

Howard League Commission on Crime and Problem Gambling

Research Guidelines

June 2020

Background

The Commission on Crime and Problem Gambling was launched by the Howard League for Penal Reform in June 2019. It is scheduled to run for three years and it will aim to answer three questions:

- What are the links between problem gambling and crime?
- What impact do these links have on communities and society?
- What should be done?

The Chair of the Commission is Lord Peter Goldsmith QC. He leads a team of 16 Commissioners, comprising academics and professionals with expertise in the criminal justice system and public health as well as experts with knowledge of the gambling industry and lived experience of addiction.

Together, the Commissioners will investigate patterns of crime linked to problem gambling, and the societal harms that connect the two, before seeking to make recommendations for government, the gambling industry and within the criminal justice system. The Commissioners will focus less on individuals and treatment and more on the broader impact that the links between problem gambling and crime have on communities and society. They will consider how people affected by problem gambling can be diverted from the criminal justice system.

An academic literature review has been conducted to assist the Commission in its work. The review, *Crime and problem gambling: A research landscape* is free to download [here](#).

Purpose of this document

Though some guidelines may seem obvious, this document seeks to ensure quality and consistency across the Commission's research. Please ensure that reports submitted follow the structure and style outlined below.

We will only review work which adheres to these guidelines.

Report Structure

Title page: The title page should include the title of the research as outlined in the brief, the names and titles of those involved in the research project (including affiliations) and the date of submission for publication.

Contents: All reports must have a contents page which includes section titles, sub headers, figures, tables and a glossary (as appropriate).

Executive summary: The executive summary is the section most likely to be read by those who do not have the time to read the full report, or those who are not familiar with the subject or research publications. It should be accessible and provide a clear and concise overview of the research. It should be easily understood, using accessible language and terms, and not be overly long (ideally 2-3 pages). The summary should not contain large quantities of material copied from the body of the text.

An executive summary must include: The aims of the project and a brief overview of the research methodology; the research questions; key findings, analyses and conclusions; and, recommendations.

Main report: The report should be succinct, concise, and organised so that it is easy to read. Tables and figures should be clear and well explained within the body of text. The main report should include the following sections (although it will probably also contain subsections for ease of flow and navigation).

- **Introduction:** The introduction must include aims of the project and research questions, where appropriate. The background and context of the research should be included in the introduction, as well as information on the legislative, policy, sociocultural context where appropriate.
- **Methodology:** The focus of the paper is on findings and analyses, rather than process. A methodological section should be an overview, and the detail of methodology should be included in an appendix if necessary. Only where methodological approaches give rise to complex considerations, decisions, and ethical concerns, should they be included in the main body of the report.
- **Results/Analyses/Key Findings:** These should generally be organised around the themes which emerge.
- **Conclusions and recommendations:** Conclusions should never include new material, findings, or analyses that have not been fully presented in the main body of the report. They should, where possible, refer to policy developments in the area, and have relevance to policy and legislation.

Conclusions should include clear recommendations. These must be empirically grounded and come from interpretation of the evidence, being linked back to specific findings (either primary or secondary).

- **Appendices:** Appendices should include: Any detailed technical information; further details on the methodology used, such as equations or sampling methods; any tables, figures, and datasets that, for reasons of flow and aesthetics, are not

included in the main report but are useful for the reader to refer to; questionnaire templates, topic guides, and other template field documents.

- Bibliography, references, citations, and sources: All assertions made in the text must be driven by evidence, either primary or secondary data. All those that are driven by secondary data must be cited clearly. Referencing must be clear and consistent throughout.

Please use referencing that is well-suited to your discipline, ensuring that you use your chosen method consistently. We would prefer that you use either an author-date approach like Harvard style referencing (e.g. Howard League:2020:2), with few or no foot or endnotes.

Reference lists and bibliographies: You must present a list of references or bibliography, in which all references should be listed alphabetically, by author surname at the end of the main report. This will not be the case for footnote/endnote referencing, where each note contains the full reference details. The reference list/bibliography must include every work cited in the report.

For consistency, book and journal titles should always be in italics. Each entry must include all publication details, including author(s) and editors; date; title; journal title; volume number; name of publisher and place of publication; range of page numbers for journal articles and chapters.

Style, formatting, and spelling guide

Style: Please follow the following guidelines:

- Write clearly, using plain and accessible English. Do not use formal or long words when easy or short ones will do.
- Clearly distinguish inferences, conclusions and recommendations from descriptions of findings.
- Avoid jargon. If you need to introduce a technical term make sure you explain it first (or in a footnote if necessary), in plain English.
- The first time you use an abbreviation or acronym, write it in full and ensure that you include a glossary of abbreviations, acronyms, non-English words and terms used, and explain complex terms and institutions referred to.
- Please cite all sources. All assertions must be either cited or grounded in data collected.
- Label figures and tables clearly and adequately.
- Spelling should be consistent throughout the report. Please use British English throughout.

Structure: Use headings and sub-headings. These are a good way of breaking up text into easily digestible chunks and they help to organise the points you want to make in a logical way. Please use Word styles to indicate different levels of headings but do not use too many.

Terminology and language: Language and terminology are important as terms can both empower and include, and they can belittle and marginalise. We prefer the use of neutral and scientific language wherever possible, avoiding stigmatising terms.

It is good practice to respect respondents' and participants' preferred language when referring to them. Wherever else, however, please use descriptive and dispassionate language.

Avoiding reductive and stigmatising terms: Wherever possible use descriptive terms related to communities and people. Language and terminology should describe behaviour of the person. Terms should not reduce the person to their behaviour. For example: 'people who gamble' should be used instead of 'gamblers'. A descriptive phrase such as 'someone with a gambling disorder' is preferable to a reductive phrase 'an addict'.

Risk and harms: We do not specifically recommend the use of one scale or another to diagnose or define people's health, wellbeing, and/or gambling. However, if you refer to a scale or index, do so consistently, using terms and language consistent with the scale in question.

The Problem Gambling Severity Index (PGSI) is a commonly used measure of risk behaviour in gambling. The outcome categories are split into low, moderate-risk and problem gambling. When referring specifically to the PGSI it is fine to use these terms. However, if you use the PGSI (or similar), when you are not writing in direct reference to outcome categories of the scale, we discourage the use of terms like 'at risk'. This is because 'at risk' does not convey that people are frequently not at risk but are actually experiencing harm. We would prefer the use of terms that convey that people are experiencing harm, for example, people experiencing gambling harms/problems or those harmed by gambling.

Gambling addiction language: 'Addict' and 'addiction' are not diagnostic terms and are not present in DSM (The Diagnostic and Statistical Manual of Mental Disorders) surrounding gambling disorder or, indeed, drug and alcohol dependencies. The term 'addict' reduces someone to their disorder. Numerous stakeholders argue that this is stigmatising. The World Health Organisation suggests that the terms dependence and disorder are more appropriate terms.

We acknowledge that the language of addiction is still commonly used by practitioners and in common parlance. Stigmatising terms such as 'addict' should be avoided (unless quoting a source or respondent). Instead, you could describe the person using dispassionate and scientific language, e.g. a person with a gambling disorder.

Similar care should be taken when describing people who have been or are suspected of having been convicted of crimes.

Should you require any further guidance or clarification please contact the Howard League's research director, Anita Dockley: anita.dockley@howardleague.org.