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YOUTH GAMBLING FROM THE PERSPECTIVE OF HIGH-SCHOOL COUNSELLORS

***Abstract:** Gambling is a relatively new form of risk behaviour in our area. Modern Croatian and foreign scientific studies suggest that there is a considerable prevalence of problem gambling among high-school students. The aim of this paper is to explore how high-school counsellors perceive youth gambling. In addition to other tasks, they are responsible for detecting risk behaviour among youths and ensuring prevention and early intervention. This research was conducted among 120 counsellors from 18 Croatian counties. In general, the results show that they encounter issues surrounding youth gambling relatively rarely and they underestimate the prevalence of this risk behaviour, despite being aware of the fact that gambling products are easily accessible to youths. At the same time, counsellors do not perceive themselves sufficiently competent to provide adequate interventions in this field and they are not familiar enough with the developed training and interventions in Croatia. The results are interpreted in terms of their practical implications and with the aim of ensuring necessary professional knowledge and skills.*

***Keywords:** competencies, gambling, games of chance, high school counsellors, youths*

INTRODUCTION

Currently, youth gambling has been a focal point of many scientific disciplines and research. With contemporary studies, the idea that gambling is primarily a phenomenon connected with the adult population has changed, since results show that there is a higher prevalence of problem gambling among youth and young people in comparison to adults (Glavak Tkalić et al., 2017; Volberg et al., 2010; Williams et al., 2012). There has been a significant increase in accessibility of games of chance in the Republic of Croatia, advertising approach is very liberal and the number of recently opened gambling venues is up to fifteen times higher today in comparison to the 1990s (Ricijaš et al., 2019). In addition to the increased number of land-based gambling venues, technological development led to a growing number of online gambling options (Ricijaš et al., 2016). Even though all games of chance have been prohibited to persons under the age of 18 in the Republic of Croatia since 2010 (*Games of Chance Act, OG 87/09, 35/13, 158/13, 41/14, 143/14*), children and youth are nevertheless exposed to gambling. Being exposed to gambling is closely linked to availability, which refers to the presence of certain content in an area, and accessibility, which refers to the possibility of access to the content. Therefore, the fact that something is available (in this case games of chance), does not mean it should be accessible to persons under the age of 18.

Studies show that formal restrictions do not prevent youth engagement in gambling activities. In this respect there is a similarity with the ability to buy (and consume) tobacco products and alcoholic beverages. This sort of situation is present in other countries, so it is especially useful to analyse international studies to obtain a more comprehensive insight into the prevalence of youth gambling. One such study is the European School Survey Project on Alcohol and Other Drugs (ESPAD); research that in 2015 encompassed variables measuring the prevalence of youth gambling during the previous year, i.e. last-year prevalence. The research was conducted on a total sample of 93,875 respondents aged 16 from 33 European countries, and the results show that 22.6% of them gambled during the previous year, and while 18.5% gambled in land-based venues, 16.2% gambled online (Molinaro et al. 2018). In Croatia, according to the ESPAD data, 26.5% of respondents aged 16 engaged in gambling, and the prevalence of online gambling (21.9%) is equal to the prevalence of land-based gambling (22.5%). With these results Croatia ranks eighth according to the prevalence of youth gambling in comparison with 33 countries that participated in the study. Countries with a slightly higher prevalence are Hungary (24.2%), Romania (26.5%), Italy (28%), Finland (28.6%), Latvia (26.5%), the Republic of North Macedonia (30.2%), Cyprus (30.9%), Bulgaria (31.2%), Montenegro (31.8%) and Greece (46.3%). The stated countries are mostly countries of South and Southeast Europe (with the exception of Finland and Latvia). Countries in which prevalence of youth gambling

is at a medium level are Slovenia (19.9%), Slovakia (20%), France (19.8%), the Faroe Islands and Ireland with the same prevalence results (21.1%), Poland (21.3%), Denmark (21.5%), Estonia (21.9%), Georgia (22%), Portugal (22.2%) and Albania (22.3%). Countries with the lowest prevalence of youth gambling are Moldova (6.4%), Malta (12.2%), Austria (13.1%), the Netherlands (13.2%), Ukraine (15.5%), Sweden and Norway with the same prevalence results (16.9%), Lichtenstein (17.5%), Lithuania (18.1%), the Czech Republic (18.2%) and Iceland (18.6%). In addition to the ESPAD report, it is useful to mention the research performed by the European Network for Addictive Behaviour which included N=13, 284 high-school students from seven European countries. The results show that 12.5% of youth engaged in gambling activities in the last 12 months, and the highest prevalence both in online and off-line form were again found in Greece (7.9% and 21.8% respectively) and Romania (12.5% and 13.5% respectively), while the lowest prevalence (for both forms of gambling) were in Spain (2.5%, 4.9%) (Andrie et al., 2019).

Because these international studies included a wide range of youth risk and addictive behaviour, their approach to studying gambling is relatively superficial. An essential methodological limitation is a methodology used to explore the prevalence of gambling. The question targeting engagement in gambling activities is the following: “Have you engaged in any gambling/betting activities within the last year?”. Respondents frequently do not consider lottery games to be gambling activities (for example: lotto, bingo, scratch tickets), and betting is frequently seen as separate from gambling in terms of content, which is incorrect. Therefore, such studies frequently underestimate the actual engagement in gambling, even though all gambling products pose a potential risk of developing gambling-related consequences.

Research plans should measure the prevalence of gambling with specific games available in the region, or groups of games. The most comprehensive Croatian research was conducted at the Faculty of Education and Rehabilitation Sciences of the University of Zagreb from 2011 to 2013. It was conducted on the representative sample of N=2702 high-school students from seven cities (i.e. Zagreb, Split, Rijeka, Osijek, Slavonski Brod, Vinkovci, Koprivnica), and it measured the prevalence and frequency of engaging in all available games of chance in Croatia (Ricijaš et al., 2016). The results show that almost 73% of high-school students have gambled at least once in their lifetime. Regarding gender differences, boys gamble significantly more often than girls, especially games such as sports betting and slot machine games (which pose a higher risk due to the “addictive potential” of these games), while girls engage in lottery games more frequently (scratch tickets and lotto) to a certain extent. Regarding the type of school which they attend, the results show that gambling is more frequent among students in vocational programmes in comparison with students attending grammar schools, and regarding

age differences, first-grade students (younger students) gamble somewhat less frequently. Other Croatian studies have been conducted on convenience samples, but they also confirm a higher prevalence of this risk behaviour among high-school students in comparison to the ESPAD report. Among them is a research conducted in Bjelovar-Bilogora County the results of which show that almost 45% of high-school students have gambled at least once in their lifetime (Puharić et al., 2016) and the results of a research conducted in Dubrovnik showing that 78.4% of youth have gambled at least once in their lifetime (Mikas et al., 2019). In Virovitica around 40% of high-school students have gambled in their lifetime (Venus et al., 2013), in Zadar County 61.1% (Ricijaš & Dodig Hundrić, 2019), in Zagreb around 75% (Dodig & Ricijaš, 2011a), and in Vukovar around 70% (Livazović & Bojčić, 2017). In all stated research the results show that gambling is more frequent among boys and that sports betting is the most frequent game of chance, i.e. the game most appealing to the youths. Another fact confirmed by Croatian research is a positive correlation between the frequency of gambling and other forms of risk behaviour (Dodig, 2013a; Livazović & Bojčić, 2019; Ricijaš et al., 2015), which is in line with the results of foreign and international studies (Castren et al., 2015; Hardoon & Derevensky, 2002; Molinaro et al., 2018; Volberg et al., 2010). Croatian research of gambling in the general population conducted on a representative sample of citizens aged between 15 and 65 also confirm that gambling is more prevalent among younger citizens (aged up to 35) (Glavak Tkalić & Miletić, 2012; Glavak Tkalić et al., 2017).

Although gambling is not perceived as a serious issue in some cultures, or even normative issue (Delfabbro et al., 2016; Floros, 2018), a certain part of the population is exposed to an increased risk of developing gambling-related problems. Young people are one of the most vulnerable groups, which is confirmed by both Croatian and international research. They show that the prevalence of problem gambling among youth is higher in comparison to adults. Consequences and problems that these persons can experience are social, psychological and emotional (Calado & Griffiths, 2016; Calado et al., 2017; Hardoon et al., 2004). Calado et al. (2017) analysed 44 international studies exploring youth gambling and determined that between 0.2% and 12.3% of youth meet the criteria for problem gambling. The prevalence of youth problem gambling varies from country to country. The lowest prevalence was recorded in Australia and Norway (0.2%) and the highest amounting to 12.3% was recorded in our region. The prevalence of youth problem gambling in Canada is 2.2% and in the USA it ranges from 2.1% to 2.6% (Huang & Boyer, 2007; Welte et al., 2008). In Europe, the prevalence of problem gambling in Albania is 5.3%, in Cyprus it is 4.4%, in Italy 2.6%, in Lithuania 4.2%, in Romania 4.9% and neighbouring Serbia 3.1% (Molinaro et al., 2014). In Spain, the prevalence of problem gambling among youths is 4.6% (Miguez & Becona, 2015), while in Denmark it is 1.3% but 4.5% of youths are considered at

risk of developing gambling-related problems (Kristiansen & Jensen, 2014). In Finland the prevalence of youth problem gambling is 7.9% (Castren et al., 2015), in Germany it ranges from 1.7% to 2.2% (Giralt et al., 2018), and in the United Kingdom, the prevalence is 1.9% (Forrest & McHale, 2012). In Greece, 4.1% of respondents demonstrate considerable gambling-related problems (Flores et al., 2013), and a research conducted in Iceland shows that 2.7% of respondents are at risk of developing these problems, and 2.2% already demonstrate gambling-related problems (Olason et al., 2011). Differences in prevalence of youth problem gambling between countries can be ascribed to the different legislative frameworks regulating the gambling industry, social and cultural differences, but also to the measuring instruments used, i.e. methodological differences.

Ricijaš et al. (2016) study, conducted in Croatia, used the *Canadian Adolescent Gambling Inventory* (CAGI) (Tremblay et al., 2010), aimed at detecting adverse psychosocial consequences. The results show that 17.3% of Croatian adolescents have developed gambling-related problems of low to moderate severity (i.e. “yellow light”) and as many as 12.9% meet the criteria for a high severity of psychosocial consequences related to gambling (i.e. “red light”). These rates increase to as many as 23% in the subsample of boys, or 2% in the subsample of girls. The CAGI instrument was also used in other Croatian research on convenient samples. The results of research conducted in Zadar County show that there are 7.1% of adolescents who meet the criteria for high severity of adverse consequences (Ricijaš & Dodig Hundrić, 2019). The results from a study on a convenient sample of high-school students from Zagreb and Split (N=244) indicate that there are 21.6% of those who manifest low to moderate severity of psychosocial issues related to gambling, and 14.1% with high severity of gambling-related problems (Maglica, 2017). In the neighbouring Bosnia and Herzegovina, the percentage of students who meet the criteria for a high severity of gambling-related problems is 8.3% (Bijedić et al., 2015).

The presented results indicate that gambling as a risk behaviour is widespread among youth (especially boys). If we take into account the fact that adolescence is a period of life marked by intense biological, cognitive, social and emotional changes, characterised by increased sensation seeking and risk-taking, but also by a reduced decision-making ability and focus on rewards, an increase in risk behaviour such as consuming tobacco products, alcohol and drug abuse, sexual risk behaviour, delinquent behaviour and engaging in gambling activities are not surprising. Results of Croatian and international research confirm that youth problem gambling is correlated with other forms of risk and delinquent behaviour (Canale et al., 2015; Magoon et al., 2005; Ricijaš et al., 2015; Williams et al., 2005).

Society responds to youth high-risk and delinquent behaviour with various types of interventions. If the level and time of society’s response are taken as criteria to differentiate between interventions, they can be categorized as preventive

interventions, early-interventions, treatment and post-treatment interventions (Žižak, 2010). Preventive interventions are all efforts and activities aimed at achieving positive outcomes, empowering the individual, family, and social structures, and reducing the impact of risk factors on negative developmental outcomes of children and youth. Preventive interventions are further subdivided into universal, selective, and indicated (Bašić, 2009; Mrazek & Haggerty, 1994). Universal preventive interventions are programs and policies aimed at reducing the risk of developing behavioural problems for all individuals and are implemented before risk behaviour occurs. Selective interventions are aimed for individuals who demonstrate the risk of developing problem behaviour, while indicated interventions are intended for individuals who already have some symptoms or indications of behavioural problems. Early-interventions are defined as a group of interventions aimed at early recognition of the problem and a prompt reaction with the aim of ending and preventing further development of the existing problem or occurrence of other issues. Treatment interventions are defined as measures and activities intended to achieve a positive change in the individual and their surroundings, while the post-treatment interventions are measures and activities undertaken in the transitional period between a provided (concluded) intervention and independent life (Ajduković, 2008; Bašić, 2009; Žižak, 2010).

If preventive interventions are seen as a social response to the youth risk behaviour and problems, the school environment can be taken as ideal for their implementation. Schools are responsible not only for providing the knowledge necessary for academic achievements, but also for giving students knowledge and skills in order for them to become responsible, skilful and healthy citizens, who will one day be able to make decisions and choices related to a healthy lifestyle and avoid risk behaviours (Kranželić & Ferić Šlehan, 2008). Such skills are most commonly referred to as social-emotional skills. Reasons supporting the implementation of preventive programs in the school environment are related to the high number of students who continue their education and enrol into high school, the fact that a lot of life experience is gained in school and that a number of years are spent in high school. Implementing preventive interventions in the high-school environment is necessary due to the developmental features of adolescence when numerous biological, psychological, and social changes take place and youths are more prone to risk behaviours as it was stated earlier. The fact that competent experts (teachers and counsellors) who are trained and can get additional training to implement preventive programs and activities to stimulate positive growth and development of students (Bašić, 2012; Kranželić, 2016) are present in schools, proves that preventive interventions have an important role in the school environment.

Regarding knowledge and perception of experts responsible for prevention and detection of risk behaviours, often youth gambling and gambling-related issues are unattended and unnoticed in comparison with other risk behaviours

such as alcohol and drug abuse, sexual risk behaviour, use of tobacco products and eating disorders (Dickson & Derevensky, 2006). In the context of education, a lot of emphasis is put on the importance of helping professionals in ensuring positive development in psychological, emotional, and educational sense. It is becoming increasingly clear that helping professionals within the education system are “specialists in the transaction between the educational, social and organisational environment and mental health of children and their educational development”. Therefore, they should be given the knowledge and tools important for addressing issues that can affect students’ growth and development (Hoagwood, 2003, p. 95; in Dickson & Derevensky, 2006).

There are also three levels of preventive interventions in the field of gambling: universal, selective, and indicated (Dickson-Gillespie et al., 2008). Universal programs are aimed at raising knowledge and awareness about responsible gambling and possible negative consequences of gambling and are intended for youths which have not been exposed to gambling and youths at the lowest risk level. Selective programs are intended for persons who already show signs of gambling-related problems and are aimed at reducing negative consequences of gambling and preventing their further development. Indicated preventive interventions mostly refer to providing counselling to the population who engages in problem gambling but does not show significant psychosocial consequences. Regarding prevention of problem gambling, St-Pierre & Derevensky (2016) indicate two types of strategies; public health initiatives (measures and policies implemented by the government of a country with the aim of reducing availability) and educational initiatives, which include school preventive programs (Williams et al., 2012).

In Croatia, the Act on Primary and Secondary School Education (OG 87/08, 86/09, 92/10, 105/10, 90/11, 05/12, 16/12, 86/12, 126/12, 94/13, 152/14, 07/17, 68/18, 98/19; hereinafter: the Act) in addition to stressing the aspect of education also emphasises upbringing which is prescribed and implemented by the education system. As the Act states, in addition to teachers, activities of education and upbringing in high schools are also performed by high-school associates as counsellors: pedagogues, psychologists, librarians and experts in the field of education and rehabilitation sciences (rehabilitators, speech therapists and/or social pedagogues). Even though the Act itself does not regulate their activities in detail, and there is no ordinance on their weekly duties in high schools in particular, activities of high-school counsellors are partially described in the Ordinance on practices of educational workers of school institutions in taking measures to protect the rights of students and report any violation of these rights to the competent institutions (OG 87/08, 86/09, 92/10, 105/10, 90/11, 16/12, 86/12, 94/13; hereinafter: the Ordinance). It prescribes the manner of protecting students’ rights as well as the activities to be undertaken in case of their violation. Regarding preventive programs, it states that schools are obliged to adopt and implement school preventive programs as an

integral part of school annual activities plan and program and school curriculum. It also states that school preventive programs can be implemented within regular classes but also within lessons organised by the class teacher, as a part of projects or other activities. Parents should also be included in the implementation of school preventive program and counsellors implementing preventive programs are obliged to undergo professional training and carry out professional evaluation of preventive program implementation.

In the field of this risk behaviour, youth gambling prevention program entitled *"Who really wins?"* was developed in Croatia (Ricijaš et al., 2016b). Training sessions for its implementation have been conducted since 2016. This universal youth gambling prevention program is the only Croatian evidence-based program of its type (Huić et al., 2017; Mandić et al., 2019; Ricijaš et al., 2019) and it is considered to be a comprehensive psychological and educational program which also includes skill development. It is implemented in high schools by two moderators, one of which has to be a school counsellor, while the other can be a teacher. The beneficiaries of the program are students, their parents and teachers' council. In order for counsellors to be able to address youth gambling as a risk behaviour in an adequate and timely manner (in terms of prevention), it is important for them to undergo a three-day training about youth gambling and psychosocial consequences. Using a Canadian sample (N=649) of child psychologists, social workers and psycho-educators, Temcheff et al. (2014) conducted a research about beliefs and attitudes surrounding youth gambling. The results indicated that experts perceive youth problem gambling as the least risky behaviour, and few feel competent enough to work with youth that developed problem gambling symptoms. On the other hand, most experts consider their role in the prevention of youth problem gambling to be important and they expressed their interest in further training in the field of prevention, evaluation, and treatment of problem gambling. Experts more often focus their attention on "visible" risk behaviours, while youth gambling remains unnoticed.

High-school counsellors' perception of this risk behaviour has remained unexplored in Croatia. A rather large body of work in the Croatian scientific literature written in around ten years indicates there is a significant prevalence of youth gambling and specific preventive interventions have been developed for high-school students. However, we conducted the following research in cooperation with high-school counsellors as a prerequisite to ensure timely detection and youth involvement in adequate psychosocial interventions and with the aim of gaining comprehensive insights and understanding of various educational needs in the education system.

The aim of the research was to gain insight into how frequently high-school counsellors encounter youth gambling. Another aim was to explore their perception of the accessibility of games of chance to high-school students and their

self-assessment of competence for providing a professional and adequate response to this risk behaviour.

The following research questions have been defined in line with these aims:

1. How often do high-school counsellors encounter gambling issues among high-school students in comparison to other youth behavioural problems/risk behaviours?
2. What is the prevalence of gambling-related issues among high-school students based on the assessment of counsellors?
3. How counsellors perceive accessibility of games of chance to high-school students in Croatia and how do they perceive the gambling industry?
4. How important are competencies necessary to work with youths with gambling-related problems to the high-school counsellors? How competent they feel in providing interventions in that field?
5. Have high-school counsellors received training about gambling (among youths) at university, i.e. did they attend lectures/seminars about this topic during their formal education?
6. Are high-school counsellors familiar with the Croatian youth gambling prevention program created specifically for high-school students?

Based on the introductory description of the research results, it was the authors' assumption that high-school counsellors frequently encounter youth with gambling issues (especially boys) and that they consider competencies necessary to work with them very important. At the same time, it is expected that their self-assessed competencies for providing adequate interventions are low in comparison to what is deemed necessary. Regarding the perception of accessibility of games of chance in Croatia and the level of organisation present in the gambling industry, it is assumed that counsellors perceive the market as not regulated enough and very accessible to youths, since we expect for them to have encountered this issue, similar to the use of tobacco products and alcohol.

RESEARCH METHODOLOGY

SAMPLE

The study included a convenience sample of N=120 (age: M=41.66; SD=10.81) high-school counsellors from 18 Croatian counties. Regarding gender distribution, women account for most of the sample (N=110; 91.7%). All participants are helping professionals; more than a half are pedagogues (58.3%), followed by psychologists (32.5%) and social pedagogues (9.2%). According to their professional experience of working with students, respondents range from beginners (who have worked in the education system for 5 months) to those with 37 years of experience (professional experience: M=15.03; SD=10.32).

MEASUREMENT INSTRUMENTS

This research is an integral part of the scientific project “Youth gambling – the perception of helping professionals” (code: ERF-2017-6) which was conducted at the Faculty of Education and Rehabilitation Sciences and funded by the University of Zagreb. In addition to the questionnaire about the general personal and socio-demographic characteristics (sex/gender, age, profession, professional experience, city/place of residence), the following instruments and variables were used in this research:

Youth Risk Behaviour Checklist was used to assess the frequency of encountering or working with 15 risk behaviours of youths. Counsellors responded using a five-level response scale for each risk behaviour to assess how frequently they encounter it (1 = I almost never encounter, 5 = I encounter almost daily).

Questions assessing the importance of competences for working with youths with gambling-related problems and assessing personal competences to work in this field referred to the importance of competences to work with youths with gambling-related problem as perceived by counsellors and to the extent they consider themselves competent to make interventions in this field. Answers to questions were provided on a four-level response scale (1 = not important at all/I do not consider myself competent, and 4 = very important/I consider myself fully competent).

Questions assessing the prevalence of serious gambling-related problems were formulated in such a way to allow counsellors to provide their personal assessment of the prevalence of this risk behaviour among high-school students.

Questionnaire on perception of the gambling industry contained questions assessing how counsellors perceive the gambling market regarding its accessibility to youths. In particular, these questions refer to the perception of presence of venues offering games of chance in Croatia, the assessment of distribution of venues regarding how accessible they are to youths and the assessment of accessibility of particular games of chance to youths (lottery games, sports betting, slot machines, casino games, sports betting on betting machines in bars and online access to gambling).

A particular set of questions were used to *test counsellor's training on (youth) gambling and their awareness of the youth gambling prevention program* using a dichotomous scale (yes/no questions).

DATA COLLECTION AND ADHERENCE TO ETHICAL PRINCIPLES

Data were gathered in an anonymous online questionnaire on the SurveyMonkey platform and are part of the data collected in the science project entitled “Youth gambling – the perception of helping professionals” (code: ERF-2017-6), funded

by the University of Zagreb. The links to questionnaires were distributed during February and March 2018.

Participation was anonymous and voluntary. Respondents had a possibility to refuse their participation and withdraw from the process of completing the questionnaire at any moment, without any consequences. The researchers and authors of this paper declare no conflict of interest.

DATA PROCESSING METHODS

Due to a significant deviation from normal distribution in all variables, in addition to methods of descriptive statistics (response frequency and measures of centre), non-parametric statistics was also used in order to achieve the aims of the research i.e. in order to provide answers to the research questions. Wilcoxon signed-rank test with the calculation of the effect size [$r=Z/\sqrt{N}$] and the Friedman test were used. The results were analysed using the desktop version of IBM SPSS 23 software.

RESULTS AND DISCUSSION

The main aim of this paper is to gain an insight into the frequency with which counsellors encounter youth gambling in comparison to other behavioural problems/risk behaviours. In order to provide an answer to that question, the described checklist of 15 risk behaviours typical of adolescence, i.e. high-school students and a series of Wilcoxon signed-rank tests calculating the effect size, were used. Table 1 contains the results ranked according to the effect size to show which youth risk behaviours/behavioural problems counsellors encounter more often (<), less often (>) or as frequently as (=) gambling-related issues.

Table 1 Differences in frequency with which youth behavioural problems are encountered in comparison with gambling-related issues (Wilcoxon signed-rank test with effect size)

BEHAVIOURAL PROBLEMS	M	SD	MR	Z (p)	r
Cigarette use (smoking)	4.58	0.76	54.50	-9.124***	.83
Internet addiction	3.39	1.08	45.74	-7.497***	.68
Academic problems	3.27	1.15	48.26	-7.235***	.66
Alcohol use	2.97	0.99	43.35	-7.012***	.64
Oppositional defiant disorder	3.02	1.11	49.48	-6.410***	.59
< Depression	2.99	1.03	50.26	-6.483***	.59
Excessive gaming	2.89	1.12	42.63	-5.897***	.54
Violent behaviour/bullying	2.77	0.94	41.61	-5.459***	.50
ADHD	2.66	1.10	48.00	-4.475***	.41
Conduct disorder	2.52	1.06	43.14	-3.668***	.33
Drug use	2.29	1.01	38.36	-2.056*	.19
Delinquent behaviour	2.21	0.97	34.96	-1.196	
Eating disorders	2.17	0.84	34.89	-.525	
= Gambling-related issues (M=2.08; SD=0.94)					
Sexual risk behaviour	2.07	0.89	30.98	-.139	

Legend: M-mean; SD-standard deviation; MR-mean rank; Z-Z value of Wilcoxon signed-rank test; p-significance (*p<.050; **p<.010; ***p<.001); r-effect size

As presented in Table 1, counsellors encounter youth gambling problems as often as sexual risk behaviour, eating disorders and delinquent behaviour and there are no behaviours which they encounter less often. Counsellors encounter cigarette use, Internet addiction, academic problems, alcohol use, oppositional defiant disorder, depression, excessive gaming, bullying and violent behaviour, ADHD, conduct disorder and drug use significantly more often among youth. Effect size is the highest for cigarette use ($r=.83$), Internet addiction ($r=.68$), academic problems ($r=.66$) and alcohol use ($r=.64$).

In other words, there are numerous other youth risk behaviours and behavioural problems (except for delinquent behaviour, eating disorders and sexual risk behaviour) that counsellors claim to encounter more often than gambling-related problems. This is a rather surprising result considering the prevalence studies in Croatia which indicate a high prevalence of this risk behaviour among high-school students (Dodig & Ricijaš, 2011b; Dodig, 2013b; Dodig et al., 2014; Glavak Tkalić et al., 2017; Maglica, 2017; Ricijaš et al., 2016). A possible explanation of such results is the fact that counsellors perceive externalised problems in the youth behaviour more easily and hence more frequently. Also, “traditional” problems in

adolescent behaviour as well as those which are a “bigger issue” in schools considering the effect they have on class and school environment, are recognised more easily and more frequently. Apart from that, youth gambling is frequently referred to as the “hidden addiction” (George & Bowden-Jones, 2014; Ladouceur, 2004) since difficulties start to be recognised and become noticeable only when problems become very severe and when very harmful psychosocial consequences have developed. This behavioural addiction, unlike drug use, has no physical symptoms which means it is a lot more difficult to detect and youth find it easier to hide. Also, regarding gambling, professionals are not familiar enough with all the negative consequences of this risk behaviour and frequently do not perceive the mild form of gambling as a problem.

When asked to assess the prevalence of serious gambling-related problems among boys with whom they work, counsellors stated that on average 6.42% of boys (high-school students) and 1.34% of girls have developed serious gambling-related issues. If we compare this estimation provided by high-school counsellors with the results of prevalence studies conducted in high schools, we notice a significant underestimation. For instance, the results of the research conducted by Ricijaš et al. (2016) show that around 23.7% of male high-school students meet the criteria for “red light” or demonstrate high severity of gambling-related problems. Similar results were obtained by Maglica (2017) who indicates that overall, 35.7% of boys meet the criteria for “yellow light” (demonstrate low to moderate severity of gambling-related problems) and “red light” (high severity of gambling-related problems) according to the General Problem Severity Subscale (GPSS) categorisation which was used to assess how developed harmful psychosocial consequences of gambling are. Regarding girls, counsellors were correct in their assessment that the prevalence of gambling-related problems is significantly lower in comparison with boys, that it approximately amounts to 2% and that gambling is mostly a phenomenon related to men, which is confirmed both by Croatian and foreign research (Ricijaš et al., 2016; Weidberg et al., 2018; Carneiro et al., 2020).

Further area of interest of this paper was to explore counsellors’ perception of how accessible gambling products are to youth, and how regulated the games of chance market is. In order for youths to even be able to develop gambling-related problems, gambling needs to be both available and accessible. Table 2 shows the response frequencies which indicate that all counsellors (100%) consider venues offering games of chance in Croatia to be very widespread. When asked about the level of organisation and regulation of the gambling market, 76.8% of counsellors said that the market is insufficiently organised and regulated by the regulatory bodies, especially in connection to underage persons. As many as 89.5% of them state that adolescents can access games of chance in most or almost all venues. It is interesting to note that counsellors perceive the market as very available and accessible to youths as well as badly regulated, while on the other hand, they do

not perceive that due to this availability and accessibility, young underage people gamble as often as they do, or they think that they do not encounter youth gambling-related issues as frequently.

Counsellors also assessed accessibility of various types of games of chance to youth using six items and five-level response scale (e.g. 1—they cannot access the games at all; 5—they can access them easily). It is evident in the results (Table 2) that counsellors assessed almost all games of chance as easily accessible (80% of counsellors state that all types of games are easily accessible). They only assess casino games as not easily accessible (54.8% of counsellors consider casino games very difficult to access and 6.3% think that they cannot be accessed at all). Counsellors' assessment of the accessibility of individual games of chance to youths is in line with the assessment of high-school students in Croatia. The results of the research conducted by Ricijaš (2020) show that over 60% of high-school students from Zagreb and Split perceive betting games and online gambling as very easily accessible, while more than 70% consider betting on betting machines in bars very easily accessible. A similar trend is evident regarding the assessment of games of chance which are seen as less accessible to adolescents, in which cases counsellors state that casino games are not accessible or the most difficult to access. This is confirmed by high-school students (Ricijaš, 2020). It is important to note that this data is not surprising considering the fact that the Ordinance on spatial and technical conditions for preparing games of chance in casinos, on slot machines and in betting shop paying points (OG 38/10, 130/10, 69/11, 15/12, 151/14, 36/20) prescribes registration and verification of visitors' age at the casino's entrance.

Table 2 Assessment of the accessibility of gambling to youths and perception of the games of chance market in Croatia

<i>In your opinion, how widespread are venues offering games of chance in Croatia?</i>					
They are not widespread	They are moderately widespread		They are quite widespread	They are very widespread	
0%	0%		33.7%	66.3%	
<i>In your opinion how organised and regulated is the market of games of chance in Croatia?</i>					
Insufficiently	Sufficiently	Well	Very well	Excellently	
76.8%	12.6%	10.5%	0%	0%	
<i>What is your view of the situation in our country regarding the accessibility of games of chance to adolescents (possibility to play games of chance)?</i>					
They are not accessible	They are accessible in few venues		They are accessible in most venues		They are accessible in almost all venues
2.1%	8.4%		51.6%		37.9%
<i>How available and accessible are the following games of chance to adolescents in Croatia according to your assessment?</i>					
	Adolescents cannot access them at all		Adolescents can access them with great difficulty		Adolescents can access them easily
Lottery games	2.1 %	4.2 %	6.3 %	17.9 %	69.5 %
Betting games	1.1 %	2.1 %	4.2 %	14.7 %	77.9 %
Slot machine games	1.1 %	3.2 %	8.4 %	18.9 %	68.4 %
Casino games	6.3 %	25.3 %	29.5 %	23.2 %	15.8 %
Betting on betting machines in bars	0 %	2.1%	2.1 %	14.7 %	81.1 %
Online gambling	1.1 %	1.1 %	1.1 %	8.4 %	88.4 %

Regarding the response frequency for the last question in Table 2 (“*How do you assess availability and accessibility of the following games of chance to adolescents in Croatia?*”), we were interested in exploring which games of chance were considered the most accessible to high-school students and which the least by counsellors. To determine if there are any differences in assessed accessibility, the Friedman test was conducted which confirmed significant differences ($\chi^2=235.847$, $p<.001$). A series of Wilcoxon signed-rank tests were conducted with the aim of ranking the accessibility of games of chance, and the results are presented in Table 3.

Table 3 Ranking the accessibility of games of chance to adolescents from the most accessible to the least accessible (Wilcoxon signed-rank test)

RANK	TYPE OF GAME	M	SD	INDIVIDUAL WILCOXON SIGNED-RANK TEST
1	Online gambling	3.82	0.60	ZOG-LG=-3.208**; ZOG-BG=-2.342*; ZOG-SM=-3.983***; ZOG-CG=-7.614***; ZOG-BM=-1.698
	Betting on the betting machines in bars	3.75	0.60	ZBM-LG=-2.779**; ZBM-BG=-1.500; ZBM-SM=-3.643***; ZBM-CG=-7.683***
	Betting games	3.66	0.75	ZBG-LG=-2.138*; ZBG-SM=-2.660**; ZBG-CG=-7.633***
2	Slot machine games	3.51	0.86	ZSM-CG=-7.183***; ZSM-LG=-0.094
	Lottery games	3.48	0.94	ZLG-CG=-6.703***
3	Casino games	2.17	1.16	

Legend: M=mean; SD=standard deviation; Z-Z value of Wilcoxon signed-rank test; OG=Online gambling; BM=Betting on betting machines in bars; BG=Betting games; SM=Slot machine games; LG=Lottery games; CG=Casino games; * $p<.050$; ** $p<.010$; *** $p<.001$

Online gambling, betting on the betting machines in bars and betting games are perceived as the most accessible by counsellors. It is important to emphasize that online gambling is a modality, not a type of game so youths can access a number of games of chance via online platforms. As expected, counsellors estimate that casino games are the least accessible, as stated earlier. When comparing the assessment of counsellors about the accessibility of games of chance to the statements by high-school students, (Ricijaš, 2020), it is visible that the results match. Youths also state that access to casino games is almost impossible and that betting games, betting on the betting machines in bars, and online gambling are the most accessible.

The last aim of the research was to explore if counsellors perceive themselves as competent for providing an adequate professional response to youth gambling problems. Table 4 shows answers to the questions related to the importance of competencies and about self-assessed competence to work with youths struggling with gambling-related issues. In addition to the presented response frequency, the table also contains the results of Wilcoxon signed-rank test with effect size which was conducted to discover if there is a significant difference in the assessment of importance of competencies and self-assessed competence to work in this field.

Table 4 Differences between the assessment of the importance of competencies to work with youths with gambling-related issues and self-assessed competence (Wilcoxon signed-rank test)

	RESPONSE FREQUENCY (%)				M	SD	MR	Z (p)	r
	1	2	3	4					
Importance of competencies	0.9	19.5	31.0	48.7	3.27	0.81	35.29	-7.288***	.67
Self-assessed competence	29.2	44.9	22.5	3.4	2.00	0.81			

Legend: 1-not important at all/I do not consider myself competent at all; 4- very important/ I consider myself fully competent; M-mean; MR-mean rank; Z-Z value of Wilcoxon signed-rank test; p-significance (* $p < .050$; ** $p < .010$; *** $p < .001$); r-effect size

Based on the presented descriptive data, it can be concluded that counsellors consider the stated competencies to be quite important ($M=3.27$; $SD=0.81$), and at the same time they consider themselves to be significantly less competent to work in this particular field ($M=2.00$; $SD=0.81$; $Z=-7.288$; $r=.67$). A possible explanation of such a great discrepancy is the fact that gambling is a relatively new phenomenon of risk/addictive behaviour in our region, which has only recently become a part of some university study programmes or additional lifelong training. The respondents may not have had a chance to participate in such training.

Therefore, it was enquired if the counsellors underwent any training (if they attended lectures and/or seminars) about gambling in general and youth gambling issues. The analysis found that a total of 11.2% of the respondents were informed about gambling (youth gambling) at university while 88.8% of them were not, regardless of their profession, i.e. faculty they attended. This is not surprising considering the respondents' age (age: $M=41.66$; $SD=10.81$), since as above mentioned, this topic has become a part of the study programme curriculums just recently. If the presented results are considered in relation to professions, the highest share of respondents who were informed about gambling (youth gambling) were social pedagogues (25%), followed by pedagogues (11.5%) while 6.9% of psychologists were informed about these issues during university education.

Considering the fact that the sample in this research consists of high-school counsellors, the last research question was aimed at their awareness about a universal youth gambling prevention program for high-school students, conducted in high-schools. The results show that more than the half (52.7%) of counsellors are unaware of the fact that such a prevention program is available in Croatia. When qualitative aspect of the answers was analysed, it became evident that among those who are aware of a similar program, most indicate the youth gambling prevention program "Who really wins?". The fact that approximately half of the counsellors are unaware of the preventive program is surprising considering the fact that it is

approved and supported by the Education and Teacher Training Agency, that seven education cycles were conducted, meaning that around 180 counsellors and teachers throughout Croatia were trained to implement it.

CONCLUSION

The results of this research contributed to the insight about how high-school counsellors perceive youth gambling. Despite being aware of the high accessibility of games of chance to adolescents in Croatia and the insufficiently regulated gambling market, the prevalence of gambling and gambling-related problems is underestimated in comparison to the results of studies previously conducted in various Croatian cities and regions (Glavak Tkalić et al., 2017; Maglica, 2017; Ricijaš et al., 2016; Ricijaš & Dodig Hundrić, 2019). In addition to greater focus on externalised behavioural problems in general, the situation can also be explained by the research results which indicate that most counsellors consider their competencies to work with youths in this field as insufficient (74.1%), which actually suggests that the competencies for detecting this “hidden addiction” are not adequately developed. Trained professionals are able not only to provide quality interventions (in terms of prevention and/or treatment) but should also be competent to recognise early symptoms and understand the phenomenon, which are very important aspects of timely professional reaction. At the same time, the fact that approximately 80% of respondents consider competences in this field very important for their work is encouraging. They are clearly aware of the fact that it is a relatively new phenomenological form of risk behaviour which has not been taught within the framework of the university study programmes of pedagogy, social pedagogy, psychology and similar.

A similar discrepancy between real and perceived gambling problems in Croatia was obtained by Maglica (2017) in the research on parental perception of youth gambling. Although parents in general perceived adolescent gambling as an activity of relatively high risk and they were aware of high accessibility of games of chance to adolescents in Croatia, the frequency of engaging in these activities and symptomatology of problem gambling for their children were underestimated. This is evident if the results are compared with adolescents’ statements. The Canadian research of the perception of youth gambling, which included different youth mental health professionals, indicates the same trends; youth gambling is underestimated in terms of its prevalence, but it is considered a very important field for further training and professional development (Temcheff et al., 2014).

A methodological limitation of this research is the fact that it was conducted on a convenient sample and the results cannot be generalized for all Croatian high-school counsellors. Regardless of that, the fact that over 50% of counsellors are not familiar with the youth gambling prevention program that has been developed and implemented in Croatia for several years with the support of the Education

and Teacher Training Agency is surprising. Since the results of the research point to a need for training in this field, from the professional perspective, they also pose a question of how transparent information flow is, but also how actively counsellors participate in various scientific and professional events where training on youth gambling is presented to the education system. In this respect, the results can serve as a platform for providing higher-quality information flow and enabling high-school counsellors to gain necessary competencies regarding the new phenomenological framework of behavioural addictions.

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