



Commission on Crime &
Gambling Related Harms



Lived experiences of gambling, gambling-related harms, and crime within ethnic minority communities

The report of the Commission on
Crime and Gambling Related Harms

Written by Dr Geraldine Brown (Coventry University), Dr Julie Trebilcock (Brunel University London) and Dr Nicola Harding (Lancaster University), on behalf of the study team.

Study team (in alphabetical order)

**Anil (Pseudonym)
Geraldine Brown
Nicola Harding
Joseph (Pseudonym)
Wendy Knight
Liz Riley
Tony Sales
Julie Trebilcock**

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Trigger warning

We recognise that some of the subject matter and experiences detailed in this report may be upsetting and could cause distress. In addition to gambling addiction, the issues detailed in this report include: racism and discrimination, domestic abuse, violence, self-harm, suicide, and substance misuse.

You can find support lines and websites via [St John Ambulance mental health advice and support directory](#).

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There is an old African proverb, that says, 'it takes a village to raise a child,' signifying the importance of people working together for the wider benefits of the community. This study was possible because of the commitment and contribution of a number of people; we are indebted to our peer researchers for their invaluable contribution, passion, critical lens, and determination. Thank you for your unstinting support and commitment. We value your openness and courage in sharing your stories.

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1. Introduction

Introduction

This study is about people from ethnic minority communities, and how their lives can be affected by gambling, gambling-related harms, and crime. This research shines a light on the heterogeneous experiences of people from ethnic minority communities when gambling and crime intersect in their lives. It was undertaken by a diverse team (supported by many more) with a mixture of professional and lived experiences of gambling and the criminal justice system, underpinned by a commitment to the inclusion of 'seldom heard' voices. Everyone involved in the research had a commitment to raising awareness and understanding of how people from ethnic minority communities may be affected by gambling and crime.

The overarching aim of the research was to amplify the voices of people from ethnic minority communities who have been affected by gambling and crime. It explores the diverse ways in which gambling and crime (or activities that could be classified as 'crime') impact on their lives. The research considers the lived experiences of people from ethnic minority communities who have gambled themselves, as well as those who have been affected by the gambling of others. To do this, 18 interviews and two focus groups were completed with 26 participants.

Background to the research

This research was commissioned by the Commission on Crime and Gambling Related Harms. The Commission, chaired by Lord Peter Goldsmith KC, was launched by the Howard League for Penal Reform in June 2019 and has since published several pieces of research on police practice, sentencers' understandings of gambling, and gambling in prison. The Commission also appointed Dr Lauren Smith from the University of Lincoln to undertake a piece of research about the lived experiences of people affected by gambling and crime (Smith, 2022). This research addresses one of Smith's (2022) recommendations, namely, to undertake further research into the experiences of people from ethnic minority communities.

A note on terms

Gambling: Gambling disorder in the DSM-5 is characterised by a 'persistent and recurrent problematic gambling behaviour leading to clinically significant impairment or distress' (American Psychiatric Association, 2013). Many terms are used to describe gambling that has become problematic or harmful to someone, including: 'problem', 'compulsive', 'pathological', and 'disordered' gambling. There are concerns about these categorisations and labels because of the potential stigma that may be attached. Reflecting on this,

the Commission on Crime and Problem Gambling changed its name to the Commission on Crime and Gambling Related Harms in 2022 to reflect learning from research and lived experience. Following Smith (2022) this report uses the term 'disordered gambling' in preference to other terms but recognises that this is not entirely unproblematic.

Crime: The starting point for the research was a very broad understanding of crime. There was an awareness that people may have committed a crime related to their gambling but had not been prosecuted for it or made a link between the offence and their gambling. Similarly, the research team was mindful that participants may have been a victim of a crime related to gambling. The intention was to capture a diverse range of experiences relating to crime, victimisation, and gambling.

Affected other: Affected others, or 'concerned significant others' (Dowling et al., 2016), are 'those that have been negatively affected by a gambling problem of someone else' (Gunstone and Gosschalk, 2020:5). Affected others can include partners, children, parents, grandparents, siblings, friends, and work colleagues. As with the terminology used to describe people who gamble, there are potential problems with describing people as 'affected others'. While this term is used in the report for clarity and brevity, the research team recognise that a more neutral and person-centred term would be preferable.

Ethnic minority communities: The use of the term ethnic minority usually refers to racial and ethnic groups that are in a minority in the population so used to categorise remarkably diverse populations. A growing acceptance is that the construction, application, and efficacy of ethnic categorisation is problematic raising critical questions about its usage (Dacosta et al., 2021). While acknowledging the limitations associated with the term 'ethnic minority communities', we use this in the report to capture a nuanced understanding of how racially and ethnically racialised communities' experience crime and gambling-related harms. This term is preferable to terms such as BME (Black and Minority Ethnic) or BAME (Black, Asian and Minority Ethnic) which have been criticised for seeing ethnicity in monolithic terms (such as Black, White etc) (Dacosta et al., 2021).

Culture: Culture, in this report, is used in its widest sense, and pertains to values, beliefs, systems of language, communication, and practices that people, institutions and organisations share and that can be used to define them in collective ways. Culture is a broad and multi-layered term that can depend on the person using the term (Gopalkrishnan, 2018). It is important to remember how people share and occupy many different cultures. These may relate to gender, sexuality, class, religion, language, nationality, and many other identities and communities with which people identify.

2. Literature review

Introduction

The UK gambling industry is made up of more than 2600 registered operators, casinos, and sports bookmakers, that operate both online and offline. These offer gambling products to about 24 million gamblers overall, eleven million of whom are online gamblers (Tomic, 2022). The gambling and the gaming sectors are an extremely profitable entertainment business sector and for many people gambling can be unproblematic. It is estimated that approximately two million adults in the UK experience gambling-related harm (either from their own gambling, or that of someone close to them), with approximately 340,000 adults identified as having a problem with gambling (Wardle et al., 2019).

To date, little attention has been given to the lived experiences of gambling and gambling-related harms within ethnic minority communities. Indeed, a recent report by GambleAware (2021:3) notes ‘very little nuanced detail is known in terms of levels of gambling, gambling-related harm, and attitudes of different minority communities in Great Britain’. There is also a limited understanding of the relationship between gambling, gambling-related harms, and crime, especially in relation to people from an ethnic minority community. While two studies commissioned by the Commission on Crime and Gambling Related Harms have explored people’s lived experiences of gambling, crime, and the criminal justice system (see Smith, 2022; Trebilcock, 2023), neither was able to adequately explore how these experiences may be different for people from an ethnic minority community.

Gambling and ethnic minority communities

Public Health England (PHE) (2021a) reports that overall participation in gambling activity in England and Wales is most common in White and White British ethnic groups (60.8 per cent) and least common in Asian and Asian British ethnic groups (31.2 per cent). However, it also highlights a ‘paradox of harm’ based on the finding that ‘problem gambling’ (as measured by the DSM-IV or the Problem Gambling Severity Index (PGSI)) is higher in this latter group of Asian and Asian British people (PHE, 2021a:68). So, while people from Asian and Asian British backgrounds are less likely to gamble, ‘they are more likely to experience problematic gambling than the White and White British group’ (ibid). This is supported by earlier research by Forrest and Wardle (2011) with people with Indian, Pakistani, and Bangladeshi cultural backgrounds living in Great Britain, which found lower participation rates, but higher rates of problem gambling (as measured by the DSM-IV) when compared to White communities (see also Thorley et al., 2016). Similarly, Gunstone and Gosschalk (2019) report that 20 per cent of adults from Black, Asian and minority ethnic communities scored one or more on the PGSI, compared to 12 per cent of white adults.

While gambling occurs openly in most countries, and can often be a national pastime, the acceptability and accessibility of gambling varies across cultures (Raylu and Oei, 2004). This means that some cultural groups may be more vulnerable to developing problems with gambling and there is a need for a better understanding of how cultural values and beliefs, processes of acculturation, and the nature of help-seeking behaviour, may impact on people's experiences of gambling and gambling-related harms (ibid). However, there continues to be a limited understanding of the psychosocial and cultural factors involved with the development of problematic gambling among different ethnic minority groups (Chee and Lui, 2021). When examining the literature on crime and gambling-related harm, 'culture' appears to become shorthand for the experiences and perceived culturally accepted aspects of gambling that have been associated with specific types of ethnic minority communities, with little reference to wider gambling cultures. Types of gambling activities differ in different ethnic minority communities, with Pakistani gamblers, for example, more likely to report gambling in casinos (Gunstone and Gosschalk, 2019). Casino gambling is also far more likely to be reported by people of Black African heritage when compared to those with Black Caribbean heritage (ibid). This reminds us of the 'interesting differences in gambling participation between Black and Minority Ethnic [BAME] communities' (Gunstone and Gosschalk, 2019:2) and of the problems involved with grouping very diverse communities together under Black and Minority Ethnic (BME) and BAME classifications (see brief discussion in the introductory chapter).

Gambling-related harms and ethnic minority communities

Research by the Gambling Commission (2021) found that while people from ethnic minority communities may be less likely to gamble, 'those that do gamble may be more at risk of experiencing harm' (see also Conolly et al., 2018; Dinos et al., 2020; Levy et al., 2020). Similarly, studies have shown that while migrants may be less likely to participate in gambling than non-migrants (Billi et al., 2014; Abbott et al., 2014; Kim, 2012; Momper et al., 2009; Wardle et al., 2019), when they do participate in gambling, they are more likely to experience gambling-related harms (Abbott et al., 2014; Fast Forward, 2022; Kim, 2012; Lyk-Jensen, 2010; Penelo et al., 2012). Hence, the common finding across research, is that while gambling prevalence may be lower in ethnic minority and/or migrant communities, the harms experienced are thought to be disproportionate. However, there is limited understanding of why some minority groups may experience higher levels of gambling-related harms (Levy et al., 2020). In a review, Levy et al. (2020:3) remind us of the need to begin with a broader understanding of 'the inequitable and discriminatory structure of the society in which minority communities live'. Racism, discrimination, experiences of trauma, the areas people live, and cultural and linguistic barriers, are drivers that may mean that gambling-related harms are experienced differently. The 'disproportionate burdens of gambling harm

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in these communities are not because of anything inherent and immutable about these communities. Instead ... these burdens are due significantly to the contexts in which these communities live' (Levy et al., 2020:4). This reminds us how 'harms associated with gambling can affect certain groups in society in an unequal way which links to a much wider issue of inequality and specifically health inequalities' (GambleAware, 2021:2). Levy et al. (2020:5) highlight how a fuller understanding of gambling, gambling-related harms and the relationship between gambling and crime, requires us not only to pay attention to people's ethnic identities, but also several other factors including migration, religion and language (Levy et al., 2020:5). These different aspects of a person's identity intersect, and along with their wider experiences of discrimination and inequity, will impact their individual experiences of gambling and crime. Space does not permit a full review here, but readers are directed to Levy et al. (2020) for an insightful discussion of these issues. The findings of this report also reiterate the necessity of contextualising people's experiences of gambling, gambling-related harms, and the relationship between gambling and crime, within the wider social structures and cultures in which people are located.

Gambling is increasingly being recognised as a public health issue due to the wide-ranging harms and impact that it has on people's lives (Abbott, 2020; John et al., 2020; Public Health England, 2021a). Gambling can generate many harms relating to finances, relationships, psychological well-being, physical health, employment, education, and criminal activity (Langham et al., 2016; Public Health England, 2021a, 2021b). Gambling-related harms are often persistent, long-term, experienced intergenerationally, and across the life course (Langham et al., 2016; Wardle et al., 2018). These harms are not only experienced by the person who has gambled, but also their families, friends and the wider community (Browne et al., 2016). This is important, since research also suggests that there may be a disproportionate number of 'affected others' in ethnic minority communities. For example, data from a YouGov survey found that nine per cent of people from ethnic minority communities qualified as affected others compared to seven per cent of those with a White ethnic background (Gunstone and Gosschalk, 2019). This higher proportion of affected others is likely to reflect the higher levels of gambling-related harms reported by those from ethnic minority communities.

Reflecting the impact that gambling may have on wider families and communities, research has increasingly recognised how gambling can serve to also generate a number of cultural harms. Cultural harms can include experiences of a lost identity, social isolation, shame relating to cultural expectations and roles, and extreme emotional distress because of the disrupted/lost connections with wider communities and cultural groups (Browne et al., 2016). Cultural harms can also include the 'dissonance between engaging with gambling where it was against cultural traditions and practice, the impact of the time spent gambling on the ability to participate in cultural practices and roles, reduction in the ability to contribute or meet the expectations of a cultural community, and the subsequent reduction of

connection to the cultural community' (Browne et al., 2016:61). These cultural harms may be experienced by both those who have gambled and by those who have been affected by the gambling of others (Browne et al., 2016). Cultural harms may be experienced at an individual level, whereby a person's cultural identities are impacted by the 'negative narratives surrounding gambling', and at a community level whereby gambling serves to affect the contributions that a person can make to their cultural communities, thereby reducing connection (Browne et al., 2016; see also Langham et al., 2016). Thus, gambling as a member of a minority community may produce additional harms that may not be experienced by the White British population within the UK. Many of these cultural harms (along with other gambling-related harms) may be affected by the additional stigma and shame that may be attached to gambling in particular communities. Stigma and shame around gambling may be more pronounced in some ethnic minority and religious communities, and this may lead people from minority communities to experience disconnection from their wider communities and additional feelings of isolation and shame (Sanscartier et al., 2019; Smith, 2022). This in turn may serve to exacerbate the harms experienced.

Wardle (2015) identifies that gambling-related harms for new migrants to the UK may be higher due to poor social networks with little social support, being socially isolated, having limited financial resources, and a lack of knowledge about gambling. With the UK migrant population increasing from about 5.3 million in 2004 to almost 9.3 million in 2018, greater understanding is needed about how UK gambling cultures may affect new migrants to the UK and the harms that may follow (Vargas-Silva and Rienzo, 2019). We are reminded by Chee and Lui (2021) that the acculturation process, which can invoke considerable and ongoing stressors, can contribute to increasing gambling problems. When an individual migrates to the UK, they may find that they have moved from an environment where gambling was less accessible, or even prohibited, to one where gambling is more normalised and common. The liberal gambling culture in the UK may be far removed from the experiences of new migrants in their home country (Bramley et al. 2020).

Gambling, crime, and ethnic minority communities

Ethnic minority communities are often further marginalised within the literature that aims to understand the connection between crime and gambling. Few studies take an intersectional approach to understanding the structural inequalities faced by ethnic minority communities and how these can contribute to, and compound the harms related to, both gambling and crime. The existing literature that does begin to explore ethnic minorities, crime and gambling-related harms does so by layering explanations for both crime and gambling-related harms within a social-deprivation framework. There has been little exploration of how gambling-related harms and crime intersect to impact the lived experiences of ethnic minority community members; both

as disordered gamblers and affected others. However, increasing research attention has been directed towards the complex relationship between gambling and crime (for a review see Banks and Waugh, 2019; Churcher, 2022; Ramanauskas, 2020).

Research examining the socio-spatial geography of betting shops has identified gambling establishments as a potential risk factor for crime (Bottan et al., 2017; Kim et al., 2012). Further interest has been taken in the link between the presence of gambling on the high street and crime or anti-social behaviour. For example, during 2015, police statistics identified a 20 per cent rise in incidents at licensed betting offices that required police attendance (Adeniyi et al, 2023). This increase was widely reported across UK media, with news articles attributing violent crime, money laundering, robbery, and vandalism to the proliferation and clustering of betting shops housing fixed odds betting terminals (Banks et al., 2020). There are mixed results linking gambling outlets to crime (Adeniyi et al, 2023). While no clear data exists to examine the ethnic breakdown of those that frequent casinos and betting shops in the UK, the geographic clustering of land-based gambling outlets in the UK, often overlaps with areas with higher ethnic minority communities. This reflects strong links between the concentration of gambling outlets in areas of higher social deprivation (Adeniyi et al, 2020; Wardle et al, 2014). It is the social inequalities faced by those from ethnic minorities (Byrne et al, 2020) that mean that there is a greater concentration of ethnic minority groups living in areas of deprivation that intersect with both high crime areas (for crimes such as shoplifting, theft, etc.) and higher concentration of gambling outlets, than the dominant white British population. The greater the concentration of ethnic minorities within the communities with higher numbers of land-based gambling outlets, may mean that they are more likely to populate such venues and as such, become the focus of regulatory gaze and criminalisation through suspicious activity reports (SARs)¹

One type of gambling-related crime is what Banks and Waugh (2019:346) have termed 'criminogenic gambling – where the act of gambling causes individuals or organizations to commit crime'. This reflects how research has begun to explore the relationship between disordered gambling and crime. Gambling-related crime has most often been understood to be income-generating crime, whereby people may commit acquisitive crimes (including fraud, burglary and theft), to support their problematic gambling behaviour (Banks and Waugh, 2019; Binde, 2016; Brooks and Blaszczyński, 2011; Brown, 1987; Laursen et al., 2016). However, there has been increasing recognition that other crimes, including domestic abuse, violence and child neglect can be related to disordered gambling (Banks and Waugh, 2019; Dowling et al., 2016; McCorkle, 2002; Roberts et al., 2016; Smith et al., 2003; Suomi et al., 2013).

¹ Serious activity reports (SAR) alert law enforcement to potential instances of money laundering or terrorist financing. SARs are made by financial institutions and other professionals such as solicitors, accountants and estate agents and are a vital source of intelligence not only on economic crime but on a wide range of criminal activity. See <https://www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/money-laundering-and-illicit-finance/suspicious-activity-reports-for-more-information>

A recent study in the US with people with gambling disorder found that 43.3 per cent also reported illegal behaviours relating to their gambling (Grant and Chamberlin, 2023). Those who reported gambling-related illegality were more likely (than the group who did not report illegal behaviours) to report gambling at an earlier age, an earlier age of problematic gambling, lower quality of life, higher levels of depressive symptoms and were more likely to have participated in gambling-related treatment (ibid). Financial, familial, or social-psychological gambling-related harms, have also been identified as risk factors for criminal behaviour (Adolphe et al., 2019; Dennison et al., 2021; Abbott and McKenna, 2005; Turner et al., 2017). However, criminal behaviour may occur before disordered gambling and not because of it (Jun et al., 2019). Moreover, the association between crime as above may be co-symptomatic, with the same underlying factors that can promote criminal behaviour, also serving to promote disordered gambling (Banks and Waugh, 2019; Dennison et al., 2021; Perrone et al., 2013; May-Chahal et al., 2017).

Gambling, ethnic minority communities, and the criminal justice system

It is difficult to understand people's experiences of the criminal justice system when it is related to gambling, because of the poor data about prevalence and need. In a recent report, Churcher (2022) calls for the systematic screening and assessment of those entering police custody suites for gambling-related harms, in order to better understand exactly who is becoming criminalised in relation to their gambling. Although little is known about the prevalence of gambling-related crimes within ethnic minority communities, or their experiences of the criminal justice system following a gambling-related crime, government data shows people from an ethnic minority community are over-represented at most stages of the criminal justice system (Ministry of Justice, 2021; Shankley and Williams, 2020). The greatest disparities occur in relation to some policing practices and the use of imprisonment, with Black people found to be the most over-represented (ibid). Given people from minority communities may have a higher likelihood of developing a problem with gambling, of experiencing higher levels of harm, and of being over-represented in the criminal justice system, clearer understanding of how they may be criminalised for gambling-related crimes and their experiences of the criminal justice system as a result, is urgently needed.

May-Chahal et al. (2017) used the PGSI to explore gambling-related harm and crime careers among male and female prisoners in England and Scotland. Their research found that the overall prevalence of problem gambling in the prison sample was significantly higher than in the general population (12.1 per cent in prison compared to 0.7 per cent in the community) (see Wardle et al., 2011 for community prevalence data). However, they found no significant association between problem gambling and age or ethnicity, only in relation to gender, where men were found to score significantly higher on the PGSI than

women. While this study suggests a higher prevalence of disordered gambling in criminal justice settings, it tells us very little about how gambling and crime may co-exist in the lives of ethnic minority communities.

To our knowledge, there have been no UK based studies about the experiences of ethnic minority communities in relation to gambling and the criminal justice system. As part of the Commission on Crime and Gambling Related Harms, a programme of research has been commissioned to better understand the links between gambling and crime, and how the criminal justice system may respond to gambling-related crime. At all points of the criminal justice system (i.e., police, courts, prisons, and probation services), understanding, awareness, screening, and the provision of gambling-related support have been found to be lacking (Churcher, 2022; Page, 2021; Ramanauskas, 2020; Smith, 2022; Trebilcock, 2023). This is reinforced by a recent review by Webster (2022:67) who reports that most criminal justice agencies in England and Wales are 'not aware of or actively developing specific gambling-focused work'.

Ethnic minority communities and experiences of gambling-related treatment and support

Research suggests that people from Black, Asian and minority ethnic communities are less likely to seek treatment and support for gambling following the threat of criminal proceedings than their White counterparts (one per cent compared with six per cent respectively) (Gunstone and Gosschalk, 2019). Some research highlights how this may follow from a number of religious and cultural factors as well as a reluctance to disclose gambling problems to services or people outside of their immediate community (Smith, 2022). However, people from minority ethnic communities have also been found to be more likely to indicate that they want to access gambling support and treatment in comparison to people with White ethnicity (36 per cent and 16 per cent respectively) (Dinos et al., 2020). Despite this latter point, research suggests there is a lack of suitable provision for people from ethnic minority communities (Levy et al., 2020), that they are less likely to complete gambling-related treatment (Best et al., 2019; Dinos et al., 2020), and that they are under-represented in treatment services (Dinos et al., 2020; Tipping et al., 2019). While 'little is known about why minority communities are unwilling or unable to access services' (GambleAware, 2021:4), some research suggests that people from ethnic minority communities may be less likely to seek external help from services in relation to gambling, since this may be viewed as failure of the wider family (Raylu and Oei 2004). This illustrates how the stigma associated with gambling can serve as a significant barrier to help-seeking and the uptake of treatment (Suurvali et al., 2009). Recent research by Smith (2022) highlighted the need for more targeted and supportive approaches in relation to treatment-provision, in order to help reduce stigma and encourage people from ethnic minority communities to access services.

Key points

- To date, little attention has been given to the lived experiences of gambling and gambling-related harms within ethnic minority communities. There is also a limited understanding of the relationship between gambling, gambling-related harms, and crime, especially in relation to people from an ethnic minority community.
- Research suggests that while people from ethnic minority communities may be less likely to gamble, those that do gamble may be disproportionately affected by gambling-related harms. However, there is limited understanding of why this may be the case and how gambling-related harms are experienced by ethnic minority communities.
- Gambling can generate many harms relating to finances, relationships, psychological well-being, physical health, employment, education, and criminal activity. In addition, gambling can cause cultural harms, which can include experiences of a lost identity, social isolation, shame relating to cultural expectations and roles, and extreme emotional distress because of the disrupted/lost connections with wider communities and cultural groups. These may be experienced more severely among people from an ethnic minority community.
- There has been little exploration of how gambling-related harms and crime intersect to impact the lived experiences of ethnic minority community members; both as disordered gamblers and affected others. However, increasing research attention has been directed towards the complex relationship between gambling and crime. While there are mixed results linking gambling outlets to crime, the geographic clustering of land-based gambling outlets in the UK often overlaps with areas with higher ethnic minority communities.
- To our knowledge, there have been no UK-based studies about the experiences of ethnic minority communities in relation to gambling and the criminal justice system. However, research suggests that the criminal justice system has limited understanding of gambling and gambling-related harms and that there are limited services available to people who are suspected or convicted of a gambling-related offence.
- Research suggests that people from ethnic minority communities may be less likely to seek treatment and support for gambling than their White counterparts.

3. Methodology

Introduction

Ethnic minority communities are often considered within a larger data set; a notable but marginalised analytical point within a broader study. As shown in the literature review, there are few studies that have examined ethnic minority groups, gambling-related harms and crime with direct input from ethnic minority communities. Therefore, the design of this research has deliberately centred the experiences, views, and opinions of ethnic minority community members in the design, data collection and analysis. This was achieved by recruiting peer researchers to help shape the direction of the research, consider the language used within the research, help with participant recruitment, and to assist with the collection and analysis of data.

Research aims and questions

- The aim of this research is to understand the lived experiences of crime and gambling-related harms for people within ethnic minority communities. The research aimed to answer the following questions:
- What are the different trajectories and lived experiences of individuals from ethnic minority communities involved with gambling and crime?
- How do people from ethnic minority communities understand and experience the gambling in their lives? What is 'problematic' about the gambling in their lives? What gambling-related harms do they experience?
- How does gambling affect people from ethnic minority communities' key relationships such as employment, education, social and familial networks?
- How has crime and gambling intersected in people from ethnic minority communities' lives? What contact and experience have these people had with the criminal justice system?
- To what extent have people from ethnic minority communities sought out, been offered, or utilised treatments for gambling? What have their experiences of seeking out and/or accessing support been?

Co-produced research design

The research centred the lived experiences of people from ethnic minority communities who had experiences of crime and gambling-related harms, prioritising co-production. Co-production seeks to reduce the power

imbalances that traditional forms of research can reproduce by ‘offering the potential to resituate those residing in the margins, bringing them into the centre of knowledge produced about (by) them’ (Harding, 2020:1, see also Brady et al., 2012). This is important for marginalised groups such as people from ethnic minority communities due to the already marginalised role experienced within wider society, which is in turn reflected in traditional research practices.

Co-production, particularly as interpreted within this study, is based upon the principles of Participatory Action Research (PAR) where full participation of the affected group or community within research is essential, with the aim of education and promoting social change (Pettinger et al., 2018). An approach combining the key principles of PAR and co-production was chosen as it aims to change rather than observe ‘the system’ (DeLyser, 2014). Taking this co-produced approach facilitated a curation of the lived experiences of ethnic minority community members who have experienced crime and gambling-related harms. This is alongside capturing the views and experiences of key stakeholders who are working with people from ethnic minority communities within the criminal justice system or within organisations aimed at supporting disordered gamblers or family members, to produce an evidence base that broadens understanding and aid the development of future action in this arena.

The main aim of this co-produced research design was to ensure that ethnic minority voices were heard in meaningful ways, without tokenism or consultancy. Cornwall (2008: 270) critiqued how consultation has become widely used globally as a way of adding legitimacy to decisions that have already been made ‘providing a thin veneer of participation to lend the process moral authority’. This is reflected in Arnstein’s (1969) Ladder of Participation, which groups therapy and manipulation as ‘non-participation, placation, informing and consultation as ‘tokenism’ and partnership, delegated power and citizen control as true ‘citizen power’. Successful co-production should be a way of harnessing citizen power within research.

Peer researcher recruitment

Recruitment of peer researchers commenced in February 2022. Applicants were asked to complete a short application form with a supporting statement, before being invited to take part in an interview with members of the research team. This process was essential for ensuring that peer researchers were recruited at a point in their recovery and wider lives, where involvement with a study so close to their lived experiences, would not cause serious harm. This process was supported by Dr Liz Riley from Betknowmore, who continued to provide pastoral support for the peer researchers throughout the study where necessary. Once peer researchers had been appointed, we set up several online meetings to start getting to know one another and begin planning the research.

Peer researcher training and support

Once all peer researchers had been recruited, an in-person training day was held in Birmingham. This enabled the research team to meet one another and begin to develop rapport. The team was also able to discuss critical parts of the research design (i.e., research questions, recruitment and sampling strategies, different methods of data collection). A small number of creative methods were utilised, including mind mapping and developing a Spotify playlist. The team participated in an interviewing workshop, exploring good and bad interview practice, finishing with a discussion about appropriate interpersonal interviewing skills that might be used across the project.

The first training day was followed by an online half-day training session about safeguarding and ethics. The dedicated safeguarding training was given to all researchers on the project (both academic and peer researchers) by Anna Niemczewska from Betknowmore. The training ensured that the whole team were clear about the safeguarding policy, which had been developed by Liz Riley in relation to recruitment strategies and screening, data collection, debriefing, and what to do in the event of specific disclosures/concerns about imminent harm. Training in relation to ethics, specifically regarding the importance of recruitment, informed consent, and debriefing, was provided by Julie Trebilcock.

This study has been a partnership between academic and peer researchers with lived experience. Peer researchers' involvement spanned over eight months, in which they were actively involved at all stages of the study, shaping the design, supporting data analysis and contributing to the final report. Weekly peer research sessions ensured continued support and ongoing reflection for the whole research team. Eighteen weekly sessions were held online between September 2022 and February 2023. In total, the peer researchers contributed more than 100 hours of their time to a range of activities, and we recoded approximately 30 hours of interview and/or peer researchers' sessions; a clear indication of the need to move beyond the taken-for-granted notion that ethnic minority communities are 'hard to reach'. Engagement in the study was deliberate and purposeful.

At the reporting and dissemination stage, the peer researchers were offered media training by the Howard League for Penal Reform, to enable them to contribute to the dissemination of the project, and to ensure that they felt supported with, and confident in, sharing their stories in the public domain.

Remuneration of people with lived experience involved with the study

Peer researchers were given a £15 voucher for each hour that they worked on the project, such as meetings, training, interviews, analysis sessions. All participants with lived experience were offered a £15 voucher for their participation. People who came forward as 'stakeholders' were not usually offered vouchers, although where they disclosed lived experience (even if we

did not discuss this in interview), they were offered a voucher for their time.

Overview of participant sample and demographics

Overall, 26 participants were recruited to the study, including three peer researchers who worked with us for the duration of the study. While the study began with six peer researchers, prior to data collection, one pulled out due to health difficulties and two more due to paid work commitments. They played a vital role in the initial stages of the study, offering knowledge and views that helped shape the direction of the study. However, they are not included as participants of the study because they were not interviewed and also did not take part in any data collection.

Criteria for recruitment as a peer researcher or lived experience participant within this study was that an individual was a member of an ethnic minority community with lived experience of gambling-related harms (either as someone who had gambled, or as an 'affected other'), and lived experience of crime or victimisation (usually related in some way to the gambling-related harms they have experienced). Sixteen people met the lived experience study criteria and took part in the research, three of whom were peer researchers. The term ethnic minority encompasses several different ethnic backgrounds, religious beliefs, and cultures. Therefore, it cannot be assumed that the experience of all ethnic minorities who have lived experience of crime and gambling-related harms will be homogenous.

Participant recruitment occurred through a broad range of channels to ensure that participants were from a diverse range of backgrounds. Participants were recruited via community groups, faith leaders, Gamblers Anonymous (GA) public meetings, and an illegal gambling network. Recruitment was also advertised via:

- Social media (Instagram, Twitter, LinkedIn, and Facebook)
- Community networks
- Prison and probation services
- Peer researcher's networks
- Gambling treatment services/networks

There were three women in the lived experience group (Wendy, Charmaine, and Dawn), and 13 men. Nobody reported any known disability. Ten participants had been formally convicted of an offence, and two participants were family members of a disordered gambler who had experience of crime. These people are referred to as 'affected others'. In addition, interviews were conducted with ten key stakeholders from organisations that are concerned with gambling and/or crime. Four stakeholder participants also disclosed that they had lived experience of crime and/ or gambling-related harm (Aaban, Barry, Chris, Danica). While we did not collect demographic data about

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stakeholder participants, six out of ten (including the four that disclosed lived experience) identified in interview that they were from an ethnic minority background.

Name or pseudonym	Participant information
Anil	Peer researcher with lived experience of gambling (gambler)
Wendy	Peer researcher with lived experience of gambling (gambler)
Joseph	Peer researcher with lived experience of gambling (gambler)
Mazz	Lived experience of gambling and crime (gambler)
Omar	Lived experience of gambling and crime (gambler)
Faisal	Lived experience of gambling and crime (gambler)
Dawn	Lived experience of gambling and crime (gambler)
Kofi	Lived experience of gambling and crime (gambler)
Rodrigo	Lived experience of gambling and crime (gambler)
Dean	Lived experience of gambling and crime (gambler)
Rory	Lived experience of gambling and crime (gambler)
Adeel	Lived experience of gambling and crime (gambler)
Farhad	Lived experience of gambling and crime (gambler)
James	Lived experience of gambling and crime (gambler)
Atif	Lived experience of gambling and crime (gambler)
Charmaine	Lived experience of gambling and crime (affected other)
Jane	Stakeholder (Money Laundering Reporting Officer in UK casino)
Patricia	Stakeholder (Probation)
Sarah	Stakeholder (National gambling treatment and support service)
Louise	Stakeholder (National gambling treatment and support service)
Peter	Stakeholder (Senior Manager from HM Prison Service)
Richard	Stakeholder (Director of Public Health)
Aaban	Stakeholder (National gambling treatment and support service) and Lived experience of gambling and crime (gambler)
Barry	Stakeholder (National gambling treatment and support service) and Lived experience of gambling and crime (gambler)
Chris	Stakeholder for a local gambling treatment and support service and Lived experience of gambling (gambler)
Danica	Stakeholder for a local gambling treatment and support service and Lived experience of gambling (affected other)

Table 1: Full description of all 26 participants and their role

We collected basic demographic data about participants in the lived experience sample (n=16), but not in relation to stakeholders (including those who also reported lived experience of gambling and crime). The demographic data relating to the core lived experience participants is offered to bring an understanding of the participant group and to help contextualise

their experiences as members of ethnic minority communities that have diverse ethnic backgrounds, ages, religious views, and education levels. The next table (Table 2) illustrates the ethnic origin of our participants and peer researchers.

Ethnic origin	Caribbean	Asian	White and Black African	White and Black Caribbean	African	English/ Welsh/ N. Irish
Number of participants	2	5	1	3	3	2

Table 2: Ethnic origin of participants with lived experience.

Assumptions are often made about the relationship between ethnic origin and religious affiliation or membership to certain faith groups. Therefore, participants were also asked about membership to faith groups. Table 3 demonstrates the different group memberships disclosed by our participant group.

Faith group	Christian	Muslim	Rather not say	Not disclosed
Number of participants	10	2	1	3

Table 3: Faith of participants with lived experience

Table 4 shows the age spread of the participants in this study.

Age	20-29	30-39	40-49	50-59	Not disclosed
Number of participants	2	8	2	3	1

Table 4: Age of lived experience participants.

Table 5 illustrates participants educational attainment (highest qualification).

Highest qualification	GCSEs or equivalent	A Levels or equivalent	University degree	Other qualification post compulsory education	Not disclosed
Number of participants	4	2	6	2	3

Table 5: Highest qualification gained by lived experience participants.

Data collection

A variety of qualitative research data collection methods were used to meet the needs and practical constraints of the participant group. Primarily these fell into two categories: interviews and focus groups.

Interviews

Overall, 18 interviews were conducted with participants and peer researchers. These were generally completed online via video call. The majority of interviews were conducted by an academic researcher paired with a peer researcher.

Focus groups

The research team conducted two focus groups inside a Category B men's prison with eight serving prisoners. HMPPS (His Majesty's Prison and Probation Service) approvals only applied to two of the academic researchers, Dr Geraldine Brown and Dr Julie Trebilcock, meaning that no peer researchers were present at these sessions. This was a practical constraint due to time and the length of the approval process.

Separately, the research team met every Friday for 18 weekly focus group sessions. These online sessions with the peer researchers produced data to contextualise the themes appearing within the data collected and offered a forum to discuss emerging themes and topics for further exploration.

Additional research activities

In addition to the official methods of data collection described above, the research team also engaged with several additional activities to support the research, including:

- Attendance at a Gamblers Anonymous meeting in Huddersfield, facilitated by peer researcher Wendy.
- Attendance at an online session delivered by Red Card to raise awareness of gambling-related harm in African and Caribbean communities.
- Attendance at an online training session delivered by GamCare about Gambling Harms and the Criminal Justice System
- Engaged with the Caribbean and African Health Network (CAHN), a Black-led organisation set up to address health inequalities and the wider social determinants for people of Caribbean and African communities. It works with the Black community and cross-sector organisations to build community resilience, relationships, and a social movement to reduce health inequalities.

- Engaged with Birmingham Race Impact Group (BRIG) Race and Crime Summit (in partnership with West Midlands Police and Crime Commissioner). The purpose of the event, hosted by Assistant Police and Crime Commissioner Tom McNeil, was to highlight the existing work and progress across the criminal justice system which is currently taking place to support people from underrepresented groups, and tackle racial injustice and disparity. The event was also an opportunity to hear from the local community, partners and third sector organisations about what more can be done to promote racial equality within the criminal justice system.
- Engaged with an underground gambling network in South London.

Ethics and safeguarding

The study received ethical approval from the Ethics Committee at Coventry University and HMPPS National Research Committee (NRC). The research was conducted in line with the British Sociological Association (BSA) (2017) and British Society of Criminology (BSC) (2015) 'Statements of Ethics'. All researchers on the project were provided with dedicated safeguarding and ethics training prior to data collection. All participants with lived experience were followed up within a few days of their participation to debrief and check how they were.

Anonymity and confidentiality

All peer researchers and participants were asked how they wanted to be presented in the write-up of the research, and if they wished to be anonymised in the research. Of the peer researchers who worked with us for the duration of the study, one peer asked for their own name to be used and for their biography to be made available on the research webpage. The implications of this were discussed fully with the participants by the research team and Dr Liz Riley from Betknowmore. The other two peer researchers wished to remain anonymous and were given pseudonyms.

In the wider participant sample, participants were given the opportunity to use their own name or choose a pseudonym if they preferred to be anonymised. While many participants wanted their real names to be used, we have been mindful that some made disclosures that are not publicly known. We have therefore tried to be sensitive to this in the presentation of our data, and do not always attach specific disclosures to participants.

Analysis

Peer researchers formed a key part of the analytical strategy for this research. This was an important part of ensuring that the research is fully co-produced and that the research analysis was examined through the lens of ethnic

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minority community members who have experienced crime and gambling-related harms, rather than purely through an academic lens. This analysis was performed during the weekly sessions, where emerging themes were discussed. The three academic researchers then went away with hard and digital copies of the interview/focus group transcripts, which were independently coded for emerging themes. These emerging themes were then discussed within the weekly peer researcher groups. Interview transcripts were also analysed as a group during the weekly meetings, allowing all members of the research team to discuss any other emerging themes. When a new theme was identified, this was then relayed back to the group for comment and discussion. This ensured that any anomalous data was discussed with the peer researcher group to ascertain their perspectives upon other experiences that may differ from their own.

Emerging themes were presented at the Howard League for Penal Reform conference 'Crime, Justice and the Human Condition' at Oxford University in September 2022. Prior to attending this event, all members of the research team were sent the presentation slides and given the opportunity to feed back to the academic members of the research team. The findings were also presented to the Commission on Crime and Gambling Related Harms, which provided further opportunities to reflect on the issues emerging from our research.

Key points

- The research centred the lived experiences of people from ethnic minority communities who had experiences of crime and gambling-related harms, prioritising co-production. Reflecting this, three peer researchers with lived experience of gambling-related harms worked with the academic team for the duration of the study.
- Twenty-six participants were involved with the study. The 26 participants were made up of three peer researchers with lived experience of gambling, and a further 13 lived experience participants (twelve with lived experience of gambling, one with lived experience as an affected other). Of the 16 participants with lived experience of gambling, ten reported a criminal conviction linked to their gambling. The research also involved a further ten participants who came forward as stakeholders. Of these ten stakeholders, three disclosed lived experience of having gambled and one indicated that they had lived experience as an affected other.

- Eighteen interviews and two focus groups were completed. These formal research activities were supplemented by the insights and data that followed from 18 weekly sessions among the research team (made up of three academics and three peer researchers). These sessions were recorded and used to discuss emerging themes and/or other issues arising from the study.
- The value of peer research methods is that it provides insights at all stages of the research from people who are experts by experience. Research with marginalised communities requires time and adequate resourcing in order to develop trust and meaningful co-participation.

4. Findings I: Contextualising ethnic minority communities' relationship to crime and gambling-related harms

Introduction

The research team consciously set out to allow participants space to narrate their own stories and identify what they considered to be important in relation to gambling, gambling-related harms, and crime. The analysis reveals how experiences of gambling (and crime) connect to, and must be contextualised in relation to wider social, economic and cultural factors. These factors are significant because they may create additional 'risks' and experiences of harm, to ethnic minority communities' pathways into, and experiences of, disordered gambling and crime.

Hear our voices: Hidden and marginalised stories

Research participants provided rich and detailed accounts of their experiences of gambling, gambling-related harms, and crime. In sharing their stories, they provided valuable insights into how factors such as 'race', ethnicity, culture, religion, gender, immigration status, age and familial and community relationships may intersect with their experiences of gambling. During interviews, participants spoke candidly about their lives, the 'good, the bad and the ugly'. A key motivation for sharing their stories was their sense of invisibility in public discourse, treatment services, and gambling-related policies and law. Engagement in the study was an opportunity for their stories 'to be heard'. Most participants wanted their stories to be a gateway to improving how the issue of gambling-related harms, and crime, are understood, and then addressed. Seven of the participants with lived experience worked in gambling treatment or support services. Their negative personal experiences of gambling, along with the perceived lack of understanding and their feelings of isolation on their path to recovery, precipitated their decisions to undertake paid and voluntary work to support others. Aaban, a South Asian male of Muslim faith, worked for an organisation that provides support and education about gambling-related harms. He shared that working in the gambling treatment and support field was precipitated by his personal experience:

My ... work is born out of my own lived experience with gambling-related harm. So, I kind of felt I could do some work in that area and at the moment I'm being allowed the opportunity to do so. (Aaban)

He highlighted the emotional labour and challenges that are involved, as a Muslim male working in this field:

It is a challenge to work in a space where you have had your own experience... Some people just don't realise that every workshop could be a potential challenge. You're putting ... yourself out there, telling your story etc. So that is why I don't always tell my story... Because I have a family and for example, if my in-laws found out about my gambling harm they would have an opinion about it, gosh erm they would tell their daughter to be careful, you know he has got a gambling issue in the past, so still, I still live with that stigma, don't I? Or still live with the fear of being stigmatised so I only speak about it in places where I feel it is going to make a difference or it is going to encourage people to get support.
(Aaban)

A different participant, and one of our peer researchers, works full time in an industry not related to gambling, but regularly offers his time to a number of organisations in the gambling field to help raise awareness of gambling and gambling-related harms. Anil is now 40 years old and was born in India. He came to the UK as an international student on a student visa in 2003. Today, he is married, has children, and has been in recovery for over three years. His story captures how his gambling had not started until he had moved to the UK:

I had a place at [name of university], but I never made it there. Within a few weeks or months when I came to the UK, I had an experience of gambling. So, having no previous experience of gambling back home in India because it was illegal or not available like here ... soon, I was going to like high street bookie... Everyone around me started realising that I had a problem. (Anil)

Anil's story points to how his migration into the UK and its more liberal gambling culture, along with the normalisation of gambling within his UK-based family, and his lack of knowledge about the potential harms of gambling, had serious ramifications. However, some of Anil's lack of understanding and knowledge about gambling-related harms was in part related to his recent migration story and coming from a culture in which gambling was not normalised within everyday life.

Dawn, a 52-year-old mother from a mixed heritage background (Black Caribbean and White British) who lives in the West Midlands, explained how she owns her own home, has been a business owner, and served as a reservist in one of the armed forces. Her interview data highlights the need to consider the heterogeneity within and between communities. Indeed, Dawn described herself as being privileged in terms of educational, employment history and financial opportunities and circumstances. Across the data, this heterogeneity within and between ethnic minority communities allows for nuanced insight into diversity within and between ethnic minority communities. Mazz is from a Muslim background and shared how his gambling started when he was 18 years and how it led to criminal activity and a prison sentence. Mazz recounted how the word for addiction does not exist in his culture and

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how this is reflected in his and others' lack of knowledge and understanding about gambling and gambling-related harms:

It's against our religion ... I felt guilty for gambling, but that was within myself. And in terms of, in terms of being brown, black, or white, of course, there's different cultures ... in terms of obviously being brown, and the culture and my family, etc., yeah, I couldn't talk to anyone about it, I didn't even know I had an addiction for a while because you know, from an Asian background the word addiction doesn't exist, you know what is that? And you know early days, you know, when I was gambling ... I started, unfortunately, stealing money. Well, after I had used all my money, you know, I was like stealing money to keep gambling, and I would have to hide it away of course, naturally, by trying to make excuses but you know you can only make so many excuses until you're caught out. (Mazz)

Similarly, Charmaine's story highlighted the potential for a lack of knowledge and understanding about the dangers associated with disordered gambling in groups exposed to the UK's gambling culture. Charmaine was born in Jamaica but has lived in the UK for most of her life. Her professional background is in nursing, having worked for many years in NHS before moving into the education sector. Charmaine shared that she did not know what to do when she realised her son was experiencing gambling-related harm and addiction. The situation was made more complex due to her son's mental health disorder. In the quote below, she provides an insight into the relationship between her son's mental health and gambling:

They medicated him then for schizophrenia where he then started to improve and then ... he had a cousin who is a bad influence ... he didn't gamble or anything like that before, and so the cousin started to take him into the bookies and being schizophrenic with compulsive behaviours ... he then started to gamble, not on a great scale but ... once he sort of recovered [from his mental illness] and got his little place down the road from me, I realised that he would be gambling because he would get his benefits and then he would gamble all of it on the same day and then not have any money, then turn up on the doorstep saying that he hasn't got any food, he hasn't got any of this, what am I going to do? (Charmaine)

Similarity and difference: Looking beyond the 'ethnic minority label'

In the UK, there is a tendency for the term 'ethnic minority' to be used to refer to all non-white populations. There is a common sense understanding in which individuals and groups tend to be banded together (consciously and unconsciously) around an externally defined identity, with insufficient attention afforded to the heterogeneity between individuals and groups assigned this label. This is not to suggest commonalities were not present in the stories

shared and during interviews, with some participants making comparisons between ethnic minority communities:

Your culture [the researcher's] is very similar to mine ... I don't know if you're from like the Caribbean or Africa ... Caribbean, yeah. But your culture is very similar to us, which is, you know, very family and community based. (Mazz)

The research findings highlight the need to pay closer attention to the diversity of people who may be assigned an ethnic minority label to develop a more nuanced view of gambling-related harms and crime. Participants identified with a number of ethnic groups (South Asian, African, Caribbean, Turkish, Portuguese, and dual heritage), they came from different faiths and no faith, some were married while others were single, and there were generational differences, with the age of participants ranging between 25–65. While ten participants reported having a criminal conviction, others reported engaging in criminal behaviour which had not come to the attention of the criminal justice system, or that they had not engaged in criminal behaviour. The majority (n=11) were born outside the UK; a number had migrated to the UK. We spoke to one individual with settled immigration status and two others who reported they were facing deportation. The data points to both what is shared and different, and the potential for this label to render differences within and between groups invisible. This has ramifications for understanding diverse experiences of gambling-related harms and crime. The data also highlights the importance of understanding how systemic inequalities shape the lived experiences of ethnic minority communities. It highlights the need for the adoption of intersectional analysis to capture how factors (such as race, ethnicity, class, culture, religion, migration, immigration status, mental health and gender) shape people's experiences of gambling, crime, the criminal justice system and gambling-related treatment and support.

The importance of language and framing

Stakeholders recognised that gambling, and its related harms, were critical issues and that ethnic minority communities were often invisible within discourse, policy and practice. While many stakeholders indicated that they did not have expertise/good awareness about gambling-related harms and ethnic minority communities, they nevertheless appeared committed to understanding more about it, and where possible, ensuring that strategies to reduce harm, and the provision of appropriate services, could be put in place. A stakeholder from a national treatment and support service spoke of the work the organisation was doing to try and improve its understanding of gambling, particularly in relation to ethnic minority communities. However, because many people did not appear to come forward for treatment, they were often missing from current understanding.

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Stakeholders highlighted the importance and challenges associated with framing the issue of gambling-related harms. One warned of the risks involved with over-medicalising the issue or thinking of it only in terms of addiction. For example, two stakeholders, one working in public health, the other in a gambling treatment and support service, told us:

The right language is important because you don't want to portray and put a label on people that you know you're the problem, you know you're a problem gambler, you are the problem. You know at the end of the day we know that it is not necessarily an individual, but it is that contributing factors that you know causes that person to be in that position. So, it is important how we talk to people and how we ... express terminology, especially when we're educating and raising awareness about gambling. (Chris, Stakeholder (Gambling treatment and support service) with lived experience of gambling)

I don't talk about problem gambling or probably even worse, problem gamblers, because that frames the issue in faulty people that didn't exercise the correct amount of personal responsibility. (Richard, Stakeholder (Director of Public Health))

This was linked to a perceived need to look for community, population-level responses and not individualised responsibility for gambling-related harms. Framing, and the language used, were felt to be particularly relevant for engaging with diverse communities, including those from an ethnic minority community. One probation stakeholder said:

I think language is crucial in any situation ... we've been having a discussion, debate, about using the terminology BAME for example, to reach out to communities. If communities don't see themselves in that acronym, then how are we gonna engage if that's the language we're using... How do we, you know, identify those communities, not clump them all together, address individual needs in different ethnic minority groups? And I think there's still quite a way to go with that, not just in gambling. (Patricia)

These discussions around framing, and how to engage ethnic minority communities are significant and a reminder that different ethnic minority communities will have different experiences and needs. Indeed, the research illustrated how diverse 'minority ethnic' communities are, and how they are made up of a wide range of people, who are no means homogenous:

The difficulty we have, it's kind of we don't have the data to understand. We need to create the data too and how do we, it is the chicken and egg what comes first. I think the voices of those with lived experience is the kind of way we're trying to do it now because at least we're getting something back that's gonna help to guide and not, and the black

experience is not the same. Your experience and mine will be completely [different], you know, so clumping ethnic minority groups together then as a homogeneous group that we almost have the same experience, again, is not the right way to go about it. (Sarah, Stakeholder (Gambling treatment and support service))

Why context is important

This section has explored contextual factors that frame people from ethnic minority communities' lived experience of crime and gambling-related harms. This helps to build a picture of the issues, such as language and understanding the structural realities faced by ethnic minority communities, that need to be considered when understanding the findings presented in the following three chapters. It is vital that this context is fully understood in order to properly understand how people from ethnic minority communities may experience gambling, gambling-related harms, crime and the criminal justice system.

Key points

- The study highlights the value of an intersectional approach as a means of understanding and responding to the needs of ethnic minority communities. An intersectional approach makes visible how context shapes experiences.
- Ethnic minority communities are diverse and there is no single ethnic minority experience. There are differences within and between groups.
- There are inherent tensions associated with the framing of gambling-related harms and crime. This has implications for policy and practice and the experiences that people from ethnic minority communities have in relation to gambling-related harms and related services.

5. Findings II: Ethnic minority communities, gambling, and gambling-related harms

Introduction

The aim of this section is to understand how individuals from ethnic minority communities experience gambling and gambling-related harms. This will include the different pathways into gambling reported within this study, the role of gambling within ethnic minority communities, and the types of gambling-related harms experienced by individuals from ethnic minority communities. It will also set out data that draws attention to how participants narrated and understood the key factors that underpinned their gambling trajectories and how their gambling had escalated to a problematic level. The chapter concludes with a discussion about participant views of the gambling industry.

Pathways into, and experiences of, disordered gambling within ethnic minority communities

In line with the work of Smith (2022) and Trebilcock (2023), people's reported gambling trajectories were diverse. Conversations with participants about their lived experience of gambling and its escalation point to a plethora of interconnected life experiences that were connected, including: migration, online gaming, discrimination, socio-economic disadvantage, loss of employment, isolation, illegal gambling, and health problems. Many participants recalled specific events, often negative or traumatic, that either led them to start gambling, or served to escalate their gambling at the time. Their narratives highlight how a wide range of systemic, social, economic and cultural factors intersect and help produce conditions for both the entry point and the escalation of gambling-related harms.

Growing up with gambling

The role of culture was significant in the narratives of all the participants. Culture was presented as something multi-layered, related to traditions, practices, and moral guidelines within families and/or communities (explored in more detail later in the report), but also discussed in relation to rules and regulations found within organisations and wider society.

A small number of participants reported gambling from an early age, with their families or friends, in ways that they did not initially regard as problematic. Gambling was often characterised as something that was part of their culture, as a 'normal' practice within in their family or peer groups. Dawn openly spoke about how she and her dad would sometimes gamble together, but also how she did not have the same ability to control her gambling as he did:

Because I mean with Dad, my brother used to sort it all out for him, put him online and if he wanted anything in his account, my brother used to do it so he would rarely, if he used to get £200, then he would stop. He had control where I didn't. So, yes, I used to think how do you do it dad? (Dawn)

Three stakeholders (Patricia, Chris, and Barry) all reported familial ties to the Caribbean, shared memories about the use of bookmakers and the longstanding tradition of gambling within African Caribbean families. Gambling was a social activity that sometimes involved all members of the family and betting shops were proxy communal and social spaces. For many communities, they offered people a place to meet and socialise. Patricia recounted:

Back in the day my father and his friends, you know, the bookie was their social ... gathering place. You know what I mean? So, I can even remember even as kids, you know, the Grand National it was the one thing where each of us ... my dad would say right give me the name of a horse and each of us would give a name, you know, so even at that stage, although we didn't realise back then as children that it was gambling ... that is what it was, entwined with the social aspect for men of my dad's generation. (Patricia, Stakeholder (Probation))

Joseph, one of the peer researchers, was born in Central Africa and moved to the UK with his family when he was aged seven years. While gambling was not something that Joseph's family did, he recalled gambling with friends at school from a young age, something he regarded as playing a role in his pathway to gambling. While Joseph has been in recovery since 2016 and now works for an organisation supporting people experiencing gambling-related harms, he described these earlier times in his life:

When I started secondary school around the age of 11-12, the older kids used to play money up the wall... This is something all the kids do and did, and I just [wanted] to get involved. I mean I had this friend. He lived a few doors away from me and used to play this game ... I used to think, well, it looks like a fun game or fun activity you can do with someone... I can really do with not losing this money because this is really all I have for the next couple of days and, getting on the bus was cheap. It was 10-20 pence at the time and so it just didn't faze me. (Joseph)

One participant, Omar, shared that most of his gambling was with acquaintances (some of whom were friends). This unlicensed form of gambling was described as part of a culture where people would routinely meet up to play cards for very high stakes. He highlighted the precarious nature of this form of gambling and indicated the potential for placing those gambling at an additional 'risk':

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There's guys out there because you gotta remember that these guys that do get into this debt go maybe three times a week and sit down and play cards and they might win one night and then might have no good luck for the next week, but during that week then they'll do what they got and they'll borrow a bit more on chat, but lose that and then come back a couple of days on that. And then it builds up. (Omar)

UK gambling cultures, opportunities, temptation, and migration

The wider gambling culture and the pervasiveness and normalisation of gambling in the UK was presented as a significant challenge by many participants, and for those who had a problem with gambling, this was seen as a key contributory factor. One stakeholder, who works in probation, observed: “*gambling, for me ... is all around us, it is in our face.*” Participants, especially those who had not been born in the UK, felt that the normalisation of gambling made it easy for individuals to develop a gambling disorder. Nine participants with lived experience of gambling and crime were born outside the UK. Countries identified included: India, Bangladesh, Iran, Portugal, Nigeria, the Democratic Republic of Congo, Bangladesh, and Turkey. All spoke about the pervasive nature of the gambling industry in the UK, particularly in relation to advertising and the accessibility of gambling outlets in their local communities. Many also highlighted how gambling was sometimes unlawful and/or more of a shameful or hidden activity because of local customs and laws in their country of birth. This led many to feel that the culture of gambling in the UK had encouraged them to gamble in ways that they may not have done had they not migrated to the UK. Faisal, a man who came to the UK from Bangladesh on a student visa, highlighted how gambling was not something he had participated in before moving to the UK:

There is no gambling culture in Bangladesh. There are no 'bookie' shops'. In rural areas, they play gambling with cards. But that is the lower class. (Faisal)

The quote from Faisal reveals the stigma associated with gambling in Bangladesh and how the middle classes (with which Faisal identified) were not considered likely to gamble. He also highlighted how gambling is prohibited in his religion (Islam), and as a result is not something that is widely discussed (or recognised as a problem) in his home country or among people who share his faith. Other Muslim participants, including those who had not migrated to the UK, made similar points and in contrast to some of the participants above who describe growing up around gambling, highlighted how they had not.

Returning to those who migrated to the UK, the stories we were told provide valuable insights into the acculturation process and how this may intersect with gambling. This suggested that acculturation, and the stresses associated with it, may represent pathways to disordered gambling. Rory, who migrated to the UK from Jamaica and was serving a prison sentence for a gambling-

related crime, explained how the availability and ease of access to buying lottery tickets and scratch cards had been a starting point for his disordered gambling.

My family members they would, they would say like, OK, maybe let's buy a lottery ticket here or there or scratch card or whatever. And ... that's how it started. (Rory)

Rory also identified that, in tandem with buying lottery tickets and scratch cards, the gambling culture within his workplace was a contributing factor to his gambling:

But then when I would go to work ... I was introduced to people who would go to casinos. I tagged along as well to try and find out, you know, what I could do too. Even change my situation, you know and, yeah, I guess that's what I would say was my introduction to gambling. (Rory)

Anil described how he was introduced to gambling by a member of his extended family after moving to the UK as an international student.

I remember I was with my uncle, and we went to the shop ... and he put a £10 note in a machine and got £50 out. I was like, oh, that's great. So, I put £5 in and got £90, and I was like, oh, who needs to go to university if we can do this? (Anil)

Anil spoke at length about how gambling offered a means by which to integrate into British culture. He recalled a conversation with his father when he visited him in the UK, where he tried to convince him that gambling was both 'good and normal' in the UK:

I convinced him gambling is good and normal in this country, because I took him to Cheltenham, Ascot racecourse, casinos and it's like, look, normal people are coming. It's not like gangsters do this like you see in Bollywood movies, you know, dog dens... It's like gambling is so normalised in this country. (Anil)

The data shows the presence of acculturation irrespective of the age at which participants migrated to the UK. For example, Joseph came to the UK as a child while Anil and Faisal migrated as adults. Irrespective of their age or the length of time they had lived in the UK, the desire to fit in, and the attempts they made to do this, were evident in their narratives.

The accessibility of gambling within ethnic minority communities

A common concern among the majority of lived experience participants was the proliferation of gambling outlets in disadvantaged neighbourhoods, which commonly also have a high concentration of ethnic minority communities.

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Stakeholders raised similar concerns, with one describing it as:

A poor man's dream is what I look at it as, as I see it and it is usually the poor people that are going for it. I walk past in my area and all of the bookies is where people have least money and yet that is where they are prevalent. (Patricia, Stakeholder (Probation))

This quote reveals another theme which emerged, namely, how gambling can be aspirational for some ethnic minority communities. For some, gambling offers hope, and a means by which to try and address wider structural, economic and social disadvantages. Chris, Chief Executive of a gambling community interest company (CIC), captures these points well:

The influx of bookmakers just popping up on the high streets, you know seven, eight, and nine, ten bookmakers on a couple of high streets. That is not by coincidence from my opinion, that is you know targeting, that is targeting certain demographics ... these areas unfortunately were just bombarded with all of these bookmakers and you know they are aware of the poverty in these cities, they are aware of the population that live in these areas of deprivation so obviously of course you know people in ... not just young people but people in general from those communities want to get out of poverty, want a better life, want to enhance their life and unfortunately, the temptation is right on their doorstep and that is why a lot of people from our community [African Caribbean] in my opinion started to get involved in gambling because of their situation in society in terms of you know the economics and the financial side of things. (Chris)

Operators employ MLROs (Money Laundering Reporting Officers) who are tasked with measuring affordability and ensuring regulatory compliance. Jane, an MLRO at UK land-based casino, highlighted the high numbers of ethnic minorities that make up the regular clientele of a casino within the areas she has worked:

The ethnic demographic of the customer hasn't really changed in the last 20 years and I remember the first casino that I started in was very small, provincial casino in the Midlands, and when I worked there, there was maybe a group of Bangladeshi customers, a group of African customers, a group of Indian customers. (Jane)

The demographic makeup of clients is important due to the systems in place to regulate gamblers, such as through affordability checks, but more so for the potential criminalisation that can come out of suspicious activity reports that gambling MLROs must make if they suspect any activity may be linked to money laundering or the funding of terrorist activity. This can mean ethnic minority groups are disproportionately targeted, as Jane explains:

[Within a land-based casino] 98 per cent of customers are from an ethnic minority. You know it is a very minority driven business ... having probably 98 per cent of ethnic minorities has a direct correlation with the suspicious activity reports that I receive that probably mirror that. But we do see just like in crime we have criminal groups that are associated to certain activity, I see the same within my suspicious activity report so for example Albanian groups ... that is very closely linked, and you know certain for example sanctions of Asian countries with Iran and now probably Russia, things like that so it's ... I think there are indicators where it is group activity, when I am looking at money laundering group activity. (Jane)

Rodrigo, who was serving a short prison sentence for an acquisitive crime to fund his gambling, shared how the number of betting shops in his neighbourhood made it very difficult to avoid gambling upon release. He also added that he felt the regulation of land-based gambling outlets was ineffective, because of the increasing accessibility of online gambling:

You can see a gambling shop on every corner now on the high street. Now I see the government have reduced it from £100 a day to £2. That hurt some people, but in general, if you want to play you can play online, yes, you can play unlimited. (Rodrigo)

Here, Rodrigo, like many participants, expressed concern about the risk of online gambling and how this could be very difficult to avoid. Participants highlighted how the rise of online gambling activities served to make gambling more accessible, and likely to cause harm:

And of course, now accessibility is everywhere so I think what we're going to see is a whole generation of individuals who are starting to experience these types of problems at a much earlier age, and it is going to affect even more demographics than historically we have been used to. (Barry, Stakeholder (Gambling treatment and support service) with lived experience of gambling)

Several participants indicated that the harms surrounding online gambling were likely to have increased as a result of the Covid-19 pandemic. One stakeholder also expressed concern that the shift to more flexible working patterns, and the increase in numbers of people working from home (with less supervision and monitoring from their workplace), was likely to increase levels of disordered gambling, gambling-related harms, and even crime:

It was a gambling culture in my workplace, this is another thing I will flag up about criminality because it is a real threat to employers and particularly now that we have got a hybrid working model where individuals are less supervised, or you know you don't necessarily have to be in the office... I think this is going to be a growing issue for employers

moving forward. (Barry, Stakeholder (Gambling treatment and support service))

Stakeholders highlighted how there are many activities that people engage with that are akin to gambling but are not necessarily viewed as such. One stakeholder working in probation noted “things that we don’t consider to be gambling is gambling” (Patricia). This reflects how pervasive gambling can be and serves as a reminder of how hidden many gambling-type activities may be. The same stakeholder felt that there needed to be a much closer examination of what gambling is and where it occurs, noting that:

It isn’t always going through the Coral door. It is happening in your homes, sitting down with your kids, on the mobile telephone, on the competitions that are there, on the Xbox competitions that you are playing with your friends. Do you get what I mean? (Patricia, Stakeholder (Probation))

Here, the probation stakeholder lists several different ways in which people can gamble. Of note across the data, were the concerns attached to online gaming cultures and ‘loot boxes’, both of which were felt to be possible pathways to disordered gambling. A different stakeholder expressed concern about the limited recognition or understanding of how gaming and gambling may be linked, and how gaming may act as a gateway to disordered gambling. This was felt to represent a significant risk to young people:

They didn’t recognise it before, but they now recognise it [gaming] as a form of gambling with spending money and the risk and reward element so I think this correlation between gambling and gaming is growing, is growing and it is also going on to other things like trading and crypto, so you know there is a big issue. (Chris, Stakeholder (Gambling treatment and support service))

Illustrating some of Chris’s concerns, Kofi, a university graduate in his late 20s and of African heritage, described how online gaming had been something he did for fun because he loved the element of ‘risk’ and ‘reward’ it offered. At the time of participating in the research, Kofi was serving a prison sentence for a financial crime related to gambling. Kofi reflected on how he felt his addiction to online gaming represented a pathway to his disordered gambling, and ultimately to prison:

The way it obviously affected myself was that it took my, I’d say, video gaming addiction in that respect and it turned it into ... where actually I didn’t understand the fine line between both [gaming and gambling] ... playing online games with that respect and there was a risk and reward ... there wasn’t a situation where someone was like, I’m putting a bet on the football ... For me it was a different entry point. (Kofi)

Reflecting further, Kofi explained that he can now see the connection between his attitude to gaming and how these attitudes formed a key characteristic of his disordered gambling with consequences for his life:

The thrill of that was comparable. But I didn't realise that. There's two different kinds of ball games you're dealing with. One is just an online video game system that has no consequences and the other [gambling] has a lot more error. And then it's really kind of towards the point of where things were serious and became habitual. (Kofi)

Ethnic minority communities, structural and economic disadvantage, and gambling

Social and economic disadvantage, and the role it may play in people's desire to gamble as well as the harms experienced, was a dominant theme across the data. All the lived experience participants recalled periods in their life where they had struggled to meet their basic needs and the impact that this had on their health and wellbeing. Some participants alluded to the legacy harms that may follow from growing up in disadvantaged circumstances. Several participants shared childhood experiences of social and economic disadvantage, single parent households, parental unemployment, low wages, and housing instability. The data reveals how gambling was sometimes construed as a means of escaping poverty and deprivation. The extract from Wendy, below, represents a common narrative shared by participants about their experiences of growing up with socio-economic disadvantage:

When my parents came here from the West Indies, they didn't come for the weather, they came for the money... Money has always been a thing in my house, you know my mum would talk about money all the time ... I knew from a young age that I had to get a house ... it was always the mentality of the West Indians to have assets when they came here [the UK], so money was always a big thing in our family ... but I think that I got a bit obsessed with money because my family spoke about money so much... So even when I got to a senior level [at work] I wanted to help the people, but it was about how much money can I get and what level can I get to next? And then I just would gamble it away, what was that about? (Wendy)

Mazz also identified a link between his disordered gambling and growing up in financial hardship. For him, gambling offered a way out of social and economic hardship, circumstances he hoped he could escape when he eventually married and had a family. As with Wendy, gambling was a way to secure independence and a better standard of living for him and his family. However, this aspiration was unfulfilled as Mazz's gambling spiralled out of control and he eventually ended up in prison for a financial crime related to his gambling:

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My childhood was quite ... I mean we were ... on the lower side of the poor ... and as soon as I saw an advert [relating to gambling] like that, you know, where you're getting money for free you know at the age of 18 you think ... reality starts hitting where you're, you know, feeling more responsibility for others and the emotional kind of connection and stuff for others outside of your family kinda starts growing. Of course, you know, I was very awkward about all that kind of stuff as well, but I started feeling something with my gambling then, because I would always try to kind of have so much money to have a kind of, the comfortability in life... My only ambition in life was to be a dad and to be married... I wanna be financially comfortable, so I can provide for my [family] ... I started realising I'm gambling a hell of a lot and increased amount that I'm gambling is gradually increasing over time as well, from the £10 to like now a 100 to 200 to so on so forth, thousands. And yeah, it just it just got worse and worse from there. (Mazz)

Stakeholders confirmed how ethnic minority communities' lives are disproportionately impacted by systemic inequities. Gambling for some communities is perceived as a legacy harm related to social deprivation. Some stakeholders acknowledged a need to see gambling as not only a cultural and social activity for people within some ethnic minority communities but called for recognition about how it can also be linked to economic and social disadvantage. Gambling may be attractive to some people from ethnic minority communities as a source of hope and a source of escapism. Some people, particularly those in situations of greater economic disadvantage, perceived gambling as a way of securing a level of financial freedom:

It is this link to where we [some ethnic minority communities] sit economically and because economically we don't sit in the top streams. We are in the community we are in the sort of lower pay band jobs ...gambling is attractive to because it feeds them hope of gaining something. (Patricia, Stakeholder (Probation))

Several participants described how the drive to do well and the desire to meet familial and wider societal expectations, can intersect with gambling and gambling-related harms, sometimes pushing individuals to take risks that lead to criminality. Kofi, for example, described how he had always wanted to 'do well' and felt under considerable pressure to meet family expectations and be considered 'successful':

I grew up with in that sense that wanting to have more than just the basic necessity of what you have. In prison it is a very important thing to show that you're doing well so I think people from the community are more susceptible because for the most part that is some of the behaviours that we take from the outside into prison... I have that same competitive [nature] ... to show that I'm doing well. (Kofi)

Linked to the aspirations and hope of financial independence that many participants had, some explained how their gambling had sometimes escalated at points when they were financially secure and doing well for themselves. For example, one of our lived experience participants, Dawn, described how she had been a business owner, homeowner and largely financially independent, before she began to gamble in a problematic way. Wendy similarly recalled how she owned several properties and was earning a good salary before her gambling became a problem for her. Joseph, who had been a professional athlete and earned a good income from a young age, recalled:

I was signed [to a professional sports team] and had a good income of £1,600 a week at that time for a kid my age... It was amazing. And what happened was I realised that well, now I can gamble even more, and before you knew when I was going to the betting shops ... the next the thing you know I had this sports car, and you know, things changed.
(Joseph)

Trauma and stress as pathways to (disordered) gambling

Mirroring previous research (Trebilcock, 2023), the data revealed how pathways into gambling (or disordered gambling and crime) were often precipitated by negative life events and/or traumatic experiences, including those relating to employment, relationships, mental and physical health, and migration status. The traumatic experiences disclosed by participants often appeared to increase the isolation they already experienced. However, gambling also appeared to offer people a means of distraction and escape from the wider (and intersecting) stresses in their lives. Wendy, for example, described how she used to hold a senior management role, but that significant stresses at work (mainly relating to racism and an incident of whistleblowing), were catalysts for her gambling at the time:

Because I whistle blew ... I suddenly found myself on a year's suspension. I was crying at night because I couldn't sleep. Every time I went to sleep the walls felt like they were coming in. I can remember saying to my partner ... that they were coming to get me, and I was walking up and down my street... I remember all these kinds of anxieties ... off the scale. Yeah. And to escape that I started to gamble. (Wendy)

Similarly, Anil recalled how his gambling had escalated following problems at work, and how these were exacerbated following the Covid-19 pandemic:

The end of 2019, just before the pandemic, I had a really bad time at work... I opened an account for the same details and got into old habits really quickly. So, every time that, with the compulsive gambler, you know, every time you relapse, and the harm is quicker and bigger. And then when the pandemic struck, I managed to get a bounce-back loan,

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and that's all gone. The bank paid me twice the same thing. Then yeah, and that's all gone again. (Anil)

Another participant, Dawn, recalled how gambling had previously helped her to cope with a number of stresses in her life:

The stress that kicked in, to be fair the gambling helped me whilst I was going through stress in 2020, at least ... five traumatic events, I had four, all at the same time and I just was gambling through, it took me to my own world so I didn't worry so much. (Dawn)

Returning to the significance of migration for people's trajectories into disordered gambling, it was apparent that stresses surrounding immigration status, could also lead people to gamble. For example, Faisal, a 44-year-old Bangladeshi man, had lived in the UK for three years before he began to gamble. He had originally moved to the UK to complete a university degree, but after failing to complete this, he no longer met the requirements of his visa. As his immigration status became problematic and he was not permitted to work, Faisal told us that he began to turn to gambling:

My immigration matter led me to gambling ... I cannot work, I cannot study, so this is key to my gambling... What can I do? I had nothing to do ... I am getting easy money [with gambling] and I am curious. (Faisal)

Elsewhere, Dawn explained how a serious work-related accident led to a deterioration in her physical and mental health, which in turn led to her losing her job. Following this, she then described how she became increasingly isolated at home, a point at which she increasingly turned to gambling:

In [year] when I had my accident ... I just started online gambling and things and going to the casino ... It escalated from there. (Dawn)

There was consensus across the data that gambling represented a way to forget about everyday strains. For Joseph, gambling was a release from major upheavals in his life, which included the end of his sporting career and tensions between him and members of his family:

There was just so many things happening in my head, but the main thing was escape. Escape. ... Of course, it's not right sooner or later, you're gonna have to face this. (Joseph)

The probation stakeholder understood why many people may turn to gambling as a means of escape:

Escapism. Escapism from the day-to-day ... you know all of the racism that they experience, all of the difficulties we experience in society and being able to strive or to provide for our family, or all of those restrictions

that we experience as a whole feeds in to that need to escape it, even if you know I will have my couple of hours, this is my couple of hours, this is where I come down from the realities and the judges of my day-to-day experiences. And that is where it starts, isn't it? (Patricia, Stakeholder (Probation))

This section has highlighted how gambling may be used to not only redress structural inequalities with the hope of securing a better financial future, but how gambling also offers a means by which to deal with the everyday stresses including those that follow from wider experiences of social exclusion, injustice, and racism.

Experiences of gambling-related harms in ethnic minority communities: Stories from the margin

The literature review revealed how the experiences of gambling and gambling-related harms among ethnic minority communities have received limited research attention. While there are clear concerns that the gambling-related harms experienced by ethnic minority communities may be more severe, there is also limited understanding about why and how people from ethnic minority communities experience gambling-related harms differently.

Lack of understanding about how gambling-related harms are experienced in ethnic minority communities

All stakeholders recognised that gambling, and gambling-related harms, were critical issues. While the stakeholders in this study were committed to understanding more about them, and where possible, ensuring that strategies and services were in place to reduce gambling-related harms, most also acknowledged that their expertise/understanding was not as developed as it needed to be. This said, many stakeholders also described some of the work they (or other organisations) were doing to try and develop understanding and raise awareness about these issues. One stakeholder from a national treatment and support service spoke of the work they were doing to try and improve their understanding of gambling, particularly in relation to ethnic minority communities, but because many people did not appear to come forward for treatment, they were often missing from current understanding. The public health stakeholder raised concerns about the lack of understanding about unmet needs within ethnic minority communities:

We don't have any robust data except for the fact that people are less likely to gamble from these communities but twice as likely to experience a level of harm. And what we also don't know is that the scale of harm that people experience. (Richard, Stakeholder (Director of Public Health))

The same stakeholder also reminded us of the challenges involved with capturing gambling-related harms because they were more 'diffuse' and harder to identify and measure, when compared to more traditional public

health issues like smoking tobacco:

The level of harm [with gambling], it is actually quite difficult to grapple with ... fags [cigarettes] is really, really easy ... you take a public health approach to lung cancer, it is called tobacco control and you know we have done that very successfully over the last 40 odd years. Gambling harms is a lot harder, it is more diffuse you know there is some financial harm, there is a whole bunch of social harm, erm, it is implicated in what, somewhere between five and twelve per cent suicides [referring to gambling-related suicides] there or thereabouts, but it is kind of spread across a whole bunch of stuff it is hard to kind of grapple with and it is hard to get a really clear measure on as well. (Richard, Stakeholder (Director of Public Health))

A spectrum of gambling-related harms

The analysis reveals how gambling-related harms experienced by ethnic minority communities are fluid and changing, as a result of the intersections between a variety of factors including ethnicity, religious beliefs, gender, class, migration histories, immigration status, familial relationships, cultural 'norms', community dynamics, and financial circumstances. This reflects the heterogeneity within and between ethnic minority communities, and how harms may be experienced in a multitude of ways. The data reveals that experiences of gambling-related harms are multi-dimensional, however, there are specific aspects of gambling-related harms that are particular to ethnic minority communities when compared to the harms reported in majority White populations.

As previously noted, for some ethnic minority communities, gambling is a culturally accepted 'norm' and something that is permissible. This can be seen in the narratives of some African Caribbean participants. This is juxtaposed against narratives from South Asian Muslim participants who described how there are cultural expectations of abstinence because gambling is viewed as 'haram', something that for moral and ethical reasons is forbidden. Irrespective of where individuals were situated along this continuum, they all reported harmful experiences related to their gambling.

The harms brought about by gambling were often characterised as all-encompassing, and as affecting all aspects of life. Gambling-related harms infiltrated all areas of participants' personal and professional lives, often with devastating effects, leaving participants with feelings of powerlessness and self-loathing. Reflecting on this, Dawn conveyed a powerful image of how gambling made her feel:

[Gambling] is like chucking yourself into a nice flowing river, and then you can't stop gambling just like the water is not stopping. So, you know, you can't stop but then you just end up dry on the bank or completely

drowning and I think most of us when you can't stop just completely drown because you could win and you think just one more, just one more. Twenty-four hours later you're still gambling when you've not had sleep. You know you're taking your phone, like, to the toilet when you should have gone to the toilet two hours before. You know you should have had a couple of coffees in between but it is like you just screwed you can't ... and it doesn't seem like your money online, I am not lying it is not real, it is monopoly money, you can't see it, you can't feel it, you think ... then when you get out of that world that is when you think no bread, got no milk ... You just feel guilty and think ... how stupid am I? (Dawn)

Dawn's account is a powerful illustration of how trapped many participants felt when they were gambling and how they struggled to manage the other aspects of their lives.

A culture of shame and stigmatising identity

The literature review illustrates how significant shame and stigma can surround gambling, especially when also linked to crime, and this was represented in the research. However, the analysis reveals how stigma and shame may be experienced differently by people from ethnic minority communities. In addition to concerns about letting family and friends down, many participants described the wider shame and stigma that exists at a community level.

Participant stories revealed how disordered gambling elicits feelings of shame and can often lead to the construction of a stigmatising and deviant identity. The shame and stigma involved with feelings of having let family, friends and in some circumstances, the wider community down, were presented as very difficult to deal with. These feelings of shame sometimes led people to take 'risks' that they might not have taken, were it not for their disordered gambling. Some undertook actions that were construed as dishonourable because they went against cultural and social norms and expectations, in order to gain additional resources for their gambling or in order to maintain secrecy. Barry described characteristics of this behaviour:

When the person with the problem starts to feel I can't cope with this anymore, it is becoming too unmanageable the lies aren't cutting it, the borrowing from this place to that place, to selling off things, all these things that gamblers will start to consider, you know I do use the word corrupt, I think it corrupts everything, it corrupts your moral compass, your beliefs, your attitudes, your decision making certainly and you know how that plays out within communities which, erm you know, I have already mentioned it gambling isn't permissible anyway, I think there is that additional layer of shame and wanting to keep the problem hidden. (Barry, Stakeholder (Gambling treatment and support service))

A culture of secrecy and silence

It is commonly acknowledged that a culture of secrecy and silence can surround the lives of those experiencing gambling-related harms. Participants identified a range of strategies used to keep their gambling secret. Mazz explained how his feelings of shame served to further isolate him from his family and community, which made it more difficult to seek support:

So, it was always a matter of me trying to hide it and hide. I couldn't talk about it, I hadn't talked about my addiction for at least about ten years, So I was, you know, in this dark, dark place, just gambling, gambling, gambling, and I was getting the same advice, which was pray, pray. Just stop! ... I wouldn't talk about it because I couldn't talk about it. I was worried. I was nervous, I was scared. You know what would happen in an Asian culture and household? As much as, thankfully my mom is incredibly open minded and she's the best person I've ever known, she's like the greatest and ... I couldn't even talk to my mom. So, you know it was always hidden for ten years at least. (Mazz)

This quote from Mazz captures some of the psychological harms that follow from trying to hide disordered gambling from other people. Mazz's account is also how the advice he had been given was not particularly effective and served to make it more difficult to talk to others about what he was experiencing. This need for secrecy and remaining silent about disordered gambling can also be found in the narrative of affected others and in their stories, they talk about their relationships with family, friends, and the wider community. For example, Charmaine indicated that she had found it difficult to talk about her son's gambling on the basis that she had been brought up in a culture where you are encouraged to keep things private and within the family. Moreover, as a Black woman, she expressed how she felt there was an expectation to be strong and in control of your personal affairs:

Culturally how I have been brought up is you keep things within the family because you don't want people thinking of you know, you have been a bad mum or didn't grow him [son] up properly, look at the way he is, you don't want people knowing your business, you don't want to give people anything to think about. So, all of those things sit at the back of my head so and even though I am aware that I can go out there and get help, the notion is ... not so much in Jamaica when I grew up there but like here it is like as a Black woman you have to be seen to be strong, you have to be seen to be coping. (Charmaine)

Charmaine reflected further in interview about how these cultural expectations and experiences meant that it took some time for her to reach out for support and advice about her son's gambling. She also spoke about how her faith and church family provided her with much needed support:

So, I have got my faith and as far as I am concerned, he [God] is my ... the supreme being so he will solve it for me and that is what I believe and that is what I hope. (Charmaine)

The data reveals how religious beliefs intersect with other cultural experiences and expectations, and how these impact on how gambling is viewed, and how support is sought. One participant of Muslim faith, Aaban, emphasised how gambling is forbidden in Islam and how this can lead to a high level of stigma and shame for those who transgress. The same participant, who now works in a gambling treatment and support service, captures the stigma attached to gambling in some communities, but also the consequences that may follow:

I had somebody take a photo of me in a betting shop and circulate it, you know, that is a level of stigma because of what I was wearing, the Islamic attire, you know, so that was the level of stigma and as a result of that I stopped kind of socialising in places where I would normally socialise because I was scared or I was frightened and afraid to just be seen again you know? ... If somebody gambles then it affects their marital prospects, it could affect their employment opportunities ... can really impact a person kind of getting help. (Aaban)

Families as protectors and enablers

Some participants spoke about how keeping gambling hidden was a means of protecting individuals with gambling-related harms from coming to the attention of others in the community. The analysis revealed how families can serve to protect against and mitigate gambling-related harms, particularly in relation to shame and stigma, but also serve to exacerbate these harms. While keeping gambling within the family can help to reduce associated stigma, this also serves to limit understanding of gambling and gambling-related harms, may prolong disordered gambling, and can also serve as a barrier to accessing professional support. Mazz, for example, described how his mum had tried to protect him by keeping his gambling hidden in order to 'keep up his appearances' within the family and wider community, but that this also enabled him to continue gambling, which became more disordered and ultimately resulted in more harm:

Consciously I wasn't aware of what was happening, and how it worked in terms of protecting and enabling. But you know the protection was ... I'm your mom and whatever I can do for you I'm gonna do for you ... unfortunately, she was ignorant, and she didn't know how to work it but it was all the enabling, because ... what my mom thought was, she was protecting me. But in fact, she was enabling me by not talking about it ... always trying to hide it away from family members. It was a typical kind of culture thing, which is ... what about the reputation, the status, and the disrespect ... Obviously, ... emotionally I was quite broken so I couldn't even argue what I needed to argue because ... the only ... thing that

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evolved [sic] around my life was mainly gambling. So, I didn't have the capacity to really just argue and debate about these kind of things at that point ... My mom was enabling me without realising it... And if this family member finds out ... or if strangers find out, you know, what are they gonna think? Are you ever gonna get a job? And, what people gonna say about you ... and about us as a family? ... And, as I say, my mom would always try to do everything she could, because my mom's an incredibly emotional person. (Mazz)

This quote provides a powerful illustration of how the desire to protect individual and family reputations may also serve to exacerbate harms. By keeping gambling hidden, individuals with disordered gambling are unable to access meaningful support. Moreover, the narrative given above highlights how these desires to protect may not only enable, but also reinforce the self-stigma and shame that is experienced by the person who has gambled. They are reminded by those closest to them that gambling is a shameful activity that must be hidden from view.

Gambling-related harms from the margins: A site of social isolation and exclusion

The analysis reveals how gambling-related harms within ethnic minority communities can only be understood in the context of people's wider experiences of marginalisation. The harms that follow from gambling operate in tandem with the wider structural constraints that people from ethnic minority communities already experience. Taken together, disordered gambling and the harms that follow have the potential to push people to the margins of their families, friendship groups, and communities. For example, Faisal highlighted how he had no immediate family in the UK and that his precarious immigration status meant he had no recall of public funds, public services nor was he able to work. The escalation of his gambling also led him to become increasingly isolated from friends because they often deemed him as untrustworthy because of his gambling. He recalled: *"they all ignore me. I am rejected by them."* Faisal reported that this isolation also extended to others in the local Bangladeshi community. Participants with a lack of social support found themselves further excluded because of their gambling, leading them to live with extreme shame. Disordered gambling can be a 'social death' leading to social isolation and exclusion that effects all areas of an individual's life. Aaban described potential personal consequences stemming from being seen to go against community norms:

Once a person is doing something which is against the grain or the norm in the community, then what tends to happen is they feel isolated because they are engaging in a behaviour that is prohibited or frowned upon or not the norm. (Aaban)

Social exclusion and shame may serve to exacerbate existing vulnerabilities and lead individuals to come to the attention of the criminal justice system and/or put themselves in risky situations. For example, Wendy shared a story about leaving a casino in the early hours of the morning after an altercation with her partner about her gambling. Although being alone and walking for 26 miles in the middle of the night left her very vulnerable, this was not something she considered at the time:

I've said I'm not going home with you ... I was arguing ... and then he went and got the car, tried to park the car next to me. Anyway, eventually he left me, and I walked 26 miles in some flip flops ... I got home something like midday, I can remember. My eyes were burning into back to my head and I slept for days, and then I will be thinking about going back and doing it [gambling] again. (Wendy)

Relationship harms

Across the data men and women shared stories of how gambling had impacted on their relationships with family and friends. The data from women in the study offers additional insights about the importance of an intersectional approach. Two study participants identified as affected others, as women whose lives had been negatively affected by the gambling of a male family member. Charmaine had been affected by her son's gambling, and the other, Danica, had been affected by her father's gambling. Danica shared how her dad had gambled for the majority of her life and how this had impacted her as a child, growing up, and as an adult. She recalled how her father's gambling led to the breakdown of her parents' marriage and how in the years that followed, she and her dad did not have a relationship:

My dad always gambled, but it was always a strain, and it was always gonna be a strain on his relationship with his children and I guess his relationship with my mum. And then when my parents split up, my dad couldn't cope and that's when his gambling addiction got to a point where it could ... no longer be sustained, where he actually lost everything ... with the lies, the trust, lots of things happened, and it was difficult to forgive him and difficult to rebuild that relationship, when he stopped gambling even. (Danica, Stakeholder (Gambling treatment and support service) and lived experience as an affected other)

Charmaine shared the challenges and emotional labour involved with supporting her son with his gambling-related harm and diagnosis of schizophrenia:

It has been really hard to be honest. I am looking at this person [her son] in a goldfish bowl that I don't recognise, it has been really hard and it is as if I am going through a grieving process because I am grieving about the fact that he has got a mental health illness and he will never fulfil

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his real potential, you know, and I know how bright he used to be. I am grieving about the fact that he has got a gambling addiction and doesn't seem to want to help. I am grieving about the fact that he is financially abusing the family and the impact that it has on his sister and the impact on my mum, I am grieving about the fact that we won't always be here and how do I get him to see, you know, he might be schizophrenic but he knows right from wrong and so I have got all of that pressure on me. I have also got pressure from work; everybody comes to me and so I have got all of that pressure, but I haven't been feeling well myself, but I haven't been able to share. (Charmaine)

Barry, who works in gambling-related support services, also highlighted how relationship harms are a site of intersecting factors in which issues such as parenthood, ethnicity, culture, and religion can play out. He reminded us how gambling could not only lead to relationship breakdown between intimate partners, but also have a significant impact on other family members including young children:

We had other families that had broken down due to gambling and again there was a big disruption in terms of the marriage. There was one issue I particularly remember where the husband had ... we have started to provide support to the family and one of the things we looked to do with them is to place safeguards over the family income so the wife had decided or taken on a responsibility, I should say, to keep the bank cards and try and run the family finances and unfortunately the husband started to get cravings and urges to gamble and this culminated in him putting a noose around his neck, threatening to commit suicide if he wasn't given the money to gamble and, you know, this was in front of the wife and the son, the son I think was about five or six so, you know, again this is a demonstration that gambling is, you know, it holds no prisoners when it comes to the type of problems and issues it impacts. (Barry, Stakeholder (Gambling treatment and support service))

Health-related harms

The literature review highlights how disparities shape ethnic minorities experiences of health, health care and impacts subjective well-being. Most participants spoke about the impact that gambling had had on their physical and mental health. Both Anil and Mazz shared how their gambling and the guilt they felt about the wider impacts that it had on their families, led them to consider ending their lives. Mazz recalled: "I was very close to committing suicide." The complex relationship between poor mental and physical health alongside disordered gambling is captured by the following quote from Dawn:

I used to be really fit and go on my treadmill every morning, because I have just been sitting here doing nothing. I have had so many health issues and my asthma has come back, I haven't had that since I was

a child, arthritis, sitting doing nothing, and ... stress. it [gambling] has not helped with my health, it has not helped ... when you think about gambling all day. (Dawn)

Barry provides further insight about the wide-ranging health implications from his work supporting people with gambling-related harms over several years:

I have worked with clients where the gambling has exacerbated schizophrenia, bipolar, it has made issues around paranoia worse, so that mental stress bleeds into other parts of their life. Erm physical, you know, gamblers get to the point where they are finding it difficult to feed themselves properly, lots of issues around high blood pressure and all of the impacts you would expect when somebody is not keeping a very good diet but I think there is definitely a potential underlying harms that can sort of be triggered, blood pressure, even things like diabetes ... it could be anything really and emotional definitely ... lack of emotional management and when I say that, what I mean is emotional gamblers that ... way that you're living which isn't concordant to what is going on underneath the surface. (Barry, Stakeholder (Gambling treatment and support service))

Financial and material harms

Both participants who had gambled and affected others all reported a range of financial and material harms that followed from the disordered gambling in their lives. These included day-to-day financial difficulties, the loss of homes and businesses, having to take out loans from both formal and informal lenders, debt, needing to borrow from family and friends, difficulties paying rent, and homelessness following the loss of housing. In order to pay a gambling debt, Omar rented one of his properties to a third party who then used it for cultivating drugs. The majority of Omar's gambling was carried out in illegal settings, and he shared how he had witnessed people losing large amounts of money and assets to fund gambling debts:

I know a guy that lost his off-license and his whole premise like that. He had a big car park at the front which was a car wash and over a game of cards, he lost everything in five minutes. Handed the keys over and everything must have been at least half a million pounds worth of property and land. (Omar)

Anil shared how his wages were unable to cover the amount of money he spent on gambling and if his wife's parents had not helped them out financially, they would have lost the family home. Chris described how gambling led to losing his home and drew attention to the intersection of gambling and homelessness:

I have had my house repossessed. If I would have stayed with my partner, the chances are that ... I don't know, obviously my daughter, my

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ex would have been homeless etc. I was fortunate that when I had my house repossessed that I have got a big family so I was OK to stay with somebody but that is not the case for many who are just on their own and they may get evicted from a council flat or get their house repossessed and then on the streets. (Chris, Stakeholder (Gambling treatment and support service) with lived experience of gambling)

The affected others in our study also recalled how the gambling of people close to them caused significant financial harms to them as well. For example, Charmaine explained how repeatedly lending money to her son meant that she was often left without money herself:

I remember the first time it happened and I gave him £40, I lent him £40 and instead of going to buy food, he went and gambled the £40 and then came back to the house wanting more money again and I said to him I am not giving you any more money to go and throw in the bookies because I have had to sacrifice that to help you out and at that time I didn't have this job and I was struggling myself ... You know I was struggling myself, so it was really hard and then this became like a regular pattern. (Charmaine)

Another issue is that of people obtaining loans from unofficial lenders such as loan sharks, who may target vulnerable gamblers. Jane, MLRO (Money Laundering Reporting Officer) from a land-based casino explained:

Loan sharks would hang around casinos knowing someone's just lost their money, offer them, you know, oh I will give you £2,000 now, and we will talk about terms later and then I mean one time we had ... a known loan shark walk in to the casino and three people ran out and one guy ... lost a shoe and just carried on running down the road it was that bad. (Jane)

Participant views about the gambling industry

The majority of participants called for better public policies and services to try and mitigate gambling-related harms. Many participants were sceptical and suspicious of how gambling is regulated in the UK, highlighting how they felt the main priorities were for industry to maximise profits, and for the government to benefit from higher taxes paid by the industry. The health and well-being of individuals, families, and communities were felt to be secondary concerns for the gambling industry and UK government. Farhad described the devastating impact that gambling had had on his life and while he accepted personal responsibility for the crimes he had committed, he felt the government needed to do more to support people:

It is not a good experience. It is horrible. What you do is, you spend the money and ... you go hungry, when you spend the money or, lying

... about lot of things. Lying to people you love; it is the daft things. Gambling it is mental you know that [referring to the gambling industry]. It is like a drug obsession or something ... In this country, if you want to go away [stop gambling] all the bookies, what is the point? This country has got to do something for the number of compulsive gamblers ... the government should start to do things because ... we can't do it for us, ourselves, I tried to. (Farhad)

For Farhad, the size of the gambling industry and the tax generated by it for the government, meant that he felt things were unlikely to change:

The seven billion the government got from gambling, taxes, yes taxes... In England [it] is all about money ... we can help maybe children but ... they don't want to do nothing [for others], they only want the money. (Farhad)

Preventative strategies in relation to the regulation of the gambling industry were largely regarded with a degree of scepticism or as largely ineffective. Anil, for example, shared how despite having used the facilities available to exclude himself from online gambling sites, he was still able to apply for an account using his details. Participants also expressed concerns about the invisibility of, and the lack of understanding about, ethnic minority communities in gambling policy and preventive measures. Many felt that this meant that policies and practices in relation to gambling overlooked their needs. Participants shared concerns about potential limitations surrounding affordability proposals in the long awaited and (at the time of writing) yet to be published White Paper on the basis that they were unlikely to protect certain communities. Wendy expressed that:

How is the Gambling Commission gonna have to think about affordability for different groups of people? Affordability and poverty because, when you're poor and you're in the lower-class job and you haven't got opportunities to ... make megabucks. Then losing £10 is equivalent to losing 10 grand to some people. (Wendy)

Key points

- Study participants reported a number of pathways into gambling. Some described growing up around gambling, while others highlighted how gambling may be forbidden within their culture. Those who had migrated to the UK highlighted how gambling could be involved with processes of acculturation. Many participants highlighted how gambling could offer a means of hope (in relation to addressing socio-economic disadvantage) and escapism from their wider lives. Many participants also revealed how their pathway into gambling was related to their wider experiences of trauma and stress.
- Many participants drew attention to the accessibility of gambling within ethnic minority communities. Some viewed gambling as a normalised response to structural, social, and economic disadvantage.
- There is a limited understanding about how gambling-related harms are experienced within ethnic minority communities and how gambling can further compound the structural and economic disadvantage felt by ethnic minority communities.
- People from ethnic minority communities experience a wide range of gambling-related harms, including cultural harms. These may be compounded by the additional shame and stigma that may surround gambling in certain communities.
- Gambling can exacerbate social isolation and exclusion for ethnic minority communities.
- Gambling-related harms can be compounded by a culture of secrecy and silence within some families who may seek to protect the gambler (and wider family) from the shame and stigma associated with gambling. The research highlights how the role of familial support can be double-edged. Families can be protective and well-intentioned, but also have the potential to enable further gambling and may serve to delay access to professional support.
- Faith plays a key role in the lives of many people from ethnic minority communities, and while this can be a source of support, it may also serve as a barrier to accessing support.
- Overall, participants had a pessimistic view of the gambling industry and called for changes in policies and services to reduce gambling-related harms.

6. Findings III: Ethnic minority communities, gambling, crime, and the criminal justice system

Introduction

Little is known about how crime, gambling and gambling-related harms intersect within ethnic minority communities. This chapter explores participants' experiences of gambling, crime, and the criminal justice system. It explores a diverse range of circumstances where gambling and crime can co-exist, as well as the role the criminal justice system may play in preventing, supporting abstinence from, and the facilitation of gambling.

Experiences of crime

Ten participants (all male) had come to the attention of the criminal justice system as a result of a crime linked to gambling. Eight men were in prison when they participated in the study (Farhad, Kofi, Rodrigo, Dean, Rory, Adeel, James, and Atif), while two were in the community following release from prison (Mazz, Omar). While data was not collected about people's sentence length or specific offences, the majority of participants in prison indicated that this was not their first custodial sentence. The men were aged between 20 and 59 and were ethnically diverse, with varied migration histories. All the men related their imprisonment to their gambling. They reported a variety of offences relating to their gambling, including theft, fraud, street robbery, robbery from a bookmakers, public disorder and drug-related crimes. Their accounts revealed a complex relationship between offending behaviour and gambling, something that was also supported in stakeholder interview data, where a broader range of offending that may be related to gambling was identified.

Of the two men in the community post-release, Mazz indicated that he had served eleven months of a two-year custodial sentence for fraud before being released on a four-month HDC (Home Detention Curfew). Mazz explained how he had a history of stealing from family members to support his gambling and had then committed fraud against an online company, which led to his imprisonment:

So, it was [name of company]. I defrauded some customers' accounts and also some people I knew. (Mazz)

Omar, also in the community post-imprisonment, had been sentenced to three and a half years for cultivation of a class B drug. After serving 14 months in custody, he was released on a four-month HDC. He explained how he came to be convicted, illustrating the link between gambling and crime:

I had a debt with gambling. I needed to get some money to pay the debt off and to survive, and this guy made me an offer to rent a bit of a yard [property] that I had, which I agreed. He boxed it all up. I didn't want to know what he was doing. I didn't care... He was paying me the rent. He was going to give me a lump sum at the end of six months, which was really agreement and he carried on. He was there for three months. He paid the rent and then ... I found out that he was growing [cannabis]. I sort of had my suspicion. Basically, someone had tipped off the police. They've broken into the yard and found the ground. And then I got arrested [for cultivation of a Class B drug]. (Omar)

Hidden harms: Unreported crime

While ten participants had been convicted of a crime (which they linked to gambling), many others reported having committed crimes that had not been reported, or that they had not been prosecuted for. Indeed, the majority of participants who reported histories of disordered gambling, also reported situations in which they had accessed money under false pretences, stolen money, or committed another form of financial or acquisitive crime. This most often involved stealing from a family member or friend, their place of work or from services/organisations in their local community. Mazz, for example, recounted how he had stolen from those around him on multiple occasions:

I harmed, you know, tons of people around me. If not everyone really... I stole from friends, I stole from family, and I stole from partners. You know, I used my wages every single day, every single month that would come in, you know. That would be gone within a day or two max. (Mazz)

Omar, who disclosed regularly participating in illegal gambling, emphasised how people had to get their money from sources that were sometimes illegal. Discussing what happens if someone is unable to pay a gambling debt, Omar explained how non-payment was not an option and so you would do what was necessary. This could mean engaging in risk-taking behaviour to ensure your debt was paid:

I mean, normally you're given a couple of weeks to regret it because it's just, if you're gambling regular that means you're getting money from somewhere. (Omar)

Those who had not been convicted of a crime related to gambling often highlighted the risks they would take in order to facilitate their gambling, and that they were lucky not to have been prosecuted. Wendy, for example, explained:

I was living a very risky lifestyle and I think in gambling addiction, it is a very risky existence... I don't know if I knew the risks or cared about the

risks, I don't know... I would do all sorts just for the gamble ... in terms of criminality I didn't get ... I haven't been caught. (Wendy)

Affected others also spoke about the ways in which the gambling of people close to them had generated harms relating to crime and the criminal justice system. Charmaine, for example, recalled the following story:

So, it was my mum's birthday, and I bought her a television for her bedroom because my mum is 85 so she can go up and be comfortable in her bed. He came to ... my mum's house and he went upstairs, took the brand-new television out of my mum's room, went down the road and sold it for £40 just to get money to gamble and I had bought that television for £200 ... I just got to the point where I have given up. (Charmaine)

Domestic abuse, child neglect, and gambling

The probation stakeholder explained how disordered gambling had often cropped up in her work with victims of crime, particularly in relation to domestic violence. Based on her experience, she believed that gambling could often generate significant tensions, abuse, and sometimes violence, within domestic spaces:

Sometimes that premise started ... he was gambling, and it caused arguments in the house which had then led on to physical assaults and this has been happening over many years, erm, and we're now at the point where it has reached a crescendo and the assault has been committed. (Patricia, Stakeholder (Probation))

A different stakeholder, who provides services to people struggling with gambling-related harms, recalled a very difficult case with a Muslim woman with a gambling addiction:

I always remember one quite complex case with a young lady who had split from her husband, and you know obviously in the first place that was quite frowned upon in the community but then secondly, she had developed a gambling issue and has started going to the big casino ... unfortunately she had taken a decision to go at night-time and leave her children unattended and her children were quite young. So, unfortunately social services got wind of this, and, you know, they went to the property to investigate, she was at the casino, the children were in there by themselves, so her children got taken into care, you know, so the type of issues we were coming across were really complex. (Barry, Stakeholder (Gambling treatment and support service) with lived experience of gambling)

Drugs, county lines, and gambling

Chris, a lived experience participant who had previously committed fraud to fund his gambling and now works in gambling-related services, felt that the links between gambling and crime needed further exploration. Based on his work in this space, he expressed concerns that there was a lack of awareness about how the illegal drug economy was sometimes linked to gambling:

Whether it is those guys that are running drugs etc. that have got involved in gambling and paying gambling debts and then having to commit crime to pay those gambling debts ... [the police] are aware certain things are happening, so I think on a broader scale of crime in gambling. I think it is probably the tip of the iceberg, there is a bigger, bigger picture with that I think, there is a lot more going on with crime and gambling I think that has just not been explored fully yet. (Chris, Stakeholder (Gambling treatment and support service) with lived experience of gambling)

Chris went on to highlight how he believed unexplored links between gambling, crime, drugs and county lines, may have a disproportionate impact on young men from ethnic minority groups:

There must be some kind of link between ... the county lines and the gambling with young people and, you know, not all but predominately a lot of these young guys are from the Caribbean community and other ethnic minority groups... They are all on [gambling] apps and all that, some of them are involved in ... crime, put it that way, street whatever it is. But they are all on the gambling apps, they are always you know talking about gambling ... there will be a link between, you know, the county lines, the drugs, the street, and gambling. (Chris)

Youth violence and gambling

Three stakeholders (Chris, Patricia, Danica) expressed concern about how young people are particularly vulnerable to gambling-related harms. Patricia, the probation stakeholder, observed how many young people were attracted to and were going to casinos. Moreover, she noted that many activities that are gambling are not necessarily recognised as gambling, and this meant that many young people may not recognise the potential harms or risk factors, consequently leaving them with a higher likelihood of developing disordered gambling. Patricia also reminded us of the consequences that follow from (young) people accumulating gambling-related debts that they cannot afford to pay back:

You know the young people, they are picking up and they start saying "yes man, come on, come make some quick money", they can make some quick money. And before you know it, they are also into it [gambling]. Then before you know it, they are borrowing some money from their friend, because yes, I just need ... and then take the money

straight in to the bookie or they have gone to some sort of, you know, they have gambled it away and the next thing you know they owe the person. The young people now they are not like in our parents' day, the young people now they are going to kill you for their money. So, it has significant impact, not just between DV [domestic violence] relationships, man and wife or partner and partner but between children and parents and between siblings and siblings. It has far-reaching effects. (Patricia, Stakeholder (Probation))

Gambling and other addictions

Several participants disclosed histories of drinking and using illicit substances, with many also indicating that they had struggled with these in terms of addiction. For example, Barry told us how his gambling losses had often led to using drugs and alcohol excessively, and also to commit crime:

And you know I have got involved with things I shouldn't have got involved with, credit cards and other things and then I got caught and it was the best thing that ever happened to me because without getting caught, I mean I was also involved with drugs, I was involved with alcohol, I wouldn't have lived past 40 guaranteed so it saved my life really getting caught. (Barry, Stakeholder (Gambling treatment and support service) with lived experience of gambling)

Farhad disclosed a long history of substance use and emphasised how he felt his disordered gambling to have been far more challenging than other 'addictions'. He attributed this partly to the increased accessibility of gambling as described earlier in the report:

I am telling you for me gambling is more [addictive] than ... I think with drugs. I tried all the drugs. I tell you ... nothing, nothing is more addictive than gambling. (Farhad)

Stakeholders recognised the possible links between disordered gambling, drinking and substance misuse and the implications of this for offending and the supervision of offenders in the community. The probation stakeholder, told us:

You usually find as well that gambling walks with alcoholism, it walks with drink, so it tends to append itself to other vices. So, when you think of the impact that has, it is very rarely that it is just gambling alone. (Patricia, Stakeholder (Probation))

Gambling and threats of deportation

Faisal has now lived in the UK for eleven years. In the last four years he has been in recovery from gambling, and now works as a volunteer for a gambling charity. He recalled many occasions where he had been sent money from his family in Bangladesh to pay for legal support to challenge his immigration status, but instead used this money to gamble. Because of the stigma attached to gambling and his immigration status, Faisal tried to hide his gambling from those around him and recalls how it took more than two and a half years to get support with his gambling. As a result of his immigration status, he currently has no recourse to public funds, and cannot work or study. After his interview for the research, Faisal contacted us to tell us that his latest appeal had been rejected by the courts. Faisal remains very concerned about returning to Bangladesh as a man in recovery from disordered gambling, because of the lack of treatment and support relating to gambling and the stigma attached.

Farhad, a married Iranian man with children, who moved to the UK approximately ten years ago, shared that he was now serving his fourth prison sentence “for stupid things”, most often related to his gambling in the community. Further discussions revealed that he had now spent approximately seven years in prison for acquisitive crimes linked to his gambling. He also told us how he was at risk of being deported after his prison sentence:

They are going to deport me because I have a lot of crimes in short time.
(Farhad)

In contrast to Faisal who is very concerned about being deported to Bangladesh, Farhad felt that his deportation from the UK may be something that would help him to stop gambling, because he perceived there would be fewer opportunities and temptations to gamble in Iran.

Lack of understanding and support among the police and criminal courts

The participants' stories reveal how they felt there was limited or no understanding of gambling and gambling-related harms at any point of the criminal justice system. Participants noted that they had never been screened in relation to their gambling and had never been directed to any gambling-related support via the criminal justice system. The majority of participants reported a lack of police understanding about the relationship of their crime to their disordered gambling. Participants recalled how their gambling was not recorded or taken into consideration by the police when they were arrested or charged. For example, Mazz recalled how his gambling and criminal activity had escalated to a point where he felt desperate and could no longer bear the guilt. This led to him handing himself into the police, where he hoped they may be able to help him in some way:

I ended up handing myself into the police. Basically, just telling them, you know, I've stolen tons of money and, you know, I need to basically report myself. And they didn't take it [gambling] seriously ... But you know I was I was a broken man ... I was [a] walking corpse, like I had a no emotion in me. I had nothing in me. (Mazz)

Although Mazz felt that one police officer appeared to have some understanding of the links between gambling and crime (because of his own lived experiences rather than training), he was not provided with any support for his gambling at this stage of the criminal justice system, when he most needed it:

And I told him, you know, the fact that it's all based around gambling, the bad cop, you know, really kind of related to that, because he had a family member who [had] gambled ... I thought, you know, if I can reach out someone and that be the police, hopefully they'll give me that help ... which unfortunately they didn't, cause they just don't care for gambling. (Mazz)

Omar and Adeel also expressed how they felt the police were not interested in the role that gambling may have played in the offence they were suspected of. Omar recalled: "They were more interested in arresting me and charging me with cultivation." Adeel believed that the police "Don't understand and training was needed." However, he perceived training would not make up for the negative treatment foreign nationals received at the hands of the police:

I don't think the police, understand ... and I am a foreign national and I have seen how the system works as well and I just feel like the police they have to have more training about [gambling] ... but they don't get to use discretion. I have seen loads of people in prison that they are not supposed to be ... they are supposed to be somewhere else ... because prison you get to [gamble] more ... I think the police are supposed to get similar kind of questions because they arrest. I think it is another chance. (Adeel)

This lack of recognition continued through to sentencing where gambling was not considered as a mitigating factor. Several participants spoke about their experiences of the criminal courts in relation to a gambling-related offence. As with the police, most felt that the courts had a very limited understanding of gambling and its relevance to the offence for which they were being prosecuted. Adeel, a man in prison following a gambling-related offence, told us:

My sentence is my sentence. The judge doesn't even know what is gambling. Listen I would say I have got an addiction; this is to fund the addiction and she said what is gambling addiction? (Adeel)

Lack of understanding and support under criminal justice sentence

Many of the men in sample were sent to prison for an offence related to gambling. Several participants recalled how they had been screened in relation to alcohol and drug use, but how there was nothing equivalent in relation to gambling. One stakeholder, who holds a senior position within the Prison Service, highlighted this disparity and the problems that may follow:

It is a question we ask; we ask when somebody comes into reception, do you have an issue with drugs? Do you have an issue with alcohol? Are you alcohol dependant? Are you drug dependant? We ask those questions we don't ask a question about gambling and of course, you know, of the limited bit of experience I have got working within drugs treatments stuff ... you don't switch off your drugs habit when you come in to prison. So why would you switch off your gambling habit when you came into prison? Because you know if we accept and understand that it is an addiction like an alcohol dependency, how on earth does that person manage that within themselves? What does that look like? ... I bet you this, which then could lead into a whole host of really negative behaviours ... [but] ... if you asked me and said, how do you think that translates into negative behaviour in prison? I have no idea. (Peter, Stakeholder (Senior Manager from HM Prison Service))

Returning to Mazz, who had handed himself into the police because of desperately wanting help with his gambling, it was apparent that the lack of signposting and support from prison and probation staff, continued throughout his sentence:

I had one [counselling] session [before] I was released, and this is meant to be a prison ... an open prison, about getting people outside and stuff. I was the longest within that prison, second longest, no I was the longest [person serving a sentence in the prison] towards the end of my time that hadn't gone on one day release, hadn't gone on one overnight release. I was the longest in the prison, because my ... OS [Offender Supervisor] literally said to me the words, just do your time and go... And it's like, yeah, my prison sentence is not that long. But if you're meant to be a rehab prison, why are you not helping me, I'm pleading to you, I'm asking you for the help, you know, not many prisoners do that and I'm asking you for the help, but they just didn't care. (Mazz)

A similar experience was reported by Omar, who despite having served several custodial sentences, had neither been asked about gambling, nor offered support with it:

I was at the time frustrated in the sense that the reason I was there [in prison] was because of the gambling. And yeah, really, I hadn't really had no help ... I've never got no help towards it. (Omar)

One stakeholder, the senior prison manager, acknowledged how he could see how crime and gambling were inevitably related to one another for some people in custody, but that in over 20 years of working in the Prison Service, it was an issue that had been largely overlooked:

I am actually really embarrassed about the fact that with 20 years of experience, I have never genuinely thought about gambling as an addiction in the sense that we do with alcohol and drugs and yet I have been bombarded by ... you know the bingo adverts you see on the TV, the betting, you know the betting sites and stuff like that and the flashes of you know ... and intellectually absolutely understand the issues that some people would have in society around ... I have come across people in my personal life who have lost everything because of an addiction to gambling but never have I had this cognition in my head to transfer that into a prison environment. Because of course in a prison environment it is not a thing is it, because someone can't get access to the internet or play online bingo, so it is not a thing so therefore we don't do it but I as I say I am embarrassed to think about the fact that we will have people that will come in to our prisons as a result of criminality born in the same way that we can see ... I have never had a conversation with anybody about acquisitive crime to feed a gambling habit. (Peter, Stakeholder (Senior Manager from HM Prison Service))

Gambling in prison

Time is a feature of prison life that can lead to boredom. Omar highlighted how gambling in prison was an activity that helped to 'kill' time and one that staff would not restrict, providing it did not lead to problematic behaviour:

Anytime we could get a break, or we had a little bit of time, there'd be a select few of us who sit down. Maybe three times a day, sometimes and play cards and gamble. It was £2 a game, but there'd be ten people, so you could earn £20 in one sitting, which can take ten minutes. So, there were weeks where, you know, I'd win, there were weeks where I'd lose but yes there was gambling ... No, I think because there was no real trouble, like no one would be beaten up for not paying at the end of the week, so they [prison staff] just let it go. (Omar)

The Prison Service stakeholder acknowledged that gambling is prohibited in prison but social activities such as playing cards or dominoes were important social activities that helped to pass time in prison. He highlighted the challenge for the Prison Service was differentiating between a social activity and

gambling. This made it exceedingly difficult to know what rules and regulations to put in place around gambling to reduce the risks involved:

Gambling ... cards, dominos and all of those things are also social activities. You can imagine in prison you want to be able to do things socially with others to pass the time. So, I suppose those are some of the complexities, aren't they? It is you know there are activities that are social activities and that fine line ... Who knows what the underplay with all of that stuff is because of course we don't know that, of course as well in the Afro-Caribbean community there is a very big culture around dominos and, you know, erm, again I know how to play dominos, but I don't know what the rules and regulations around it would be, I don't know if that is a gambling thing or not a gambling thing? (Peter, Stakeholder (Senior Manager from HM Prison Service))

Some of the men in prison raised concerns about how people with gambling histories may be more inclined to take risks in a prison environment, and that this could lead to more harms. This was either because some people may be particularly vulnerable to accruing gambling debts, or as Dean, a participant in prison following a gambling-related offence, highlighted, because some people may be more willing than others to take risks in relation to the informal prison economy, which could leave them at risk of further deviance or victimisation:

Mostly since I've been here in prison with the same situation about the caps and the borrowing and stuff like that, it seems like a lot of people are willing to take more risks. They don't care about the danger level of stuff, you know, they would just do anything out of a whim like. I will pay you back or do this or do that? (Dean)

The potential for prison to disrupt disordered gambling

The data also pointed to the potential for prison to serve as a 'safety net' because incarceration, by its very nature, served to disrupt disordered gambling. While many participants reported how gambling takes place in custodial environments, one man felt that being in prison could be positive for helping people to stop gambling (as they would have done in the community) and therefore reduced the financial harms involved:

We are lucky! we are lucky we are here because many people, many the people sell their house and sell ... It is simple for me ... prison can help me stop my gambling because there is no bookie [here]. (Farhad)

While participants most often identified the lack of support in prison in relation to gambling, Omar recalled an informal conversation with a prison officer about his gambling. He recalled how it had been an important wake-up call and led

to him reflect on how his gambling had led to his imprisonment:

There was one actual officer that was alright. And he pulled me aside and he did bring up the reason I had been sentenced and everything that had been bought up in court. And he made me aware of thinking about betting 'cause it doesn't look good, 'cause I'm thinking it's just day-to-day, bird killing. Yeah, killing time. Whereas, you know this officer ... he saw a bigger picture and it was, it was true, you know, what put me in there was gambling and I was stupid. (Omar)

Missed opportunities and a lack of support on release

Gambling had been a key driver leading to the men's criminal convictions. Hence, the lack of support in prison was viewed as a missed opportunity to provide rehabilitation and support to reduce the likelihood of re-offending. On release, Omar and Mazz shared how this lack of support continued. Mazz recalled how despite requesting support with his gambling from probation, this was not initially forthcoming. Within a short period of time, he started to gamble, the loss much greater than prior to his time in prison. He felt that he was let down when he most needed the support. This led to Mazz and his family having to leave his family home and placed him at risk of being homelessness:

And I then contact my probation officer saying, you know, can we have a meeting ... It'd be good to catch up and see where I'm at and so on and what you can do for me. Eventually I got an appointment and then I hadn't heard from her after that for about two months. I then, unfortunately, went down the route of gambling a lot again, and started stealing thousands of pounds from my mom and I called her office, saying, please, please can you get me some support ... I need your help for my gambling because it's destroying not only me again, but people around me yet again. I'm about to go homeless, please, can you call me. She didn't call me. I have not heard from her since, not once did I hear from her. And you know I could be dead, could be homeless, could be back in prison. I could be, you know, the middle of my addiction yet again, not a single email. (Mazz)

The men who took part in the focus groups in prison discussed the myriad opportunities to gamble (in prison and the community) and of the challenges they faced avoiding gambling establishments on release. This presented a barrier to recovery and rehabilitation and did not help to prevent crime and/or reduce recidivism. Farhad shared that:

For me who never gambled in my country because it is not [permitted] ... well in England ... I want to go Sainsbury's or Tesco to buy something ... in this area, and four gambling shops. I have never visited Sainsbury's. What is the thing you know? Whenever you go to buy something, you are

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never back home ... Ten gambling shops from here ... I have a problem. If I don't have money 100% now crime. (Farhad)

Key points

- Participants disclosed having committed a range of offences relating to gambling, including financial crimes and those relating to public disorder and illegal drugs. Gambling not only led to people committing crime; involvement with criminality also served to encourage people to gamble.
- There are also many hidden harms related to gambling that are experienced by ethnic minority communities, including:
 - Unreported crimes (theft from family members etc)
 - Domestic abuse
 - Involvement in organised crime (through the illicit drug economy)
 - Youth violence
 - Associated addictions (drugs and alcohol)
 - Legal issues relating to immigration
- Many of the participants found that the criminal justice system did not understand gambling or appear to have adequate provision of support. At all stages (i.e., arrest, prosecution, sentencing and under sentence) participants reported that their gambling was not adequately considered and there was no meaningful provision of support.
- Participants highlighted how the prison environment could serve to limit people's ability to gamble, but also could pose a risk since gambling activity still takes place within the custodial environment.
- There is a lack of awareness/support in probation/community services, which are critical services for desistance, recovery, and resettlement.

7. Findings IV: Ethnic minority communities, gambling, treatment, and support

Introduction

This section explores the journeys into recovery experienced by the participants in this study, how accessible the services are to ethnic minority communities, and the challenges moving forward for engaging minority communities with appropriate support and treatment services.

Journeys into recovery

Recovery is unique to each individual. For those who shared their recovery journey, several themes emerged. All participants in recovery felt that it was a personal journey, but also emphasised the importance of having access to the right support and treatment. Participants reported accessing both formal and informal support to help with their recovery journeys and, for the majority, the decision to access treatment and/or support was often precipitated by a crisis point in their lives. The data highlights that while a trigger for the crisis was often related to a substantial financial loss, the personal and social ramifications stemming from the loss played a key role in how this was expressed and experienced. Participants shared stories of how their gambling (or the harms related to it) had reached the point of crisis, when they then began to seek out treatment and support. They described feeling guilt, remorse, and a lack of self-worth, and being desperate to live a life free of gambling. These were all key triggers for their recovery journeys. Anil described just how desperate his situation with gambling had become, and how this had led him to attempt suicide:

I was rock bottom, I tried to take my own life twice, and it wasn't about the money that time. It's just that, cause, you know you have to go through that cycle again. All those broken promises and this and that. Yeah. But then I said, like, what was missing in the previous time. I wasn't putting myself ... I wasn't sharing my experience and letting people around me know, cause I always had that, you know, guilt [and] stigma. (Anil)

For Wendy, defaulting on the mortgages attached to two of her properties helped her to realise how she needed to make significant changes to her life:

I just felt a bit busted and disgusted with myself and I just thought I can't do another day of this lifestyle. (Wendy)

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Similarly, Dawn recalled how she sought support for her gambling after losing a substantial amount of money. She shared how she had been encouraged to seek support after watching a TV interview where a man from an ethnic minority community talked about his experience of gambling-related harms:

I had got my money and I gambled every single penny within a couple of hours, and that is when I started to gain help and contacted [service] because I thought I can't do this again ... I am quite privileged I would say because I sort of learnt my lesson quickly. I think it is important to gain support and help. (Dawn)

Our participants identified how they had accessed support from Gamblers Anonymous (GA), two leading treatment and support providers, and two smaller local charities that provide advice, signposting, and support, but not treatment. Across their stories we found a number of variations in how they described their experiences of the support received. Wendy, for example, spoke very positively about her experiences of GA. She shared that at the start of her recovery journey she felt a sense of shame, and this led her initially to avoid attending GA meetings in her local area, preferring instead to make a two-hour round trip to attend a meeting in another city. However, she was largely positive about her experience, and appreciative of the supportive environment and how welcoming other people had been. Wendy continues to attend GA meetings, despite the fact that she does not find them to be particularly diverse (either in relation to gender or ethnicity):

I went to GA. But I wasn't going to go to a GA in my town, do you think I want to see anybody? No, I went to [name of city] which I had to drive an hour there and an hour back and ... it was guys there, you know, white guys as well. I just had to ... go in and blend into this circle. Yes, they were really nice, really welcoming, they listen to you, I was really surprised. (Wendy)

Mazz's recovery journey involved trying to access a range of support, both formal and informal. At the start of his recovery journey, he had a lack of knowledge about what was available, stating "I was ignorant to it" (reflecting the theme above about the poor visibility of gambling-related services in ethnic minority communities). He began his recovery by trying to discuss it with a friend, but was unable to be open with him because of the desire to keep his gambling disorder hidden. In his words:

I have a friend ... and I spoke to him about it briefly and you know, he tried to help me but ... he didn't know my full story, so it's not always easy for these people and ... of course ... I was very kind of hidden about my addiction. (Mazz)

Mazz went on to try GA, but because of the lack of diversity (also noted by Wendy), found that the service did not work for him, recalling: "I was the only

brown one there.” He ultimately found that GA did not meet his needs, on the basis that: “it just didn’t work for me because I was ... motivated to get back my life. I went to I think two sessions and that was it.” He went on to access an online intensive six-week counselling course, which he reported he had found helpful. This reminds us of the ways in which different people may find diverse sources of support useful. Ultimately, Mazz, went on to explain how he felt that his personal resolve and the support he had received from his partner and family played the most significant roles in his recovery journey:

I’m in a much better place because I help myself, I believe, with obviously the support network with me, and my partner has been unbelievable support to say the absolute least. But you know as I say 90% of where I’m at now is because I’ve had to, you know. (Mazz)

Mazz’s point here reflects the positive role families may play and how they can often serve to mitigate many of the harms a person with gambling addiction was experiencing. However, as our previous discussions indicate, for some participants, families could serve to make the problem worse (by maintaining secrecy about the gambling and through enabling people to continue gambling).

Accessing services at a late stage when harms are often acute

Stakeholders expressed concern that people from ethnic minority communities often did not access services until a much later stage when their gambling addiction and the related harms had become acute. Accessing support at such a late stage then meant there were many more aspects of harm for services to try and address. Sarah noted:

It’s almost we wait for people to find us, and people tend to find us at that, you know, that higher spectrum level when things are really dire. (Sarah, Stakeholder (Gambling treatment and support service))

Problems with the visibility and availability of services to refer people to were also highlighted by the public health stakeholder, who observed:

Anecdotally the people that I have spoken to, you know, it is always a case that people experience a shocking level of harm before they even access any support and a lot of times they don’t access any support at all and that means that their mental health and family breakdown and you see all of these kind of things playing out and people are well aware that this has happened but unable to have the confidence or knowledge to signpost people to support services. (Richard, Stakeholder (Director of Public Health))

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One reason behind people accessing services at a late stage followed from the view that minority communities may be more likely than other people to try to deal with issues (such as gambling) in private ways, either by themselves, or within their families. Stakeholders highlighted how this made it difficult to provide support at an earlier stage. Patricia, a stakeholder working in probation services, observed:

[There are] challenges in terms of reach, in terms of getting people to the workshops, you know, getting those from the Asian and the Black community in particularly to open up and talk about gambling harms. (Patricia, Stakeholder (Probation))

In a similar manner, a different stakeholder who works for a gambling treatment and support service, observed:

I think for my experience as somebody from an ethnic minority group, you know I'm Somalian, and in our community, everything is very clandestine. Very, you know, covert, everything's kept in house, so to speak. We don't share our problems. You know, we might in the community and, you know, speak to the elders and stuff. But beyond that it's your business is your business and you're told and raised from young, don't speak your business of the house outside of the house. (Sarah, Stakeholder (Gambling treatment and support service))

Other stakeholders reminded us how the shame and stigma surrounding gambling may serve as a barrier to seeking support, and how this could be more challenging in some minority communities. For example, Chris observed:

You mentioned about the Muslim community, and ... one or two of the faith leaders they were talking about how gambling is happening, it is a fact, it is happening within these communities but it is under the carpet, it is secretive, they are all in denial, they don't want to, you know, express it to their peers obviously, getting ostracised from those communities, you know, gambling being forbidden in certain Muslim communities ... with the Muslim community ... they would rather address it in house as opposed to you know open it wide to the public domain. (Chris, Stakeholder (Gambling treatment and support service) with lived experience of gambling)

Linked to the cultural stigma and shame that may surround some gambling, Aaban highlighted that an important part of recovery and using his lived experiences to help others was to know when to trust and talk to others. He explained that if some members of his family found out about his previous gambling, there would be repercussions for him and his familial relationships. Aaban was therefore clear that he would only use his lived experiences and make personal disclosures when he was confident that some good would come from it:

That's why I don't always tell my story ... Because I have a family ... and for example, if my in-laws found out about my gambling harm [they would] have an opinion about it. Gosh. Did they tell their daughter to be careful? You know, he's got a gambling issue in the past. So still I, I still live with that stigma, don't I? Or still live with the fear of being stigmatised. So, I only speak about it in places where I feel it's gonna make a difference. (Aaban, Stakeholder (Gambling treatment and support service) with lived experience of gambling)

Here, Aaban makes a distinction between emotional and physical isolation. His account suggests that the stigma may be more acute for people within the South Asian community because certain behaviours (including gambling) may be explicitly prohibited by the wider customs and religious practices. When someone in this community goes on to experience problems linked to gambling, this makes it more difficult to access help, because disclosure to family, friends, or treatment providers, may have wide-ranging negative ramifications for the individuals and their family. Communities may also have quite different understandings about what is harmful about gambling and if/when to seek support. An additional factor for consideration of ethnic minority communities' late access to treatment and support, may follow from some people having a higher level of distrust of treatment services and support. For example:

When you look at ethnic minority communities and their engagement with wider support services generally in other areas, there's a distrust, and there's a caution of, you know, having people in your business, so to speak and you know, and there's those barriers that you've got to look at as well. (Patricia, Stakeholder (Probation))

Significantly, lack of understanding about gambling-related harms, the role of wider cultures (not limited to ethnicity or religion), along with a distrust of services, all combine and may serve as barriers to accessing support.

Visibility, availability, and accessibility of services

While the majority of stakeholders (n=7) noted ongoing concerns about barriers that contribute to ethnic minority communities' access to treatment and support services, participants with lived experience of gambling often highlighted that they had tried to access and/or were willing to engage with services. Rather than being unwilling to seek support, several participants highlighted the difficulties they had experienced in trying to find appropriate support. One stakeholder with lived experience explained:

Actually, those ethnic minority groups and diverse communities that you know probably want to get support and probably want to access support, but they don't necessarily feel confident about [it] ... Whether it

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is GambleAware, GamCare or whatever it is and speaking to someone about treatment, what ... avenues of treatment are available. (Chris, Stakeholder (Gambling and treatment service) with lived experience of gambling)

This suggests that some people from ethnic minority communities either struggle to find a meaningful and culturally appropriate service, or struggle to find any support at all. While stakeholders revealed that gambling treatment and support services were trying to provide more dedicated support to ethnic minority communities, many also acknowledged the difficulties involved with raising awareness about what support was available. It was apparent that while there may be emerging areas of good practice, these services are often small and only available in some parts of the country. As a result of the difficulty of capturing gambling-related harms, and the current lack of data, the fact that service provision (and associated commissioning) is ad hoc, is somewhat inevitable. This is compounded by the wider difficulties involved with trying to resource other critical public and social health services. While the stakeholder working in a public health role felt that the provision of services relating to gambling may be better in his part of the country than others, he still acknowledged that provision is:

... an enormous black hole and we kind of know it is an enormous black hole ... it is not the only black hole, there are plenty of others, but it is one. (Richard, Stakeholder (Director of Public Health))

In addition to the ad hoc provision of treatment and support services, stakeholders recognised that services may not be engaging ethnic minority communities in the right ways:

On the helpline there is a little bit more of a of a an ethnic breakdown but ... it's, you know, less than ten per cent or 15 per cent on the helpline as well and it's made us start to think about how do we engage groups because I don't necessarily believe that those groups don't have any problems and I just think maybe the services that we're currently providing and not speaking to those audiences in a way that they can engage in services. (Sarah, Stakeholder (Gambling treatment and support service))

The findings also suggest that while services may be limited, where support is available, people are not necessarily aware of it. Chris recalled a conversation he had had with a woman at a focus group about the historical and current availability of services for people like her [a woman of Black African heritage] in her local area:

We have never had anything like this, we never ... didn't even know anything like this was out there for our community for the Black and African community. (Chris, Stakeholder (Gambling treatment and support

service) with lived experience of gambling)

Dawn shared that she did not know you could get counselling for gambling until she saw someone being interviewed about gambling addiction on television:

[I] ... didn't realise that there was any help out there to be fair. I was ... absolutely shocked I mean going back to when I saw [names person] on the news, I thought oh it came at the right time, and I took the number down and called and then he referred me to, erm, GamCare and GamCare referred me to counselling, erm, Aquarius which is based in Wolverhampton, but I didn't ... I truly did not know that you can get counselling for anything other than drugs or alcohol because you never hear of it, you know on a daily ... you never, ever hear the gambling issue. All you ever hear is oh that is bad, you mustn't do that, that is bad. But you know. (Dawn)

Need for services that are culturally sensitive and informed by lived experience

The last section highlights some of the challenges that participants experienced in terms of the availability, visibility and accessibility of services. Linked to this, many participants indicated that they found services to be more useful, where they felt they had shared understandings with staff, not only in relation to gambling, but also in relation to their wider cultural experiences and backgrounds. For example, Joseph was overwhelmingly positive about his support experience, which notably had been provided by someone from an ethnic minority community who also had lived experience of disordered gambling. He accessed the support through a local charity, anchored in his local community, who he considered to have a proper understanding of gambling, and the relevance of his cultural background. Joseph articulated that this was critical for his recovery journey:

We [participant and the support worker] actually grew up in the same borough, a few miles apart. And in terms of upbringing it wasn't similar ... [but] it wasn't always easy, and then, being somebody of ethnic minority as well, and being around environments where, you know, let's say betting shops were dominated by ethnic minorities and ... actually having that struggle, and him being of lived experience as well, actually having that understanding of what myself ... one was going through actually helped a lot in terms of let's say, for example, culturally ... I think I did benefit from that. (Joseph)

While Wendy reported that GA had been useful to her, she also regularly joked how she continued to be the “*only Black woman in the room.*” This reveals how participants felt it was important (and preferable) for services to be able

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to relate and respond appropriately to the specific needs of ethnic minority communities. The importance of culturally inclusive services, ideally staffed by people with similar lived experiences, is captured by Joseph's quote above, along with the following from Mazz:

I think the main thing really that would help, where you said you spoke to a Muslim with lived experience. Those things are massive for people like me, and people like you ... The simple thing that it is yeah, like, if I had someone, if I had a counsellor who was a lived experience counsellor who was brown Muslim, black Muslim, white Muslim, whatever ... or not even a Muslim, but just black or brown, similar culture, that would have been huge. The reason I say that is because the culture is so similar, he or she would have had a very similar upbringing, or whatever the case is. And he or she would have understood me, and I need people to understand like anyone does, you know, if I was to talk to you about something that you've gone through? But I don't get it you know it doesn't work for you, because in your mind it's like I appreciate your efforts, but you don't understand you haven't gone through it. (Mazz)

Mazz's narrative reveals how important some participants felt it was to recognise people like them in the services they were trying to access. This engendered a sense of belonging. As highlighted by Mazz, when he points to how service delivery by people with a lack of overlapping experiences or understanding of what it is like to gamble, to be of Muslim (or any other) faith, and/or to be from an ethnic minority community, presents clear challenges to the therapeutic relationship. The value of similar lived experiences for engaging with diverse communities was also highlighted by Chris, who highlighted how lived experience provided an important 'relatability element' in services:

I am glad that Wendy [peer researcher] is around. There's not many like us [Caribbean heritage] you know but the more they see, you know, that relatability, the more they say you know what ... there's loads of people from our community that's struggling with gambling or had a gambling addiction. They're talking about it openly. So yeah, that will give them the confidence. (Chris, Stakeholder (Gambling treatment and support service) with lived experience of gambling)

Chris explained how he found setting up his organisation to try and tackle gambling-related harms (and in doing so, talking about his experiences) to be "cathartic and therapeutic" and very much of his own "recovery journey". This reveals how some people's recovery involves using their lived experience to try and help others. Many participants felt this was particularly important in relation to gambling and ethnic minority communities, because of the lack of diversity/representation within gambling treatment and support services. Chris felt strongly about how the lack of diversity within treatment services may represent a barrier to some people trying to access help. Hence, there is a

need for services to be more representative of the communities they serve, so that clients can relate to the people they are trying to seek support from:

There is lots of you know individuals from the Caribbean, the Asian community, the African community ... but if ... they were speaking to someone from their own community that might give them the more confidence to ... talk openly and express their feelings, express where they are in their journey. (Chris, Stakeholder (Gambling treatment and support service) with lived experience of gambling)

Chris went on to add:

It would be good to get the stats of how many of those practitioners and therapist and counsellors come from ... ethnic minority backgrounds. Because then you know we could sort of look and say OK ... someone from the Black or Asian community is going to support you. (Chris)

Challenges involved with assessing needs and providing appropriate services

Stakeholders highlighted how it was very difficult to assess what level of need there may be from those using treatment/service-level data. This made it difficult to develop an overall understanding of gambling prevalence and harms, let alone the specific challenges for specific communities:

It's really hard within our current data to see any patterns with ethnic minorities because there are so, so very few coming through into services. (Sarah, Stakeholder (Gambling treatment and support service))

Treatment [data] tells you nothing about actual need which ... I don't know whether Black and Asian people are under or overrepresented in treatment, I just don't think we know to be honest, genuinely don't know. (Richard, Stakeholder (Director of Public Health))

Similarly, Aaban highlighted how the poor access to, and uptake of, services among people from ethnic minority communities experiencing disordered gambling made it difficult to obtain meaningful data. He explained: "It's very true that we don't really know much about people's experiences in terms of a data, robust data" (Aaban, Stakeholder (Gambling treatment and support service) with lived experience of gambling). Another stakeholder working in gambling treatment and support services asserted "We have no choice but to then make assumptions and sometimes those assumptions are wrong" (Sarah, Stakeholder (Gambling treatment and support service)). In turn, this makes it very difficult to put services in place. The challenges involved with isolating specific harms relating to gambling, and the linked issue of not having clear data, were highlighted by stakeholders making it more difficult to devise a

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clear strategic and/or commissioning approach. While some stakeholders tried to provide an anecdotal and 'on the ground' understanding of gambling and gambling-related harms in the communities they worked in, with the absence of clear data, they felt it was difficult to drive through a clear strategy. One stakeholder reflected on this:

Some of this stuff is the stuff that hangs around clinicians' brains rather than stuff that gets formally documented by epidemiologists ... but unless we start investing in the infrastructure to collect the data, or actually get clinicians to actually collect data ... we can kind of continually improve that, but the current mechanism is a bit crap to be honest. (Richard, Stakeholder (Director of Public Health))

Another stakeholder spoke of their desire to move from "anecdotal assumptions to a bit more rigorous information that we can work with" (Sarah, Stakeholder (Gambling treatment and support service)). Some stakeholders drew attention to how skewed any treatment data will be (since it is only a record of people who have come forward for treatment) but highlighted that the industry would have good data about who is gambling, how they are gambling, and the extent to which they are spending significant sums of money.

Need for preventative strategies and better education about gambling-related harms

Stakeholders also drew attention to the need to explore gambling-related harms (and related needs) on a spectrum, and to invest not only in treatment services but also a range of preventative services that may speak to diverse types of communities at distinct stages of their gambling. Barry, for example, noted that:

Where we don't have any investment in prevention, why are we waiting for people to get on to that pathway in the first place? There is nowhere near enough investment in prevention. Now that could come in obviously lots of different forms, it could come in the form of education, schools, colleges, universities, it could be community based, it could be with the operators, you know they need to have an early warning signal system in place. There is lots of things that we can be doing to prevent individual's lives going into crisis. Because once they are in crisis it can be a long road back, not just for them either it is the affected others, it is the children, so this has that ripple effect. So, we need to invest in prevention. (Barry, Stakeholder (Gambling treatment and support service) with lived experience of gambling)

This last quote reveals how many stakeholders felt that more needed to be done in relation to education about gambling-related harms. Stakeholders, including those with lived experience, felt more also needed to be done to

educate people in a range of locations. Better education in local authorities was suggested. Some also drew attention to the need for more targeted education in particular communities, where gambling was most often seen as a leisure and social activity. Importantly, stakeholders reiterated how this needed to be relatable to those in the community:

I think the relatability does go across the board you know so with the treatment providers, and it is with you know education awareness.
(Chris, Stakeholder (Gambling treatment and support service) with lived experience of gambling)

While the majority of people may be unharmed by gambling, stakeholders felt more could be done to raise awareness of potential harms, so that people may be more aware of the potential problems. Chris highlighted the need for targeted education and prevention work in schools (and with young people) because of the increasing accessibility of gambling to young people, particularly through gaming and the use of loot boxes in many of the popular games they play. Other stakeholders agreed that education particularly in relation to young people was essential. Patricia noted that this would encourage wider intergenerational awareness: “... *you get them talking about it [gambling] in their families*” (Patricia, Stakeholder (Probation)).

While most stakeholders agreed that preventive and education work was important, they also identified challenges involved with doing this. However, like treatment services, the funding (and focus) of education relating to gambling could be problematic because funding is often derived directly from industry. One stakeholder felt strongly about this:

I am more keen to do education about the methods and tactics that the industry use, that makes people angry and shit, they feel duped by that, so funnily enough the gambling industry aren't keen that I do that kind of education. (Richard, Stakeholder, (Director of Public Health))

The same stakeholder identified a need for greater public understanding about the gambling industry:

... clearer public facing narrative about the predatory nature of the industry and the method and tactics that it uses to ... well bluntly, get people addicted. (Richard, Stakeholder, (Director of Public Health))

Adopting a community-involved approach

Better community engagement and trust building was seen as important for involving people from ethnic minority communities. The probation stakeholder spoke at length about some of the cultural barriers involved with people coming forward and seeking support for gambling-related harms. Patricia

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highlighted the need for the creation of better and more anonymised spaces that people can access with less shame. But, for this to work, more also needs to be done to get communities on side, to educate them about the issues, and to try and raise awareness and reduce shame. In her words:

... and for us [ethnic minority communities] it is the other way around; we need our community to be saying go through that door. You have got a problem, go through that door so ... we have to make it accessible to the community in order to make it OK for someone to go through the door ... If the community gives their stamp of approval, the rest of it is easy. So rather than trying to fix the person that the gambling, how do we get the people on side? (Patricia, Stakeholder (Probation))

Some stakeholders highlighted that faith leaders could play a significant role in terms of raising awareness and providing education, and also to help with support. One stakeholder with lived experience (Chris) noted that his faith had been critical to his own recovery. He felt that it could also be critical for others in their recovery:

But it is something that I think can be explored more and that would go to the Christian faith as well, erm, because I just think there is a lot of people that may have lost their way, you know, but you know can we gain their faith; can we gain, you know, their life and move forward. (Chris, Stakeholder (Gambling treatment and support service) with lived experience of gambling)

However, some also felt that faith/community leaders needed to do more to support the community in a non-judgemental way. One stakeholder felt that the church and local faith communities/leaders represented a fantastic resource, but sadly were also sometimes spaces that could be 'wasted'. These organisations needed to "*make themselves more accommodating ... and more appealing and more engagement, less judgy*" (Patricia, Stakeholder (Probation)). Positive experiences were noted, however. For example, Chris recalled how after contacting his local church, they had met with him and agreed to donate money to help him start his gambling initiative:

[The Father said] "I love this project" ... he fell in love with it, so he said that we're going to, erm, give you a donation to start you off. (Chris, Stakeholder (Gambling treatment and support service) with lived experience of gambling)

Aaban, who does outreach work with the Muslim community, described his experience of community outreach and working with faith leaders as overwhelmingly positive. He described situations where people usually exhibited an open and respectful mind to the specific issues presented by gambling, and that his involvement in the mosque, was often followed by people making personal disclosures to him about their own gambling (or that

of people in their immediate family):

Fantastic overall [experience of raising awareness in mosques] ... you could say 90 per cent of people, 95 per cent of people or even more would say positive, really good feedback after the talk or after the workshop, you might get a young person ... ask for your number or actually this is an issue and a lot of people come back with their own experiences. So, for example, one person said, well, my dad was a gambler ... and these are people in the community, scout leaders or running big organisations, that are actually talking about it. So, it's been really powerful. (Aaban, Stakeholder (Gambling treatment and support service) with lived experience of gambling)

While Aaban's experiences of raising awareness within local communities was usually positive, he also highlighted how there could be resistance and in some, suspicions that could be difficult to break down:

On the flip side of it, sometimes I had one issue in [city] where I'll talk with some community leaders, and these were from the Pakistani community, and I don't know whether they see it [gambling] differently compared to the communities that I'm going to, South Indian or whatever. So, but they challenge me or challenge the people that I went with, the public health people about the funding of the course, the funding of the training or the funding of the treatment. And then they were like, we have our own training. We have in mosques, madrasas [a college for Islamic instruction]. We also talk about gambling, and we have our own curriculum. So, they were very closed up, you know, and they were like ... you're basically being funded by the gambling companies in order to provide this treatment. So, they didn't really see as ethical. (Aaban)

Stakeholders reiterated the need for better diversity and representation of different ethnic and faith communities, at all levels of gambling oversight, regulation, and treatment. Chris also felt that more needed to be done to ensure people with lived experience from ethnic minority communities, were aware of opportunities where they can get involved and that greater thought was needed in regard to reaching out to diverse communities. The same participant also argued for the need to have more diverse representation from people from ethnic minority communities across all areas, including the Gambling Commission:

You know the Gambling Commission at one point didn't have people of any colour on their board. (Chris, Stakeholder (Gambling treatment and support service) with lived experience of gambling)

In contrast to other areas of public health, such as alcohol and tobacco, participants advised that there are rarely (if at all?) dedicated staff working in public health teams in relation to gambling. The risk of this is that gambling can

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sometimes fall between different areas of policy:

I have got a tobacco control lead and a whole set of commissioned services around tobacco; I don't have that in gambling. I have sort of borrowed a bit of one of my staff's time to be on point to pull the whole story together but not really any commissioned services, so it is one of those things that falls between lots and lots of different areas of policy and no one really pulls it together. (Richard, Stakeholder (Director of Public Health))

Richard highlighted the challenges involved with not only identifying gambling-related harms in a community, but then also measuring these, and providing a co-ordinated response. In interview, he reflected: “*gambling harm, what does that actually mean*” (Richard, Stakeholder (Director of Public Health)). In comparison to harms related to smoking, he felt that gambling-related harms were more diffuse, and thus more difficult to isolate and direct strategy and resources towards. Capturing how gambling relates to harm is also difficult because of the ad hoc provision of services, the lack of national strategy, and the lack of time dedicated to assessing local harms relating to gambling:

It is a bit hotch potched and it is a bit ... it is a bit random, but I reasonably frequently come across people. But perhaps not as frequently as I should to be honest and that is not a lack of will, that is just a lack of time and a lack of structure to enable it to happen. (Richard, Stakeholder (Director of Public Health))

The same stakeholder also highlighted how the lack of clear national strategies in relation to gambling-related harm meant there may be considerable differences in how policy is enacted on the ground in local communities. Moreover, several stakeholders also highlighted the challenges involved with resourcing local services to help address gambling-related harms. Resourcing challenges therefore also meant that it was difficult to then provide tailored support for different communities. One stakeholder explained that while it was possible to rally people around particular issues such as gambling, this did not necessarily translate into meaningful resources, because of wide range of other competing demands:

It is not difficult to get the political support, but it is difficult to get the resources to do the job properly because everyone is competing for everything all the time. (Richard, Stakeholder (Director of Public Health))

Other stakeholders, including those with lived experience, made similar points. Chris, for example, argued that the funding available to deliver gambling services, needs to be distributed more equitably, with more consideration given to resourcing community-led organisations:

The big boys like GambleAware get all of the money but it's not ... distributed fairly, there is grass roots organisations that can do lots and lots and great work but are not getting the opportunity so the funding structure needs to be looked at in terms of the balance of that and that is something that the Gambling Commission, GambleAware need to look at. (Chris, Stakeholder (Gambling treatment and support service) with lived experience of gambling)

Key points

- The recovery journey is a personal one. However, there are key points during interaction with the criminal justice system, such as arrest, sentencing and during punishment, where greater multi-agency working, and awareness of gambling can positively influence recovery.
- Ethnic minority communities are underrepresented in treatment data and services. A lack of data can challenge service organisation and delivery and pose a barrier for those from ethnic minority communities who need to access treatment or support services, particularly where therapeutic aims are met though peer connection in group support service settings.
- The research data highlights many challenges for policy and practice, particularly in relation to minoritised communities. The data suggests several areas that need to be developed in order to reduce crime and gambling-related harms:
- Need for preventative strategies and better education about gambling-related harms.
- Need for better diversity and representation of different ethnic and faith communities, at all levels of gambling oversight, regulation, and treatment.
- Need to build engagement and trust with diverse communities.
- Need for clearer national strategies and a public health approach to gambling.
- Key to the success in meeting these needs for ethnic minority communities is to involve them as key stakeholders within decision-making processes (policy and practice) and in building services that understand and are responsive to the needs of ethnic minority groups.

8. Discussion and recommendations

Contextualising ethnic minority communities' relationship to crime and gambling-related harms

This research created a space for people from ethnic minority communities to tell a hidden story about their experiences of gambling, gambling-related harms, and crime. These stories provide valuable insights into the lived experiences of a section of the population whose voices are often marginalised in research. The findings and recommendations also point to many areas where a better understanding is still needed. The research reveals an openness within ethnic minority communities to share their views and experiences, a desire for their voices to be heard, and aspirations for their views and experiences to be part of decision-making processes and the policies and practices that follow.

The research begins to capture a 'fuller understanding' of gambling, gambling harms, and crime in relation to ethnic minority communities, as advocated by Levy et al (2020:5). The findings emphasise the need to critically engage with the labels (such as BME or BAME) that are used to group diverse populations, and the need to look at key points of difference as well as shared experiences within these heterogeneous groupings. The data reveal how for some ethnic minority communities, gambling is a culturally accepted norm, yet for others, there is a cultural and/or expectation of abstinence because gambling is forbidden. Hence, the research highlights how religious beliefs intersect with cultural experiences and expectations, how this affects how gambling is viewed, and how support for gambling-related harms may be sought. By adopting an intersectional approach, the study looked beyond the ethnic minority label and uncovered stories that were sometimes shared across and within ethnic lines but also unique to individuals and communities. The research renders visible stories about migration and precarious immigration status, cultural traditions and practices, religion, familial circumstances, age, and gender, and illustrates how these may intersect with individuals' lived experiences of gambling, gambling harms, and crime. This serves to develop our understanding of how wider inequitable or discriminatory structures may impact the lives of ethnic minority communities, and in turn, how they may affect people's experiences of gambling, gambling-related harms, and crime.

Ethnic minority communities, gambling, and gambling-related harms

Research suggests that while gambling prevalence may be lower in ethnic minority and/or migrant communities, the harms experienced are thought to be disproportionate when compared to White communities (Levy et al., 2020). However, there remains a lack of concern in research, policy, and practice about how gambling-related harms are experienced by ethnic minority communities, a growing proportion of the UK population. This research points

to a dynamic relationship between gambling, and wider cultures including those related to ethnicity, religion and family structure, migration status, and socioeconomic status. Participants presented a complex picture of ways in which culture operates at micro and macro levels, and intersects with factors such as religion, gender, and immigration status, and the ways this may impact individuals, families and communities. These intersections mean that people from ethnic minority communities may experience gambling-related harms in different, and sometimes more acute ways. Irrespective of cultural norms and beliefs, participants reported wide-ranging harmful experiences relating to all aspects of their lives including financial, relationships, health, and their interactions with the criminal justice system.

Participants described circumstances in which culture and religious beliefs were both a protective and enabling element in their disordered gambling. Relationships with families and communities, including those related to religious beliefs, were identified as sources of support and as a means of safeguarding people from gambling-related harms. However, cultural practices, traditions, and religious beliefs were also reasons for maintaining a silence around disordered gambling, in order to try and reduce the associated stigma and shame. These also served to make some participants more reluctant to seek external support for the gambling-related harms they were experiencing. Participants shared wide-ranging examples of living with the stigma and shame associated with disordered gambling, of negative familial and community perceptions of them as deviant, and of their experiences of feeling isolated from their wider communities. This led to additional anxiety about letting family and friends down, and many participants described the wider shame and stigma that exists at a community level and how this exacerbated harms. This is in line with an increasing recognition that gambling can generate cultural harms. Cultural harms can include experiences of a lost identity, social isolation, shame relating to cultural expectations and roles, and extreme emotional distress because of the disrupted/lost connections with wider communities and cultural groups (Browne et al., 2016).

Participant stories remind us how culture is multi-layered and can relate to traditions, practices, and moral guidelines within specific communities, as well as wider gambling cultures and practices in the UK. The research findings illuminate how UK gambling cultures, and gambling industry practices, can serve to increase vulnerabilities within ethnic minority communities. Participants drew clear links between the accessibility of gambling, wider structural disadvantages (migration, deprivation, poverty, racism, access to the labour market, and precarious citizenship rights), and a range of gambling-related harms. Lived experience participants often recalled legacy harms, relating to childhood poverty where their families had struggled to meet their basic needs, challenges associated with acculturation, or other traumatic or negative life events, that had impacted their pathways into gambling, the escalation of their gambling and, for some, entry into the criminal justice system. This emphasises why capturing a holistic understanding of the wider contexts in

which gambling, and gambling-related harms may occur within ethnic minority communities, is essential.

Ethnic minority communities, gambling, crime, and the criminal justice system

Little is known about the prevalence of gambling-related crimes within ethnic minority communities or their experiences of the criminal justice system following a gambling-related crime. Participant accounts revealed a complex relationship between offending and disordered gambling. Almost half of the participants in this research (n=10) had received a criminal conviction for a crime (which they linked to gambling). However, many more (including a few of the stakeholders with lived experience of disordered gambling) disclosed several hidden or unreported crimes, or that their gambling placed them at risk of committing a crime. They recounted situations where they had accessed money under false pretences and/or stolen money from family, friends, employers or services/organisations in their local community. Participant narratives also revealed how the gambling in their lives (not necessarily their own) left them at risk of becoming a victim of crime. Participants also highlighted how many types of offending may be linked to gambling, including not only acquisitive crime, but also crimes relating to domestic abuse, child neglect, violence, and the illicit drug economy.

In line with previous research (Smith, 2022; Trebilcock, 2023) which has considered people's lived experience of the criminal justice system following a gambling-related crime, participants held largely negative views about how gambling is understood and the available support. Participants felt that there was a lack of understanding within the criminal justice system about the relationship between disordered gambling and crime, and as a result, a lack of support at each stage (i.e. at the point of arrest, conviction, imprisonment, and on release). The research also reveals how gambling and gambling-related crime may place some people from ethnic minority communities at risk of deportation. The research, in line with the work of Churcher (2022) reveals that there is a lack of data about prevalence, and a need for better screening and assessment of those entering the criminal justice system, in order to better understand who may become criminalised as a result of disordered gambling.

While men interviewed in prison spoke about opportunities to gamble in prison and the risks to personal safety from accruing gambling debt in a custodial environment, prison was seen by some as a positive space that served to disrupt their gambling and act as a 'safety net' (at least while they were incarcerated). However, all participants with experience of imprisonment called for better support with gambling in prison and through-the-gate into the community. Criminal justice support with gambling was felt to be critical for encouraging desistance and reducing recidivism.

Ethnic minority communities, gambling, treatment, and support

All participants in recovery described it as a personal journey. However, the data suggest that there are key points during interaction with the criminal justice such as arrest, sentencing, and during punishment, where better awareness of gambling and support could help positively influence recovery. Participants spoke about a catalyst for their decision to access treatment and/or support was often due to having reached a significant crisis point in their lives. A trigger for the crisis point was related to a substantial monetary loss and having to face significant consequences personally but also having to deal with the ramifications of their gambling for others too.

Participants expressed concern that people from ethnic minority communities often did not access services until a much later stage when their gambling addiction and the related harms were likely to be more severe. Stakeholders highlighted how accessing support at such a late stage can pose additional challenges because there are often many more aspects of harm for services to try to address. The data revealed a range of potential barriers to accessing and then engaging with gambling-related support. Many pointed to the significant shame and stigma surrounding gambling and how this may serve as a barrier to seeking support, because it may be more acute within some minority communities. The research also highlights how a lack of understanding about gambling and the way it may intersect with wider cultures (not limited to ethnicity or religion), along with a distrust of services among some people from ethnic minority communities may all combine and serve as additional barriers to accessing support.

The research findings suggest that delayed decisions to access services are not indicators of an unwillingness to receive support. Rather, participants confirmed the importance of having access to the right support and treatment. Rather than being unwilling to seek support, several participants highlighted the difficulties they had experienced in trying to find appropriate support. Some people from ethnic minority communities either struggled to find meaningful and culturally inclusive services or struggled to find any support at all. The research reveals how participants felt it was important (and preferable) for services to be able to relate and respond appropriately to the specific needs of ethnic minority communities. This emphasises the need for culturally inclusive services, ideally staffed by people with similar lived experiences (not limited to gambling). While there are emerging areas of good practice in relation to minority communities, these services are often small and only available in some parts of the country. Stakeholders accepted that more needs to be done to develop services for people from ethnic minority communities and that more needs to be done to raise awareness about existing support services to these communities.

However, stakeholders also highlighted how it was very difficult to assess what the level of need may be using treatment/service-level data. This made it difficult to develop an overall understanding of gambling prevalence and harms, let alone the specific challenges for specific communities. This, in turn, makes it difficult to commission services. Participants also felt more needs to be done in relation to preventative strategies and education about gambling-related harms. Some also drew attention to the need for more targeted education in particular communities, where gambling was most often seen as a leisure and social activity. There was also a perceived need to do more to raise awareness of the potential harms that may follow from gambling. Adopting a community-involved approach was seen as critical to achieving this, with several participants highlighting the significant role that local communities (and key actors within them, such as faith leaders) can play in terms of raising awareness of gambling-related harms, and the provision of support to people that need it. Stakeholders reminded us of the need for better diversity and representation of different ethnic and faith communities, at all levels of gambling oversight, regulation, and treatment.

Recommendations

- **Further research about gambling-related harms and gambling and crime, that adopts an intersectional approach**

As detailed in the literature review, little is known about ethnic minority communities' experiences of gambling harms or disordered gambling and crime in the UK. This study points to an urgent need for further research, particularly with minoritised communities, that explores their specific and shared experiences of gambling-related harms and the relationship between gambling and crime. Further research needs to adopt an intersectional lens, locating people's lives within their wider socio-economic and cultural contexts. Research also needs to consider a wider and more diverse range of voices and experiences, and to ensure that people with lived experience have a central and meaningful role in the production of knowledge and research. Our research challenges the notion that minoritised communities are 'hard to research'. Indeed, all participants demonstrated a willingness to share their views and experiences and had time and resources permitted, we are confident that we could have learned more from a more diverse sample of people.

- **Need to raise awareness about gambling and gambling-related harms within ethnic minority communities**

The findings point to a need to raise greater awareness about gambling-related harms within ethnic minority communities and among key societal institutions (e.g. health, education, religious, sport, housing, employment, benefit, and criminal justice). Raising awareness about these issues needs to be done in an inclusive way, in partnership

with communities and people with lived experiences. Greater thought needs to be given to how a wide range of community organisations can be involved in raising awareness of gambling-related harms and the services available to people experiencing them.

- **Mandatory screening for gambling-related harms across the criminal justice system**

The research points to a need for clearer screening of gambling-related harms at all stages of the criminal justice system (i.e., at the point of arrest, as part of pre-sentence report, during imprisonment and probation supervision). Screening for gambling-related harms, however, is not on its own sufficient and greater thought needs to be given to how people involved with the criminal justice system due to a gambling-related crime can be offered more structured support for their gambling while under police investigation or under sentence (either in prison or the community). Clearer attention to the role of gambling in people's offending would serve to reduce the severity of gambling-related harms and may help to reduce the likelihood of further problematic gambling and recidivism following a criminal justice sentence.

- **Need for clearer national and local strategies in relation to ethnic minority communities and their experiences of gambling-related harms**

This report recognises the complexities and challenges of influencing the attitudes, thinking and behaviours of individuals, groups and families impacted by gambling-related harms. No single approach, group, institution, system, or individual can bring about the changes needed to minimise the risk and meet the needs of those in ethnic minority communities. There is a clear need for a clearer coordinated national strategy, that is based on a public health model and that encompasses a wider range of relevant stakeholders. This should include a community-involved/led structure to support the delivery of inclusive services. A partnership and strategic approach to design, implementation and review of treatment support services is needed to develop, manage, and coordinate a strategic approach to gambling harms. This work should be underpinned by an equality and health inequalities impact assessment framework in order to properly understand how it may impact on the work that is done across ethnically diverse communities.

- **Need for a community-involved approach**

This recommendation is for the meaningful inclusion of ethnic minority communities. This should include a community-involved/led structure to support the delivery of effective prevention, treatment, and support services (see Anderson, 2017). The research points to a need for better community engagement and trust building between ethnic minority communities and services to help minimise negative perceptions

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surrounding access and engagement with the treatment and support. Building relationships with ethnic minority communities is important alongside ensuring better diversity and representation of different ethnic and faith communities at all levels of gambling oversight, including the Gambling Commission, regulation, treatment, and support services.

- **Need for the gambling industry to engage with greater scrutiny and responsibility in relation to minoritised communities**

The final recommendation is for greater scrutiny and responsibility to be taken by the gambling industry in relation to minoritised communities. Greater thought needs to be given to the accessibility of gambling along with safer gambling policies and advertising strategies, and the consequences of these for ethnic minority communities. Particular thought should be given to the licensing of gambling outlets in areas that are known to have higher socio-economic deprivation.

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About the authors

The research team comprised Dr Geraldine Brown (Coventry University), Dr Nicola Harding (Lancaster University), Dr Julie Trebilcock (Brunel University), Dr Liz Riley (Betknowmore), Tony Sales (We Fight Fraud), and peer researchers Anil, Joseph, and Wendy. The team were supported by Frankie Graham, Steven Nyandu, and Anna Niemczewska (Betknowmore). You can read more about the research team [here](#).

About the Commission Crime and Gambling Related Harms

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

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

About the Howard league for Penal Reform

The Howard League for Penal Reform is a national charity working for less crime, safer communities, and fewer people in prison. We campaign and research on a wide range of issues including short term prison sentences, real work in prison, community sentences and youth justice. We work with parliament and the media, with criminal justice professionals, students, and members of the public, influencing debate and forcing through meaningful change to create safer communities. Our legal team provides free, independent, and confidential advice, assistance, and representation on a wide range of issues to young people under 21 who are in prisons or secure children's homes and centres. By becoming a member, you will give us a bigger voice and give vital financial support to our work. We cannot achieve real and lasting change without your help. Please visit www.howardleague.org and join today.

Howard League for Penal Reform

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