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# **Problem Gambling and Suicidal Behavior**

## A Primer for Law Enforcement

By Tony Salvatore

Law enforcement personnel often see the collateral damage caused by problem gambling, sometimes in themselves or their peers. Yet, they may know less about the most harmful effect—the substantial suicide risk that problem gamblers bear.

Several lists of major suicide risk factors for adults cite past attempts, alcohol abuse, serious mental illness, criminal justice issues, financial struggles, and family conflict, among other variables. Problem gambling seldom appears among leading factors but it should.

Out-of-control gambling can precipitate or aggravate other conditions conducive to suicide. Suicidal thoughts and a relatively high incidence of attempts appear prevalent in problem gamblers. This information proves critical to officers who frequently encounter offenders with serious gambling troubles.

#### Signs

Problem gambling comprises a repetitive behavior that negatively affects personal and family life, school or work obligations, financial well-being, and physical and mental health. Signs include increasing preoccupation with gambling, needing to bet more money more frequently, becoming restless or irritable when attempting to stop, chasing losses, and lacking control manifested by continuation of the behavior.2

Falling between recreational gambling, which usually has no harmful effects, and pathological gambling, a mental illness, problem gambling is considered detrimental, but not a disorder. It can grow out of social or recreational gambling with some individuals who find it a source of sensation, gratification, or a means of relieving anxiety or stress.3 Problem gambling can begin with any activity where someone stakes a thing of value on the outcome of something involving chance. This can range from bingo to baccarat or anything in between.

#### Issues

The financial stress placed upon problem gamblers who repeatedly engage in this activity and consistently lose increases the likelihood of contact with law enforcement. It appears certain that such interaction will recur as long as the gambling problem persists.

Typically, these types of gamblers cash out every available personal financial resource and attempt to draw on those of relatives and close friends. Thereafter, they may turn to sources that could result in criminal charges and incarceration. Continual problem gambling often leads to frequent illegal activities to compensate for losses, which results in ongoing risk for rearrest.

The Georgia State University (GSU) Gambling Project discovered certain links between criminal behavior and problem gambling.

Some problem gamblers commit crimes to get money to pay gambling debts.

Involvement in criminal activity increases with the severity of the problem.

As their legal means (e.g., savings and borrowing) decrease, problem gamblers increasingly turn to illegal sources. Crimes committed by these gamblers primarily are white collar or nonviolent, such as theft, fraud, embezzlement, forgery, and drug dealing; although, offenses associated with domestic violence, child abuse, and neglect also occur.4



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The GSU project found that problem gamblers had an arrest rate 8 times that of nongamblers and an imprisonment rate over 40 times higher. A screening of arrestees with gambling problems found that most were charged with felonies.5

The National Institute of Justice (NIJ) reported that problem gambling occurred 3 to 5 times more among offenders than in the general population. NIJ also found that one-third of those with severe gambling disorders had committed robbery within the past year, and about 13 percent had assaulted someone to get money.

Another study of inmates found that one-third were problem gamblers.8 This suggests that prisoners' suicidal actions could correlate to backgrounds in problem gambling.

#### **Behaviors**

Three forms of suicidal behavior often arise among problem gamblers—ideation, attempts, and completed suicides. Though wideranging, the estimated frequency of these activities appears significantly higher in individuals with gambling problems than in the general population.

Suicidal ideation in problem gamblers ranges from 12 to 92 percent, and 4 to 40 percent have histories of one or more attempts. Another study estimated that between 17 and 24 percent attempt suicide.10 Almost half of Gamblers Anonymous (GA) participants have contemplated the act. These findings indicate that problem gambling represents a chronic, addictive, or addictive-like behavior often associated with strong suicide risk.

Suicide mortality among problem gamblers has not been well-researched, and specific rates are unavailable. However, the high estimates of attempts in this population combined with the presence of numerous serious risk factors make it likely that a significant number of problem gamblers eventually will complete suicide.

Researchers conducted one of the few studies associated with gambling in Hong Kong, where 20 percent of suicide victims in 2003 were gamblers, and 10 percent were indebted as a result.12 These limited findings indicate that problem gambling could play a role in suicide completions.

Two rare but tragic forms of suicide may involve problem gambling. Media accounts in recent years have indicated that this behavior sometimes plays a role in homicide-suicide and suicide-by-cop incidents. Problem gambling's harmful effect on relationships suggests that in some cases familicide involving a spouse or partner followed by suicide can occur.13 A suicide-by-cop scenario arises when a person overwhelmed by seemingly inescapable consequences resulting from gambling fixates on a suicide plan that assures a high possibility of lethality.

#### Risk

Problem gambling often occurs in groups with a prevalent suicide risk and may compound this situation. Some evidence indicates that problem gambling involves self-medication aspects similar to other habitual behaviors. Late-onset gambling in older men and women and individuals with post-traumatic stress disorder (PTSD) has served as a means of coping or alleviating anxiety and distress from negative situations.14

Studies of individuals in treatment for gambling reported high rates of suicidal ideation and suicide attempts. Gambling severity, depression, and alcohol dependence seem to indicate strong risk factors for this behavior.15 Ninety-seven percent of problem gamblers who made suicide attempts did so when feeling depressed.16 Depression appears to denote a key factor that explains the connection between suicidal behavior and problem gambling generated by family, financial, and legal crises and the effects of shame.17 Also, approximately half of problem gamblers experience substance abuse disorders.18

Alcohol abuse in particular seems to be a well-known risk factor for suicide and often contributes to increased risk in problem gamblers. Excessive use of alcohol enhances impulsivity and disinhibition—characteristic features of problem. Alcohol abuse in particular seems to be a well-known risk factor for suicide and often contributes to increased risk in problem gamblers. Excessive use of alcohol enhances impulsivity and disinhibition—characteristic features of problem gambling—and may heighten the probability of suicidal behavior.

Little is known about suicide threats made by problem gamblers. Perhaps when intoxication occurs, some individuals may resort to contingent suicide threats to evade legal consequences.21 These often arise as statements, such as "If I don't get help with my problem tonight, I may kill myself!" Even if officers suspect manipulation, any suicide threat, especially one referencing a specific plan or means, should prompt a risk assessment by a qualified mental health professional.

#### Models

Problem gamblers sometimes view suicide as a way out of financial problems or family-related stress.22 Two proposed models provide some understanding of how suicidal behavior might occur in a problem gambler. These models involve variables, such as shame, loss of control, and entrapment, common among these individuals.

The escape model identifies suicidal behavior as possibly resulting from circumstances where high, unrealistic expectations precede grave disappointment and frustration when major failures, setbacks, and shortfalls occur instead.23 Suicidal actions may occur because individual ideals proved unattainable, related events unfolded adversely, or both. This model might apply when a gambler pursues an elusive payoff that supposedly would resolve all personal difficulties that accumulated as gambling consumed available resources, supportive relationships, and self-esteem.

When a large bet—thousands or tens of thousands of dollars—proves unsuccessful and the hope of big money vanishes, suicide risk can escalate quickly. At this point, the individual may view suicide as the only option for getting out from under.

The entrapment model assumes that individuals struggling with problems resulting from their actions may experience a high degree of awareness and sensitivity to external cues signaling intense humiliation, blame, or shame.24 At the same time, there may be certainty that escape from these negative self-perceptions is impossible.

Troubling beliefs may exist indicating that the situation is irresolvable and will persist for some time, which sets the stage for a suicidal crisis escape. This model may apply when problem gamblers become desperate after they no longer can deny lies about losses and family bail-outs and more frequent and riskier criminal acts become the new normal.

Both models present suicidality as rooted in punctured self-delusion and a desire to escape negative self-awareness and unpleasant emotions. Adverse personal decisions or events often cause individuals to see themselves in an unacceptable way. Self-awareness becomes minimized to avoid negative self-comparisons.

Deteriorating self-awareness weakens inhibitions against suicidality, which leads to further decline of self-regulation and increased susceptibility to suicide. In addition, problem gamblers sometimes experience the profound sense of being disconnected from people, feeling they are a burden to family and friends, and believing that other individuals would be better off without them. These mind-sets are recognized as motivating potentially lethal suicide attempts in individuals who have developed a capability for self-harm through exposure to violence and trauma.26

Officers can use this brief screener in the field to help identify individuals with serious gambling problems.

During the past 12 months, have you become restless, irritable, or anxious when trying to stop or cut down on gambling?

During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?

During the past 12 months, did you have financial trouble as a result of your gambling that caused you to seek help with living expenses from family, friends, or welfare?27

Positive responses to these questions indicate that the individual has a gambling problem, but do not show the severity of the problem.

They can also employ a shorter screener—the Lie/Bet Questionnaire.

Have you ever had to lie to people important to you about how much you gambled? Have you ever felt the need to bet more and more money?28

Positive responses to these questions indicate that the individual has a gambling problem, but do not show the severity of the problem.

#### Prevention

Problem gamblers are said to have a hidden addiction. Many often do not seek help or acknowledge the problem until forced. This can happen when they commit unlawful acts to subsidize their gambling and come into contact with law enforcement. Their gambling may not be obvious and probably will not be cited as the motive for the offenses.

Other individuals on the path who have not reached the criminality stage may be oblivious to their problem. They may have police contact as a result of some early warning signs, such as family disputes, domestic violence, or petty theft. Suicide risk may not stand out at this point, and threats might go unheard; however, the danger already could be present and should be addressed.

Police officers can take several actions to attempt to lessen suicide risk.

Individuals who voice suicidal ideation, make suicide threats, or attempt suicide should undergo screening for problem gambling.

Incoming detainees should be vetted for both suicide risk and problem gambling.

Officers should remember that problem gamblers likely will not be open about suicidal feelings or plans because of low self-esteem, hopelessness, guilt, and shame.

As in other crisis intervention situations, officers should give the person information, not advice.

The phone number for the National Problem Gambling Help Line (800-522-4700) should be readily available for community contacts. Accessible 24 hours a day, 7 days a week, it serves as a confidential national access point. The GA website (www.gamblersanonymous.org) provides links to state gambling hotlines and the locations of GA groups in the United States. If an individual expresses thoughts of suicide but does not appear to be in imminent danger of self-harm, officers can refer the person to the National Suicide Prevention Lifeline (800-273-8255) or the local crisis or suicide hotline.

Officers must be mindful that no one is immune to problem gambling, and this information also applies to police officers and other criminal justice personnel who may experience gambling problems and suicidality.

#### Conclusion

Problem gamblers often experience serious financial, work, relationship, and legal stress. At the same time, they struggle with mental illness or substance abuse issues. These stressors can cause thoughts of suicide and increase the risk of suicidal behaviors, including attempts.

Problem gambling serves as a modifiable risk factor for suicide, which means that suicides arising from such behavior are preventable. Often, problem gamblers experience a high level of contact with the criminal justice system, local police, and other well-positioned law enforcement agencies to identify individuals at potential risk and refer them to appropriate sources for help. Greater awareness of suicide risk among those in custody for gambling-related offenses also will improve law enforcement's efforts to ensure safety and lessen liability.

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### **Endnotes**

- <sup>1</sup> See, for example, "About Suicide Risk Factors and Warning Signs," American Foundation for Suicide Prevention, accessed February 6, 2017, https://afsp.org/about-suicide/risk-factors-and-warning-signs/; and "We Can All Prevent Suicide Know the Risk Factors," National Suicide Prevention Lifeline, accessed February 6, 2017, https://suicidepreventionlifeline.org/how-we-can-all-prevent-suicide/.
- <sup>2</sup> "Help & Treatment: FAQ What is Problem Gambling," National Council on Problem Gambling, accessed February 6, 2017, http://www.ncpgambling.org/help-treatment/faq/.
- <sup>3</sup> Ibid.
- <sup>4</sup> Jennifer Zorland, Angela Mooss, and Ayana Perkins, *Gambling and Offending: An Examination of the Literature* (Atlanta, GA: Georgia State University, 2008), accessed February 6, 2017, http://www2.gsu.edu/~psyjge/Rsrc/PG%20and%20crime%20Lit%20Review.pdf.
- <sup>5</sup> Mary Cuadrado and Louis Lieberman, "Use of a Short Gambling Screen with an Arrestee Population: A Feasibility Study," abstract, *Journal of Gambling Studies* 28, no. 2 (June 2012): 193-205, accessed February 6, 2017, http://link.springer.com/article/10.1007/s10899-011-9253-1.
- <sup>6</sup> U.S. Department of Justice, National Institute of Justice, *Research for Practice: Gambling and Crime Among Arrestees Exploring the Link*, Richard C. McCorkle, NCJ 203197 (Washington, DC, July 2004), accessed February 6, 2017, <a href="https://www.ncjrs.gov/pdffiles1/nij/203197.pdf">https://www.ncjrs.gov/pdffiles1/nij/203197.pdf</a>.
- <sup>7</sup> Ibid.
- <sup>8</sup> Alan McEvoy and Nicole Spirgen, "Gambling Among Prison Inmates: Patterns and Implications," abstract, *Journal of Gambling Studies* 28, no. 1 (March 2012): 69-76, accessed February 6, 2017, http://link.springer.com/article/10.1007/s10899-011-9245-1.
- <sup>9</sup> David C. Hodgins, Crystal Mansley, and Kylie Thygesen, "Risk Factors for Suicide Ideation and Attempts Among Pathological Gamblers," *American Journal on Addictions* 15, no. 4 (Jul-Aug 2006): 303-10, accessed February 6, 2017, http://dspace.ucalgary.ca/bitstream/1880/44775/1/ 2006suicidegamblingfinal.pdf.
- <sup>10</sup> Marc N. Potenza, David A. Fiellin, George R. Heninger, Bruce J. Rounsaville, and Carolyn M. Mazure, "Gambling: An Addictive Behavior with Health and Primary Care Implications," *Journal of General Internal Medicine* 17, no. 9 (September 2002): 721-32, accessed February 6, 2017, http://onlinelibrary.wiley.com/doi/10.1046/j.1525-1497.2002.10812.x/full.
- <sup>11</sup> Michael L. Frank, David Lester, and Arnold Wexler, "Suicidal Behavior Among Members of Gamblers Anonymous," abstract, *Journal of Gambling Studies* 7, no. 3 (September 1991): 249-54, accessed February 6, 2017, <a href="http://link.springer.com/article/10.1007/BF01019876">http://link.springer.com/article/10.1007/BF01019876</a>.
- <sup>12</sup> Paul W.C. Wong, Derek Y.T. Cheung, Kenneth R. Conner, Yeates Conwell, and Paul S.F. Yip, "Gambling and Completed Suicide in Hong Kong: A Review of Coroner Court Files," *The Primary Care Companion to the Journal of Clinical Psychiatry* 12, no. 6 (2010), accessed February 6, 2017, <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3067982/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3067982/</a>.
- <sup>13</sup> Ants Anderson, Merike Sisask, and Airi Värnik, "Familicide and Suicide in a Case of Gambling Dependence," abstract, *Journal of Forensic Psychiatry and Psychology* 22, no. 1 (2011): 156-68, accessed February 7, 2017, http://www.tandfonline.com/doi/abs/10.1080/ 14789949.2010.518244.
- <sup>14</sup> Jerrod Brown, Randy Stinchfield, Mario L. Hesse, Matthew D. Krasowski, Blake Harris, John Von Eschen, Elizabeth Cardwell, and Phyllis Burger, "Problem Gambling: A Beginner's Guide for Clinical and Forensic Professionals," *Behavioral Health* 2, no. 2. (2015), accessed February 7, 2017, *jghcs.info/index.php/bh/article/download/*398/347.

- <sup>15</sup> Malcolm Battersby, Barry Tolchard, Mark Scurrah, and Lyndall Thomas, "Suicide Ideation and Behavior in People with Pathological Gambling Attending a Treatment Service," *International Journal of Mental Health and Addiction* 4, no. 3 (July 2006): 233-46, accessed February 7, 2017,
- https://www.researchgate.net/publication/225322595\_Suicide\_Ideation\_and\_Behaviour\_in\_People\_with\_Pathological\_Gamk Service.
- <sup>16</sup> Hodgins, Mansley, and Thygesen.
- <sup>17</sup> Battersby, Tolchard, Scurrah, and Thomas.
- <sup>18</sup> Nancy M. Petry and Brian D. Kiluk, "Suicidal Ideation and Suicide Attempts in Treatment-Seeking Pathological Gamblers," *Journal of Nervous and Mental Disorders* 190, no. 7 (2002): 462-69, accessed February 8, 2017, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3397475/.
- <sup>19</sup> Ibid.
- <sup>20</sup> Ibid.
- <sup>21</sup> See Tony Salvatore, "Intoxicated Offenders and Suicide Threats: Is There a Connection?" *FBI Law Enforcement Bulletin*, August 2013, accessed February 8, 2017, https://leb.fbi.gov/2013/ august/intoxicated-offenders-and-suicide-threats-is-there-a-connection.
- <sup>22</sup> Paul W.C. Wong, Noel C.F. Kwok, Joe Y.C. Tang, Alexander Blaszczynski, and Samson Tse, "Suicidal Ideation and Familicidal-Suicidal Ideation Among Individuals Presenting to Problem Gambling Services: A Retrospective Data Analysis," abstract, *Crisis: The International Journal of Crisis Intervention and Suicide Prevention* 35, no. 4 (January 2014): 219-32, accessed February 8, 2017, <a href="https://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000256">https://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000256</a>.
- <sup>23</sup> Roy F. Baumeister, "Suicide as Escape from Self," *Psychological Review* 97, no. 1 (February 1990): 90-113, accessed February 8, 2017, https://www.researchgate.net/publication/ 20748200\_Suicide\_as\_Escape\_from\_Self.
- <sup>24</sup> Thomas E. Ellis and Billy Rutherford, "Cognition and Suicide: Two Decades of Progress," *International Journal of Cognitive Therapy* 1, no. 1 (2008): 47-68, accessed February 8, 2017, https://www.researchgate.net/publication/230786912 Cognition\_and\_Suicide\_Two\_Decades\_of\_Progress.
- <sup>25</sup> Kathleen D. Vohs and Roy F. Baumeister, eds., *Handbook of Self-Regulation* (New York, NY: Guilford Press, 2011), accessed February 8, 2017, https://brainmaster.com/software/pubs/books/ HndbkSelfRegulation.pdf.
- <sup>26</sup> Thomas Joiner, Why People Die by Suicide (Cambridge, MA: Harvard University Press, 2005).
- <sup>27</sup> Line Gebauer, Richard LaBrie, and Howard J. Shaffer, "Optimizing DSM-IV-TR Classification Accuracy: A Brief Biosocial Screen for Detecting Current Gambling Disorders Among Gamblers in the General Household Population," *Canadian Journal of Psychiatry* 55, no. 2 (February 2010): 82-90, accessed February 8, 2017, <a href="http://journals.sagepub.com/doi/abs/10.1177/">http://journals.sagepub.com/doi/abs/10.1177/</a> 070674371005500204.
- <sup>28</sup> Edward E. Johnson, Robert Hamer, Rena M. Nora, Benito Tan, Norman Eisenstein, and Charles Englehart, "The Lie/Bet Questionnaire for Screening Pathological Gamblers," *Psychological Reports* 80, no. 1 (February 1997): 83-88, accessed February 8, 2017, <a href="https://uncch.pure.elsevier.com/en/publications/the-liebet-questionnaire-for-screening-pathological-gamblers">https://uncch.pure.elsevier.com/en/publications/the-liebet-questionnaire-for-screening-pathological-gamblers</a>; see also <a href="https://www.ncrg.org/sites/default/files/uploads/docs/monographs/liebet.pdf">https://www.ncrg.org/sites/default/files/uploads/docs/monographs/liebet.pdf</a>.