, reflecting on cases where women had 'wailed' at their intake appointment, and occasions when Vietnamese Australian male clients had cried in session. The counsellor responded by saying that this was highly unusual behaviour for Vietnamese Australians, especially with people outside of their family. The counsellor went on to express that even within families there was a tendency to suppress painful stories and emotions. When the author suggested that it may be that their experiences were due to them being from outside the culture, the counsellor remained non-committal, stating that they had only observed this behaviour in people who'd lost contact with their own family, and in this absence, had built trust in them and their service. The counsellor concurred that this was more likely to happen with women than men, but disclosure was in direct contrast to the Vietnamese cultural norm which stipulated that people should keep problems to themselves and stay resolute.

Study participants shared the view that people who gamble were ultimately responsible for themselves, as there was a limit to what others could do if the person was not prepared to listen and be advised by family, "my older brothers told me off ... but I would not listen to anybody", with another participants stating that his friends started to avoid him, and he had reached the stage where even his brothers were avoiding him. He talked about how he needed to reach the decision to stop gambling for himself.

It came from my own effort. Nobody could stop me. I stopped it myself. Because when I sold my farm, my last house, I only had forty thousand dollars left in my pocket. All the money in the bank was gone.

Partners and relatives may identify that someone in their family has a problem, subsequently attempting to resolve the problem and to help the person get back on track. Another approach that families might take is to encourage the person who is gambling to surround themselves with good people, and to engage in positive social activities.

When a person goes to church, being surrounded by good people who give him good advice, he can feel better.

Reconnecting with family and restoring positive social connections was seen as the key to recovery, helping the person be more accepting towards general advice on how to lead a better life. Relatives hold the rights to provide advice to others based on the family honour system i.e., older

brother to younger brother, parents to children, but even in these cases there is a preference for applying a circuitous, indirect approach as this avoids personal embarrassment and any shaming of the person which would be counterproductive. Male participants expressed the following:

It is not a good thing to do if we show him that we hate him and we look down on him at the beginning.

With another commenting:

I think men don't bad-mouth about a person having gambling problem because they don't talk behind his back. That will not help him to get back to normal. I think the best thing is not to bad-mouth him about his gambling problem which causes losses his property and break down of marriage.

As stated earlier, there is a commonly held view within the Vietnamese Australian community that men by nature are more inclined to succumb to vices, with gambling constituting one of the four vices that men are susceptible to. It then becomes the woman's role to manage this, but not in a way that challenges the man's status as the head of the family. For example:

I think one way to help the person is firstly his wife has to keep an eye on him, to be close to him to know where he goes, what he does after work. For example, what time he goes to work, what time he goes home, what he does after that so she can spend more time with him. Secondly, she can check his money to know how much salary he gets a month; she can control his pay, she can keep it and not let him gamble anymore.

Although Vietnamese families are patriarchal traditionally, it is not unusual for women to manage the household finances. There is a sense that as women main's responsibility is looking after her husband, children and home, as follows:

When I have children I only look after them. When friends come to see my husband because he is close to them and invites them, I just serve them, it is the duty of the wife. I take my husband's happiness as mine, I find the happiness of my children.

Due to the assigned role as wife and mother, it is deemed that a woman is less likely to be led astray with finances, with one of the male participants reporting the importance of his wife's advice in curtailing his gambling behaviour:

My wife is not happy when I bring home money from gambling. She is even smarter than me.

The duty of wives/female partners can extend to reminding their male partners of their duties towards the family, and the risks associated with gambling. For example:

One time my husband came home and he took the money to my room and said "hey I have money, I have money". Then I said: "You can use your money your way. Please go out of my room and don't let the kids know. I don't want them to know what you're doing."

Being chiefly responsible for managing household finances can extend to female partners being expected to attend venues with their husband, even if they are not participating in gambling directly, for the express role of 'holding the money'. Female participants revealed that this is how Vietnamese Australian women are introduced to gambling. Whereas the women might not have shown interest in gambling when accompanying their husband/partner to venues, if the relationship ends, some women start to gamble in their own right. Consistent with this, one of the female participants described how initially they felt attracted to accompany their husband to the casino, as they would look forward to what had become a rare social outing. However, without being able to participate in gambling, going to the casino turned into a chore. The woman expressed her distaste for gambling based on these experiences:

I went inside for fun, to see the place. I liked to come along with my husband, I did not go inside to gamble. When I was there, I felt lonely. Do you know why? Because my husband was excited with the game, and I was standing there watching. I did not have an interest any more in coming to those places. I was tired after work and did not want to go but he dragged me there.

Once the woman separated from her husband they continued to work, and was invited by their boss along with colleagues to play at the casino, excitedly recalling this experience in their interview:

Well, there was one day when I felt very happy. My boss asked each of us to share one hundred dollars. He paid our wages on piece work. He paid us our wages and told us to share 100 dollars each for him to play. He won ... he was Chinese and a heavy gambler. After winning he took us to Chinatown and dined at [....] restaurant. He ordered abalone, lobster and other authentic foods, because he won!

Unfortunately, the woman later developed a personal problem with gambling. Once separated and with access to her own source of income, they regularly ventured into the casino after work. Similar to other women of her cultural background, the casino provided an environment where they could mix with colleagues and other Vietnamese Australians. Over time they became reliant on the casino for entertainment and eventually developed a serious problem. Generally though, the author found that female participants were critical of women who gambled, and did not ascribe to the view that men introduced women to gambling, saying that "they find their own way there". A participant expressed this societal change, where the trend has been for more Vietnamese women in Australia to become involved in gambling:

In the old days, the women always stay home to look after the housework, and the men go out got work. So now women have friends, they know where to gamble, and now the casino is big enough, a big sign everyone can see, so a group of women can see that, so they get together and have fun. And that's when it is starting.

Somewhat lamenting this societal change, participants argued that women needed to show responsibility, not only for themselves, but to guide their husbands and ensure the welfare of their children:

I'm very sad because I tell my husband ... to control. Because my family husband always do like that. Because when children grow up, they will do like that too.

However, the failure of men to attend to their responsibilities towards the family proved to be a strong motive for women to gamble. For example, one participant expressed that it was the sadness in her living situation caused by an errant husband that caused her to seek solace through gambling, with her recounting the following:

I am number one and my mother is number one; being a wife is also number one, but all of a sudden I was involved in this situation. Because I often came home after work and immediately went to the kitchen to cook, then I went to the garden. When my husband stopped caring for the family, I got so frustrated, I have to say I was tired. After dinner I used to go to my room and lie down although the sun was still bright. He was never at home, he was always out on the street. He was at the pool club or out with his friends ... That's right, it was terrible. I must say it was really terrible because I was so tired. I kept reminding him by saying "I can see the children are not close to you. Please talk to them about their studies, about their school records, about their exam!". He replied: "I can see you have taken care of everything already. That was the kind of excuse he would use.

The woman claimed to have reached breaking point when they arrived home from work and one of their children reported there had nearly been a fire in their house. The woman recalled bursting into tears, crying for a long time and eventually telling her child, "There is no man in this house". Participants expressed similar views to justify why the woman in the fictional case study presented to the focus groups have eventuated into gambling, identifying that the woman's husband through his drinking and gambling was not living a 'proper' life. Once again though, these conversations would return to the theme that men are inherently more likely to be vulnerable to gambling, whereas women needed to observe the higher duty of preserving the family and looking after the children above everything else. Hence, women who are wives and mothers will be more harshly judged by community if they develop a problem with gambling.

Obtaining money

Family and trust

The system of obligation within families has been maintained within the Vietnamese Australian culture, where women look out for their husbands/partners, older siblings for their younger siblings, and parents for their children. However, despite the efforts of family members, a person with a gambling problem may well persist with gambling, purposefully hiding their behaviour from family, as reported:

This is very difficult, because I know many people could quit when they are getting too deep in. Vietnamese people lost a lot of money, they sold their houses. When they quit they can start from scratch even though they have lost before, it is their decision to quit. They can be scared of their wives or their parents, but they can still play stealthily.

Persistence with gambling despite the consequences is often associated with the accrual of debts; Vietnamese Australians experiencing problem gambling are no different from others, as ultimately, they will be forced to seek out loans to cover debts. Although some make use of regulated borrowing channels, there is considerable lending within the family unit in this cultural context. Participants explained that it was normal for Vietnamese people to borrow off each other, and observed other Australians relied more on banks. People spoke of instances where they had borrowed from family/friends, or had been approached by others:

I did not know about the casino but my friend did have some monetary issues. Occasionally he borrowed a few thousand dollars from me to gamble. He then asked me to go with him.

Another participant revealed the extent of his gambling and his failed attempts to borrow from friends, before being forced to sell of property:

I had two houses, a farm and I sold two houses. At last I had to sell my house because friends lent me money but I did not have the money to pay them back on the due date. Friends had lent me money because I used to be reliable. They trusted me but they didn't know that I was gambling. When I did not have the money to pay back, I told my wife to sell the house through an agent and rent another place. We had to sell the house in two weeks.

The pressure to borrow from family and friends was keenly felt, with one woman describing the downward spiral that she'd experienced as her compulsion to gamble became stronger:

Every time I went there I was excited. I wanted to win money and to enjoy life. But I always lost the games, I never won. Sometimes I lost all my money and could not

pay the bills. I was desperate and would try to borrow from friends. From one problem to another, my life was getting harder.

People expressed wariness towards those who were gambling, reporting that 'gamblers' are not to be trusted. Even though there is admiration in the community for people who establish their own business, and for people wealthy enough to gamble, there is an uneasiness in doing business with someone who is known as a gambler, with a participant noting that, "If we want to do business with someone and to be trusted by other people, we should avoid gambling". Another referred to their cautious approach to aiding a friend:

We have a close friend who has a gambling problem, we don't trust him and certainly don't lend him money but we have to help him to quit, rather than losing trust on him and staying away from him.

In more extreme situations, families may warn advise community against lending money to their 'loved one', publicly stating that the family will not bail them out, as one counsellor explained:

They would tell their friends or their community members, don't lend, don't lend money or don't borrow - don't let this person borrow money, that person not with me anymore, I'm not responsible for this person anymore if you lend this person money.

Earlier in the study, the author was told that some families used to communicate that they were no longer responsible for the debts of a person in their family via the Vietnamese community newspaper, however, it seems that this is no longer practised and instead people rely on word-of-mouth vouching.

Chơi hụi and other sources

For those experiencing problem gambling who have exhausted their borrowings from family/friends, there were other options. When family finance is exhausted, people may also turn to *chơi hụi*, which are unofficial lending groups set up by enterprising Vietnamese Australians based on a business model. The option of using *chơi hụi* was more evident in those who could demonstrate means for generating income and showed no signs of being engaged in problem gambling. *Chơi hụi* involves a person, respected by community, establishing a group by inviting people to provide a sum of money from which others can borrow, paying interest on the loan. *Chơi hụi* is very much based on trust: first, the head of a *chơi hụi* will be someone who has a good job, a nice house, people in community might say "That person has good business, that person got good job, that person can afford to manage this", so others will invest their money based on this trust in the head person's standing. Second, the head of the community banking group and others in the group need to trust each other, as they all rely on each other. During an interview, a counsellor spoke about the practice

in more detail, and used a typical example: group members might contribute \$100 per week, and these funds become available to any member. However, people who lag on their payments are viewed with suspicion. The groups are not family-based but built on reputation, and anyone suspected of having a gambling problem would not be allowed into the group. Chơi hụi are considered a business by the head of the group, with leaders of the group identified as wealthy individuals. Status in community will attract requests for unofficial loans from others outside of chơi hụi arrangements. This practice will involve greater risk to the chơi hụi leader as they bear exclusive responsibility for defaulted payments. A participant shared their knowledge of someone who was close to them, who had become an unofficial lender, explaining that:

When [the person] loan money to people, she trust them as their status, like you said, they're farm owners, they're factory owners, they're a manager, so [she] would rely on that.

The participant went on to recall instances where the lender did not have adequate funds to meet a request, in which case, the leader of the group might attempt to share the debt with another unofficial lender, that way expanding their own business of lending, for example:

When [the person] doesn't have cash, she went to other friend who have cash, so they [name], so you want to earn some interest? This gentleman want to borrow some money but I only have five grand, do you want to put in five grand? You can earn like two-fifty by next week.

This type of lending is still highly prevalent in the Vietnamese Australian community, often conducted by women, despite the practice being fraught with difficulties. A participant described how it was evident to them that the lender to whom they had spoken had limited awareness of the circumstances of the people seeking to borrow money. As a result, the lender would unwittingly be tripped up by people who had already convinced *other* unofficial lenders to loan them money. Most of those who defaulted were later revealed to have gambling problems, and eventually her family convinced her to fold the business.

There also seems a growing trend for Vietnamese Australians to access credit via official lenders, such as through credit cards utilisation. The author had also heard of instances where people procure a product on hire purchase, then fraudulently sell the product to access further funds for gambling. The intention, of course, was to pay the loan off before it became known that they had sold the product. Other counsellors also spoke of instances where people would borrow against their house, inevitably losing their borrowings to gambling, and placing their home at risk.

Loan sharks and criminality

A study of Vietnamese Australian women and their experience with the illicit drug trade, (Le, 2014) identified some women attended the casino, to scout for people wishing to seek out unofficial lending arrangements. In this situation, the women often worked for someone else, typically a male. These types of unofficial lenders are commonly referred to as 'loan sharks' by Vietnamese Australians and are notorious for charging excessively high interest rates. While more accessible to people of less standing in the community than *chơi hội*, these lenders demand high rates to cover default risk. When people miss loan repayments, loan sharks are known to apply pressure on people to commit illegal acts, most commonly trafficking or the selling illicit drugs. It is difficult for the author to discuss instances without risking the safety of participants, as the victims of these exhortations often remain anxious about revealing any details that would expose lenders. In general, from the author's own experiences and those shared with other counsellors from within this state and others, it appears that casinos are often the places where people first link with loan sharks. Once the person can no longer manage repayments, they must carry or sell drugs, or be subjected to threats, beatings and kidnappings. People who gamble who are not familiar with the criminal world will often be apprehended early in the piece, for example, unintentionally selling drugs to an undercover policeman. Once charged and facing court they typically refuse to reveal the lender's identity to authorities and consequently receive a prison sentence.

Participants reported that those who accumulate a high level of debt due to gambling, regardless of the loan channel, will feel forced to flee from their homes due to threats. It was not uncommon for the author and others practicing in this field, to come across clients who had moved interstate at least once, avoiding lenders. The community also recognised this phenomenon, with a participant sharing:

I saw many people run out of money and had to borrow from other people but were not able to pay them back. They had to hide away, then they had to borrow money to pay off debts. The debts were too excessive and they had to hide, and people came to search for them, and give them a hard time.

With another participant adding:

Even though, they do it illegally, they still have a problem with gambling. When they lost money, they can fight, they can kill each other just because of money. They have to borrow the money, they have to leave the house, and running away from the lender who lent them money.

Over the years there has been many media reports, from around Australia, which have highlighted the presence of loan sharks within casino environments, confirming that this is a serious

longstanding and persistent issue, which is yet to be addressed by casino management and law enforcement agencies.

The accumulation of debts, regardless of the source, caused high levels of psychological distress for many Vietnamese Australians experiencing problem gambling, and similar to people with problem gambling from other cultural contexts, debt accrual would lead to a greater urge to gamble as a means of recuperating losses, typically referred to as 'chasing one's losses'. Unpaid debts could obviously lead to conflict with and estrangement from friends and family, however, it was clear that counsellors in the gambling space often encountered clients seeking help for legal reasons primarily associated with gambling. Conflict or estrangement from family was a major motivator for seeking help outside of family, with access to professional help an option for those experiencing legal consequences due to their gambling.

Emotionality and relations

Blaszczynski and Nower's (2002) seminal work identified a subset of people who gamble who were susceptible to developing a problem with gambling based on their emotional vulnerability. This typically involved premorbid anxiety or depressive disorders, a history of poor coping/poorly developed problem-solving skills, and negative family background experiences. This may have equal relevance to Vietnamese Australians, however, there is distinct value in considering a more culturally nuanced account of emotional vulnerability underlying problem gambling within this cultural context. Many Vietnamese Australians have been exposed to an ordinate level of trauma, it is highly evident that those who came as refugees had been exposed to significant trauma and stress. This was a result of their exposure to war and hardship in Vietnam, but also in the course of their journey seeking safety and a new life in their host country (Duong-Ohtsuka & Ohtsuka, 2001; Nguyen & Bowles, 1998; Nguyen et al., 2016; Silove et al., 2007; Viviani, 1984). These experiences were associated with the development of anxiety and/or depressive symptomatology, and subsequent diagnoses. The long-term impact of traumatic events can be reduced by providing access to social support to people during traumatic events, or shortly thereafter. Van der Kolk identified the importance of access to familiar people, faces and voices for survivors stating that "our attachment bonds are our greatest protection against threat" (van der Kolk, 2014, p. 251). This opportunity for protection through shared experience was denied to those who left Vietnam on their own (Hart, 2002).

Due to these experiences, first generation Vietnamese Australians were susceptible to developing mental health conditions due to their exposure to trauma and loss, with little

opportunity to resolve these experiences (Reid, 2002). Many would not have been able to access professional help or been able to prioritise their own needs as they worked to support their family. Consistent with Reid's observations, data show underutilisation of mental health services across the Vietnamese diaspora, evident over the decades Vietnamese Australians have been in Australia (Logan et al., 2017; Phan, 2000; Steel et al., 2005; Vu, 2014). The impact of trauma, however, is not isolated to those who had *direct* exposure to trauma, as mental health conditions are not necessarily confined to the first generation. Second generations may be subject to intergenerational trauma, including an impact from parents' capacity to care for them (Dinh, 1994; Reid et al., 2002). Further, generations of immigrant groups experience differing acculturation pressures, adding to the complexity of intergenerational relationships (Williamson et al., 2011).

Trauma affects relationships, the impacts of which are communicated by relational influence, perceptions, or behaviours across future generations (Flanagan et al., 2020). One of the ways in which this was revealed in this study was in the discordant attitudes expressed by first and second-generation Vietnamese Australians in relation to money and success: parents and grandparents placed great emphasis on 'working hard' to achieve financial security, alike other immigrant groups. This resulted in descendants/children being under intense pressure to achieve success. The sense of obligation towards parents and grandparents, normal within Vietnamese culture, has become exaggerated in recognition of the sacrifices made by their forebears to leave Vietnam undertaken to create opportunities for their offspring. Reid (2002) observed that the drive for economic advancement placed Vietnamese Australian parents at risk of becoming emotionally distant from their children:

There is no emotional involvement with their children. The families are working too hard and basically they do not have the energy to provide that emotion for their children. I am looking after 16 parents with drug-affected teenagers and they do not know about the emotional involvement with their children ... young people want more from their parents.

Besides the link between mental health disorders and negative family backgrounds, Vietnamese Australians are also susceptible to problems with gambling due to use of avoidance as a coping strategy. Gambling presents as an attractive and accessible way of coping for people who demonstrate preference for more avoidant coping responses. As one of the counsellors who had years of experience working with Vietnamese Australians stated:

A lot of avoidance, and mental illnesses, such as depression and addiction. You run away from difficult emotions, or physical sensations of trauma, you need to give yourself some rewarding experiences. So lots of traumatised people have

depression and addiction, either to alcohol or cigarettes or gambling. It's a form of avoidance and running away, in a way, self-medicating through an addiction.

Western style counselling provides unique opportunities for many Vietnamese Australians to counter avoidance; this has proven to be of some benefit to those who chose to access this type of treatment. While this study has revealed exposure therapy to be confrontative, it was useful for some clients. Likewise, disclosing past traumatic events was not in-keeping with Vietnamese cultural norms, but once again proved to be useful for some Vietnamese Australian clients in overcoming the underlying reasons for gambling. The factors that drive problem gambling, as identified by Blaszczynski and Nower (2002), still appear to apply to Vietnamese Australians. Importantly, though, they need to be reinterpreted and understood within this cultural context. Counsellors interviewed by the author generally agreed that the presence of mental illness rendered people from this community more susceptible to developing a problem gambling disorder. The debate over whether the use of avoidance is effective as a coping mechanism is less clear in this cultural context. Many Vietnamese Australians who have experienced problem gambling and accessed professional help have employed way of coping that is very alien to the customary use of avoidance.

Intergenerational impact

Susceptibility to problem gambling does not necessarily abate from first to second or even third generation Vietnamese Australian families, but the reasons to gamble are likely to be different. While second and third generation Vietnamese Australians may not have had direct exposure to traumatic events, they may have been *exposed to the impacts* of intergenerational trauma in their parent-child relationships. As described above, this includes being subjected to significant acculturative stress trying to balance expectations of their parents and grandparents with those of their Australian peers. A better command of English and more familiarity with accessing services may have resulted in an ameliorated affect. Despite family being available to them as a source of support, the intergenerational gap may be relatively large compared to other Australian family contexts and may complicate provision of help.

Over time, it appears that the cultural system of family and community obligations has been diluted by the fusion of Vietnamese with broader Australian culture. Western-based Australian culture is more individualistic in outlook, with this transition not necessarily welcomed by Vietnamese Australians. In particular, older members of the community lament the breakdown in culture. These participants spoke about families separating from each other, the commonality of divorce, but also the distance felt between parents and their children due to acculturation pressures.

We don't really know much about the children, they might not even care, that might be the situation too, that's the parents' problem. Like they've all got their own lives now, they've all got their own family, they're independent.

The experiences of each generation of Vietnamese Australians presents unique challenges, each tackling the cultural expectations of broader Australian society juxtaposed with driving Vietnamese traditions. The distinctive experiences of each generation are coupled with divergent generational perspectives operating within the family unit. This complex interplay is worthy of its own investigation, however the scope of this study it is sufficient to identify the generational diversity most apparent in discussions of the relationship between greed and problem gambling. Regardless of generation, 'greed' was reviled. It was notable that younger participants described struggling with mixed and confusing messaging their forebears presented them. The issue of *greed* and how it is perceived or defined was a point of difference between first and second generation Vietnamese Australians.

Religious guidance

As described earlier, Vietnamese Australian families encourage church or a temple attendance for someone exhibiting signs of problem gambling. Problematically, rather than receiving direct advice about gambling within these contexts, a person is more likely to encounter messaging about 'how to lead a proper life', with directions to avoid excessive behaviours, with gambling indirectly identified as *one* of these at-risk behaviours. Vietnamese Australians are encouraged to be successful in making money; yet it is unclear as to what constitutes *excessive appetite* for (i.e., greed) money or other goods; nevertheless, problem gambling is aligned with greed. Participants who previously experienced problem gambling made references to greed and how it can develop from easy wins, leading to a loss of control over their gambling. For example, a participant stated:

After I won some money it made me feel [indecipherable] whenever I was free, friends asked me to go and I came along eagerly. I did win a few more times. I won tens of thousands of dollars, it let me win many times in a row ... you know, it was too easy. It made me ... like it lured me in by letting me win too easily and I became greedy. That was the reason I lost my properties.

Another participant added:

I think it's greed; I think that people keep gambling as they want more, it's never enough, they just keep gambling more and more because they think they can get more, it's not enough, yeah.

Churches and temples were viewed as places that can "teach you not to value money so highly", with a participant saying how they were advised by someone at their church accordingly:

I was advised not to play it and to try to be a good person so other people would not look down on me. They advised all the right and meaningful things to me.

Younger participants viewed advice to avoid excessive behaviour, especially in relation to greed to be flawed. One of the younger participants described how they felt that the push from Vietnamese parents to be successful could not be so clearly delineated from greedy behaviour, with them expressing that:

I think also like with Vietnamese families, we are all grown up to kind of be taught that money is power, get money, you need money, money is good. I feel like everyone talks like that, get an education so then you can make money, and then it's all about this greed.

There was broad concurrence with this point. Vietnamese Australians equate status with wealth, many Vietnamese Australian families become competitive which could be a driving force resulting in excessive gambling. In contrast, one member of the younger contingent expressed a different view from the others (likely to concur with parents). With a close affinity to the teachings of religious leaders, they stated that religion can help ordinary people to realise that they have no ability to influence gambling outcomes.

When we talk to a priest, a Buddhist monk or someone holy, they are the people who disregard the earthly things of the world, money, possessions, like commodities, they may help you spiritually but they really guide you to believing in some higher being, that is, overseeing all the probability, when you're gambling you can't win against them, accepting that you are a feeble being, something like that.

From family to professional help

Members of the community focus groups expressed frustration when those who are experiencing problem gambling failed to take action to resolve their gambling on the advice of their family. They also expressed regret over the diminished control that family have over each other in Australia, stating that when a person reaches adult age there is “nothing we can do in this country”. The provision of advice is an important component of the Vietnamese cultural traditions, with this cultural expectation reinforced by the author’s experiences as a clinical practitioner with Vietnamese Australians. For instance, the author recalled counselling a young man whose father had abandoned their family. The son rejoiced when, on their first encounter in years, his father berated them for gambling excessively. The client interpreted the ‘scolding’ as a sign that their father, despite his absence over many years, still cared for them. Therefore, taking from this example, advice is pivotal to how Vietnamese Australians demonstrate care for one another. This is summarised by a

participant in response to my request on how family can best help a relative experiencing problem gambling:

We give him advice. We get close to him to persuade him to quit and explain to him the harm of gambling, and that's all we can do! We can only advise him not to gamble again.

Alternatively, families may try to reach out to religious leaders and organisations, with participants specifically referring Buddhist organisations or the Catholic Church. Family will encourage the person to access help in a 'delicate way', which the author assumed meant that it was done in a way that others in the community would remain unaware of the family's problem. If families sought advice, the family expectation was that organisations will provide guidance that was effective in discouraging the person from gambling, such as:

They can provide examples of the bad things that gambling can lead to and advise him not to play again.

Because when a person goes to church, being surrounded by good people who give him good advice he can feel better. He then realises that what he has done is not right, for example, he has a wife and he does not have money for his children. He can improve if there is help from a religious organisation.

Another participant spoke of the merits of attending religious services, stating that:

They can learn from the preaching, on how to use and not to abuse money. Because in Buddhism, that is just one flaw, one vice.

Younger participants were more dismissive of seeking help from religious organisations, expressing "that's the worst place to go, that's where the gossip starts". The younger, second generation Vietnamese Australians interviewed were obviously more familiar with seeking help from counsellors and expressed a preference for professional services for reasons of confidentiality. However, the younger contingent also reported that more senior members of their community could not access professional services as easily as they could, stating that:

Most of them, they wouldn't know where to get help. Especially if like, they only speak Vietnamese, or don't use computers. They can't go on-line and search around.

Vietnamese Australian's proclivity for avoidance had implications for the help-seeking behaviour of people experiencing problems with gambling, impeding initial efforts required to engage in treatment. All counsellors interviewed as part of this study reported that Vietnamese Australians were extremely hesitant to contact services and request help – help-seeking only occurred when people were in crisis, and they no longer could see any other option.

They tend to hide the problem behind the door and normally they only come when they very very desperate.

Further evidence of this reluctance is the number of Vietnamese Australians referred following a suicide attempt or experiencing acute suicidal ideation. As an example, the author's first client in the pilot program had made contact following a serious attempt on their own life, only saved when a neighbour noticed something out of the ordinary and called an ambulance. Without being hospitalised the person may never have been referred or been willing to be referred. Deeply ashamed of their gambling and the events that led to their referral, the client often appeared overwhelmed by the compassion and helpfulness of the treatment team, as if they were an 'undeserving' person. Efforts were made to reassure the client that the services provided to them were routine, and available to all clients. Shame, and the propensity of Vietnamese Australians to avoid further shaming, have proven to be major barriers to someone from this cultural group accessing treatment.

Conclusion

The phenomenon of problem gambling was explored in this chapter via social construct of lived human relations lens, highlighting how shame and reputation are implicated in problem gambling within Vietnamese Australian culture. Shame serves as a guide governing socially acceptable behaviour, but once transgressed, it can be prove very difficult for Vietnamese Australians to admit having a problem with their behaviour. It has interacting dual consequences: personal problems combine with serious issues for family integrity in the eyes of community.

It was found that the potential ramifications of disclosure were a major barrier for gambling problems help-seeking among Vietnamese Australians, where social expectations upon men within this cultural group differed markedly from those experienced by women. It was accepted that men were inherently more vulnerable to developing a problem with gambling, and there was some forgiveness towards men who had faced great hardship in being first-in-family to leave Vietnam and resettle in Australia. There remained a community expectation that, once men identified as having problems with gambling, sound advice from family would assist 'good men' recover, and resume responsibilities for their families.

Vietnamese Australian women were judged more harshly by their community (men and women, alike) if they developed a problem with gambling. This revolved around women being seen as accountable for ensuring their partner, home, and children received care. These responsibilities have precedence over *everything else*. Thus, women who step away from these responsibilities were

seen as a *very bad* people. A potential caveat – where sympathy was extended to women – entailed situations where husbands were not assuming responsibilities properly, leading to their partner developing a problem with gambling.

Vietnamese Australian communities expected their people experiencing problems with gambling to resolve their problem independently, and if unsuccessful, seek help through their family. This ensured the problem remained *within the family*, pivotally protecting the *family reputation*. Support from family consisted of advice, but typically provided in an indirect manner, with families supporting the person to spend time with positive supports within the family, community, and religious groups.

Where people experiencing problem gambling had become estranged from family or when family support had not been effective, people were more likely to seek external support. People unfamiliar with Western-focused approaches to help seeking, and who experienced language barriers faced considerable obstacles in accessing professional help services. Of those who did engage with services, it was evident that the relationship between the person gambling and the service was essential.

The focus on cultural difference masks issues of power and control in health care contexts. In the field of social work Vincent (2017) calls for an epistemological transformation which enables multiple ways of knowing and doing. Similarly, Johnson et al. (2004) called for an unmasking of othering practices in health settings to be key to providing truly equitable health care. Othering interactions with social and health services, the very services that are meant to support a person, can collectively undermine the confidence of a person to feel part of community and to fully participate in society. Systems and processes are designed for the dominant majority, with members of marginalised groups expected to conform and find ways to integrate into ‘mainstream’. For help to be more accessible for this community, practitioners in this space need to be more open and reflective about their assumptions and demonstrate a preparedness to consider alternative explanations for observed behaviours. The divergent perspectives of the body between eastern and western schools of thought are a case in point.

Former clients of gambling help services spoke positively of their experiences of accessing help, speaking positively of the confidentiality of services, the knowledge, understanding and compassion of professional staff. It demonstrated the value of these services - for at least a portion of those from this community - who are experiencing problem gambling.

CHAPTER 11 POST-REFLECTIONS ON THE THE LIVED WORLD OF GAMBLING AND VIETNAMESE AUSTRALIANS

This study represents a long journey. Far from a blank canvas, the author was motivated to undertake research in this area by their former experience as a clinician providing psychological based treatment to Vietnamese Australians experiencing problems with gambling. Initially the intention was to examine the experiences of Vietnamese Australians experiencing problem gambling, with a chief focus on those who reach the clinical diagnosis of Gambling Disorder, as per DSM V-TR, however, during the early stages of the research process this study broadened to ask:

What does it mean to be a Vietnamese Australian who is experiencing a problem with gambling?

This transformed the study to encapsulate the lived world of someone experiencing problems with gambling, capturing their personal experiences of gambling and help seeking, within their socio-cultural context. It was clear from the beginning that there was very little published data that referred to Vietnamese Australians and gambling; both the experiences of earlier researchers and the exposure to the Vietnamese Australian community by the author, suggested that major obstacles were likely to be encountered in gaining access to Vietnamese Australians with direct experiencing of gambling, or in particular problem gambling. Based on this the author adopted a phenomenological approach, namely Interpretative Phenomenological Analysis (IPA), as this methodology was suited to studies where there was scarce pre-knowledge and access may be limited to a small number of participants.

Nearly 20 years ago Raylu and Oui (2002) identified an urgent need to examine the experiences of cultural groups with gambling, thereby developing a better understanding of the etiological factors influencing the development of problem gambling in different groups, and to obtain the knowledge required to establish more culturally sensitive treatments. Hence, it can be understood that at the start of this study, the author's focus was narrow and more aligned to a medical perspective. However, there was significant benefit in applying a phenomenological approach as it served to broaden the researcher's perspective, in this case, it helped the author develop a more holistic understanding of gambling in the Vietnamese Australian context. It makes absolute sense from the standpoint that most people with problem gambling, regardless of culture, will never see the insides of a gambling clinic. The broader, exploratory approach adopted by the study methodology provides a foundation for establishing a more comprehensive approach to

mitigating the harm caused by gambling, for Vietnamese Australians - but also other cultural minority groups.

The voices of Vietnamese Australians were given precedence in this study. The study commenced with focus group discussions with Vietnamese Australians, exploring people's experiences of gambling and consequences on families in their community. Participants in the focus groups came from many walks of life, representing both first and second generation from within this cultural group, providing a series of collective perspectives on gambling. The focus groups revealed the sensitivity of talking about gambling and associated problems, with participants exhibiting typical Vietnamese restraint. Discussions revealed that gambling is a popular activity, widely accepted up until the point that someone loses control over their gambling behaviour. Vietnamese Australians harshly judge those who 'allow' their gambling to interfere with their responsibilities, in particular, their responsibilities to family. Women who've lost control of their gambling, are judged more harshly than their male counterparts, as Vietnamese men are viewed as more susceptible to engaging in vices i.e. *rượu chè, trai gái, cờ bạc, hút xách* (the traditionally recognised vices of Vietnamese men: *drinking, women, gambling and smoking*). Women are expected to remain steadfast in ensuring they meet their responsibilities to the household and their family, any woman who fails in these responsibilities must be a *bad* woman indeed. These discussions provided the cultural backdrop for understanding the world of a 'problem gambler' in this cultural context. Any Vietnamese Australian who has developed a problem with gambling will be contending with community opinion, as will their families, as they navigate towards a resolution. The damage to reputation if someone becomes known to community as experiencing problem gambling is substantial, but due to the collective nature of Vietnamese society, this also has implications for the family's reputation.

Subsequent to the focus groups, a series of interviews were held with Vietnamese Australians with direct experience of problem gambling. Gambling studies specific to Vietnamese Australians are few, and noticeably those that had been conducted attracted small numbers of Vietnamese Australians who gambled. The beauty of using IPA is that it only requires a small number of participants, although it is expected that the interviews will be in depth. The author approached this part of the study with confidence, given their connections with former clients where trust was already established. Approaching former clients did not turn out as fruitful as anticipated, as many former clients were willing for the author to use information collected from when they were in treatment but had no wish to revisit these experiences through being interviewed for this study. This was an important learning for the author, as there had been an assumption that former close client-

therapist relationships would prove to be advantageous with recruiting participants. Information was shared with the author in writing or through personal communications with former clients, but most study participants ended up being drawn from the current list of clients attending the Vietnamese Gambling Help Service at CAASSA. The author is forever grateful for the efforts of the staff at CAASSA to locate and engage suitable participants, and for their vouching of the author. The staff within the gambling help service also made themselves available to the author, providing much needed clarification and confirmation during the study.

The information gathered via the focus groups and interviews with people with direct experiencing of gambling was the prominent voice in this study, with analysis and reflection of this input completed ahead of the interviews conducted with counsellors and gambling help service staff. Opinions gathered from the latter were used for confirmatory purposes only. The step-by-step process adopted for this study was seen as critical to ensuring that the voice of ordinary Vietnamese Australians was heard. Vietnamese Australian counsellors appeared empathetic towards those experiencing problem gambling, but their opinions of gambling and people who gamble in their community are shaped by a different perspective, that of a helper and supporter to people who gamble. This approach did not discount any possible personal direct or indirect experiences of gambling of a worker, but recognises that for this study, their expressed views were representative of the *position* they hold.

Using the van Manen's lived world constructs of *lived space*, *lived time*, *lived body* and *lived human relations* (van Manen, 1984), the author coded and analysed data collected via focus groups and interviews, developing a deeper understanding of phenomenon of gambling within a Vietnamese Australian context. As stated earlier, there was a degree of acceptance of gambling as a form of entertainment among Vietnamese Australians; gambling games in Vietnam have a long history, with some of these games continuing to be played between people in Australia, particularly at times of celebration. Card games are still held at gatherings in private homes, with these games being social in nature. The casino held a particular allure for Vietnamese Australians – as it offered a welcoming environment from its opening in the early 90s, becoming a place for lonely Vietnamese Australians to meet. The major influx of Vietnamese Australians occurred in the 1980s, with many of these arrivals consisting of single Vietnamese men. These men had typically experienced trauma ahead of departing Vietnam, and again on their hazardous journey to Australia. Settlement into Australia brought its own challenges, with some men resorting to gambling as a means for coping with their distress. However, it is evident from this study that Vietnamese men were not the only vulnerable party to developing a problem with gambling.

Vietnamese women refugees spoke of their own treacherous journeys; Vietnamese women continue to arrive as brides arriving in Australia with little knowledge of their prospective husbands, and often without access to family supports; they too suffered from social isolation, as do international students from Vietnam. Vietnamese relocating to Australia come from a country where the language and culture they are familiar with are dominant; they then shift into a society where they are made to feel unwelcome and where they face substantial language and cultural barriers. Participation in gambling at commercial venues requires little to no language, and offers a place where a Vietnamese Australian may encounter others from their own cultural background, helping people feel connected with each other.

The author's study revealed several factors specific to Vietnamese Australians in relation to gambling that created vulnerabilities to developing a problem with gambling. Blaszczynski and Nower's pathway model identifies three routes to problem gambling; one of these is characterised by 'emotionally vulnerable' people (Blaszczynski & Nower, 2002). Those Vietnamese Australians arriving as refugees were subject to extreme trauma prior to their arrival in Australia, affecting both those who took this journey but also affecting the relationships with their partners and children. Vietnamese Australians are notorious for underutilisation of health services, hence, any people experiencing mental illness due to these experiences is highly unlikely to have received professional help to promote recovery. Repeated exposure to gambling increases the probability that someone will become physiologically conditioned to gambling (Blaszczynski & Nower, 2002), with continued gambling providing an effective escape from difficult emotions. Given the proclivity of people of Vietnamese background to use suppression as an avoidant coping mechanism, and the popularity of being at a gaming venue, Vietnamese Australians who gamble and are contending with trauma, loneliness, social isolation and discrimination, are at risk of developing a problem with gambling.

There was a degree of understanding and acceptance shown by members of the Vietnamese Australian community towards those who develop a problem with gambling, providing a unique insight into the dichotomous nature of Vietnamese culture. On the one hand people who lose control of their gambling will be judged harshly, however, there is also an expectation that people will demonstrate compassion towards others and extend a hand to help the person recover. The Sino-philosophical concepts of *yin* and *yang* arose repeatedly throughout this study, with a balance of forces required for harmony to be achieved. An aspiration towards harmony, within oneself, within the family, emerged as all-important among aspirations sought by Vietnamese Australians. Sensations of heightened emotions were distinctly uncomfortable for people in this cultural group, with avoidance of the emotional states achieved through the 'numbing' sensation experienced by a

seasoned gambler when participating in gambling, through self-denial and suppression, and through the deception of others. Vietnamese Australians struggling with problem gambling will do everything possible within their own means to resolve their issue with gambling before it becomes known to others. The experience of uncontrolled gambling is deeply shameful, as is an inability to regain control.

An admission of gambling may be forced to the surface by other issues, such as, legal consequences arising from gambling, a major pathway for seeking help from professional services. Even in these circumstances, Vietnamese Australians will often ask for help with associated issues first, such as resolving debts, ahead of disclosing any issue with gambling. In this way a person engaged in gambling can protect their own reputation, but also that of their family. Within a collectivist culture, the action of an individual will affect how the family is viewed by others across the community. Although the participants who were interviewed for this study had all acknowledged problem gambling and had accessed professional help, the discussions held with community members indicated that the cultural expectation is that a person experiencing gambling problem should attempt to resolve their problem on their own, and if this fails, they should turn to family. In this way, the problem remains in the family and the reputation of the family is protected. The family may refer the person to a religious body for help, believing advice may be more influential than family.

It appeared that help from within the family or from religious sources mostly consisted of the giving of advice. This was in stark contrast to the approach adopted by professional help services, where judgement was withheld, and clients were provided with a mix of practical support and counselling. People who gambled who ventured down this path spoke of the cathartic effect of disclosing the issue to someone, with this seeming to be more important to their recovery than any psychological treatment techniques employed. There were benefits though to the provision of psychoeducation, with the person who gambles able to develop a better understanding of the reasons why they lost control over their gambling. The benefits of psychoeducation extended to family and community, ensuring that people around the person engaged in gambling also developed a better understanding of how gambling can affect someone, and why this behaviour can prove difficult to change.

Limitations

The study's findings should be interpreted in the light of the following limitations. Although adequate for IPA research purposes, the number of participants was small and the reliance on

external parties for interpreting, transcription and translation limited the amount of time that could be devoted to focus groups and interviews due to budgetary constraints. A researcher conversant and competent in the Vietnamese language would have the distinct advantage of being less reliant on professionals for these services, as well as having the benefit of a greater understanding of cultural expectations, behaviours and nuances. Unfortunately, at this stage 'social health' issues occurring among Vietnamese Australians have not attracted many Vietnamese speaking researchers to date. The author's experience as a clinician treating Vietnamese Australians for 'problem gambling', backed with solid community connections, can be balanced against this shortfall.

Due to the author's clinical experience working with Vietnamese Australians the interviews were focussed on the experiences of Vietnamese Australians who have experienced or who are experiencing problem gambling. This is a group that has barely been represented in problem gambling literature, and their stories can be used to build more effective interventions to address their circumstances. Much of what was discovered would also better inform a preventative health campaign, ensuring more culturally nuanced messaging to community, which is critical given the Australian government's role in allowing a relatively liberal gambling environment where the gambling industry can prosper and grow. There is no doubt that the Vietnamese Australian community would stand to benefit from their governments adopting a more fervent public health approach to minimise the harm due to gambling, however, the author would argue that there will always be a need to provide support and treatment for those experiencing problem gambling. Using profits from gambling, governments should be willing and able to provide both.

This study focused on developing an understanding of what motivated Vietnamese Australians to gamble, their vulnerabilities to developing a problem with gambling, and finally, what stood in their way of recovery, including their reluctance to seek help. In common with people experiencing problems with gambling across cultural groups *shame* was named as a major barrier to seeking help. This is common to all cultural groups, however, how shame is derived will vary between cultural groups and needs to be better understood if we are to build more effective campaigns to counter the negative impacts of gambling on community. Shame promotes self-denial, it stops important conversations, it prevents people with problem gambling from accessing self-help information and prevents those with a serious problem with gambling from seeking help to resolve their issues.

Vietnamese Australians face considerable barriers to accessing professional help. Therefore, efforts should be directed towards making self-help information relevant, culturally nuanced and accessible to a broader contingent of Australians. This would involve supporting cycles of community

consultations, providing opportunities to a diverse range of communities to explore their unique understanding of gambling and its implications for their cultural group, leading to the development of more cultural informed public messaging and services. Gambling research needs to realign by firstly, becoming more inclusive of the multiple cultural perspectives on gambling held by Australians, refraining from the tendency to overlook harder to reach sections of our community. Secondly, there is urgent need to reassign research funds to specifically address the knowledge gap in understanding the role of culture in governing who gambles and why, and in turn, use this knowledge to inform interventions to minimise harm and to promote recovery.

The author believes that professional help options should not be relegated to special purpose services, such as the Vietnamese Gambling Help Service, to support and treat Vietnamese Australians who develop a problem with gambling. This is not a realistic funding model, and Vietnamese Australians, like any other Australian, deserve more than one option for accessing help. Mainstream services, which attract the largest health budget, have a responsibility to become more culturally informed and to rethink how they can diversify their service to make it more culturally inclusive.

A strong public health approach to contain the gambling industry would be of real benefit to Vietnamese Australians, as it would other Australians, however, in all likelihood the gambling industry, as powerful as it is, will continue to prosper; the industry will always have its 'victims' and any government who is capitalising from such an industry should be more responsive towards alleviating harm due to gambling caused to people and their families, regardless of their cultural background.

What this means for a Vietnamese Australian today is that they are living in an environment where participation in gambling is allowed, promoted and condoned by government. The gambling industry has welcomed Vietnamese Australians, as it has many other cultural groups that make up the social fabric of Australian society, creating a space where they feel welcomed and less isolated. Vietnamese Australians also need to contend with the attitudes of others in their community, where gambling is viewed as a popular pastime, but loss of control is frowned upon. This experience of judgement is different for men and women, with the community showing more forgiveness of men who 'fail' to limit their gambling than women. Given the length of time that Vietnamese Australians have lived in Australia and been subject to acculturation pressure, it somewhat surprised the author to find that traditional beliefs around gender were still so pervasive.

Self-responsibility also remains as a dominant belief within this cultural group, in that someone who has lost control over their gambling should do all they can within their own devices to bring their behaviour under control. Where help is required, it should also come from within the family unit, preventing others in community knowing that the person has a problem with gambling. Through their clinical experience the author remained of the view that treatment options needed to be available for those with a serious issue with gambling. This study revealed the difficulties Vietnamese Australians may have with accessing help services, beyond language barriers and a lack of awareness. It was evident that shame and reputation served as major barriers, and a deeper understanding of shame's complexities within a Vietnamese Australian context would be essential to building more effective community campaigns.

The author found that the proclivity for avoidance and suppression as coping strategies has remained extremely strong within this cultural group and can only partially be attributed to the exposure to trauma experienced by many Vietnamese Australians, with undesirable consequences for their children. Studies have shown that the use of more passive coping strategies among people of Vietnamese background can be helpful and is largely dictated by the need to live harmoniously with others. Unfortunately, these strategies appear less effective in the face of more serious problems. This proclivity serves as another barrier to Vietnamese Australians who are experiencing problem gambling from seeking help, and in turn, engaging in treatment. In short, the lived experiences of Vietnamese Australians create additional culturally specific vulnerabilities in the face of a powerful and pervasive industry, and where problems arise an individual is likely to be confronted by multiple barriers to resolving their situation – unfairly the burden rests on the shoulders of the individual, and not on those profiteering from within such a dominant and powerful industry.

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Appendix A



Office

Flinders Human Behaviour and Health
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Margaret Tobin Centre
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INFORMATION SHEET FOR PARTICIPANTS FOCUS GROUPS WITH COMMUNITY MEMBERS

Project Title: How Vietnamese-Australians perceive problem gambling and their experiences with help-seeking and treatment.

Evaluator's Name: Flinders Human Behaviour and Health Research Unit

The purpose of this study is to develop an understanding of how Vietnamese-Australians view gambling behaviour and how services can best help people who are having problems with gambling.

The aim is to speak with a range of people of Vietnamese background, regardless of whether they gamble regularly, on occasion or choose to not gamble at all.

All the information you provide will be confidential, and no information that could lead to your identification will be released. It is expected that the group discussion will last for around 1 hour. An honorarium will be offered to cover the costs of attending the interview.

Your participation in this study is voluntary and you are free to withdraw from this study at any time. Your informed consent is required if you decide to participate and a consent form is attached. Your decision to participate will not affect your relationship with gambling help services in the future.

If you would like more information about the project you may contact Professor Peter Harvey, Principal Supervisor, on 0439 096 389.

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project Number 6526). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email human.researchethics@flinders.edu.au.

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Appendix B



Office

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INFORMATION SHEET FOR PARTICIPANTS CLIENT INTERVIEWS

Project Title: How Vietnamese-Australians perceive problem gambling and their experiences with help-seeking and treatment.

Evaluator's Name: Flinders Human Behaviour and Health Research Unit

The purpose of this study is to develop an understanding of how Vietnamese-Australians view gambling behaviour and how services can best help people who are having problems with gambling.

The aim is to speak with a range of people of Vietnamese background, regardless of whether they gamble regularly, on occasion or choose to not gamble at all.

All the information you provide will be confidential, and no information that could lead to your identification will be released. It is expected that interviews will last for around 60-90 minutes. An honorarium will be offered to cover the costs of attending the interview.

Your participation in this study is voluntary and you are free to withdraw from this study at any time. Your informed consent is required if you decide to participate and a consent form is attached. Your decision to participate will not affect your relationship with gambling help services in the future.

If you would like more information about the project you may contact Professor Peter Harvey, Principal Supervisor, on 0439 096 389.

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project Number 6526). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email human.researchethics@flinders.edu.au.

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Appendix C



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INFORMATION SHEET FOR PARTICIPANTS INTERVIEW OR FOCUS GROUP OF HEALTH PROFESSIONALS

Project Title: How Vietnamese-Australians perceive problem gambling and their experiences with help-seeking and treatment.

Evaluator's Name: Flinders Human Behaviour and Health Research Unit (FHBHRU)

The purpose of this study is to develop an understanding of how Vietnamese-Australians view gambling behaviour and how services can best help people who are having problems with gambling.

Part of the research plan is to speak to health professionals or researchers who are experienced at working with people from the Vietnamese community with the aim of identifying potential barriers to people receiving professional help for problem gambling or other similar problems.

All the information you provide will be confidential, and no information that could lead to your identification will be released. It is expected that interviews will last for 30-45 minutes. The length of the focus group may also vary between 1-2 hours.

Your participation in this study is voluntary and you are free to withdraw from this study at any time. Your informed consent is required if you decide to participate and a consent form is attached. Your decision to participate will not affect your relationship with FHBHRU in the future.

If you would like more information about the project you may contact Professor Peter Harvey, Principal Supervisor, on 0439 096 389.

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project Number 6526). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email human.researchethics@flinders.edu.au.

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Appendix D



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PARTICIPANT CONSENT FORM

Project Title: How Vietnamese-Australians perceive problem gambling and their experiences with help-seeking and treatment.

Evaluator's Name: Flinders Human Behaviour and Health Research Unit

I have read the Information Sheet provided.

The project has been explained to me and I understand my involvement with it.

I have been given a copy of the Information Sheet.

I know that I can withdraw at any stage. If I withdraw from the study it will have no effect on the service I receive.

I understand that I may not directly benefit from taking part in this study.

I know that all information collected may be presented or published but my personal information will remain confidential and no information which could lead to my identification will be released.

I was given the opportunity to talk to friends and family about taking part in this research project.

I agree to audio recording of the information I provide: YES/NO

I agree for other people involved in the research can have access to the transcript of the session, on the condition that my identity will not be revealed: YES/NO

Name of participant:

Signed: Date:

I have explained the study to the participant and believe that he/she understands what is involved.

Signature: Date:

Status in Project:



Appendix E Focus Group Moderator Guide

A phenomenological study of gambling and Vietnamese Australians.

FOCUS GROUP MODERATOR GUIDE

MODERATOR:

Sue Bertossa

INTERPRETER:

?

LOCATION:

Community Access Services South Australia

GROUP CONTENT AND ORGANISATION

Pre-group Sign in

- Participants arrive, welcomed, given nametag and offered refreshments
- Consent forms distributed and signed
- Ask the group to refer to others members of the group by the name on their tag only.

Welcome

Welcome everyone. My name is Sue Bertossa and I am conducting research into how the Vietnamese-Australian community perceive gambling and help-seeking behaviour among those who are having problems with gambling.

Previously I was responsible for treating Vietnamese Australians with gambling problems in a therapist role at Statewide Gambling Therapy Service, Flinders University, working in collaboration with the Vietnamese Gambling Help Service based at CASSA.

I have continued to work for Flinders University, where I am employed to deliver a therapy program for Aboriginal problem gamblers, while also being contracted to CASSA in a service improvement role, delivering practice supervision to the drug and alcohol, youth and gambling

teams.

This research forms part of my PhD and is separate from my other responsibilities, although it may be informed by the experiences I've had in these other roles.

Why you:

You have been invited to this session because you have been identified as someone who has experience working with Vietnamese Australians, you are familiar with the Vietnamese community living in Australia and/or have knowledge of cross-cultural health service delivery or health research. I am trying to understand Vietnamese Australians' perceptions of gambling and problem gambling and am hoping to gain insight into the factors that influence the help-seeking behavior of Vietnamese Australians who are experiencing problems with gambling. I realise that gambling is a sensitive topic among Vietnamese Australians and therefore your input, experiences and opinions will help us design a culturally sensitive approach to researching this topic with the community.

SPEAK OPENLY:

It is very important that you all feel comfortable to speak openly- there are no wrong answers and all comments will be valued.

SPEAK CLEARLY:

To make sure I do not miss anyone's comments we are audiotaping the session. It will help me understand the tape if you speak one at a time and use a loud and clear voice. Primarily the audio recording will be used by me to check what has been said in the session.

SPEAK IN LANGUAGE:

I have provided an interpreter for this session. You are free to speak in English or Vietnamese - please use the language that makes it easiest for you to express what you want to say.

CONFIDENTIALITY:

The session will be recorded and a bilingual and translated transcript will be produced. Only the person transcribing/translating and myself will have access to the original recording. The transcript will be de-identified before allowing other members of the research group to have access.

LENGTH:

I expect that this session will take around 2 hours, with a short break midway through the session.

QUESTIONS:

If there is anything that you are not clear about at any time in these proceedings, please ask and I will do my best to explain what is intended.

GUIDE TO DISCUSSION

Purpose of enquiry

- To gather their perceptions of gambling and problem gambling
- Their views on the help seeking for problem gambling
- Their thoughts on how gambling problems can be resolved.

Key prompts

1. What types of gambling they have witnessed Vietnamese Australians participating in?
Who/what/where?
2. Why do they think people gamble?
3. Are there any risks associated with gambling? And if so, what might they be?

Present case study (match for gender of group).

Invite the group to answer the following:

1. Why do you think the character developed a problem with gambling?
2. What would their family be thinking if they knew how much the person was gambling?
3. How could the main character resolve their issue?
4. What might make it hard to resolve their situation? What might help?
5. Where could/should they access help?

Appendix F Male Case Study

Trung is 32 years old, he lives with his wife and two daughters, aged 1 and 3 years. Trung works at a small tyre company and his wife works part-time helping out at her parent's business. Trung came to Australia with his family when he was 11 years old, and he found school hard. Learning English was difficult and he didn't make many friends. He finished Year 11 but did not get high grades.

Now that he has become work supervisor Trung receives a reasonable income but he always feels under pressure to earn more. His younger brother seemed to cope better with school and has now gone onto become a doctor. Trung and his family bought their own house 3 years ago, with the help of his in-laws. Trung intended to repay them once became supervisor and his wife returned to work, as they would have more income coming into the house. Things have not gone according to plan.

A year ago Trung attended a work function at the Casino. With a group of men from his work he played roulette and ended up winning \$4000. He used half to pay for some new furniture and set aside the other in his savings account. He was invited back to play again and as he didn't have any spare income he used a little from the savings account. Trung had not told his wife he had gone to the casino as she doesn't approve of gambling.

Over time Trung has used up all of the money in the savings account, with most of it going towards gambling. On Thursdays he tells his wife he is working late, but he usually heads to the Casino. More and more he has been arguing with his wife; she is still unaware of his gambling but she complains when he comes home late and there are always money problems. Every week Trung promises himself that he will not go to the casino; he lost all his savings and borrowed some money to play with when he was feeling lucky. He is now desperate to win enough money to cover his loan.

Appendix G – Female Case Study

Mai and her husband migrated to Australia from Vietnam thirty years ago, after spending four years in a refugee camp in Thailand. They have three children; their daughter is married and lives interstate. Their two sons are also married, both have children and live close to Mai.

Mai's husband works as a farmhand but he is finding it's harder to work every day as he has a back problem. He has been spending more and more time with his friends, playing cards and drinking. She has tried to talk to her husband about this, as it is adding to their money problems, but he becomes angry, and she is too afraid to raise it with him again.

Since her daughter left, Mai has missed her terribly. Her older son visits once a week, taking Mai to appointments and giving her a little bit of money when she needs it. Her younger son has his own problems and neither of them talk to their father much.

A group of Mai's old friends started going into the Casino for a cheap meal and a bit of fun. They invited her to come and join them, and sometimes she went if her husband wasn't home. At first she only played with small amounts of money, and would stay for an hour or so. One day when she was really upset she went back on her own. She felt too shy to play the casino games but played the pokies instead. She was thrilled to win \$600.

She shared the story of her win with her neighbour, and the two decided to go to a hotel close to home. It was much easier for Mai to gamble at the local hotel, as she wasn't away from home as long as when she went into the casino. She had a few wins but mostly she was losing money and started to have trouble with paying bills. Her neighbour has told her to stop playing but now Mai is going on her own and is desperately trying to win some money back before her husband finds out what she has done.

Appendix H Interview guide for Gamblers

Introductions

Confidentiality

Acknowledge that you are aware that at some time they have accessed help for gambling and explain that you would like to know a little more about their gambling, and how they came to be introduced to gambling.

Background prompts, may include:

- How they or their family came to live in Australia
- What contact they have with family, either here or in Australia
- Any paid work or family responsibilities.

Initiation into gambling

- Recollection of circumstances when they first gambled (what form of gambling, where were they, who were they with, intensity of experience, outcomes
- Their early attitudes towards gambling
- Their perceptions of other people's attitudes towards gambling.

Progression into problem gambling

- Identification of the first signs that they had a problem
- Consequences of their gambling
- Others being aware of their problem, their response – helpful or not helpful
- How they've tried to resolve their situation, turning points
- Awareness of help or treatment services
- Their experiences with seeking help.

Appendix I *Interview guide for health practitioners*

Introductions

Confidentiality

Prompts:

- What are your thoughts about gambling and its impact on the Vietnamese Australian community? has this been consistent or is it changing over time?
- Personally, what do you think of gambling?
- What do you think are the signs that someone has a problem with gambling?
- How do you think people develop a problem with gambling? What might make them vulnerable?
- How can people be helped to regain control over their gambling? What can they do to fix their situation?
- Do you think there is value in seeking professional help? If so, what kind of assistance do people need?
- Have you ever been impacted on by gambling, either directly or through someone close to you? Can you tell me more about these experiences?
-