



# THE WEST AUSTRALIAN SOCIAL WORKER

ISSN 1325-2534

## DOES PSYCHOTHERAPY WORK AGAINST THE INTERESTS AND WELL BEING OF WOMEN?

BY ANN BROWN

*“It has been argued that counselling and psychotherapy utilise underlying assumptions, practices and gender dynamics which work against the interests and well being of women.”*

*Ann Brown is a postgraduate student at Edith Cowan University and is enrolled in the Masters in Social Science (Counselling) program. This article was originally submitted as a longer version by Ann as an essay as part of course requirements for the Advanced Counselling Skills unit of the program. She is senior social worker employed by the North Metropolitan Health Service at Osborne Clinic.*

### Assumptions (theory)

Feminists have taken dispute with many of the theoretical assumptions of therapy - the theory of psycho-sexual/infantile development, the significance given to sexuality; the significance of childhood experiences to the exclusion of current and adult life events; and subsequent focus on intrapsychic life without reference to social, cultural, gender or political context; the past denial of sexual abuse and violence within the family and so on.

McLellan (1995, p. 7) notes two major feminist criticisms of psychoanalysis, ie it is a theory without evidence and it focuses on inner traits ignoring social context. These criticisms are extended, in at least some degree, to all areas of therapy given psychoanalysis is the basis from which other therapies developed. The core assumptions criticized include the assumption of biological determinism and the innate inferiority of women. Women were assumed to be deficient, defined by their lack of male-ness; defined by masculine standards of health/coping and these deficits were viewed as universal (applying to all women, whatever race/ethnicity, social class, disability) (Weedon, 1987, p. 62).

Historically, feminists point to Freud’s reversal of his position regarding his seduction theory particularly his shift from the acceptance of the influence of real external events (ie his recognition that child sexual abuse existed) to conceptualization of the clients’ reports as fantasy, unconscious wishes and desires. The

inherent sexism in Freud’s theoretical material is criticized for his Oedipal theory and the devaluation of the mother’s role as primary caregiver within this theory. Feminists argued that the concept of the Oedipal conflict reflected patriarchal interpretations of the mother-child relationship. In response to these critiques, object relations therapists argued for increased attention to the mother-infant bond in the pre-Oedipal phase of development (Weedon, 1987).

Feminists note the internalization of sex role stereotypes that perpetuate violence (domestic violence, rape, child physical/sexual abuse) against women and children in Western culture. Therapy was criticized for the failure of any theoretical explanation for the continuation of these phenomena. Also, early criticisms of therapy regarded it as a method that solely assisted women to accommodate to existing oppressive conditions and denied the need for social and political change. This critique proposed that therapy not only failed to challenge these stereotypes, it was used to reinforce them thus maintaining the status quo.

Feminists argue that the predominance of women in the primary caregiver role continues the internalization of the sex role for girls to put others needs before their own, thus continuing women’s vulnerability to the disorders related to oppression of the

*Continued on page 3*

### IN THIS ISSUE

Article by Ann Brown: <i>Does psychotherapy work against the interests and well being of women?</i> .....	1
Officer bearers of WA Branch .....	2
<i>Race, Immigration and the Law: the Australian Experience</i> (new book by Professor Jayasuriya) .....	5
Gambling in Australia (Productivity Commission report) .....	6
CPE Events .....	8
New members .....	8

An online version of this newsletter can be found at <http://westausaasw.highway1.com.au/>

## THE WEST AUSTRALIAN SOCIAL WORKER

Editor: Greg Swensen ☎ 9483 8212 (W)

Email: swensen@carmen.murdoch.edu.au

### WA BRANCH HOME PAGE

<http://westausaasw.highway1.com.au/>

Printing by On Printing

### Advertising rates

Full page	\$180
Half page	\$100
Quarter page	\$60
Eighth page	\$45
Pre printed A4 insert	\$70 - 80

## WA BRANCH OFFICE

PO Box 198, West Perth, Western Australia 6872

☎ 9420 7240 Fax: 9444 5410

Email: [aaswwa@aasw.asn.au](mailto:aaswwa@aasw.asn.au)

Executive Officer: Elizabeth Retamal

## NATIONAL OFFICE

PO Box 4956, Kingston ACT 2604

☎ 02 6273 0199 Fax: 02 6273 5020

Membership inquiries only (Freecall): ☎ 1800 630 124

<http://www.aasw.asn.au/>

*The West Australian Social Worker* is published monthly by the WA Branch of the Australian Association of Social Workers (ACN 008 576 010). Articles, letters, opinions, enclosures or any other materials published in or included with the newsletter do not represent AASW policy. The Branch does not endorse or favour any service or organisation appearing in or included with this publication. Contributions are accepted on the understanding they may be subject to editorial revision.

## AUSTRALIAN ASSOCIATION OF SOCIAL WORKERS LTD - WESTERN AUSTRALIAN BRANCH

### President

Brian Wooller ☎ 9400 6500 (W)

### Secretary

Brian Dodds ☎ 9301 3600 (W)

### Treasurer

Dawn Mielins ☎ 9222 2803 (W)

### Vice President (Ethics & Professional Practice)

Virginia Scott ☎ 9450 2833 (H), 9313 4229 (fax)

### Vice President (Finance)

Barbara Meddin ☎ 9350 7221 (W)

### Vice President (Social Policy)

Pattie Benjamin ☎ 9381 9496 (H)

### Vice President (Education)

Daphne Cross ☎ 9222 2816 (W)

### Committee Members

Marie Arends ☎ 9490 3571 (H)

John de Jongh ☎ 9222 2560 (W)

Mary Joyce ☎ 9346 4666 (W)

Rosina Pruiti ☎ 9344 9666 (W)

Maribelle Thomas ☎ 9721 5000 (W)

Norma Welsh ☎ 9322 0211 (W)

Richard Wilkins ☎ 9473 0360 (H)

### Representatives on External Bodies

#### Combined Health Professions Association

Representative: Mary Joyce ☎ 9346 4666 (W)

#### WA Council of Social Services

Representative: Pattie Benjamin ☎ 9381 9496 (H)

### Student Representatives

UWA: Wade Sinclair ☎ 9358 1705

Curtin: Sue-Ellen Simpson ☎ 9448 5242

ECU: Leonie Plant ☎ 9721 4114

### Convenors of Subcommittees

#### Administrators in Health Care

Convenor: Vere Berger ☎ 9346 4666 (W)

#### Childrens' Interests

Convenor: Beverley Woods ☎ 9382 0757 (W)

#### Continuing Professional Education

Convenor: Anne Pickard ☎ 9464 7062 (W)

#### Ethics

Convenor: John de Jongh ☎ 9222 2560 (W)

#### Health

Convenor: Wendy Butler ☎ 9382 6111 (W)

#### Kimberley/Pilbara Regional

Convenor: Lanie Pianta ☎ 9144 1111 (W)

#### Mental Health

Convenor: Chris Coopes ☎ 9497 6562 (W)

#### Professional Practice

Convenor: Virginia Scott ☎ 9450 2833 (H)

#### Recent Graduates

Convenor: Dave Jones ☎ 9439 5177 (W)

#### South West Regional

Convenor: Anne Hollaway ☎ 9725 4081 (W)

#### State Conference

Convenor: Rosina Pruiti ☎ 9344 9666 (W)

#### Youth

Convenor: Nic James ☎ 9458 9899 (W)

*Continued from page 1* gender (particularly anxiety, depression, eating disorders). Weedon (1987, p. 60) suggests that changing parenting practices, in particular increasing the involvement by fathers in parenting, will contribute to reducing the oppression of women and will change the sex-roles internalized in childhood. These social changes will require adaptation of therapy assumptions about social role expectations of each gender.

Feminists suggested that Freud's work ignored the oppressive social context in which all women lived. The "inner focus" of psychoanalysis precluded the acknowledgement of societal influences on the development of women's mental health difficulties, thus the women were blamed for their problems and re-victimised (McLellan, 1995). Masson's (1992) work is informative in this regard, particularly his chapter on Hersilie Rouy and Julie La Roche and their incarceration in asylums at the request of male relatives and the subsequent use of the diagnosis "moral insanity"; as is his review of the case of Dora and Freud.

Mainstream therapy is seen as ignoring power differentials within society to women's detriment and to condoning sexist views by failing to challenge them within the therapy context. Women assume that the therapist subscribes to mainstream patriarchal views and judgements of the client unless the therapist is explicit that this is not the case. Greenspan (1993) described "three myths" of traditional therapy, "it's all in your head"; "the medical model of psychopathology" and "the expert". Greenspan (1993) argues that these myths inform all therapy practice and oppress women.

The first myth describes, "personal reality (as) essentially determined by unconscious forces within a person's mind." (Greenspan, 1993, p. 16). This myth blames the victim without reference to the social context, real events or societal influences, and ignores the social role of women in society and how that role contributes to the symptoms of anxiety, depression and mental illnesses.

The second myth medicalises human emotional pain, describing that pain as "sick" and in need of "treatment" by medical specialists in the same manner as physical illness. (Greenspan, 1993, p. 21). This view pathologises the client's situation, locating its source within her biology, presuming emotionality and instability within women in general.

The third myth denotes the therapist as the "expert" with the knowledge and skills to diagnose and intervene/treat the illness. This labeling process depersonalizes the client, and disempowers the (already vulnerable) patient by taking from her the expertise inherent in her knowledge of her story. It also encourages the therapist to act in a certain manner – with professional distance and appropriate boundaries. Greenspan (1993, p. 337) puts a case for the effectiveness of 'compassion' in contrast to 'distance' in the therapist's manner.

Feminists argue that therapeutic 'distance' is an oppressive practice used to mystify the therapy process which lacks human responsiveness.

## Practices

Heenan (1998, p. 110) summarizes the critique of therapy practice namely, the focus on early childhood relations, transference and unconscious processes mystifies the therapy process and intensifies the power difference between therapist and client. Most feminist criticisms of therapy practices focus on the power issues in therapy and the reinforcement of patriarchal constructs and oppression of women. The previous section included comments on the focus on early childhood experience, however other points include: follow the client's goals, do not impose the therapy for childhood issues; do not assume the need for long term therapy and do not coerce clients into therapy. The use of these methods will abuse the therapists power in most instances.

### The unconscious

McLellan, (1995, p. 84) quotes feminist writers especially Ward regarding the application of the concept of the unconscious, and the presumed knowledge of the fantasy life of the patient. Feminists oppose the way the expert's power over the client is enhanced by the presumption that the unconscious exists and that the expert understands the client's unconscious life better than the client. The expert's understanding of oedipal dynamics has been used repeatedly to dismiss claims of sexual abuse thereby re-victimizing women clients (Masson, 1992).

### Transference

The use of transference in traditional therapy is criticized by feminism as manipulative and as a means of the therapist having power over the client. The development of a transference relationship, without the conscious knowledge of the client, to be used consciously by the therapist (expert) is seen as a source of power for the therapist. The number of seductions of female clients by male therapists is seen as confirmation of these practices as oppressive. The seduction of male clients is ignored, although it could also be viewed as an abuse of power inherent in the therapeutic context.

McLellan (1995, p. 85) proposes that "*(t)ransference... is only acceptable when it occurs naturally, and only helpful if it is discussed and interpreted at the time of its occurrence. Countertransference...(where) the therapist uses the recipient of therapy for his or her own ends, for the working out of his or her own problems, is never acceptable*".

This view excludes the possibility that countertransference could be used to provide useful information to the therapist without being interpreted or in being interpreted in a manner that does not 'work out the therapists problems'. It could be argued that ignorance of transference and countertransference dynamics are of commensurate danger to clients.

Marecek and Kravetz (1998) and Masson (1992) argue that feminist therapists, by virtue of their training, their indoctrination into the profession (of psychotherapy in particular); their need for referrals and professional credibility; their professional position and agency values are co-opted (and corrupted) by the mainstream profession. The result is that feminist therapists fail to challenge mainstream oppressive practices and systems of power. Marecek

and Kravetz (1998, p24-5) note the feminist strategy that therapists should disclose their theoretical (feminist) values at the onset of therapy, “to ensure the client’s right to informed choice”, however they found that this is not happening in practice due to the 1990s “backlash” against feminism.

### Gender dynamics

It is believed that as most therapy clients are female, and most therapists are male, the therapy situation reflects the dominant authority relationship in most women’s lives – male assistance required by inferior female. This replicates, for women, the childhood experience of father’s view being best (Greenspan, 1993).

The traditional methods are seen as authoritarian, rigid, critical, etc. For example, Marecek and Kravetz (1998, p. 17) describe feminist therapists’ views from their research of feminist therapy practice, “(feminist therapists) projected a view of conventional therapy as a monolithic practice that is negative and harmful – judgmental, critical, disrespectful, ‘stone cold’, distant, and even inhumane”. Yet these assumptions about conventional practice are not based in research data, they are the biases inherent in the views of those practitioners, ie stereotypes of traditional practice.

### Challenging assumptions

Challenging sex role stereotypes and the use of these to control or abuse women is a key strategy, especially in marital/family therapy. Also, it is useful to challenge “the myth of independence” by talking about the universal human need for interdependence. Robbins (1990, p. 52) describes the dominant view,

*“The control and mastery by oneself of one’s emotional life is highly prized in this culture. Everyone has been conditioned to think that the yearnings to depend on someone else are evidence of weakness and herald the inability to manage life and control one’s emotions. At one time or another, most (women) felt that to be accepted they were compelled to quell their anxieties about managing on their own. This conviction clashes with fundamental human yearnings to depend on other people for emotional support and sustenance.”*

McLellan (1995, p138) recommends that the therapist assume “unequal power” in the life of the client. Depression and anxiety are commonly linked to women’s social circumstances, the lack of material resources, the burden of childcare, the lack of support (emotional, practical, financial) and domination by male partners who are themselves dominated by the cultural prescriptions for their male roles (eg to be the provider, ‘macho’, non-vulnerable).

Another strategy in this category is to support female relationships. McLeod (1994, p. 8) encourages therapists to support the mother-daughter relationship; which given the oppression of women suffers a double impact by virtue of the fact that the mother is taught to look to the daughter to meet her own needs for care and the daughter is taught to emulate her father and denigrate her mother. These contradictory expectations then create much suffering in mother-daughter (and sister) relationships. These expectations leave women struggling to find their female identity while denigrating their mothers, their nearest role model is undermined.



Linking Australian Government Services

**Centrelink is proud to be a  
Principal sponsor of the  
18th Australian Association  
of Social Workers  
(WA Branch)  
State Conference**

**Best wishes to all delegates**

### Process strategies

A key strategy is to minimize the power imbalance by the therapist acting in an egalitarian manner. Good, Gilbert and Scher (1990), like many others, suggest working collaboratively using a partnership model. The problem is that a power imbalance always remains and that therapists can pretend to themselves (and their clients) that the therapy relationship is more egalitarian than it is.

Using an egalitarian approach can present other difficulties, for example, when the client relies on a free service where the therapist and client may have limited options for accessing another practitioner. There is an argument that clients who pay (at least some fee) feel empowered by doing so. Another difficulty occurs where the client wants the therapist to be the expert.

Demystification of the process is regarded as a major strategy by feminists (Greenspan, 1993; McLellan, 1995; McLeod, 1994). Greenspan (1993) argues that the “three myths” and the pervasive “victim-oppressor” conditioning (in women and therapists) is highly influential and serves to mystify the process. She suggests the dissolution of the “rigid line between Expert and Patient”, the use of group therapy as opposed to “individual treatment” and the accessing of women’s repressed rage as effective strategies (Greenspan, 1993, p. 36).

Working with women’s anger as the primary therapeutic goal, as described by Greenspan (1993) and McLellan (1995), seems to me a somewhat simplistic approach that could reinforce women’s misery. Women frequently experience guilt and recrimination for the expression of their anger (both from themselves and significant others). Assisting women to acknowledge and access their anger is a method of empowering women but I do not believe it is the sole effective method of women’s therapy or the only appropriate therapeutic goal. In fact I see it as patronizing to impose this

goal on every woman that enters therapy, whether or not she seeks assistance with that issue (just as it would be to insist every client needs to resolve early childhood issues).

Good, Gilbert and Scher (1990) describe strategies for "gender aware" therapy, ie being nonsexist and taking the client's gender perspective into account; taking the social context into account; including discussions of sex role stereotypes and how these are internalized as children thereby challenging the status quo (failure to challenge stereotypes may condone and perpetuate them). Similarly, McLellan (1995, p9) suggests that the therapist acknowledge the effect of social factors on self-definition and emotional stability as this reduces clients' fears about their current state of mind.

Other strategies suggested by Good, Gilbert and Scher (1990) include, respect clients' freedom to choose and explore the implications of choices and likely reactions of significant others (who may prefer the status quo); support clients to cope with these reactions to their attempts to change (by significant others); take care - particularly in the termination phase - with men to support the expression of vulnerability and with women to support strengths and self-reliance.

### Social/political change

In their research of feminist practice, Marecek and Kravetz (1998, p. 24) found that therapists, "*drew a clear line between political work and clinical work. Working for social change was seen as an important task but one that was unrelated to the practice of therapy.*"

Generally it has been suggested that therapists work politically using their knowledge of client's personal traumas to inform social change processes. Marecek and Kravetz, (1998, p24) note that feminist therapists saw political work as an important area for social change yet they kept this area separate from clinical work. At the opposite end of the spectrum, Masson (1992) argues for the cessation of all forms of therapy, regarding therapy as inherently flawed and oppressive. For example, he observes that clients assume that the therapist is coping better in her life, knows more, is wiser, more competent, happier, etc.

### Conclusion

In my experience of working with women in the mental health field, many of the strategies discussed to counteract the traditional oppressive conceptualization of women's health are effective. Women accept therapy offered in a supportive style where they can experience trust and compassion in an empathic relationship; are encouraged to be compassionate to themselves; assisted to reduce guilt and self-blame and consider their personal contribution to their life issues within the social context.

### References

Good GE, Gilbert LA, Scher M (1990)  
"Gender aware therapy. A synthesis of feminist therapy and knowledge about gender." *J. Counselling and Development* 68 (Mar/Apr), 376-380.  
Greenspan M (1993)  
*A new approach to women and therapy*. (2<sup>nd</sup> edition). Blue Ridge, TAB Books.  
Heenan MC, (1998)

"Feminist object relations theory and therapy." In Seu, IB, Heenan, MC (eds). *Feminism and psychotherapy. Reflections on contemporary theories and practices*. London, Sage.

Marecek J, Kravetz D (1998)

"Power and agency in feminist therapy." In Seu I.B, Heenan MC (eds). *Feminism and psychotherapy. Reflections on contemporary theories and practices*. London, Sage.

Masson J (1992)

*Against therapy*. London, Fontana.

McLellan B (1995)

*Beyond psychoppression. A feminist alternative therapy*. Victoria, Spinifex.

McLeod E (1994)

*Women's experience of feminist therapy and counselling*. Buckingham, Open University.

Miller A (1983)

*For your own good. The roots of violence in child rearing*. London, Virago.

Robbins JH (1990)

*Knowing herself. Women tell their stories in psychotherapy*. New York, Insight Books.

Weedon C (1987)

*Feminist practice and poststructuralist theory*. Oxford, Basil Blackwell.

## RACISM, IMMIGRATION AND THE LAW THE AUSTRALIAN EXPERIENCE by Laksiri Jayasuriya

This volume is devoted to an examination of selected issues of racism in Australian society. Among other issues, it examines the impact of legislation such as the Immigration Restriction Act of 1901 (generally known as the 'White Australia Policy'), the Racial Discrimination Act of 1975 and the Racial Hatred Act of 1995 on diverse aspects of Australian Society.

These essays demonstrate the significant role of the law in fashioning aspects of public policy such as immigration, citizenship and multiculturalism.

Published by  
School of Social Work and Social Policy  
University of Western Australia  
(Price \$14.95 plus \$3.00 postage)

### Contact

University Co-operative Bookshop  
Tel: (08) 9380 2069, Fax: (08) 9380 1007, email  
rob@uwabooks.uwa.edu.au  
or  
School of Social Work and Social Policy  
Tel: (08) 9380 2990, Fax: (08) 93801070, email  
grimshaw@cyllene.uwa.edu.au

# PRODUCTIVITY COMMISSION REPORT ON GAMBLING IN AUSTRALIA

The Productivity Commission has just released its draft report, *Australia's Gambling Industries*, outlining findings from its inquiry into gambling in Australia. This is a very significant piece of social and economic research, indicating the profound impact of gambling on many groups in the community.

The adverse impact of gambling will be apparent to many social workers who deal with families and individuals affected by their own or another's 'problem gambling behavior'. Members wishing to read the full report may contact the Productivity Commission Tel: (03) 9653 2244, Fax: (03) 9653 2303 or Email: [maps@pc.gov.au](mailto:maps@pc.gov.au). The following extract from the report provides an understanding of some of the issues identified by the Commission.

## COMMISSION'S KEY FINDINGS

Gambling provides some enjoyment to most Australians, over 80 per cent of whom gambled in the last year spending about \$11 billion, with 40 per cent gambling regularly. It is these consumer gains, rather than (mostly illusory) gains in output or jobs, that are the main source of national benefit from the gambling industries.

The principal rationales for regulating or taxing the gambling industries any differently to other industries relate to:

- promoting consumer protection;
- minimising the potential for criminal and unethical activity; and
- reducing the risks and costs of problem gambling.

Around 330,000 Australians (2.3 per cent of the adult population) are estimated to have significant gambling problems, with 140,000 experiencing severe problems. Problem gamblers comprise 15 per cent of regular (non lottery) gamblers and account for over \$3 billion in losses annually, one third of the gambling industries' market. They lose on average nearly \$12,000 each per year, compared with \$625 for other gamblers.

The prevalence of problem gambling is directly related to the degree of accessibility of gambling, particularly gaming machines. The costs include financial and emotional impacts on the gamblers and on others, with at least five people affected for every problem gambler. For example:

- one in four problem gamblers reported divorce or separation as a result of gambling;
- one in ten said they have contemplated suicide due to gambling; and
- nearly half those in counselling reported losing time from work or study due to gambling in the past year.

Such impacts on individuals and the community help explain the ambivalence of most Australians about the gambling industries 75 per cent of people surveyed believed that gambling does more harm than good and 92 per cent did not want to see an increase in gaming machines.

Quantification of the costs and benefits of the gambling industries is hazardous. The Commission's rough estimates of the quantifiable benefits and costs yielded a range of net benefits from as low as \$150 million to as high as \$5.2 billion annually.

Policy approaches for the gambling industries therefore need to be directed at reducing the costs of problem gambling through harm minimisation and prevention measures while retaining as much of the benefit to recreational gamblers as possible.

The current regulatory environment is deficient in many respects. Regulations are complex, fragmented and often inconsistent. This has arisen because of inadequate policy making processes and strong incentives for governments to derive revenue from the gambling industries.

Restrictions on competition have not reduced the accessibility of gambling other than for casino games. With the possible exception of casinos, such restrictions have little justification.

Caps on gaming machine numbers can help reduce accessibility and thus problem gambling. However, more targeted consumer protection measures if implemented have the potential to be more effective, with less inconvenience to recreational gamblers.

Existing self regulatory arrangements are inadequate to ensure the informed consent of consumers, or to ameliorate the risks of problem gambling. There are particular deficiencies in:

- information about the 'price' and nature of gambling products (especially gaming machines);
- information about the risks of problem gambling;
- controls on advertising (which can be inherently misleading);
- availability of ATMs and credit; and
- self exclusion arrangements.

In such areas, self regulatory approaches are unlikely to be as effective as explicit regulatory requirements. In most cases, these can be designed to enhance, rather than restrict consumer choice, by allowing better information and control. Counselling services for problem gamblers serve an essential role, but there is a lack of monitoring and evaluation of different approaches, and funding arrangements in some jurisdictions are too short term.



Services, awareness promotion and research activities related to problem gambling, are likely to be most effectively funded from earmarked levies on all segments of the gambling industry, with the allocation of funds independently administered.

Internet gambling offers the potential for significant consumer benefits, as well as new risks for problem gambling. Managed liberalisation with regulation of licensed sites for probity, consumer protection and taxation could meet most concerns, but its effectiveness would require the assistance of the Commonwealth.

On the basis of available information, there is not a strong or unambiguous case for significantly reducing gambling taxes. Any changes would need to be incremental and carefully monitored. The mutuality principle, combined with lack of constraints on gaming machine numbers, appears to be distorting the investment and pricing decisions of clubs, with impacts on competitors, but options for dealing with it are not straight forward.

Policy decisions on key gambling issues have in many cases lacked access to objective information and independent advice including about the likely social and economic impacts and community consultation has been deficient. An ideal regulatory model should separate clearly the policy making, control and enforcement functions.

The key regulatory control body in each state should have statutory independence and a central role in providing information and policy advice, as well as in administering gambling legislation. It should cover all gambling forms and its principal operating criteria should be consumer protection and the public interest.

#### SUMMARY

Total expenditure on gambling, that is, the amount lost, amounted to over \$11 billion in 1997/98, from a turnover of some \$80 billion. This is more than double what it was a decade ago in real terms, and treble that of 15 years ago.

Much of this growth has come from gaming machines, which accounted for 52 per cent of expenditure in 1997/98 (outside casinos), compared to 29 per cent in 1987/88 (see figure 2). About one third of gaming machines are now in hotels and 6 per cent are in casinos, whereas 15 years ago licensed clubs accounted for almost all machines.

While gaming machines' share of total gambling expenditure has risen, its growth appears not to have displaced other gambling modes which have largely maintained their previous growth trends but rather has been at the expense of other consumption items or savings (future consumption).

It follows that gambling expenditure has grown most rapidly in those states which have legalised or liberalised access to gaming machines. For example, Victoria's gambling industries had net takings of under \$1 billion in 1987/88, 40 per cent of those in NSW; 10 years later, Victoria's takings were \$3 billion, over 70 per cent of those in NSW (see figure 3).

Employment in these industries has grown commensurately. In 1997/98 there were over 36 000 people employed in gambling businesses (17 per cent of total 'cultural and recreational' employment) with at least another 70 000 obtaining employment in clubs and pubs as a result of gambling activities there. The industries have above average rates of part time and female employment.

#### SOME FACTS ABOUT THE GAMBLING INDUSTRIES

In 1997/98, net expenditure (or the amount lost) on gambling in Australia was around \$11.3 billion. Of this, \$10.8 billion was lost by

The WA Branch wishes to  
acknowledge and thank

## Mercy Community Services

for their support of the  
State Conference as a  
General Sponsor

Australians, the remainder being lost by overseas visitors. Turnover (or the amount wagered) was around \$80 billion.

Around 7,000 businesses provide gambling services throughout Australia, of which 2785 are pubs, 2419 are clubs, 13 are casinos, and the remainder are lotteries and other businesses.

Over 36,000 people were employed in businesses where the predominant activity was gambling, around 20,000 were employed in casinos and more than 15,000 in totalisator, betting, lottery and other gambling businesses. In addition, over 120,000 people were employed in clubs, pubs, taverns and bars where gambling is a secondary activity.

Gambling taxation revenue has nearly doubled over the last ten years and now accounts for just under 12 per cent of state and territory governments' own tax revenue in 1997/98. Australia has around 180,000 electronic gaming machines 21 per cent of the total number of electronic gaming machines in the world. Over half are situated in New South Wales.

#### WHO GAMBLES AND HOW MUCH?

Most Australians participate in some form of gambling at some time, even if only to join in an office raffle or sweep. According to the Commission's survey data, about 82 per cent of adult Australians engaged in gambling in 1997/98 (apart from raffles and sweeps), with 60 per cent participating in lotteries and 39 per cent playing gaming machines.

Some 40 per cent of Australians could be described as 'regular' gamblers (at least once a week) and only 20 per cent as regular non lottery gamblers.

The skewed participation in gambling is reflected in spending patterns. On average, adult Australians currently spend (lose) about \$800 each year on gambling (somewhat less when account is taken of spending by foreigners).

That makes us the heaviest gamblers in the world, spending at least twice as much on average as people in North America and Europe.

# STATE CONFERENCE

16 – 18 August 1999

## Just days away!!

If you would like to register some sessions are still available. Please call Marian Maughan to check on the availability of sessions before submitting your registration form.

**Marian can be contacted during  
business hours on  
9330 2585 or by fax on 9317 3891.**

## New Members

Kerry Bruehwiler (Student Associate)  
Arthur Mortley (Student Associate)  
Fiona Noble (Student Associate)  
Cim Sear  
Corrine Wray (Student Associate)

## CPE Events

### **Cancer - Bad Luck or Warning Symbol?**

10 September 1999, 9am – 1pm  
City West Lotteries House, 2 Delhi Street, West Perth  
Contact: Liz Retamal Ph: 9443 2934, Fax: 9444 5410  
Email: [aaswwa@aasw.asn.au](mailto:aaswwa@aasw.asn.au)

### **Children, Youth and Anxiety Conference**

11-13 October 1999  
Adelaide  
Ph: 08 8373 2258, Fax 08 83732090  
Email: [adf@senet.com.au](mailto:adf@senet.com.au)

Advert - Health Services Credit Union