



Commission on Crime &
Gambling Related Harms



Police awareness and practice regarding gambling related harms

The report of the Commission on
Crime and Gambling Related Harms

Dr Helen Churcher | [Howard League for Penal Reform](#)

Contents

Glossary	4
Executive summary	5
Introduction	11
Police custody	11
Screening and identification of gambling harms	12
Current screening practices in the police	13
Liaison and Diversion	14
Literature review	17
Links between crime and gambling harms	17
Demographics and co-morbidities	18
Public health	19
Methodology	20
FOI responses	22
Screening and support	22
Recorded crimes	23
Offence types	24
Discussion	26
Screening and support	26
Gambling related crime (recorded crimes)	30
Offence types	30
Demographic information	36
Victims	36
Conclusions	38
Recommendations	41
Appendices	43
References	54

Glossary

Affected others	People who are negatively affected by someone else's gambling (e.g. family members, friends, colleagues etc.)
Out of court disposals	A range of options available to the police to be used as an alternative to prosecution.
Pathfinder scheme	A community-focussed deferred caution and deferred charge scheme, aiming to reduce harm and re-offending.
Release under investigation (RUI)	Release under investigation from the police station, rather than bailed to return.

Executive summary

Background

Gambling behaviour, and harm, exists on a spectrum which can range from recreational activity to addiction. Described as 'varied and diffuse' (Langham et al, 2016), gambling harm extends beyond a diagnosis of or screening for gambling addiction, to wider, negative, consequences in all aspects of life. Gambling harms can encompass both immediate and longer-term impacts on finances, relationships, emotional/psychological wellbeing, health, culture, employment, education, and criminal activity (ibid.). In 2020 the Commission on Crime and Gambling Related Harms published a literature review which found that the links between crime and gambling harms were complex and not fully understood, particularly in the domestic context (Ramanauskas, 2020). Despite this limited evidence base, the research indicates that gambling harms are not only linked to acquisitive crimes such as theft and fraud in order to fund gambling (See: Banks, 2018; Brown, 1987; Brooks and Blaszczynski, 2011; Ramanauskas, 2020), but also to interpersonal crimes such as domestic abuse and child neglect (see: Banks, 2018; McCorkle, 2002; Smith et al, 2003; Suomi et al, 2013; Dowling et al, 2016; Roberts et al, 2016; Lahn and Grabosky, 2003; Williams et al, 2005; Breen et al, 2013; Cuadrado and Lieberman, 2011). Gambling related harms may also be present alongside other additions or vulnerabilities which lead to crime (Ramanauskas, 2020:15). How this is understood has implications for awareness, identification, and support at the police station and other criminal justice services.

The rationale behind this research relates to emerging knowledge about the broader range of gambling related crime, exploring how engagement with the criminal justice system can serve to mitigate, de-escalate and support, starting with the police. The research builds on examples of good practice, such as the screening and referral pathway developed by Beacon Counselling Trust and Cheshire Constabulary in 2017. The police custody suite is a significant engagement point, not only with the criminal justice system but with other health and social services. As well as serving a detention and investigatory purpose, staff in police custody suites are also responsible for assessing an individual's needs and vulnerabilities including mental and physical health, and risks and vulnerabilities including (but not limited to) addictions, financial issues, housing, relationship and family issues, and domestic violence. Where a need or vulnerability is identified, Liaison and Diversion (L&D) assessment should be sought, presenting opportunities for diversion from custodial sentences. Gambling harms are increasingly being recognised as a public health issue due to their wide ranging impact (The Lancet, 2021; Public Health England, 2021) which has further implications regarding where the impetus on and responsibility for gambling related harms lies.

Aims

This research seeks to explore police understanding of gambling related harms and crime, and how police forces in England and Wales operationalise this understanding in their daily practice. In doing so, it also provides a window onto the broader picture of the nature of gambling related harm and crime in this jurisdiction. It also aims to highlight the role of police custody as criminal justice gatekeepers; to share good practice; and finally, to challenge narratives about nature of gambling related crime.

Methodology

Freedom of Information (FOI) requests were issued to understand awareness and practice among police forces in England and Wales, including the British Transport Police. The requests covered:

- Existing screening and treatment practices for gambling related harms and addiction.
- Information about incidents recorded between 1 January 2019 and 31 December 2020 involving gambling harm and addiction.
- Information about crimes recorded between 1 January 2019 and 31 December 2020 with the key word 'gambling' (to mitigate for results based on location proximity).

In addition, interviews were conducted with representatives from four different police forces (Cheshire Constabulary, Cleveland Police, Devon and Cornwall Police and an anonymous force), as well as national L&D programme implementation leads. These case studies were sought to illustrate examples of best practice and provide more nuanced information about the work, experiences, and insights of police, criminal justice, and L&D practitioners.

Findings

Screening

- The College of Policing (2020) and L&D service specification (2019) require that detainees are assessed for risks or vulnerabilities in custody, prior to L&D engagement. However, identification and referral mechanisms differ between forces. The findings showed that action/responsibility was taken by custody officers in nine forces, by L&D services in six forces, and was a joint process in ten forces.
- Nine of the 44 forces in England and Wales (around 20 per cent) reported that they screened systematically for gambling harms and addiction in custody suites. The people screened, and the triggers for screening varied as did the screening tools used, including GAST-G and PGSI.

- A range of partner and support organisations were utilised to refer or signpost people to local and national specialist gambling services and more general support services for addictions and financial problems.
- Eighteen forces (around 41 per cent) reported that they did not conduct any kind of screening for gambling harms and did not display any kind of awareness.
- Seventeen forces (around 39 per cent) did not screen systematically but had some awareness of gambling harms. They reported that gambling related harms might be identified through a general assessment of needs and vulnerabilities undertaken either during a custody risk assessment or by L&D. Some of these forces also provided leaflet information either on booking in or release regarding support for gambling harms.
- The case studies illustrated the different ways in which screening and support pathways could be developed and implemented, but also consensus around a lack of appropriate local services, challenges in identifying gambling harms and addiction, and the need for holistic assessment.
- The interviews also highlighted a tension in the custody environment regarding where responsibility should lie (i.e. custody or L&D staff) for identifying gambling harms and addictions.
- L&D involvement and the acknowledgement of the importance of holistic and healthcare-based responses served to both reflect and support the argument to consider gambling harms as a public health issue.
- FOI responses and case study interviews suggested that organisation-wide and system-wide awareness training was needed to ensure that the issue of gambling related harm was embedded.

Recorded crimes

Information received about recorded crimes was used to explore the types of offences related to gambling harm and addiction. These can be categorised as:

Violence against the person

- The largest number of recorded crimes fell under the category violence against person, representing 45 per cent of the data. The largest subcategories were: violence without injury at 21 per cent of all recorded crimes (including crimes such as threats to kill, cruelty to children and racially or religiously aggravated assault); violence with injury at 12 per cent (including crimes such as assault) and stalking and harassment at 10 per cent (including crimes such as malicious communications and controlling or coercive behaviour, encompassing domestic abuse).

- This supports a growing body of evidence illustrating the link between gambling harms and addiction, and violent crimes (Williams et al, 2005, Breen et al, 2013; Cuadrado and Lieberman, 2011; GamCare, 2019) and domestic abuse (Roberts et al 2016; Roberts et al, 2020; Dowling et al, 2016).
- FOI data coupled with Modus Operandi (MO) text¹ illustrated the broad range of violent offence types, and circumstances surrounding arrest including greater propensity to anger, frustration, and gambling harm and addiction as a cause and response to negative emotional states or relationships. MO text and case study interviews also highlighted the links with other social vulnerabilities including poverty or drug and alcohol addiction.

Acquisitive crimes

- Theft accounted for 24 per cent of recorded crimes in the data received. Within this category, sub-categories included: other theft at 17 per cent (including blackmail and theft by an employee); theft from the person at 2 per cent; and shoplifting and bicycle theft, both at less than 1 per cent of recorded crimes. Robbery constituted 1 per cent of recorded crimes in the data received, and burglary (domestic and commercial, the majority being commercial) constituted 6 per cent. Fraud represented 1 per cent of recorded crimes in the data received.
- A wealth of existing research confirms the relationship between gambling harms and addiction and acquisitive crime (Brown, 1987; Brooks and Blaszcynski, 2011; Turner et al, 2009; Ledgerwood et al, 2007, Smith and Simpson, 2014, Lahn and Grabosky, 2003).
- Evidence from the MO texts and case study interviews however suggests that acquisitive gambling related crime does not always follow the same pattern as often characterised (i.e. large-scale theft and fraud, often committed against employers). Rather, cases evident in the research findings are lower-level and often committed against friends and family.

Other crime types

- Several other crime types were recorded in the data provided. More frequently occurring types included arson and criminal damage (8 per cent), sexual offences (4 per cent), miscellaneous crimes against society (4 per cent), public order offences (3 per cent), drugs offences (2 per cent), vehicle offences (1 per cent), and possession of weapons (less than 1 per cent).

¹ Modus Operandi text forms part of information recorded in incident or crime reports, as specified by the National Crime Recording Standard. It provides a detailed description of the offence, and can include information about the context or motivating factors surrounding the offence.

- Victims of gambling related crime included current and former intimate partners, children, wider family members, and employers. These established relationships could impact on reporting and criminal justice outcomes in charging or prosecution.
- Evidence from the MO texts and case study interviews also suggests that co-morbidities such as drug and alcohol addiction may be present, as well as wider rippled effects of gambling related harm and crime on family, friends, and networks.

Recommendations

General

- A wider awareness of gambling related crime, harm and addiction is needed across society. It should not fall to the police or criminal justice system to identify it and provide support.
- Gambling harm should be considered through a public health approach.

Understanding and awareness training

- The idea or perception of what gambling related crime is or looks like needs to be broadened.
- There needs to be a recognition of the fact that gambling related harm exists on a spectrum. Awareness of the nuanced scale of gambling harm and crime facilitates different opportunities to support and de-escalate before, during, and after engagement with the police.
- Police custody and L&D staff should receive training about the nature and nuances of gambling related harms and the links to crime.
- Awareness training is integral to enabling police and L&D practitioners to understand and identify gambling related harm, crime and addiction. This should be nationwide and force-wide (i.e. not just for police custody suite staff).

Screening and support

- Police (and other criminal justice agencies) should explore and learn from best practice regarding the mode and location of screening. They should consider whether direct screening or holistic assessment, or a combination of both is most effective (and supportive to the individual) in identifying gambling harm.

Police practice and policy

- Police and Crime Commissioner (PCC) engagement is welcome. In addition to adopting the advice of, and toolkit developed by the Association of Police and Crime Commissioners (APCC), PCCs should incorporate screening and support pathways for gambling harms within their strategic plans.
- L&D models/processes should be assessed. A streamlined approach may ensure more equitable access to screening and support or treatment. Gambling harms should be included in the L&D service specification eligibility criteria.
- Support and treatment should be readily available across all geographic areas.
- Her Majesty's Inspectorate of Constabulary Fire and Rescue Services (HMICFRS) should include gambling in their vulnerabilities assessments and inspections of police forces and wider partnerships.

Future research

- Future research is needed into criminal justice outcomes after the police station, and in linking this to crime types.
- Further research of lived experience (for example in the custody suite) would be beneficial in assessing the best practice models.
- Additional research is needed into the demographics of people affected by gambling harms and crime, as well as the links between demographics, crime type, and outcomes.
- A full and consistent data set is needed for this to occur.
- Prevalence information is needed. Stakeholders should consider the most appropriate and efficient ways to elicit prevalence information from the police (and other criminal justice agencies) and work together to enable this data collection.

Introduction

The Howard League for Penal Reform established the Commission on Crime and Gambling Related Harms in 2019 to explore the links between gambling harm, addiction and crime, assess the impact this has on communities and society, and identify what should be done. Learning from a broad and developing evidence base (including written submissions, oral evidence sessions, literature reviews and ongoing research), the Commission has identified a lack of awareness and understanding of the nature and relationship between crime and gambling harms and addiction within the criminal justice system. However, pockets of good practice were identified in police custody suites, which this research seeks to understand and develop.

This research seeks to explore police understanding of gambling harms and gambling related crime, and their operationalisation of this understanding in daily practice in police forces in England and Wales. In doing so, it also provides a window onto the broader picture of the nature of gambling related crime and harm in this jurisdiction. It also aims to highlight the role of police custody as criminal justice gatekeepers; to share good practice; and finally, to challenge narratives about the nature of gambling related crime.

Gambling behaviour, and harm, exists on a spectrum which can range from recreational activity to addiction. Described as ‘varied and diffuse’ (Langham et al, 2016), gambling harm extends beyond a diagnosis of or screening for gambling addiction, to wider, negative, consequences in all aspects of life. Gambling harms can encompass both immediate and longer term impacts on finances, relationships, emotional/psychological wellbeing, health, culture, employment, education and criminal activity (ibid.). The widespread impact of gambling harms is increasingly being recognised as a public health issue (The Lancet, 2021; Public Health England, 2021). Research contexts or diagnostic tools influence the language used to discuss gambling harms. This report is concerned with the direct relationship between gambling addiction (also termed problem, pathological, or disordered gambling) and resultant criminal activity. However, it also explores the ways in which gambling harms might exist as a contextual factor, relating or contributing to criminal activity. The research therefore uses gambling harm as a neutral term to express this spectrum and wider impact, though when referencing research, the terminology used by the author will be maintained for clarity.

Police custody

Police custody suites represent one of the first points of contact with the criminal justice system. The custody suite is a designated space (usually at a police station), where ‘people are held having been apprehended by the police and prior to being remanded by the Courts or released’ (NHS Data Model and Dictionary, 2021). People may also attend voluntarily. A recent report states that there are around 210 police custody suites in England and Wales (Brown, 2021). Each police force determines the number and location of custody suites in operation (on average five per force), which are usually located in large police stations (Brown, 2021). This is where suspects are questioned, and biometric information is collected. This process should be completed as quickly as possible, and in

most cases, detention is no longer than 24 hours. Following arrest and detention there are four possible outcomes: charged or issued an 'out of court disposal'; released on pre-charge bail; released under investigation (RUI); released with no further action (Brown, 2021:10).

Police custody suites also have responsibility for assessing an individual's needs and vulnerabilities. Points two and three of the College of Policing's *Principles of Safer Detention* state (College of Policing, 2021):

While detainees are in custody, officers and staff treat them in a way that is dignified and takes account of their human rights and diverse individual needs. Custody staff are respectful in their day-to-day working and are aware of and responsive to any particular risks and vulnerabilities.

Detainees have access to health and social care services appropriate to their physical and mental health needs. They receive emergency medical care where necessary and are provided with appropriate medication or support according to their needs.

At the police station, detainees should be assessed for, and offered support on, a range of factors including mental and physical health, and risks and vulnerabilities including (but not limited to) addictions, financial issues, housing, relationship and family issues, and domestic violence. The College of Policing's Authorised Professional Practice guidelines on detainee care state that custody officers or inspectors should check that 'all risks, vulnerabilities and welfare needs of detainees are being adequately managed' (College of Policing, 2020, section 1.1). Officers are trained to recognise needs or vulnerabilities, on which they alert local Liaison and Diversion services (L&D) (Disley et al, 2021:29).

Screening and identification of gambling harms

Gambling addiction is defined as a behavioural addiction in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V) (American Psychiatric Association, 2013). 'Problem gambling' is a phrase commonly used for people experiencing gambling addiction, and also relates to broader gambling related harms (Ramanauskas, 2020: 7). Emerging evidence suggests that the term 'problem gambling' is not appropriate as it has negative connotations and can embed stigma; gambling harms is a preferable term (Smith, 2022). Gambling addiction and gambling harms are identified using self-report screening tools, which vary within and across services and jurisdictions. These screening tools assess gambling behaviour and activity, and related harm to the individual and their wider networks, asking the respondent to score themselves on a series of statements based on their experiences over the previous 12 months. A previous iteration of diagnostic criteria, the DSM-IV, included crime as a possible indicator of gambling disorder, with question eight asking respondents if they 'Have committed illegal acts, such as forgery, fraud, theft, or embezzlement, in order to finance gambling' (American Psychiatric Association, 1994). This criteria was removed due to a perceived lack of prevalence in response to the question, and the fact that absence or presence of criminal

behaviour does not help to distinguish whether people have a gambling disorder (Reilly and Smith, 2013). The thrust of the criteria is now subsumed under the 'lying to others criterion' (Turner et al, 2016). The original criteria and refined focus on dishonesty relate to property crimes and may not reflect other types of gambling related crime. Other screening tools include the Problem Gambling Severity Index (PGSI, frequently used as the basis of national prevalence surveys), and the GAST-G four question screening tool used in services and treatment.² A shorter tool is seen as preferable, particularly in criminal justice contexts where assessments such as NICHE (a widely used police record management system) contain around 200 questions.

Current screening practices in the police

The 2017 Cheshire Constabulary pilot (the *Gambling Related Harms Screening and Diversion Pathway*) was developed in partnership by Cheshire Constabulary, GamCare, Beacon Counselling Trust and Mitie Care and Custody to screen people entering the criminal justice system for gambling harms and addiction. The aim was to provide an early intervention treatment opportunity using this diversion pathway. The pilot used a simple screening tool (initially Lie/Bet, then GAST-G). Screening enabled the identification of gambling harms and addiction, and subsequent appropriate intervention. Intervention may be brief and include the provision of advice and guidance, or a referral to a specialist service e.g. Beacon Counselling Trust (Mann, 2018). It may also provide the opportunity to utilise alternative criminal justice outcomes for example conditional cautions or community orders. The pilot identified that 13 per cent of people screened scored in the problem gambling category (ibid.). Screening and referral became embedded in practice, illustrating the pilot's success. In their phase one report, the steering group made the following recommendations (Beacon Counselling Trust et al, 2020):

- Awareness training for police, healthcare professionals and Freedom of Information (FOI) management teams
- Provision of free, appropriate and specialist support for gambling related harm at the point of entry into the criminal justice system
- Access to and provision of early intervention and screening resources
- Sharing of best practice nationally, and internationally
- Analysis of records (e.g. incidents, crimes, and arrest records) for keywords relating to gambling
- The use of community resolutions and conditional cautions in response to the identification and treatment of gambling related harm
- Understand and privilege learning from people with lived experience

² For a detailed overview of these and other screening tools, see: Ramanauskas, 2020.

The National Police Chiefs Council appointed Assistant Chief Constable Matt Burton of Cheshire Constabulary as the national policing lead for gambling. Following his appointment, the pilot was rolled out to other forces including Merseyside Police, Lancashire Constabulary, Greater Manchester Police and West Midlands Police.

The lack of awareness and appropriate response in police custody that was identified in the Cheshire pilot is mirrored throughout the criminal justice system (Commission on Crime and Gambling Related Harms, 2021). This is due to a range of factors: the complex nature of gambling related crime; the range of offence types masked by preconceptions about gambling related crime; the prevalence of offences committed within or against social/familial networks; and a lack of understanding as to whether gambling harms and addiction are a mitigating or aggravating factor. There is, however, increasing engagement on the issue particularly from the National Police Chiefs Council, which until recently had a designated policy lead officer.

The Association of Police and Crime Commissioners (APCC) addiction leads have recently received a briefing session, and developed a toolkit and checklist for Police and Crime Commissioners (PCCs) who have responsibility for developing strategies in their local area. Engagement here will serve to embed the issue of gambling harms.

Liaison and Diversion

Liaison and Diversion (L&D) assessment should be sought where a need or vulnerability is identified in a police custody suite. The Bradley Report (2009) called for all custody suites to have access to NHS L&D services following a nationalised model, with the aim of improving mental health outcomes and reducing reoffending (Kane et al, 2020). The aim is to provide treatment and support, addressing contextual and causal factors to offending and encouraging positive criminal justice outcomes and desistance. The Bradley Report (summarised in College of Policing, 2020) stated:

Diversion is a process whereby people are assessed, and their needs are identified as early as possible in the offender pathway (including prevention and early intervention), thus informing subsequent decisions about where an individual is best placed to receive treatment, taking into account public safety, safety of the individual and punishment of offence.

The National Model for L&D was launched by the NHS in 2014 and aimed to reach full coverage of the population by March 2020, providing 24/7 services for a range of health needs and vulnerabilities (Disley et al, 2021). The L&D process is outlined in *Box 1 Key elements of the L&D process under the 2014 operating model* (replicated below. See: Disley et al, 2021:29):

L&D services are designed to support people with mental health problems, a learning disability, substance misuse problems and other vulnerabilities including unstable accommodation and risk of self-harm or domestic abuse. The main activities of L&D are identification, screening, assessment and referral to other services. These are explained below.

- **Identification:** *Criminal justice agencies working at the Police and Courts stages of the pathway are trained to recognise possible signs of vulnerability in people when they first meet them. They then alert their local L&D service about the person.*
- **Screening:** *Once someone is identified as having a potential vulnerability, the L&D practitioner can go through screening questions to identify the need, level of risk and urgency presented. It also helps determine whether further assessment is required.*
- **Assessment:** *Using a trauma-informed approach and approved screening and assessment tools an L&D practitioner will undertake a more detailed assessment of the person's vulnerability. This provides more information on a person's needs and also whether they should be referred on for treatment or further support.*
- **Referral:** *The L&D practitioner may refer someone to appropriate mainstream health and social care services or other relevant interventions and support services that can help. A person is also supported to attend their first appointment with any new services and the outcomes of referrals are recorded. L&D services will also provide a route to treatment for people whose offending behaviour is linked to their illness or vulnerability.*
- **Outreach:** *Multi-disciplinary teams, including support time recovery workers and peer support workers, will work holistically with people in community settings during the currency of any criminal proceedings, including addressing issues such as housing and financial advice (NHS England 2019).*

Box 1 *Key elements of the L&D process under the 2014 operating model (Disley et al, 2021)*

L&D initially focussed on providing support for people experiencing mental ill health or who have a learning disability, but now extends to a broader range of needs and vulnerabilities (College of Policing, 2020). The *Liaison and Diversion Service Specification 2019* lists eligibility criteria in section 2.8.2, including physical or mental health needs, learning disabilities, substance misuse, and people with protected characteristics including women and people from ethnic minority communities (NHS, 2019). Gambling harms are not specifically listed among these needs or vulnerabilities.

The potential for diversion can mean people are diverted from the criminal justice system altogether, diverted from prison, or other means of prosecution are used (e.g. fixed penalties, cautions, or community resolutions), or diversion from prison (College of Policing, 2020).

The *Liaison and Diversion Service Specification 2019*, states that L&D service providers should develop a case identification tool/process with criminal justice agencies (NHS, 2019). Services should also be proactive in checking for and identifying cases, and referrals can be made by a range of different agencies (NHS, 2019, section 2.5.1). Thus, delivery models can differ between forces. This research suggests that an integrated model, whereby health and criminal justice services are contracted jointly and run in parallel, could be beneficial. Although L&D represents a natural home for public health issues, gambling harms are not currently part of its remit. The location of L&D services within police custody and its national coverage and oversight is a useful mechanism through which to assess gambling harm and treatment/support options.

Literature review

Links between crime and gambling harms

In 2020 the Commission on Crime and Gambling Related Harms published a literature review which found that the links between crime and gambling harms were complex and not fully understood, particularly in the domestic context (Ramanauskas, 2020). Fewer than 50 peer reviewed papers published in the last 25 years focus directly on the links between gambling related crime (ibid.). Despite this limited evidence base, there is consensus among the findings with researchers across international jurisdictions finding that gambling harms are not only linked to acquisitive crimes such as theft and fraud in order to fund gambling, but also to interpersonal crimes such as domestic abuse and child neglect (Williams et al, 2005, Breen et al, 2013; Cuadrado and Lieberman, 2011).

Providing written evidence to the Commission on Crime and Gambling Related Harms in 2019, GamCare's criminal justice related service user data (GamCare, 2019:11) showed that:

- In the 18 months to December 2019 there were 262 referrals from criminal justice sources (probation, prisons, police) to GamCare for treatment screening
- The majority (77 per cent, n = 201) of criminal justice based referrals were from prisons
- 1,034 service users who accessed GamCare treatment in the 18 months to December 2019 reported criminal activity as an impact of their gambling
- The number of service users accessing GamCare treatment reporting criminal activity impact increased, with a 25 per cent increase forecasted from 2018/19 to 2019/20
- In 2018/19, 484 callers to the National Gambling Helpline disclosed criminal activity as an impact of gambling, with 30 of these being an affected other (see glossary)
- In the same period, 98 Helpline callers disclosed domestic abuse as an impact of gambling, with 53 of these (over half) being affected others

Gambling harms and addiction are understood to lead to crime being committed in a number of ways: to directly fund gambling activities or addiction; gambling may be part of a broader set of criminal activities; or gambling may be present alongside other additions or vulnerabilities which lead to crime (Ramanauskas, 2020:15). Researchers have categorised problem gambling and crime in three principal ways (also outlined by James Banks (2018): 'coincidental', with no direct link between the crime and gambling; 'co-symptomatic', in which gambling harm and criminal activity are part of a wider range

of factors; or 'instrumental' in which there is a causal relationship between gambling harm and crime.

A person committing a gambling related crime has variously been characterised as being on a 'slippery slope' or downward spiral of loss-chasing, in which gambling continues despite debt, financial difficulties and relationship breakdown, and responses escalate (Page, 2021; Zhang and Clark, 2020; Binde, 2016). A 2018 Spanish study highlighted shared behavioural aspects between problem gambling and criminal activity, including urgency, impulsivity, and risk-taking behaviour (Mestre-Bach et al, 2018). Lahn (2005) found that gambling could constitute a facet of '... a chaotic, disordered lifestyle'.

Gambling related crime has been most commonly linked to income-generating crime and has been 'typically understood to be nonviolent in nature' (Banks, 2018). Research has highlighted the links between gambling and property crimes such as embezzlement, fraud, burglary and theft (Brown, 1987; Brooks and Blaszczyński, 2011). However, research is emerging that links gambling to violent crimes and crimes against the person such as domestic abuse and child neglect (see Banks, 2018; Ramanauskas, 2020; McCorkle, 2002; Smith et al, 2003; Suomi et al., 2013; Dowling et al., 2016; Roberts et al., 2016; Lahn and Grabosky, 2003). The perception of gambling related crime may impact on criminal justice responses: 'Criminal justice agencies may not identify violent offending as being gambling related' (Banks 2018: 9). Such perceptions may have implications for awareness, identification, and support at the police station and other criminal justice services.

GamCare has illustrated the ways in which gambling can lead to different types of crime, grouping offence types under 'Income-generating (for gambling funds and/or debt repayment)', including theft, fraud, robbery, drug dealing or domestic abuse for financial gain, and 'Emotional, e.g. frustration, loss of control', including domestic abuse, violence, and criminal damage (GamCare, 2019:15). GamCare (2019:15) further highlighted the complexity of gambling related crime, even under the umbrella of acquisitive crime:

Within gambling addiction, however, there is some nuance to be explored relating to 'income-generating' crime, which incorporates a wider range of criminal activity than theft and burglary. For example, there are examples of people starting to deal drugs in order to fund gambling, or pay off debts, and this in turn has led to drug taking and wider co-morbidities. In addition, individuals' offending may escalate into association with 'loan sharks' who are part of wider criminal networks and may be 'forced' into committing crimes (such as dealing) to pay off accumulated debts.

Demographics and co-morbidities

Despite a growing body of evidence about the diverse nature of gambling related crime, there is a research gap regarding the demographics of people who are affected by gambling and crime related harms, or who commit gambling related crime. Evidence from treatment providers suggest that around 30 per cent of people who access their services are women, and that up to one million women are at risk of gambling harms (GamCare, 2020; the Guardian, 2022). Academic research suggests that the prevalence of women in relation to these issues is significant (for example: Abbott and McKenna,

2005; Lind and Kääriäinen, 2018; Perrone et al, 2013; May-Chahal et al, 2012). Similarly, knowledge and understanding about the experiences of people from ethnic minority communities is limited. Recent research has suggested that people from ethnic minority communities score more highly on the PGSI and were less likely to seek treatment (Gunstone and Gosschalk, 2019). People from ethnic minority communities are often overrepresented among in-treatment or incarcerated groups.³ Existing research identifies a number of co-morbidities which may be linked to gambling harms, such as trauma and life stressors, drug or alcohol addiction, and mental health (Buckland, unpublished; Ramanauskas 2020; Potenza et al, 2000; Roberts et al, 2016; Sharman et al, 2019). These characteristics intersect with and impact on police and/or criminal justice attitudes towards addictions and vulnerabilities more broadly. The presence of these co-morbidities may be relevant when considering police awareness and practice, given the ubiquitous support and diversion available for, for example, drug and alcohol misuse.

Public health

There is increasing recognition of gambling harms as a public health issue, having been described as ‘... an urgent, neglected, understudied, and worsening public health predicament’ (The Lancet, 2021). A review by Public Health England, commissioned by the Department of Health and Social Care, locates the issue in the public health arena and includes analysis of the economic, social, and mental and physical health burdens of gambling harms (Public Health England, 2021). Researchers call for a public health approach akin to those employed to tackle alcohol use (for example, John et al, 2020; Page, 2020).

³ See May-Chahal et al’s (2017) research on prisoners’ criminal careers in relation to gambling harm and The Forward Trust’s (2020) survey of prisoners’ experiences.

Methodology

This research was developed with the support of Commission members Neil Platt and Matt Burton⁴ who were central to the development and evaluation of the Cheshire Constabulary screening pilot.

Freedom of Information (FOI) requests were issued to understand awareness and practice among police forces in England and Wales, including the British Transport Police (see Appendix A for a full list of forces, and Appendix B for the full FOI requests). The requests covered:

1. Existing practices in relation to screening and treatment for gambling harms and addiction.
2. Information about incidents recorded between 1 January 2019 and 31 December 2020 involving gambling harm and addiction. This aimed to provide a broader picture of the prevalence of gambling related incidents and police activity in relation to it.
3. Information about crimes recorded between 1 January 2019 and 31 December 2020 with the key word 'gambling'. This aimed to provide a more specific exploration of the prevalence and nature of gambling related crime and sought to mitigate against location proximity results. (See Appendix B for the full questions.)

It became apparent that responses to questions one and three were useful, whereas responses to question two were not suitable for analysis. Therefore, further analysis is not included in this report. Similarly, data provided on demographics and outcomes was inconsistent, thus unsuitable for analysis. As explained below, this data is illustrative of trends, but does not provide a comprehensive picture of prevalence.

Further limitations with the methodology should be noted and provide context to the data that was chosen for analysis. The timeframe encompassed the Covid-19 lockdown in which stay at home orders and limits on social contact affected crime rates (Stripe, 2021). Some forces were unable to provide a response within the statutory time/cost limit, and there was significant variation in the information provided. This was because information-recording practices and database systems differ between forces, and incident and outcome/modus operandi (MO) information are not always held on a single database (the requests required a cross check of incident and crime record systems).

Responses to FOI requests rely to a degree on the responder's interpretation of the request. This was clarified where possible through dialogue with FOI Teams. The same requests were issued to all forces to ensure consistency, but some were altered slightly following dialogue with FOI Teams, based on the information that the force could provide. Achieving consistency was paramount, but where this was not possible, other information/data was accepted.

⁴ Find out more here <https://howardleague.org/commission-on-crime-and-problem-gambling/the-commissioners/>

Key word searching as a methodology has some inherent limitations linked to the nature of content of data sources (access, searchability, spelling) and the meaning of or assumptions about key words. For example, the use of key words 'betting', 'casino', and 'gambling' might return results based on the proximity of an incident or crime to these physical locations, rather than its relationship to gambling. These keywords would be present in the MO Text of incident/crime records. Difficulties in access to and searching of MO records led to several cost refusals, particularly in relation to the cross-checking of incident records, MO Texts, and outcomes. These issues were mitigated by the third question which focussed on crime recording systems, with a more specific key word. FOI parameters (such as refusals based on data protection) and/or inconsistencies in recording meant that the demographic information received in responses was not consistent.

Responses were received in a variety of formats. As such, systems were devised to achieve consistent analysis across varied data types. Recorded crimes were coded using Home Office counting rules, extrapolating fraud as a separate category (Home Office, 2021). Letter codes were devised and assigned by the researcher to the sub offence groups listed in the *Offence Classification Index* (Home Office, 2021). The spreadsheet 'Count notifiable offences' was also used to cross-check any crimes not listed in the index (Home Office, 2021). These codes were then applied to data provided in FOI responses to enable analysis. (For a full list of codes see Appendix C.)

Ethical approval was not required as the research did not involve vulnerable participants. Ethical concerns were sometimes addressed by police forces in their responses particularly relating to the protection of anonymity. Thus, problematic data was not received. Nonetheless detailed MO text was received and has been included in this report with care not to include identifying information such as police force or demographic information.

To supplement the data received in response to the FOI requests, interviews were conducted with representatives from four different police forces (Cheshire Constabulary, Cleveland Police, Devon and Cornwall Police and an anonymous force), as well as national L&D programme implementation leads. These case studies were sought to illustrate examples of best practice and provide more nuanced information about the work, experiences, and insights of police, criminal justice, and liaison and diversion practitioners. In recognising potential limitations with the FOI process, these case studies also mitigate for communication issues within forces (for example, Devon and Cornwall Police responded that no screening is undertaken, however the case study provides a detailed overview of their awareness of and approach to gambling harms and addiction through the Pathfinder scheme). Evidence from these interviews will be used throughout the report, with full case studies available in Appendix D.

FOI Responses

Screening and support

The first focus of this research was to establish an understanding of practices relating to screening for gambling harms and addiction in police custody. Forty four police forces in England and Wales were asked the following questions:

1. Does screening for gambling disorder take place among detainees in any part of your force? If yes:
 - a) Which detainees are being screened?
 - b) What are the triggers for a gambling screening?
 - c) Who does the screening and where?
 - d) What screening tools are used?

All of the 44 forces surveyed responded:

Nine of the 44 forces in England and Wales (around 20 per cent) reported that they conducted screening for gambling harms and addiction in custody suites. The people screened, and the triggers for screening varied from force to force:

- In most forces (seven), all detainees who consented, disclosed, or were identified as having a need were screened.
- Eight forces had specific referral or support pathways to a variety of national and local services for gambling harms and addiction.
- In one force, only detainees who made a disclosure or who were referred by police, solicitors or other agencies were screened. Triggers included a general assessment of vulnerabilities, as well as any identification or disclosure of financial or gambling issues.
- Three of the nine forces who conducted screening used specific gambling screening tools (PGSI, GAST-7 and GAST-G).
- One force was developing a conditional caution referral pathway.
- One force screened detainees about their own gambling behaviour, as well as asking whether they had been affected by another person's gambling.

A further 39 per cent of forces (17 out of 44) had some awareness of gambling harms. This included a general assessment of needs and vulnerabilities (in which gambling harms might be identified), undertaken either during a custody risk assessment or by Liaison and Diversion. Forces also provided leaflet information either on booking in or release regarding support for gambling harms.

The remaining 41 per cent of forces (18 out of 44) reported that they did not conduct any kind of screening for gambling harms and did not display any kind of awareness.

Though models and pathways may differ from force to force, it is a requirement (College of Policing, 2020; NHS, 2019) that detainees are assessed in custody for risks or vulnerabilities. The identification mechanism differs between forces. FOI responses were analysed to assess where or by whom the assessment was undertaken or where the responsibility lay in regard to screening for gambling harms:

- In nine forces, action to assess for gambling harms was taken by custody officers (though specific screening was not undertaken). This included risk assessment on booking in, or the provision of contact/support information on booking in or release.
- Six forces indicated that assessment or screening for gambling harms would be undertaken by L&D services.
- Responses from ten forces suggested that it was a joint action/responsibility. This may be through a combined care model, through access to L&D for all detainees, or through an initial custody assessment or disclosure resulting in L&D referral.

Recorded crimes

To establish a more precise picture of the prevalence and nature of gambling related crime, forces were asked to provide data on recorded crimes linked to the single key word 'gambling'. Forces were asked:

How many crimes recorded during the period 1 January 2019 through to 31 December 2020 recorded the key word 'gambling'? Please provide for each instance:

- a) The month and year the crime occurred
- b) Alleged offence/reason for police attendance
- c) Suspect/offender's gender
- d) Suspect/offender's race
- e) Suspect/offender's age
- f) Outcome (e.g. charge and summons, caution, community resolution)

Data is not comparable between forces as it is a product of the interpretation and methodology used by the FOI responder. Record management practices also vary between forces.

Offence types

Code	Offence group	Subcategory totals	Category totals
A	Violence against the person*	34	1291
AA	Violence without injury	608	
AB	Violence with injury	355	
AC	Death or serious injury caused by unlawful driving	0	
AD	Homicide	0	
AE	Stalking and harassment	294	
B	Possession of weapons	7	7
C	Sexual offences*	1	119
CA	Other sexual offences	55	
CB	Rape	63	
D	Robbery	41	41
E	Burglary*	7	162
EA	Burglary residential	39	
EB	Burglary business and community	116	
F	Theft*	100	688
F1	Other theft	491	
F2	Theft from the person	71	
F3	Bicycle theft	9	
F4	Shoplifting	17	
G	Fraud	39	39
H	Arson and criminal damage*	8	218
HA	Arson	4	
HB	Criminal damage	206	
I	Drugs offences*	14	57
IA	Trafficking of drugs	34	
IB	Possession of drugs	9	
J	Public order	87	87
K	Miscellaneous crimes against society**	117	117
L	Vehicle offences	41	41

*Offence types are displayed as umbrella categories (in bold, highlighted in grey), with sub-categories listed below each. Some forces only provided data on umbrella categories. For the grand total per offence category, see 'Category totals'

** For a list of offences in this category, see [Counting rules for miscellaneous crimes against society](#) (Home Office, 2021)

Note: offence type totals by force were collated but not provided for analysis due to a lack of comparability between forces.

Violence against the person

The largest number of recorded crimes fell under the category violence against person, representing 45 per cent of the data. Within the category of violence against the person, the largest subcategories were: violence without injury at 21 per cent of all recorded crimes (including crimes such as threats to kill, cruelty to children and racially or religiously aggravated assault); violence with injury at 12 per cent (including crimes such as assault); and stalking and harassment at 10 per cent (including crimes such as malicious communications, controlling or coercive behaviour and domestic abuse).

Acquisitive crimes

Theft accounted for 24 per cent of recorded crimes in the data received. Within this category, sub-categories included: other theft at 17 per cent (including blackmail and theft by an employee); theft from the person at 2 per cent; and shoplifting and bicycle theft, both at less than 1 per cent of recorded crimes. Robbery constituted 1 per cent of recorded crimes in the data received, and burglary (domestic and commercial) constituted 6 per cent. The majority of burglaries were non-domestic (business or community), and details in the modus operandi (MO) text provided suggested that these were largely related to the burglary of fixed odds betting terminals in commercial premises. Fraud represented 1 per cent of recorded crimes in the data received.

Other types of crimes

Several other crime types were recorded in the data provided. More frequently occurring types included arson and criminal damage (8 per cent), sexual offences (4 per cent), miscellaneous crimes against society (4 per cent), public order offences (3 per cent), drugs offences (2 per cent), vehicle offences (1 per cent), and possession of weapons (less than 1 per cent).

Discussion

Screening and support

The nine forces that screen systematically for gambling harms illustrate the different ways that screening can be implemented in the police custody suite.⁵ The practices of two of these forces (Cheshire Constabulary and Cleveland Police) are summarised in Appendix D (case studies). The majority of these nine forces cast a wide net, in which detainees who consented, disclosed, or were identified by staff (through custody risk assessment or L&D engagement) as having a potential need were screened for gambling harms and addiction. One force extended this screening to those affected by gambling related harm, for example through the gambling behaviour of a loved one. A range of screening tools used by police forces (e.g. GAST-G, PGSI). Individuals were referred or signposted to local specialist or health services, or national gambling services. Partner and support organisations differed from force to force, but individuals were referred into or signposted to specialist services available both locally and nationally. In all of these forces, screening and referral was facilitated or undertaken by Liaison and Diversion services. People accessed L&D either through an all vulnerabilities approach or following identification by custody staff.

Case study interviews provided further evidence about the range of support programmes and pathways and how they were developed. Local and national support organisations were integral to the development of screening programmes in most of the forces interviewed, for example local charity Northeast Council on Addictions (NECA) approached Cleveland Police to develop a programme, which was established alongside Beacon Counselling Trust. In Cheshire Constabulary and the anonymous police force case study, the issue was initially identified by individual officers through their experiences and engagement with people in custody. They reached out to support charities who helped them to develop their programmes. In Devon and Cornwall, a local awareness of gambling related harm meant that the issue was assimilated into an existing deferred charge/caution scheme.

Forces interviewed operated different models to address gambling harms and gambling related crime. Cheshire Constabulary and Cleveland Police facilitated a direct referral route to treatment organisations through L&D, whereas at the anonymous force this referral was done through the custody suite. Devon and Cornwall Police incorporated an awareness of gambling related harm in their Pathfinder scheme which encompassed a more holistic assessment of and engagement with individuals. L&D practitioners emphasised the importance of holistic assessment. Case study interviews uncovered a consensus around lack of appropriate local services across geographical areas, with less availability of treatment compared to other addictions. Devon and Cornwall Police also highlighted the less robust nature of gambling treatment exit strategies and noted challenges around the availability of treatment and the onus on the individual

⁵ Forces that reported undertaking systematic screening: Cheshire Constabulary, Cleveland Police, Humberside Police, Lancashire Constabulary, Merseyside Police, Northamptonshire Police, Surrey Police, West Midlands Police, West Yorkshire Police.

to self-refer. Although the majority of police forces in England and Wales do not screen systematically for gambling harms and addiction, some level of identification and provision of support was made by just over half of the respondents. This tended to happen as part of a more general custody risk assessment, L&D assessment or engagement, or through advice and information provided in custody and pre-release signposting. While this may be regarded as a positive step, greater awareness and a more direct approach may be required to identify people who may need support and signpost them to advice and treatment. Eliciting responses about gambling harms can be challenging:

- It is an additional issue that requires effective and sensitive treatment the already wide-ranging demands expected to be fulfilled in the police custody suite.
- Current practice places the onus on an individual to disclose an addiction which is often hidden and poorly understood and may not be the most successful way of eliciting a response. Additionally, there are concerns about whether people are ready to disclose or discuss gambling addiction at this time (see Smith's (2022) research with experts by experience). People may also lack an awareness of the presence and nature of gambling addiction and gambling related harm themselves.
- Focussing on financial difficulties as a trigger for screening may not capture all individuals who are experiencing gambling related crime, as evidence (discussed in the following sections) shows that gambling related crime is more diverse. This suggests that police and L&D staff need to be empowered with the right skills and knowledge in order to use their judgement with regard to the identification and referral options of gambling harms.

The need for awareness training for police is essential but there may also be a need for effective interviewing techniques to support this greater understanding of gambling addiction. For instance, asking a direct question might enable someone to reflect on their behaviour and experiences and make the links. Whereas longer term systematic and holistic engagement to encompass these aspects may be best placed to enable people to open up. This raises questions about which actors in the police custody suite are most suited to engaging in support and signposting once an issue or concern has been identified. Several police forces noted that gambling harms or addiction might be raised or identified by more general assessment about needs and vulnerabilities. However, there are challenges in relying on a general identification process.

- Evidence gathered by the Commission on Crime and Gambling Related Harms suggests that gambling harms and addiction are often a hidden problem, difficult to identify, and difficult for individuals to disclose (Page, 2020: 43; GamCare, 2019; Commission on Crime and Gambling Related Harms, 2020; Smith, 2022).

- As a behavioural addiction, physical signs are likely to be less apparent (as opposed to drug or alcohol addiction, for example).
- Direct questioning or specific gambling related screening may be best placed to identify gambling harm and addiction and thus provide support to individuals.
- Training needs to extend beyond awareness-raising to active training in purposive, sensitive questioning.

Evidence from lived experience further illustrates these challenges:

- Witnesses who gave oral evidence to the Commission on Crime and Gambling Harms explained how they attended the police station voluntarily, to admit to the crime that they had committed.
- For these individuals, police intervention and questioning were described as a cathartic experience, the first time they had been asked about gambling harms and addiction and thus a potential gateway to support (Commission on Crime and Gambling Related Harms, 2020; Smith, 2022).

The in-depth interviews supported the FOI data in illustrating the differences in screening practices, and the benefits and limitations of different models. There was a consensus that gambling harms were difficult to identify, particularly if people did not open up about these. One participant explained ‘... personally I don’t think gambling is something that screams out straight away and people are open about straight away, it’s not until you start picking up other elements of what is going on that you identify that.’ Gambling harm or addiction is not physically visible, unlike drug or alcohol addiction. L&D practitioners agreed that holistic assessment and rapport-building was key, otherwise cases might be missed, or people might not open up. Disclosures are based on relationship-building and take time, and identification of gambling related harm can occur through more implicit assessment within this relationship-building, as opposed to specific screening. Despite the onus on holistic assessment and relationship building, interviewees suggested that direct questioning/screening did have an important role, as it is useful in illustrating the practitioner’s understanding of the issue.

Ideas about the location and efficacy of screening differed. Many of the participants noted that the custody suite was a busy and stressful place, and not the most conducive to opening up. On the other hand, it was also suggested that ending up in a police custody suite can be a junction or turning point in someone’s life, stimulating reflection, and an environment in which professionals are taking an interest in someone’s wellbeing. Cheshire Constabulary conducted assessments in private, whilst the anonymous force screened detainees immediately at the booking-in desk.

There were differing views regarding where the responsibility for assessment of gambling related harm and addiction should lie. The National L&D programme leads argued that ‘...it’s in everyone’s interest to make sure we have this holistic view of people

[via L&D assessment] and of course then timely access to treatment... it's absolutely crucial that people get into treatment but via the right route and not simply "that's the solution because we have identified gambling" ... because there is always something else in the background! This suggests situating the issue within a holistic approach, rather than a one-size-fits-all approach. L&D may be best placed to achieve this. Representatives from Devon and Cornwall's also promoted working holistically with the individual. In the anonymous case study, referral to treatment was made directly from the custody suite, with the aim of ensuring that the issue did not get lost throughout the process.

The FOI responses regarding by whom and where screening takes place raise important issues. There is a need for clarity regarding who is responsible for and undertakes screening in the police custody suite. At the heart of this appear to be complicated arrangements and process between the police and L&D teams. However, this should be a diminishing issue given that it is a requirement to conduct a risk assessment in police custody, and that L&D now has nationwide coverage (Disley et al, 2021). Nonetheless, the need to raise awareness and develop appropriate pathways has emerged as a significant theme and a barrier. Whole-force awareness training may be beneficial in establishing a cohesive understanding of, and approach to, the issue.

In some police force areas, internal communication about screening practices for harmful gambling may be incomplete. This became clear during the in-depth interviews with Devon and Cornwall Police. The FOI response suggested that no screening for gambling harm or addiction was undertaken, while the interview established that their Pathfinder scheme takes a holistic approach and includes screening and support for gambling harms and addiction. Similarly, training about gambling harms and addiction undertaken in a tri-force area (by Bedfordshire, Cambridgeshire and Hertfordshire) was recognised by only one of the forces that responded. This again suggests the need for force-wide awareness-raising supported by the relevant training and practice guidance. Challenges in interpretation and in internal and cross-force communication echo the findings of the Beacon Counselling Trust and Cheshire Constabulary's screening pilot. In their phase one report (Beacon Counselling Trust et al, 2020) the authors state:

The variety of responses identified that a number of FOI representatives from the forces had not spoken to their Custody Management Team or healthcare professionals and reported that no provision was in place. However, I believe there is some form of treatment and diversion offered to detainees from my experience, although not necessarily linked directly to gambling or related harm; it may be financial or other related harm associated with gambling.

Time and resources were identified as a challenge to staff engagement, particularly in stretched and busy custody environments. The in-depth interviews affirmed that embedding and continuing training was best placed to ensure a continued positive reception, and the situation regarding awareness was improving.

Gambling related crime (Recorded crime data)

Data on recorded crimes provided evidence of the prevalence and nature of gambling related crime. The use of a single key word has sharpened the relevance of responses, though we must still consider the data with the limitations of the methodology in mind (interpretation of the key word). This data shows that a range of gambling related crime occurs, beyond the headline-grabbing large frauds which have come to dominate perceptions (and explorations) of gambling related crime.

Offence types

Violence against the person

Though much of the literature on gambling related crime has focused on acquisitive crime, there is a growing body of evidence illustrating the link between gambling and violent crimes (Williams et al, 2005, Breen et al, 2013; Cuadrado and Lieberman, 2011). This is supported by the FOI data which suggests that 45 per cent of the recorded crimes provided in the data fell under the offence category *violence against the person*. It also chimes with GamCare's (2019) typology which identifies crimes associated with gambling harms as 'Emotional e.g. frustration, loss of control,' which includes domestic violence, criminal damage and violence.

The relationship between domestic abuse and gambling harms has been prominent in recent research, with Roberts et al (2016) stating that 'problem gambling and probable pathological gambling were associated with increased odds of the perpetration of violence... and a range of other behaviours, such as using a weapon... and the perpetration of intimate partner violence.' Dowling et al (2016) found a 'significant relationship' between gambling harms and addiction and intimate partner violence, both among victims and perpetrators of domestic abuse. In a study of intimate partner violence among people seeking treatment for gambling addiction, Roberts et al (2020) discuss potential explanations for the relationship between gambling harms and violent or coercive behaviour. The research suggests that 'strain and tension associated with the harms of problem gambling (e.g. loss of finances and poor communication) can either exacerbate or directly lead to stress and antagonism that is directed towards others' and that neurological factors underpinning disordered gambling 'may also account for increased propensity to anger' (Roberts et al, 2020: 70). Likewise, problem gambling has been identified as a cause of, and response to, negative emotional states and relationship problems. Banks (2018) notes that a lack of awareness about the links between gambling and violence may mean that connections are not made, and questions are not asked (by and of the individual, the victim, and criminal justice agencies).

The violent offences recorded in the FOI data involve a diverse range of offences including but not limited to threats to kill, assaults, cruelty to children, and domestic violence, encompassing these themes highlighted by researchers.

Alongside data about recorded crimes, four forces provided MO text in their responses to the FOI request. These MO texts provide summaries of cases, facilitating more in-depth analysis of how the relationship between gambling harms and addiction to the headline

offence and perhaps indicate a relationship to a wider lifestyle. It should be noted that the summaries represent the assessment of the person inputting the data.

Assault without injury

AP [aggrieved person] and partner enter into verbal argument over male spending victims' money on gambling. This angers victim due to bills that need to be paid. Male grabs victim to the throat causing no injury.

Son has had a verbal argument with his father over money as he is dependent on alcohol and is addicted to gambling. Violent domestic dispute - police attended and the son refused to leave resulting in him being arrested for a bop.

It is not clear in the first example whether or not this case was linked to addiction or gambling behaviour more generally. However, both examples illustrate the links between gambling harm and crime, signalling that gambling harm may be an issue.

Assault with injury

Male offender who has a gambling problem engaged in a verbal argument with his aunty- the argument escalated with aunty being pushed and kicked on the head and offender making off.

Male and female have had an argument over gambling. Male has slapped her across the back of the head and then put his hands around her neck and began to strangle until she couldn't breathe.

Cruelty to/neglect of children

Offenders expose AP and siblings to emotional harm and neglect due to the mothers drinking and gambling and father drinking and explosive temper.

Children live in a household with poor conditions no light bulbs, shortage of food, child has had headlice, poor attendance at school children appear unkempt, Mum reported to be short of money; uses cannabis and gambling.

Harassment

Offender has an online gambling debt and having used his own wages asks for money off the AP becoming aggressive towards her when she refuses. The offender has been intimidating towards her.

Offender has called and text AP on numerous occasions, sometimes up to 30 times a day asking for money to fund gambling and alcohol addictions. Offender threatens to harm or kill himself when he does not get money from the AP. Offender will use withheld numbers when AP blocks his number.

Coercive control

Suspect has been controlling the victim throughout their relationship - would spend all her money online gambling or on drink/drug benders. Loans were also taken out in the victim's name without her knowledge.

Victim and suspect have been in a relationship for 8 years. Victim discloses to police that she is being controlled and coerced. She states that suspect takes money off her for gambling, controls what she wears and stops her from seeing her friends.

Domestic abuse

DV [domestic violence] crime- offender was partner to AP, known offender who was partner to AP, after verbal altercation assaults AP by strangling her and saying "stay out of my business, its nothing to do with you." Verbal altercation started over offenders gambling habits. AP does not report this to police at the time due to not wanting any police involvement.

**DV CRIME* Offender who is APs son asks AP for £15.00 to fund his gambling addiction. The AP has told him no as she cannot afford to keep funding him, so the offender started to hit AP with pillows causing no injury.*

Violence at the betting shop

Male offender becomes agitated in betting shop and bangs on betting machine. Staff member intervenes and offender becomes aggressive towards him throwing a number of punches with two connecting with the victim's jaw offender then smashes two gambling machines with a chair before leaving the shop.

The victim approached the offender to offer advice about responsible gambling, the male became violent and punched him in the chest and grabbed him by the chest. The male ran off when the panic button was pressed.

Although these examples do not specify direct links to gambling addiction, they illustrate the ways in which violence can occur in locations that are focussed on or are underpinned by gambling such as betting shops.

Gambling related crime can also occur where the gambler is a victim of a violent offence. For example:

States that the AP was forced into sex work whilst in the UK. AP was promised work in a nail bar to pay back a gambling debt she owed to a loan shark. AP was met at a London airport and transported to Manchester by a bald male. AP was forced to have sex in an apartment.

These offence case notes illustrate the broad range of violent offence types that the police recorded as having a relationship to gambling; both as a causal and contextual factor to violent (mostly interpersonal) crimes. Violent interpersonal gambling related crimes range from verbal or physical altercations about gambling habits or debt, to harassment regarding debt and funding, to part of a coercive relationship. These summaries reflect the circumstances surrounding violent gambling related crime which include greater propensity to anger, frustration, and gambling harm and addiction as a cause, and response to, negative emotional states or relationships.

The case study interviews demonstrated an awareness of the broader range of gambling related crime (including violent interpersonal offences). In fact, it was suggested that the focus on higher-level acquisitive offences could detract focus from a broader range of harms occurring. One custody inspector argued 'We would be doing a disservice if all we looked at were the obvious theft and fraud, we need to look at, with an open mind, things that aren't always obvious.' The range and nature of gambling related crime was also affected by local context. For example, high-level fraud offences may not be prevalent in areas of socio-economic deprivation (as highlighted by Cleveland Police and L&D practitioners). Case study participants also noted the role of poverty and other social vulnerabilities as exacerbating or contextual factors to gambling related crime and recognised the prevalence of co-morbidities such as drug or alcohol addiction, or mental ill health. The Devon and Cornwall team noted that issues were unlikely to be isolated.

Gambling should be incorporated within the problem-solving approach to tackling reoffending and violence, borne out of a focus by the police, PCCs and Her Majesty's Inspectorate of Constabulary Fire and Rescue Services (HMICFRS) on vulnerability in its widest sense, as well as on domestic abuse and violence against women and girls. It is evident that the links between gambling and these related offences are not routinely being identified.

Acquisitive crimes

The relationship between gambling harm and addiction and acquisitive crime has been subject to greater research. In GamCare's (2019) typology, 'income-generating' crimes include theft, fraud, robbery, drug dealing, and domestic abuse for financial gain, a more diverse range of crimes than traditionally linked to gambling harm and addiction. A relative wealth of research, both domestic and international, explores the relationship between acquisitive crime and gambling harms and addiction (see: Brown, 1987; Brooks and Blaszcynski, 2011; Turner et al, 2009; Ledgerwood et al, 2007; Smith and Simpson, 2014; Lahn and Grabosky, 2003).

Several forces identified thefts by employees in their recorded crime data.⁶ Large-scale frauds and theft by employees are crimes which attract police and media attention to a greater degree and have become a dominant narrative of discussions about gambling related crime. Academic research has explored the nature of gambling related theft by employees (Cressey, 1973; Binde, 2016). It is suggested that such crimes are committed when funds are exhausted and are often at odds with the individual's previously law-abiding life, causing great distress (Page, 2020).

Moreover, the Commission on Crime and Gambling Related Harms has heard evidence from people with lived experience who committed large-scale theft and fraud against employers and conducted research into their experiences (Commission on Crime and Gambling Related Harms, 2020; Smith, 2022).

⁶ Including: Bedfordshire Police, the British Transport Police, Cheshire Constabulary, Devon and Cornwall Police, Dorset Police, Essex Police, Greater Manchester Police, Hertfordshire Constabulary, Kent Police, Norfolk Constabulary, Northumbria Police, Nottinghamshire Police, and West Mercia Police.

Again, the MO texts give an insight into the cause and context of theft by employees:

Known offender from unknown direction approaches cash desk whilst on break from an investigation meeting with management. Offender by unknown means gains entry into the till at the cash desk and removes £740 in cash. Offender then retrieves personal items from the staff room and makes way out of the premises in unknown direction with the stolen cash. Offender then sends management a text message stating "I'm sorry. My gambling problem has got out of hand and cost me so much."

The inf [informant] states that they have a company credit card that 4 members of staff have access to. They have found several transactions to gambling websites, totalling £700. The inf states that she has reported this to the card company, and the inf has started an investigation with the staff who have access with this. The inf states that the 3 females named are the ones that it has been narrowed down to them. The inf states that they have been doing this via a PayPal account with the credit card.

It is pertinent to note here that these cases involved relatively small amounts of money, as opposed to the tens of thousands of pounds involved in more visible cases (see recent examples of media reports on cases⁷, and Smith, 2022).

The MO summaries also provide a picture of a more diverse range of lower-level acquisitive crime, committed against a range of victims. Thefts are not only committed to fund gambling directly, but funds may be used for gambling alongside other activities.

Offender steals the phone and bank card belonging to the aggrieved which she had lost. Offender then uses the bank card on online gambling sites.

During times specified offender with legitimate access to father's bank debit card- uses same to finance online gambling without permission.

Inf states ex-partner has stolen £600 from their 11 month old son's money box, inf has confronted and he has denied doing this. Unknown when this could have taken place, money was from a christening, but they have only been split up for 5 days. Male was alone in house has a bad gambling habit where he has found himself in thousands of pounds in debt. He has previously stolen from inf, his grandparents and used peoples' credit cards/debit cards. This has never been reported, usually kept in the family. No burglary at the address, nobody else has a key.

Theft of £600-£700 by son. Callers' son has taken the APs card without permission and used it online for gambling. He has used £600-£700 since October the AP found out about the money and kicked him out.

⁷ <https://www.devonlive.com/news/devon-news/cheating-worker-faked-invoices-pay-6539039>; <https://www.leicestermercury.co.uk/news/local-news/trusted-manager-jailed-after-gambling-5285359>; <https://www.theguardian.com/society/2021/jun/14/betting-firms-won-13m-in-stolen-money-from-gambling-addict>

Offender who is the son of the A/P and a gambling addict has taken A/P's debit card and used it to place bets online on BETFRED to the value of £1270.

Offender has called police stating she has spent £Ks of her mother's money without her consent. Victim is disabled and relies on her daughter; offender has been using money for gambling websites.

Niece stated she has been stealing money off Aunt, does this to fund her gambling addiction.

The MO texts suggest that acquisitive crimes are committed both against friends and family, and unknown victims. There are a number of examples in which individuals report themselves to the police after stealing from friends and family.

Further cases highlight the complex interplay of issues, for example with other addictions or vulnerabilities. Detail in the MO text summaries suggests that gambling harms might occur alongside other vulnerabilities, or constitute one part of a lifestyle that could include, alongside other criminal activity, substance misuse, mental health and relationship problems.

Has developed an addiction to cannabis and has also formed a gambling habit. He has attended his father address and contacted him wanting to borrow money. He also contacted his father via text and mobile wanting to stay at the address. His father no longer wants to have contact with the offender.

Inf is a shared live in carer who looks after a male who has learning difficulties. Today at approx. 1400 he discovered several items in his garage were missing, he questioned [name] who confessed to taking the items and selling them to cash converters on [location] to fund a gambling addiction. Inf has spoken to the assistant manager who states he has some of the items still in the shop, but he would need police assistance in order to get them back, he has however promised not to sell them whilst the situation is being sorted out.

The links between vulnerability and gambling harms can also extend to the victim:

[Informant called] stating AP had contacted them in regard to their bank making them aware of some transactions to their account. AP believes that its her son that is making these transaction as he currently struggling with a gambling addiction. Inft [informant] states he is concerned about the AP as she is registered as vulnerable, she suffers with disabilities and when she was on the line, she stated she has no support, no family or friends to turn to.

Other types of crimes

Detail in the MO text suggests that arson and criminal damage offences related to the damage to domestic properties and gambling offences are related to frustration and anger (the relationship between gambling harms and these emotions and behaviour is supported: GamCare, 2019; Roberts et al, 2020).

After losing £2000 gambling, male offender causes damage to dwelling by unknown means AP reports to police.

Male offender becomes agitated in betting shop and bangs on betting machine. Staff member intervenes and offenders becomes aggressive towards him throwing a number of punches with two connecting with the victim's jaw. Offender then smashes two gambling machines with a chair before leaving the shop.

Offender enters betting shop to gamble. After approx. 2 hours of gambling offender loses £20 and becomes very aggressive and takes out anger by picking up stool and smashing 4x betting machines causing extensive damage.

An unknown male has become angry at losing [sic] money in a gambling machine and has punched a tv screen. The male is not known.

Demographic information

Police forces were asked to provide demographic details (gender, age, ethnicity) alongside data on recorded crimes. This was often not recorded or not provided due to data protection concerns. Therefore, a full analysis is not appropriate. A paucity of information can suggest underreporting, or behaviour which is more hidden or occurring in a different way. Moreover, the lack of consistent recording of demographic information is a finding in and of itself. A lack of information about the experiences of women and underrepresented groups is mirrored in academic literature (Ramanauskas, 2020). Recent research shows that women and people from minority ethnic communities are experiencing gambling related harm at higher rates (GamCare, 2020; Gunstone and Gosschalk, 2019). The Commission on Crime and Gambling Related Harms seeks to explore the lived experiences of women and people from ethnic minority communities further. A lack of data, research, and understanding means that we may not be accessing everyone who is experiencing gambling related harm or in need of support.

Victims

The MO texts provide some indication of who the victims of gambling related crime are. In addition to current and former intimate partners, children and wider family members are also involved. MO texts available suggest that at least 40 per cent of victims appear to be family or friends of the suspect.⁸ The nature of victimhood in these crimes may link to lower prosecution rates. As Perrone and Jansons et al (2013) found, '...offences are usually committed against family, friends or employers, and sometimes remain undetected by criminal justice agencies.' As argued by Page (2020, p. 43) it is '... plausible that the private and interpersonal nature of common gambling related crimes such as theft from family members or friends and domestic violence contribute to the hidden nature of gambling related crime'. Staff working for gambling operators can also be victims. The nature of victimhood in gambling related crime may influence outcomes

⁸ The victims in around 57 per cent of MO texts are unknown, and the data suggests that just 1 per cent of victims were employers.

in that cases often will not go beyond the criminal justice system. This illustrates the important opportunity presented at the police station in identifying gambling harm and enabling people to access the treatment and support that they need.

The gambling related harm experienced within families and networks can be linked to factors such as drug and alcohol misuse, anti-social behaviour, and disadvantage. A recent study by Tulloch et al (2021) suggests that households with family gambling problems were ‘... eight times more likely to be experiencing other addictions (drug and alcohol-related problems) and stressors associated with socially deviant behaviours (trouble with police, abuse or violent crime, and witness to violence).’

Conclusions

A range of research and evidence collated by the Commission on Crime and Gambling Related Harms illustrates a lack of awareness and understanding about gambling related crime, gambling harms and addiction across the criminal justice system.⁹ There is no coherent understanding of the number of crimes committed where a person is affected by a gambling addiction or gambling harms. Gambling harms have generally not been part of the fabric of criminal justice dialogue and practice. However, it has been possible to identify some pockets of good practice by police and L&D services which may serve as a springboard for better understanding and a catalyst for change in practice.

This research has explored police awareness and practice through the lens of police custody suites. It could be argued that police custody suites have a privileged role in accessing and understanding gambling related harm and addiction. This is largely due to the hidden nature of the addiction, and the complex nature of gambling related crime. Police custody could be the first opportunity to identify and address gambling related harm and ensure that people access the support they need.

Moreover, the findings of this research can assist in broadening our understanding about what gambling related crime is, through recognising that gambling related harm exists on a spectrum. Gambling harm exists on a spectrum that extends to behavioural addiction (Langham et al, 2016). This also translates to gambling related crime, inclusive of violent and serious crimes (where gambling addiction may be a mitigating factor, for example), to a whole raft of lower-level offences relating to gambling harms that come to attention of police and that might offer an opportunity for identification and treatment. There exists a nuanced scale of gambling harm and crime, with different opportunities to support and de-escalate along the way.

The system as it is set up presents barriers to identifying and providing support for gambling related harms, but also opportunities. Police custody suites often function as gatekeepers, with a responsibility to assess the risks and needs of a vulnerable cohort of society. Whether appropriate or not, police custody suites often serve a welfare role. There is space for L&D to take a similarly active role in identifying and signposting for vulnerabilities, yet barriers exist. The mechanisms and processes through which L&D identify and support vulnerable people differs from force to force. Moreover, gambling harms are not included in L&D service specifications in a meaningful and systematic way. Opportunities to minimise current and future harms (and crimes) related to gambling are routinely missed.

Factors which serve as barriers to the identification of gambling related harm and crime in the criminal justice system include: the complex nature of gambling related crime; preconceptions about what gambling related crime looks like; the often interpersonal and private nature of victimhood; and a lack of understanding of gambling as a behavioural addiction and how it might lead to crime. This research shows that a deeper understanding of the facets of gambling addiction can inform people and practitioners and enable them to draw the links. By routinely asking about gambling harms and addiction in the police custody suite, a more coherent picture of gambling related crime

⁹ For a comprehensive review, see: Commission on Crime and Gambling Related Harms, 2021

and harm will emerge, influencing social, public health, and criminal justice policies, and facilitating better treatment of the issue.

Screening practices and support pathways varied widely from force to force. There was some evidence of a general awareness of gambling related harm in around 39 per cent of police forces in England and Wales (involving general risk/needs assessment and the provision of information or contact details for support/treatment organisations). Around 20 per cent of police forces in England and Wales screened systematically for gambling harms. Local and national treatment and support provision was used, but a lack of local availability was highlighted by case study participants.

A key question emerged regarding the location of, and responsibility for, identifying and providing support for gambling harms and addiction. The variation in practice highlighted the difficulty in identifying gambling related harm. Differences in the development of good practice models show that more needs to be done in promoting national awareness (i.e. not relying on an individual inspector to pick up the issue, or for a charity to approach a force).

Requesting information about recorded crimes facilitated a useful response with the provision of some rich data allowing us to explore the nature of gambling related crime and the links with gambling related harm and addiction. Whilst it did not allow for analysis to indicate prevalence, it provided significant information about the nature of gambling related crime. It paints a different and more nuanced picture compared to expected or pre-conceived notions about gambling related crime and suggests a broader approach to identifying gambling related crime and harms is needed. Crimes under the violence against the person offence category constituted 45 per cent of the recorded crimes provided in responses. The detail provided in the MO texts provided an insight into the ways in which gambling related harm can impact on behaviour, relationships and mental health (and thus function as a contextual or causal factor in violent interpersonal crime). Acquisitive crimes (including theft, robbery, burglary, and fraud) accounted for 32 per cent of recorded crimes returned. The nature of these offences and accompanying MO text again challenged perceptions about gambling related crime in that they included lower level offences. The MO texts for acquisitive crimes illustrated how gambling related crime can be a contextual part of someone's lifestyle and offending and is often committed against friends and family. Other types of crime represented a smaller but still significant proportion, especially criminal damage (8 per cent), relating back to what is known about the impact of gambling related harm on people's behaviour, emotions, and mental health. This diversity in crime type was confirmed by the experiences and knowledge of case study participants, with the existing focus on high-level acquisitive crimes described by one interviewee as a 'disservice'.

Evidence from MO texts and case studies facilitated a greater understanding of the other vulnerabilities and needs which may be present alongside gambling harms, such as drug and alcohol addiction, mental illness, and neurodivergence. Response data did not enable a proper analysis of the demographics of gambling related crime, serving to embed the need for further research into this as identified in academic literature and by support and treatment organisations.

Whilst the outcome data received was not suitable for systematic analysis, trends evidenced that enhanced understanding about the nature of gambling related crime can help us to better understand criminal justice outcomes. The nature of gambling related crime (lower-level, hidden, against friends and family) could be reflected in a higher prevalence of outcomes without further criminal justice engagement (e.g. evidential difficulties, victim does not support, no further action etc). This further highlights the way in which police custody might serve as a key opportunity to provide assessment and support for gambling related harms to the people who need it. Timely screening and support are preventative and serve as an opportunity to de-escalate behaviour that contributes to engagement with the criminal justice system. Awareness and intervention are crucial at this stage. In cases that do continue through the criminal justice system, screening and treatment is equally important in that it can impact on and influence alternative criminal justice outcomes (for example, community resolutions, conditional cautions, or out of court disposals). As argued by Beacon Counselling Trust and Cheshire Constabulary, 'The lower level of criminality presents an excellent early juncture to deliver an alternative criminal justice outcome through screening and diversion, thus potentially preventing more serious criminality and providing the appropriate treatment pathway through signposting into a specialist provision available throughout the UK' (Beacon Counselling Trust et al, 2020:26).

Developing an appreciation of what happens in the police custody suite facilitates an understanding of what is possible and can be translated into good practice models. The main goal should be to reduce the role of the criminal justice system and facilitate increased identification of, and support for, people experiencing gambling harms. This research highlights the important role that police can have in identifying and signposting support for people with gambling addiction who have come to the attention of the criminal justice system. Yet gambling harms should not have to come to the attention of the police for the issue to be recognised and dealt with – a wider awareness and response to gambling related harm is needed across society. A shift in focus and understanding of gambling harms as a public health issue is key. Understanding harmful gambling behaviour as an addiction, and applying this to the context of crime, for example, would have significant implications for both criminal justice and health outcomes. Gambling harms should be assimilated into the arena of health and wellbeing, akin to the shift in attitudes and perceptions towards mental health over the last 20 years. Understanding gambling harm and addiction in a public health context would enable for better and more timely identification and support.

Recommendations

General

- A wider awareness of gambling related crime, harm and addiction is needed across society. It should not fall to the police or criminal justice system to identify it and provide support.
- Gambling harm should be considered through a public health approach.

Understanding and awareness training

- The idea or perception of what gambling related crime is or looks like needs to be broadened.
- There needs to be a recognition of the fact that gambling related harm exists on a spectrum. Awareness of the nuanced scale of gambling harm and crime facilitates different opportunities to support and de-escalate before, during, and after engagement with the police.
- Awareness training is integral to enabling police and L&D practitioners to understand and identify gambling related harm, crime and addiction. This should be nationwide and force-wide (i.e. not just for police custody suite staff).

Screening and support

- Police (and other criminal justice agencies) should explore and learn from best practice regarding the mode and location of screening. They should consider whether direct screening or holistic assessment, or a combination of both, is most effective (and supportive to the individual) in identifying gambling harm.

Police practice and policy

- Police and Crime Commissioner (PCC) engagement is welcome. In addition to adopting the advice of and toolkit developed by the Association of Police and Crime Commissioners (APCC), PCCs should incorporate screening and support pathways for gambling harms within their strategic plans.
- L&D models/processes should be assessed. A streamlined approach may ensure more equitable access to screening and support/treatment. Gambling harms should be included in the L&D service specification eligibility criteria.
- Support and treatment should be readily available across all geographic areas.

- HMICFRS should include gambling in their vulnerabilities assessments and inspections of police forces and wider partnerships.

Future research

- Future research is needed into criminal justice outcomes after the police station, and in linking this to crime types.
- Further research of lived experience (for example, in the custody suite) would be beneficial in assessing the best practice models.
- Additional research is needed into the demographics of people affected by gambling harms and crime, as well as the links between demographics, crime type, and outcomes.
- A full and consistent data set is needed for this to occur.
- Prevalence information is needed. Stakeholders should consider the most appropriate and efficient ways to elicit prevalence information from the police (and other criminal justice agencies) and work together to enable this data collection.

Appendices

Appendix A – police forces surveyed

Avon and Somerset Constabulary; Bedfordshire Police; British Transport Police; Cambridgeshire Constabulary; Cheshire Constabulary; City of London Police; Cleveland Police; Cumbria Constabulary; Derbyshire Constabulary; Devon and Cornwall Police; Dorset Police; Durham Constabulary; Dyfed-Powys Police; Essex Police; Gloucestershire Constabulary; Greater Manchester Police; Gwent Police; Hampshire Constabulary; Hertfordshire Constabulary; Humberside Police; Kent Police; Lancashire Constabulary; Leicestershire Police; Lincolnshire Police; Merseyside Police; Metropolitan Police Service; Norfolk Constabulary; Northamptonshire Police; Northumbria Police; North Wales Police; North Yorkshire Police; Nottinghamshire Police; South Wales Police; South Yorkshire Police; Staffordshire Police; Suffolk Constabulary; Surrey Police; Sussex Police; Thames Valley Police; Warwickshire Police; West Mercia Police; West Midlands Police; West Yorkshire Police; Wiltshire Police.

Appendix B – FOI requests

All forces were asked to provide the following information:

1. Does screening for gambling disorder take place among detainees in any part of your force? If yes:
 - a) Which detainees are being screened?
 - b) What are the triggers for a gambling screening?
 - c) Who does the screening and where?
 - d) What screening tools are used?
 - e) What pathways are in place if gambling problems are identified?

2. How many incidents attended during the period 1 January 2019 through to 31 December 2020 recorded the following key words – gambling, betting or casino? Please provide for each incident:
 - a) The month/year the incident occurred
 - b) Alleged offence/reason for police attendance
 - c) Gender
 - d) Race
 - e) Age
 - f) Outcome of the incident (e.g. charge and summons, caution, community resolution)

3. How many crimes recorded during the period 1 January 2019 through to 31 December 2020 recorded the key word 'gambling'? Please provide for each instance:
 - g) The month and year the crime occurred
 - h) Alleged offence/reason for police attendance
 - i) Suspect/offender's gender
 - j) Suspect/offender's race
 - k) Suspect/offender's age
 - l) Outcome (e.g. charge and summons, caution, community resolution)

Forces responded to the requests as follows:

Police force	Request 1	Request 2	Request 3
Avon and Somerset Constabulary	Y	Y	Y
Bedfordshire Police	Y	Y	Y
British Transport Police	Y	Y	Y
Cambridgeshire Constabulary	Y	Y	Y
Cheshire Constabulary	Y	Y	Y
City of London Police	Y	N	P
Cleveland Police	Y	P	Y
Cumbria Constabulary	Y	Y	
Derbyshire Police	Y	Y	
Devon and Cornwall Police	Y	Y	
Dorset Police	Y	Y	Y
Durham Constabulary	Y	Y	
Dyfed-Powys Police	Y	N	Y
Essex Police	Y	Y	
Gloucestershire Constabulary	Y	Y	Y
Greater Manchester Police	Y	N	Y
Gwent Police	Y	Y	Y
Hampshire Constabulary	Y	N	N
Hertfordshire Constabulary	Y	Y	
Humberside Police	Y	P	Y
Kent Police	Y	Y	
Lancashire Constabulary	Y	Y	
Leicestershire Police	Y	Y	Y
Lincolnshire Police	Y	Y	Y
Merseyside Police	Y	Y	Y
Metropolitan Police Service	Y	P	P
Norfolk Constabulary	Y	Y	
Northamptonshire Police	Y	Y	Y
Northumbria Police	Y	Y	Y
North Wales Police	Y	Y	Y
North Yorkshire Police	Y	Y	
Nottinghamshire Police	Y	Y	
South Wales Police	Y	Y	Y
South Yorkshire Police	Y	Y	
Staffordshire Police	Y	N	N
Suffolk Constabulary	Y	Y	

Surrey Police	Y	Y	
Sussex Police	Y	Y	
Thames Valley Police	Y	N	Y
Warwickshire Police	Y	P	Y
West Mercia Police	Y	Y	
West Midlands Police	Y	Y	Y
West Yorkshire Police	Y	Y	
Wiltshire Police	Y	Y	N

Key:

- N- no response (e.g. due to cost refusal)
- Y- response received
- P- partial response received
- Where requests two and three are merged, information about recorded crimes was provided in response to request two

Appendix C – offence type codes

The following codes and offence categories were used: A- Violence against the person; AA- Violence without injury; AB- Violence with injury; AC- Death or serious injury caused by unlawful driving; AD- Homicide; AE- Stalking and harassment; B- Possession of weapons; C- Sexual offences; CA- Other sexual offences; CB- Rape; D- Robbery; E- Burglary; EA- Burglary residential; EB- Burglary business and community; F- Theft; F1- Other theft; F2- Theft from the person; F3- Bicycle theft; F4- Shoplifting; G- Fraud; H- Arson and criminal damage; HA-Arson; HB- Criminal damage; I- Drugs offences; IA- Trafficking of drugs; IB- Possession of drugs; J-Public order; K- Miscellaneous crimes against society; L- Vehicle offences; NA- Not known.

Appendix D – case studies

Case study: Anonymous police force (interview date 7 October, 2021)

This case study explores a project developed by a Custody Inspector in an anonymous police force, who identified a need for screening and support for gambling related harm in the custody suite. Following extensive self-directed research, the Inspector contacted GamCare to arrange for awareness training, and to develop a screening pilot.

The Inspector noted the ways in which gambling might lead to crime beyond acquisitive offences (for example, anxiety and stress resulting from debt leading to frustration and anger). Concentrating on high-level offences might lead to the under-recording of the impact of gambling related harms. The Inspector argued:

We would be doing a disservice if all we looked at were the obvious theft and fraud, we need to look at, with an open mind, things that aren't always that obvious.

In the screening pilot implemented by the Inspector, everyone coming into custody would be asked gambling screening questions (provided by GamCare) by the custody sergeant at the desk as a part of the initial risk assessment. Gambling screening questions were incorporated into this risk assessment and a drop-down was added to the computer system to indicate whether the custody sergeant has asked about gambling. If the detainee consented, a referral was made to GamCare, who would contact the individual within 48 hours (ordinarily once the detainee had left custody). The programme was trialled at six busy custody suites with a diverse population, beginning in May 2021. Despite acknowledging challenges in eliciting discussion with, or disclosure by, an individual about gambling related harms (both generally, and in the high-stress custody suite environment), the Inspector argued that the screening was best undertaken in the custody suite (detainees may be receptive and it would mean that screening was not missed out). Monitoring by a review team encouraged accountability and facilitated an understanding of challenges faced by staff in conducting the screening (namely, the busy nature of the custody suite). Screening and referral were conducted by custody staff as opposed to Liaison and Diversion. The Inspector received feedback from custody staff about cases linked to gambling they identified during the pilot, highlighting the benefit of the programme.

The pilot concluded in September 2021. Although covering a short period of time and smaller geographical area, data from the pilot was promising – 35 referrals were made to GamCare and at the time of completion only eight people were known to have been re-arrested. Though more systematic evaluation was needed, the Inspector noted that this was a low rate in comparison to drug or alcohol addiction, where the re-arrest rate was closer to 50 per cent. The Inspector also arranged for GamCare to provide gambling harms awareness training to all custody staff (around 1,300 officers) over seven weeks. This was used as a springboard to communicate the start of the pilot.

The results of the pilot were shared with senior leadership, relating to overall strategy and diversion and safeguarding policies. Resistance to the pilot was mitigated by good awareness training and communication about the issue, encouraging an appreciation of its importance. The longer-term aim was to roll out the pilot to all custody suites across the force. The pilot aimed to divert people from future offending and support the individual, as opposed to diversion from specific criminal justice outcomes.

The Inspector discussed future plans regarding this nascent work stream. It was hoped that the referral process would be streamlined using an online form. The Inspector noted avenues for further work and research: online gambling; young people; the demographic profile of gambling related crime. The Inspector aimed to embed awareness training throughout the force. This would mean that officers could query links to and provide support for gambling harms in a range of settings such as (but not limited to) domestic incidents. The Inspector noted that linking custody-based screening to L&D would be beneficial, as would L&D involvement in the issue more generally. A longer term and force-wide pilot and longitudinal data would be beneficial in assessing its impact.

Case study: Chief Inspector John Forshaw, Cheshire Constabulary (interview date July 30, 2021)

Chief Inspector Forshaw oversees three custody suites in Cheshire. He explained that Cheshire Constabulary became alive to the issue of gambling harms when Brian Faint (formerly Detective Sergeant in Cheshire Constabulary's fraud unit) identified a number of serious active fraud investigations in which the offences were committed to fund gambling addictions (one case involved £7 million). These cases highlighted a need for support and intervention for these people. Chief Inspector Forshaw explained that Brian Faint was instrumental in Cheshire's engagement with the issue, putting a spotlight on gambling as a root cause of crime.

Chief Inspector Forshaw explained that when someone is arrested and brought into custody, they are assessed by a healthcare professional to ascertain whether they are fit to be detained. As part of this screening process, they are also referred to the L&D team (provided by Mitie healthcare) who talk with the suspect and try to identify the root causes of their offending. A meeting with L&D is offered to everyone when they arrive in custody, during their detention, and then again when they leave custody. If an individual progresses through the criminal justice system and attends court, they will also be offered L&D engagement. The service is also available to people who attend voluntarily, or for those who receive an out of court disposal. Cheshire Constabulary developed a specific gambling harms pathway, available in Appendix E. Regarding the timing of intervention, Chief Inspector Forshaw noted that entering police custody can represent a juncture in someone's life, influencing self-reflection or engagement with support. He described police custody as having the potential to be a turning point.

Reflecting on the links between gambling harms, crime, and other vulnerabilities, Chief Inspector Forshaw noted that the issue might be co-existent with drug and alcohol addiction or mental ill health. Lower-level and persistent burglary or theft offences could be linked to gambling harms, as well as higher-value fraud or theft. A causal or contextual factor to crime would be obtaining money to gamble or pay off debt. Gambling harm, addiction and recovery is less visible than in other addictions.

Awareness training about gambling harms and addiction (and other L&D pathways) is cascaded throughout the force, and awareness training for L&D staff fostered increased knowledge and confidence in identifying people experiencing gambling harms. Every officer received training about L&D pathways upon joining, and refresher training at regular intervals. Training enabled staff to understand the links between gambling harms and crime, and challenged preconceptions around gambling as a choice, rather than a behavioural addiction.

Regarding the impact of the screening and treatment pathway, Chief Inspector Forshaw shared that people involved in larger-scale fraud or financial crimes did not generally reoffend. In fact, engagement with the issue at the police station provided a sense of relief, and facilitated a positive journey towards support, treatment, and rehabilitation.

The positive impact of early intervention in this way could be extended to other types of gambling related crime.

Looking forward, Chief Inspector Forshaw shared the goal fostered in Cheshire Constabulary's work that awareness about gambling harms needs to be developed nationally and that there is lots more to be done. Gambling harms are not just a police issue, but a criminal justice and public health issue.

Case study: Custody Inspector Chris Stoddart, Cleveland Police (Interview date 10 August, 2021)

Approximately two years ago, Cleveland Police were approached by local addiction support organisation North East Council on Addictions (NECA) regarding the identification of and support for gambling harms. Custody Inspector Stoddart became involved in discussions about where best to develop a scheme within the force, and it was agreed that Liaison and Diversion would be best placed to deal with it. Cleveland Police met with NECA to discuss how to embed the work strand. NECA then provided training for L&D about gambling harms and addiction, the signs to be aware of, and establishing a treatment pathway. This was part of the second phase of the pilot developed by Beacon Counselling Trust and Cheshire Constabulary.

Cleveland Police conduct an initial risk/needs assessment in custody, triaged by a 'Navigator' team (L&D staff). This is done in a separate room rather than at the custody desk, in order to provide a more private opportunity to disclose or discuss any issues or vulnerabilities. Where a need is identified, L&D step in, beginning with open questions then drilling down to more direct questioning about various vulnerabilities or needs. Screening is conducted using the PARIS system, a comprehensive database used by the North East NHS service.

Reflecting on the links between gambling harms, addiction, and crime, Custody Inspector Stoddart referenced the impact of local context on addiction and crime ('inner city problems in mid-size towns'), particularly experiences of poverty in conjunction with addictions. It is within this context that Custody Inspector Stoddart suggested that crime might be committed to fund gambling addiction, ranging from petty theft upwards. Cleveland Police had not seen a prolific or notable level of high-level fraud or theft offences linked to gambling harms and addiction.

Custody Inspector Stoddart noted that police custody suites are busy and stressful environments where staff have conflicting workloads and priorities. Building awareness through ongoing education and training for staff was thus key in ensuring that gambling harms and addiction were identified. It was important to impress the significance of the issue to custody staff, and the potential impact that screening and treatment pathways could have on reoffending rates. Custody staff attend a bespoke training programme throughout the year reflecting the trends or issues raised in their practice. Custody Inspector Stoddart reflected that there is a good understanding among custody staff in Cleveland Police due to the local context with a high prevalence of addiction and vulnerabilities more generally.

Case study: Leigh Bates, Team Manager, Cleveland Liaison and Diversion (interview date August 19, 2021)

Cleveland Liaison and Diversion was set up in 2014 to work with people with mental health and other social vulnerabilities, referring them to support workers who provide outreach work in signposting and referral to appropriate services. Whilst previously people experiencing gambling harms would have been supported in this way, a specific pathway has recently been developed (in the past 18 months) with Beacon Counselling Trust and the North East Council on Addictions (NECA). Cleveland Liaison and Diversion was part of the second phase of the pathway pilot developed by Beacon Counselling Trust and Cheshire Constabulary. Through this, the team received training to be able to identify gambling harms and addiction. A team of 'navigators' triage people coming through police custody, and a further face-to-face assessment is conducted. Through the implementation of the pilot, gambling harms were added to the Navigator process, whereby people are asked a specific question about gambling. NECA provide support for addiction, and people may also be signposted to the Citizens Advice Bureau for support regarding finances and debt, or other relevant local services.

Through training provided in the pilot, the team developed an understanding of the ways in which gambling harms might present, and in less obvious ways, for example in cases involving domestic violence, criminal damage, and of course financial crime. Drawing on experience, Leigh Bates reflected on further links, such as cases involving criminal damage (borne out of frustration and anger following a gambling loss), and links to alcohol. Though links between crime and gambling harms were evident in larger-scale financial cases reported in the media, this was perceived to be rare in the local area (due to socio-economic context and employment levels). Given the socio-economic deprivation of the local area (Middlesbrough), crime and harm linked to gambling was more likely to be related to lower-level offences or situations in which wages were spent, or linked to alcohol, violence, and damage. Leigh Bates explained that though the team generally work with white males, (as per the demographics of people coming through custody), the team were seeing an increase in women experiencing gambling harms (also identified in training conducted by Beacon Counselling Trust).

Awareness training was well received and eye-opening for the Cleveland L&D team. Leigh Bates reflected that it changed people's perceptions about who might be affected by gambling harms (no longer holding the traditional image of a man at a betting shop). There were challenges around identifying gambling harm and addiction, particularly as it is less physically visible than substance/alcohol addiction. As Leigh Bates explained, people do not get arrested for gambling, but rather for the problems it may lead to.

Case study: Sarah Carlson Browne, previous manager of Pathfinder, with a temporary position standing in for chief inspector with oversight of victim care and out of court disposals; Heather Coombe, acting manager for Pathfinder; Vanessa Bua-Roberts, deferred charge keyworker on Pathfinder scheme, Devon and Cornwall Police (Interview date 19 August, 2021)

Representatives from Devon and Cornwall Police's Pathfinder programme explained how the community-based out of court disposal scheme incorporated gambling harms into their assessment and support. When someone comes on to the scheme, keyworkers undertake holistic needs assessments and work with people over a four-month period, incorporating rehabilitative, reparative and restrictive conditions. The team deliver brief interventions whilst signposting or referring to specialist services. A range of needs and vulnerabilities are incorporated, including housing and accommodation, debt and finances, employment, emotional and physical wellbeing. Gambling is also specifically addressed in the holistic needs assessment, following local identification of the issue. The team use GamCare workbooks, referral to specialist services, and more general skills interventions (e.g. stress management, thinking skills), to support people experiencing gambling harms or addiction. Reflective and trauma-informed practice is used to help people to reflect on and understand their experiences and behaviour and encourage recovery and change.

The all-vulnerabilities and holistic approach of the team means that expertise can be adapted to specific needs or issues identified. A relationship is built with people through which interlinked issues can be unpicked. Issues are unlikely to be isolated, but connected, and so the team take a holistic approach. This is particularly important with regard to gambling harms as it is an issue that may not be disclosed. It is also less physically visible than other vulnerabilities or addictions such as drug or alcohol use. Combined with the holistic approach, direct questioning about gambling harms may be best placed to elicit a response or realisation.

The team discussed the links between crime and gambling harms. Anecdotally, gambling harm had been linked to lower-level offences, as well as being linked to other vulnerabilities including drug or alcohol use. Debt and acquisitive crime might exist in a perpetuating cycle. Offences might not have a direct causal relationship to gambling, but upon meeting and working with individuals, gambling harm might become apparent. The team agreed that gambling harm could be both a causal and/or contextual factor to crime. The team suggested that a focus on prominent cases or larger-scale crime could detract from the interconnected harms occurring at a lower level: 'If you're constantly focussing on that, you're not actually addressing what is perhaps a much wider societal problem around gambling harms.' The team reflected on neglect cases linked to gambling harms and suggested that further exploration of the impact on women and families was important.

Regarding impact, the team agreed that a lack of specialist support services in the local area could foster less engagement and make it harder to link in with organisations or measure progress. Exit strategies for gambling support were seen as less robust than those for other addictions. Challenges may arise around the onus on the individual to self-refer.

Case study: Glyn Thomas, Head of Implementation, and Nicola Tutty, National Lead for L&D Female Pathways, Liaison and Diversion, NHS England (interview date August 2, 2021)

Glyn Thomas and Nicola Tutty gave an overview of the role and work of Liaison and Diversion services, and how this relates to gambling harm and addiction. L&D services were traditionally set up with a clinical focus primarily on mental health. When the NHS England programme started in 2014, an approach considering wider vulnerabilities was adopted. L&D services are based on the recognition that no one comes into the criminal justice system with one isolated issue, and that needs might be related to health, social care, or other vulnerabilities. L&D teams now look at the individual as a whole. National service specifications now require teams to explore a range of issues including financial issues.

Trends and issues highlighted in policy are explored and taken forward as pathways (for example, the women's pathway). Gambling harm has also been identified as one of these issues, through policy trends and practitioner experience, as well as work with the Howard League. Through engagement with Beacon Counselling Trust, a specialised gambling pathway was developed. A national workshop was held in partnership with Beacon Counselling Trust to raise awareness of gambling harms. The workshop aimed to ensure that gambling harms are something that L&D services identify in their day-to-day work. Further engagement with Beacon Counselling Trust will explore additional opportunities and funding.

Glyn Thomas spoke to the strategic challenges around implementing new pathways. It is important that new projects and initiatives are coordinated and properly phased in, and that they can be mirrored across the country. All L&D providers are required to respond to issues which are set out in the national service specification. Access to community provision through NHS funding can be challenging, so funding treatment and support through the industry levy is being explored. A lack of appropriate treatment and support services can provide further challenges to practitioners.

Nicola Tutty highlighted the links between gambling harms and crime, which included financial crime and larger-scale fraud, but also theft from family members. Gambling harm could also be linked to domestic abuse cases. Poverty and other social vulnerabilities impact on gambling behaviour and harms. Gambling can be both a motivating and/or contextual factor to crime.

Glyn Thomas and Nicola Tutty reflected on challenges around identifying gambling harms, and how L&D practitioners might minimise this. Gambling harms may not be obvious, or be disclosed, in police custody: '...personally I don't think gambling is something that screams out straight away and people are open about straight away, it's not until you start picking up other elements of what is going on that you identify that.' It is important to build a rapport with an individual to gain a holistic picture of their needs and vulnerabilities. A lot of relationship-building and discussion is done by L&D after custody, so assessment for gambling harms would form part of this ongoing process.

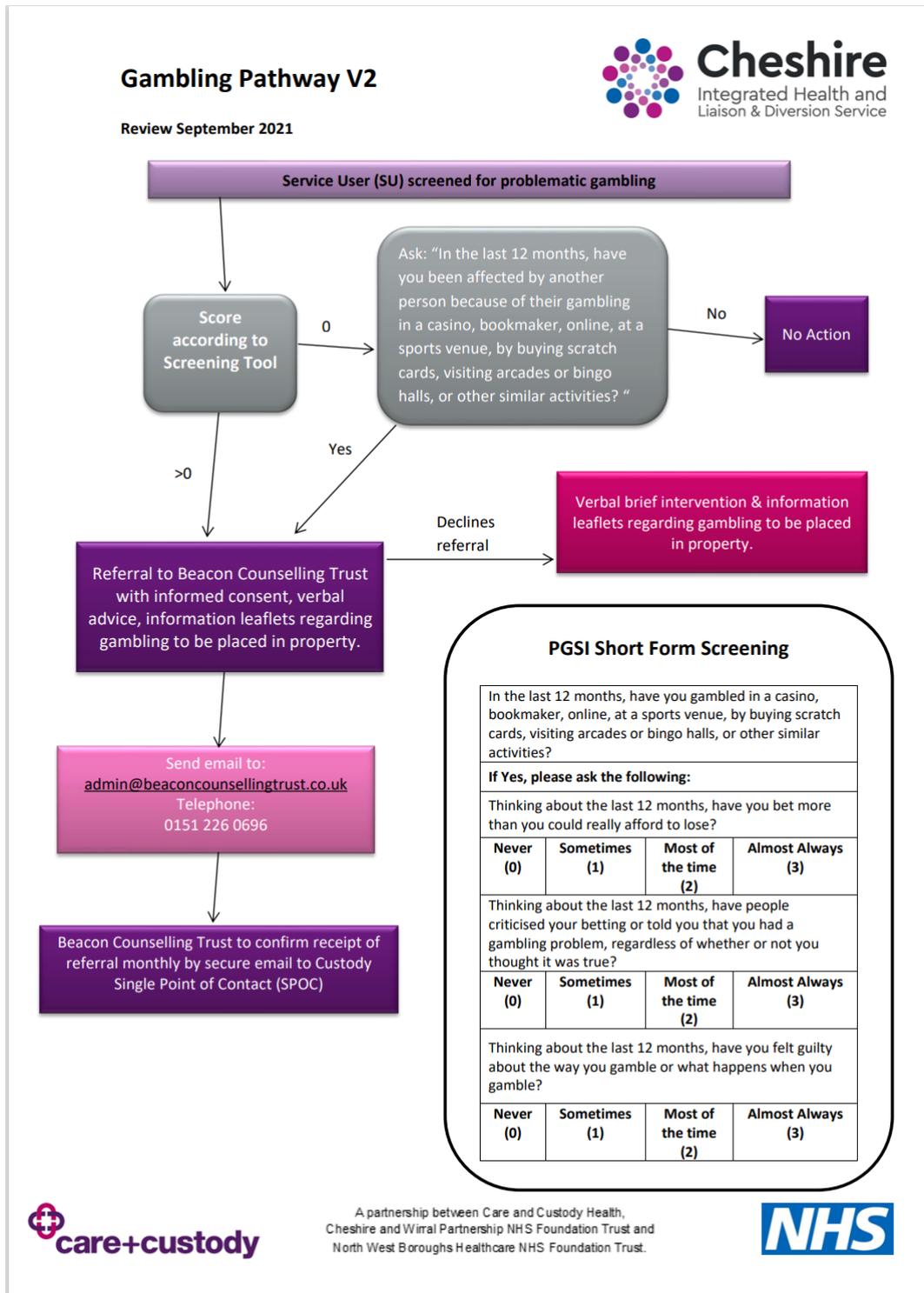
Though L&D try to gain the maximum amount of information at the point of first contact in police custody, it can take time for people to disclose a range of issues, and trust and rapport needs to be built. When working in the community, for example,

disclosures can be made several weeks in, which changes the care plan. The success of screening is dependent on the practitioner's approach and their relationship with the client. Direct questions can be good in eliciting disclosures, as it may suggest to the client that the practitioner has an understanding of the issue. Assessing for gambling harms can also occur indirectly, for example in considering how an individual might be funding a substance habit, or why they are experiencing financial problems. The key is to have an awareness of gambling harms and incorporate it into questioning and relationship-building.

Awareness training is key in enabling practitioners to actively consider gambling harms and has brought the issue to the attention of practitioners. Glyn Thomas and Nicola Tutty reflected that there has been good engagement and interest in the issue. A step that would bolster L&D's focus on gambling harms would be to set out a clear treatment pathway; the ability to deliver a solution inspires a more responsive reaction.

It was suggested that signposting and referral through L&D, rather than directly via the police, may be preferable. This would mean that individuals go through a holistic assessment and that this can be fed into their criminal justice journey. L&D can facilitate additional support and services beyond what is identified in custody. Direct referral by police custody might impact on opportunities for intervention at each stage of the criminal justice system. L&D can support alternative outcomes (e.g. out of court disposals etc.).

Appendix E – Cheshire Constabulary pathway



References

- Abbott, M. W., and McKenna, B. G. (2005), Gambling and problem gambling among recently sentenced women in New Zealand prisons. *Journal of Gambling Studies*, 21(4), 559-581.
- American Psychiatric Association (1994), *Diagnostic and statistical manual of mental disorders*, fourth edition (DSM-IV), American Psychiatric Publishing.
- American Psychiatric Association (2013), *Diagnostic and statistical manual of mental disorders*, fifth edition (DSM-5), Arlington: American Psychiatric Publishing.
- Banks, J. (2018), A taxonomy of gambling-related crime, available at: <https://shura.shu.ac.uk/23598/5/Banks-ATaxonomyOf%28AM%29.pdf> (accessed 26/01/2021).
- Beacon Counselling Trust, Best, D., Burton, M., Faint, B., Johnson, E., Platt, N. (2020), *Criminal Justice – Police Custody Suites – Screening, Horizon Scanning and Capacity Building Phase 1 Report*.
- Binde, P. (2016), 'Gambling related embezzlement in the workplace: A qualitative study', *International Gambling Studies*, 16(3):391–407.
- Bradley, Rt Hon Lord, (2009), Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system, available at: https://webarchive.nationalarchives.gov.uk/ukgwa/20130123195930/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098694 (accessed 04/02/2022).
- Breen, H., Hing, N. and Gordon, A. (2013), 'Indigenous Australian gambling crime and possible interventions: a qualitative study', *Asian Journal of Gambling Issues and Public Health*, 3:4.
- Brooks, G. and Blaszczynski, A. (2011), 'Judicial decisions on cases involving problem gambling and crime in England and Wales', *International Gambling Studies*, 11(1):81–92.
- Brown, J. (2021), Police powers: detention and custody, available at: <https://researchbriefings.files.parliament.uk/documents/CBP-8757/CBP-8757.pdf> (accessed 26/01/2021)
- Brown, R.I.F. (1987), 'Pathological gambling and associated patterns of crime: Comparisons with alcohol and other drug addictions', *Journal of Gambling Studies*, 3:98–114.
- Buckland, G. (2020), Grey literature review on crime and problem gambling.

College of Policing (2020), Authorised Professional Practice, Detention and custody: Detainee care, available at: <https://www.app.college.police.uk/app-content/detention-and-custody-2/detainee-care/> (accessed 26/01/2022).

College of Policing (2021), Authorised Professional Practice, Detention and custody: Custody management and planning, available at: <https://www.app.college.police.uk/app-content/detention-and-custody-2/custody-management-and-planning/> (accessed 26/01/2022).

Commission on Crime and Gambling Related Harms (2020), Minutes of the fourth evidence session, available at: <https://howardleague.org/wp-content/uploads/2020/12/Minutes-of-the-fourth-evidence-session-of-the-Commission-on-Crime-and-Problem-Gambling-003.pdf> (accessed 26/01/2022).

Commission on Crime and Gambling Related Harms (2021), State of Play, available at: <https://howardleague.org/wp-content/uploads/2021/09/State-of-Play-FINAL-Online.pdf> (accessed 07/02/2022).

Cressey, D.R. (1973), *Other People's Money: A Study in the Social Psychology of Embezzlement*, The Free Press, New York.

Cuadrado, M. and Lieberman, L. (2011), 'Use of a short gambling screen with an arrestee population: A feasibility study', *Journal of Gambling Studies*, 28(2):193–205.

Disley, E., Gkousis, E., Hulme, S., Morley, K. I., Pollard, J., Saunders, C. L., Sussex, J., and Sutherland, A., (2021), *Outcome Evaluation of the National Model for Liaison and Diversion*. Santa Monica, CA: RAND Corporation, available at: https://www.rand.org/pubs/research_reports/RRA1271-1.html (accessed 26/01/2022).

Dowling, N., Suomi, A., Jackson, A., Lavis, T., Patford, J., Cockman, S., Thomas, S., Bellringer, M., Koziol-McLain, J., Battersby, M., Harvey, P., Abbott, M., (2016), *Problem Gambling and Intimate Partner Violence: A Systematic Review and Meta-Analysis*, *Trauma Violence Abuse*, 17(1):43-61.

Gambling Commission (2021), *Problem gambling screens*, available at: <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/problem-gambling-screens> (accessed 26/01/2022).

GamCare (2019), *Evidence report to the Howard League for Penal Reform Commission on Crime and Problem Gambling*, available at: <https://howardleague.org/wp-content/uploads/2020/02/GamCare-Report-Evidence-Submission-to-Howard-League-Commission.pdf> (accessed 26/01/2022).

GamCare (2020), *Women's Programme: Year One Report: 2019/20*, available at: <https://d1ygf46rsya1tb.cloudfront.net/prod/uploads/2020/11/GamCare-Women%E2%80%99s-Programme-Report-Year-One-2019-20.pdf> (accessed 29/01/2022).

The Guardian (2017), Gambling remains a hidden addiction because 'healthcare staff lack training', available at: <https://www.theguardian.com/healthcare-network/2017/oct/09/gambling-addiction-professional-training-mental-health> (accessed 26/01/2022).

The Guardian (2022), Up to 1 million women in UK at risk of harm from gambling, study finds, available at: <https://www.theguardian.com/society/2022/jan/31/1-million-uk-women-risk-harm-gambling-study> (accessed 07/02/2022).

Gunstone, B., and Gosschalk, K. (2019), Gambling among adults from Black, Asian, and Minority Ethnic communities: A secondary data analysis of the Gambling Treatment and Support Study: On behalf of GambleAware. London, UK: YouGov. Available at: <https://www.begambleaware.org/sites/default/files/2020-12/2020-12-09-gambling-among-adults-from-black-asian-and-minority-ethnic-communities-report.pdf> (accessed 26/01/2022).

Home Office (2021), Offence classification index, available at: <https://www.gov.uk/government/publications/counting-rules-for-recorded-crime> (accessed 26/01/2022).

John, B., Holloway, K., Davies, N., May, T., Buhociu, M., Cousins, A. L., Thomas, S. and Roderique-Davies, G. (2020), Gambling Harm as a Global Public Health Concern: A Mixed Method Investigation of Trends in Wales. *Public Health* 8:320.

Kane, E., Evans, E., Mitsch, J., Jilani, T. (2020), Are Liaison and Diversion interventions in policing delivering the planned impact: A longitudinal evaluation in two constabularies, *Crim Behav Ment Health*. 30:256–267.

Lahn, J., and Grabosky, P. (2003), Gambling and clients of ACT (Australian Capital Territory) corrections: Final report, Centre for Gambling Research: Australian National University.

Lahn, J. (2005) 'Gambling among offenders: Results from an Australian survey', *International Journal of Offender Therapy and Comparative Criminology*, 49(3):434–355.

The Lancet Public Health (2021), Gambling: a neglected public health issue, 6:1, available at: [https://doi.org/10.1016/S2468-2667\(20\)30290-5](https://doi.org/10.1016/S2468-2667(20)30290-5) (accessed 01/02/2022).

Langham, E., Thorne, H., Browne, M., Donaldson P., Rose, J. and Rockloff, M., (2016) 'Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms', *BMC Public Health* 16(80).

Ledgerwood, D., Weinstock, J., Marasco, B. and Petry, N. (2007) 'Clinical features and treatment prognosis of pathological gamblers with and without recent gambling-related illegal behavior', *Journal of the American Academy of Psychiatry and the Law*, 35(3):294–301.

Lind, K. and Kääriäinen, J. (2018), Cheating and stealing to finance gambling: analysis of screening data from a problem gambling self-help program, *Journal of Gambling Issues*, 39:235-257.

- Mann, J. (2018), 'Gambling Screening Pilot', Justice Innovation, available at: <https://justiceinnovation.org/project/gambling-screening-pilot> (accessed 26/01/2022).
- May-Chahal, C., Wilson, A., Humphreys, L., & Anderson, J. (2012), Promoting an evidence informed approach to addressing problem gambling in UK prison populations. *The Howard Journal of Criminal Justice*, 51(4), 372-386.
- May-Chahal, C., Humphreys, L., Clifton, A., Francis, B., and Reith, G. (2017), Gambling harm and crime careers. *Journal of Gambling Studies*, 33(1), 65-84.
- McCorkle, R. (2002), Pathological Gambling in Arrestee Populations, Final report, National Institute of Justice, US Department of Justice, 1-92.
- Mestre-Bach, G., Steward, T., Granero, R., Fernández-Aranda, F., TalónNavarro, M. T., Cuquerella, À., Baño, M., Moragas, L., Del Pino-Gutiérrez, A., Aymamí, N., Gómez-Peña, M., Mallorquí-Bagué, N., Vintró-Alcaraz, C., Magaña, P., Menchón, J. M., and Jiménez-Murcia, S., (2018), Gambling and Impulsivity Traits: A Recipe for Criminal Behavior? *Frontiers in psychiatry*, 9(6):1-10.
- NHS (2019), Liaison and Diversion Standard Service Specification 2019, available at: <https://www.england.nhs.uk/wp-content/uploads/2019/12/national-liaison-and-diversion-service-specification-2019.pdf> (accessed 26/01/2022)
- NHS (2021), Data model and dictionary, available at: https://datadictionary.nhs.uk/nhs_business_definitions/police_custody_suite.html#:~:text=A%20Police%20Custody%20Suite%20is%20a%20Justice%20Organisation.,by%20the%20Courts%20or%20released (accessed 26/01/2022)
- Page, S. (2021), Sentencers' understanding and treatment of problem gamblers, available at: <https://howardleague.org/wp-content/uploads/2021/09/Sentencers-report-FINAL-Online.pdf> (accessed 26/01/2022)
- Perrone, S., Jansons, D. and Morrison, L. (2013), 'Problem Gambling and the Criminal Justice System', Melbourne: Victorian Responsible Gambling Foundation, 1-244.
- Potenza, M. N., Steinberg, M. A., McLaughlin, S. D., Wu, R., Rounsaville, B. J., and O'Malley, S. S. (2000), Illegal behaviors in problem gambling: Analysis of data from a gambling helpline. *Journal of the American Academy of Psychiatry and the Law*, 28(4), 389-403.
- Public Health England (2021), Gambling-related harms: evidence review, available at: <https://www.gov.uk/government/publications/gambling-related-harms-evidence-review> (accessed 01/02/2022).
- Ramanauskas, S. (2020), Crime and Problem Gambling: A Research Landscape, available at: <https://howardleague.org/wp-content/uploads/2020/05/Crime-and-problem-gambling-research-landscape.pdf> (accessed 26/01/2022).

Reilly, C., and Smith, N. (2013), The Evolving Definition of Pathological Gambling in the DSM-5, National Centre for Responsible Gambling, available at: http://www.ncrg.org/sites/default/files/uploads/docs/white_papers/internetgambling_final.pdf [accessed 07/02/2022].

Roberts, A., Coid, J., King, R., Murphy, R., Turner, J., Bowden-Jones, H., Du Preez, K. P., Landon, J. (2016), Gambling and violence in a nationally representative sample of UK men. *Addiction*. 111(12):2196-2207.

Roberts, A., Sharman, S., Landon, J., Cowlshaw, S., Murphy, R., Meleck, S., and Bowden-Jones, H. (2020), Intimate Partner Violence in Treatment Seeking Problem Gamblers, *Journal of Family Violence*, 35:65–72.

Sharman, S., Murphy, R., Turner, J. J. D., Roberts, A., (2019), Trends and patterns in UK treatment seeking gamblers: 2000-2015, *Addictive Behaviours*, 89:51-6.

Smith, G. and Simpson, R. (2014), 'Gambling Addiction Defence on Trial: Canadian Expert Witness Perspectives', *International Journal of Criminology and Sociology*, 3:319–326.

Smith, G. J., Wynne, H. and Hartnagel, T. F. (2003), 'Examining police records to assess gambling impacts: A study of gambling-related crime in the city of Edmonton: A study prepared for The Alberta Gaming Research Institute. Edmonton, AB: Alberta Gaming Research Institute.

Smith, L, (Forthcoming, 2022), "Surviving, not living": Lived experiences of crime and gambling.

Stripe, N. (2021), 'Understanding the impact of the pandemic on levels of crime in England and Wales', The Office for National Statistics, available at: <https://blog.ons.gov.uk/2021/11/04/understanding-the-impact-of-the-pandemic-on-levels-of-crime-in-england-and-wales/> (accessed 20/04/2022)

Suomi, A., Jackson, A.C., Dowling, N.A. et al (2013), Problem gambling and family violence: family member reports of prevalence, family impacts and family coping, *Asian Journal of Gambling Issues and Public Health*, 3:13.

The Forward Trust (2020), *Gambling harm and offenders: A survey of prisoners' experiences*. London, UK: The Forward Trust, available at: <https://www.forwardtrust.org.uk/publication/gambling-harm-and-offenders-a-survey-of-prisoners-experiences/> (accessed 26/01/2022).

Tulloch, C., Browne, M., Hing, N., Rockloff, M. (2021), The Relationship Between Family Gambling Problems, Other Family Stressors, and Health Indicators in a Large Population-Representative Sample of Australian Adults, *Journal of Gambling Studies*, 37(4):1139-1162.

Turner, N.E., Preston, D.L., Saunders, C., McAvoy, S., Jain, U. (2009), 'The relationship of problem gambling to criminal behaviour in a sample of Canadian male federal offenders', *Journal of Gambling Studies*, 25(2):153–169.

Turner, N.E., Stinchfield, R., McCready, J., McAvoy, S., and Ferentzy, P. (2016), Endorsement of Criminal Behavior Amongst Offenders: Implications for DSM-5 Gambling Disorder. *Journal of Gambling Studies*, 32(1):35-45.

Williams, R., Royston, J. and Hagen, B. (2005), 'Gambling and problem gambling within forensic populations: A review of the literature', *Criminal Justice and Behaviour*, 32(6), 665–689.

Zhang K. and Clark L. (2020), 'Loss-chasing in gambling behaviour: Neurocognitive and behavioural economic perspectives', *Current Opinion in Behavioral Sciences*, 31:1–7

Howard League for Penal Reform

1 Ardleigh Road London N1 4HS
t 020 7249 7373
e info@howardleague.org
w www.howardleague.org
@TheHowardLeague

Company limited by guarantee
No. 898514
Registered charity
No. 251926

ISBN 978-1-911114-69-7



9 781911 114697 >
ISBN 978-1-911114-69-7

2022