

Gender perspective in gambling disorder

Perspectiva de género en el trastorno de juego de azar

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Abstract

Addictions affect both women and men and the existing differences are the result of a combination of biological, psychological and social elements. This article focuses particularly on gambling disorder. In this sense, behaviours such as gambling are influenced by gender, and therefore, it is necessary to introduce this perspective of analysis in order to understand the reality of women with behavioural addictions. It is also noted that, beyond prevalence data, precipitating factors, risk factors, age of onset, reasons for gambling, comorbidity, reasons for relapse, or associated negative consequences are different in women and men. Similarly, this article explores how some of the factors closely related to the gender malaise are involved in women's behavioural addictions, such as social shame, self-stigma, loneliness, violence, trauma, care, responsibility, or guilt, which, in fact, are intrinsically associated with the figure of the woman. Finally, the need to incorporate the gender perspective and, more specifically, the needs of women, in research, prevention and intervention programmes on behavioural addictions is pointed out.

Keywords

Behavioural addictions; Gambling disorder; Gender perspective; Women; Stigmatisation.

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Resumen

Las adicciones afectan tanto a mujeres como a hombres y las diferencias existentes son el resultado de la combinación de elementos biológicos, psicológicos y sociales. En este artículo se profundizará especialmente en el trastorno de juego. En este sentido, las conductas como el juego, se ven atravesadas por el género, por lo que se requiere introducir esta perspectiva de análisis para poder entender la realidad que atraviesa a las mujeres con adicciones comportamentales. Asimismo, se señala que, más allá de los datos sobre prevalencia, los factores desencadenantes, los factores de riesgo, la edad de inicio, los motivos de juego, la comorbilidad, los motivos de recaída, o las consecuencias negativas asociadas son diferentes en mujeres y hombres. De igual modo, se explora cómo intervienen algunos de los factores estrechamente relacionados con los malestares de género tales como la vergüenza social, el autoestigma, la soledad, la violencia, el trauma, los cuidados, la responsabilidad, o la culpabilidad, que están intrínsecamente asociados a la figura de la mujer y que, además, sufre adicciones comportamentales. Finalmente, se señala la necesidad de incorporar la perspectiva de género y, más concretamente, las necesidades de las mujeres, en la investigación, los programas de prevención e intervención en adicciones comportamentales.

Palabras clave

Adicciones comportamentales; Trastorno de juego; Perspectiva de género; Mujeres; Estigmatización.

I. INTRODUCTION

Addictive disorders affect both women and men, and the differences are the result of a combination of biological, psychological and social elements (Charzyńska et al., 2021). Addiction, an expression of society's current malaise, not only has a personal and individual dimension but is also linked to collective aspects. However, when we discuss addictions, we often refer to an androcentric model with which to compare the rest, without realising that there may be many differentiating factors of the sexes/genders. In this way, as stated by Simone de Beauvoir (1949), pioneer in the conceptualisation of gender, in society, women are considered 'the other-other' of men, becoming tied to the private sphere. Men, on the other hand, are constructed as the subject, centre and measure of all

things (Beauvoir, 1949; García, 2006). Thus, female experiences are articulated as "the specific" and that which deviates from what is established as the 'norm', in other words, 'the masculine', which, as a concept, is inseparably linked in our imagination to 'men' (Estévez et al., 2021; Red Iberoamericana ONG which works in Drugs and Addictions [RIOD], 2021).

Are women with addictive disorders represented when we refer to addiction? If addiction is a phenomenon that changes its shape depending on the context, gender socialisation of women and men could also affect the sex differences in addictions. Differences between men and women vary between societies and over time, even though these intrinsic factors remain unchanged (Padilla & Carmona, 2022).



Historically, men have always been allowed to act in their own self-interest, but for women, this kind of selfish behaviour has been taboo, if not strictly forbidden. Women have been assigned the task of caring for others, not maximising their own benefit. Society has transmitted the idea that they cannot be rational and has identified them with emotion (Marçal, 2016). What role might gender socialisation play in prevalence, patterns of consumption, age of onset, access or adherence to treatment, among many others? Addictions are multidimensional problems that include elements and agents related to their genesis and progress (Carrón & Sánchez, 1995). We cannot forget that social aspects also include a gender dimension. To this end, it is important to note that, although we use the terms 'gender' and 'sex' equivalently, they are not the same. Whereas the term 'sex' refers to biological attributes, the definition of 'gender' provides a socio-cultural reading of the attitudes, personal traits, behaviours, beliefs, norms, ways of expressing oneself, etc., that correspond to each of the biological sexes (García, 2006; Oakley, 1972; World Health Organization, 2021). Gender, therefore, modulates the construction of human identity and behaviour (Aguilar, 2008). It should also be noted that gender is a dynamic and changing concept, as each historical period and socio-cultural context determines what corresponds to 'masculine' and what corresponds to 'feminine' (Gomáriz, 1992). As a consequence, the socio-cultural component of addictions makes it necessary to consider the gender dimension in the definition, assessment and treatment of addictions.

Do we feel the same when we see a female gambler as when we see a male gambler? When we look at the male gambler, do we

think of his caring dimension as a father or as a son? Could such beliefs affect the shame or guilt a woman might feel in comparison to a male gambler? Could stigma affect women's approach to treatment centres? Could women's experiences of gambling, caregiving or violence against them be addressed in the same way in men's groups, where these aspects are not as prevalent? Does it have something to do with the fact that the manifestation of disorders in women tends to occur in secrecy or in domestic or highly feminised spheres? In the case of women, there are many stereotypes regarding drug use, as women are sometimes linked to prostitution or issues related to their abandoning their role of caregiving mother. The stereotyping through the treatment and selection of information is clear, but the invisibility of the problem in question is also evident (Martínez-Redondo, 2009).

In this article, we will take a closer look at gambling addiction as part of behavioural addictions. Gambling disorder is listed in the 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association since 2013 (DSM-5; APA, 2013). In recent years, non-substance addictions have begun to become more prominent, although their existence, in some cases, is as old as substance addictions. There is some controversy in the naming of behavioural addictions (gambling, gaming, Internet, social media, shopping, sex, etc.) or non-substance addictions, because there is no external substance. However, both meanings (behavioural or non-substance addictions) have elements to be considered. For example, even if there are no external substances, non-substance addictions affect internal substances such as dopamine,



serotonin, etc. What chemicals are activated inside us when we are about to lose a bet? The core feature of the disorder is that the person with the addiction loses control over the chosen activity and continues performing it despite the adverse consequences (APA, 2013). In addition, it is also important to note that the key aspect of behavioural addiction is not the type of behaviour involved but the type of relationship that is established with it. If the relational aspect is crucial, does it have something to do with the fact that men immerse themselves in games where they exercise their capacity for control, strategy and skill, whereas women get involved in games where chance and luck choose for them? Do we find parallels in the intimate and personal relationships that female gamers establish?

Behaviours such as gambling are shaped by gender issues. If we do not use this perspective of analysis, it will be very difficult to understand the reality of women with addictions. Why do women start gambling later than men? Are the motives for gambling the same for women and men? Why do most women go for treatment alone whereas male gamblers are usually accompanied by their partners?

2. METHOD

Prevalence

According to the data provided by the National Drugs Plan's report on behavioural addictions (Health Ministry of Spain, 2021), through the EDADES survey for the detection of offline and/or online gambling behaviour, it was found that in 2020, 64.2%

of the population aged between 15 and 64 have gambled with money: 66.8% of men compared to 61.5% of women. Extrapolation of these data to the Spanish population would mean that 2.2% of people could present a possible gambling problem (2.9% of men and 1.4% of women), whereas 1% would present a possible gambling disorder. Other prevalence studies have shown ratios of 2.8 between men and women (Merkouris et al., 2016). However, gambling disorder in women may be underdiagnosed because only a modest percentage of them seek treatment (Baño et al., 2021; Braun et al., 2014). However, women seek treatment for their male partners when men are the ones suffering from problem gambling (Lamas et al., 2018). How does gender intersect with this reality? Although both substance use and gambling are activities experienced by both women and men, studies indicate that women have greater difficulty in recognising the problem and seeking psychotherapeutic support (Echeburua, 2013).

Socio-demographic factors

Concerning socio-demographic factors, men with gambling disorder tend to have higher monthly incomes than women with problem gambling behaviour (Castrén et al., 2018). Is this representative of gambling or does it occur in other areas of life? Ronzitti et al. (2016) also showed that women with gambling disorder had higher rates of unemployment than men. If women have less economic resources, will this affect problem gambling? Does the indicator of money spent on gambling have the same value for men and women when economic resources are different?



In family composition, studies have found that women with gambling disorder were more likely to be single-parent families or widowed, divorced or separated (Hing et al., 2016). In the case of men, they were more often single (Bonnaire et al., 2017). Is family care in itself a major stressor and burden?

In relation to the family of origin, some studies indicate sex-related differences in the genetic contribution to gambling behaviour. More specifically, shared environmental factors may help to explain a moderate proportion of variation among women, indicating that the family context influences women's gambling behaviour more than that of men (Eisen et al., 1998). These results need to be further analysed, but they align with evidence showing that women are more influenced by the social context. In this regard, evidence suggests that people who transgress gender stereotypes can receive severe social reactions (Rudman et al., 2012), which may lead to negative consequences for mental health.

Treatment seeking and age of onset

Some studies have also shown that women are more likely to seek treatment through primary care settings (Estévez et al., 2023). This is particularly important because it could lead to an increase in preventive programmes for women in primary care areas. Another widely held point is that less exposure to gambling may be an additional reason for women's possible underdiagnosis. This data are changing, especially in recent years, due to different factors such as gender socialisation in adolescents and the increase of gambling products in the female population, among other reasons. In this sense, the age of onset

of gambling is beginning to converge, and it is an increasingly common activity among women. (Macía et al., 2022). As addictive behaviours become feminised and normalised among the female population, there is an increasing prevalence and an earlier age of onset of addictive behaviours among women. In this sense, this change in the pattern of onset of gambling addiction compared to earlier periods is of great relevance. Previous studies have shown that onset occurs later than in men, although the time between symptoms of gambling disorder and the development of psychopathological problems appears to be shorter in women (Richmond-Rakerd et al., 2013; Slutske et al., 2009). This aspect is also crucial, as the change in these trends could affect prevention and treatment. In this sense, there is a frequently used simile that men could more easily go 'out for tobacco'. The expression 'going out for tobacco' is a euphemism for the expression 'leaving, not to return'.

Until recently, women's later onset of gambling disorder could be explained by the fact that if there are children or older people in their care, it is not easy to engage in behaviours that interfere with caregiving. So, onset ages to start gambling were delayed. Similarly, another possible explanation is that women may find their personal and social identity and sense of life compromised at a different stage of life, so that the children's leaving home, the end of fertility and youth, or caring for elderly parents, among others, may involve particular risk factors for female gamblers. However, as we have seen previously, changes in socialisation are concurring with a younger age of onset for women as well. Does this have to do with the fact that fewer women are now caring for or choosing to have children? How



does women's struggle to become part of the spaces and practices that have traditionally been considered masculine influence all this?

Linked to this, the younger the age at the first contact with gambling, the greater the likelihood of developing gambling disorder and the greater the severity of the problem (Dussault et al., 2019; Kang et al., 2019). People who started gambling at younger ages were also more likely to abuse drugs, to have committed criminal acts and to be aggressive (Sharman et al., 2019). Hence, we emphasise the need to delay the first experiences with online gambling to prevent gambling disorder (Casellas et al., 2018). These changes in the onset of women's gambling could impact them very negatively.

Until now, gender-based social prejudice had been considered a possible protective factor (Carneiro et al., 2019). Is it a protective factor? Among the attempts to explain the few women seeking therapeutic assistance in gambling rehabilitation centres is the weight of social stigmatisation. Goffman (1963), in his work, 'Deteriorated Identity', conceptualises stigma as a profoundly devaluing attribute, which degrades and demeans the person who bears it, affecting their identity and their beliefs and feelings about themselves. Macía and Estévez (2022) observed that women with gambling disorder are branded as 'vicious' or 'bad mothers'. Similarly, internalised stigma or self-stigma refers to the internalisation of negative social stereotypes, generating emotions and evaluations of oneself full of self-prejudice, feelings of guilt or lower worth, influencing one's behaviour, thoughts and emotions (Del Rosal et al., 2020; Gerlinger et al., 2013). Both stigma and self-stigma have been identified as causes of increased psychological distress,

associated with poorer mental and somatic health and greater resistance to seeking treatment (Estévez et al., 2024; Fox et al., 2018). This may partially explain why women with gambling disorder arrive very late (if they do) at rehabilitation centres and often show difficulties adhering to treatment (Lamas et al., 2018).

3. RESULTS

Comorbidity

On the other hand, female patients with gambling disorder tend to show higher levels of associated psychiatric comorbidities, such as depression and anxiety (Khanbhai et al., 2017; Macía et al., 2023; Tavares et al., 2001). Other studies have also indicated that women tend to use gambling as a way of coping with negative emotional states (Van der Maas et al., 2019). In contrast, men use gambling more frequently for excitement-seeking, impulsivity and financial gain. In this regard, other studies have shown that women exhibit more psychosocial problems prior to addiction, such as unemployment, interpersonal problems, family history of alcohol and drug abuse, traumatic childhood events, experiences of significant losses, or intimate partner violence, which, together with the presence of psychopathological problems, can often lead to the use of gambling as a way of escaping from life (Holdsworth et al., 2013; Thomas & Moore, 2001). Would this be exclusive of gambling addiction? What elements do women usually find to alleviate negative moods? Who suffers the most from stressful life events? Is the diagnosis of anxiety and depression the same for men and women? Do symptoms have a gender perspective? Is it more likely for a man



or a woman to be diagnosed with depressive or anxious disorder? If we measure the same thing in the same way, perhaps we will find the same thing. Do men express their emotional distress in the same way as women?

Concerning depression, women have 1.8 times higher risk than men of having had a major depressive episode in the last 12 months, and this risk is higher for people in the 18-24 age group (2.7 times higher than in the over-65 age group). These data were collected in the World Mental Health study (World Health Organisation [WHO], 2021), conducted in 18 countries through the collection of national survey data, using structured interviews and DSM-IV criteria (Bromet et al., 2011). Concerning Spanish data, it is striking that women have an even higher risk of suffering from depression than in other countries (2.7 times higher), and that the age of onset tends to be higher, with the age-related risk factor being between 50 and 64 years (compared to the group with the lowest risk, between 18 and 34 years). These differences between countries reinforce the idea that gender variations may be associated with socio-cultural and psychological particularities (Belloch et al., 2020). These data also agree with those provided by the DSM-5 (APA, 2013), which states that the prevalence of major depressive disorder in women is between 1.5 and 3 times higher than in men. Concerning anxiety, Seedat et al. (2009) collected data on the association between gender and mental disorders in 15 countries. These data revealed that women are twice as likely as men to suffer from an anxiety disorder across all cohorts and countries. In addition, they also found that women had more anxiety and mood disorders, whereas men had more externalising and substance

disorders. However, they also observed a significant reduction in recent cohorts for depressive disorder and substance use. The authors linked this decline to changes in female gender tradition. The ESEMeD-Spain project (Haro et al., 2006) also pointed to the female gender as a risk factor for mental disorders in our country. Salk et al. (2017) suggested that the gender difference in depression emerges earlier than previously thought (at least at age 12 for diagnosis and even earlier for symptoms), which has important implications for the implementation of preventive and intervention programmes. What factor could explain the importance of dissatisfaction with body image and physical appearance in adolescent girls? Would gender roles, stressors and life events experienced by women, such as gender-based violence and socio-economic status, among others, affect behavioural addictions such as gambling, shopping or using social networks?

Some of these differences could be explained by studies like that by Campbell et al. (2021), as adolescence can be a particularly stressful time for women. Previous studies have also shown that academic stress and pressure are particularly associated with poorer mental health in adolescent girls (Wiklund et al., 2012). These pressures are coupled with the burden of traditional anxiety related to maintaining a feminine identity and appearance (West & Sweeting, 2003), and adolescent girls experience much more appearance-related anxiety than adolescent boys (Macía et al., 2023; Smolak, 2004).

In addition to the above, it should not be forgotten that there are differences in the age of onset for gambling in men and women and that this could affect the psychopathology suffered by both sexes. There are important



clinical differences between early- and late-onset gambling: Early-onset gamblers were more likely to be male, to have substance use disorders, antisocial personality disorder, attention-deficit/hyperactivity disorder, trait impulsivity and social anxiety disorder (Black et al., 2015).

Gambling type

Concerning the typology of gambling, men tend to immerse themselves in games that require a higher level of skill, competitiveness and action (sports betting, cards, etc.) and that cover a larger number of games, whereas women show a greater tendency towards less strategic and more chance-based games (e.g., bingo, lottery or slot machines) (Gartner et al., 2022; La Plante et al., 2006). Strategy is defined by carefully thought-out actions directed towards a specific goal. Chance, on the other hand, is defined as a combination of unforeseeable causes or circumstances with no prior planning. Is it not a factor associated with gender: Do men really prefer games where the action leads to an outcome, and women prefer games that do not depend on themselves? As a result, although the male gender has been classically associated with the strategy typology, there is a growing body of research questioning stereotypical representations based on gender (Lopez-Gonzalez et al., 2020). Studies like that by Stark et al. (2012) have also found that men with gambling disorder tend to gamble in several games, whereas women prefer to gamble in one type of game only. Can women easily gamble different types of games? Are the games oriented towards women? Could the sexist images of many of the gambling products affect the choice of one type of gambling product over another?

In line with this, it is also important to note that gambling places are also associated with safety. Women's discourse shows that sometimes the type of gambling is associated with the safety of gambling; that is, bingo might be a safer place for women than other types of gambling such as poker at certain times and venues (Lamas et al., 2018; Estévez, Macía et al., 2023).

4. DISCUSSION

Access and treatment design

As also noted above, women are less likely to attend treatment than male gamblers. There are many explanations for this, and some studies point out that the severity of addiction in women may be lower because even when addicted, care is still maintained. On the other hand, it is important to note that one cannot extrapolate that there are no women with addiction from the fact that women with addiction do not seek treatment. Increased social disapproval coupled with a lack of support make it more difficult for women to recognise the problem and be less likely to seek help (Rius-Buitrago et al., 2021). This may explain, at least in part, why women are much less likely than men to resort to gambling addiction care resources according to their prevalence (Echeburúa, 2005). It is estimated that around 70% of women affected by gambling disorder do not come to any recourse.

One of the main difficulties in accessing treatment is that the design of addiction treatment and care programmes is carried out from an androcentric perspective. Bowden-Jones & Prever (2017) suggest that



in the case of gambling addiction, women-specific interventions are crucial, particularly where care and violence can be discussed, which are issues that are not addressed in the same way in mixed groups (i.e., women and men) (Bowden-Jones & Prever, 2017). Do treatments with men discuss the care of their children or their parents? Is violence discussed? Are gambling treatments adequate for women gamblers? Are the motives for gambling, types of gambling, age of onset, etc. different for men and women, and are these aspects included? Are different timetables considered for men and women?

If they have children, who do they stay with? However, recent studies report that some women consider it stigmatising to make separate groups to talk about the violence they have received or about care issues (Estévez et al., 2024). Is it necessary to take them to a separate group to talk about 'women's stuff'? Is caring something exclusive to women? Would it not be more useful to introduce the gender perspective in mixed groups so that the difficulties of women with addictions can be seen? Are we asking for specific groups of men and addictions?

Risk factors and precipitating factors

It has been noted that the risk factors and triggers for relapse are different for women and men (Substance Abuse and Mental Health Services Administration [SAMHSA], 2009). Baño et al. (2021) showed that educational level could be one of the most relevant predictors of relapse risk. Do men and women have the same opportunities to study?

Likewise, women who attend treatment centres for a gambling problem tend to do so mainly alone, with little family or social

support (Estévez et al., 2023; Lamas et al., 2018). This aspect is of vital importance given the fundamental role played by the family member or companion in the rehabilitation of the person suffering from a gambling disorder. In fact, low levels of family support have been identified as one of the most significant specific predictors of difficulties and negative consequences associated with gambling in women (González-Ortega et al., 2013; Granero et al., 2018). Furthermore, loneliness and social isolation have been associated with the initiation, relapse and maintenance of gambling behaviours in the female population (Castrén et al., 2013).

On the other hand, high debt, relationship problems and emotional regulation difficulties have also been linked to poor response to treatment (Jiménez-Murcia et al., 2016). Concerning emotion regulation, Vintró-Alcaraz et al. (2022) observed that non-strategic gambling, which is higher in females, was associated with greater emotional dysregulation. Are women the ones who regulate emotions the worst? Is violence and aggression, which are more prevalent in men as perpetrators, a form of emotional dysregulation? Can men express emotions in the same way as women?

Assessment

Another important aspect of addiction is assessment. In this respect, the diagnostic criteria and assessment tools available to date are mainly directed towards addiction among men. However, there is evidence that addiction may be affecting more women than is currently estimated, and that this group's characteristics and needs are different from those of men (Estévez et al., 2023).



As seen, intervention and prevention manuals include factors and behaviours that reflect men's consumption patterns, as male consumption is the statistical and cultural pattern (Meneses, 2002). This means that the reality of female gamblers is not considered, and the implications for female gamblers are evident at all levels.

Finally, when a woman develops addiction-related problems, she develops many behaviours that fall outside the normative gender role designated for women. Can we consider the reality of women—and men—with addiction in the same way? Are gender aspects such as the assessment of a history of physical, emotional and/or sexual abuse included in addiction protocols or assessments? It should not be forgotten that the socially assigned differences between the sexes produce inequalities that impact women's health, development and well-being (Ortiz & Clavero, 2014). In addictions, current research shows that women with addictions differ from their male counterparts in their patterns of use, psychosocial and physiological characteristics, practices, meanings and motivations, as well as in the consequences of their use (Arostegui & Martínez-Redondo, 2018). Would one expect it to be any other way? So, why is all this not considered?

5. CONCLUSION

As a consequence of all of the above, further studies are needed to understand the nature of gender differences in gambling typology (Gartner et al., 2022). We need gender perspective in gambling addiction; that is, an essential perspective in the analysis of reality, which includes the different realities of women with gambling disorder in the design of protocols, evaluation, treatment and prevention.

Moreover, we cannot forget that when we refer to women (just as when we refer to men), there are many types of women (and men) and that, for example, in addition to the binary categories of male/female, there are other categories that should also be taken into account in the analysis of the reality of gambling addiction (Richard et al., 2019). Given the heterogeneity of women seeking treatment for gambling addiction (Lara-Huallipe et al. 2021), treatments must be tailored to suit each individual's needs.

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REFERENCES

- Aguilar, T. (2008). El sistema sexo-género en los movimientos feministas [The sex-gender system in feminist movements]. *Amnis*, 8. <https://doi.org/10.4000/amnis.537>
- American Psychiatric Association [APA]. (2013). *DSM-5: Manual Diagnóstico y Estadístico de los trastornos mentales*. [Diagnostic and statistical manual of mental disorders-text revision]. Editorial Médica Panamericana (Author). <https://doi.org/10.1176/appi.books.9780890425596>
- Arostegui, E., & Martínez-Redondo, P. (2018). *Mujeres y drogas: manual para la prevención de recaídas con perspectiva de género* [Women and drugs: Manual for relapse prevention with a gender perspective]. Deusto Digital.
- Baño, M., Mestre-Bach, G., Granero, R., Fernández-Aranda, F., Gómez-Peña, M., Moragas, L.,



- Del Pino-Gutierrez, A., Codina, E., Guillén-Guzmán, E., Valero-Solís, S., Lara-Huallipe, M. L., Baenas, I., Mora-Maltas, B., Valenciano-Mendoza, E., Solé-Morata, N., Gálvez-Solé, L., González-Bueso, V., José Santamaría, J., Menchón, J. M., & Jiménez-Murcia, S. (2021). Women and gambling disorder: Assessing dropouts and relapses in cognitive behavioral group therapy. *Addictive Behaviors, 123*, 107085. <https://doi.org/10.1016/j.add-beh.2021.107085>
- Beauvoir, S. (1949). *Le deuxième sexe*. [El segundo sexo]. Kayleigh BCN.
- Belloch, A., Sandín, B., & Ramos, F. (2020). *Manual de Psicopatología. Volumen II*. [Manual of Psychopathology. Volume II]. McGraw Hill.
- Black, D. W., Shaw, M., Coryell, W., Crowe, R., McCormick, B., & Allen, J. (2015). Age at onset of DSM-IV pathological gambling in a non-treatment sample: Early- versus later-onset. *Comprehensive Psychiatry, 60*, 40-46. <https://doi.org/10.1016/j.comppsy.2015.04.007>
- Bonnaire, C., Kovess-Masfety, V., Guignard, R., Richard, J. B., du Roscoät, E., & Beck, F. (2017). Gambling type, substance abuse, health and psychosocial correlates of male and female problem gamblers in a nationally representative French sample. *Journal of Gambling Studies, 33*(2), 343-369. <https://doi.org/10.1007/s10899-016-9628-4>
- Bowden-Jones, H., & Prever, F. (Eds.). (2017). *Gambling disorders in women: An international female perspective on treatment and research*. Taylor & Francis. <https://www.routledge.com/Gambling-Disorders-in-Women-An-International-Female-Perspective-on-Treatment/Bowden-Jones-Prever/p/book/9781138188327#>
- Braun, B., Ludwig, M., Slezcka, 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>
- Bromet, E., Andrade, L. H., Hwang, I., Sampson, N. A., Alonso, J., de Girolamo, G., de Graaf, R., Demyttenaere, K., Hu, C., Iwata, N., Karam, A. N., Kaur, J., Kostyuchenko, S., Lépine, J. P., Levinson, D., Matschinger, H., Medina Mora, M. E., Browne, M. O., Posada-Villa, J., Viana, M. C., Williams, D. R., & Kessler, R. C. (2011). Cross-national epidemiology of DSM-IV major depressive episode. *BMC Medicine, 9*(1), 1-16. <https://doi.org/10.1186/1741-7015-9-90>
- Campbell, O. L., Bann, D., & Patalay, P. (2021). The gender gap in adolescent mental health: A cross-national investigation of 566,829 adolescents across 73 countries. *SSM-Population Health, 13*, 100742. <https://doi.org/10.1016/j.ssmph.2021.100742>
- Carneiro, E., Tavares, H., Sanches, M., Pinsky, I., Caetano, R., Zaleski, M., & Laranjeira, R. (2019). Gender differences in gambling exposure and at-risk gambling behavior. *Journal of Gambling Studies, 36*, 445-457. <https://doi.org/10.1007/s10899-019-09884-7>
- Carrón, J., & Sánchez, L. (1995). *Los servicios sociales generales y la atención a drogodependientes* [General social services and care for drug addicts]. Madrid: Grupo Interdisciplinar sobre Drogas.
- Casellas, P., Cabrera, V. & Lloret, D. (2018). Prevalencia del juego de apuestas en adolescentes. Un análisis de los factores asociados [Prevalence of gambling in adolescents. An analysis of the associated factors]. *Health and Addictions, 18*(2), 165-173. <https://doi.org/10.21134/haaj.v18i2.392>
- Castrén, S., Basnet, S., Salonen, A., Pankakoski, M., Ronkainen, J.E., Alho, H., & Lahti, T. (2013). Factors associated with disordered gambling in Finland. *Prevention and Policy, 8*-24. <https://doi.org/10.1186/1747-597X-8-24>
- Castrén, S., Kontto, J., Alho, H., & Salonen, A. H. (2018). The relationship between gambling



- expenditure, socio-demographics, health-related correlates and gambling behaviour—a cross-sectional population-based survey in Finland. *Addiction*, 113(1), 91-106. <https://doi.org/10.1111/add.13929>
- Charzyńska, E., Sussman, S., & Atroszko, P. A. (2021). Profiles of potential behavioral addictions' severity and their associations with gender, personality, and well-being: A person-centered approach. *Addictive Behaviors*, 119, 106941. <https://doi.org/10.1016/j.addbeh.2021.106941>
- Del Rosal, E., González-Sanguino, C., Bestea, S., Boyd, J., & Muñoz, M. (2020). Correlates and consequences of internalized stigma assessed through the Internalized Stigma of Mental Illness Scale for people living with mental illness: A scoping review and meta-analysis from 2010. *Stigma and Health*, 6(3), 324-334. <https://doi.org/10.1037/sah0000267>
- Dussault, F., Dufour, M., Brunelle, N., Trembley, J., Rousseau, M., Leclerc, D., Cousineau, M. M., & Berbiche, D. (2019). Consistency of adolescents' self-report of gambling age of onset: A longitudinal study. *Journal of Gambling Studies*, 35, 533-544. <https://doi.org/10.1007/s10899-019-09834-3>
- Echeburúa, E. (2005). Retos de futuro en el tratamiento del juego patológico [Future challenges in the treatment of pathological gambling]. *Adicciones*, 17(1), 11-16. <http://dx.doi.org/10.20882/adicciones.382>
- Echeburúa, E., González-Ortega, I., de Corral, P., & Polo-López, R. (2013). Pathological gamblers and a non-psychiatric control group taking gender differences into account. *The Spanish Journal of Psychology*, 16, E2. <https://doi.org/10.1017/sjp.2013.2>
- Eisen, S. A., Lyons, M. J., Scherrer, J. F., Griffith, K., True, W. R., Goldberg, J., & Tsuang, M. T. (1998). Familial influences on gambling behavior: An analysis of 3359 twin pairs. *Addiction*, 93(9), 1375-1384. <https://doi.org/10.1046/j.1360-0443.1998.93913758.x>
- Estévez, A., Macía, L., Gandarias, I., Jauregui, P., & Momeñe, J. (2024). *Evaluación desde la perspectiva de género en adicciones con sustancias y comportamentales. Report evaluation from a gender perspective in addictions with substances and behavioral*. Emakunde-Basque Women's Institute.
- Estévez, A., Macía, L., Zarate, I., Mauriz-Etxabe, A., Gorostiaga, A., Santolaria, R., Lamas, J., Fernández-López, L., Rodríguez-Ahedo, N., & García-Barandiarán, A. (2021). *Protocolo de adaptación de tratamiento a circunstancias excepcionales* [Protocol for adapting treatment to exceptional circumstances. FEJAR]. Subsidised by the Delegación del Plan Nacional Sobre Drogas.
- Estévez, A., Macía, L., López, M., Gandarias, I., Jauregui, P., & Momeñe, J. (2023). *Evaluación desde la perspectiva de género en adicciones con sustancias y comportamentales* [Evaluation from the gender perspective of substance and behavioral addictions]. Instituto Vasco de la Mujer. Emakunde.
- Fox, A. B., Earnshaw, V. A., Taverna, E. C., & Vogt, D. (2018). Conceptualizing and measuring mental illness stigma: The mental illness stigma framework and critical review of measures. *Stigma and Health*, 3(4), 348-376. <https://doi.org/10.1037/sah0000104>
- García, Y. H. (2006). Acerca del género como categoría analítica [Gender as an analytical category]. *Nómadas. Critical Journal of Social and Juridical Sciences*, 13(1), 111-120.
- 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 Behavioral Addictions*, 11(2), 267-289. <https://doi.org/10.1556/2006.2022.00019>



- Gerlinger, G., Hauser, M., De Hert, M., Lacluyse, K., Wampers, M., & Correll, C. U. (2013). Personal stigma in schizophrenia spectrum disorders: A systematic review of prevalence rates, correlates, impact and interventions. *World Psychiatry, 12*(2), 155–164. <https://doi.org/10.1002/wps.20040>
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Touchstone. <https://books.google.es/books?id=zuMFXuTMAqAC>
- Gomáriz, E. (1992). Los estudios de género y sus fuentes epistemológicas: periodización y perspectivas [Gender studies and their epistemological sources: periodization and perspectives]. *Revista Isis Internacional, Ediciones de las Mujeres, 16*, 1–42.
- González-Ortega, I., Echeburúa, E., Corral, P., Polo-López, R., & Alberich, S. (2013). Predictors of pathological gambling severity taking gender differences into account. *European Addiction Research, 19*(3), 146–154. <https://doi.org/10.1159/000342311>
- Granero, R., Fernández-Aranda, F., Mestre-Bach, G., Steward, T., García-Caro, B., Prever, F., Gavriel-Fried, B., del Pino-Gutiérrez, A., Moragas, L., Aymamí, N., Gómez-Peña, M., Mena-Moreno, T., Martín-Romera, V., Menchón, J. M., & Jiménez-Murcia, S. (2018). Clustering of treatment-seeking women with gambling disorder. *Journal of Behavioral Addictions, 7*(3), 770–780. <https://doi.org/10.1556/2006.7.2018.93>
- Haro, J.M., Palacín, C., Vilagut, G., Martínez, M., Bernal, M., Luque, I., Codony, M., Dolz, M., Alonso, J., & Group ESEMeD-Spain. (2006). Prevalence of mental disorders and associated factors: Results from the ESEMeD-Spain study. *Medicina Clínica, 126*(12), 445–451. <https://doi.org/10.1157/13086324>
- Hing, N., Russell, A., Tolchard, B., & Nower, L. (2016). Risk factors for gambling problems: An analysis by gender. *Journal of Gambling Studies, 32*(2), 511–534. <https://doi.org/10.1007/s10899-015-9548-8>
- Holdsworth, L., Nuske, E., & Breen, H. (2013). All mixed up together: Women's experiences of problem gambling, comorbidity and co-occurring complex needs. *International Journal of Mental Health and Addiction, 11*, 315–328. <https://doi.org/10.1007/s11469-012-9415-0>
- Jiménez-Murcia, S., Del Pino-Gutiérrez, A., Fernández-Aranda, F., Granero, R., Hakäns-son, A., Tárrega, S., Valdepérez, A., Aymamí, N., Gómez-Peña, M., Moragas, L., Baño, M., Sauvaget, A., Romeu, M., Steward, T., & Menchón, J. M. (2016). Treatment outcome in male gambling disorder patients associated with alcohol use. *Frontiers in Psychology, 7*, 465. <https://doi.org/10.3389/fpsyg.2016.00465>
- Kang, K., Ok, J. S., Kim, H. & Lee, K. S. (2019). The gambling factors related with the level of adolescent problem gambler. *International Journal of Environmental Research and Public Health, 16*(12), 2110. <https://doi.org/10.3390/ijerph16122110>
- Khanbhai, Y., Smith, D., & Battersby, M. (2017). Gender by preferred gambling activity in treatment seeking problem gamblers: A comparison of subgroup characteristics and treatment outcomes. *Journal of Gambling Studies, 33*(1), 99–113. <https://doi.org/10.1007/s10899-016-9614-x>
- Lamas, J. J., Santolaria, R., Estévez, A., & Jáuregui, P. (2018). Guía clínica específica, “Mujer y juego” [Specific clinical guideline, “Women and gambling”]. Federación Española de Jugadores de Azar Rehabilitados (FEJAR) y Ministerio de Sanidad de España. Subsidiized by the Delegación del Plan Nacional Sobre Drogas.
- LaPlante, D. A., Nelson, S. E., LaBrie, R. A., & Shaffer, H. J. (2006). Men and women playing games: Gender and the gambling



- preferences of Iowa Gambling Treatment Program participants. *Journal of Gambling Studies*, 22, 65-80. <https://doi.org/10.1007/s10899-005-9003-3>
- Lara-Huallipe, M. L., Granero, R., Fernández-Aranda, F., Gómez-Peña, M., Moragas, L., del Pino-Gutierrez, A., Valenciano-Mendoza, E., Mora-Maltas, B., Baenas, I., Etxandi, M., Menchón, J. M., & Jiménez-Murcia, S. (2021). Clustering treatment outcomes in women with gambling disorder. *Journal of Gambling Studies*, 38, 1469-1491. <https://doi.org/10.1007/s10899-021-10092-5>
- Lopez-Gonzalez, H., Russell, A. M. T., Hing, N., Estévez, A., & Griffiths, M. D. (2020). A cross-cultural study of weekly sports bettors in Australia and Spain. *Journal of Gambling Studies*, 36(3), 937-955. <https://doi.org/10.1007/s10899-019-09898-1>
- Macía, L., & Estévez, A. (2022). *La ludopatía no es solo cosa de hombres* [Gambling addiction is not only a man's thing]. The Conversation. Onli article at: <https://theconversation.com/la-ludopatia-no-es-solo-cosa-de-hombres-187098>
- Macía, L., Estévez, A., & Jauregui, P. (2022). Gambling: Exploring the role of gambling motives, attachment and addictive behaviours among adolescents and young women. *Journal of Gambling Studies*, 39, 183-201. <https://doi.org/10.1007/s10899-022-10124-8>
- Macía, L., Jauregui, P., Herrero, M., Iruarrizaga, I., Micó, V., Lamas, L., & Estévez, A. (2023). Sex-comparative study of gambling disorder regarding alexithymia and symptoms of depression, anxiety and hostility. *Comprehensive Psychiatry*, 122, 152364. <https://doi.org/10.1016/j.comppsy.2023.152364>
- Macía, L., Momeñe, J., Macía, P., Herrero, M., Jauregui, P., Iruarrizaga, I., & Estévez, A. (2023). Latent classes of eating disorders and addictions by sex: Implication of sex, alexithymia and stressful life events in youths. *Frontiers- Psychology for Clinical Settings*, 14, 1088595. <https://doi.org/10.3389/fpsyg.2023.1088595>
- Marçal, K. (2016). *¿Quién le hacía la cena a Adam Smith? Una historia de las mujeres y la economía* [Who made Adam Smith's dinner? A history of women and the economy]. Barcelona: Debate.
- Martínez-Redondo, P. (2009). Investigación sobre la intervención en drogodependencias y malos tratos a mujeres en la red de atención [Research on intervention in drug addiction and abuse of women in the care network]. *Unión de Asociaciones y Entidades de Atención al Drogodependiente, UNAD*. Recuperado de: https://www.bizkaia.eus/gizartekintza/genero_indarkeria/blt18/documentos/unad_investigacion.pdf?hash=9db9130d5252a13054f89c6dbfccce7
- Martínez-Redondo, P. (2009). *Extrañándonos de lo "normal": reflexiones feministas para la intervención con mujeres drogodependientes* [Being surprised by the "normal": Feminist reflections for intervention with drug-dependent women]. Editorial Horas y Horas.
- Meneses, C. G. (2002). *Incidencia de la comunicación en políticas públicas de salud en enfoque de género*. In Memoria intercultural com comunicación y salud en el área rural: II Congreso Nacional de Comunicación y Salud.
- Merkouris, S. S., Thomas, A. C., Shandley, K. A., Rodda, S. N., Oldenhof, E., & Dowling, N. A. (2016). An Update on gender differences in the characteristics associated with problem gambling: A systematic review. *Current Addiction Reports*, 3(3), 254-267. <https://doi.org/10.1007/s40429-016-0106-y>.
- Ministerio de Sanidad (2021). *Informe sobre Adicciones comportamentales. Juego con dinero, uso de videojuegos y uso compulsivo de internet en las encuestas de drogas y adicciones en España EDADES y ESTUDES*



- [Report on Behavioural Addictions. Gambling with money, use of video games and compulsive use of the Internet in surveys of drugs and addictions in Spain EDADES and ESTUDES]. Madrid: Centro de Publicaciones. Delegación del Gobierno para el Plan Nacional sobre Drogas. https://pnsd.sanidad.gob.es/profesionales/sistemasInformacion/sistemaInformacion/pdf/2021_Informe_adicciones_comportamentales.pdf
- Oakley, A. (1972). *Sex, Gender and Society*. [Sexo, Género y Sociedad]. Temple Smith.
- Ortiz, P., & Clavero, E. (2014). Estilos de consumo de sustancias adictivas en función del género. Una aproximación desde el análisis de discurso [Addictive substance use styles based on gender. An approach from discourse analysis]. *Acta Sociológica*, 64, 121-144. [https://doi.org/10.1016/S0186-6028\(14\)70485-2](https://doi.org/10.1016/S0186-6028(14)70485-2)
- Padilla, J., & Carmona, M. (2022). *Malestamos: cuando estar mal es un problema colectivo*. [We are sick: when being sick is a collective problem]. Capitán Swing Libros.
- Red Iberoamericana de ONG que trabajan en Drogas y Adicciones [RIOD]. (2021). *La perspectiva de género en el ámbito de las drogas y las adicciones. recursos y experiencias para promocionar y consolidar su aplicación integral* [The gender perspective in the field of drugs and addictions. Resources and experiences to promote and consolidate their comprehensive application]. Ministerio de Derechos Sociales y Agenda 2030.
- Richard, J., Martin-Storey, A., Wilkie, E., Der-evensky, J. L., Paskus, T., & Temcheff, C. E. (2019). Variations in gambling disorder symptomatology across sexual identity among college student-athletes. *Journal of Gambling Studies*, 35(4), 1303-1316. <https://doi.org/10.1007/s10899-019-09838-z>
- Richmond-Rakerd, L. S., Slutske, W. S., & Pi-asecki, T. M. (2013). Birth cohort and sex differences in the age of gambling initiation in the United States: Evidence from the National Comorbidity Survey Replication. *International Gambling Studies*, 13(3), 417-429. <https://doi.org/10.1080/14459795.2013.836554>
- Rius-Buitrago, A., Soriano-Villarroel, I., & López-González, H. (2021). “Yo sabía que nadie me iba a juzgar”: La adicción al juego online desde la perspectiva de género [“I knew no one was going to judge me”: Online gambling addiction from a gender perspective]. *MUSAS. Revista de Investigación en Mujer, Salud y Sociedad*, 6(1), 138-155. <https://doi.org/10.1344/musas2021.vol6.num1.8>
- Ronzitti, S., Lutri, V., Smith, N., Clerici, M., & Bowden-Jones, H. (2016). Gender differences in treatment-seeking British pathological gamblers. *Journal of Behavioral Addictions*, 5(2), 231-238. <https://doi.org/10.1556/2006.5.2016.032>
- Rudman, L. A., Moss-Racusin, C. A., Phelan, J. E., & Nauts, S. (2012). Status incongruity and backlash effects: Defending the gender hierarchy motivates prejudice against female leaders. *Journal of experimental social psychology*, 48(1), 165-179.
- Salk, R. H., Hyde, J. S., & Abramson, L. Y. (2017). Gender differences in depression in representative national samples: Meta-analyses of diagnoses and symptoms. *Psychological Bulletin*, 143(8), 783. <https://doi.org/10.1037/bul0000102>
- Seedat, S., Scott, K. M., Angermeyer, M. C., Berglund, P., Bromet, E. J., Brugha, T. S., Demyttenaere, K., de Girolamo, G., Haro, J. M., Jin, R., Karam, E. G., Kovess-Masfety, V., Levinson, D., Medina, M. E., Ono, Y., Ormel, J., Pennell, B. E., Posada-Villa, J., Sampson, N. A., ... Kessler, R. (2009). Cross-national associations between gender



- and mental disorders in the World Health Organization's world Mental Health Surveys. *Archives of General Psychiatry*, 66(7), 785-795. <https://doi.org/10.1001/archgenpsychiatry.2009.36>
- Sharman, S., Murphy, R., Turner, J., & Roberts, A. (2019). Psychosocial correlates in treatment-seeking gamblers: Differences in early age onset gamblers vs later age onset gamblers. *Addictive Behaviors*, 97, 20-26. <https://doi.org/10.1016/j.addbeh.2019.05.013>
- Slutske, W. S., Blaszczynski, A., & Martin, N. G. (2009). Sex differences in the rates of recovery, treatment-seeking, and natural recovery in pathological gambling: Results from an Australian community-based twin survey. *Twin Research and Human Genetics*, 12(5), 425-432. <https://doi.org/10.1375/twin.12.5.425>
- Smolak, L. (2004). Body image in children and adolescents: where do we go from here?. *Body image*, 1(1), 15-28.
- Stark, S., Zahlan, N., Albanese, P., & Tepperman, L. (2012). Beyond description: Understanding gender differences in problem gambling. *Journal of Behavioral Addictions*, 1(3), 123-134. <https://doi.org/10.1556/JBA.1.2012.3.5>
- Substance Abuse and Mental Health Services Administration [SAMHSA], (2009). *Substance abuse treatment: Addressing the specific needs of women. Treatment improvement protocol (TIP) 51*. (HHS Publication No. SMA 13-4426). Rockville, MD: Author.
- Tavares, H., Zilberman, M. L., Beites, F. J., & Gentil, V. (2001). Gender differences in gambling progression. *Journal of Gambling Studies*, 17(2), 151-159. <https://doi.org/10.1023/A:1016620513381>
- Thomas, A., & Moore, S. (2001). Do women gamble for the same reasons as men? *In Culture and the gambling phenomenon: Proceedings of the 11th Annual Conference of the National Association for Gambling Studies*, 366-377.
- Van der Maas, M., Hamilton, H. A., Matheson, F. I., Mann, R. E., Turner, N. E., & McCready, J. (2019). Fun, money, and feeling down: Examining the associations between motivations and problem gambling among men and women in a sample of older adults. *International Journal of Mental Health and Addiction*, 17, 1442-1455. <https://doi.org/10.1007/s11469-018-9889-5>
- Vintró-Alcaraz, C., Mestre-Bach, G., Granero, R., Gómez-Peña, M., Moragas, L., Fernández-Aranda, F., & Jiménez-Murcia, S. (2022). Do emotion regulation and impulsivity differ according to gambling preferences in clinical samples of gamblers? *Addictive Behaviors*, 126, 107176. <https://doi.org/10.1016/j.addbeh.2021.107176>
- West, P., & Sweeting, H. (2003). Fifteen, female and stressed: changing patterns of psychological distress over time. *Journal of child psychology and psychiatry*, 44(3), 399-411.
- Wiklund, M., Malmgren-Olsson, E. B., Öhman, A., Bergström, E., & Fjellman-Wiklund, A. (2012). Subjective health complaints in older adolescents are related to perceived stress, anxiety and gender—a cross-sectional school study in Northern Sweden. *BMC public health*, 12, 1-13.
- World Health Organization. (2021, Mayo). *Gender and health*. Online article: <https://www.who.int/news-room/questions-and-answers/item/gender-and-health>