

Report on Gambling Harms and the Criminal Justice System

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Research Conducted by the University of Staffordshire on behalf of the Centre for Crime, Justice and Security in partnership and commissioned by GamCare and HMPPS (His Majesty's Prison and Probation Service)¹



CENTRE FOR
CRIME, JUSTICE
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University of
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HM Prison &
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¹ Please note that any views or opinions expressed by individuals who have contributed to this research do not necessarily reflect that of their employer/s or any professional organisations. Please also note that HMPPS commissioning and partnership working in relation to this research is not indicative of preferred provider status for partner organisations affiliated to this project.

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Preface

This report outlines indication of prevalence of gambling harms within prison populations and for people under probation supervision in England and Wales. The report provides examples from criminal justice staff and voluntary sector gambling harm reduction treatment providers of what happens when gambling is identified as a contextual factor to crime or to crime victimisation. The mixed methods research used in this research project provides a greater understanding of how gambling related crime is presently approached upon a person entering the Criminal Justice System to serve a sentence, whether that be a custodial or community sentence, and to make suggestions for future improvements. In 2022 and 2023 respectively, GamCare and HMPPS (His Majesty's Prison and Probation Service) commissioned the University of Staffordshire to undertake this research to inform HMPPS policy and practices. This research aims to identify 1) indicative prevalence of gambling harms within prison and probation populations and the range of harms being experienced, and 2) the associated support being currently offered and to identify gambling harms support and treatment preferences. This research has focused on the experiences of those engaged in the Criminal Justice System, affected others, criminal justice professionals from probation and prisons and professionals from voluntary sector gambling harm reduction treatment services working to support the Criminal Justice System. This report is the product of collaborative work by a team from the University of Staffordshire, GamCare and HMPPS headquarters in England and Wales. We extend thanks to Dominique Webb from GamCare and to Chris Walker and Eartha Heptinstall (previously from GamCare) and to Wayne Hodges from HMPPS and Caroline Bonds and Gareth Bartley-Swann (formally from HMPPS), alongside Rhian Lovell and Marcus Bedwell from HMPPS Wales for their contribution and gatekeeping roles to this research. Recognition goes to the wider research team affiliated to the University of Staffordshire including Sarah Page, Sarah Plimley, Lucy Pointon, Amber Tickhill, Bianca Colclough, Laura Bailey, Jo Turner and Barry Knight. This research is associated to the Centre for Crime, Justice and Security at the University of Staffordshire and has been led by Associate Professor Sarah Page. A special thank you in appreciation to Lucy Pointon and Sarah Plimley for contributing to the editorial production of this report.

Gambling Harms and the Criminal Justice System

Executive Summary Report

Report written by Associate Professor Sarah Page, the University of Staffordshire

Research Contributors Associated to the University of Staffordshire: Sarah Page, Sarah Plimley, Lucy Pointon, Amber Tickhill, Bianca Colclough, Laura Bailey, Jo Turner and Barry Knight.

Research Partners: Dominique Webb from GamCare with previous contribution from Chris Walker and Eartha Heptinstall; Wayne Hodges from HMPPS with previous contribution from Caroline Bonds and Gareth Bartley-Swan; and Rhian Lovell and Marcus Bedwell from HMPPS Wales.

Undertaken on behalf of GamCare and HMPPS, this University of Staffordshire research study explores indicative prevalence of gambling harms and care pathway preferences within incarcerated populations and those engaged in community rehabilitation across England and Wales. Drawing on data collected with people in prison and on probation, lived experience experts including affected others, HMPPS staff and voluntary sector service providers and associated academic analysis, this executive summary covers key insights and recommendations.

Key Points:

1 Professionals confirmed that gambling behaviour and harms are less acknowledged within current HMPPS assessment practices. A consistent approach to asking questions about gambling at various points in a person's criminal justice journey, recording and sharing such information, and making appropriate referrals is needed.

2 HMPPS staff would welcome nuanced mandatory training that includes lived experience insights on how to better detect gambling and associated harms. Professionals would welcome gambling care pathways across England and Wales with clear referral mechanisms and specific sentencing options to address gambling related harms.

3 Professionals claimed that when HMPPS staff have been trained to use a localised referral pathway with a specialist provider(s), positive impacts have seemingly been achieved regarding reducing gambling harms and some criminal behaviours, concurring with findings from people in gambling recovery.

4 The main gambling harms self-identified by people in prison or engaged in community rehabilitation were a) financial and debt b) negative mental health impacts including suicidality and c) relational tensions and breakdown. Findings identified need for holistic support inclusion in HMPPS care pathways with consideration to co-occurring harms from drugs and/or alcohol.

5 Professionals and people in prison explained that prison rules prohibiting gambling are somewhat overlooked by some HMPPS staff and prisoners. Whilst incarceration can lead to self-reported reductions in overall gambling practices, prison culture in some male estates can exacerbate gambling harms, which included debt and associated violent and sexual violence-based retribution.

6 Professionals perceived that Motivational Interviewing (MI) and Cognitive-Behavioural-Therapeutic (CBT) interventions are helpful approaches for working with people ambivalent and reluctant to disclosing gambling practices and gambling harms, including associated criminal involvement.

7 Providers noted a 'teachable window' in early engagement with the criminal justice system for therapeutic conversations. Access to support opportunities through the criminal justice journey is welcomed. Vulnerability increases upon prison release. Prisoners and professionals would welcome a more seamless transition to gambling harm reduction community support from prison.

8 People in prison and on probation indicated that one-to-one and group interventions led by peers and/or a gambling harms specialist service are preferable to other professionals delivering gambling harms reduction support. Prison digital resources could be utilised in some instances.

9 Prisoners and professionals elaborated to gender differences regarding gambling preferences and support needs. Women are more likely to have experienced domestic and financial abuse victimisation from an intimate partner who gambles. As such, trauma support and affected other support is needed. Women who gamble will also require trauma support.

10 Affected others reported limited support available to them within the criminal justice system and would welcome better provision. Financial harms seemingly increased due to the Proceeds of Crime Act (POCA) and from accommodation loss/moves.

Background:

In England and Wales, gambling and competing for financial profit when incarcerated is prohibited (HM Prison and Probation Service, 2020) and yet, gambling between prisoners occurs (May-Chahal *et al*, 2012; May-Chahal *et al*, 2017; Smith *et al*, 2022; Penal Reform Solutions, 2023). Gambling in prison can be a leisure activity, through to harmful gambling (May-Chahal *et al*, 2012; May-Chahal *et al*, 2017; Smith *et al*, 2022; Penal Reform Solutions, 2023), with May-Chahal *et al* (2017) noting that 12.1% of a sample of 1057 prisoners from six male and female estates in England and Scotland were engaged in '*problem gambling*'. Gambling in prison seems to be due to boredom (Smith *et al*, 2022; Penal Reform Solutions, 2023) or a lack of '*impulse control*' (May-Chahal *et al*, 2017). Concerningly, violence can occur between prisoners due to gambling related debts (May-Chahal *et al*, 2012; Penal Reform Solutions, 2023). Less is known about what constitutes effective gambling treatment within the criminal justice system (Page, 2021). May-Chahal *et al* (2017) suggest intensive treatment is needed for approximately 6.8% of the prison population, with Roberts *et al* (2021) advocating for integrated mental health support. Support need levels are considered hidden due to a lack of gambling specific questions in criminal justice assessments (Page, 2021; Churcher, 2022). A consistent offer of gambling harm reduction support has not yet been mainstreamed across the criminal justice system (May-Chahal *et al*, 2017; Page, 2021; Smith, 2022; Churcher, 2022; Trebilcock, 2023; Brown *et al*, 2023; Penal Reform Solutions, 2023). Understanding links between gambling and crime could help with identifying possible gambling activity, although few prisoners are able to articulate connections between their offending and gambling (May-Chahal *et al*, 2012; Smith *et al*, 2022). Crime in the UK associated to gambling tends to be income-generating (Brown, 1987), including breaches of trust related to theft from workplaces (Page, 2021). There are incidents of violence (May-Chahal *et al*, 2017) and interpersonal violence (Banks and Waugh, 2019; Roberts *et al*, 2020), and child abuse through neglect that can be linked to harmful gambling (Page, 2021). Theft, fraud and forgery, and possession, importation or supply of drugs seem to be more apparent with prisoners who are gambling at high-risk levels (May-Chahal *et al*, 2017). This report details the main findings from research commissioned by GamCare and HMPPS to support national criminal justice sector planning and care pathway development. This research has been completed by the University of Staffordshire from 2022 to 2024 (Page, Turner and Plimley, 2022).

Research Methodology:

The findings from this research are aimed at providing perception and experience-based evidence to underpin the HMPPS policy and practice, including informing care pathways and treatment provision. GamCare, as a leading gambling harms reduction provider across the UK alongside partner agencies, provide some services to HMPPS, so gaining perceptions of service delivery was also desirable to provide treatment providers with feedback to inform future practice.

More specifically, we have aimed to:

- Identify indicative prevalence of gambling harms within prison and probation populations based on perception data and the range of perceived harms being experienced.
- Identify associated support being offered currently, and gambling harms support and treatment preferences for the future.

A mixed methods approach captured both quantitative and qualitative data from people in prison, or on probation. Qualitative data was also captured from a sample of lived experience experts including affected others, HMPPS staff and gambling harm providers from the voluntary sector. All participants were over the age of 18 years. Data collection and analysis comprised of:

- A co-produced paper survey for people incarcerated within HMPPS prisons in England and Wales (total N = 868). Surveys were distributed in 15 prisons, providing feedback from 4 female estates (gaining N=447), 3 male Young Offenders Institutes (gaining N=172) and 8 adult male estates (gaining N=249).
- A co-produced paper and electronic survey for people accessing probation and approved premises support and services in England and Wales (total N = 813) from 23 probation offices (14 from England and 9 from Wales).
- A series of adapted world cafes (Page and Temple-Malt, 2018) amended into focus group conversations were held with people who had lived experience of gambling harms who were in prison (N=11), lived experience community members (N=8); affected others (N=3) and HMPPS

professionals (N=25) and voluntary sector gambling harm reduction treatment providers (N=9) working in the Criminal Justice System (total N = 56).

- Secondary data review included thematic analysis (Braun and Clarke, 2006; 2021) of two reports produced by GamCare from thematic workshops with criminal justice professionals, academics and lived experience experts (averaging 70 people per event) and a literature review of recent British studies pertaining to gambling, crime, and prisons.

Research Ethics:

The University of Staffordshire ethics committee approved this research in conjunction with receivership of NRC approvals and HMPPS endorsement. Principles of confidentiality, anonymity, informed consent, right to withdraw, and debrief were applied in line with ethical guidance from the British Society of Criminology (BSC, 2015). The research governance practices for this research have ensured that the gambling industry has had no influence over research operations from inception through to findings, analysis and dissemination. Funding for this research is attributed to GamCare via a Gambling Commission directed regulatory settlement and National HMPPS.

Findings:

This research is based on perception data, and as such, we posit caution with 1) assertions as fact and 2) generalisations. Furthermore, participants were given the right not to answer questions, as per ethical guidance (BSC, 2015), and due to people exercising this right, parametric testing of the survey data was considered unsuitable. Descriptive statistics were ascertained via SPSS and Qualtrics and crosstabulation analysis was applied where appropriate. Percentages have been rounded to the nearest whole number. We noted a reluctance in the disclosure of gambling in prison, and this is likely to be due to prison rules prohibiting gambling (HM Prison and Probation Service, 2020). As such, numbers of people gambling in prison are likely to be higher than this study reports. Qualitative responses in the surveys and adapted world café and focus group conversations were thematically analysed using Braun and Clarke's (2006; 2021) six phases. This executive summary report outlines the main themes detailed in the comprehensive report that are based on academic analysis by the University of Staffordshire across the data sources and the different participant groups.

Research Findings: *Indicative Prevalence of Gambling and Gambling Harms*

- Gambling harm reduction treatment providers indicated caseloads within criminal justice cohorts that varied in size, with fewer females to males (Treatment Provider Focus Groups). Prevalence levels inferred by HMPPS professionals varied from staff reporting no-one on their probation caseloads, through to staff having approximately 30% of their caseload with gambling harms (HMPPS Staff Focus Groups).
- Given the 30% probation caseload figure (HMPPS Staff Focus Group), and the Probation Survey identifying that up to 41% of people regularly gambled (daily through to weekly gambling), and with consideration to recent probation figures across England and Wales (HM Prison and Probation Service, 2023), our academic estimate is a possible 71,855 to 95,807 people on probation could require some form of gambling harm reduction and prevention intervention. Interventions ranging from public health education, through to more in-depth therapeutic support.
- The Probation Survey identified that 41% of people gambled regularly and 26% said that gambling had a negative impact upon them. Whereas the England and Wales Prison Survey(s) indicated that 10-30% of people gambled regularly prior to incarceration. Most of the people who reported gambling in the community did so once a week, or once a year, although, frequency increased for males with a daily or weekly gambling pattern being self-reported.
- The overall picture of gambling preferences in the community indicate that scratch cards and the lottery are preferred gambling outlets, followed by sports betting and using mobile phone apps (Probation Survey). There is a possible gender difference in gambling practices based on the Probation Survey findings in that males seemingly gambled more on sports (96% of males compared to 0% of females) and fruit/slot machines (95% of males compared to 0% females), whereas females seemingly engaged more in scratch cards (68% of males, compared to 13%

females and 8% prefer not to say). Horse race betting featured more from Prison Survey responders in Wales, than in England (Prison Surveys).

- The Prison and Probation Surveys all indicated that placing bets via mobile phones was preferable to going to a betting shop or privately placing bets through a friend 'running a book'. Female prisoners explained that mobile phone prohibition had resulted in gambling cessation whilst incarcerated (Female Prisoner Focus Group), with reference to section 40D of the Prison Act 1952.
- In female prisons, gambling was perceived by participants as less prevalent (Prison Survey, Prisoner Focus Group, HMPPS and Treatment Provider Focus Groups), but not non-existent (Prison Survey and Prisoner Focus Group). Affected other gambling harms were more notable in female prisons (Prison Survey and Prisoner Focus Group). Academic view, based on Treatment Provider feedback, is that this will require a trauma informed approach, with consideration to economic abuse, coercive control, and violence in domestic relationships.
- The self-report data is suggestive of there being seemingly less gambling activity and fewer gambling harms in prisons than in the community (Prison and Probation Surveys). For example, in Wales, 14% of males gambled most days in prison and 10% said this had a negative impact upon them (Wales Prison Survey), with lower figures for people incarcerated in England (England Prison Survey). Whereas figures were higher for those gambling who were on probation (Probation Survey).
- Given the prison self-report data, and that a therapeutic provider indicated accessing approximately 9% of the prison community for gambling harm reduction interventions, academic estimate is that a minimum of 8,496 people (or more) in incarceration would need some form of gambling harm reduction intervention. This figure is based on Ministry of Justice (2023) speculative figures of the prison population across England and Wales for March 2025.
- The top three gambling related harm areas identified by survey were 1) finance and debt, 2) mental health and emotional well-being decline (including suicidality), and 3) relationship breakdown (Probation and Prison Surveys).
- The Prison and Probation Surveys indicated that fewer people reported crime as a gambling related harm, with some acknowledgement of acquisitive, fraudulent, and violent crime (inclusive of domestic abuse and armed robbery). Professionals inferred perceptions of '*borrowing*' as opposed to theft are apparent in their conversations with people on probation and in prison (HMPPS Staff and Treatment Provider Focus Groups), which may explain the low reporting of crime as a gambling harm.
- Some males indicated gambling when in prison on sports, games and general prison life using '*canteen*', '*toiletries*', '*vapes*' and money sent in from family members (Prison and Probation Surveys).
- Fighting occurred in male prisons over gambling debts (Prison and Probation Surveys) and professionals indicated sexual violence also occurred to pay off gambling debts (HMPPS Staff Focus Group).
- Incarcerated women explained that when their male partners got into substantial gambling related debts, financial abuse victimisation ensued in some cases, which triggered their own criminal behaviour (Prisoner Focus Group). Male perpetrated domestic and financial abuse associated with gambling also impacted wider family members (HMPPS Staff Focus Groups).
- Alcohol and drug use was linked to some gambling behaviour and as for form of self-medication for gambling debt stress (Prison and Probation Surveys).
- Professionals felt that treatment and support may need staggering when a person has multiple needs including drugs, alcohol, homelessness, mental health decline and adverse childhood experiences, particularly when someone is ambivalent about some of these support needs (HMPPS Focus Groups). Holistic support and professional information sharing is important for meeting needs (Thematic Workshops).

Research Findings: *Gambling Care Pathway Considerations*

- Most people who had experienced gambling harms were not asked about their gambling and were not offered a gambling care pathway (Prison and Probation Surveys and Thematic Workshops). Survey responders indicated that criminal justice professionals were mostly not asking them about gambling harms. Of those who were asked, approximately two-thirds were then referred to a gambling care pathway delivered by the voluntary sector (Prison and Probation Surveys).
- Whilst people welcomed finding out about banning themselves from gambling outlets (Lived Experience Focus Group), this does not prevent people from falsifying accounts in other people's names and accruing further gambling debts (Probation Survey).
- Peer support and interventions from an organisation that specialises in gambling recovery were preferable mechanisms for gambling harm reduction support (Prison and Probation Surveys and Prisoner and Lived Experience Focus Groups). Professionals also valued peer-support approaches, and the commissioning of voluntary sector gambling harm reduction providers within the Criminal Justice System (Thematic Workshops and HMPPS Staff Focus Groups). However, better systems for sharing information and better access to enabling consistent one-to-one support through in-person and online meetings would be welcomed (Therapeutic Provider Focus Groups). Funding of criminal justice gambling harm reduction pilots and services may help to better identify what works (Thematic Workshops).
- Affected others felt neglected by the Criminal Justice System and more support for affected others would be welcomed. Affected others were negatively impacted by financial harms, including paying for a loved one's POCA (Proceeds of Crime Act) (Affected Other Focus Group and Thematic Workshops).
- Criminal justice professionals acknowledged finding it difficult to probe about gambling, and gambling harms, based on there being only one question in current supplementary assessment documentation. They felt that workloads and capacity limitations can impede upon staff asking questions and adding information onto relevant systems (HMPPS Staff Focus Groups). Treatment providers also noted challenges with adding information onto current systems (Treatment Provider Focus Groups).
- When HMPPS staff received training by gambling harm reduction services, they were more able to identify people who were gambling in their caseloads and refer people to appropriate organisations for support. As such, mandatory training for HMPPS staff that lived experience content, opportunity to share practice and simple questions to help ascertain whether someone is gambling or has been adversely impacted by a loved one's gambling would be welcomed (HMPPS Staff Focus Groups).
- Treatment providers indicated that due to stigma impacting upon disclosure of gambling, a gradual assessment that builds up the picture of gambling harms and support needs is preferable. Reluctance to disclosure increases with a pending court case, or concerns over social service involvement (Treatment Provider Focus Groups). It is important to address stigma by raising awareness and asking pertinent screening questions (Thematic Workshops).
- Treatment providers working in the Criminal Justice System explained that Motivational Interviewing (MI) and Cognitive Behavioural Therapy (CBT) approaches worked well with people experiencing gambling harms who were ambivalent (Treatment Provider Focus Groups). '*Teachable Windows*' were noted where a person may be more inclined to work on reducing gambling harms, including upon entry to the criminal justice system and prison and in build up to prison release (Treatment Provider Focus Groups). Concern was raised over gaps in specific gambling treatment options within the criminal justice system and for Rehabilitation Activity Requirement (RAR) sentencing (Thematic Workshops and HMPPS Staff Focus Groups).
- Putting a timeframe on recovery is complicated, especially when there are multiple complex needs (HMPPS Staff and Treatment Provider Focus Groups).
- Gambling harm reduction treatment and support outcomes were perceived positively, and providers noted that crime desistance occurs for acquisitive and property crime once gambling

debts were paid off, whereas domestic abuse crime was less likely to reduce significantly (Treatment Providers Focus Groups).

- Through the gate support is not seemingly considered for those impacted by gambling harms (Treatment Providers Focus Group and Prisoner Focus Group). Some prisons have digital resources for treatment more broadly, and this could be utilised for gambling harm reduction purposes (Thematic Workshop and Prisoner Focus Group).
- A compounding factor to reducing gambling related harms in prison is that some prison officers in male prisons may desire seemingly easier people management, by overlooking gambling in prison and joining in with gambling activity. As such, they may not view gambling as a harmful behaviour (HMPPS Staff Focus Groups).
- Consideration is needed regarding support for prison and probation staff who have their own lived experience of gambling harms, including family members gambling (HMPPS Staff Focus Groups).

Recommendations:

- If HMPPS resources permit, it is recommended that all HMPPS staff undergo mandatory basic training on identifying gambling harms via assessment and associated question techniques. It would be beneficial for the training to include lived experience contribution, affected other experiences, and to provide shared practice opportunity and referral pathway information. Following feedback from HMPPS staff it is estimated that the basic training course is 2 to 3 hours long. An in-depth course could be made available for staff working more regularly with those affected by gambling.
- Based on treatment provider feedback, the development of a multi-layered assessment that can be used at varying points of the criminal justice journey may help with addressing disclosure challenges. Following HMPPS staff comments, initially, the development of a screening tool may be beneficial, or a series of specific questions in current screening tools.
- Consistent gambling care pathways across the Criminal Justice System from pre-sentence to end of sentence, and for affected others need to be established. A range of provision from peer support to professional support from external agencies that work to reduce gambling harms need to be included. Digital resources in prisons could be accessed for gambling harm reduction information and guidance. Prior agreement pertaining to information sharing across services and system improvements to capture relevant information are needed.
- HMPPS policy and good practice guidance needs to be agreed for commissioning external agencies to deliver gambling care pathways, alongside a budget for reducing gambling related harms.
- Peer approach standards and best practice will need to be agreed for HMPPS utilisation.
- NHS gambling treatment providers are likely to need to market their support offer to people engaged in the criminal justice system, including what mental health support.
- Gambling care and treatment pathways would benefit of the inclusion of a mixture of gambling harm reduction guidance, Motivational Interviewing and CBT, debt advice, mental health support, relationship guidance and perpetrator of domestic abuse programmes, housing support and access to alcohol and drug treatment provision where appropriate. Holistic treatment and support offers are needed, however, there is likely to be a requirement to stagger and prioritise treatment delivery using a person-centred approach.
- An academic observation is that HMPPS need to agree on whether they want a fully abstinence approach to gambling in prison with stricter enforcement of current rules, or whether they want to adopt a harm reduction model that allows for some gaming/gambling activity with clearly articulated agreed parameters. For people in prison who want an abstinence only environment to support their recovery, decisions need to be made on how to achieve this. Gambling free wings may be a vehicle to support people desiring absolute abstinence, although resource implications need to be factored into decision making on what is viable. Ultimately, a person-centred approach is needed with a range of care pathway options available for those in prison and for those under probation supervision.

- A gambling care pathway that includes a comprehensive gambling harms awareness education programme, with clear signposting to further support and treatment options, is needed across both female and male prison estates for prisoners. Prison staff would also benefit from such education.
- In male prisons, the picture is complex due to prison culture issues embedding gambling as a normalised activity. Our academic view is that alternative prison culture vision needs to be established and implemented, alongside a range of treatment pathways for both prisoners and staff who gamble. HMPPS should undertake an internal investigation pertaining to where there may be security challenges associated with staff and prisoners gambling.
- In female prisons, an emphasis on continued recovery and trauma informed support is needed to therapeutically respond to the abuses that females are likely to have experienced associated to gambling and/or being an affected other. Longitudinal research into gambling activity in female prisons and in the community may be beneficial in better understanding prevalence levels and support needs.
- Greater levels of productive activities should be offered in male and female prisons as a diversion to prevent people from starting to gamble or gambling from boredom. Productive activities will also improve prisoner mental health including reduced suicidality.
- Further research into the prevalence of gambling and gambling harms within the Criminal Justice System (CJS) would be beneficial once robust screening processes and data capture systems are established. This would better inform associated budgeting and service commissioning plans based on need levels.
- Research into what constitutes effective gambling harm reduction interventions within the CJS is needed, particularly pertaining to both reducing gambling and for enabling crime desistance, especially where domestic abuse has occurred.
- Further research is needed to understand whether people who start to gamble in prison, go on to gamble in harmful ways upon release, and understanding of through the gate support is needed for all people who experience gambling harms. Understanding prison security issues associated to violence and sexual violence in relation to retribution for gambling debts would be beneficial. Little is known about young people in the CJS and their involvement in gambling, so gaining further insights from Young Offenders Institutes (YOI's) and Youth Offending Teams (YOT's) would assist with reducing safeguarding issues from either parents/guardian who gamble, or from a young person's own illegal gambling activity.

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About the Research Commissioners:

This research project was commissioned by GamCare and HMPPS.

GamCare was founded in 1997 and is a registered charity that is the leading provider of information, advice and support for anyone affected by gambling harms. GamCare operate the National Gambling Helpline (T

0808 8020 133) and provide structured support for anyone who is harmed by gambling, create awareness about safer gambling and treatment, and encourage an effective approach to safer gambling within the gambling industry. The criminal justice programme at GamCare commissioned this research. For more details about GamCare here is the weblink <https://www.gamcare.org.uk/>

HMPPS (His Majesty's Prison and Probation Service) work with a range of voluntary, public and private sector partners to deliver custodial and community sentences given by the courts with the aim of reducing reoffending through the rehabilitation of people through education and employment. This governmental organisation includes adult and Youth Custody services and has a headquarters committed to learning and change, which commissioned this research. For more details about HMPPS here is the weblink <https://www.gov.uk/government/organisations/hm-prison-and-probation-service/about>

About the Author:

Sarah Page is an Associate Professor of Social Justice and Social Learning at the University of Staffordshire and the Director of the University of Staffordshire Crime and Society Research Group and on the leadership team for the Centre for Crime, Justice and Security. Sarah's academic career is underpinned by a practitioner background, working therapeutically in youth offending services and probation to address addictive behaviour and undertaking a strategic management role within the statutory sector to assist partnerships in tackling health and social inequalities. Sarah mostly conducts qualitative and participatory research into addictions (drugs, alcohol and gambling), victimology (domestic violence, sexual offences, human trafficking and hate crime), tackling poverty (health and social inequalities), offending behaviour (youth justice), prisons and community arts. Sarah was the principal investigator for this research, leading on qualitative data collection and analysis work and provided oversight for quantitative data collection. For more information here is a weblink <https://www.staffs.ac.uk/people/sarah-page>

About the Research Team:

The wider research team supporting the work of this project included: Sarah Plimley (Sarah is a Lecturer in Policing at the University of Staffordshire Institute of Policing and Co-Founder and Deputy Chair of the British Society of Criminology Prison Research Network. Sarah has previous gambling research experience in association with a project for the Howard League for Penal Reform and the Magistrates Association. Sarah led on the statistical analysis of this research project and supported with editorial review and quality assurance checks), Lucy Pounton (Lucy is a Lecturer in Criminology and Course Leader for a master's degree in Sociology and Social Justice at the University of Staffordshire. Lucy has previous gambling research experience associated with GambleAware regarding financial abuse within interpersonal relationships and gambling. For this research project, Lucy supported with some of the literature review, qualitative data collection and analysis work and underwent the crosschecking of thematic analysis and editorial review), Amber Tickhill (Amber was a research assistant on this project and undertook data inputting for the prison and probation survey and some qualitative data transcript processing work. Amber is a University of Staffordshire undergraduate student), Bianca Colclough (Bianca was a research assistant on this project and undertook some of the qualitative data transcript processing work and is a University of Staffordshire post graduate student. Bianca is also a GambleAware lived experience board member), Laura Bailey (Laura undertook transcription work for focus groups with lived experience experts and affected others in the community and was a post graduate student at the University of Staffordshire at the time of undertaking research duties. Laura has previous experience of undertaking gambling research for our Howard League for Penal Reform project and has worked within the Criminal Justice System in various capacities), Jo Turner (Jo is an Associate Professor in Criminology and provided supervisory support and line management to the principal investigator of this research project in her Head of Department capacity), Barry Knight (Barry is an honorary graduate of the University of Staffordshire and provided consultancy support for the quantitative analysis aspect of this project based on his extensive UK and international expertise and previous Criminology academic work for Cambridge University) and Jose Beach and Sally-Anne Jordan (Jose and Sally-Anne work for the Research Innovation and Impact Services at the University of Staffordshire and provided commissioning and financial governance support). The surveys in this research were co-produced with Chris Walker from GamCare and Eartha Heptinstall (formally GamCare) and Caroline Bonds (HMPPS). Survey dissemination and recruitment to focus groups occurred through the professional networks of Caroline Bonds and Gareth Bartley-Swan from HMPPS and Rhian Lovell and Marcus Bedwell from HMPPS Wales. For correspondence about this research, please contact Sarah.Page@staffs.ac.uk

Gambling Harms and the Criminal Justice System

Comprehensive Report

Report written by Associate Professor Sarah Page, the University of Staffordshire

Research Contributors Associated to the University of Staffordshire: Sarah Page, Sarah Plimley, Lucy Pointon, Amber Tickhill, Bianca Colclough, Jo Turner and Barry Knight.

Research Partners: Dominique Webb from GamCare with previous contribution from Chris Walker and Eartha Heptinstall; Wayne Hodges from HMPPS headquarters and Caroline Bonds and Gareth Bartley-Swan formally from HMPPS; and Rhian Lovell and Marcus Bedwell from HMPPS Wales.

Background:

In England and Wales, gambling and competing for financial profit when incarcerated is prohibited (HM Prison and Probation Service, 2020) and yet, some prisoners gamble for money or canteen products (Smith *et al*, 2022). Despite possible consequences, gambling between prisoners is evident in some British prisons (May-Chahal *et al*, 2012; May-Chahal *et al*, 2017; Penal Reform Solutions, 2023; Smith *et al*, 2022), including prison staff involvement due to the perception of gambling being harmless fun (Penal Reform Solutions, 2023). Concerningly, violence can occur between prisoners due to gambling related debts (May-Chahal *et al*, 2012; Penal Reform Solutions, 2023), negatively impacting the victims, those observing the violence, and family members who pay off associated debts (Penal Reform Solutions, 2023). With prison types varying (Smith *et al*, 2022), national research is needed to gain further insights into gambling harms and to understand gambling harms specific to the population serving community sentences. Reducing gambling related harms and associated crime has become an area for consideration in HMPPS policy and practice advancement, including gambling pathway development, underpinned by quantitative and qualitative research completed by the University of Staffordshire from 2022 to 2024 and commissioned by GamCare and HMPPS (Page, Turner and Plimley, 2022). This report outlines the main findings from this study.

In background to this study, prevalence of gambling harms in incarcerated populations is seemingly greater than the general population, and whilst comparisons across data sets are limited due to differing populations and investigation approaches, points of interest are noted. May-Chahal *et al*'s (2012;372) study of one male and one female prison in England with a total of 710 participants, showed gambling prevalence of medium to high-risk gambling harms was at 27.8% of men and 18.1% of women. Widening this research across 6 male and female prison estates in England and Scotland and with a sample size of 1057 participants, May-Chahal *et al* (2017) then found 12.1% of the sample were engaged in harmful gambling, with males being higher than females, and Scottish prisons showing higher prevalence than England. May-Chahal *et al* (2017;82) estimated that intensive support is needed for 6.8% of the prison population with a varying offer for different types of gamblers, whilst awareness raising, and education is sufficient for a greater proportion of prisoners. Given that over half of the British adult general population have gambled at some point in a 12-month timeframe (Public Health England, 2021/2023), and with a prison gambling culture acknowledged in some male estates (Smith *et al*, 2022; Penal Reform Solutions, 2023), higher prevalence of non-problematic gambling in prison populations is likely. However, Smith *et al*, (2022;396) found that under half of the prisoners (45%) from a sample of 282 participants in one adult male category B prison in England self-reported gambling whilst in prison (from leisure pursuit to more risky behaviour), with 10 people reporting gambling for the first time upon incarceration. Whereas Penal Reform Solutions (2023;35) found that 67% of a sample of 90 participants residing in a category B male prison gambled.

Understanding why people gamble when incarcerated may help with identifying solutions to affiliated prison rule breaches. In research by Penal Reform Solutions (2023), gambling was perceived positively for alleviating boredom and helping people to forge prisoner friendships. Smith *et al* (2022) found gambling mostly centred around card, ball and dice games, or sports activities. Essentially, if prison boredom was lessened, this might reduce prison gambling occurrences (Smith *et al*, 2022; Penal Reform Solutions, 2023). Whereas May-Chahal *et al*'s (2017;80-81) study indicated prison gambling was due to a lack of '*impulse*

control' which should be the focus for offending and gambling rehabilitation work. Furthermore, mental health support is likely to be needed given the experiences of mental health decline in people engaged in harmful gambling and crime (Roberts *et al*, 2021). However, less is known about what constitutes effective gambling treatment within the criminal justice system (Page, 2021). Whilst some people have accessed beneficial support in the criminal justice system to reduce gambling harms, others have not been offered meaningful support (Page, 2021; Smith, 2022; Churcher, 2022; Trebilcock, 2023; Brown *et al*, 2023; Penal Reform Solutions, 2023). Furthermore, professionals may not be aware of the gambling harms that someone is experiencing due lack of disclosure, and criminal justice assessments not specifically asking questions about gambling (Page, 2021; Churcher, 2022).

Understanding links between gambling and crime may support professionals with identifying possible gambling activity. However, May-Chahal *et al*, (2012) assert that such links are complex, noting that only 3% of females and 5.4% of males in prison were able to link their gambling activity to the crimes they committed. This somewhat corresponds with Smith *et al*'s (2022) prison study findings, where only 4% of males attributed their criminal activity directly to gambling. Crime in the UK associated to gambling tends to be income-generating to fund gambling activity or to pay for associated debts (Brown, 1987), which is an easier link to identify (May-Chahal *et al*, 2012). There are also cases of interpersonal violence associated to gambling (Banks and Waugh, 2019; Roberts *et al*, 2020) and child abuse through neglect (Page, 2021). Roberts *et al* (2020) found that domestic violence perpetration and victimisation is linked with greater severity of gambling, depression, and anxiety. May-Chahal *et al*, (2017; 79) found that violence more broadly features with people experiencing medium and low risk harms, whereas people in prison who have high levels of gambling harms committed crimes pertaining to fraud and forgery, theft and possession or importation and supply of drugs (despite '*two-thirds*' abstaining from personally taking drugs). To better understand the nexus between crime and gambling and the British Criminal Justice System, Ramanauskas (2020) advised the Commission on Crime and Gambling Related Harms (2023) to bridge knowledge gaps and several studies were completed (refer to Page, 2021; Smith, 2022; Churcher, 2022; Penal Reform Solutions, 2023; Trebilcock, 2023; Brown, Trebilcock and Harding, 2023). Such studies emphasised the hidden nature of gambling harms within the criminal justice system and the lack of consistency in support being offered. However, there are resource constraints within the criminal justice sector to consider when developing gambling harm reduction pathways (May-Chahal *et al*, 2017).

Methodology:

Research Aims:

This research acquired perception and experience-based evidence to inform the strategic approach to addressing gambling harms and the development of care pathways within HMPPS. The research was jointly funded by HMPPS and GamCare, with the aim of meeting the mutual objective pertaining to improving criminal justice provisions of gambling related harm reduction services.

More specifically, the research aimed to:

- Identify indicative prevalence of gambling harms within prison and probation populations based on perception data and the range of perceived harms being experienced.
- Identify associated support being offered currently, and gambling harms support and treatment preferences for the future.

A mixed methods approach captured both quantitative and qualitative data from people on probation and people in prison. Further qualitative data was captured through conversations with a sample of lived experience experts and affected others, HMPPS staff, and voluntary sector treatment providers. All participants were assumed as over the age of 18 years, and engagement in the research required voluntary informed consent.

Survey Data Collection Approach:

A co-produced paper survey was utilised with people incarcerated within HMPPS prisons in England and Wales (total N = 868). Surveys were distributed in 15 prisons by HMPPS staff using varying dissemination approaches: from a whole prison approach through to data collection from one wing. Surveys were returned to the University of Staffordshire for analysis. Out of the 894 surveys received, 868 surveys were processed for SPSS analysis. One prison converted the survey into an electronic format that prisoners completed using

Tablet devices. Prisons that took part comprised of 4 female estates (gaining N=447), 3 male YOI's (gaining N=172) and 8 adult male estates (gaining N=249). Typically, prisoners did not answer all the survey questions, and this could be for a multiple of reasons, including that there was an exit point early in the survey for people who had not experienced gambling harms. Non-response to some questions created analysis challenges, as such, parametric analysis was discarded in favour of descriptive statistics and crosstabulation analysis. Percentages contained within this report have been rounded to the nearest whole number. Those with gambling harm experience tended to answer the demographic information because it was situated at the end of survey. Demographic responders were mostly aged 25-54 years (see Figure 1 for England and Figure 2 for Wales age demographics). Approximately 70% were white British and the remaining people were either from the Global Majority or did not answer this question.

Figure 1: England Prison Survey Age Demographics (males and females)

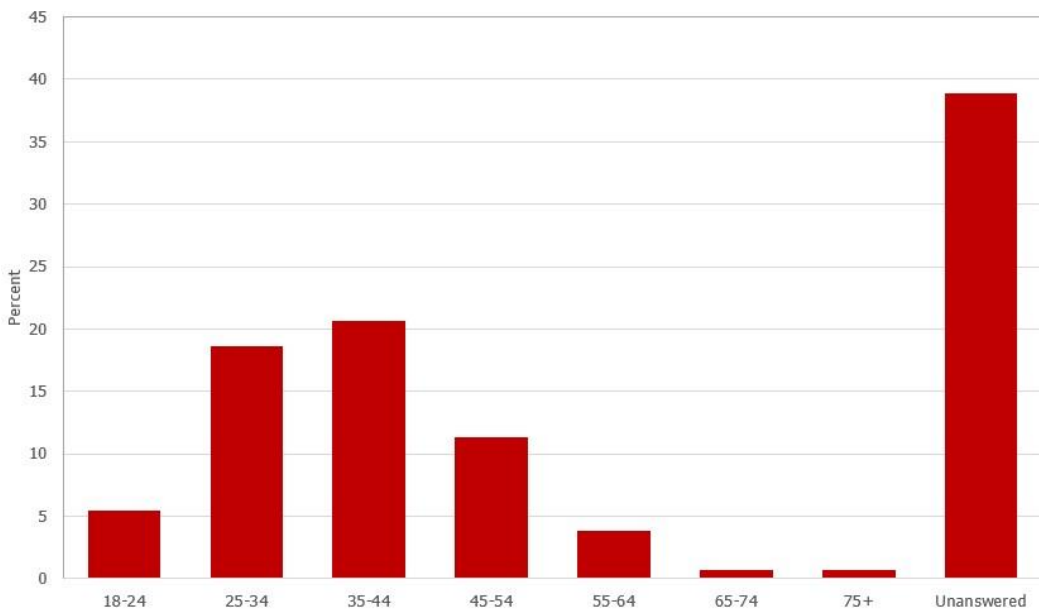
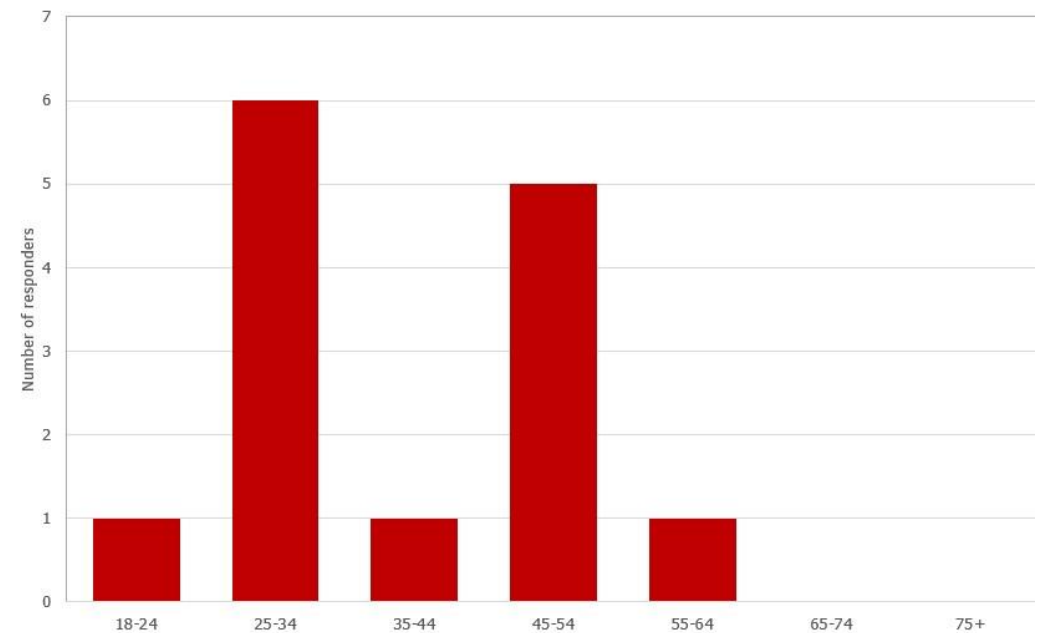


Figure 2: Age Demographics for Wales (male data)



Researchers need to be mindful of low literacy levels when conducting research with people in prison (Revolving Doors, 2016). Peer researchers reading surveys to prisoners has been credibly utilised in other gambling research (Penal Reform Solutions, 2023). Our project resources did not allow for this, so HMPPS

staff support was offered. Noteworthy is that prisoners can feel apprehensive towards engaging with research in-case confidentiality is not upheld (Page, Chamberlain and Gratton, 2022). We clarified within the introductory text anonymity and provided assurance that there would be no consequences from disclosure of prison gambling. Penal Reform Solutions (2023) found some prisoners were a barrier to gambling research due to not wanting to jeopardise future gambling activity, however, we are unaware of whether this occurred in our study. A pictorial question was designed by GamCare to support with understanding of the text pertaining to gambling harms (see Figure 3).

Figure 3: Infographic to identify types of gambling

Q2. When you gamble, in prison or before you came to prison, what do you gamble on? Tick the options that apply to you.

 Bingo <input type="checkbox"/> In the community <input type="checkbox"/> In Prison	 Sports betting <input type="checkbox"/> In the community <input type="checkbox"/> In Prison	 Casino <input type="checkbox"/> In the community <input type="checkbox"/> In Prison	 Gaming i.e. FIFA, loot boxes <input type="checkbox"/> In the community <input type="checkbox"/> In Prison	 National Lottery <input type="checkbox"/> In the community <input type="checkbox"/> In Prison	 Scratchcards <input type="checkbox"/> In the community <input type="checkbox"/> In Prison
 Horse races <input type="checkbox"/> In the community <input type="checkbox"/> In Prison	 Poker <input type="checkbox"/> In the community <input type="checkbox"/> In Prison	 Snooker <input type="checkbox"/> In the community <input type="checkbox"/> In Prison	 Dominoes <input type="checkbox"/> In the community <input type="checkbox"/> In Prison	 Fruit or slot machines <input type="checkbox"/> In the community <input type="checkbox"/> In Prison	 Dog races <input type="checkbox"/> In the community <input type="checkbox"/> In Prison
 Private betting <input type="checkbox"/> In the community <input type="checkbox"/> In Prison	 Pool <input type="checkbox"/> In the community <input type="checkbox"/> In Prison	 Cards <input type="checkbox"/> In the community <input type="checkbox"/> In Prison	 Phone app / online betting <input type="checkbox"/> In the community <input type="checkbox"/> In Prison	 A visit to the Bookies <input type="checkbox"/> In the community <input type="checkbox"/> In Prison	 Dice <input type="checkbox"/> In the community <input type="checkbox"/> In Prison
 Grand National <input type="checkbox"/> In the community <input type="checkbox"/> In Prison	 Chess <input type="checkbox"/> In the community <input type="checkbox"/> In Prison	 Draughts <input type="checkbox"/> In the community <input type="checkbox"/> In Prison	 Bets associated with prison life i.e. time of uplock <input type="checkbox"/> In the community <input type="checkbox"/> In Prison	Other (please specify): _____ _____ _____ _____ _____	

The prison survey asked questions pertaining to gambling in prison and prior to prison. We asked people about their gambling frequency, and to identify gambling harms that they have been impacted by as a person who gambles, or a person affected by other people's gambling (see Figure 4).

Figure 4: Survey Frequency Questions:

Q3a. We want to understand whether your gambling, or the gambling of someone close to you, has had a negative effect on your life. Negative effects might include financial problems, involvement in crime, relationship problems or poor health including mental health issues like stress, anxiety, or depression. Please tick all the answers that relate to you:

☐ Yes, gambling has had a negative effect on my life in the community

☐ Yes, gambling has had a negative effect on my life inside of prison

☐ No, gambling has not had a negative effect on my life in the community

☐ No, gambling has not had a negative effect on my life in prison

☐ Don't know

☐ Other (please state):.....

If you only answered 'No' to question 3a then please submit your survey via the envelope provided to a staff member. If you answered 'Yes' to any of the above questions, please continue to the next question.

b. If you answered yes to Q3, please tick which areas of your life have been affected:

☐ Finance

☐ Debt

☐ Losing a job

☐ Relationships

☐ Adjudications

☐ Committed crime

☐ Privilege loss

☐ Became a crime victim

☐ Alcohol misuse

☐ Prison debt

☐ Bullying

☐ Increased violence

☐ Substance misuse

☐ Feeling unsafe

☐ Homelessness

☐ Mental health (depression/anxiety)

☐ Suicidal thoughts

☐ Emotional wellbeing (low mood, low self-esteem, stress, isolation, feelings of guilt)

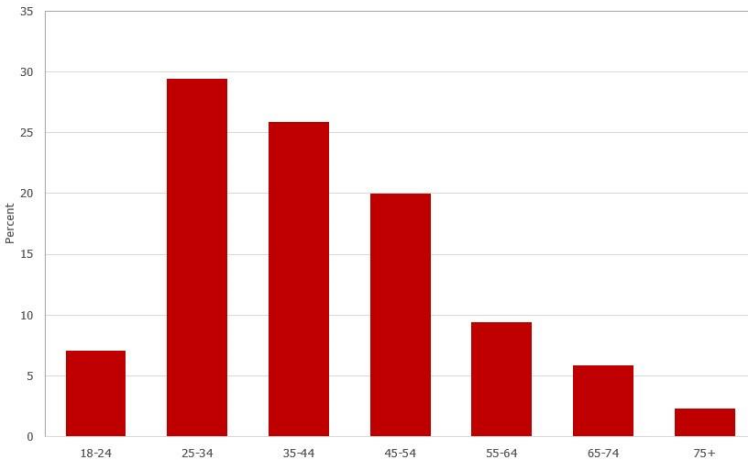
☐ Don't know

☐ Other (please state):.....

We went on to ask participants about whether they had accessed gambling harm reduction support, their experience of such interventions and their support preference for the future. Questions were not comprehensive enough to warrant a service evaluation, but they met consultation intentions to inform future care pathway development within HMPPS services and commissioning practice.

Furthermore, a co-produced paper and electronic survey was utilised with people on probation and those dwelling in approved premises in England and Wales (total N = 813), distributed centrally by HMPPS. Participants were accessed from 14 probation offices in England and 9 probation offices in Wales (total = 23 probation offices). A poster promoting survey engagement signposted people on probation to participate. Probation officers were given discretion regarding who to approach to take part in the research, and this may have incurred bias in the findings. A total of 820 surveys were returned to the University of Staffordshire and 813 were proceedable for analysis, with 13.3% being from approved premises. Survey responders were mostly aged 25-54 years (see figure 5). Gender breakdown was difficult to establish, with 728 responders opting not to answer the question. Of those who answered the question about ethnicity, 71% were white British, 4% were white gypsy/traveller and 19% were Global Majority. The demographic information should be treated as indicative due to the number of non-responses. Parametric testing was not conducted, and the probation survey was predominantly analysed through Qualtrics, with percentages rounded to the nearest whole number.

Figure 5: Age in Years for Probation Survey



Conversational Data Collection Approach:

The prison and probation surveys included qualitative questions that allowed for open text responses, with further qualitative data collected through adapted world café (Page and Temple-Malt, 2018; Page, 2020; Page, Chamberlain and Gratton, 2022). Adapted world café starts with a presentation to stimulate group conversations and involves participants gaining insights from others through summaries and people moving to different groups (ibid). There were occasions when this qualitative data collection approach needed further amending to a more traditional focus group (Morgan, 1996) to accommodate low numbers and/or venue limitations, however, a presentation to stimulate discussion, the semi-structured question guide and summaries were still utilised. A semi-structured approach was used so that participants could respond to the aims of the study, and they could talk about what was important to them, which is a helpful approach for reducing power dynamics between the researcher and participants. Counselling techniques of paraphrasing and summary were used to check meaning, and to provide opportunity for participants to clarify points. A therapeutically trained person was present when data collecting with lived experience experts, and an HMPPS staff member was present when collecting data with prisoners. This meant that if follow up support was needed, it could be actioned. However, having professionals present in an observational capacity can also hinder what is shared (Page, 2020). The therapeutic provider group conversations also had a professional present who the practitioners reported to, which allowed for fact checking regarding numbers in treatment, and may have created a barrier to what people shared. Unfortunately, one male prison qualitative data collection event got cancelled due to prison staffing capacity challenges. A further community event was planned for women who had experienced gambling harms; however, the data collection element of the event did not go ahead due to delegates not meeting the study's parameters. Advertised online research sessions for people under probation supervision who had experienced gambling harms also failed to recruit. The recruitment strategy was centred around partners advertising the opportunity to take part in sessions. Creswell and Creswell's (2018) assert that between 10 and 50 participants have sufficiency within conversational data collection. Despite participant recruitment challenges, such numbers were achieved for this study, with a total of 56 participants engaged across 12 conversational data collection sessions. Conversational data collection occurred with people who had lived experience of gambling harms who were in prison (N=11), lived experience experts in the community (N=8); affected others (N=3) and HMPPS professionals (N = 25) and voluntary sector gambling harm reduction treatment providers (N=9) working in the Criminal Justice System. Participants were mostly recruited through purposeful and opportunity sampling, and this was led by HMPPS and GamCare, with the University of Staffordshire conducting the qualitative data collection sessions and analysing the data.

Secondary Data Collection Approach:

In addition to the primary data collected by the University of Staffordshire, GamCare undertook a series of four thematic workshops with a range of criminal justice professionals, academics and lived experience experts, with average attendance of 70 people at each event. Data from two of these workshops were utilised for this study (GamCare, 2023a; 2023b). GamCare informed workshop participants that information at events would be recorded and included in GamCare reports, which would be made available for academic analysis. The University of Staffordshire were given access to the reports and have used these documents as supplementary information due to how data at the event is recorded. A literature review of recent British studies pertaining to gambling, crime, and prisons was also undertaken including grey literature, HMPPS reports and peer reviewed academic journals.

Analysis Approach:

The surveys were mostly processed using descriptive statistics and crosstabulation analysis within SPSS and Qualtrics. Qualitative responses in the survey were documented and reviewed for analysis, along with the transcripts from conversational data collection. Qualitative data sets were processed using Braun and Clarke's (2006;2021) non-linear thematic analysis process of 1) data familiarisation and writing familiarisation notes, 2) systematic data coding, 3) generating initial themes from coded and collated data, 4) developing and reviewing themes, 5) refining, defining, and naming themes and 6) report writing. Audio recorded transcripts were written up verbatim. Summarising participant responses formed part of thematic analysis process, along with colour coding of key themes and analysis maps. Themes were crosschecked by a further academic, providing an additional layer of academic rigour. Due to findings being drawn from a range of research sources e.g. surveys, group conversations with professionals and group conversations with lived experience experts within the criminal justice system and community (including affected others), key findings were cross referenced across the different sources of information. Mapping similarities

between the perspectives of multiple participant groups (e.g. lived experience experts, affected others, and HMPPS and therapeutic professionals) also occurred as part of the analysis process. Peer-debrief was utilised after data collection events and during the process of analysis and report writing to reflect upon the data and key themes. Findings in any study are somewhat subject to researcher interpretation and whilst the research team have endeavoured to summarise key points made by participants, this does involve interpretation of meaning.

Co-Production:

Regular collaborative meetings took place between the University of Staffordshire, GamCare and HMPPS to agree research project parameters. Meetings also included co-designing the research project and developing the co-produced surveys. At NRC approval stage, the approving panel made some recommendations for further changes to the survey, which were accommodated.

Research Ethics:

The University of Staffordshire ethics committee approved this research in conjunction with receivership of HMPPS National Research Committee (NRC) approvals and HMPPS Probation regional leadership agreement (as requested by NRC for the Probation data collection) and HMPPS Gambling Harms Steering Group support. Principles of confidentiality, anonymity, informed consent, right to withdraw and debrief were applied in line with ethical guidance from the British Society of Criminology (BSC, 2015). GDPR legislation and the University of Staffordshire policy has been applied to data handling and storage. Data checks have occurred on each data set to check for accuracy prior to initiating analysis and further checks have occurred on the analysis and reporting of findings. The research governance practices for this research have ensured that the gambling industry has had no influence over research operations from inception through to findings analysis and dissemination. Funding for this research is attributed to GamCare via a Gambling Commission directed regulatory settlement, and National HMPPS.

Research Findings:

Following academic analysis and interpretation of the findings, key themes were identifiable from this research and are presented in this report under the main subheadings of 1) indicative prevalence of gambling and gambling harms and 2) gambling care pathway considerations.

Findings: Indicative Prevalence of Gambling and Gambling Harms

Despite gathering data from a wide cross section of people across HMPPS services in England and Wales, an estimate on prevalence of gambling harms across HMPPS service user populations in prison, and on probation (including those in approved premises) is only viable. As such, claims and generalisations made are done so with caution. Prevalence was considered from professional perspectives and lived experience perspectives. Data was captured via survey(s) and in qualitative conversations. Once HMPPS activate a more robust screening process for detecting gambling activity and gambling harms, prevalence levels among those on probation supervision and for those who are incarcerated will be more distinct. That said, our academic findings do provide evidence for HMPPS to make some initial plans for future service delivery.

Upon asking professionals about the frequency that gambling came up in their caseloads, a spectrum of responses become evident. Professional experiences varied of working with people who had disclosed gambling activity and gambling harms to them. One voluntary sector gambling harm reduction treatment provider working in probation and prison facilities claimed seeing over 500 people per year regarding providing support to reduce gambling harms (Treatment Provider Focus Group). Another worker, mostly working within a female prison estate, indicated working with a group of 6 women and approximately 16 people per week on a one-to-one basis, either face-to-face or by video call (Treatment Provider Focus Group). From this insight, with there being [109](#) HMPPS managed prisons in total across England and Wales (Gov.uk Website, 2024) with 15 prisons designated for females, we rudimentarily estimate that over 240 incarcerated women are likely to need gambling harm reduction support per week. This number of women per week is approximately 7.4% of the female prison population as per November 2022 figures prison figures reported by the Ministry of Justice (2023;15). Other treatment providers indicated higher levels of interventions being undertaken in prisons, and so we deliberate that approximately 8,496 treatment places per year may be required based on the Ministry of Justice (2023) speculative prison population figures for

England and Wales by March 2025 (prison population estimated as being around [94,400](#) people). We have estimated treatment places with consideration to our survey findings and that one provider informed us that:

“We tend to see roughly 9% of the prison population. And have done for many years.” (Treatment Provider Focus Group 1)

Interestingly, many probation and prison officers in our research had not come across cases where gambling harms featured in their caseload management, and they mostly put this down to not asking the right gambling screening questions. However, for those who were more aware of gambling harms from training and/or lived experience, they explained being more willing to probe to identify whether gambling was linked to criminal behaviour, and as such, cases were identified. One probation officer indicated:

“About 30% of the men I deal with admit to having a gambling problem” (HMPPS staff focus group).

Recent figures of people being supervised through HMPPS probation services from March 2023 is [239,518](#) people across England and Wales (HM Prison and Probation Service, 2023). Potentially there could be approximately 71,855 people on probation in need of gambling harms support, with application of the figure of 30% of a caseload to the wider probation population. Please note that all estimates of treatment provision are based on rudimentary analysis and contain researcher judgement associated to data evidence consideration.

Our survey findings with people under probation supervision, indicate levels of regular gambling (daily through to weekly) for those on probation at up to 41% (see Table 1), and this would infer up to 95,807 people on probation are gambling weekly or more regularly. As a point of clarification, we are not advocating that all people who self-identified as regularly gambling via our survey would need in-depth support from a gambling care pathway. For example, we identified an individual placing a weekly sport bet of £5 per week for numerous years, and they felt unharmed by this, and as such, would not require intervention beyond awareness raising of possible future harms and services. However, we also found an example of a person gambling once a week and spending £1,000 on this activity, which is likely to increase harms and require a more in-depth intervention.

Tab 1: Frequency of Gambling When Under Probation Supervision

Answer	%	Count
Most days	9%	33
Several times a week	10%	37
Once a week	22%	78
Fortnightly	10%	36
Monthly	13%	46
Once or twice a year	18%	66
Never	18%	65

The probation survey indicated that taking part in the National Lottery is the most popular form of gambling activity, followed by scratch cards and sports betting (see Table 2). Upon gender analysis from prisons in England, we note most males who are gambling whilst on probation are placing bets either daily or weekly (56%). Whereas most women who gamble in the community place bets once a year (33%), with 17% of females who gamble indicating they gamble daily. People seemingly prefer gambling online via phone apps, rather than going to a betting shop. Incarcerated women inferred gambling stopped once incarcerated due to not having access to a mobile telephone device (Prisoner Focus Group). Furthermore, not having access to scratch cards was noted by males as a reason for ceasing to engage in scratch card gambling (Prison Surveys), despite minor evidence that some scratch card activity does occur in prisons.

Table 2: Gambling Forms for People on Probation

Answer	%	Count
Bingo	4%	25
Sports betting	10%	56
Casino	6%	35
Gaming i.e. FIFA, loot boxes	2%	12
National lottery	20%	114
Scratch cards	13%	70
Horse races	8%	42
Poker	3%	18
Snooker	0.4%	2
Fruit or slot machine	8%	42
Dog races	1%	8
Private betting (a mate runs a book just for friends)	3%	19
Pool	2%	9
Cards	3%	17
Phone app / online betting	10%	55
A visit to the Bookies	6%	36

Prison survey findings seemingly demonstrate a reduction in people gambling when incarcerated and this finding is supported by group conversation data findings with both professionals and people with lived experience. Some of this reduction is reportedly due to gambling harm reduction intervention:

“yeah, in general, um, the scores [referring to PSI scores] do go down [referring to people accessing gambling reduction support in prison]. The treatment does work.” (Treatment Provider Focus Group 1, P2)

The reduction can also be explained by people gambling predominately by phone when in the community and people not being able to access their mobile phone when incarcerated:

“We were both on our phones, I hate it... if were both gambling [before prison], he [was] literally glued to his phone...” (Female Prisoner Focus Group, P6)

The female prisoner quoted above had not been in receipt of gambling harm reduction support in prison but had stopped gambling because she had no phone access upon incarceration.

Noteworthy is that less people in the survey responded to questions related to gambling in prison and this is possibly due to prison rules pertaining to gambling. As such, we posit that our survey findings may well be an underestimate of the actual picture of prevalence of gambling and gambling harms in prison. That said, the Prison survey findings showed that across all gambling forms, people mostly reduce gambling upon entering the prison system. For example, in the England Prison Survey approximately 30% of respondents said they used scratch cards in the community and only 1% said they used scratch cards in

prison; 24% stated they did the national lottery in the community and 1% said they did this in prison; 14% were engaged in sports betting in the community and 2% said they did this in prison. The prison survey did not specifically ask for details about how gambling was facilitated within prison, although there was indication that family members were enablers to prison gambling. The sports betting percentage is low, especially given that qualitative comments in the surveys alluding to sports betting in male prisons. As such, a higher level of sports betting in prison is probable than what has recorded in this report. Card game betting is also more likely to be higher given the qualitative comments:

“I didn't personally see a lot of gambling within the [women's] prison and I know in the male estates it happens a hell of a lot more... I'm not saying it didn't not go on, but um. There was talk in the open unit of having a game of cards over Christmas and we'll play for money...” (Prisoner Focus Group, P11)

“you do see prisoners openly... in the male closed estate, gambling when you go up to the landings and they will be playing usually kind of sort of cards or something like that...” (HMPPS Prison Staff, P2)

However, some prisoners may well be playing cards for ‘matchsticks’, and this is perceived as relatively harmless by HMPPS staff.

Prisoners in England alluded to gambling with less frequency when incarcerated (see Figure 6), with under 10% indicating regular gambling in England (from weekly to most days) and 14% of men in a prison in Wales indicated gambling most days in prison (Prison Surveys). The England figures are likely to be less than the Wales figure because of the inclusion of female prison data and possibly due to also including YOI data, which we were unable to analyse separately due to resource limitations. The majority of participants in England and Wales reported that they never gamble in prison (42% in England and 50% in Wales) or opted not to answer this question. There were qualitative responses in the survey further highlighting personal preferences not to gamble, and some went on to explain that they had been an affected other to someone close to them, and this had put them off gambling. Others inferred observing, or experiencing, consequences to gambling in prison, and this put them off getting involved further.

Interestingly, a small group of males reported starting to gamble upon incarceration (see Figure 7), which was a pattern not identifiable from the female data. No details were provided as to how initiation to gambling occurred. Further research is needed to understand the reasons why people start gambling in prison, whether this group of people end up gambling once they are released from prison, and whether they go on to experiencing significant gambling harms. A longitudinal study more broadly upon gambling activity upon prison release would be beneficial.

Figure 6: Prisoner Gambling Frequency in England (males and females)

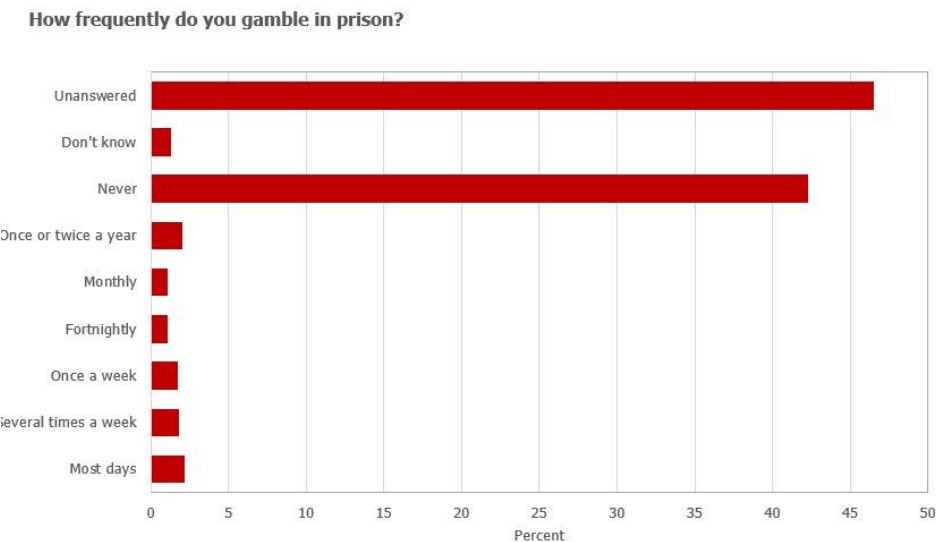
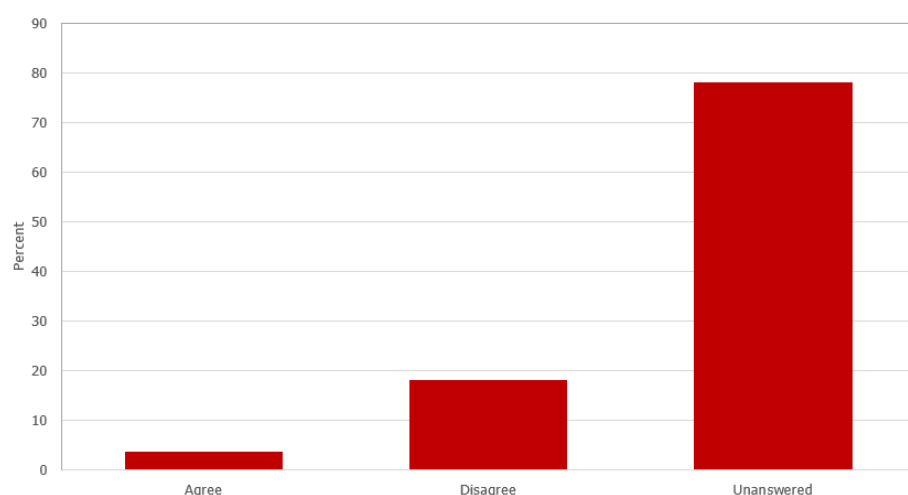


Figure 7: Incarceration as Point of Gambling Engagement

Please read the following statements and tick whether you agree or disagree with them: I have begun to gamble since being in prison



The probation survey identified that for those who did gamble in prison, they gambled on sports and games e.g. snooker and cards. They won tobacco, vape liquids, toiletries, money sent in from family, 'canteen' and trainers. Male prisoners concurred, for example one prisoner stated that they gambled in prison on "pool – cards – Football" for "Vapes" and "Shower gels" (Prison Survey number 27). One HMPPS staff member who had previously worked in a male prison commented:

"...Gambling came up all the time. They were gambling on wings. They'll gamble on whether someone walks up the stairs... it's not reported, and it's not recognized as a gambling problem in custody... even when you were having these discussions with security and senior leads, there were still saying there isn't a gambling factor... it is a day of life for them in custody. They'll say they've got nothing else to do. Some of them don't get any money sent in for them to get anything additional. They resort to gambling, and it can be anything." (HMPPS Focus Group LD2)

Prison responders also indicated gambling on general prison life. One prisoner commented that he had won and lost at playing 'poker' in prison for 'canteen' and does not gamble anymore (Prison Survey number 22). One male explained that a prison education staff member put on a Bingo activity without prizes as a form of prison entertainment: "Bingo. But that was not gambling in prison that was for free and fun" (Prison Survey number 34). One woman also commented on bingo being used as a game at family days with prizes, with no payment or requirement to join the game:

"...the families of the women come in to spend the day, um albeit, whether it be children's day, or we have life for days or significant others days. And obviously these go on from like say 10 till four. So, there's organised activities within that, um, group and yeah, Bingo does happen within as part of that... this is not financial, but you'll win chocolate and vouchers maybe, or things like that... you don't have to pay either to be part of it." (Prisoner Focus Group, P11)

Whilst on the surface, such gambling and gaming activity does not seemingly incorporate high stakes, there were extracts of evidence to suggest more harmful practices are occurring in male prisons. For example, one responder mentioned "playing table tennis. I lost £80 and never gambled since" while in prison (Prison Survey England, number 75). It was clear that some significant harms did occur, for example, Prison Survey number 34 male England said:

"I don't like gambling. I've seen others gamble in prisons and that can be wrong as it can cause some serious harm." (Prison Survey number 34, male).

Both prison and probation survey responders inferred fights occurring in prison over gambling debts. For example, people would gamble with their canteen money and not be able to pay it back, and this led to violent retribution. In the focus groups with HMPPS staff, probation officers also alluded to violence occurring

as a punishment to prisoners accruing gambling related debts in prison. Violence included sexual violence as a payoff for gambling, or a punishment for gambling related debts:

"I know that one young lad was equally traumatized because he picked up a gambling debt for a cell mate... had to do sexual acts on another cell mate, but he's not going to report that." (HMPPS staff focus group).

Whereas violence in prison did not feature within female prison estate findings pertaining to gambling debts. More research into prison violence associated with gambling related debt is needed to further understand the nuances and security challenges for prison staff and to reduce gambling harms. Our focus group findings did highlight that gambling related crime includes violent perpetrating, for example, armed robbery, domestic violence, and organised crime relating to drug dealing. As such, violence associated with gambling in prison may be reflective of more entrenched patterns of behaviour. For example, incarcerated women reported that their male partners gambled and accrued substantial debts, leading to these women experiencing financial abuse and interpersonal violence victimisation.

"...I loved him as person but he had a bad habit [gambling habit] and kept hitting me..." (Female Prisoner Focus Group, P2)

Such violence was also experienced by wider family members according to HMPPS staff in the focus groups. For example, one probation officer talked about preparing a pre-sentence report and after multiple meetings, discovering gambling leading to physical violence in the family home:

"... the physical abuse. And it wasn't just against his wife, but also against his mother or her mother-in-law. And none of this has been reported to the police until this one incident that escalated... we could see that there had been previous incidents, but again not reported to the police." (HMPPS staff focus group)

One prison officer commented that women engaged in gambling might do this as an 'escapism' to interpersonal violence in the home, providing example of a woman incarcerated for stealing from her workplace to address a £200,000 gambling debt. The gambling was perceived as a coping strategy for relational issues with her husband (Prison Staff Focus Group). Women indicated that escapism may be broader than abusive households to that of any negative situation:

"... if that money hadn't run out and I had got caught, I would still be gambling... All I dreamt about, thought about, was gambling. If you'd give me a mobile phone with £100.00 on it, none of it mattered. Kids, what Kids? That's genuinely what gambling did to me. It was my complete escape from any bad situation..." (Female Prisoner Focus Group, P11)

This woman went on to talk about how attending group interventions, with a mix of people who gambled and affected others, led by a voluntary sector service, helped with moving forward. For people who gamble, hearing accounts from affected others can be a useful intervention for appreciating the damage that gambling does to all involved and further motivating abstinence. This woman also talked about how a gambling card game had been planned by women in the prison and when she approached them, explaining her gambling related crime and objective to be abstinent, they agreed not to proceed.

Whilst fewer participants stated they were experiencing harms from gambling when incarcerated e.g. in the England Prison Survey 4% identified that gambling had a negative impact upon them in prison compared to 10% of males in the Prison Survey in Wales. We noted that some people said they had not experienced harms, and then later articulated specific harms. As such, we wondered whether the terminology of 'gambling harms' is less understood by people on probation, or in prison, and the wider population, which may be a helpful insight for practitioners asking people about gambling harms. Asking specific questions regarding the individual harms may ascertain greater insights than a general harm-based question, and there also needs to be questions relevant to affected others. HMPPS staff also talked about wanting more follow-up questions to a generic question covered in their Supplementary Assessment Questions (SAQ).

Overall, 26% of probation survey responders claimed that gambling had a negative impact upon their lives, of which 79% were males and 13% were females (Probation Survey). The majority of the males who responded to this question had experienced harms because of their own gambling, with 25% expressing concern about someone else's gambling (mostly a friend gambling, followed by concern about a family member gambling). Whereas less than half of the women who experienced gambling harms did so from their own gambling, and more than half were concerned about someone else's gambling (mostly a family member gambling, followed by a friend gambling). The prison survey also identified that women experienced more harms from a loved one's gambling activity, than their own gambling (England Prison Survey). This was trend we also observed in the women's prison focus group.

In England, 15% of prison survey responders (both males and females included) indicated that gambling has had a negative impact upon them in the community, with just under 4% stating that gambling has negatively impacted upon them in prison. In Wales, 28% reported experiencing negative impacts from gambling in the community prior to incarceration and 10% of male prisoners indicated that gambling had a negative impact upon them in prison. As such, between 4 and 10% of the prison population self-reports harm occurring in prisons from gambling activity based on prison survey findings across England and Wales. Across all surveys, the three main gambling harms were 1) finance and debt related harms 2) experiencing poor mental and emotional wellbeing and suicidality and 3) relationship breakdown. For the full list of harms and responses see Table 3. People who had experienced gambling debts reported via survey accruing gambling debts of mostly under £25K (Prison and Probation Surveys). However, professionals and people who have experienced gambling harms talked about debts of hundreds of thousands of pounds in the focus groups. People supervised by a probation officer in the community commented that they worried about their debts, and this made them feel stressed, caused relationship arguments and one person explained that they drank more alcohol as a coping strategy (Probation Survey). Being in debt impacted wider life, including gaining accommodation and one person commented:

"Unable to get credit of any sort... gambling in the past has resulted in loans and things amounting to around £38k of which is currently under an IVA agreement. This has impacted my credit score massively and some day-to-day things where credit scores are checked etc. I feel it has restricted me financially." (Probation Survey Responder)

Table 3: Gambling Harms Experienced

Harms	Wales (male prison) % of overall participants	England (male and female prisons) % of overall participants	Probation (male and females) % of overall participants
Finance and Debt	67% and 33%	7% and 6%	13% and 11%
Mental Health, Emotional Wellbeing and Suicidal Thoughts	44%, 11% and 22%	5%, 4% and 3%	11%, 11% and 5%
Relationship Breakdown	44%	6%	10%
Substance/Alcohol Usage	22% and 11%	4% and 2%	5% and 7%
Job Loss	22%	4%	3%
Becoming a Victim of Crime / Violence	11% and 11%	1% and 1%	3% and 2%
Crime or Being Incarcerated	0% and 0%	3% and >1%	6% and 4%
Bullying / Feeling Unsafe	0% and 0%	2% and 2%	1% and 4%
Homelessness	0%	2%	4%

Getting into debt seemingly was connected to some of the participants engagement in criminal activity. For example, engaging in theft and breaches of trust in workplaces. For example, one probation survey responder said:

"My life has been significantly impacted by gambling. I started to gamble at around the age of 18. This has had a negative impact upon all aspects of my life resulting in being sent to prison for theft, from the company that I owned with others..." (Probation Survey Responder)

Here we see that theft from work resulted in job loss and incarceration. Several people commented upon job loss as a gambling harm in the surveys. Financial harms from gambling seemingly meant that it took a long time for people to experience changes in their circumstances. Recovery was possible but required resilience (Therapeutics Provider Focus Groups). Multiple disadvantages occurred for people who ended up homeless from gambling debt. Examples were given by probation staff, prisoners and treatment providers of people losing their home because of gambling debts or struggling to get or sustain rental accommodation (Focus Groups and Prison Surveys). Loss of accommodation had wider impact upon family members, one person on probation commented in the survey that *"My partner gambled, and we had to sell the house"* (Probation Survey Responder). Affected others felt like the Criminal Justice System did not take on board the financial losses they were facing and the implications of POCA and fines upon their ability to function once a partner served their punishment (Affected Other Focus Group).

Males and females with lived and learned experience in our study talked about relational arguments and violence stemming from financial issues and gambling debts (Surveys and Prisoner Focus Group). HMPPS staff and people in prison and on probation acknowledged that relational tensions impacted wider family members:

"I was gambling for over 20 years, which significantly impacted on my family. I would often steal from my family and lie to family members. This caused stress and anxiety in family members. The result of all of this had a negative impact on my relationships with my family." (Probation Survey Responder)

Conversely, gambling was also seen as positively contributing to family life when winning money. For example, one person commented:

"Gambling has helped me support my family whilst in prison." (Prison Survey number 62 England)

Whereas there were more people who talked about how gambling debts negatively impacted their mental health, leading them to feel anxiety and suicidal. One man talked specifically about attempting suicide due to the debts that had been accrued (Lived Experience Focus Group). A smaller group of people went on to explain that they drank more alcohol and/or consumed drugs as a coping mechanism to the stress from gambling debts. The co-occurring conditions of gambling and alcohol and/or illicit drugs featured in both male and female responses to the prison survey findings (Prison Survey). One woman in prison talked about only gambling on her mobile phone when intoxicated on cocaine and was seemingly more concerned about her drug usage than her gambling activity (Prisoner Focus Group).

Gambling harms experienced included harms that people on probation and in prison had experienced as children. There were examples of people who gambled who had been in looked after care. For example, a probation officer talked about a drug dealer who gambled and had adverse childhood experiences and how childhood trauma had not been previously addressed through looked after care settings or wider services (HMPPS staff focus group). One person on probation also commented that *"...It [referring to gambling] denied my whole family from basic needs."* (Probation Survey Responder) and as such, it was inferred that neglect had occurred. For some, gambling was something first learnt through family members gambling (Prison and Probation Surveys and Prisoner Focus Group).

In summary, indicative prevalence of gambling indicated that up to 41% of people supervised in the community through probation are gambling regularly and up to 14% of those incarcerated are gambling regularly. However, numbers are fewer within female cohorts, and gambling preferences are also different for females, with less females engaged in sport related betting and sport related betting being more common in male prisons. Whilst some people gambling did not indicate experiencing harms, more males acknowledge harms from their direct gambling, whereas more females indicated harms through a loved one's gambling, typically in the format of financial abuse and physical violence victimisation. Gambling harms that are most apparent are financial, mental health related and relationship breakdown, although some people also reported job loss, accommodation loss, increased drug and alcohol usage and engagement in crime or crime victimisation. Noteworthy is that some people who gamble have learnt to do so from their childhood and have experienced adverse childhood experiences associated to gambling.

Findings: Gambling Care Pathway Considerations

Our research asked people in prison and on probation about their experiences of existing support and treatment, and about their preferences for gambling care pathways in the future. Professionals working in the Criminal Justice System were also asked about what is currently available, and for their professional view of the impacts of what is currently on offer. A range of voluntary sector treatment providers working in the Criminal Justice System also reflected upon their practice to share further insights. Whilst we did not endeavour to fully evaluate current provision, we aimed to gain some insights to help inform policy and practice and service commissioning.

Some people did not feel that they were treated fairly in court because criminal justice staff, including the judge, did not seem to understand gambling as an addiction (Lived Experience Focus Group and Prisoner Focus Group). As such, greater training for criminal justice staff would be welcomed, alongside greater provision for meeting treatment needs. For example, one prisoner said:

“I spoke about it in my pre-sentence report... he [referring to the Crown Court judge] didn't give me POCA because he could clearly see that every penny had been spent on gambling. But, therefore give me such a harsh sentence. Not taking into account the gambling... [she recalled the judge saying to her] ‘I can clearly see miss roughly not one penny has been withdrawn. Every penny has gone on gambling. But ‘you should have known better, miss. So therefore, I'm gonna give you... [number of years for theft and fraud omitted]... and I'm going to run them consecutively and not concurrently either’” (Female Prisoner Focus Group, P11)

In this situation, the prisoner was not referred to support upon disclosing how gambling on her phone had led to gambling related crimes of theft and fraud from family members. She described having to push for support once she was incarcerated. Eventually, she was able to attend one-to-one sessions and a support group in the second prison that she was moved to. Problem Solving Courts for gambling might be a way forward regarding ensuring greater support is offered to people who have committed gambling-related crime (Lived Experience Focus Group). A further consideration is that affected others felt somewhat neglected by the Criminal Justice System and more support for affected others was needed (Lived Experience Focus Group).

The probation survey findings showed that only 31 people recalled being asked whether they gambled by a criminal justice professional, and only 19 people were then offered a gambling treatment pathway from either a probation or prison officer. Most were referred to Gamblers Anonymous, GamCare, GamBan and for debt support, including support from Citizens Advice Bureau (CAB). Over two thirds of people who had accessed treatment found it average through to very good via a likert scale question asked in the surveys. The rest claimed that support was not helpful to them (Probation Survey). The prison survey(s) reflects a similar picture of few people being asked by a criminal justice professional about whether they have been affected by gambling harms (see Figure 8 and 9). The England prison survey indicated that just less than 4% of people had been offered gambling support in the Criminal Justice System and for those who received support, feedback was mixed, from unhelpful to very helpful for the associated likert scale question. Whereas, in the Wales Prison Survey, no-one had been offered gambling harm prevention support, however, 4 people had initiated access to GamCare support and debt advice and 3 people accessed relationship counselling and mental health support.

Figure 8: England Prison Survey: have you been asked about whether you have been affected by gambling?

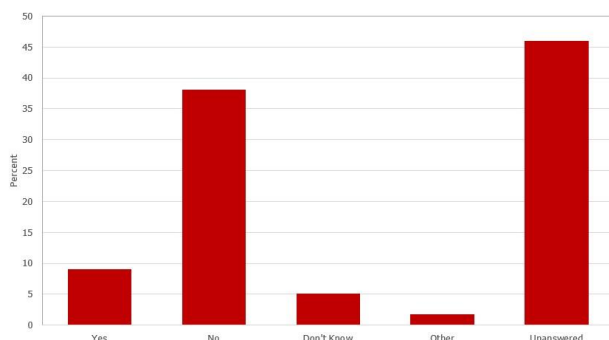
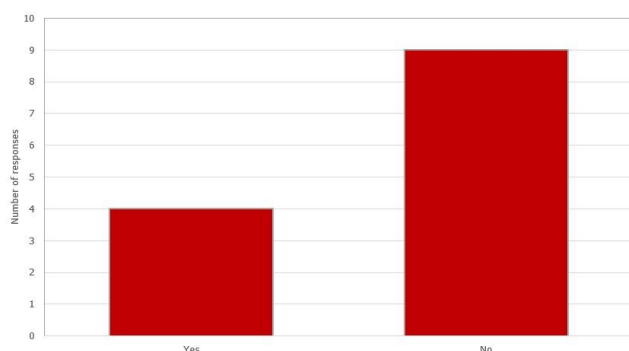


Figure 9: Wales Prison Survey: have you been asked about whether you have been affected by gambling?



People seemed disappointed by support levels currently on offer throughout the Criminal Justice System. For example, one person on the probation survey commented:

"I have struggled to live due to financial issues. The support has been non-existent. It's actually gotten significantly worse since being on probation. My mental health has gotten much worse as a result." (Probation Survey Responder)

Criminal justice professionals acknowledged mostly not asking people about gambling and gambling harms (HMPPS Staff Focus Groups). Where professionals noted one question about gambling on the supplementation assessment questions documentation about whether the person gambled, they commented that they took responses at face value and did not ask follow-up questions, whereas they would probe further regarding drugs and alcohol. One probation officer explained that they might notice a service user had insufficient funds to cover essentials, and had scratch cards in the home, and yet they had not followed up with inquiry lines pertaining to gambling. Possibly this is because gambling was largely seen as somewhat normalised in society. Gaining awareness about gambling harms made professionals more aware and more likely to ask questions. However, probation staff felt that workloads and capacity limitations can also impede upon staff having time to ask questions, to make referrals, and to add information onto relevant systems. However, for those who had received training and/or had some form of lived and learned experience, they felt more comfortable probing to identify gambling harms and in making referrals to support organisations. However, they noted that support options were limited. HMPPS staff wanted more training and consistent gambling harms care pathways for people in prison and on probation. One participant commented:

"...definitely training awareness, but I think a more coordinated approach to the support that is available for people on probation and also people in custody as well... the project that I mentioned, I think was specifically for the particular prison I was in. So, it wasn't like a kind of sort of national sort of roll out, so it needs to be..." (HMPPS Staff Focus Group, IP2).

HMPPS staff also reflected on occasions when it took them multiple meetings to reach the information that gambling played a part in the offence (HMPPS Focus Groups). Ultimately, staff felt that the right questions were not being asked. One staff member commented:

"... And another woman, who again debt ran to and about £60,000... at which she stole from running employer [a female manager where there seemed to be a relationship beyond the workplace with]... the woman had given her credit card so that she could do the shopping for her... gambling problem was right up front and centre and was being an issue... At first offence, you know with previous live good character and quite looking forward to going back to being of good character. But the main reflection is really that we're still not asking the question much of the time." (HMPPS Staff Focus Group, WD4)

However, even with the right questions, it still might take time before someone discloses about their gambling behaviour. Treatment providers indicated this is particularly evident when someone was a professional and/or had children.

“... there's a lot of other things that women seem to have to consider, like children and social services and the family environment... I think if they're, they're considering coming into treatment, there's a lot more that they take into consideration before they'll do it... I found personally that, that women, they might take that first step, but then they're like, oh, no, I can't cause what if X Y and z happens?” (Treatment Provider Focus Group 1, P3)

Treatment providers highlighted that due to stigma and concern pertaining to how professionals would intervene with a person who disclosed gambling, information needed to be gradually teased out of people pertaining to gambling behaviour and associated harms (Treatment Provider Focus Groups). As such, an assessment of harms over time was perceived as a better way to assess gambling harms levels and treatment and support needs (Treatment Provider Focus Groups).

“...we've said about breaking this assessment [up], doing it gently, getting trust up instead of just reading off and assessment.... you've got to answer tons of these questions and there could be really you know... thought provoking questions... then they go away and then start really thinking about the past, what they've done. The guilt, you know everything and that could be a real trigger for, you know, self-harm and suicide... I think that's got to be really reflected in how we work with people that are in prison, you know, because we don't know about everything... [people don't] always disclose everything...” (Treatment Provider Focus Group 2, P2).

Noteworthy is that there are additional sensitivities pertaining to asking people about the crimes they have committed that are associated to gambling, particularly if a court case is pending, or there is social work liaison (Treatment Providers Focus Groups). Treatment providers felt that direct questions about gambling harms and crime were unhelpful upfront because trust is needed for disclosure. A further compounding issue is that some people do not think of ‘identity theft’ and ‘fraud’ as a crime, instead they see it as ‘borrowing’ from someone they know (Treatment Providers Focus Groups). Therefore, some people do not make a link between their gambling and criminality.

Criminal justice professionals generally felt ill-equipped to explore gambling activity with people, and wanted training on gambling harms that included simple questions to help ascertain whether someone is gambling or has been adversely impacted by a loved one's gambling (HMPPS Staff Focus Groups). Wider professionals also inferred that mandatory training would be beneficial for criminal justice staff (Thematic Workshops). Having the option of a shorter course of several hours, or half a day, with lived experience content would be welcomed in training, through to a longer course for those who work more in-depth with people with gambling harms would be preferable (HMPPS Staff Focus Groups). Training needs to allow for criminal justice staff to share their own practice experiences (HMPPS Staff Focus Groups). Criminal justice professionals also wanted to be given a list of organisations who they could refer someone to for gambling harm reduction support.

Prison officers working in a female prison felt that gambling tended to be disclosed after a female is convicted of an offence, rather than at pre-sentence report stage (Prison Staff Focus Group). However, treatment providers noted that in prison, there can be a reluctance in people coming forward to talk about gambling harms in case this triggered bullying from others (Treatment Provider Focus Groups).

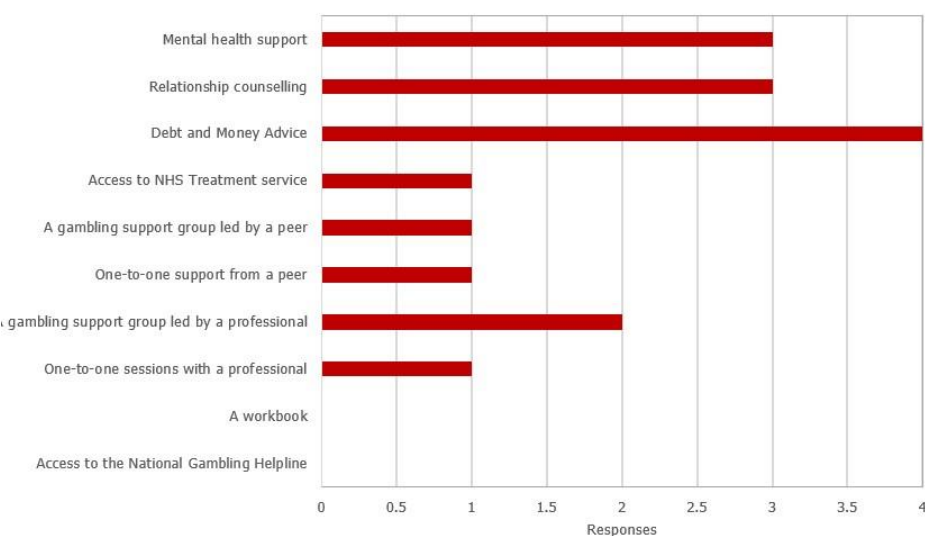
“... 90% of the people that come forward [for] treatment from prison, they are worried about the stigma, they are worried about people finding out, because within that environment it's seen as a weakness. You know, it's a big boys don't cry culture... you have to be seen to be tough in prison, otherwise you get abused in one way or another. So, actually being big enough and brave enough to come forward and seek treatment in a custodial setting, which is why they're so scared about confidentiality, about who's gonna see it, who's gonna know, because in general with the prison population, um, it's seen as a weakness asking for help, which is something we really need to work on.” (Treatment Provider Focus Group 1, P2)

As such, it was recommended that there needs to be attention to the ‘teachable window’, where people within the Criminal Justice System are more open to being asked questions and accessing support, for example, in police custody and on the first day of entering prison (Treatment Provider Focus Groups). Women in prison also talked about how accessing support prior to prison release would also be helpful (Women Prisoner Focus Group).

In terms of what support was perceived as helpful by those engaged in the criminal justice system and professionals, there were varying responses. Whilst people who frequently gambled welcomed finding out about banning themselves from gambling outlets (Lived Experience Focus Group). One person commented that being banned from gambling outlets led them to falsify accounts in other people’s names and accrue further debts (Probation Survey). Probation survey responders indicated that the top priorities for support are mental health support, followed by gambling harm reduction one-to-one support from a professional or a peer and then debt and money advice was also a priority. Groupwork was welcomed by some, and this could be led by a professional or a peer. Whilst relationships were clearly negatively impacted by gambling, only 7% wanted relationship counselling, and academic judgment is that this may be because their relationship had already ended, so motivation for support could be reduced. Overall, in the probation survey, 33% wanted peer led approaches, followed by support from an organisation that specialises in gambling recovery (31%). People were less keen on gambling harm reduction support from a drug treatment service, or a probation officer. NHS provisions were less commented upon, and this may be because the gambling care pathways across the country have been a more recent development and there is less awareness on what could be offered to people. In conjunction with such developments, NICE guideline on the identification, assessment and management of gambling harms are currently under consultation (NICE 2024a, 2024b) and this guidance will have implications for service provision within the Criminal Justice System and wider community.

The England prison survey findings indicated that there was a preference for one-to-one support (5%) over group support (3%). The strongest preference was for support from a specialised gambling service (7%), with peer support being on par with NHS support at 5%, and approximately 2% would prefer a prison or probation officer, or substance misuse service, to support them with addressing gambling harms. Debt advice was welcomed at 5% and this was on a par with mental health support (5%). In the Wales Prison Survey, only 7 participants responded to this question and peer and professional support is mostly on a par regarding gambling harms interventions, bar a slight preference for a group ran by a professional (Wales Prison Survey). Notably in Wales, debt, mental health and relationship counselling would all be welcomed (see figure 10).

Figure 10: Prison Survey Wales and Support Preference for the Future



Gambling harm reduction support offered as face-to-face in prison settings and in the community seems to make a difference, as does telephone or online Teams support (Treatment Providers). One-to-one and

group work that allows for peer-support is welcomed by criminal justice services users (Surveys and Prisoner Focus Group and Lived Experience Focus Group). Faith based approaches were acknowledged by one participant who went to a Christian Convent as part of her recovery (Lived Experience Focus Group). Support needs to be well advertised and to be made available consistently throughout the whole of the CJS (Lived Experience Focus Group and Prisoner Focus Group). In-cell workbooks are welcomed (Prison and Probation Surveys), although there needs to be greater consideration to literacy levels in prisons (HMPPS Staff Focus Group). When people engaged in the criminal justice system were given an example in-cell workbook to review, they felt that there needed to be more support information over distraction activities (Prisoner Focus Group). As such, current in-cell workbook options may need revising.

A challenge for treatment provider services identified in the qualitative conversations was in gaining access to support people. Some prisons had seemingly closed the door to service providers.

“... You can't even get through the door.... most of the prisons we've got in, it's because people really understand and want to understand addictive behaviour.... and also the governor's changed, but it depends on the set of the prison on what their priority is, how much money they've got and how much they want to address the needs...” (Treatment Provider Focus Group 1, P2)

Essentially, prison governors change, and priorities may shift and lack alignment with addressing gambling harms. If the prison is therapeutically minded, there may be more opportunity for collaboration with gambling harm providers. Even in prisons where there was access to providers, there were challenges experienced in accessing those who needed support. Treatment providers found that online sessions for prisoners are not facilitated consistently by prison staff, which means that providers might be waiting for a prisoner to join them online and no-one attends. One treatment provider had been given keys and a point of contact, which they found to be helpful for providing consistent services in the prison (Treatment Provider Group). One HMPPS staff member reflected on one prison where there was no internal provision for addressing gambling harms and eventually support was achieved for one male prisoner because they were vocal about how gambling was related to the fraud committed, and the staff member persisted in chasing up the referral:

“... The other person, uh, was somebody who openly admitted that they're offending (it was fraud) was linked to gambling. I want to say that the organisation that came in and did the assessment, I think it might have been linked to [name of organisation omitted]... so they came in did an assessment, which was really good, and he actually found that really positive. The issue arose was the support that was supposed to be provided, it took a long time to kind of sort of come through, so I ended up kind of sort of chasing them finding out when they agreed to provide 1 to 1 support, um, and it took a long long, it took months, absolutely months for that support to kind of come through.” (HMPPS Staff Member, IP2).

In terms of the crime desistance impact of treatment and support, treatment providers noted that acquisitive and property crime tends to reduce once debts and bills have been paid off or have become more manageable (Treatment Provider Focus Groups). Probation officers talked about cases where the service user had previous ‘good character’ and intended to continue in desistance to crime after punishment for gambling-related-crime (HMPPS Staff Focus Groups). Whereas domestic abuse crime was less likely to reduce significantly after debts were paid off and this was likely to be due to the abusive behaviour being apparent prior to gambling (Treatment Providers Focus Groups). As such, further investigation on what might reduce this crime is needed.

Treatment providers working in the Criminal Justice System explained that motivational interviewing and CBT approaches worked well with criminal justice cohorts experiencing gambling harms who were ambivalent (Treatment Provider Focus Groups). HMPPS staff said that Gamblers Anonymous (GA) was positively received by prisoners because support staff are peers and prisoners welcome people volunteering their time to support them (HMPPS Staff Focus Group). People on probation and in prison clearly indicated that peer support was beneficial to them (Surveys, Lived Experience Focus Group and Prisoner Focus Group). Wider professionals in the sector suggested that the commissioning of pilots in prisons and criminal justice spaces would assist with providing an evidence based (Thematic Workshops). There seemed to be some concern about when harm reduction is promoted as opposed to abstinence (HMPPS Staff Focus Groups) and as a result, our academic observation is that having greater clarity on whether HMPPS is

aiming for harm reduction though to abstinence approach or abstinence only approach, would be beneficial. Ultimately, more research is needed into what works and what practices are being used by treatment providers.

A further factor for consideration when commissioning gambling harm reduction services within the Criminal Justice System is that our findings indicate that putting a timeframe on recovery is complicated (Treatment Provider Focus Groups and HMPPS Staff Focus Group), and as such, operating in a person-centred way is imperative. If a person has multiple issues to address, such as drug and alcohol usage, debt and mental health, then holistic support is needed (Thematic Workshops), although, there does need to be consideration to phasing support so that positive outcomes are achievable, and the service user is not overwhelmed (HMPPS Staff Focus Group). Information sharing systems will need to be reviewed as HMPPS staff want progress reports from gambling harm treatment providers (HMPPS Staff Focus Groups). Presently, system issues were commented upon by treatment providers who struggled to identify where they can cite information about gambling harms and interventions on HMPPS systems (Treatment Provider Focus Groups). Internal treatment provider organisational systems were also viewed as problematic for data capture.

Another factor to consider is that of the perceived lack of provision regarding in-patient rehabilitation (Prisoner Focus Group). One woman queried why this was not an option for her, and essentially why this is not funded by the Criminal Justice System as part of a gambling harm reduction care pathway? Another area that needs attention is *'through the gate support'* because this was seemingly not being considered by HMPPS staff for those impacted by gambling harms (Treatment Provider Focus Group).

"It's a very, very difficult cohort of people to work with... there needs to be, you know, some consideration... to be able to provide that person with that continuity of care and support. ... one of the problems... when your client goes back into prison, where do they go?... you might be working with someone and suddenly they're moved to another prison, or they were on remand then have been released... so there's been a change happened and you lose them, so that it's a difficult one specifically those that are in their prison estate already or on their way in or on the way out. So, there's quite a lot of thinking for us to do around that" (Treatment Provider Focus Group 2, P4)

Essentially, this quote points to there being a need for increasing communication between gambling harm reduction services and HMPPS to ensure continuity of care, and there are critical points of upon a person going to prison, moving prisons, or leaving prison.

Prison facilities and culture do have further implications upon gambling. For example, male prisons seemingly have more of a gambling culture within them than female estates. This could be related to the leisure facilities within the prison itself. A prison officer commented:

"...there isn't really the opportunity to gamble here [referring to a women's prison] because there isn't a pool table or darts or table tennis tables" (Prison Officer Focus Group).

Prison resourcing levels are likely to impede upon prison culture. Prison officers may desire seemingly easier people management by overlooking gambling on wings and in offender management units and as such, some engage with prisoners in open gambling on the wings and in recreation spaces (HMPPS Focus Group and Prison Staff Focus Group). HMPPS staff explained that some of their colleagues perceived gambling as normalised and unharmful (HMPPS Staff Focus Groups). As such, email invitations to colleagues with invitation to partake in betting on the grand national, pools and lottery took place, although this was perceived as more apparent in prison settings (HMPPS Staff Focus Groups). This is likely to inhibit staff thinking that gambling is problematic (HMPPS Focus Group and Prison Focus Group). For example, one HMPPS staff member commented:

"...certainly the prisons I have worked in, there is an issue with staff gambling... I don't gamble at all because I have a family member with a gambling addiction... it was constant every single week there would be emails 'do you want to join the lottery?' 'do you want to go in on this um, sweep stake thing?', not even just when it's like the grand national, horse racing... I've experienced that in loads of offices... I think if that's the kind of environment that people are around, then actually prisoners

who are gambling are probably not going to see it as that much of an issue. Society as a whole generally don't see it as a massive issue anyway..." (HMPPS Staff Focus Group, IP3)

Some prison officers and probation officers have their own lived experience of family members gambling and experiencing associated gambling harms. For example, one prison officer shared a personal example from childhood that infers neglect from insufficient family income:

"I had a stepfather who was a massive gambler and the only thing that would stop him is when he had no money... He would gamble, and you know he was on benefits, and he would get his credit payment and it would be gone within an hour. So, then the kids and the partner had got nothing for the week..." (HMPPS Prison Staff Focus Group, D4)

Staff may not feel comfortable disclosing their own gambling, or affected other experiences, with HMPPS management (HMPPS Focus Groups). Based on the feedback from HMPPS staff, we posit that it is important to have support for staff as they may well be engaged in harmful gambling practices, and this could be creating security challenges for HMPPS. Whilst the focus of our research was not about HMPPS staff who gamble, it became apparent through the course of qualitative conversations that gambling had become problematic for some staff, and ultimately for HMPPS as an organisation, particularly within male prison estates. As such, we advocate that an HMPPS internal investigation is undertaken and change management considerations and care-pathways for staff are likely to be needed.

In summary, when we consider the need for HMPPS to establish gambling harm care pathways, it is apparent from what professionals and those engaged in the criminal justice system have described, that there is need for a comprehensive training and awareness programme for all staff pertaining to gambling and gambling harms. Existing screening and assessment tools require additional questions for gambling prevalence and harms, and such questioning needs to occur at regular points across the Criminal Justice System. Practitioners ideally need to be asking the same criminal justice service user on multiple occasions whether they are gambling, especially if there are signs that the person might be gambling. Some services are already in place in some prisons and some probation officers are making referrals to relevant organisations. However, more information is needed for staff in what services they could be referring people to. A consistent gambling care pathway offer is needed with varying options to suit service user preferences. There are service user preferences for peer support and external voluntary sector agencies that specialise in reducing gambling harms in the providing support on a one-to-one and/or group basis. At present, the system does not seem to be aligned for swift access to treatment and for information sharing and capture. As such, systems need to be reviewed. The prison culture itself, particularly in male prison estates, was intimated as being problematic for prisoners and in some instances for staff. Staff well-being and prison security are likely to require further HMPPS consideration as the gambling harm reduction care pathways come into operation. Commissioning more pilot studies may help HMPPS to further ascertain 'what works' in terms of gambling support and care. Ultimately, in conjunction with gambling care pathway development, increasing levels of productive activities in prisons as a diversion to prevent people from starting to gamble, or gambling from boredom is likely to help to address some of the issues.

Limitations of the Study:

This research gathered data from a cross-section of the prison population in England and Wales and whilst different prison types are included, with good representation from male and female prison estates, there are still limitations with generalisations. In prisons, one wing may have been selected to take part in the study, rather than the entirety of the prison, and this may have produced bias in the findings. The probation survey also accessed a wide range of participants, but a varied approach to engage participants was applied due to staffing capacity challenges. Equally, if probation officers only shared the survey with people that they knew gambled, this may have inflated the ratio of people who self-report to be gambling, to those who self-reported that they did not gamble. Reliance on self-report data also has limitations in that people may have memory recall challenges and may be selective in what they choose to disclose. Disclosure levels can also be impacted by dynamics formed in qualitative group conversation data collection sessions, and if an official is present in the session, people may feel less comfortable disclosing what is happening. We are also mindful that there was likely to be concerns over perceived repercussions from sharing about prohibited

gambling activities in prison. As such, despite the study achieving a solid quota of participants we do caution against the generalisations that we have made.

Discussion and Conclusion:

Previous research in the UK has indicated that gambling harms are more prevalent among incarcerated populations, and prison culture may well perpetuate gambling practices and associated harms (May-Chahal *et al*, 2012; May-Chahal *et al*, 2017; Smith *et al*, 2022; Penal Reform Solutions, 2023;). Such prior research, and associated recommendations, need to be read in conjunction with findings from the Commission on Crime and Gambling Related Harms (2023) facilitated by the Howard League for Penal Reform (Page, 2021; Smith, 2022; Churcher, 2022; Penal Reform Solutions, 2023; Trebilcock, 2023; Brown, Trebilcock and Harding, 2023) and the findings and recommendations contained in this report. This research was undertaken on behalf of HMPPS and GamCare to explore indicative prevalence of gambling harms and care pathway preferences within incarcerated populations and those engaged in community rehabilitation across England and Wales, drawing on data collected with a sample of people on probation and in prison, lived experience experts in the community including affected others, HMPPS staff, and gambling harm reduction treatment providers working within criminal justice settings.

Our findings are based on consultation with 1,692 people currently being rehabilitated through the Criminal Justice System via HMPPS services, and a further 8 people with prior criminal justice engagement and 3 affected others. We also engaged with 34 professionals working in the criminal justice sphere, including HMPPS prison and probation staff in England and Wales, and therapeutic professionals working specifically with people who have identified gambling harms. Secondary data has been reviewed from two reports produced by GamCare (2022a, 2022b) from thematic workshops with criminal justice professionals, academics and lived experience experts. Whilst this research has gathered insights from a wide range of people, which provides credibility and can provide helpful insights to inform HMPPS policy and practice, we do acknowledge that findings are limited in that 1) they are based on self-perception and recall of events, 2) survey data includes incomplete answers, 3) bias and organisational capacity challenges may have occurred in the selection of people to be surveyed or approached to take part in qualitative conversations, 4) cross-sectional data was achieved which makes generalisations less robust and 5) researchers have worked to resource and time limitations of the project and have relied on partners for participant access.

Establishing concrete prevalence of gambling and gambling harms across criminal justice services is not currently viable because gambling behaviour and harms are not comprehensively acknowledged or understood within current HMPPS assessment practices, and people who gamble may not disclose their gambling behaviour even when asked. Whilst there is not a specific question on gambling, there are questions about debt and mental health already in the Offender Assessment System (OASys), and with these harms being more prevalent in our findings, we posit that practitioners could use these markers as indicators that there may be a gambling issue and could also consider the types of crime more commonly associated to gambling. Some HMPPS staff highlighted that there was one question in their current assessment toolkit (the SAQ tool) that asks people specifically whether they gamble, however, staff felt ill-equipped to ask probing questions to better identify the validity of initial responses. As such, we advocate that a specific question on gambling in the Offender Assessment System (OASys) and having further follow up questions for the Supplementary Assessment Questions (SAQ) would help professionals in the work that they are doing and in better ascertaining prevalence levels. Treatment providers highlighted that stigma and ambivalence, pending court cases and social work involvement all impede upon people detailing gambling harms. As such, assessing over time is considered a more helpful practice to build a picture of the extent of the issues, and to identify support needs. Based on what professionals described, our academic conclusion is that asking questions about gambling at various points in a person's criminal justice journey could aid discovery of the issues, particularly given that some people start to gamble once incarcerated.

To adequately screen for gambling behaviour and associated harms, criminal justice staff would welcome nuanced mandatory training that includes lived experience insight to learn how to better detect gambling harms and to refer people to appropriate support and treatment. Comprehensively training all staff is of importance given that our findings indicate that knowledge levels are generally low, and there may be a normalised view of gambling. We assert that HMPPS staff need to appreciate the extent of issues that people who gamble and affected others can experience and know how to more readily spot the signs that

someone might be gambling, and whether they might be gambling at harmful levels, or whether they are an affected other. This study found that HMPPS staff who have been trained or had learned experience, were seemingly more able to identify harms and to make appropriate referrals, with one probation staff member indicating that about 30% of their caseload had identifiable gambling harms. We assert that people on probation and in prison are also likely to need education on gambling harms, public health messaging, and information about relevant support services. We noted that those engaged in the criminal justice system were more able to identify and disclose harms when examples of what constituted harms were specified to them. For example, under mental health harms associated to gambling, anxiety and depression was mentioned.

Whilst the data from this research has led to academic judgement of approximately 8,496 gambling harm reduction support and treatment places per year being needed within a prison context, and approximately 71,855 treatment places for people on probation, such figures are speculative and to be treated with caution. Treatment places will include a range of interventions from public health messaging pertaining to gambling harm and support service awareness raising, through to in-depth one-to-one and/or groupwork support. Our estimates on treatment need are somewhat rudimentary, however, they provide a useful starting point for planning gambling harm reduction pathways and considering associated cost implications. Once HMPPS assessment and data capture systems are amended to capturing information about gambling and associated harms, including harms experienced by affected others who have committed offences, then a more robust understanding of prevalence could be achieved. As such, further research will be needed to analysis data captured on HMPPS systems in the future, and to more accurately identify the levels of gambling care pathway provision required.

Findings from this study point to the need for HMPPS gambling harm reduction care pathways to become more common place across England and Wales to better address the perceived needs of people on probation and in prison. Presently, gambling harm reduction service provision across HMPPS is somewhat patchy, and HMPPS staff are mostly unaware of what services are available for referrals. We found that digital resources in prisons are not being utilised for gambling harm reduction information and guidance, despite there being some preference for its use among the prison population. A further issue is that at present, gambling treatment and support interventions are not clarified as options within sentencing, and as such, some people who have been sentenced have viewed sentencing as harsh, and that their rehabilitative needs are not being addressed. Some participants felt that a problem-solving court model may help to better identify holistic support more readily, and some professionals wanted greater provisions in current sentencing for specified gambling harm reduction via Rehabilitation Activity Requirement (RAR) day activity. Holistic support would be of value given that a portion of people who gamble indicated having multiple disadvantages of mental health challenges, housing need, experiencing drug and alcohol harms, alongside the harms they have experienced from gambling. Furthermore, some people who gamble have also had adverse childhood experiences where trauma is unresolved. Due to multiple issues reported in the findings of this study, HMPPS professionals indicated that a staggered approach to holistic interventions would be needed. There are also challenges for sentencing with consideration to those who have been affected others of a partner who gambles and have been financially and/or physically abused. They may well have committed crime due to their financial own challenges that stem from having been financially exploited by their partner. It is our academic opinion that this group of people would also benefit from a more therapeutic sentencing approach that includes affected other support. Our findings highlight that this cohort are more likely to be women who end up incarcerated for theft related crime.

When HMPPS staff have been trained to use a referral pathway with a specialist voluntary sector partner, positive impacts have seemingly been achieved regarding reducing gambling harms, inclusive of reducing engagement in criminal behaviours, with exception of domestic abuse. The study findings are suggestive that domestic abuse crime is aggravated by gambling, but not exclusive to gambling behaviour, and as such, whilst this crime may reduce with gambling abstinence, it is unlikely to result in crime desistance. Feedback from people on probation and in prison, HMPPS professionals and treatment providers indicated that relationship breakdown happens following gambling related debts and that violence to partners and wider family members can also occur. Women are more likely to have experienced domestic and financial abuse victimisation from an intermate partner who gambles. As such, trauma support and affected other support is needed alongside care pathways for women who gamble. Our academic position is that it is particularly important to understand how to align gambling harm reduction support with crime desistance

and more research into this is needed, particularly for domestic abuse crime desistance. Noteworthy, is that people who gamble harmfully are also more likely to become victims of violence, including sexual violence, and we assert that they are likely to require victim support. We posit that the interplay between violence, sexual violence offending and gambling would benefit from further research, particularly given prison security priority will include violence reduction in prison.

Essentially, our research indicates that women's gambling preferences and support needs are seemingly different to that of males, and that gambling in female prison estates is less prevalent than in male estates. Males are more likely to be engaged in sports gambling, which is a form of gambling more common in male prison settings, where card game gambling is also noted. Both males and females have preferences in the community for online gambling via phone apps, and our academic conclusion following comments from prisoners, is that prohibiting mobile phones in prison is somewhat preventative for some forms of gambling. Lottery and scratch card gambling preferences in the community are also mostly curtailed by current prison policy and practice. Despite women seemingly gambling less in prisons, we cannot assume that women will require less therapeutic intervention. Women who have gambled in the community will need support and women are likely to still need support to process the trauma of being an affected other to an abusive partner while they are incarcerated and/or on probation. Having groupwork sessions that include women who gamble(d) and women who have been affected others was perceived positively from those who have been in receivership of this format of support. Our academic observation based on feedback from therapeutic providers, lived experience experts, including prisoners, is that smaller groups are likely to be needed for supporting people in prison to reduce the likelihood of bullying and to provide a therapeutic environment for disclosure.

More research is needed into what constitutes effective practice in the field of reducing gambling harms within the British Criminal Justice System. The thematic workshop reports imply that commissioning pilot projects may assist with generating an evidence base for what works. Survey responders in our research indicated that some of the current provision that they had accessed is helpful, and some is not. Treatment providers talked about the importance of catching people in a '*teachable window*' and they perceived that Motivational Interviewing (MI) and Cognitive-Behavioural-Therapeutic (CBT) interventions are helpful approaches for working with a cohort that can be ambivalent and reluctant to disclosing gambling practices and gambling harms, including associated criminal involvement. People on probation and in prison indicated that they would be most interested in one-to-one and group interventions led by peers and/or a gambling harms specialist service. It is our academic observation that NHS provision for reducing gambling harms across the country has been a relatively recent development, and people may be less aware of NHS support available, and as such, participants did not comment much on NHS gambling harm reduction support. However, with one of the main gambling harms identified in this research as mental health, it is highly likely that NHS provision will be a useful component to gambling care pathway development. The main gambling harm was financial, and debt related, and as such, we assert that specific support around financial and debt management is imperative, and voluntary sector services such as Citizens Advice Bureau (CAB) were cited by some professionals and people engaged in the criminal justice system as providing helpful support. Relational tensions and breakdown were also notable harms through self-assessment by criminal justice service users.

When therapeutic providers were able to access a prison, and undertake support work with prisoners in person, or on-line, they reported experiencing access barriers, that impinged upon continuity of care. For example, a change of prison leadership might lead to access being retracted, and technology challenges, prison security matters and prisoner movement may impact upon attendance at online sessions. Practitioners also talked about challenges with recording information on current electronic systems and sharing information between HMPPS and treatment provider organisations. So improved partnership working communication would be welcomed. A particular challenge was when a person is being supported in the community and is then incarcerated, or a person is moved to a different prison, or a person leaves the prison. Such movements were not always conveyed to therapeutic providers in a way that enabled continuity of care. Prisoners also talked about how support in preparation for release and planned support for upon release would be helpful. Through the gate support is important for continued recovery.

Findings from this study indicate that prison rules prohibiting gambling are regarded as somewhat overlooked by some prisoners and HMPPS staff, this is in part down to the understanding of what constitute

gambling behaviour. Often cultural acceptance of certain types of gambling is overlooked as a pastime activity such as betting on recreational games like pool etc. Whilst incarceration can lead to self-assessed reductions in overall gambling practices, there are concerns that prison culture, particularly in male estates, can exacerbate gambling harms, including debt, and associated violent retribution. Engaging people in prison in positive activities is likely to reduce engagement in gambling. It is our academic view based on lived experience feedback that prisons need to consider whether conducting legal gaming activities of Bingo with prizes is supportive to gambling recovery, and to reducing the next generation engaging in gambling activity with reference to when Bingo is an activity at family days. More broadly, we advocate that HMPPS needs to review existing policy and practice pertaining to gambling being prohibited in prisons and whether a new set of guidance on what is permissible would be beneficial. Our research found that family members can be enablers for people in prison continuing to gamble, and they can also be enablers for abstinence and as such, we posit that they are likely to need affected other support from the Criminal Justice System. Affected others highlighted that they need support to process harms they themselves have experienced from a loved one's gambling. Such harms may be finance related, including loss of housing. Affected others may also be victims of crime, for example, domestic abuse and financial abuse. Affected others may end up paying for their loved one's POCA (Proceeds of Crime Act) financial requirement and such requirements may need to be reviewed.

Our research provides indicative prevalence of gambling and gambling harm levels within prison cohorts and people being supervised on probation across England and Wales. Our findings indicate that present gambling harm reduction support provisions are insufficient to meet the needs of those on probation or in prison. However, a review on gambling harm service needs will be required once screening for gambling harms becomes more robust across HMPPS. It is apparent, that when services are offered to people affected by gambling harms it can make a positive difference to crime desistance in most cases.

Recommendations:

- If HMPPS resources permit, it is recommended that all HMPPS staff undergo mandatory basic training on identifying gambling harms via assessment and associated question techniques. It would be beneficial for the training to include lived experience contribution, affected other experiences, and to provide shared practice opportunity and referral pathway information. Following feedback from HMPPS staff it is estimated that the basic training course is 2 to 3 hours long. An in-depth course could be made available for staff working more regularly with those affected by gambling.
- Based on treatment provider feedback, the development of a multi-layered assessment that can be used at varying points of the criminal justice journey may help with addressing disclosure challenges. Following HMPPS staff comments, initially, the development of a screening tool may be beneficial, or a series of specific questions in current screening tools.
- Consistent gambling care pathways across the Criminal Justice System from pre-sentence to end of sentence, and for affected others need to be established. A range of provision from peer support to professional support from external agencies that work to reduce gambling harms need to be included. Digital resources in prisons could be accessed for gambling harm reduction information and guidance. Prior agreement pertaining to information sharing across services and system improvements to capture relevant information are needed.
- HMPPS policy and good practice guidance needs to be agreed for commissioning external agencies to deliver gambling care pathways, alongside a budget for reducing gambling related harms.
- Peer approach standards and best practice will need to be agreed for HMPPS utilisation.
- NHS gambling treatment providers are likely to need to market their support offer to people engaged in the criminal justice system, including what mental health support.
- Gambling care and treatment pathways would benefit of the inclusion of a mixture of gambling harm reduction guidance, Motivational Interviewing and CBT, debt advice, mental health support, relationship guidance and perpetrator of domestic abuse programmes, housing support and access to alcohol and drug treatment provision where appropriate. Holistic treatment and support

offers are needed, however, there is likely to be a requirement to stagger and prioritise treatment delivery using a person-centred approach.

- An academic observation is that HMPPS need to agree on whether they want a fully abstinence approach to gambling in prison with stricter enforcement of current rules, or whether they want to adopt a harm reduction model that allows for some gaming/gambling activity with clearly articulated agreed parameters. For people in prison who want an abstinence only environment to support their recovery, decisions need to be made on how to achieve this. Gambling free wings may be a vehicle to support people desiring absolute abstinence, although resource implications need to be factored into decision making on what is viable. Ultimately, a person-centred approach is needed with a range of care pathway options available for those in prison and for those under probation supervision.
- A gambling care pathway that includes a comprehensive gambling harms awareness education programme, with clear signposting to further support and treatment options, is needed across both female and male prison estates for prisoners. Prison staff would also benefit from such education.
- In male prisons, the picture is complex due to prison culture issues embedding gambling as a normalised activity. Our academic view is that alternative prison culture vision needs to be established and implemented, alongside a range of treatment pathways for both prisoners and staff who gamble. HMPPS should undertake an internal investigation pertaining to where there may be security challenges associated with staff and prisoners gambling.
- In female prisons, an emphasis on continued recovery and trauma informed support is needed to therapeutically respond to the abuses that females are likely to have experienced associated to gambling and/or being an affected other. Longitudinal research into gambling activity in female prisons and in the community may be beneficial in better understanding prevalence levels and support needs.
- Greater levels of productive activities should be offered in male and female prisons as a diversion to prevent people from starting to gamble or gambling from boredom. Productive activities will also improve prisoner mental health including reduced suicidality.
- Further research into the prevalence of gambling and gambling harms within the Criminal Justice System (CJS) would be beneficial once robust screening processes and data capture systems are established. This would better inform associated budgeting and service commissioning plans based on need levels.
- Research into what constitutes effective gambling harm reduction interventions within the CJS is needed, particularly pertaining to both reducing gambling and for enabling crime desistance, especially where domestic abuse has occurred.
- Further research is needed to understand whether people who start to gamble in prison, go on to gamble in harmful ways upon release, and understanding of through the gate support is needed for all people who experience gambling harms. Understanding prison security issues associated to violence and sexual violence in relation to retribution for gambling debts would be beneficial. Little is known about young people in the CJS and their involvement in gambling, so gaining further insights from Young Offenders Institutes (YOI's) and Youth Offending Teams (YOT's) would assist with reducing safeguarding issues from either parents/guardian who gamble, or from a young person's own illegal gambling activity.

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