

Gambling



Introduction

RBL has brought together existing evidence to build a comprehensive picture of need in the UK Armed Forces community over recent years, and highlighted important gaps in our understanding of demographics, needs, and outcomes.

In 2025, we commissioned the *King's Centre for Military Health Research (KCMHR)* to analyse data from their large-scale, long-running Health and Wellbeing study to help fill gaps in understanding about gambling, intimate partner violence and abuse (IPVA), and help seeking behaviours.

The KCMHR cohort study has tracked people who served in the UK Armed Forces during the Iraq- and Afghanistan-era, for over twenty years.

This analysis draws on data from more than 3,000 Regular serving and ex-serving personnel (veterans) from phase 4 of the study (2022/23).



References to serving or ex-serving Regular personnel relate only to those participating in the cohort study. While the findings should not be taken to be representative of all serving personnel or veterans, they provide vital new insight into the needs of an important part of the Armed Forces community. This insight supports RBL's ability to design effective services, influence policy, and advocate for meaningful change – while also informing our 10-year Strategy and the wider sector.

What did we analyse?

KCMHR conducted analysis to understand how many people were affected by these issues and their associated factors, considering:

Demographics: age, sex, relationship status, education level (ethnicity and sexual orientation were considered but samples were too small for meaningful analysis)

Military characteristics: Serving status, Rank, Branch of Service, Deployed to Iraq/Afghanistan, role on deployment

Mental health and psychosocial factors: including Post-Traumatic Stress Disorder (PTSD), CPTSD (complex PTSD), Common Mental Disorders (CMD), and alcohol misuse

The study

In the sample of 3,223 serving and ex-serving Regular personnel:



90%
were male

The average age was
48 years

63%
were deployed to Iraq and/or Afghanistan

61%
served in the Army



67%
were
Non-Commissioned
Officers

Gambling behaviour

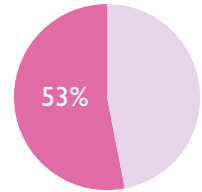
Although gambling is common in the UK, more evidence is needed on the rates of gambling among UK ex-serving personnel. Problem gambling has been associated with negative experiences: from financial difficulties to mental health problems. It is essential to understand the scale of the issue, and to identify associated factors, to provide appropriate support and advocacy for members of the UK Armed Forces community.

How did we measure gambling?

A total score was created using items from a validated measure, relating to the following categories of severity:

Total score on Problem Gambling Severity Index (PGSI)	Severity of gambling
0	No problems; No negative consequences reported
1–2	Low problems; Unlikely to experience adverse consequences but may be at risk if they are heavily involved
3–7	Moderate problems; May/may not experience adverse consequences but may be at risk if heavily involved
8–12	Problem gambling; Will experience adverse consequences and potentially loss of control of behaviour

53% of current and ex-serving Regular personnel gambled in the last year (including buying lottery tickets). Serving and ex-serving personnel did not show noteworthy differences.



14% of those who gambled reported any level of gambling problem (measured using the PGSI):



A greater percentage of serving and ex-serving Regulars gambled at all compared to the general population (**53% vs. 43%**) – though the general population has a different demographic profile.

Factors influencing gambling

Sex, educational levels, and deployment factors were not associated with gambling problems.

Risk factors for problem gambling, in order of strength, were:

Anger problems
CMD
Alcohol misuse
PTSD
Aged >39 yrs (v. over 50+)
CPTSD
Serving as NCO (v. Officer)
Serving in the Army (v. RAF)

Key implications

The percentage of people in this cohort who have gambling problems does not appear to be higher than we would expect to see in the wider population.

However, where people have gambling problems, they are strongly associated with mental health issues, anger problems, and alcohol misuse.

Gambling harms may be hidden and co-occur with other issues, meaning they risk being missed. Ensuring services are able to recognise and ask about gambling-related harms, particularly where alcohol use, drug use, or financial difficulties are also present, is important.

These findings strengthen the evidence base on the Armed Forces community, helping RBL and the wider sector better understand need and improve how support is designed and delivered.

If you are interested in exploring this research in more depth, please get in contact:
PolicyandResearch@britishlegion.org.uk