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Exploring cultural differences in pathological gambling through a gender perspective

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Abstract: In pathological gambling, some cultural factors affect diverse behavioural aspects, generating differences in the expression of the problem. Research has also identified clinical gender differences in pathological gambling, exhibiting different patterns of gambling behaviour and motivations. Understanding cross-cultural differences from a gender perspective is crucial for employing a holistic approach to gambling issues and designing targeted interventions. Thus, this phenomenological study explores differences in gambling among women in Italy and Spain. After analysing 5 focus groups with Italian and Spanish women ($n = 26$), different thematic aspects were identified and discussed: a) onset and type of gambling, b) causes of gambling, c) treatment issues (awareness of disorder, help-seeking process and therapeutic aspects), d) consequences/impact on their lives and e) their perception of a gender perspective in the problem. Considering these aspects, the main experiences and perceptions of the women participants were systematised, highlighting the differences and similarities between countries.

Keywords: pathological gambling, gender perspective, women, Italy, Spain.

Introduction

Pathological gambling is a significant public health concern due to its potential to cause severe impairments and its worldwide increase (Abbott, 2017; Gabellini et al., 2023), particularly among women (Volberg et al., 2003; McCarthy et al., 2019). Gambling disorder is a behavioural addiction characterised by recurrent and persistent gambling and the inability to control it, leading to significant emotional distress and impairments in personal and social life (American Psychiatric Association, 2014). Motivations for gambling include social, financial and emotional reasons, such as excitement, impulsivity or the need to escape, and the increase of self-esteem or pleasure (Flack & Stevens, 2019).

Cross-cultural differences in pathological gambling have been observed (Prever et al., 2023), with varying prevalence rates and cultural attitudes towards gambling influencing the development and expression of the disorder. In pathological gambling, some socio-economic and cultural connotations are more difficult to trace, as they may have differed initially depending on the cultural or situational environment (de Noreña et al., 2022). Some cultural factors, which differ from country to country, have an important effect on the modality and impact of this phenomenon on an individual. Hence, we need to understand how the culture modulates the expression of this behaviour to perform targeted interventions (Gabellini et al., 2023). In Western societies, most people have gambled at least once in their lives (Marinaci et al., 2020). This culture's gambling behaviour is characterised by simultaneously interacting with other players while gambling and the need for the reinforcement of gambling and to escape from daily routine (Gabellini et al., 2023). For instance, the Italian economy is strongly influenced by gambling. The gambling industry is currently one of the largest employers in the country (Marinaci et al., 2020). The first findings concerning gambling date back to the Roman Empire, where remains of lotteries and raffles were discovered and from where, as of the 15th century, gambling spread from Italy to the rest of European cultures (de Noreña et al., 2022). Similar to European rates, within the entire Italian population, 2.17% were identified as problem gamblers (Barbaranelli et al., 2013; Griffiths, 2009). In Spain, pathological gambling is also a growing concern and relatively common in the population. Approximately 75% of the population had gambled at some point in their lives. In the Spanish population, women tend to participate in less diverse types of gambling, except for bingo, where there are no gender differences (Chóliz et al., 2021). Within this background, research has highlighted the importance of

considering sex and gender differences in these varieties of pathological gambling, as these factors can influence the prevalence, severity, and progression of gambling problems.

Although current prevalence estimates of gambling disorder vary considerably between countries and the severity of the disorder, their approximations also vary from 1.3 to 9.9% in populations (World Health Organisation [WHO], 2024). These numbers are likely underestimated, as many cases of pathological gambling go unreported. Recent investigations analysing scientific research on the prevalence of gambling (Gabellini et al. 2023) estimate a prevalence of moderate risk/at-risk of gambling to be 2.43% and of problem/pathological gambling to be 1.29% in the adult population. Particularly in Spain, the estimated prevalence of people who gambled in the past year is 58.1% (60.4% in the case of men and 55.7% in women) (Observatorio Español de las Drogas y las Adicciones [OEDA], 2022), observing a decrease of 6.1% from 2020. In Italy, the prevalence is 36.4%; in particular, 43.7% of Italian men and 29.8% of women gambled in the past year. The age group of those who gamble more frequently ranges between 40 and 64. In particular, 3% of the population presents problematic gambling (3.6% in men and 2.5% in women). The most prevalent type of gambling in Italy is the lottery (and instant lottery) in both genders (Minutillo et al., 2021).

Studies have identified clinical gender differences in pathological gambling, with men and women exhibiting different patterns of gambling behaviour and motivations. In terms of gender-based prevalence rates, in general, research confirms that women present less gambling behaviour and disorder (Chóliz et al., 2021; Mora-Salgueiro et al., 2021). However, it is worth mentioning that women who gamble are often underdiagnosed (Braun et al., 2014).

Indeed, the clinical picture varies considerably by sex and gender, so the diagnostic criteria may differ (Gartner et al., 2022). Additionally, women tend to have a more rapid progression than men (APA, 2013; Holdsworth et al., 2012), even though their first contact with the game starts later in life (Carneiro et al., 2020). This may be a reason for the dramatic increase in the prevalence of pathological gambling in women. Another reason may be changes in traditional roles and lifestyles. Currently, women have more time and money, enabling their inclination to gamble for money (McCarthy et al., 2019). While biological factors (sex) contribute to these distinct clinical profiles, gambling behaviour and experiences are heavily shaped by social and cultural constructs (gender), including caregiving expectations and gendered stigma (Carneiro et al., 2020). Therefore, this

study primarily adopts a gender perspective to explore these sociocultural dynamics.

As mentioned, research shows that women's type of gambling behaviour differs from men's (Chóliz et al., 2021), as well as their motivations and consequences (Flack & Stevens, 2019; Macía et al., 2023). For instance, women tend to gamble in non-strategic games (such as bingo, lottery, scratch cards), whereas men prefer more strategic gambling (Gartner et al., 2022). Additionally, men's gambling is related to being single with little social support, whereas women's gambling tends to be linked to stressful situations (Carneiro et al., 2020). Indeed, in the case of women, pathologic gambling tends to overlap with other mental issues. In particular, women present greater comorbidity, such as affective or other disorders, with gambling disorder (Boughton & Falenchuk, 2007; Grant et al., 2012). Likewise, even when not sharing addictive behaviour with another mental disorder, female gamblers are more likely to have experienced traumatic situations that have led to the development of this problem (Nixon et al., 2013; Prever & Locati, 2017). In particular, partner violence has been shown to lead to and perpetuate gambling behaviour through a process of both physical and psychological avoidance of the abuse (Hing et al., 2023).

The motivations that lead to gamble are different in terms of gender, with men seeking excitement (Gartner et al., 2022) and the fantasy of raising their social status (Carneiro et al., 2020), as well as correlating with impulsivity. In contrast, women's gambling originates in negative emotional states and the fantasy of autonomy (Estévez et al., 2023). Specifically, women tend to take refuge in gambling to escape from suffering, often produced by previous traumatic experiences (Nixon et al., 2013). We need to understand these factors that lead to gambling to design adapted prevention and intervention programs.

With regard to the consequences of gambling, women tend to suffer more social stigma and have less social support (Estévez et al., 2023). This may be related to the social and cultural patterns of the context, which impose specific behavioural characteristics on women. Therefore, greater social stigma is generated about specific behaviours, like gambling, making it more difficult to seek help and adhere to treatment (Schomerus & Angermeyer, 2008). This can also affect the impact of gambling on women's lives, as they internalise these cultural models and the stigma suffered, aggravating the feelings of guilt derived from addiction. Hence, pathological gambling is a complex and multifaceted condition that requires a comprehensive understanding of its clinical differences, gender variations,

and transcultural aspects. By considering these factors, researchers and clinicians can develop more effective treatments and interventions to support individuals struggling with this disorder.

There is a need of considering women's perspective and characteristics for a targeted approach of pathological gambling because they are underrepresented in gambling research, which primarily represents men and, therefore, may present biased practical implications (Wardle & Laidler, 2023). Thus, addressing pathological gambling disorder from a gender perspective and analyse cross-cultural differences in European countries, highlighting women's subjective perception is imperative. Therefore, this study aims to compare the perceptions of female gamblers between Italy and Spain, through an exploratory qualitative study.

Method

This study follows a phenomenological approach and qualitative design to analyse, through focus groups (n = 5), the different perceptions of a sample of women with pathological gambling in Spain and Italy. Phenomenological research focuses on participants' subjective experience (Wertz, 2005) and allows considering their voices, promoting a deeper meaning. Analysing women's perception of their gambling experience helps researchers to suspend hypotheses about the underlying mechanisms of this phenomenon (Mertens, 2023). In this regard, there is a need to implement qualitative research across clinical settings which enhance individuals' perspective and capture more subjective and meaningful aspects of the disorder (Cromby, 2012), specifically when exploring gambling issues with a gender perspective (Hing & Breen, 2008). For this study, five face-to-face focus groups were conducted, four in diverse regions of Spain (Andalusia, Basque Country, Navarre and Valladolid) and one in Italy (Milan). This study followed the qualitative standards proposed by Levitt et al. (2018) to ensure the rigour of the qualitative research.

Participants

Participants in this qualitative study were 26 women, aged between 30 and 81 (M =55.1, SD = 13.1), from diverse Italian and Spanish therapeutic associations of pathological gambling. The sampling procedure followed a non-probabilistic approach with intentional sampling (Patton, 2014). The recruitment criteria were: a) being diagnosed with a gambling disorder, b) being over 18 years old, c) being a woman, and d) being in treatment in the contacted rehabilitation centres. Likewise, these centres and

associations were selected to cover as much geographical representation as possible.

The sample of the study encompassed women from 4 regions of Spain (n = 22), aged 55.2 (11.6) and Italy (n = 4), aged 72 (6.2). Most of them were married, and some were divorced. Also, some of the women were retired while others were working, both full-time and part-time.

Procedure

Firstly, we performed a rigorous search of gambling associations in the Spanish geographical territory. Subsequently, all these entities were contacted to invite them to participate in the research. These face-to-face meetings were arranged with the associations that agreed to participate to discuss the information about the research team, the aim of the study and the expected results so they could make suggestions and proposals. The information collected in these meetings was key for the design of the focus groups. Before starting the study, participants were informed of the study's aims, their involvement, voluntariness and the confidentiality of their data. Those who agreed to participate in the focus groups were asked to sign the informed consent form, including permission to record the groups for future transcription.

Data collection- instruments

For the purposes of this study, five semi-structured focus groups were carried out to deepen women's gambling experiences, motivations, impacts and perceptions about gender issues in gambling. For this aim, a script was designed, with the contributions of the agents involved in order to tackle different themes. This semi-structured guideline consisted of three sections: a) gambling characteristics (covering the onset of the behaviour, type and other associated features); b) impact on their lives (covering aspects of their relationships with their relatives, socio-economic impact, etc.); and c) perception of differences in terms of gender (which included questions about their opinions on this issue).

The focus groups lasted approximately 60-80 minutes, and the sessions were audio-recorded to be transcribed. These transcripts were anonymised and coded to identify each participant with numbers.

Data analysis

After a first review of the transcripts, an inductive thematic analysis (Braun & Clarke, 2006) was carried out. Following a descriptive phenomenological orientation for initial meaning extraction (Wertz, 2005),

an inductive categorisation framework was established. This categorisation included: a) onset of gambling, b) type of gambling, c) causes and antecedents, d) beginning of treatment, e) consequences, and f) gender perspective. The interventions from the Spanish and Italian focus groups were independently coded and categorised within this framework for subsequent cross-cultural comparison. To ensure analytic credibility and coding reliability, a continuous iterative refinement process was followed, whereby the transcripts were re-coded at different time intervals to ensure intra-coder consistency. Furthermore, the emerging codes and the final thematic matrix were thoroughly reviewed and discussed with the co-authors through peer-debriefing sessions until a full consensus on the interpretation was reached. To assess data saturation and the relative prominence of the themes across both countries, the analysis was based on raw numbers (n) rather than percentages. Given the small size of the Italian sample (n=4), reporting raw numbers ensures maximum transparency and avoids misinterpretation.

Results

After analysing the content of the discussion groups, different aspects were identified, such as onset and type of gambling, causes that lead to gambling, treatment issues (awareness of illness, help-seeking process and therapeutic aspects), consequences/impact in their lives and their perception of gender perspective. Within these aspects, the participants' main experiences and perceptions were systematised, highlighting the differences and similarities between countries.

In terms of similar issues in Italian and Spanish women diagnosed with gambling disorder, the onset of gambling in both cases tended to be associated with a family member, whereas it became a solitary behaviour later. In this case, in Spain, some gamblers prefer social gambling. In both cultures, most women attribute their gambling problem to loneliness and consider gambling a way to avoid it. In this same line, Spanish women also presented comorbidities with emotional disorders such as depression, anxiety, eating disorders and low self-esteem. In some cases, gambling was also related to child abuse. Italian and Spanish women tended to become aware of the gambling problem when they realised the lack of money, and a family member accompanied the help-seeking process. However, in Italy, religion also characterised this process (they looked to the Church for help). Within therapeutic aspects, Italian women emphasised the importance of understanding the pathology, social cohesion and feeling understood by other women in the group, and economic control. The feelings of having

disappointed their children and of self-destruction, along with suicidal thoughts, were identified as a consequence by both Italian and Spanish women. Finally, when commenting on their perception of gender differences in both cultures, participants highlighted a greater social stigma in women and the need for considering the gender perspective in treatment. Specifically, in Spain, the participants also mentioned the different causes that lead to gambling. Table 1 shows this thematic analysis, reporting both the raw numbers (*n*) of the people mentioning each aspect.

Table 1

Thematic analysis

		Similarities	**Differences**	
			Spain (S)	**Italy (I)**
Onset of gambling		First contact with family→ S: 13 and I: 3		Contact through job colleagues→ I: 2
Type of gambling		Alone→ S: 8 and I: 2	Social gambling→ S: 3 Gambling accompanied by a relative→ S: 6	
Attributed causes		Loneliness→ S: 10 and I: 3 Evasion or exhaust valve→ S: 3 and I: 1	Emotional disorders - depression and anxiety → S: 15 (eating disorder→ 2) Abuse and/or aggression→ S: 4 Low self-esteem→ S: 3	Sensation-seeking, adrenaline→ I: 1
Treatment	*Awareness of illness*	Lack of money→ S: 7 and I: 4		
	Help-seeking	Family → S: 16 and I: 3		Religion (through Church) → I: 3
	Therapeutic factors			Comprehension of the pathology→ I: 2 Feeling understood→ I: 2 Social support→ I: 2 Economic control→ 1
Consequences		Family relationships (children's disappointment) → S: 19 and I: 2 Self-destruction→ S: 14 (Suicidal thinking→8) and I: 2 (suicidal thinking→ 1)		
Gender difference perception		Gender-related social stigma → S: 11 and I: 3 Different aspects to tackle in therapy → S: 6 and I: 1	Gender differences in causes→ S: 7	

*S= Spain; I= Italy

Beginning and type of gambling

When characterising the type of gambling behaviour and describing how it began, it is common for the first contact with gambling to have occurred with a family member (usually a female relative or a romantic partner) and, later on, when the behaviour becomes addictive, gambling alone and concealing it from the family. This onset was similar in both culture-groups and in Spain, where 13 of the participants intervening mentioned having started with family. For example, some Spanish participants mentioned their first contact with gambling occurred with their parents or partners:

> S1-1: The first relationship that I had with gambling was when I was a child, with my parents. My father gambled a lot, and this was very difficult for me to understand.
> S1-2: The first time I saw a slot machine, my sister, my mother and her boyfriend taught me how to play it; this was the first time I touched a slot machine....

In this line, three of the Italian women also started gambling with their romantic partners, and half of them were working at a gambling establishment:

> I1-1: Between the ages of 22 and 25, my husband, a few friends, and I went to play at the casino.
> I1-2: I started working at a Lotto counter when I was 21 years old

In terms of the type of behavioural gambling, there are some incongruences because some participants reported being social gamblers while others mentioned having to conceal their gambling:

> S1-3: I was a social gambler, no more…
> I1-2: I always played the lottery... I've always played alone.

It was observed that online gambling was also used to hide the gambling from the family:

> S3-1: The new novelty of online games arrived, and, of course, I started to play online alone.
> S4-2: I didn't want to be seen.

In any case, these inconsistencies can be explained by the evolution of the addictive behaviour, which can initially be considered a social behaviour, but when the addiction becomes more pronounced, the participants tended to isolate themselves:

> S4-3: I went to play in bars. I went with my family to do some errands, and it was considered normal. Then, when I started to go alone, I thought, “If I come with my family, I will attract attention, but if I come alone, I can gamble better”. I just wanted to gamble and make up for what I had lost.

Attributive causes

Regarding the causes that women link to the need to gamble, the most common mentioned was feeling lonely, both in Spain (n=10) and in Italy (n=3):

> S1-2: I did feel lonely, very lonely. Now I know I was depressed. I didn't know it before, but I had a horrible depression; everything was very dark.
> S1-3: Because what led me to gambling was loneliness, being alone.
> S4-3: But I can't explain why I started to gamble in such a silly way. I felt lonely. That's really the answer now, after three years, you say: "But why did I feel lonely?" At that time, I was lonely and I was happy to go and gamble.
> I1-1: Feelings of guilt for abandoning my family, loneliness and lack of money led me to gambling.

Another common issue that women related to gambling, also linked to feelings of loneliness, is considering it an escape valve, a way of channelling negative moods that they could not cope with in other ways (one of the Italian women intervening about this issue and three of the Spanish).

> S2-2: I see it as a disease, but at first, it was an escape valve, in my case. I used to release my anxiety, my stress, by gambling.
> S4-1: I have always related it to events that happened in my day-to-day life, problems and so on, in the end, they came out that way (...) At that time, it was usually always linked to an argument, a problem or a period of stress that I did not know how to manage.

> I1-2: One thing I really noticed was that when I was gambling, I wasn't thinking about anything anymore. I really had a barrier. I was there and I was just thinking about gambling. An absolute barrier. (...) The moment of isolation from everything. From anything annoying, from life.

This aligns with other issues related to gambling that arose in the Spanish sample, such as emotional disorders (n= 16), eating disorders (n=3), abuse (n= 4) and low self-esteem (n= 2):

> S2-5: I think my problem was mainly a self-esteem problem.
> S2-2: My problem was anxiety and a lot of stress.
> S3-2: I started gambling because of abuse. I have been abused for 20 years, both physically and psychologically.
> S1-1: Besides that, when I was a child, I had problems with abuse by my paternal grandfather. Then, one of my sisters was also abused, so when we told my mother about it, but she made us conceal it (...) First, I had anorexia, then I had bulimia (...)

Beginning of treatment

Regarding treatment, the women in the study commented on how and in which situations they started to be aware of their problem, how the help-seeking process was, and some aspects of the therapy.

Awareness of illness

In general, the women of both cultures became aware of their problem gambling because of the lack of money and its consequences. This was a very common issue among the Italian gamblers, all the women commenting on this, and in Spain, where 7 women mentioned.

> S4-2: In my case, when I started to lose money and I wanted to recover everything, I gambled more, more, more, more. That's when I wanted to quit, but I couldn't, and that's when I said, “I have a problem.”
> I1-3: When I realised that my money was running out. Sell this, sell that, transfer money here, transfer money there...

Help-seeking

In most cases, the family was key for seeking help: sixteen of the women mentioned this in the case of Spain and three in the case of Italy. In

this sense, normally, they were caught gambling by the family, but also because they decided to tell about their problem.

> S3-2: My daughter found out because I got the notification about gambling. Of course, she looked at me and understood it, thank God.
> S4-3: Until my youngest son, who is the one who brought me here, found out.
> I1-1: What encouraged me the most was listening to my mother when I hit rock bottom, and I talked it over with her, and she told me many true things, but that shook me up.

In the case of the Italian women, it is worth mentioning that religious aspects commonly emerged in this process of help-seeking (n= 3):

> I1-1: I spoke to a priest who told me to seek help... Then I came to the group
> IT-2: One day in church, I saw Caritas's brochure about "Help for family members of gamblers".

Psychotherapeutic aspects

In the Italian focus group, participants also commented on aspects of psychotherapy, which promoted optimal recovery and helped them in the process. Among these aspects, they indicated the need for economic control, which may be the first step in quitting the behaviour (one person mentioned it) and the importance of understanding the gambling phenomenon, its causes and strategies to cope with it (n=2).

> I1-3: Above all, it is important to understand why you gamble and how to escape from it. It gave me the tools to start to move away from gambling.

Aspects related to social support in the group also emerged, such as feeling understood by others and being able to share their common experiences and strategies, which is necessary to feel supported by the group (n=2). They related this to previous feelings of loneliness (n=3), stating that feeling supported by the group prevented them from needing to “escape” from these negative moods by gambling:

> I1-4: I received a lot of solidarity in the women's group...Before, I was very reticent; coming here helped me to talk to others, to put myself on a par with others, to feel that I was not the only one (with this problem).

> I1-1: If we felt supported for who we are, we would not need to escape mentally. All the stories are different. I definitely got it off my chest, took a load off my mind and knew that I would no longer be alone.

Impact on life

In both cultures, nineteen of the Spanish participants and two of the Italians indicated their family's feelings of disappointment caused by their gambling, particularly focused on their children:

> S1-1: My daughter doesn't speak to me, nor will she ever speak to me; my mother doesn't want to hear from me either.
> I1-4: My son saw me gambling late in the bar and scolded me, saying, "Mom, stop it".

In this line, in Spain, fourteen of the related interventions also emphasised the socio-economic and emotional self-destruction in their lives caused by gambling. Indeed, suicidal thoughts (n=8) were also mentioned by some women:

> S1-2: You enter a spiral of total destruction. You destroy all personal and family ties... apart from the economic ruin. You cheat everyone. You abuse the trust of those who love you (...); you find yourself alone, you see no light because you think there is no solution. (...) You think about taking your own life.
> S2-5: There was a very, very big internal destruction, and it was doing a lot of harm to the people around me.
> S3-3: Because that was a shitty life (...), and the day my son fought with me, I went out to throw myself off the bridge. I was ready to take my own life because the only thing I do is cause my son to suffer.

These feelings of self-destruction (n=2) and suicidal thinking (n=1) were also mentioned in the Italian sample:

> I1-2: I had come to think about taking my own life, and I knew I had to get help. Gambling had sunk me so low that I had to do something.

Gender perspective

When gambling differences between men and women were commented on, the main issue that emerged was the perceived higher stigma among women, both in Italy (n=3) and Spain (n=11). The

participants felt more judged by society just for being women, and this may impact the type of gambling, its consequences and help-seeking (due to shame). Moreover, as some women indicated, they tended to blame themselves for not following the social pressure of the “ideal mother”.

> S1-3: I have heard of a woman gambling on the slot machine and hearing those same men who were also gambling say, "Look at that one, she's not ashamed, she's gambling with today's grocery money..." (...) In fact, one of the things that made me afraid to acknowledge my problem and seek help was that I felt ashamed because I was a woman, a special shame.
> S4-5: We are labelled differently, we are vicious. They [men] are sick, and we are vicious. We are bad mothers, bad wives... They criticise you; even the relatives of someone who has suffered the same problem as you will criticise you for gambling, as if you had to be with your husband and son. And being a bad mother thing is very hard.
> S2-2: But well, yes, the children, they do [affect you] a lot. I say: 'What are they going to think of me?' In the end, we blame ourselves and say: 'Fuck, [I am] their mother... [how could I do this?]'. In the end, they idealise you. It seems that one’s mother has no right to do anything [wrong]. There is a difference between men and women.
> I1-4: Seeking help is more difficult because of the fear of being judged. It would have been different if a male family member had gambled.
> I1-1: For me, men are "excused" more when they gamble. A woman is judged more. A woman thinks about her children, about her home...

Another relevant theme that emerged was the different therapeutic approach for men and women (six of the interventions among Spanish women and one among Italians). They highlighted the need to feel understood by other women and the diverse aspects of treatment, such as these quotes referring to the therapeutic context:

> S2-5: When it is the women [who suffer from pathological gambling], it is very challenging for the man to support her (referring to the group).
> I1-3: Even in a mixed group, it would have been good to talk about gambling. I would never have been able to talk about my intimate or even physical problems with men, but I can do so with women.

These Spanish women also mentioned the causes that lead to gambling from a gender perspective. They associated men's gambling with entertainment (like sports) and women's with the need to mitigate negative emotions:

> S2-4: Maybe because they like sports and start betting. And the girls? I don't know; I think that they do it all for self-esteem and shit like that.
> S2-2: I think that's what it is, that we carry a heavy burden, maybe men release it in other ways.
> S4-5: I think we gamble because of loneliness, because we don't know how to face things.

Discussion

This study aimed to analyse the differences and similarities between Italian and Spanish women who suffered from pathological gambling. After analysing the dialogues of 26 women in both contexts, in general, we observed that they tend to start to gamble with a family relative and progressively become solitary gamblers and conceal their gambling. Moreover, women attribute the need to gamble to loneliness and a way of coping with negative moods. This aligns with the comorbidity, in the case of Spanish women, with other emotional disorders and psychological problems. It was common for them to become aware of the gambling problem when they realised they lacked money. Normally, a family member accompanied them to seek help. Specifically, in the Italian group, this help-seeking process was guided by religious aspects, for example, seeking help from the Church (and relying on its support group structures). These women also considered it important to understand the pathology, social cohesion and economic control in the therapeutic process. Generally, women of both cultures mentioned feelings of self-destruction and emphasised the negative consequences of gambling (i.e., disappointing their families, especially their children). Women with pathological gambling perceive a greater social stigma than men and the need to consider these gender aspects in therapy. Spanish women added the perceived differences in causes that lead to gambling. Notably, Spanish women voiced these gender differences more prominently, particularly regarding the perceived differences in causes that lead to gambling and a more acute social perception of the stigma.

Concerning the characteristics of gambling behaviour, the Italian and Spanish women mentioned that their first contact with gambling had occurred with a family member, commonly a female relative or a romantic

partner. Nevertheless, when the addictive behaviour was established, they gambled alone, as mentioned by some of the participants. It is widely accepted that the social context mediates the onset of gambling; thus, family or peer relationships involved in gambling are a strong predictor of developing this pathology (Kristiansen et al., 2015).

In terms of prevalence, men normally gamble more than women (Erbas & Buchner, 2012; Ekholm et al., 2014), but it is worth mentioning that there are no gender differences between people who have gambled at some point in their lives (Choliz et al., 2021). This means that both men and women have tried gambling to the same extent, but men seem to be more predisposed to develop an addiction. However, women tend to present comorbidities with other psychological disorders (Estévez et al., 2023a), as also seen in this study. Thus, developing a gambling disorder among women may be related to a worse prognosis due to more limited emotion regulation in women with pathological gambling (Weatherly & Miller, 2013).

Although the focus groups did not comment much on this aspect, the type of gambling that women generally preferred were games of chance, like lottery or instant lotteries, bingo, or slot machines. This aligns with previous research, which states that women are more used to engaging in games on chance, while men prefer games of skill such as cards or sports betting (Granero et al., 2020). Notably, in this Italian sample, women play strategic and sports games at the casino, although to a lesser extent.

The causes that women attribute to gambling should be highlighted due to the gender influence/differences involved. In both cultures, participants typically mentioned the feeling of loneliness related to gambling. In Spanish and Italian populations, as Estevez and colleagues (2023b) pointed out, women tend to gamble to alleviate loneliness, as well as in the Italian population where perceived loneliness was related to gambling behaviour (Ciccarelli et al., 2022). In this line, the association between a negative mood and the need to gamble was also frequently mentioned, in particular, referring to gambling as a way to cope with suffering and escape from psychological pain. The participants acknowledged gambling as a maladaptive way of dealing with their life problems, calling themselves “cowards”. Previous research has also revealed the gender difference regarding motives for gambling (Estévez et al., 2023b). In particular, Granero et al. (2020) and Macía et al. (2023) identified a mechanism to escape from problems and improve their mood as women’s reason to gamble. Specifically, by gambling, women try to avoid negative emotions such as loneliness and boredom (Ciccarelli et al., 2022; Estévez et al., 2023b; Gartner et al., 2022). In contrast, men’s

motivations for gambling are the expectation of winning money and sensation-seeking (Estévez et al., 2017; Macía et al., 2023; McCormack et al., 2014). This study also found a high prevalence of comorbidity among women with pathological gambling, such as eating disorders, depressive symptomatology, anxiety, etc., which aligns with previous studies finding significant gender differences in gamblers' mental health problems (Venne et al., 2020) and higher trauma rates in women (Erbas & Buchner, 2012).

In general, women mentioned gaining awareness of the problem due to the lack of money. This may indicate impaired awareness of pathological gambling, which is well-recognised by scientific research (Shah et al., 2020). When seeking help, the women in both cultures were frequently accompanied by a family member, normally after being "caught" gambling. This intervention by relatives represents a key step in overcoming the intense shame and trauma associated with the disorder, facilitating entry into treatment. This aligns with previous global research that presents a very low proportion of pathological gamblers seeking help on their own (Bijker et al., 2022). These Italian women rely on the Church for assistance, while Spanish women tend to go to the health care system. This may be due to the differences in cultural aspects. In Italy, the National Health System offers a wide range of therapeutic resources for pathological gambling, but this rehabilitation process is often related to other addictive disorders. Due to this stigmatisation, people with gambling problems, especially women, often prefer to contact other non-profit private associations first. Thus, the Church may be the first help-seeking contact for these women when they ask for economic help, and, through this contact, gambling problems are identified, and the women are referred to rehabilitation. Italian women commented on the therapeutic aspects that help them in the recovery process, mentioning the importance of having economic control, a widespread aspect both in Italy and Spain, and often a requisite in the therapeutic process (Cowliwshaw et al., 2012). The participants also mentioned the need to understand the disorder and its mechanisms, its reasons, and strategies to cope with it. This may be enhanced by including psychoeducational interventions in the recovery processes (Petry et al., 2016). Finally, they highlighted the importance of social cohesion and relationships in the group, feeling understood by others and sharing experiences, confirming group therapy's relevance in treating this addiction (Jimenez-Murcia et al., 2007). Specifically, female group therapy allows sharing of feelings, understanding and empathy for specific problems (Prever & Locati, 2017).

The women also indicated the impact on their family as one of the greatest consequences of gambling, in particular, the impact on their children, mentioning feelings of disappointment. In this case, the impact of gambling on the family and intimate relationships is widely accepted (Dowling et al., 2016). In particular, women perceive more family responsibilities, such as childcare, which leads them to suffer this impact more severely than men (Estévez et al., 2023b). Moreover, women underlined the feelings of self-destruction and, in some cases, suicidal thinking. These destructive feelings are common both in men and women (Wood & Griffiths, 2007), although, in the case of women, this can be a double-edged sword, as they tend to cope with such negative feelings through gambling (Estévez et al., 2023b).

Concerning their perception of the gender perspective in gambling, they underscored the greater social stigma suffered by women with pathological gambling. This issue was common in both cultures, as scientific literature in Italy (Prever et al., 2023) and Spain (Estévez et al., 2023b) have confirmed. In this line, research points out that social stigma worsens this behaviour by affecting self-esteem and hindering early detection and help-seeking (Lopez-Gonzalez et al., 2019). Particularly in women, this social stigma is exacerbated by gender roles (Baxter et al., 2016; Holdsworth et al., 2012) and produces a greater impact on their self-esteem and mental health (Estévez et al., 2023b). Moreover, the importance of targeted interventions, considering gender aspects (Estévez et al., 2023b), was also identified due to the need to address these specific aspects that women suffer more so they could feel supported by others. Spanish women also mentioned the different reasons for gambling in the case of men and women. This aligns with previous studies that reveal that men gamble to seek sensations (Jauregui et al., 2018; Macía et al., 2023), and women try to avoid negative moods (Estévez et al., 2023b; Granero et al., 2020).

This research has some limitations that must be considered before interpreting the results. The study's major limitation is the sample imbalance between Spain and Italy (22 vs. 4). Therefore, it is difficult to make a rigorous comparison between the two cultures. In this case of qualitative research that aims to make an initial exploration of the phenomenon, the aspects that emerged are interesting, with a view to resuming a more in-depth analysis in the future. In this line, one of the study's limitations was the transcription of the semi-structured focus groups, in which the women were allowed to direct the conversation to some extent so that, in some cases, specific topics were unaddressed. This means that certain issues that arose in one country may not have appeared in the other, thus preventing

comparisons. In any case, this study presents an initial approximation to the phenomenon of pathological gambling in Spanish and Italian women, opening a line of investigation for future research. Future studies could focus on mixed-method designs with sample matching in which both prevalence and socioemotional aspects could be compared, along with women's perceptions. Similarly, conducting focus groups with Italian and Spanish women together may also offer a more integrative view of the issue. Likewise, it would be interesting to compare other more diverse and larger-scale cultures, taking into consideration cultural differences in the areas of gambling and economic trends (Gabellini et al., 2023; Kim et al., 2016).

In conclusion, while our findings confirm established global literature on female gambling, this comparative analysis highlights key distinct trends. The study reveals a novel cultural divergence in institutional help-seeking pathways: Italian women heavily utilize church-based structures to bypass healthcare stigma, whereas Spanish women navigate the formal public health system. Furthermore, Spanish participants exhibit a significantly more prominent and vocal awareness of gendered stigma and distinct etiological motivations compared to men. These nuances underscore a new trend in the field, demonstrating that future strategic planning must move beyond generic gender-responsive treatments toward culturally tailored, localized therapeutic interventions.

STATEMENT OF COMPETING INTERESTS

None declared.

ETHICS APPROVAL

The Institutional Review Board of the University of Deusto approved the study (ETK-17/20-21) in 2021. This study was performed in line with the principles of the Declaration of Helsinki.

RELATIVE CONTRIBUTIONS

AFV conceived the study, conducted the data analyses and wrote the first draft of the manuscript. LM, AE, FP and MM were responsible for data collection through focus groups/interviews. All authors revised the manuscript for intellectual content and approved the final version.

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RESEARCH PROMOTION

Pathological gambling manifests differently across cultures and genders, yet qualitative research capturing the intersection of both in women remains scarce. This phenomenological study explores the onset, motivations, consequences, and treatment experiences of female gamblers through focus groups conducted in Spain and Italy. The findings reveal critical cross-cultural nuances and shared gendered barriers to help-seeking, emphasizing the need for culturally adapted, gender-sensitive prevention and intervention strategies.

References

Abbott, M. (2017, June). The epidemiology and impact of gambling disorder and other gambling-related harm. *WHO Forum on alcohol, drugs and addictive behaviour*s, Geneva, Switzerland.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders-text revision (5th ed.)*

Barbaranelli, C., Vecchione, M., Fida, R., & Podio-Guidugli, S. (2013). Estimating the prevalence of adult problem gambling in Italy with SOGS and PGSI. *Journal of Gambling Issues.* http://dx.doi.org/10.4309/jgi.2013.28.3

Baxter, A., Salmon, C., Dufresne, K., Carasco-Lee, A., & Matheson, F. I. (2016). Gender differences in felt stigma and barriers to help-seeking for problem gambling. *Addictive Behaviors Reports*, 3, 1-8. https://doi.org/10.1016/j.abrep.2015.10.001

Boughton, R., & Falenchuk, O. (2007). Vulnerability and comorbidity factors of female problem gambling. *Journal of Gambling Studies*, 23, 323-334. https://doi.org/10.1007/s10899-007-9056-6

Braun, B., Ludwig, M., Sleczka, P., Bühringer, G., & Kraus, L. (2014). Gamblers seeking treatment: Who does and who doesn't? *Journal of Behavioral Addictions*, *3*(3), 189-198. https://doi.org/10.1556/jba.3.2014.3.7

Carneiro, E., Tavares, H., Sanches, M., Pinsky, I., Caetano, R., Zaleski, M., & Laranjeira, R. (2020). Gender differences in gambling exposure and at-risk gambling behavior. *Journal of Gambling Studies*, *36*(2), 445-457. https://doi.org/10.1007/s10899-019-09884-7

Chóliz, M., Marcos, M., & Lázaro-Mateo, J. (2021). The risk of online gambling: A study of gambling disorder prevalence rates in Spain. *International Journal of Mental Health and Addiction*, 19, 404-417. https://doi.org/10.1007/s11469-019-00067-4

Ciccarelli, M., Nigro, G., D'Olimpio, F., Griffiths, M. D., Sacco, M., Pizzini, B., & Cosenza, M. (2022). The associations between loneliness, anxiety, and problematic gaming behavior during the COVID-19 pandemic: The mediating role of mentalization. *Mediterranean Journal of Clinical Psychology*, 10(1). https://doi.org/10.13129/2282-1619/mjcp-3257

Cowlishaw, S., Merkouris, S., Dowling, N., Anderson, C., Jackson, A., & Thomas, S. (2012). Psychological therapies for pathological and problem gambling. *Cochrane Database of Systematic Reviews*, (11). https://doi.org/10.1002/14651858.CD008937.pub2

Cromby, J. (2012). The affective turn and qualitative health research. *International Journal of Work Organisation and Emotion*, *5*(2), 145-158. https://doi.org/10.1504/IJWOE.2012.049518

de Noreña, D., Muñoz, A., Ezpeleta, D., & Latorre, G. (2022). Juego patológico: historia y bases neuroanatómicas y fisiopatológicas [Pathological gambling: History and neuroanatomical and pathophysiological bases]. *Kranion*, 1577-8843. 10.24875/KRANION.M21000014

Dowling, N. A., Suomi, A., Jackson, A. C., & Lavis, T. (2016). Problem gambling family impacts: Development of the Problem Gambling Family Impact Scale. *Journal of Gambling Studies*, *32*, 935-955. https://doi.org/10.1007/s10899-015-9582-6

Ekholm, O., Eiberg, S., Davidsen, M., Holst, M., Larsen, C. V., & Juel, K. (2014). The prevalence of problem gambling in Denmark in 2005 and 2010: A sociodemographic and socioeconomic characterization. *Journal of gambling studies*, 30, 1-10. https://doi.org/10.1007/s10899-012-9347-4

Erbas, B., & Buchner, U. G. (2012). Pathological gambling: Prevalence, diagnosis, comorbidity, and intervention in Germany. *Deutsches Ärzteblatt International, 109*(10), 173. 10.3238/arztebl.2012.0173

Estévez, A. N. A., Jáuregui, P., Sánchez-Marcos, I., López-González, H., & Griffiths, M. D. (2017). Attachment and emotion regulation in substance addictions and behavioral addictions. *Journal of behavioral addictions*, 6(4), 534-544. https://doi.org/10.1556/2006.6.2017.086

Estévez, A., Macía, L., & Macía, P. (2023)b. Looking at sex differences in gambling disorder: The predictive role of the early abandonment schema, gambling motives and alexithymia in depression. *Journal of Gambling Studies*, *39*(4), 1815-1832 https://doi.org/10.1007/s10899-023-10251-w

Estévez, A., Macía, L., Ontalvilla, A., & Aurrekoetxea, M. (2023). Exploring the psychosocial characteristics of women with gambling disorder through a qualitative study. *Frontiers in Psychology, 14*, 1294149. doi: 10.3389/fpsyg.2023.1294149

Flack, M., & Stevens, M. (2019). Gambling motivation: Comparisons across gender and preferred activity. *International Gambling Studies*, *19*(1), 69-84. https://doi.org/10.1080/14459795.2018.1505936

Gabellini, E., Lucchini, F., & Gattoni, M. E. (2023). Prevalence of problem gambling: A meta-analysis of recent empirical research (2016–2022). *Journal of Gambling Studies*, *39*(3), 1027-1057. https://doi.org/10.1007/s10899-022-10180-0

Gartner, C., Bickl, A., Härtl, S., Loy, J. K., & Häffner, L. (2022). Differences in problem and pathological gambling: A narrative review considering sex and gender. *Journal of Behavior Addictions*, 11(2). https://doi.org/10.1556/2006.2022.00019

Granero, R., Jiménez-Murcia, S., del Pino-Gutiérrez, A., Mena-Moreno, T., Mestre-Bach, G., Gómez-Peña, M., ... & Fernández-Aranda, F. (2020). Gambling phenotypes in older adults. *Journal of Gambling Studies*, 36, 809-828. https://doi.org/10.1007/s10899-019-09922-4

Grant, J. E., Odlaug, B. L., & Mooney, M. E. (2012). Telescoping phenomenon in pathological gambling: Association with gender and comorbidities. *The Journal of Nervous and Mental Disease*, *200*(11), 996-998. 10.1097/NMD.0b013e3182718a4d

Griffiths, M. D. (2009). *Problem gambling in Europe: An overview. Report prepared for Apex Communications.* Nottingham, UK: Nottingham Trent University.

Hing, N., & Breen, H. (2008). How working in a gaming venue can lead to problem gambling: The experiences of six gaming venue staff. *Journal of Gambling Issues.* 21, 11–29.

Hing, N., Mainey, L., O'Mullan, C., Nuske, E., Greer, N., Thomas, A., & Breen, H. (2023). Seeking solace in gambling: The cycle of gambling and intimate partner violence against women who gamble. *Journal of Gambling Studies*, *39*(2), 795-812. https://doi.org/10.1007/s10899-022-10134-6

Holdsworth, L., Hing, N., & Breen, H. (2012). Exploring women's problem gambling: A review of the literature. *International Gambling Studies, 12*(2), 199-213. https://doi.org/10.1080/14459795.2012.656317

Jauregui, P., Estevez, A., & Onaindia, J. (2018). Spanish adaptation of the Gambling Motives Questionnaire (GMQ): Validation in adult pathological gamblers and relationship with anxious-depressive symptomatology and perceived stress. *Addictive behaviors*, 85, 77-82. https://doi.org/10.1016/j.addbeh.2018.05.023

Jiménez-Murcia, S., Álvarez-Moya, E. M., Granero, R., Neus Aymami, M., Gómez-Peña, M., Jaurrieta, N., ... Vallejo, J. (2007). Cognitive-behavior group treatment for pathological gambling: Analysis of effectiveness and predictors of therapy outcome. *Psychotherapy Research*, *17*(5), 544-552. https://doi.org/10.1080/10503300601158822

Kim, J., Ahlgren, M. B., Byun, J. W., & Malek, K. (2016). Gambling motivations and superstitious beliefs: A cross-cultural study with casino customers. *International Gambling Studies*, *16*(2), 296-315. https://doi.org/10.1080/14459795.2016.1182569

Kristiansen, S., Trabjerg, M. C., & Reith, G. (2015). Learning to gamble: Early gambling experiences among young people in Denmark. *Journal of Youth Studies*, *18*(2), 133-150. https://doi.org/10.1080/13676261.2014.933197

Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suárez-Orozco, C. (2018). Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA Publications and Communications Board task force report. *American Psychologist*, *73*(1), 26. https://doi.org/10.1037/amp0000151

Lopez-Gonzalez, H., Estévez, A., & Griffiths, M. D. (2019). Can positive social perception and reduced stigma be a problem in sports betting? A qualitative focus group study with Spanish sports bettors undergoing treatment for gambling disorder. *Journal of gambling studies*, 35, 571-585. https://doi.org/10.1007/s10899-018-9799-2

Macía, L., Estévez, A., & Jáuregui, P. (2023). Gambling: Exploring the role of gambling motives, attachment and addictive behaviours among adolescents and young women. *Journal of Gambling Studies*, *39*(1), 183-201. https://doi.org/10.1007/s10899-022-10124-8

Marinaci, T., Venuleo, C., Buhagiar, L. J., Mossi, P., & Sammut, G. (2020). Considering the socio-cultural terrain of hazardous behaviours: A cross-cultural study on problem gambling among Maltese and Italian people. *Community Psychology in Global Perspective*, *6*(1), 129-148. https://www.um.edu.mt/library/oar/handle/123456789/82576

McCarthy, S., Thomas, S. L., Bellringer, M. E., & Cassidy, R. (2019). Women and gambling-related harm: A narrative literature review and implications for research, policy, and practice. *Harm Reduction Journal*, *16*, 1-11. https://doi.org/10.1186/s12954-019-0284-8

McCormack, A., Shorter, G. W., & Griffiths, M. D. (2014). An empirical study of gender differences in online gambling. *Journal of Gambling Studies*, *30*(1), 71–88. https://doi.org/10.1007/s10899-012-9341-x

Mertens, D. M. (2023). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods.* Sage publications.

Minutillo, A., Mastrobattista, L., Pichini, S., Pacifici, I, R., Genetti, B., Vian, P., ... Mortali, C. (2021). Gambling prevalence in Italy: Main findings on epidemiological study in the Italian population aged 18 and over. *Minerva Forensic Medicine*. 141(2-3), 29-41. Doi: 10.23736/S2784-8922.21.01805-7

Mora-Salgueiro, J., García-Estela, A., Hogg, B., Angarita-Osorio, N., Amann, B. L., Carlbring, P., ... Colom, F. (2021). The prevalence and clinical and sociodemographic factors of problem online gambling: A systematic review. *Journal of Gambling Studies*, *37*(3), 899-926. https://doi.org/10.1007/s10899-021-09999-w

Nixon, G., Evans, K., Grant Kalischuk, R., Solowoniuk, J., McCallum, K., & Hagen, B. (2013). Female gambling, trauma, and the not good enough self: An interpretative phenomenological analysis. *International Journal of Mental Health and Addiction*, *11*, 214-231. https://doi.org/10.1007/s11469-012-9413-2

Observatorio Español de las Drogas y las Adicciones (OEDA). (2022). *Informe sobre trastornos comportamentales. Juego con dinero, uso de videojuegos y uso compulsivo de internet en las encuestas de drogas y otras adicciones en España EDADES y ESTUDES* [*Behavioural Disorders Report 2023. Gambling with money, use of video games and compulsive use of the Internet in surveys of drugs and other addictions in Spain EDADES and ESTUDES.*

Patton, M. Q. (2014). *Qualitative research and evaluation methods: Integrating theory and practice*. Sage publications.

Petry, N. M., Rash, C. J., & Alessi, S. M. (2016). A randomized controlled trial of brief interventions for problem gambling in substance abuse treatment patients. *Journal of Consulting and Clinical Psychology, 84*(10), 874. https://doi.org/10.1037/ccp0000127

Prever, F., & Locati, V. (2017). Female gambling in Italy: A specific clinical experience. In *Gambling Disorders in Women* (pp. 124-140). Routledge.

Prever, F., Blycker, G., & Brandt, L. (Eds.). (2023). *Behavioural addiction in women: An international female perspective on treatment and research*. Taylor & Francis.

Schomerus, G., & Angermeyer, M. C. (2008). Stigma and its impact on help-seeking for mental disorders: what do we know? *Epidemiology and Psychiatric Sciences*, *17*(1), 31-37. doi:10.1017/S1121189X00002669

Shah, P., Quilty, L., Kim, J., Graff-Guerrero, A., & Gerretsen, P. (2020). Impaired awareness of problem and pathological gambling: A review. *Journal of gambling studies*, 36, 39-50. https://doi.org/10.1007/s10899-019-09926-0

Venne, D., Mazar, A., & Volberg, R. (2020). Gender and gambling behavior: A comprehensive analysis of (dis) similarities. *International Journal of Mental Health and Addiction*, *18*, 1181-1195. https://doi.org/10.1007/s11469-019-00116-y

Volberg, R. A. (2003). Has there been a "feminization" of gambling and problem gambling in the United States? *Journal of Gambling Issues*, *8*(1). DOI: 10.4309/jgi.2003.8.7

Wardle, H., & Laidler, F. (2023). Shielded from View? Gender Bias in Gambling Research, Prevention, and Treatment. In *Behavioural Addiction in Women* (pp. 131-137). Routledge.

Weatherly, J. N., & Miller, K. B. (2013). Exploring the factors related to endorsing gambling as an escape. I*nternational Gambling Studies*, *13*(1), 52-64. https://doi.org/10.1080/14459795.2012.703214

Wertz, F. J. (2005). Phenomenological research methods for counseling psychology. *Journal of Counseling Psychology*, *52*(2), 167. https://doi.org/10.1080/14459795.2012.703214

Wood, R. T., & Griffiths, M. D. (2007). A qualitative investigation of problem gambling as an escape-based coping strategy. *Psychology and Psychotherapy: Theory, Research and Practice*, *80*(1), 107-125. https://doi.org/10.1348/147608306X107881

World Health Organization (2024). *Addictive Behaviour*. Retrieved from: https://www.who.int/health-topics/addictive-behaviour#tab=tab_2

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