



Child Helpline Data 2014

The Voices of Children and Young People

Amplifying the Collective Voice of Children and Young People for Global Change

*Child helplines around the world answered nearly **15 million contacts from children and young people** in 2014 alone. The concerns that these children and young people shared with child helpline counsellors have been translated into internationally comparable data that is presented in this publication.*



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Welcome Messages



St Patrick's
Mental Health Services



I was pleased to contribute to this year's edition of the Child Helpline International's annual data publication. I am happy to help raise the voices of children who contact child helplines around the world when they experience difficulties with their psychosocial and mental health. In our paper, which has been incorporated in the first part of this publication, we explored the key role child helplines play and the importance of collaborative working between helplines and traditional mental health services to effect better outcomes for children.

There has been growing recognition worldwide of the impact of mental health difficulties on children over the last few years. While estimates vary from country to country, it can be observed that approximately one in ten children and adolescents experience mental health difficulties severe enough to impact on their happiness and quality of life and to require specialist help. It is also widely acknowledged that most of these children do not receive the care they require on a timely basis, with devastating consequences.

Without help, the personal suffering of children and adolescents experiencing mental health difficulties is immense. They describe being in a very dark place with no way out, often feeling desperate for help. They find it hard to articulate or discuss their difficulties, feeling others won't understand or will see them as odd. Many feel, and become, completely socially isolated, drop out of the education system early and often cannot get into the employment market. Some turn to alcohol and drug abuse, and self-harm. For their families trying to cope with these difficulties becomes all consuming, often having consequences for siblings and parents.

Child helplines play an essential role in breaking this cycle of suffering. Not only are they often the gateway for children to access appropriate support and help but in many situations they are the only or most important support for the child. The accessibility, non-stigmatising and child centred ethos of helplines make them vital in the battle against childhood mental health difficulties.

Paul Gilligan
CEO, St. Patrick's Mental Health Services

Welcome Messages



The Voices of Children report on the contacts that child helplines received in 2014 brings its readers a new take on the issues confronting children today, as we see from the data collected by Child Helpline International from its members around the world.

There are three thematic papers included in the first part of this year's publication: on psychosocial and mental health, on sexual and reproductive health and rights, and on HIV/AIDS. These briefings dig into the child helpline data and inform the conclusions reached through our data with sources produced by other organisations that place children's wellbeing and related issues at the core of their activities.

We further amplify children's voices in the global and regional overviews and in regional spotlights on some areas of gravest concern. These are not necessarily the matters on which children have called most frequently. However, thousands of contacts are received on matters like commercial exploitation and children in conflict, and these deserve specific attention in our reporting.

A very warm thanks to all CHI members that contributed their data. They activated the voices of children that we then amplify for a global audience through this and other publications. I am grateful indeed for their dedication and commitment to our collective mission: that no child should be left unheard.

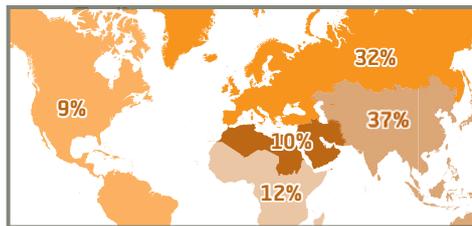
Sheila M. Donovan
Executive Director, Child Helpline International

Global Highlights

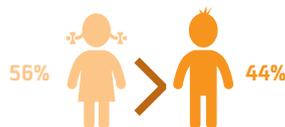


Child helplines around the world answered nearly **15 million contacts** in 2014.

Children and young people in **Asia-Pacific** and **Europe** made more than **two-thirds** of all contacts.



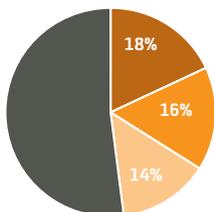
Top 3 communication methods



Girls were more likely to contact child helplines than **boys**.



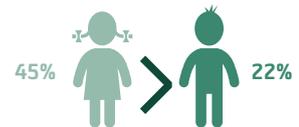
Girls and boys between the **ages of 13 and 17** made **more than one-half** of contacts.



Top 3 reasons for contact

- Psychosocial and Mental Health
- Information Requested
- Abuse and Violence

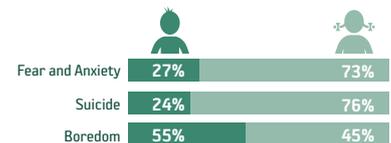
More than **700,000** children and young people requested help with **psychosocial and mental health** issues.



Twice as many **girls** as **boys** contacted child helplines about psychosocial and mental health.

Fear and anxiety

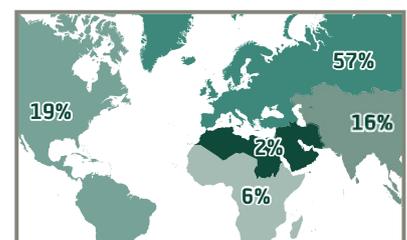
was the **main problem**, with **17%** of **all relevant contacts**.



Boys sought support **more frequently** than **girls** only regarding **boredom**.



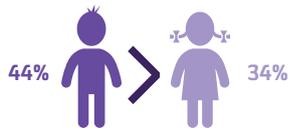
Child helplines in **Europe** received nearly **six** in **10** contacts related to **PSMH**.



Global Highlights

Over **1 in 12**

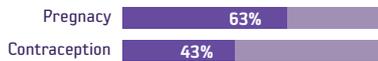
of all concerns raised by children and young people contacting child helplines involve **sexual and reproductive health and rights**.



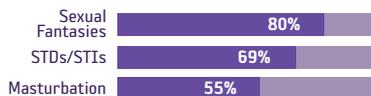
Boys contact child helplines with queries on **sexuality** more often than **girls** and more frequently than about other concerns.



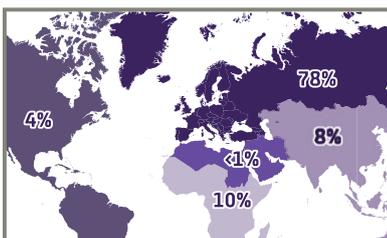
More **girls** contact helplines on **pregnancy** and **contraception**.



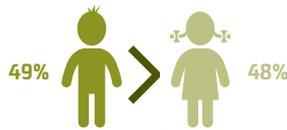
More **boys** contact helplines about **sexual fantasies, STDs/STIs** and **masturbation**.



More than **three-quarters** of all global contacts on **SRHR** in 2014 were reported by child helplines in **Europe**.



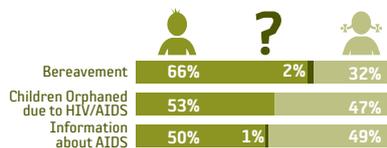
Child helplines received **22,889** HIV/AIDS related contacts.



Contacts made by **boys** regarding **HIV/AIDS** were slightly more frequent than those made by **girls**.



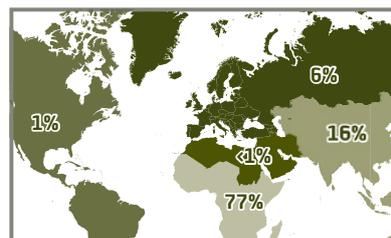
Requests for information, with **seven in 10** contacts, were the most common reason for children and young people to contact child helplines about **HIV/AIDS**.



Boys were much more likely to request help because of bereavement.



Child helplines in **Africa** handled almost **eight** in every **10** reported contacts regarding **HIV/AIDS** made around the globe.



Governments should ensure that child helplines in their countries:



- have a telephone number that is **free of charge** for the child as well as for the child helpline;

- have a **short** three or four digit telephone **number** or a regionally harmonised number;



- have **national coverage** so that they are accessible to children all over the country;

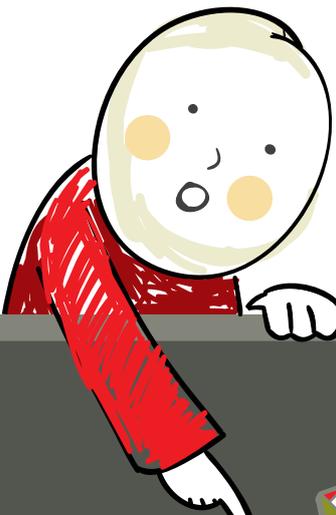
- are **accessible** through the most appropriate channels of communication;



- are operational **24 hours** per day, **seven days** per week;

- are well integrated in the overall **child protection systems**.





*Child helplines can make
a **real difference** for
children in need.*

*This is the first time
I've ever spoken
about this.*

*I was treated
with warmth
and understanding.*

*Thank you
for listening.
I needed that.*

*I felt that I was
taken seriously
from the beginning.*

Introduction

There Is a Child Behind Every Piece of Data

This is a story about a boy in North America whose hands were bleeding because he could not stop washing them. It is a story about a teenage girl from Europe who could not stop cutting her own skin with a razor. A story about a boy in Africa who lost both his parents to the virus that has orphaned millions of other children. About the 13-year-old football team captain who has been feeling ostracised since his teammates found out he was gay ...

Children and young people tell their real-life stories, millions of them every year, to child helpline counsellors, who are there for them even when there may seem to be nobody else. Child helplines record these stories as anonymous data, and at Child Helpline International we gather them through annually distributed standard questionnaires. We turn national-level information recorded by individual child helplines into internationally comparable data about children and young people around the world and, finally, into stories we are telling you in publications such as this one.

Voices of Children and Young People, therefore, carries the real story about what affects children and young people, what child helplines do when children need a nonjudgmental ear and a helping hand, and what you can do – as a policymaker, child counsellor, social worker, concerned parent, or any other reader – to support our common efforts aimed at improving the future for the young generation around the world.

This edition of our annual data publication presents a general picture of contacts child helplines received in 2014 around the globe and in individual regions, while also placing the spotlight on some specific issues.

First, we take a close look at what children and young people have been telling child helplines – through their calls, e-mails, chats and other means of communication – about some of their health-related concerns. Whereas child helplines assist children and young people with a myriad of such concerns, we focus this time on the areas of psychosocial and mental health; sexual and reproductive health and rights; and HIV/AIDS. Following detailed overviews of child helpline data we also explain how child helplines assist children and young people, and we offer a set of recommendations for governments and other stakeholders concerned with children and young people's wellbeing.

In this document you will find general overviews of contacts responded to in every region where CHI's members operate. Regional overviews of reasons why children and young people contact child helplines include a more nuanced picture of a specific reason for contact, such as peer relationships, abuse and violence and commercial exploitation.

We hope that this insight into what troubles children and young people around the world will spur constructive discussion among all relevant stakeholders and supply useful evidence for effective policy interventions, so that every child's voice can be heard.



Health Related Concerns among Children and Youth

Children and young people have a myriad of health related problems. They struggle with mental health issues, not knowing how to address them and who to turn to. Some children who call child helplines experience problems when they try to access health care services. They may be devastated because of the effects of illness on a family member. In some cases they suspect that they may be infected with a deadly virus, or they want to make sure that they do not contract it.

There are many other ways in which children and young people can be affected by health related issues, but no matter what the concern, a child helpline is always there to listen, provide information, comfort, advice and other types of support to children and young people in need. Clearly, that only applies if there is, in fact, an operational child helpline in place, one that receives sufficient resources to respond to every child or young person who attempts to get in touch. For now, such circumstances remain the goal of CHI's advocacy, with positive and encouraging steps taking place in various parts of the world.

In light of the prominence that health related issues play in children and young people's lives - and, in turn, on the agendas of child helplines - the first part of

this year's edition of Voices of Children is dedicated to three health related topics.

First, we are raising the voices of children and young people who experienced psychosocial and mental health difficulties and contacted a child helpline in 2014 to discuss them and request assistance, with the help of experts from the Irish St. Patrick's Mental Health Services. Next, we turn to sexual and reproductive health and rights and demonstrate that sex matters to children and young people. This part is based on the paper co-authored by a health expert who also provided the background paper for our final health related section: a look at what child helpline data reveals about HIV/AIDS related concerns among children and young people.¹

Based on expert and child helpline input we have distilled the main lessons learned about what child helplines do to help children and young people with health related issues. To conclude, we round up these lessons with a set of recommendations for various stakeholders involved in child protection.

As indicated above, there are many other health related topics that feature in children's contacts with child helplines, and we will continue to present the up-to-date information that we gather from child helplines to unveil some of those other topics as well. But first, let us explore the three topics selected for this publication.

No matter what the issue, a child helpline is always there to listen, provide information, comfort, advice and other types of support to children and young people in need.

¹ Note that, due to the timing of production, these sections are based on a slightly smaller dataset than the rest of the publication. Consequently, the reported total number of contacts concerning the examined health related topics is somewhat lower than that reported in the global and regional overviews.

Psychosocial and Mental Health: One of Children's Greatest Concerns

Mental health and psychosocial wellbeing are fundamental to our collective and individual ability as human beings to think, emote, interact with each other, earn a living and enjoy life. Yet, child helpline data reveals that psychosocial and mental health is one of the most prominent reasons for contacting a child helpline, indicating that difficulties in this area are widespread among children and young people. It can also be concluded that child helplines play an important role in addressing these difficulties. Indeed, child helplines typically engage with children and young people at an early stage of emotional difficulties, when support and intervention can be most effective.

Mental health can be defined, according to World Health Organization, as a state of wellbeing in which an individual realises his or her own potential, can cope with the normal stresses of life, and is able to make a contribution to his or her community.² Mental health and psychosocial issues are closely related. Namely, from birth onward children, young people and adults continuously learn in interaction with their direct surroundings. It is in the interaction with others that children and young people define their experience of tranquillity and trust, their sense of self, their identity and their confidence and competences for social interaction, which are all paramount to psychosocial and mental health. Conversely, the absence of a tranquil, safe and stimulating social environment can put children and young people's mental health development at risk. Especially notable risk factors are experiences with ill health, school and relationship stress, family difficulties, abusive relationships and bisexual or homosexual orientation as well as the experience of war or natural disasters.



The case of 17-year-old Mark from Ireland is illustrative of how child helplines can make a difference when psychosocial and mental health is at stake. When Mark called the child helpline, he initially told the counsellor: "I'm anxious all the time and feeling very low. I'm lost, I don't know what's wrong with me. I have a good family, friends, do well at school and I'm not being bullied. My mum tells me to use my coping skills, but they don't work. She tries to listen but she doesn't know the true extent of my feelings. I can't cope anymore." The counsellor talked to Mark about his difficulties and engaged in active listening to help Mark explore his options. Eventually, Mark decided to have an honest conversation with his mother about how he was feeling. Several days later he called to say: "Thank you so much for listening. I needed that." <<<

Child helplines typically engage with children and young people at an early stage of emotional difficulties, when support and intervention can be most effective.

² WHO (2014, August). *Mental health: a state of well-being*. Retrieved from http://www.who.int/features/factfiles/mental_health/en/

Children and Young People's Needs

Children and young people contact child helplines about a myriad of psychosocial and mental health issues. The queries they make are categorised around recurring topics in the conversations with child helpline counsellors: boredom; suicide; fear and anxiety; loneliness; body or physical appearance; lack of confidence; self-harm; depression; identity or purpose of life; eating disorders; phobias and obsessions; panic attacks; feelings of sadness; and a variety of mental health and emotional issues that are documented as unspecified/other.

As Figure 1 shows, children who contact child helplines most often seek support regarding their fears and anxieties, about issues related to suicide and depression and about feeling bored. The least common reasons related to psychosocial and mental health are panic attacks and phobias and obsessions. However, when such cases do occur, they can be devastating for a child's life and his or her future prospects. Consider the case of the 17-year-old Nathan with constant need to wash his hands that is described in the upper right corner.

Whenever possible, child helplines also record the sex of the children and young people who contact them. At the global level, the sex of the child or young person who contacted the child helpline about a psychosocial or mental health issue is not known in one-third of cases. Global data also shows that girls made 45% and boys about one-fifth of all relevant contacts. When taking into account only those whose sex is known, two-thirds of contacts regarding psychosocial and mental health were made by girls, which represents an even higher gap between boys and girls than for all reasons for contact combined. In that case (that is, when we sum up all contacts with known reasons) girls represent 56% and boys 44% of children and young people who contact child helplines.

Apparently, girls find their way to child helplines more easily than boys, and even more so with regard to psychosocial and mental health. Child helpline counsellors also report that girls are generally more open and better able to talk about their problems. Some child helplines, such as the one operated by the Irish Society for the Prevention of Cruelty to Children (ISPCC), have adapted their approach and their counselling techniques to increase their rate of counselling boys, including on PSMH issues.³



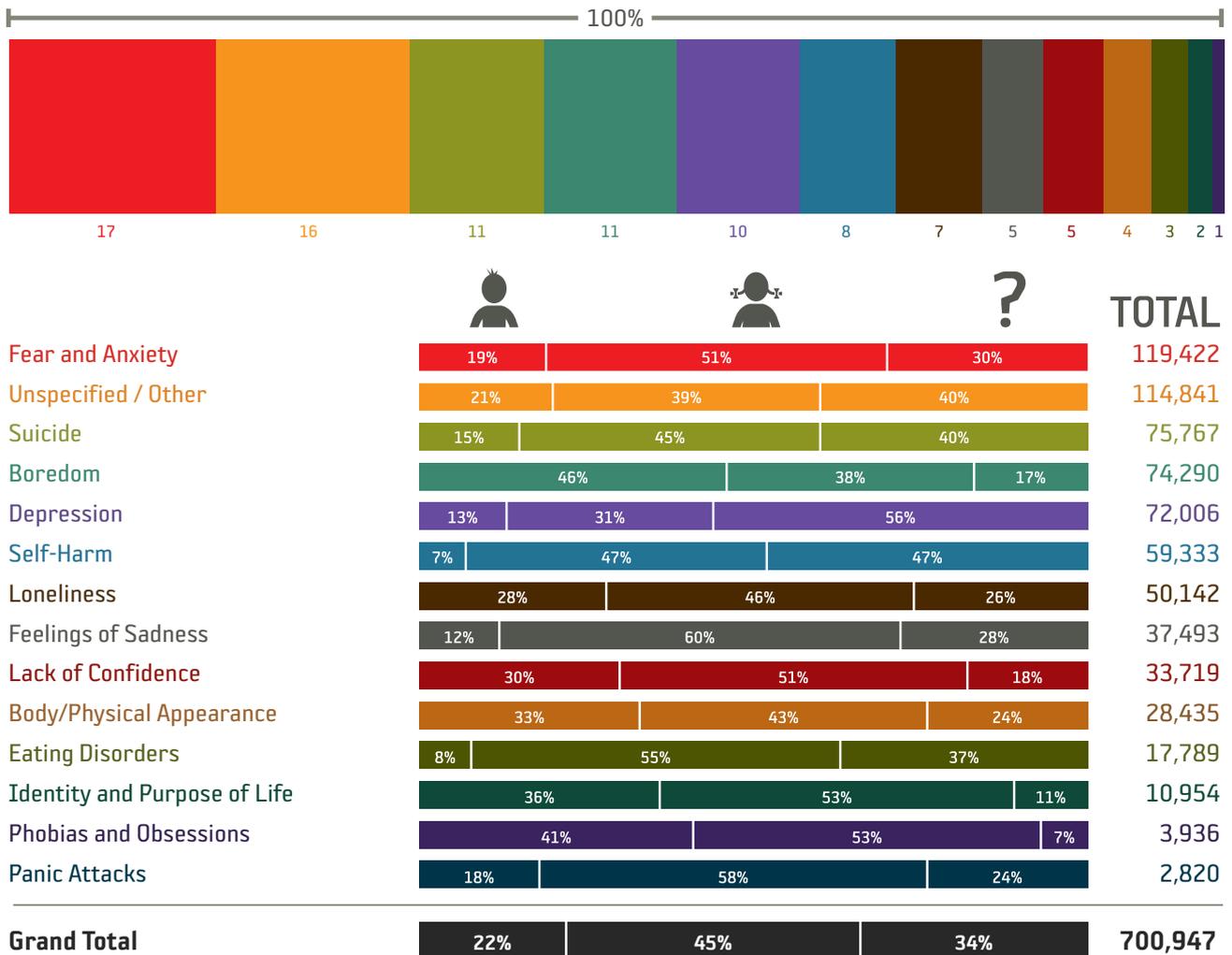
"I cannot live a normal life," shared 17-year-old Nathan who contacted the child helpline in Canada. He told the counsellor that he had wounds on his hands from washing them so much, and he was constantly thinking that his hands were dirty. After about 30 minutes Nathan revealed that this was the first time he has ever spoken about this to anyone. The next day he initiated a web chat to thank the counsellors. He commented that he was treated with warmth, tenderness and understanding, and he felt that he was taken seriously from the beginning. Nathan and the counsellor further discussed what he could do when he felt the need to wash his hands, and they brainstormed together about which trustworthy adult he could turn to and what would be a good way to bring up this issue. <<<

Child Helplines Reaching Out to Boys

Reaching the male population across cultures is a challenge for many services and child helplines are no exception. The Irish child helpline ISPCC has begun to address this issue and managed to increase the response rate for boys. The starting point was the observation that externalised anger and aggression are often elements of how boys in distress might present themselves, but contacts which include verbally abusive and provocative behaviour are more difficult for counsellors to handle. Counsellors are trained to end the contact if they feel threatened or attacked on a personal level, and frustration in both the counsellor and the boy child can cause the contact to be broken off prematurely. At the ISPCC, they have started to train their staff to focus on the hidden need behind the initial aggressive address, while assertively guarding their own boundaries. This has led to longer contacts and more time for the child to settle and open up. It is important to acknowledge that this might not be easy to implement across cultures. However, the high level of male contacts that the ISPCC currently receives indicates that their approach can have tangible effects.

³ Data from ISPCC ChildLine Services revealed that more than 60% of calls between 2009 and 2011 were made by male callers. (Merriman, B., Dempsey, O., & Comiskey, C. (2013). *Audit of data from ISPCC's Childline service.*)

Figure 1:
Contacts about Psychosocial and Mental Health Concerns



The data on psychosocial and mental health presented in Figure 1 above reveals that boys seek support more frequently than girls only regarding boredom. When taking into account only those whose sex is known, the difference in the needs for counselling among girls and boys are especially pronounced regarding self-harm, eating disorders and feelings of sadness. Panic attacks, suicide and fear and anxiety also stand out, with only about one-quarter of contacts about those issues having been made by boys.

Recognising these and other differences is useful in shaping interventions for boys and girls, to ensure optimal relevance and engagement.



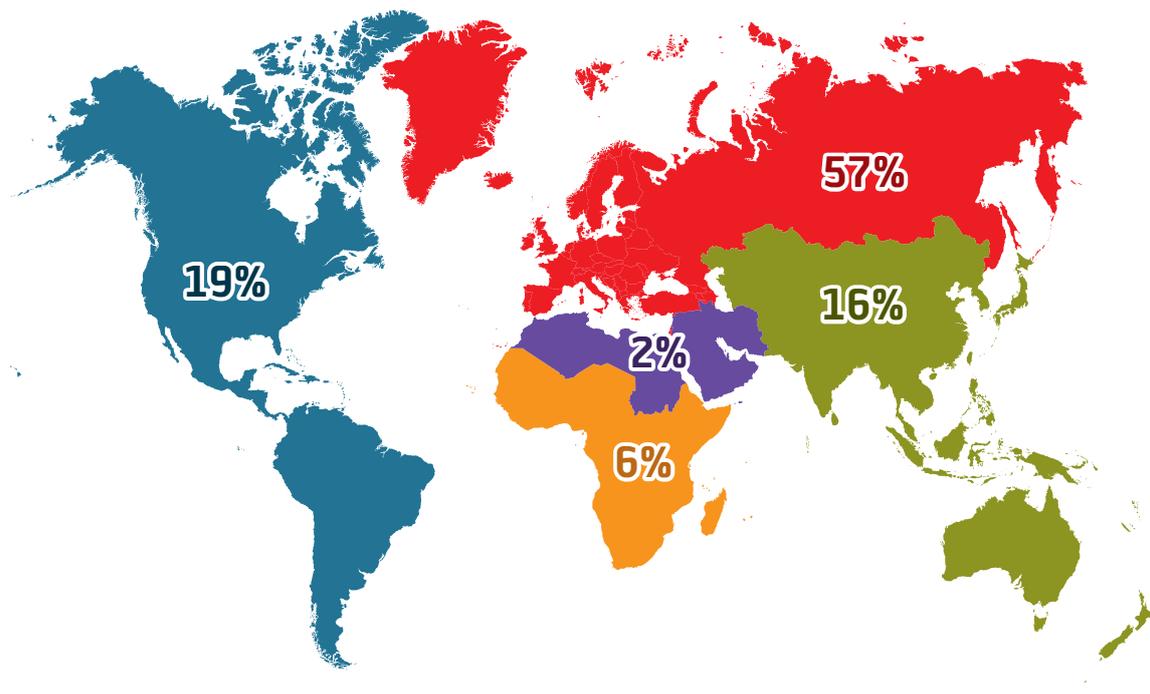
Croatian child helpline Hrabri Telefon described the case of Sandra who was 16 at the time she contacted them. Sandra regularly self-harmed. About a year before she reached out to the child helpline, she had lost her best friend who had committed suicide, and she often thought about her. Sandra had suicidal thoughts herself but realised the hurt this would cause because of the experience of her friend's suicide. Together with the counsellor she made a plan to involve her mother and to seek face-to-face counselling. Finally, the counsellor invited Sandra to brainstorm about what activities could help her cope with her feelings without self-harming. Sandra kept calling the child helpline almost daily for three weeks, after which the frequency of contacts slowly decreased.



Regional Differences

Child Helpline International's data shows that children and young people around the world find their way to child helplines in their quest for counselling on psychosocial and mental health issues. The data, however, also suggests regional differences in counsel-seeking behaviour.

Figure 2:
Regional Shares in the Global Total of Contacts on Psychosocial and Mental Health



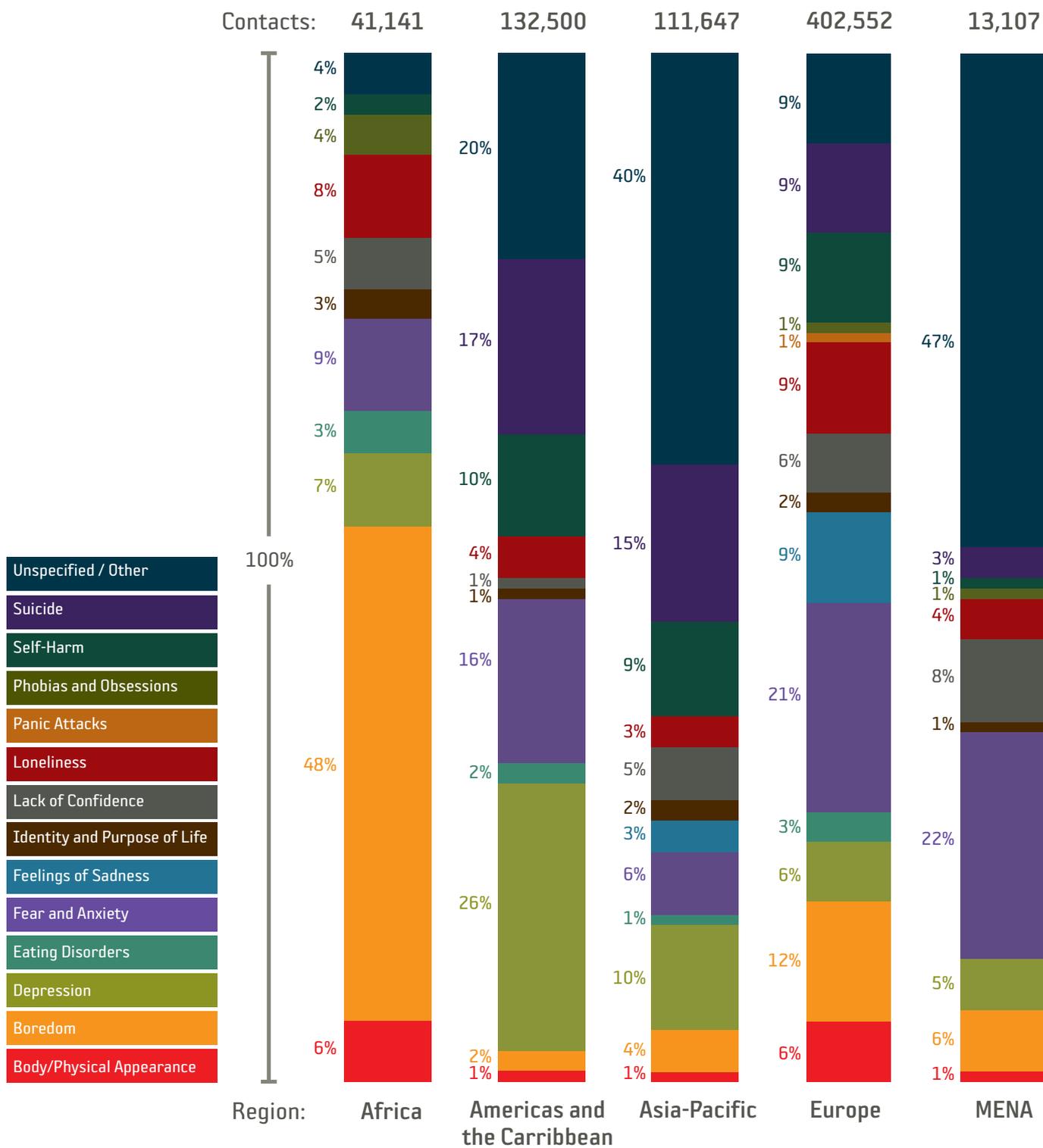
Of all regions where CHI operates, children and young people in Europe made the highest number of contacts on psychosocial and mental health issues.

With nearly six in ten psychosocial and mental health related contacts having been made in Europe, this region is by far the most strongly represented in the global data (see Figure 2 above). On the other hand, MENA and Africa represent the lowest shares of contacts on psychosocial and mental health related issues. This disproportion is likely not only due to the number of countries included in the dataset. It can be at least partially attributed to cultural differences, such as attitudes to mental illness, as well as to the developmental phase of support services.



A child helpline operating in a country under siege reported the case of Dana, a 14-year-old girl, who called because she was concerned about the security situation and scared of missile attacks. She said she was afraid of the darkness and unable to sleep. She was too afraid to go out after dark, so she could not meet her friends after sunset. "How can I stop being afraid?" she asked. The child helpline counsellor let Dana talk about her fears and encouraged her to think of ways to deal with fear. Together they practiced relaxation and visualisation and discussed practical tips for reducing anxiety, such as reducing the hours spent watching the news and preparing a bag with things Dana loves so that it is ready in case she has to run to the bomb shelter. Dana kept calling every Monday for a while and slowly learned how to handle her fears, despite the difficult situation. <<<

Figure 3:
Specific Psychosocial and Mental Health Concerns in Individual Regions



Regional Differences

When comparing the shares of different types of psychosocial and mental health issues that are the reason for contacting a child helpline in individual regions with the global average, the following features of regional data stand out:

- In **Africa**, nearly one-half of all contacts related to psychosocial and mental health are due to **boredom**; that is more than four times the share at the global level. In comparison with the global total, African child helplines also receive a relatively high share of contacts regarding phobias and obsessions. On the other hand, cases of depression, fear and anxiety, self-harm and suicide are relatively rare at African child helplines compared to the global shares.
- In the **Americas and the Caribbean**, more than one-quarter of contacts about psychosocial and mental health concerns are related to **depression**. This is a much higher share than at the global level. Requests for counselling because of suicidal thoughts are also notably more common in this region than at the global level. Body/physical appearance, boredom and loneliness are at the other end of the scale, with notably lower shares of contacts than those at the global level.
- In **Asia-Pacific**, child helplines reported a large share of psychosocial and mental health contacts under unspecified and other. Among the specific concerns **thoughts of suicide** are relatively more common than at the global level, but boredom, fear and anxiety and loneliness are less frequent in Asia-Pacific than the global average would indicate.
- In **Europe**, more than one-fifth of contacts about psychosocial and mental health have to do with **fear and anxiety**, which is a higher share than at the global level. On the other hand, depression is a relatively less common reason for children and young people to contact a child helpline in Europe than it is at the global level.
- Children and young people in the **Middle East and North Africa** contact child helplines relatively frequently on **fear and anxiety** and **a lack of confidence**.⁴ Meanwhile, the share of contacts on boredom in MENA is half the share at the global level.

Despite significant regional differences, it is clear that psychosocial and mental health is an important area of concern among children and young people across the world. Child helplines play an essential role in addressing those problems. They provide nonjudgemental support, credible information on issues of concern and orientation in the overall child protection system.

Child helpline data also shows that there are notable differences between boys and girls in their counsel-seeking behaviour, not only with regard to the frequency of reaching out to child helplines, but also as regards the substance of their concerns. These differences should not be overlooked in the formulation of policies and interventions in the field of psychosocial and mental health. Child helpline data can provide invaluable support in informed decision-making and in the monitoring of the implementation of adopted measures.

⁴ Note that some of the cases that are documented under fear and anxiety relate to the experience of living in a conflict zone. Those experiences may also be documented separately, and we are presenting this category in more detail within the overview of contacts with child helplines in the Middle East and North Africa.

Sex Matters to Children and Young People

Sexuality involves all aspects of human functioning – physical, emotional, social and mental – and the development of sexuality is one of the cornerstones of human growth, central to the identity of a person. It begins in childhood and continues throughout life, in response to a person’s changing roles and circumstances.⁵

A lack of knowledge about sexual development, biology, behaviour and relationships places children and young people at risk of poor health outcomes and violations of their rights. Such negative developments are even more likely if children and young people lack competent support, care and protection services for sexual and reproductive health and rights.

Child helpline contacts show that sexuality is a significant area of concern for children and young people. Globally, more than 300,000 child helpline contacts in 2014 related to concerns related to sexual and reproductive health and rights, which represents an 8% share of contacts with known specific reasons at the global level.

Children and young people have both needs and rights regarding their sexual development, and they contact child helplines in large numbers around the world, asking for help and support with these issues: for example, the 16-year-old girl who has just found out she is pregnant; the 13-year-old football team captain who has been feeling ostracised by his teammates since they found out he is gay; and the 15-year-old girl with the secret boyfriend, who is considering whether or not she is ready to have sex but does not want to discuss this with her parents or friends.

Children’s Priorities in the Area of Sexual and Reproductive Health and Rights

Child helplines document contacts related to sexual and reproductive health and rights under eight subcategories: requests for information; pregnancy; sexual identity; masturbation; contraception; sexual fantasy; sexually transmitted diseases and infections (STDs and STIs); and unspecified/other.⁶

As Figure 4 shows, requests for information about sexuality and the facts of life represent the largest, nearly one-third share within all contacts related to sexual and reproductive health and rights. Among the more specific reasons for contacting child helplines in the area of sexual and reproductive health and rights, pregnancy (with more than 37,000 contacts) was the one that children and young people were most concerned about, followed by sexual identity and sexual fantasy.

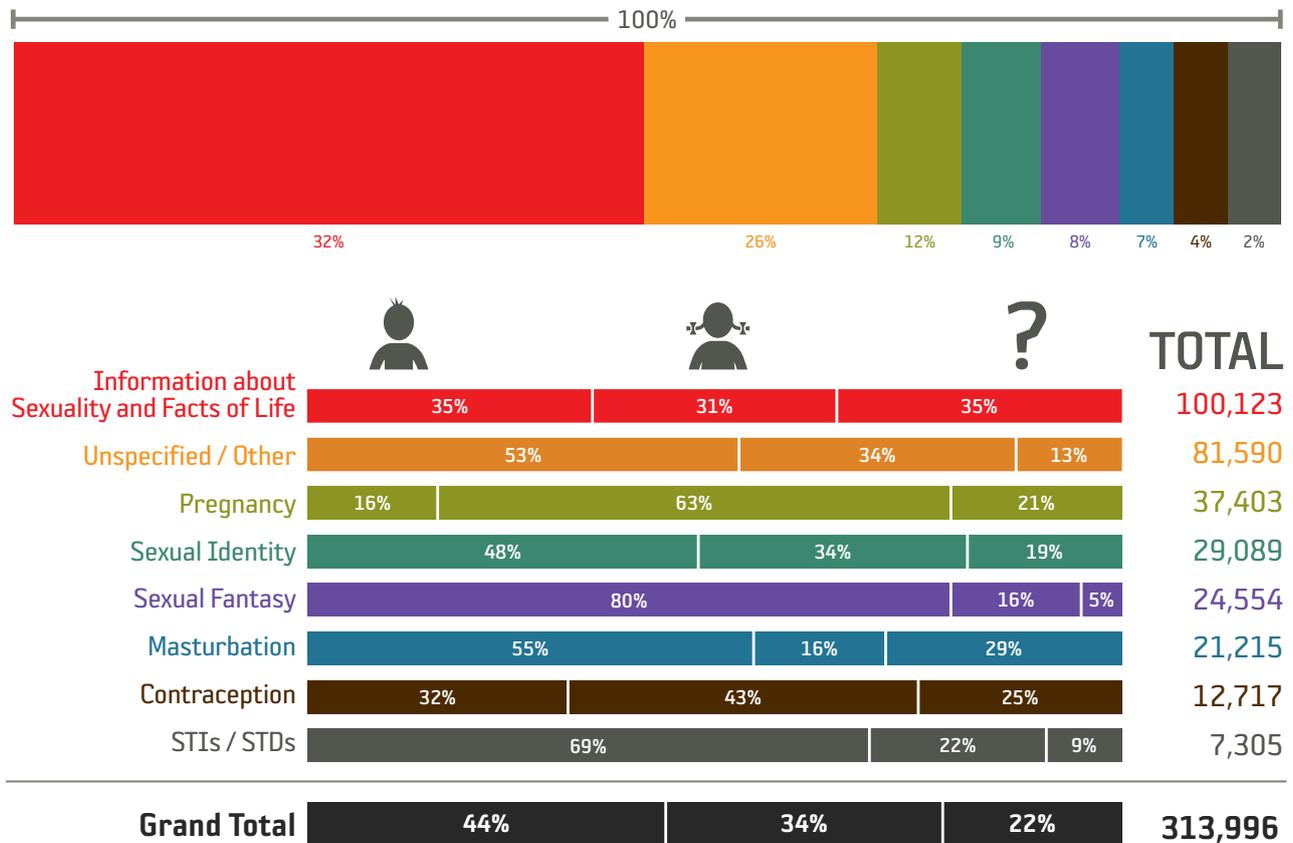
There are marked differences between boys and girls regarding their contacts with child helplines on sexual and reproductive health and rights issues, as can also be seen in Figure 4. Firstly, these issues are the only topic on which child helplines receive significantly more contacts from boys than from girls. This indicates the often overlooked need for support and guidance with the boys’ sexual development.

⁵ Delamater, J., & Friedrich, W.N. (2002). Human sexual development. *Journal of Sex Research*, 39(1), 10-14.

⁶ Child helplines collect data on other topics that relate to sexual and reproductive health and rights, such as partner relations, child marriage and female genital mutilation, but here we focus only on the children and young people’s queries specifically related to sexuality and their sexual awareness.

Children's Priorities in the Area of Sexual and Reproductive Health and Rights

Figure 4:
Contacts about Concerns Related to Sexual and Reproductive Health and Rights



Next, data shows that boys and girls who contact child helplines have different concerns regarding their sexual and reproductive health and rights. Boys are worried primarily about expressive sexual activity, being unsure of how to respond to their sexual fantasies and impulses to masturbate. On the other hand, girls are mainly focused on the consequences of sexual activity, health and reproduction: contraception and pregnancy. Namely, girls make nearly two-thirds of all contacts about pregnancy and four in ten contacts about contraception. Boys, on the other hand, make eight in ten contacts about sexual fantasy, more than two-thirds of contacts on STDs/STIs and more than one-half of contacts about masturbation.



“I need to know if I am gay,” said the 14-year-old who was confused about his sexual identity because he liked the physical contact when playing with his friends. The counsellor explained that all humans need physical contact to survive and that this is not always sexual in nature. The boy said that he would explore his feelings and call again.



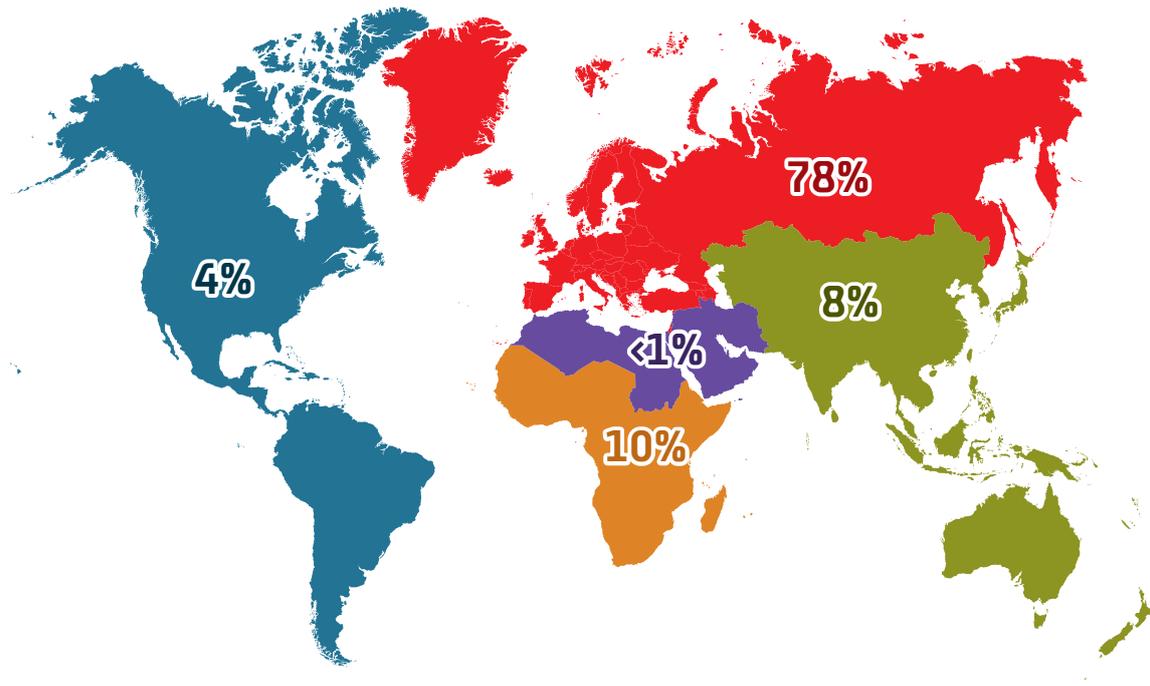
Recognising that boys and girls have different priorities holds a part of the answer on how to create an environment in which they can best address their concerns and make informed decisions. Only by understanding what is most relevant to whom can interventions be shaped most appropriately to the actual needs of boys and girls and those who are, for various reasons, not identified as or identifying with either boys or girls.

Regional Differences

Even though children develop their sexuality in quite a similar, universal manner,⁷ differences in the social and economic environments likely contribute to the differences in the shares of contacts related to sexual and reproductive health and rights within all known reasons, as well as to differences in specific sexual and reproductive health related concerns that prompt children and young people to contact child helplines. In other words, children in some regions may feel more restricted in their questions regarding sexual and reproductive health and rights – even though they have the same healthy curiosity and need for information.

Figure 5:

Regional Shares in the Global Total of Contacts on Sexual and Reproductive Health and Rights



More than three-quarters of contacts about sexual and reproductive health and rights were made in Europe.

The figure above shows that contacts related to sexual and reproductive health and rights are not equally distributed across the world. The shares of those contacts contributed to the global total by Africa, the Americas and the Caribbean, Asia-Pacific and MENA are lower than the overall shares that these regions represent within all known reasons for contact (see Global Overview, p. 30). Quite the opposite is the case in Europe: this region reported more than three-quarters of contacts about sexual and reproductive health and rights, while only accounting for about four in ten contacts with known reasons at the global level. One in six contacts with known reasons in Europe is about an issue related to sexual and reproductive health and rights.

Apparently children who contact a European child helpline discuss these issues more often, and more readily, than children who reach out to child helplines in other regions. This could reflect the sexually liberal culture and social policies of many European countries. These enable children and young people to seek information and support about their sexual development and reproductive health more easily.

Conversely, children in other regions may be more confined in their queries because of the real and perceived social and cultural restrictions. For instance, the low rates in Americas and the Caribbean and in Asia-Pacific may reflect the more socially conservative cultures there.

This could mean that the questions directed at child helplines may be related to sexual and reproductive health and rights, but are obscured in the data under other reasons for contact.⁸

⁷ Sigelman, C., & Rider, E. (2014). *Life-span human development*. Cengage Learning.

⁸ CHI is aware of these possible distortions in the data and continuously supports member child helplines in improving their data collection and reporting.

Figure 6:
Sexual and Reproductive Health and Rights Related Concerns by Region

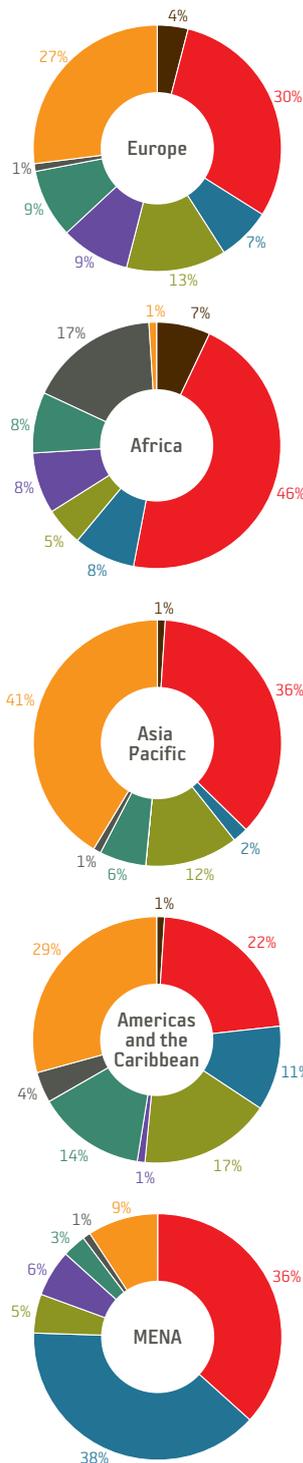


Figure 6 shows the shares of different queries regarding sexual and reproductive health and rights within individual regions. Data reveals that requests for information on sexuality and the facts of life feature prominently in all regions, indicating that large numbers of children and young people find their way to the information they want despite social and other constraints.

Next, the main feature of the data related to sexual and reproductive health and rights from the **Americas and the Caribbean** is a high proportion of contacts concerning pregnancy. Sexual identity also seems to be a relatively more prominent topic in this region than elsewhere.

The data reported by child helplines operating in **Africa** shows high rates for information about sexuality, the facts of life and STIs/STDs. In **Asia-Pacific** a large share of children and young people’s contacts concerned information on sexuality and the facts of life. There is also a disproportionately high share of unspecified contacts, suggesting that data reporting could be improved for better global comparability and a clearer picture of children and young people’s concerns.

The data from **Europe** shows large similarities with the global data - unsurprisingly since the vast majority of contacts related to sexual and reproductive health and rights are made in Europe, as mentioned above. The main subcategories of those contacts made in Europe are sexuality and the facts of life and pregnancy.

In **MENA**, there are relatively low contact rates for pregnancy and very high rates for masturbation, indicating a real need for children and young people to discuss their sexual needs and expressions, while cultural, religious and societal norms can strongly restrict the discussion on sexuality. They may restrain boys and girls from liaising in a relaxed manner and cause them to suppress feelings of sexuality.

Although the underlying needs of children and young people for information and support regarding sexual and reproductive health and rights are fairly constant around the world, the obstacles to these needs being met are locally specific. A great related strength of child helplines is that they are locally resourced and locally run. Moreover, they have a deep understanding of the subtleties involved in addressing the needs of children and young people in the area of sexual and reproductive health and rights, in the environment in which those children and young people live.

Children and Young People Talk about HIV/AIDS

Although the share of contacts regarding HIV/AIDS is not among the largest within all contacts made globally about the various concerns children and young people have, child helplines receive thousands of such calls and other requests for assistance. This is hardly surprising, given that as many as 3.2 million children under the age of 15 were estimated to be living with HIV at the end of 2013.⁹

Beside being infected themselves, children and young people may feel the devastating impact of HIV/AIDS in various other ways. About 18 million of those below the age of 17 were estimated to have lost one or both of their parents due to AIDS as of 2012.¹⁰ A yet greater number of children and young people experience bereavement and/or feel the economic consequences of HIV/AIDS within their families. As surveys conducted via the People Living with HIV Stigma Index have shown, psychological costs can include suicidal thoughts.¹¹ In addition, UNAIDS notes that HIV-related stigma and discrimination persist in all parts of the world and affect a range of aspects of everyday lives, including access to health care.¹² The virus, along with the stigma and other issues it has triggered, may also impact the way in which children and young people explore their own developing sexuality.

The list of negative effects of HIV/AIDS seems endless. Clearly, many rights of children and young people are placed at risk due to HIV/AIDS, especially the rights to health, to be cared for and to be educated.

The HIV/AIDS Priorities of Children and Young People

The global number of reported HIV/AIDS related contacts and their share within all contacts vary from year to year. This can be partially explained with variations in the number of child helplines that report data to CHI. Another part of the explanation could be the occasional awareness-raising campaigns and/or public health incidents that attract broad public attention and may result in drastic increases in HIV/AIDS related contacts in individual countries. A clear 'suspect' for variations among countries is the prevalence of HIV/AIDS within country populations, but other factors, such as religious norms, taboos and customs, likely also play a part.

For a more nuanced picture of what kind of concerns children and young people have in connection with HIV/AIDS, child helplines – where possible – document those contacts under the following subcategories: requests for information about HIV/AIDS; children living with HIV/AIDS; bereavement; parents (or family) with HIV/AIDS; children orphaned due to HIV/AIDS; access to medication; HIV/AIDS prevention; lifestyle choices after infection; pregnancy and HIV; and sexual abuse/rape in relation to HIV.



Stephen, a 13-year-old Ugandan boy, contacted the child helpline after he had lost both his parents due to HIV/AIDS. The counsellor invited him to visit the child helpline office where he was counselled in person. Following face-to-face counselling, Stephen was transferred to the services of the childcare ministry which continued to support him. <<<

⁹ UNAIDS. (2014). Epi slides: July 2014. At http://www.unaids.org/sites/default/files/media_asset/01_Epi_slides_2014July.pdf (accessed on 23 Sept. 2015)

¹⁰ UNICEF. (2013). *Towards an AIDS-free generation: Children and AIDS: Sixth stocktaking report*. New York: UNICEF. P. 81.

¹¹ UNAIDS. (2013). *Global report: UNAIDS report on the global AIDS epidemic 2013*. P. 84.

¹² *Ibid.* P. 7.

The HIV/AIDS Priorities of Children and Young People

As can be seen in Figure 7 (below), by far the most common HIV/AIDS related reason for children and young people to contact child helplines in 2014 was to request information about HIV/AIDS. There were more than 16,000 such contacts made globally, which represents seven in ten HIV/AIDS related contacts. That shows that child helplines play an important role in educating the young generation about the virus and the disease. Five in 100 children and young people with HIV/AIDS related concerns contacted child helplines because they were living with HIV/AIDS themselves; were orphaned due to HIV/AIDS; or had parents or family with HIV/AIDS. In addition, two in 100 children and young people with HIV/AIDS related concerns wanted to share their experience of bereavement and receive counsel in that regard. About one-fifth of contacts in question were documented as unspecified/other.

Figure 7:
Contacts about HIV/AIDS Related Concerns

	♂	♀	?	TOTAL
Information about AIDS	50%	49%	1%	16,112
Unspecified / Other	45%	46%	9%	4,850
Children Orphaned Due to HIV/AIDS	53%	47%	0%	638
Bereavement	66%	32%	2%	561
Parents (or family) with HIV/AIDS	51%	48%	1%	283
Children Living with HIV/AIDS	49%	50%	1%	259
HIV/AIDS Prevention	8%	5%	87%	155
Other Specific HIV/AIDS Concerns*	48%	52%	0%	31
Grand Total	49%	48%	3%	22,889

Note:

* Due to low total numbers of cases 'Other Specific HIV/AIDS Concerns' in this figure combines data on: Access to Medication; Lifestyle Choices after Infection; Pregnancy and HIV; Sexual Abuse/Rape in Relation to HIV.

Global data provides interesting further insights, such as the distribution of contacts between boys and girls. For example: globally and overall (that is, taking into account the total number of documented contacts regarding any issue), more girls than boys contact helplines. With regard to HIV/AIDS related concerns, however, contacts made by boys were a little more frequent than those made by girls (49% compared to 48%, respectively). With a two-third share within the global total, boys were much more likely than girls to contact a child helpline because of bereavement due to HIV/AIDS. There were also more boys than girls among those who contacted the helplines to talk about being orphaned due to HIV/AIDS.

As regards other specific HIV/AIDS related reasons for contacts, the distribution is quite balanced between the sexes. However, since boys are generally notably less likely than girls to contact child helplines, the almost equal distribution shows that HIV/AIDS is a relatively more common reason that others for boys to contact child helplines. The issue is made more intriguing by the fact that girls are actually more frequently directly affected by HIV/AIDS – for example, in recent period approximately two-thirds of new HIV infections in adolescents aged 15-19 years were among girls,¹³ so one could expect more contacts on this matter coming from girls than from boys.

¹³ UNICEF. (2013). *Towards an AIDS-free generation*. P.3

Regional Differences

Globally, nearly four million contacts with known specific reasons were made in 2014 by children and young people. That means that – with 22,889 contacts – HIV/AIDS makes up less than one percent of all specific reasons for contacting a child helpline. There is, however, marked variation from region to region.

Child helplines in **Africa** responded to nearly 18,000 HIV/AIDS related contacts, thus handling almost eight in every ten reported contacts regarding HIV/AIDS made around the globe. It should be noted that this is primarily due to Zambia registering 17,446 HIV/AIDS related contacts (the vast majority of which were requests for information, likely related to awareness-raising activities of the helpline).

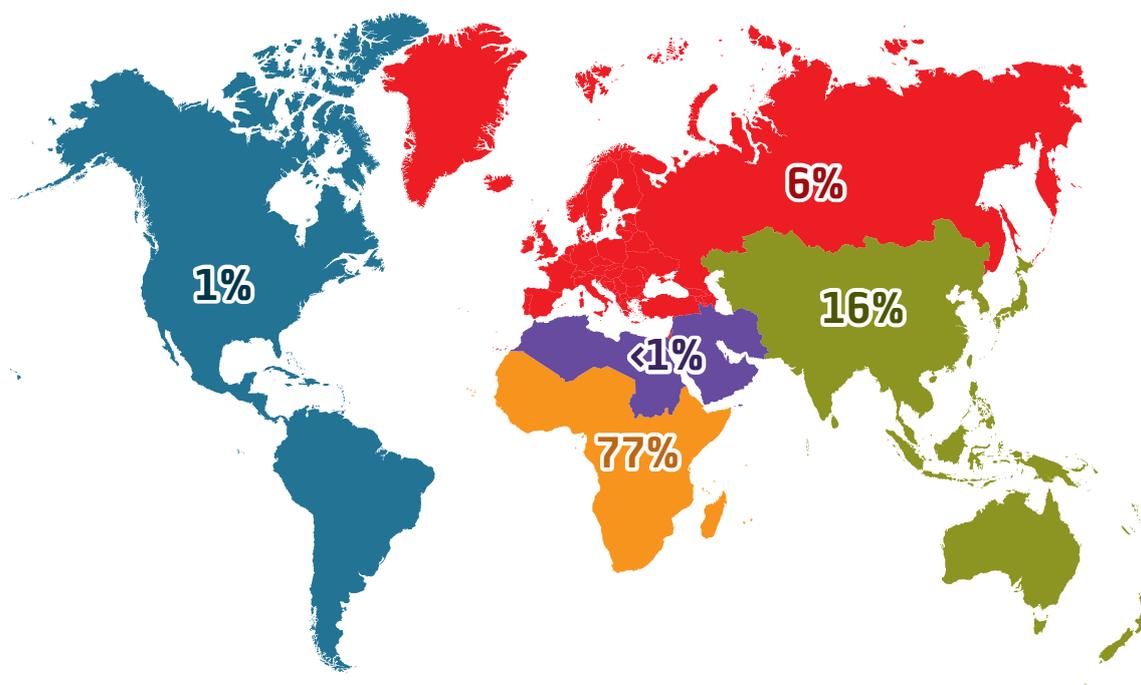
Regionally, **Asia-Pacific** comes second with a 16% share of HIV/AIDS related contacts made globally, followed by **Europe** with a 6% share. Child helplines in the **Americas and the Caribbean** responded to one percent of the global total of HIV/AIDS related contacts, whereas **MENA** altogether reported only three such individual contacts. These low numbers could imply a low level of awareness

of HIV/AIDS and its consequences, which is also demonstrated in the fact that MENA has been identified as a region where new HIV infections continue to rise.¹⁴ In Europe, on the other hand, as well as in some other parts of the world, the fact that there are also specialised helplines that focus specifically on HIV/AIDS and related issues, is a likely factor in lowering the numbers of calls on this topic to child helplines.

Individual countries account for large portions of global and regional totals. As already mentioned, Zambia reported almost all contacts made in Africa. With this, Zambia represents a more than three-quarter share within the global total. With more than 3,100 HIV/AIDS related contacts, India is also strongly represented in the global total of contacts due to HIV/AIDS concerns (with a 14% share), and it accounted for 86% of all such contacts in Asia-Pacific.

It is interesting to note that both India and Zambia are on the list of countries where, according to UNAIDS, adult HIV incidence declined by more than 50% between 2001 and 2012.¹⁵ It may be deducted

Figure 8:
Regional Shares in the Global Total of HIV/AIDS Related Contacts

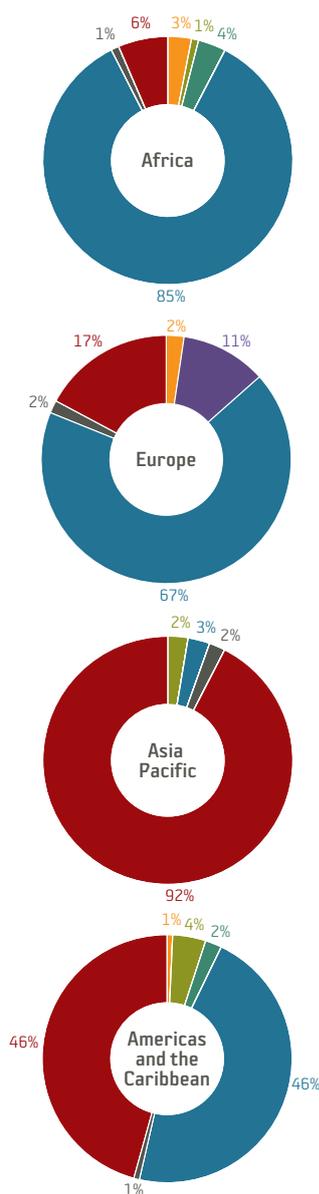


Child helplines in Africa handled almost eight in every 10 reported HIV/AIDS related contacts around the world. This is primarily due to Zambia having reported more than 17,000 such contacts.

¹⁴ UNAIDS. (2014). *The gap report*. New York, NY: UNAIDS.
¹⁵ Ibid.

Figure 9:
HIV/AIDS Related Concerns by Region

Regional Differences



Note:

The Middle East and North Africa is not included in this overview because only three individual HIV/AIDS related contacts were reported in that region.

Access to Medication
Bereavement
Children Living with HIV/AIDS
Children Orphaned due to HIV/AIDS
HIV/AIDS Prevention
Information about AIDS
Lifestyle Choices after Infection
Parents (or Family) with HIV/AIDS
Pregnancy and HIV
Sexual Abuse/ Rape in Relation to HIV
Unspecified / Other

that both countries have seen a lot of awareness-raising and other prevention-oriented activities, which could also spark more information requests and other contacts made by children and young people in those countries. In addition, child helplines in both Zambia and India have been in existence for some time, have a comparatively good infrastructure, and are well embedded in the child protection system. Therefore child helpline contacts information is well known among children and young people living in those two countries, so the likelihood of contacts is also higher there.

Within Europe, Germany contributed the largest (44%) share of contacts; and more than one-half of children and young people with HIV/AIDS related concerns in the Americas and the Caribbean contacted child helplines in Colombia.

Another way to compare regions is by looking at the more specific HIV/AIDS related concerns that children and young people express when contacting a child helpline. As Figure 9 shows, children and young people in **Africa** were relatively more likely than those in other regions and globally to have contacted a child helpline because they had been orphaned due to HIV/AIDS. However, the vast majority of all children and young people in Africa who contacted child helplines regarding HIV/AIDS did so in order to request information, and this share was higher than at the global level as well. Such requests also represent a large, more than two-third share in **Europe**, and nearly one-half of HIV/AIDS related contacts in the **Americas and the Caribbean** (where an almost equal share of contacts were documented as unspecified/other). Child helplines in **Asia-Pacific** reported more than nine in ten HIV/AIDS related contacts as unspecified/other.

The context in which child helplines serve children and young people in need can vary widely. Accordingly, there are many possible reasons for variations in contacts regarding HIV/AIDS, from the overall HIV/AIDS prevalence and the availability of other helplines that are specifically dedicated to HIV/AIDS, to the existence of taboos and social norms that may act as a deterrent or an encouragement for children and young people to speak about HIV/AIDS and other related issues. Regardless of the context, however, child helplines can play a fundamental role in addressing the negative consequences of HIV/AIDS and in preventing its further spread.

How Child Helplines Support Children and Young People

Child helplines are a resource of readily accessible and reliable information and support for children and young people who have health related or other concerns. Child helpline counsellors are active listeners and in many cases the first people that children and young people open up to. Moreover, child helpline services are frequently the first entry point into the broader child protection system.

Experts from St. Patrick's Mental Health Services in Ireland, who wrote the paper that underlies the psychosocial and mental health sections of this publication, concluded that a child helpline renders children and young people **a unique service** that provides several benefits over regular mental health services. They consider the most practical advantage of child helplines to be the **free-of-charge** service which makes them accessible to a wide range of socio-economic groups. Furthermore, child helplines do not have the long waiting lists that can be frequently encountered in health services, and they do not request referrals to commence counselling. Lastly, child helplines' **anonymity in counselling** helps children and young people to overcome the feelings of stigma attached to seeking support on psychosocial and mental health issues.

Indeed, research carried out at St Patrick's Mental Health services in 2015 indicates that the stigma regarding mental health is very prominent: four in ten respondents consider treatment for a mental health problem to be a sign of personal failure. Two-thirds of respondents express reluctance to hire a person with a history of mental illness believing them to be unreliable, and nearly one-third indicate they would not willingly

accept someone with a mental health problem as a close friend. This stigma and a lack of resources – combined with a child or young person's dependency on parents, teachers or other trusted adults to access appropriate help – makes obtaining support very difficult.

Child helplines around the globe can differ in their manner of counselling. However, support from a child helpline is **non-directive** in principle and based on **active listening** rather than directing the child on a set care pathway. This provides children and young people with an outlet where they can feel heard, independently of parental involvement. Parents often have the best intentions, but can be too focussed on trying to fix a problem rather than on simply listening to what the child has to say.

A strong emphasis in the training for counsellors at child helplines is placed on **empowering the children** so that they have more control over their lives. Perhaps most importantly, the support received from a child helpline occurs at a place and time of a child or young person's own choosing, and it can end whenever they want. This aspect of **their own control** plays a large role in children and young people's willingness to contact child helplines.

The support of child helplines works alongside other interventions without interference. Child helplines are often the first service a child reaches out to, and aims at **building trust** from the start. A positive experience with a child helpline makes it more likely that children will trust other services as well. At the same time, child helplines can provide **alternative or bridging support** where waiting lists in other services can cause delays in receiving specialist help.

Child helplines can facilitate access to and build trust in other child protection services.



Among the many children and young people who contacted child helplines to talk about sexual and reproductive health and rights, there was 13-year-old Stephany. She called because she thought she was pregnant, and she was afraid to talk to her parents. The counsellor convinced her to seek the support of a trusted aunt. In another case, Ben, a 14-year-old, felt isolated because of his need to masturbate “every minute of the day,” as he said. The counsellor explained the bodily and hormonal changes during puberty, assured Ben that his needs were not unusual and referred him to websites and organisations with more information. <<<

Child helplines also play a critical role with regard to the other two reasons for contacting child helplines that we addressed in the preceding chapters: sexual and reproductive health and rights and HIV/AIDS. Namely, children and young people who contact child helplines about sexual and reproductive health and rights often speak about feeling ashamed, guilty, afraid, isolated, confused, shy, curious and/or insecure. A lot of these feelings can be even more pronounced with those who need assistance with HIV/AIDS related concerns.

Child helplines offer children, young people and their families an **opportunity to speak confidentially** and anonymously about their feelings. Child helpline counsellors are trained to listen, provide support and give **accurate information** to help children and young people arrive at their own decisions. They are also skilled in helping children and young people find face-to-face support from within their extended family, community or social services.

When HIV/AIDS is the issue at stake, child helplines can provide **support for home-based care**, encouraging treatment adherence and facilitating referral to hospital when required. Some child helplines complement direct work with children and young people who contact them with **reaching out to local communities** to educate them about HIV/AIDS, sensitise people to the broader issues associated with HIV/AIDS and mobilise and organise grass-roots meetings to enhance community understanding and support of antiretroviral treatment.

Child helplines offer children, young people and their families an opportunity to speak confidentially and anonymously about their feelings.

Children living in communities where HIV/AIDS prevalence is high are likely to be suffering considerable emotional and economic deprivation. Many of these communities are disadvantaged by poverty, poor infrastructure and limited access to basic services. Children with a parent suffering from HIV/AIDS and those who have lost both parents due to the virus and the disease would need the support of the extended family or their broader community, but they may not always receive it for various reasons. In fact, it has been established that orphans and vulnerable children “frequently do not receive any type of support”.¹⁶ The reliability of support networks may be especially limited for children living in cities, away from traditional communities. Where they exist, child helplines can help bridge these gaps as a source of **reliable information and support**.

Child helplines have the special advantage of being able to support children without displacing them from their home communities. This enables the integrity of the child’s community support structures to be maintained and reduces the risk of unintentional consequences of intervention that can be caused by institutional care.



An illustration of the vital role of child helplines in the area of psychosocial and mental health is the case of the 16-year-old Tim who ran away from home after a serious argument with his mother. She was upset because she had discovered alcohol and tablets he was going to use to commit suicide, after he had already attempted suicide twice. When Tim contacted the child helpline he felt distressed. He thought that his life was hopeless and that he could not go on. He told the counsellor that he wanted the help of a social worker. It was clear to the counsellor that Tim needed a crisis intervention. The counsellor managed to locate his whereabouts and find him support from an out-of-hours social worker. <<<

¹⁶ UNICEF (2013). Towards an AIDS-free generation. P. 20.

Conclusions and Recommendations

Hundreds of thousands of children and young people with concerns related to psychosocial and mental health, sexual and reproductive health and rights or HIV/AIDS seek and receive assistance from child helplines every year.

Child helplines are known to provide accessible and safe guidance and information on all of these health related and many other topics, regardless of the child or young person's social, religious and cultural background.

Child helplines address the need for information, advice, and support by providing counselling services, referral services, and community oriented programmes.

In addition, child helplines also address the needs of children and young people who do not contact them, by using the invaluable information they receive from children to advocate for legislative changes that will improve the protection and fulfilment of children's rights.

Psychosocial and Mental Health

A child's right to the highest attainable emotional health is recognised in the United Nations Convention on the Rights of the Child (including Articles 6, 23, 24 and 33).

A state's obligation to provide appropriate and adequate support and treatment services is indisputable, yet in most countries these services remain inadequate. Governments and policy makers should address this deficit by recognising and adequately supporting child helplines to continue to provide and expand their services. Governments should recognise child helplines as a viable source of information to children and young people, on the issues that affect them directly.

Traditionally, psychosocial and mental health service providers have not recognised the role of child helplines in the identification and support of children and young people with mental health difficulties. It is now vital that these services seek to engage in comprehensive partnerships with child helplines through the provision of training, establishment of clinical referral procedures and resource support.

It would be beneficial for child helplines to reach out to traditional services and brief their staff on how they could work side by side. For example, child helplines could highlight the fact that their support is non-directive and can be beneficial alongside therapies without interference.

Sexual and Reproductive Health and Rights

If they are to become healthy, well-functioning adults, children and young people also need valid information about their sexual and reproductive health and rights.¹⁷ Parents and schools are often unwilling or unable to meet this need, leaving children and young people vulnerable to misinformation and poorly prepared to take care of themselves in the context of sex and reproduction.

In social and cultural environments where children are not encouraged to seek information or to express their needs and concerns regarding their sexual development, they are likely to commence their sexual lives without appropriate direction and support, which can cause harm to their health and development. Child helplines help fill these gaps and support children and young people's development into healthy and happy adults.

Governments should acknowledge child helplines as fundamental child protection mechanisms essential to the prevention of harm, detection of need and empowerment of children seeking advice and counsel on the sexual and reproductive rights.

HIV/AIDS

In combination with the global data on HIV/AIDS incidence, new infections among adolescents, the reach of antiretroviral therapy, access to health services, discrimination, stigma and many other issues associated with HIV/AIDS, the data gathered by child helplines makes evident the need to effectively support those affected by the disease, as well as to step up the awareness-raising, educational and sensitising efforts.

As the large numbers of contacts on HIV/AIDS in Zambia in India have demonstrated, an increase in helplines' capacity and reach can lead to higher numbers of reported contacts, which mean higher numbers of children and young people reached, informed and helped. **Along with greater support for child helplines, governments should provide programmes specifically for children affected by HIV/AIDS and ensure that awareness-raising and education programmes are working toward stopping the spread of the virus and its devastating impact.**

A number of international and local efforts are under way that are funded from various sources, from private grants to overseas development aid. The inclusion of local child helplines into these programs – and their cooperation with helplines that are specifically dedicated to HIV/AIDS related support – could make a real difference to the overall reach and effectiveness of a myriad of programs.

Many more children could receive information, counselling and other types of support if child helpline services were more extensive and accessible, with more capacity to respond to children and young people's contacts. In other words, for these services to fulfil the potential they have for positive impact, they have to be readily available to those who seek assistance.

This must be complemented with optimal use of the invaluable up-to-date information that child helplines collect and disseminate on concerns of the young generation around the world, and child helplines must be supported in their data collection efforts. The data – capturing the voices of children and young people around the world – should be used to inform policies and to strengthen child protection systems.

Policymakers should respond to these needs for intervention and ensure that legal frameworks, policies and their implementation tackle the identified deficits, along with many more challenges that Child Helpline International and its members can support them in addressing.

¹⁷ Kirby, D.B., Laris, B.A., & Roller, L.A. (2007). Sex and HIV education programs: Their impact on sexual behaviors of young people throughout the world. *Journal of Adolescent Health, 40*(3), 206-217.

Child helplines have demonstrated their critical role as a first entry point into the broader child protection system as well as their great potential to complement the activities of other services. This potential can only be unlocked through a comprehensive approach to the building of an enabling environment for child helplines and all other parts of child protection systems.

To unlock the potential of child helplines, they must be recognised as a fundamental mechanism for the empowerment and protection of children and young people.

Governments should ensure that child helplines in their countries:



- have a telephone number that is free of charge for the child as well as for the child helpline;

- have a short three or four-digit telephone number or a regionally harmonised number (such as 116 in Africa, 116 111 in Europe and 1098 in South Asia);



- have national coverage so that they are accessible to children all over the country;

- are accessible through the most appropriate channels of communication used by children in the respective country or region;



- are operational 24 hours per day, seven days per week;

- are well integrated in the overall child protection systems.



Governments, the private sector and other donors should provide financial support to child helplines to ensure sustainability and allow child helplines to continue providing essential assistance to children and young people when they need it most.

Global Overview

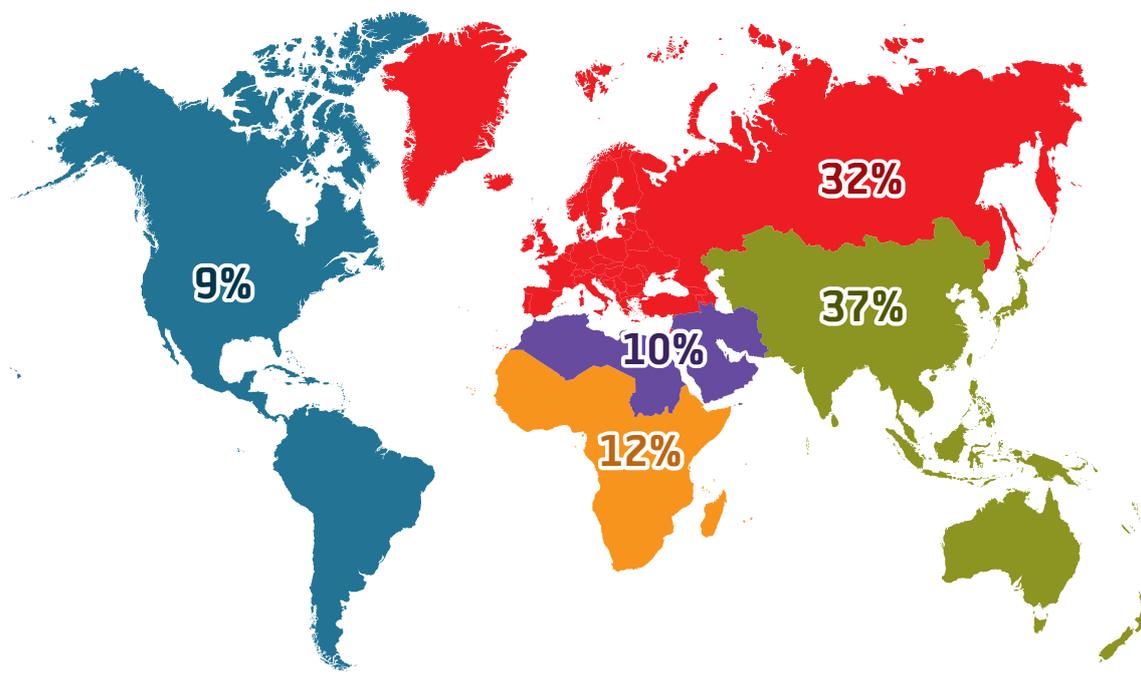
14,860,314 contacts made in 2014¹⁸

The 116 child helplines included in this overview reported that they answered almost 15 million contacts in 2014. In addition, many millions of children and young people's calls for help could not be answered because of a lack of resources, as we have been highlighting through our global Free our Voices campaign.

Regional Distribution of Contacts

Whereas child helplines operating around the world are represented in the global data, there are differences in the shares that individual regions contribute to the global totals. The highest numbers of answered contacts are reported from Asia-Pacific and Europe. These two regions together account for seven in ten answered contacts at the global level. Child helplines in Asia-Pacific reported almost 5.5 million contacts, followed by Europe with nearly 4.8 million answered contacts or about one-third share in the global total.

Figure 10:
Regional Shares in the Global Total of Contacts Answered in 2014



Child helplines in Asia-Pacific answered almost four in ten contacts by children and young people in 2014. Europe is next, with nearly one-third of all contacts.

It should be noted, however, that the regional overviews presented later on in this publication focus on those contacts for which a specific reason is known¹⁹ rather than the total of all answered contacts (including silent and test calls and other non-counselling contacts). That lens rearranges the order of regions: Europe is the region with the highest number of contacts with known reasons, followed by Africa. Asia-Pacific is in third place in that regard.²⁰

¹⁸ The total of contacts made in 2014 refers to answered telephone calls and contacts via other communication methods. Answered telephone calls include those which lead to the child helpline providing direct assistance or active listening, as well as silent, test, abusive and other noncounselling calls.

¹⁹ Contacts with known reasons are those answered calls and other contacts which are documented by child helplines under a specific reason for contact (peer relationships, abuse and violence, bullying, etc.).

²⁰ This indicates that more will have to be done to improve data collection and reporting, and CHI has placed that among its strategic priorities.

Communication Methods

The most common way in which children and young people contacted child helplines was via telephones. There were nearly 14 million such contacts reported by child helplines. Other methods of communication, including short text messages, online chat and e-mails, have been gaining in prominence as child helplines have been adapting to technological developments and expanding their services so that they are accessible via different channels, in line with the changing preferences of child helpline users.

Regional data reveals that more than eight contacts via online chat, post and bulletin boards and e-mail are made in Europe. Asia-Pacific accounts for one-half of SMS messages, with an additional one-third of short text messages sent in the Americas and the Caribbean. The latter region stands out with the large, almost three-quarter share of contacts made via postal services.

As all regions are seeing rapid technological developments, we can expect that online communication will gain in prominence in the coming years.

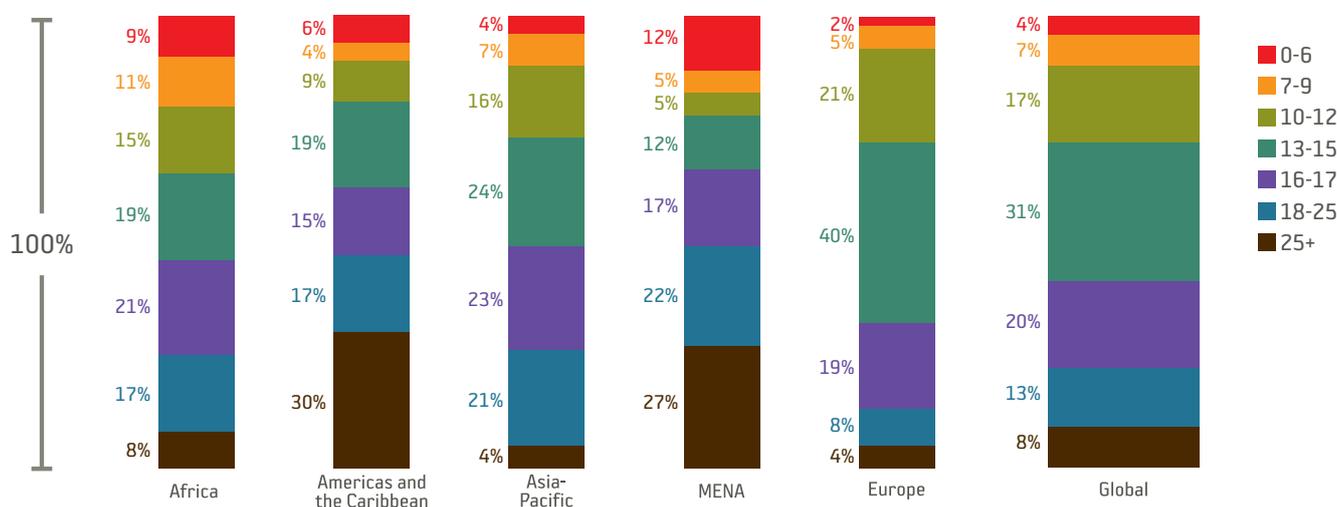


Age Distribution

As in previous years, the largest group among those who contacted child helplines were teenagers aged 13 to 15, followed by those aged 16 or 17. In total, more than two-thirds of all contacts with known reasons were made by boys and girls aged from 10 to 17. This shows that child helplines play a large supporting role for teenage boys and girls. Some of them experience violence and other extreme violations of their rights, and many others struggle with the normal hormonal, bodily and emotional changes. Although teenagers are the predominant group, child helplines also receive hundreds of thousands of contacts from or on behalf of younger children.

There are, again, some notable regional differences. For instance, Europe has by far the largest share of contacts made by 13 to 15-year-olds (four in ten contacts are in that age group), whereas the shares of contacts in higher age groups are lower than at the global level. The Americas and the Caribbean and MENA, on the other hand, cumulatively reported much higher shares of contacts made by those who are older than 25. This is likely related to cultural factors as well as to the nature of individual helplines, which in some cases cater not only to children but to adults as well. As for the high share of contacts made by people aged over 25 in the Americas and the Caribbean, this is mostly due to one US helpline's contacts. In MENA, Palestine and Saudi Arabia together account for more than nine in ten of those contacts made by adults.

Figure 11: Age Distribution of Contacts per Region and at the Global Level



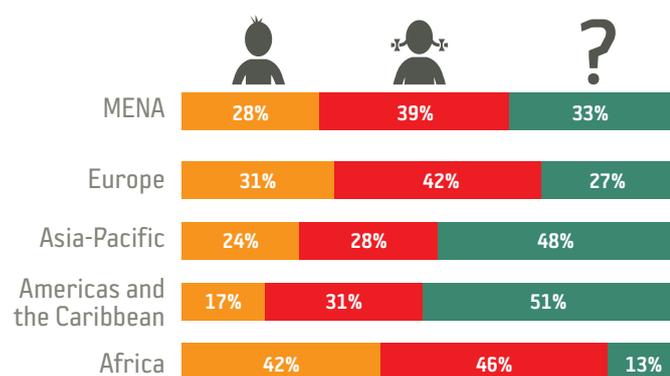
²¹ In line with CHI's strategy for 2016-2010 membership criteria and reporting requirements are currently under review so as to fully focus future data collection and reporting on contacts made by children and young people.

Comparing Contacts Made by Boys and Girls

The sex of the child or young person who contacted a child helpline is not known for about three in ten contacts with known reasons and the remaining contacts are not evenly distributed. This indicates that there are differences between boys and girls in their counsel-seeking behavior and that girls are overall more likely to request child helplines' assistance.

Figure 12 reveals notable regional differences. For instance, Africa has the highest share of contacts for which the sex of the child or young person is known, whereas the Americas and the Caribbean and Asia-Pacific reported notably less information in this regard.

Figure 12:
Distribution of Contacts by Sex per Region



Focusing only on those whose sex was known, the gap between boys and girl is the highest in the Americas and the Caribbean, where almost two-thirds of contacts with known reasons were made by girls. This is followed by MENA and Europe where girls made about six in ten contacts with known reasons. The regions with the lowest gap in this sense are Africa and Asia-Pacific, but the share of sex disaggregated data coming from these two regions greatly differs.

There are differences between boys and girls in their counsel-seeking behavior. Girls are overall more likely to request child helplines' assistance.

Why do Children and Young People Reach out to Child Helplines?

The overview on the right presents the reasons why children and young people reached out to child helplines around the world in 2014. Concerns related to psychosocial and mental health hold the first place, and they are notably more common among girls (one-fifth of all contacts with known reasons) than among boys (13% of contacts with known reasons), as the two bars at the bottom of the next page show.

At the global level, psychosocial and mental health concerns were the main reason behind more than 700,000 contacts. Various requests for information were also a frequent occurrence. In addition, child helplines assisted more than 530,000 victims of abuse and violence, which persist among the most frequent reasons why children and young people contact a child helpline (see the separate Violence against Children publication).

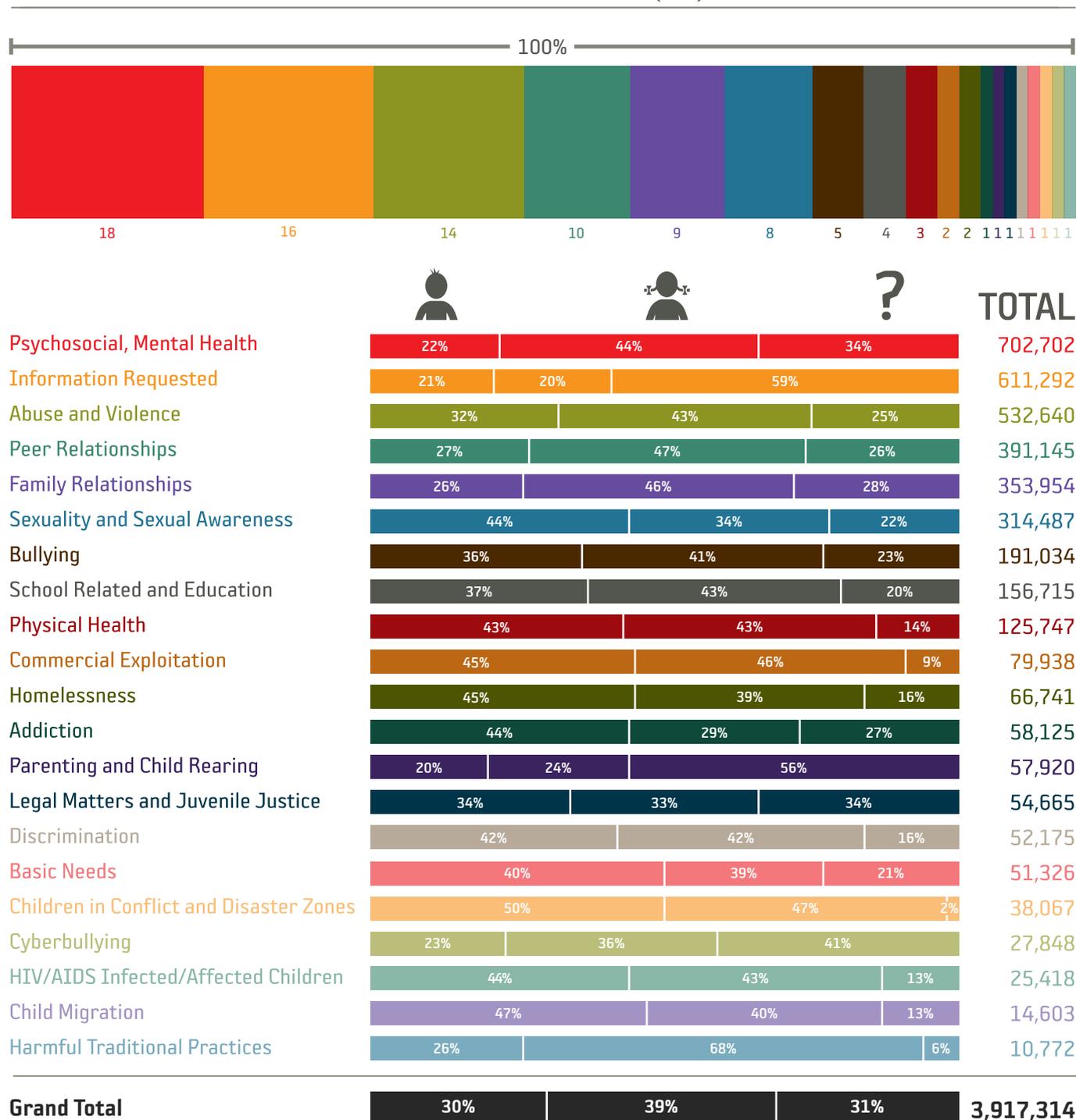
It should be noted that in previous years, the total number of contacts on abuse and violence reported in CHI's data publications also included bullying and cyberbullying, whereas these two types of violent or abusive behavior are reported separately in this publication. Adding bullying and cyberbullying to the data on abuse and violence, in line with previous years' approach, brings abuse and violence to the first place among reasons for children and young people to contact child helplines.

Peer and family relationships are among the most common reasons for contact as well, and they are of relatively higher concern among girls than among boys. Conversely, issues related to sexuality and sexual awareness (in sixth place among all reasons for contact) were relatively more prominent among boys (with 12% of all contacts made by boys due to that reason, compared to 7% of contacts made by girls).

At the bottom of the scale, but nevertheless highly worrisome, are contacts related to harmful traditional practices. Almost 11,000 children and young people turned to child helplines because of having experienced or being in danger of experiencing those practices, and more than two-thirds of those contacts were made by girls. This shows that gender based violence against children and young people is far from eradicated.

Reasons for Contact at the Global Level

Contacts with Known Reasons (in %)



CHI Members

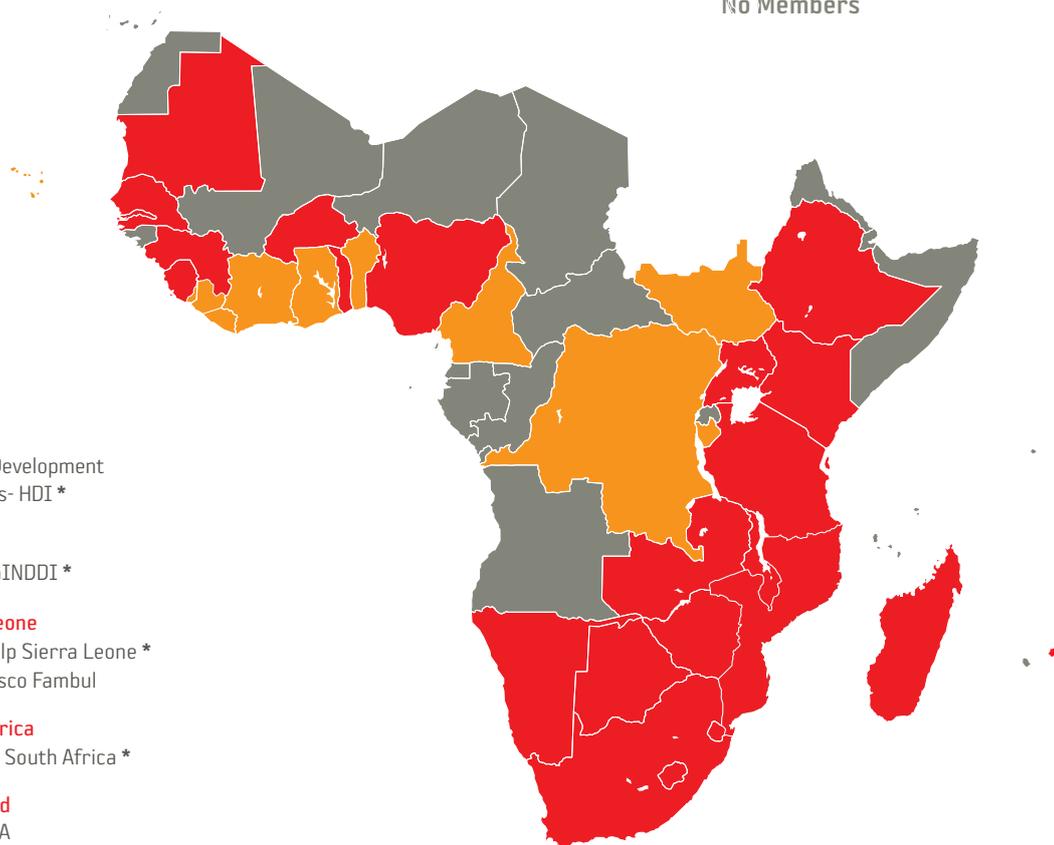
Full Members
Associate Members
No Members

- **Botswana**
Childline Botswana *
- **Burkina Faso**
Ligne verte 116 *
(Direction Générale de L'Encadrement et de la Protection de L'Enfant et de L'Adolescent- Ministère de L'Action Sociale et de la Solidarité Nationale)
- **Ethiopia**
Enhancing Child Focused Activities- (ECFA) HIWOT *
- **Gambia**
Child and Environmental Development Association- (CEDAG)
- **Guinee Conakry**
AGUIAS *
- **Kenya**
Childline Kenya *
- **Lesotho**
Childline Lesotho
- **Madagascar**
- Direction de la Police Judiciaire
- Association Serasera Fanantenana
- **Malawi**
Tithandizane Child Helpline/ YONECO Malawi *
- **Mauritania**
AMSME
- **Mauritius**
Halley Movement *
- **Mozambique**
Lihna Fala Crianca *
- **Namibia**
LifeLine/ ChildLine Namibia

- **Nigeria**
Human Development Initiatives- HDI *
- **Senegal**
Centre GINDDI *
- **Sierra Leone**
- Childhelp Sierra Leone *
- Don Bosco Fambul
- **South Africa**
Childline South Africa *
- **Swaziland**
- SWAGAA
- Ministry of Education Toll-Free Line
- **Tanzania**
National Child Helpline Tanzania (CHL) *
- **Togo**
CROPESDI (Centre de Référence, d'Orientation et de prise en charge des Enfants en Situation Difficile)
- **Uganda**
Ministry of Gender, Labour and Social Development *
- **Zambia**
Lifeline/ Childline Zambia *
- **Zimbabwe**
Childline Zimbabwe *

- **Benin**
- Ushahidi- Plan Benin
- OCPM
- **Burundi**
Ministère de la Solidarité Nationale, des Droits de le Personne et du Genre
- **Cameroon**
DCI Cameroon/ Plan Cameroon
- **Cape Verde**
Linha SOS Criança Cape Verde
- **Cote d'Ivoire**
Ligne verte enfant en détresse (Direction de la Protection de L'Enfant- Ministère de la Famille, de la Femme et de L'Enfant)

- **DRC**
- War Child Holland
- 117 Tukung Watoto * (War Child UK & Ministère des Affaires Sociales)
- **Ghana**
African Movement for the Protection of Child Abuse & Neglect- AMPCAN)
- **Liberia**
Ministry of Gender and Development
- **South Sudan**
- Ministry of Gender, Child, Social Welfare,
- Humanitarian Affairs and Disaster



* Members that submitted data for this report.

Regional Overview

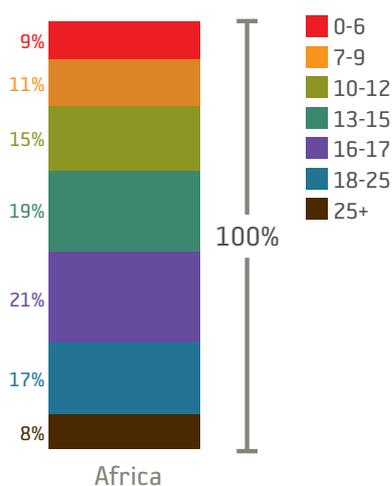
1,749,817 contacts made in 2014²²

- Main reasons for contact: *abuse and violence, information requests, bullying*
- Preferred methods of communication: *telephone, outreach, SMS*
- Largest age groups: *16-17, 13-15, 18-25*

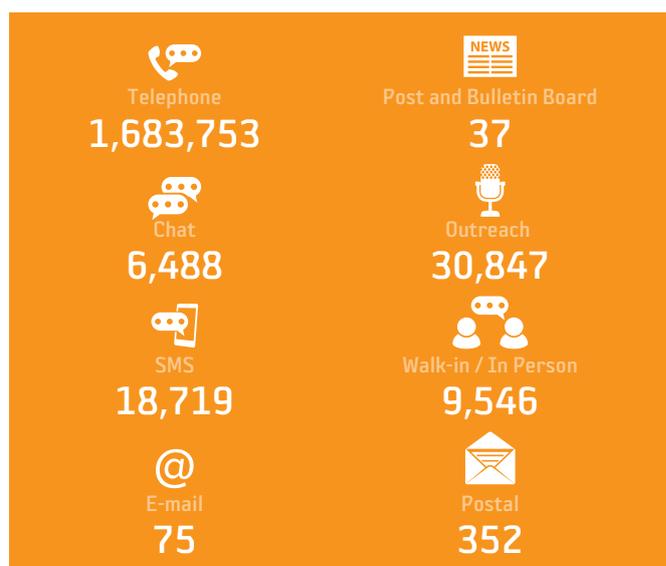
Child helplines in Africa that reported their 2014 data answered almost 1,750,000 contacts in 2014. Telephone was by far the most prevalent way for children and young people to contact child helplines, with other methods of communication accounting for about 70,000 contacts in total. Nearly one-half of those contacts were made off child helplines premises and nearly one-quarter took place through short text messages. Child helplines were most frequently contacted by teenagers, and the largest age group was that of 16 to 17-year-olds.

Age Distribution of Contacts

Total: 491,259



Communication Methods

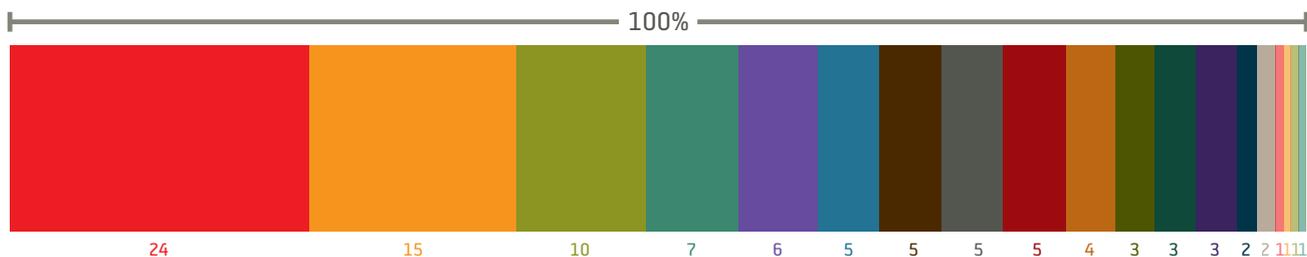


One example of concrete cases that child helplines in Africa encountered in 2014 is that of Alice who lived in one of the informal settlements in Nairobi. Both her parents died in quick succession of what neighbours thought was HIV/AIDS. Alice and her brother were then taken in by neighbours, as they had no known relatives in Nairobi. When Alice was 10 years old, another neighbour realised that she was being sexually abused by her foster father. The neighbour contacted the child helpline, and Alice was rescued from the abusive environment and placed in a temporary shelter. She received the necessary medical attention and regular counselling to deal with the separation from her brother and with the trauma of sexual abuse. She told the counsellors that she used to “do all the work in the house” and would be beaten each time she made a small mistake. The counsellors made Alice understand that the bad things that happened to her were not her fault, and they worked to build her self-esteem as well as to prepare her to go back to school, which she was very excited about. <<<

²² The total of contacts made in 2014 refers to answered telephone calls and contacts via other communication methods. Answered telephone calls include those which lead to the child helpline providing direct assistance or active listening, as well as silent, test, abusive and other noncounselling calls.

Reasons for Contact in Africa

Contacts with Known Reasons (in %)



Reason	Icon 1 (%)	Icon 2 (%)	Icon 3 (%)	TOTAL
Abuse and Violence	36%	50%	14%	189,182
Information Requested	39%	39%	23%	119,360
Bullying	49%	51%	1%	75,353
Physical Health	54%	43%	3%	53,198
Commercial Exploitation	37%	58%	5%	46,604
Psychosocial, Mental Health	50%	43%	7%	42,542
School Related and Education	46%	50%	4%	37,808
Discrimination	49%	45%	5%	36,682
Family Relationships	26%	49%	25%	35,822
Sexuality and Sexual Awareness	47%	31%	22%	31,467
Homelessness	46%	40%	14%	24,073
Peer Relationships	37%	63%	0%	21,541
HIV/AIDS Infected/Affected Children	44%	43%	13%	20,159
Legal Matters and Juvenile Justice	44%	41%	15%	16,586
Cyberbullying	26%	33%	42%	12,413
Basic Needs	58%	36%	6%	8,424
Children in Conflict and Disaster Zones	56%	41%	3%	8,179
Addiction	45%	24%	31%	5,908
Harmful Traditional Practices	37%	63%	0%	5,165
Parenting and Child Rearing	3%	3%	95%	2,079
Child Migration	29%	11%	60%	630
Grand Total	42%	46%	13%	793,175



Among just under 800,000 contacts with known reasons that were made with child helplines in Africa in 2014, girls were somewhat more prevalent than boys (the distribution is shown by the coloured bars in the middle of the figure on the previous page). Among those whose sex is known, girls made 52% of contacts with known reasons.

Nearly one-quarter of all contacts with known reasons in Africa were made by victims of abuse and violence. In addition, more than 75,000 children and young people's contacts (or one in ten contacts with known reasons) were related to bullying, and this is the third most common reason for children and young people to contact African child helplines. Taken together, contacts related to the newly defined categories of abuse and violence, bullying and cyberbullying (all of which used to be documented under the same category), add up to more than one-third of all contacts with known reasons.

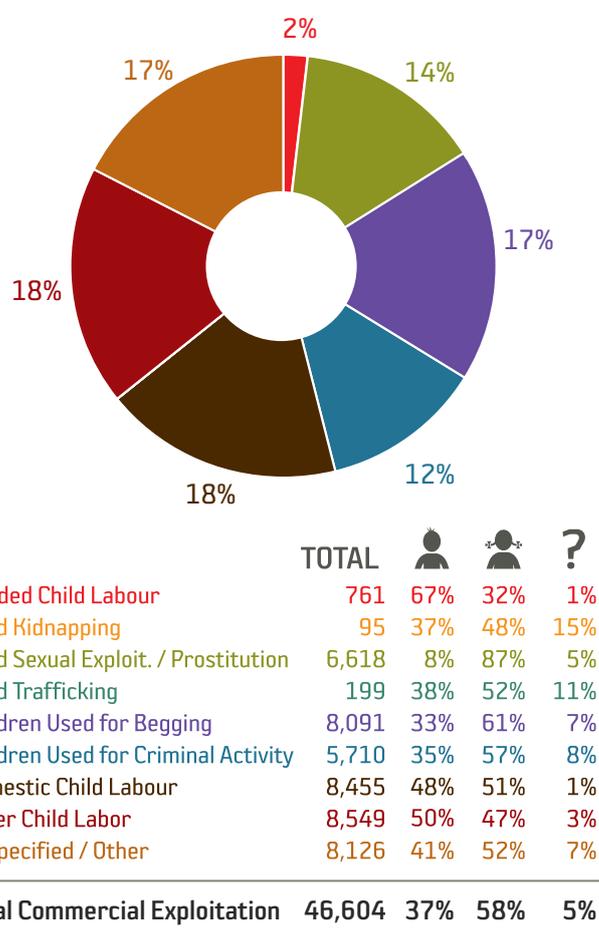
Health related concerns are prominent as well, with physical and psychosocial and mental health together prompting more than 95,000 contacts. As pointed out in the first part of this publication, Africa also stands out with a relatively large share of children and young people who are infected with or affected by HIV/AIDS.

It is notable that girls more frequently fall victim to abuse and violence than boys do. One-half of all relevant contacts were made by girls, and looking only at those whose sex was known, girls represented a 58% share. Looking at the distribution of reasons for contact separately among girls and boys also confirms that abuse and violence is a (yet) greater concern for girls than for boys, as it represents a 26% share of all reasons for contact among girls, and a 21% share among boys. An even greater difference is noticeable regarding commercial exploitation and harmful traditional practices, with nearly two-thirds of contacts about those problems having been made by girls.

Boys, on the other hand, account for more contacts regarding physical health and concerns related to basic needs. Children in conflict and disaster zones who contact child helplines are also predominantly boys. As regards addiction, child migration and sexuality and sexual awareness, there are sizeable shares of contacts where the sex of the child or young person who contacted the child helpline is not known. However, among those whose sex was known, boys are clearly predominant. Differences are lower with regard to psychosocial and mental health and homelessness, but it is nevertheless clear that more of those contacts were made by boys.

Spotlight on Commercial Exploitation

Commercial exploitation ranks higher among reasons for children and young people to contact child helplines in Africa than in any other region.



Six in 100 requests for child helplines' assistance with known reasons were made due to commercial exploitation, and about one-third of them referred to domestic or other child labour.

Children and young people in Africa are also frequently used for begging and for criminal activities. In addition, child helplines assisted nearly 7,000 victims of sexual exploitation, and there were more than ten times as many girls and boys among those who needed help because of that traumatic experience.

Although differences in other areas are less striking, girls are overall significantly more likely to be commercially exploited than boys. This gender bias is evident from the 58% share of girls and 37% share of boys within relevant contacts.

The Americas and the Caribbean

CHI Members

- **Argentina**
 - Línea 102 CABA *
 - Línea 102 Province BsAs *
- **Aruba**
 - Telefon Pa Hubentud *
- **Bolivia**
 - Educatic
 - Línea 156 *
 - Defensoría de la Niñez y Adolescencia del Gobierno Autónomo Municipal de Oruro
- **Brazil**
 - Alo 123! *
 - Safernet *
- **Canada**
 - Kidshelp *
 - Jeunesse, J'écoute
- **Chile**
 - Fono Infancia *
 - Fundación ANAR Chile *
- **Colombia**
 - Corpolatin *
 - Línea 106 Bogotá *
 - ICBF *
- **Costa Rica**
 - Línea 1147 *
- **Curaçao**
 - Kindersbescherming Curaçao *
- **Jamaica**
 - Children's Coalition of Jamaica
- **Mexico**
 - Casa Alianza *
- **Nicaragua**
 - Línea 133 *
- **Paraguay**
 - Fono Ayuda *
- **Peru**
 - ANAR Perú *



- **St. Martin**
 - Positive Connection
- **Suriname**
 - KJT *
- **Trinidad, Tobago**
 - ChildLine *
- **Uruguay**
 - Línea Azul *
- **USA**
 - 2nd Floor Youth Helpline *
 - Boys Town *
 - California Youth Crisis Line *
 - Child Abuse Hotline *
 - Crisis Text Line *
 - MAYS
 - National Runaway Safeline *
 - Polaris Project
 - Stop it Now! *
 - Trevor Project
 - Línea 102 CABA

- **Antigua, Barbuda**
 - Friends Hotline
- **El Salvador**
 - ISDEMU
- **Haiti**
 - Jurimedia
- **St. Kitts and Nevis**
 - The Ripple Institute

* Members that submitted data for this report.

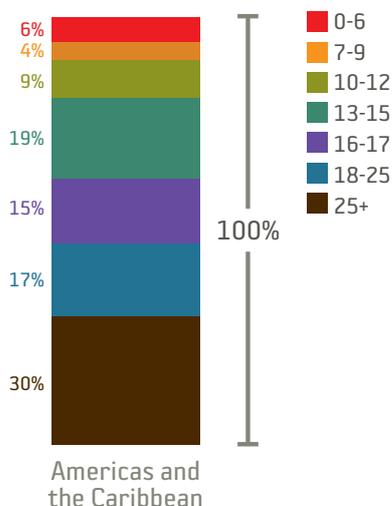
Regional Overview

1,297,295 contacts made in 2014²³

- **Main reasons for contact:**
psychosocial and mental health, abuse and violence, family relationships
- **Preferred methods of communication:**
telephone, SMS, online chat
- **Largest age groups:**
25+, 13-15, 18-25

Child helplines in the Americas and the Caribbean answered almost 1.3 million contacts in 2014, of which about one-third were documented with specific reasons. More than 1.1 million calls were reported, so telephone remained the main means for children and young people to reach out to child helplines. Short text messages, however, have been gaining in prominence and – with more than 90,000 contacts – they represent a higher share within all contacts in this region than in any other. The Americas and the Caribbean also stands out with almost three-quarters of all postal communication having taken place in this region.

Age Distribution of Contacts
Total: 247,943



Communication Methods

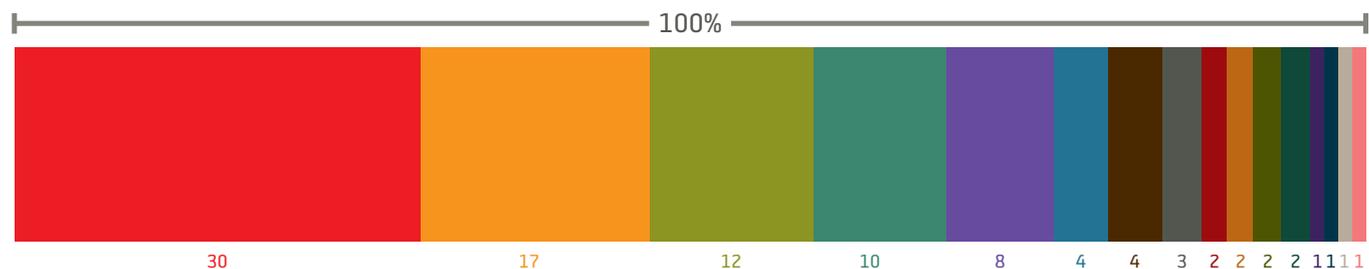


Among many other children and young people, the child helpline in Nicaragua assisted Juan, an 11-year-old boy who had to help with making and selling tortillas and was not allowed to play with his friends or go to school. He told the child helpline counsellor that his mother and grandmother physically and mentally abused him if he did not manage to sell all tortillas. He had to carry out hard manual labour and complained about burns on his hands and back pain. It was clear that Juan was being mistreated, so the child helpline enlisted the support of other child protection services. As a result, Juan received medical and psychological assistance and could eventually go back to school. <<<

²³ The total of contacts made in 2014 refers to answered telephone calls and contacts via other communication methods. Answered telephone calls include those which lead to the child helpline providing direct assistance or active listening, as well as silent, test, abusive and other noncounselling calls.

Reasons for Contact in the Americas and the Caribbean

Contacts with Known Reasons (in %)



Reason	Male (%)	Female (%)	Unknown (%)	TOTAL
Psychosocial, Mental Health	14%	36%	50%	132,500
Abuse and Violence	14%	26%	60%	75,296
Family Relationships	19%	30%	51%	54,695
Peer Relationships	15%	40%	44%	42,980
Information Requested	12%	21%	67%	36,717
Parenting and Child Rearing	28%	21%	50%	18,913
School Related and Education	31%	28%	41%	16,232
Sexuality and Sexual Awareness	38%	42%	20%	12,005
Legal Matters and Juvenile Justice	17%	23%	60%	9,678
Basic Needs	13%	24%	63%	8,986
Addiction	23%	19%	58%	8,793
Bullying	23%	47%	30%	8,631
Physical Health	12%	31%	56%	6,243
Commercial Exploitation	47%	36%	18%	4,384
Homelessness	37%	40%	24%	3,652
Discrimination	9%	11%	80%	3,066
Cyberbullying	15%	64%	21%	1,177
Harmful Traditional Practices	24%	31%	44%	743
Child Migration	1%	2%	98%	528
HIV/AIDS Infected/Affected Children	20%	34%	46%	140
Children in Conflict and Disaster Zones	0%	0%	100%	132
Grand Total	17%	31%	51%	445,491



The most common concern among children and young people who requested the assistance from child helplines in the Americas and the Caribbean was psychosocial and mental health. Problems with physical appearance, lack of confidence, depression, panic attacks and other aspects of psychosocial and mental wellbeing were the reason for almost one-third of all contacts with known specific reasons.

In every other reported case of psychosocial or mental health problems it is not clear whether a male or a female contacted a child helpline, but there were many more girls than boys among those whose sex was documented. As the overview on the left also shows (see the two bars at the bottom), these concerns accounted for more than one-third of all contacts made by girls, and for less than one-quarter of contacts by boys.

The second main reason for children and young people to contact child helplines was the experience of abuse and violence, and the data is presented in more detail on the right.

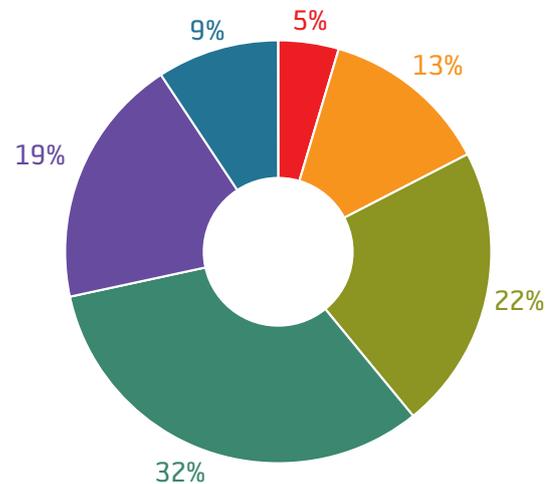
Family and peer relationships were also a common reason for concern in the region. Among those whose sex was known, girls strongly predominate in the reported requests for help and assistance with various family and peer related issues.

The same observation holds true for the overall distribution of contacts among boys and girls. Namely, the sex of the child or young person who requested a child helpline's assistance was not known for more than one-half of documented contacts with known reasons (so it is not possible to draw strong conclusions about the overall distribution), but among those whose sex was known, girls represent a nearly two-third share.

Apart from the already mentioned seemingly higher importance of psychosocial and mental health concerns for girls another main difference in the shares of individual reasons for contact among boys and girls is evident in peer relationships. These issues take up a higher share of contacts by girls (9%) than by boys (12%). The situation is reversed regarding parenting and child rearing and school/education related concerns, which are relatively more prominent among boys.

Spotlight on Abuse and Violence

Domestic violence, corporal punishment and other forms of abuse and violence triggered more than 75,000 contacts. With that, abuse and violence represents 17% of all contacts with known reasons.



	TOTAL			
Abuse and Technology	3,456	21%	74%	4%
Emotional Abuse	9,630	15%	18%	67%
Neglect	16,365	2%	3%	95%
Physical Abuse	24,457	21%	28%	50%
Sexual Abuse	14,416	13%	35%	52%
Other Forms of Abuse	6,972	18%	35%	47%
Total Abuse and Violence	75,296	14%	26%	60%

Children and young people were most frequently victims of physical abuse, with one-third of all relevant contacts due to that experience. Neglect and sexual abuse also feature quite prominently among children and young people's reasons for requesting assistance from a child helpline.

With six in ten contacts coming from children and young people whose sex was not reported, it is not possible to make well-informed conclusions regarding differences between the sexes. A look at those whose sex is known indicates that abuse and violence are almost twice as frequently reported by girls than by boys who contact child helplines. The data is the least specific regarding neglect, where only five in 100 contacts were documented with the sex of the child or young person, and emotional abuse, where sex is not known for more than two-thirds of contacts. On the other hand, the picture is quite clear for abuse and technology, and it shows that girls made three-quarters of all contacts about those problems.

Asia-Pacific

CHI Members



Full Members
Associate Members
No Members

- **Afghanistan**
Voice of Children
War Child UK
- **Australia**
Kids Helpline (180 55 1800)/
BoysTown *
- **Bangladesh**
Child Helpline Bangladesh (1098)/ Aparajeyo Bangladesh *
- **Brunei**
Helpline Kebajikan 141/ JAPEM *
- **Cambodia**
Child Helpline 1280/
Child Helpline Cambodia *
- **China**
Child Emergency Hotline/
Xi'an Philanthropic Child Abuse Prevention and Aid Centre
- **Hong Kong (SAR)**
Hotline (2755 1122)/
Hotline Against Child Abuse (ACA) *
- **India**
CHILDLINE 1098/
Childline India Foundation *
- **Indonesia**
TESA 129/
Ministry of Social Affairs *
- **Japan**
Childline (0120 99 7777)/
Childline Support Center Japan (NPO) *
- **Kazakhstan**
Telefon 150 / Balag Komek (Union of Crisis Centres) *
- **Malaysia**
15999 Childline/
Childline Malaysia
- **Maldives**
Child Help Line 1412/
Department of Gender and Family Protection Services *
- **Mongolia**
- Childhelpline 108 /
National Authority for Children (NAC)
- Close Talk, Child line 123/
Municipal Authority for Children (MAC)
- **Nepal**
Child Helpline 1098/ Child Workers in Nepal (CWIN) Concerned Centre *
- **New Zealand**
- Kidsline/ Lifeline Auckland *
- Youthline (0800 37 66 33) *
- 0800 What's Up/ Barnardos NZ *
- **Pakistan**
Madadgaar Helpline for Children and Women Suffering from Violence and Abuse/ Lawyers for Human Rights and Legal Aid (LHRLA) *
- **Philippines**
Bantay Bata 163 /
ABS-CBN Foundation *
- **Singapore**
Tinkle Friend Helpline (1800 2744 788)/
Singapore Children's Society *
- **Sri Lanka**
- Childline Sri Lanka 1929/ National Child Protection Authority
- Lama Sarana/
Don Bosco
- **Taiwan Province of China**
WT 113 Hotline/
World Vision Taiwan
- **Thailand**
SaiDek 1387/
Childline Thailand *
- **Vietnam**
Child Helpline Vietnam (18001567)/ Ministry of Labour, Invalides and Social Affairs (MOLISA) *
- **Vanuatu**
Vanuatu Youthline/
Vanuatu Family Health Association
- **Bhutan**
National Commission for Women and Children
- **Kyrgyzstan**
Child Rights Defenders League (CRDF)
- **Tajikistan**
Childline Tajikistan/
Child Rights Center
- **Uzbekistan**
SOS Children's Villages/
Children & Families Support Association of Uzbekistan

* Members that submitted data for this report.

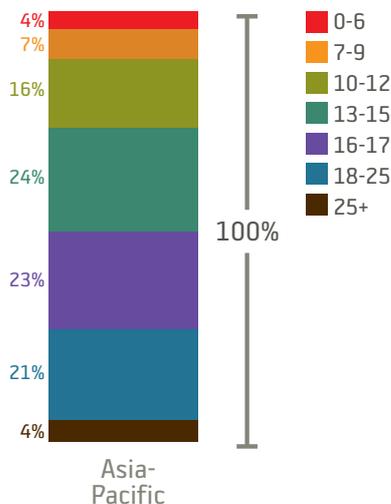
Regional Overview

5,497,692 contacts made in 2014²⁴

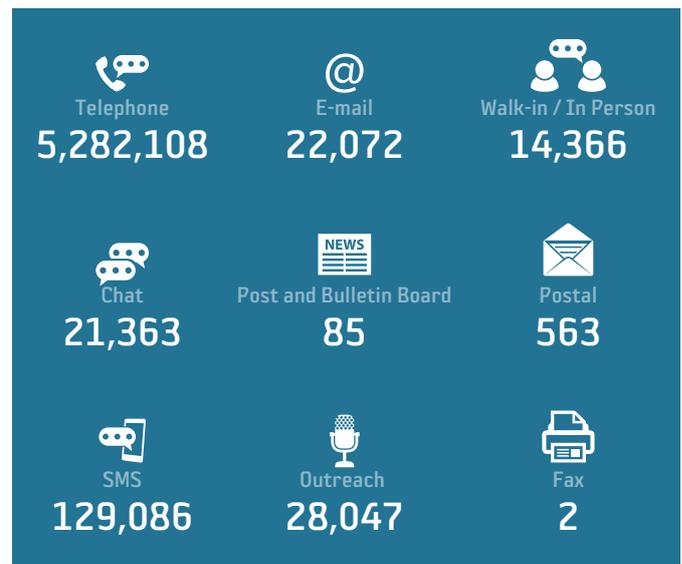
- **Main reasons for contact:**
information requests, psychosocial and mental health, peer relationships
- **Preferred methods of communication:**
telephone, SMS, outreach
- **Largest age groups:**
13-15, 16-17, 18-25

Child helplines operating in Asia-Pacific that submitted their 2014 data to CHI answered almost 5.5 million children and young people’s calls for help in that year alone. Almost 250,000 children and young people contacted child helplines via channels of communication other than telephone calls. After telephone, short text messages were the second most popular way to contact child helplines. Chat and e-mail have been gaining in prominence, but child helplines in Asia-Pacific help more children and young people in person, through outreach activities, than through either of those two online modes of communication. The largest age group were those aged from 13 to 15, followed by those aged 16 or 17.

Age Distribution of Contacts
Total: 377,633



Communication Methods



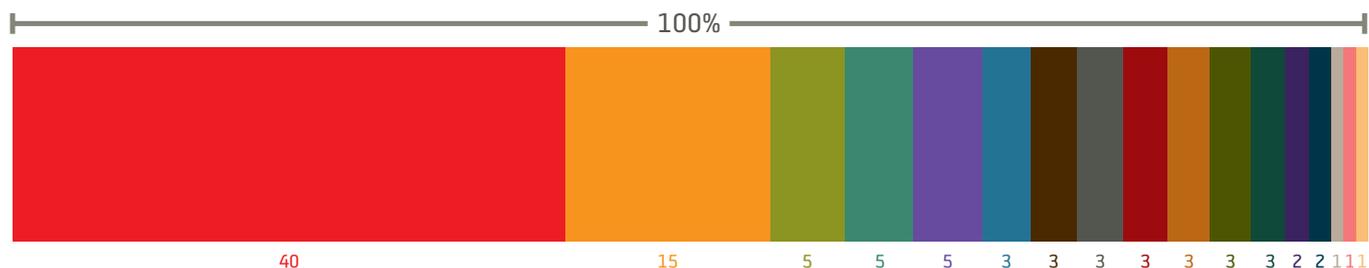
Jackie, a 15-year-old girl, contacted the child helpline in New Zealand via a short text message. She was frustrated with her family, having experienced verbal and physical abuse and witnessed her parents fighting every day. She was also getting in trouble at school because of wearing an incorrect uniform, which she said was due to her not being allowed to buy the correct items. Jackie’s spirits were low, and she said she sometimes wished she could die because she couldn’t see a way out of her troubles. The counsellor communicated with Jackie over several days, building the relationship and exploring the different things happening in her life, including the risk of abuse and neglect in her home environment. The counsellor and Jackie together identified the school counsellor as the safe adult who could support her. In agreement with Jackie the child helpline contacted the school counsellor who found further support for Jackie as well as for her family.



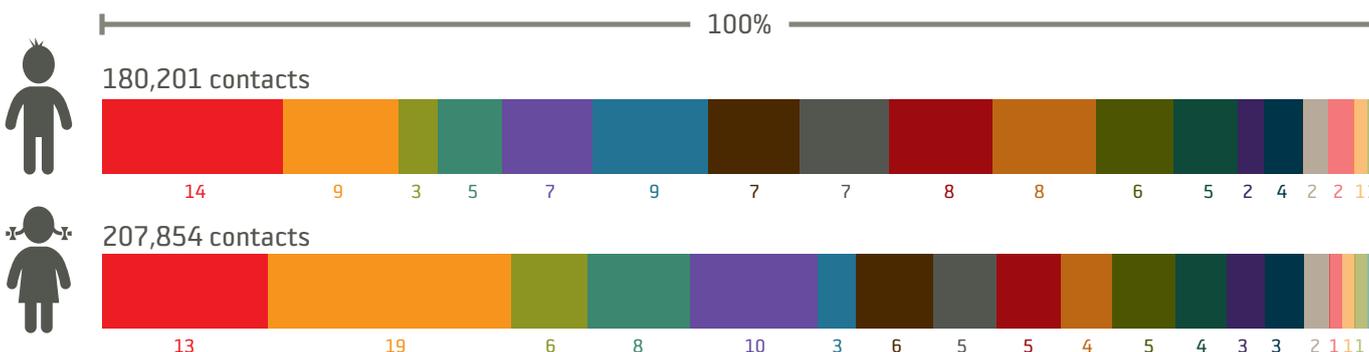
²⁴ The total of contacts made in 2014 refers to answered telephone calls and contacts via other communication methods. Answered telephone calls include those which lead to the child helpline providing direct assistance or active listening, as well as silent, test, abusive and other noncounselling calls.

Reasons for Contact in Asia-Pacific

Contacts with Known Reasons (in %)



Reason for Contact	Icon 1 (%)	Icon 2 (%)	Icon 3 (%)	TOTAL
Information Requested	8%	9%	83%	300,863
Psychosocial, Mental Health	15%	35%	50%	111,647
Peer Relationships	12%	33%	56%	40,546
Family Relationships	25%	46%	29%	37,588
Abuse and Violence	32%	54%	14%	37,335
Sexuality and Sexual Awareness	62%	23%	16%	26,114
Physical Health	49%	45%	6%	25,692
School Related and Education	48%	44%	8%	24,964
Homelessness	56%	43%	2%	24,410
Commercial Exploitation	66%	33%	0%	23,111
Children in Conflict and Disaster Zones	52%	48%	0%	22,022
Basic Needs	49%	45%	5%	18,998
Bullying	27%	41%	31%	12,907
Child Migration	55%	45%	0%	11,795
Addiction	47%	39%	14%	9,173
Legal Matters and Juvenile Justice	52%	46%	2%	6,612
Discrimination	34%	63%	3%	4,558
HIV/AIDS Infected/Affected Children	45%	45%	10%	3,683
Harmful Traditional Practices	15%	84%	1%	2,948
Parenting and Child Rearing	33%	42%	25%	1,516
Cyberbullying	33%	65%	2%	828
Grand Total	24%	28%	48%	747,310



Child helplines in Asia-Pacific documented nearly 750,000 contacts with known reasons in 2014, and they reported the sex of the child or young person who contacted them in just over one-half of those cases. Among children and young people who contacted child helplines and whose sex is known, girls made 54% of contacts with known reasons.

Child helplines reported a large share of contacts as requests for information about the helpline or feedback on assistance received. The main more specific concern that prompted children and young people to contact child helplines in Asia was psychosocial and mental health (see the introductory chapter for a more detailed presentation), which triggered 15% of all contacts with known reasons. Another 10% of contacts were due to peer relationships or family relationships. The sex of the child or young person who needed child helplines' assistance with those issues is not known in a large share of cases, but where it is known, girls are much more strongly represented than boys.

Abuse and violence was also a prominent reason for children and young people to seek assistance, with girls having made more than one-half of all contacts, or nearly two-thirds of contacts for which the sex is known.

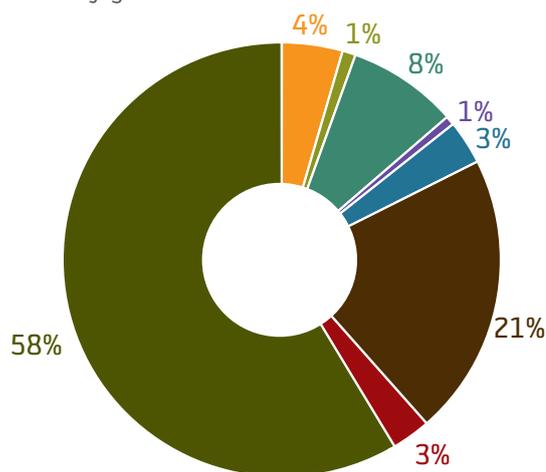
Looking further at differences between the concerns that boys and girls have reveals that girls are also almost twice as likely as boys to contact child helplines because of the experience of discrimination and cyberbullying. The shares of those problems within all reasons for contacting a child helpline are low, but this difference between the sexes is certainly relevant for designing policy interventions.

A yet more striking difference between the sexes exists with regard to harmful traditional practices, which were the reason for almost 3,000 contacts with child helplines in Asia-Pacific. More than eight in ten of those contacts were made by girls, which points to the continued existence of gender based violence.

Boys were significantly more likely to contact child helplines regarding sexuality and sexual awareness. In addition, they made two-thirds of contacts about commercial exploitation. Homelessness is another reason for contact that is notably more frequent among boys who seek child helplines' support than among girls.

Spotlight on Family Relationships

Having been the main reason for about five in 100 contacts with child helplines, family relationships are an important area of concern for children and young people in Asia-Pacific. The majority of contacts in this category were not further specified by child helplines, but among the more specific reasons for concern the parent/child relationship was the one that prompted the highest number of contacts, and three-quarters of them were made by girls.



	TOTAL	♂	♀	?
Adoption Issues	5	0%	100%	0%
Bereavement	1,672	19%	78%	3%
Child Custody and Access	363	25%	63%	12%
Divorced / Separated Parents / Parents in Conflict	3,042	50%	50%	0%
Maintenance and Child Support	252	39%	60%	2%
New Family / Blended Family	1,224	20%	76%	4%
Parent / Child Relationship	7,828	22%	76%	2%
Parental Pressure	2	0%	100%	0%
Parents with Addiction and / or Mental Health Problems	1,080	52%	48%	0%
Sibling Relationship	147	35%	65%	0%
Unspecified / Other	21,973	22%	30%	47%
Total Family Relationships	37,588	25%	46%	29%

Problems because parents were in conflict, divorced or separated were the next most frequent concern, and contacts are evenly distributed among boys and girls. Bereavement related to family relationships was behind nearly 1,700 contacts, and more than three-quarters of them were made by girls. Contacts regarding parents with addiction or mental health problems were also relatively frequent, and in this case boys made slightly more contacts than girls.

Europe

CHI Members

Full Members

Associate Members

No Members



• **Albania**
Child Rights CA *

• **Austria**
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Rundfunk *

• **Azerbaijan**
Reliable Future
Youth NGO *

• **Belarus**
Ponimanie *

• **Belgium**
Awel *

• **Croatia**
Hrabri telefon *

• **Czech Republic**
Safety Line *

• **Denmark**
Børns Vilkår *

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Lapsemure *

• **Finland**
Mannerheim League
For Child Welfare *

• **France**
Service National d'Accueil
Téléphonique pour
l'Enfance en Danger-
SNATED *

• **Germany**
Nummer gegen
Kummer e. V. *

• **Greece**
The Smile of the Child *

• **Hungary**
Kék Vonal *

• **Iceland**
Icelandic Red Cross *

• **Ireland**
Irish Society for the
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to Children - ISPCC *

• **Israel**
- NATAL: Israel Trauma
Center for Victims of
Terror and War *
- ERAN *

• **Italy**
SOS Il Telefono
Azzurro Onlus *

• **Latvia**
- Children and Youth
Trust Phone
- The State Inspectorate for
Protection of Children's
Rights in Latvia *

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Vaikų linija *

• **Luxembourg**
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• **Macedonia**
The First Children's
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World - Megjashi *

• **Montenegro**
NGO Children First *

• **Norway**
- 116 111 Alarmtelefonen
for Barn og Unge
- Røde Kors, Oslo *

• **Poland**
The Nobody's Children
Foundation *

• **Portugal**
Instituto de Apoio à
Criança - SOS Criança *

• **Romania**
Asociația Telefonul
Copilului *

• **Russia**
The National
Foundation for the
Prevention of Cruelty
to Children - NFPC * *

• **Serbia**
Nacionalna Dečija
Linija - NADEL *

• **Slovakia**
Linka detskej istoty
pri SV UNICEF *

• **Slovenia**
Zveza prijateljev mladine
Slovenije (ZPMS) *

• **Spain**
Fundación Anar *

• **Sweden**
BRIS *

• **Switzerland**
Pro Juventute Beratung
+ Hilfe 147 *

• **The Netherlands**
De Kindertelefoon *

• **United Kingdom**
- NNSPCC *
- Get Connected *
- Muslim Youth Helpline
- Missing People *

• **Ukraine**
La Strada Ukraine *

• **Armenia**
Child Rights
Orientation Centre

• **Belarus**
Smorgon Society
Information Centre on
Children and Human
Rights Education

• **Bulgaria**
Animus Association

• **Georgia**
Public Health Foundation
of Georgia

• **Liechtenstein**
Sorgentelefon für
Kinder und Jugendliche
in Liechtenstein

• **Malta**
- Supportline 179
- SOS Malta

• **Turkey**
Association for
Solidarity with The
Freedom- Deprived
Juvenile / Öz-Ge Der

* Members that submitted data for this report.

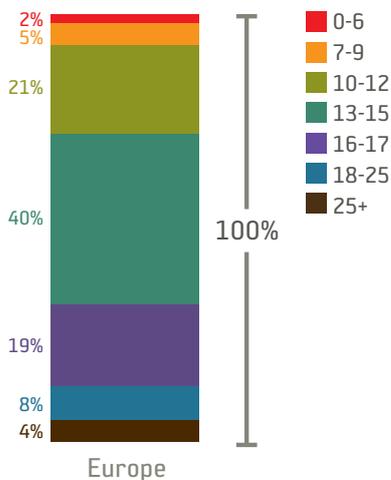
Regional Overview

4,786,870 contacts made in 2014²⁵

- **Main reasons for contact:**
psychosocial and mental health, peer relationships, sexuality and sexual awareness
- **Preferred methods of communication:**
telephone, chat, e-mail
- **Largest age groups:**
13-15, 10-12, 16-17

Child helplines in Europe which submitted data for this report answered nearly 4.8 million telephone calls, short text messages, e-mails and other contacts made by children and young people in 2014. A vast majority of these contacts were calls over the telephone, but other methods of communication – contributing more than 500,000 contacts – also proved popular among children and young people. Among those whose age was documented girls and boys aged 13-15 represent the largest age group, followed by children aged 10-12.

Age Distribution of Contacts
Total: 1,415,450



Communication Methods



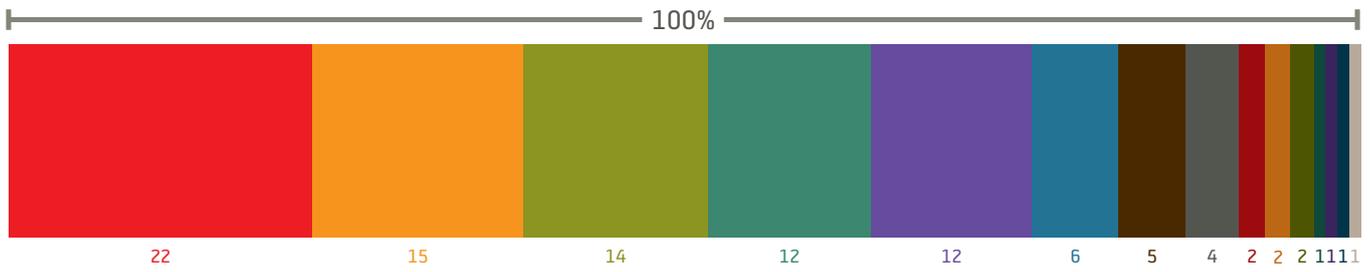
A 14-year-old boy was being blackmailed by a girl who had contacted him via Facebook. This girl initiated a Skype video chat and, after she had heavily flirted with him, begun to undress and urged him to do the same. The boy obliged – only to receive a threatening message shortly thereafter. The girl requested 400 Euros not to upload a recording of their video chat on YouTube and send the link to all his friends and family. The boy felt deeply ashamed and said that he would rather run away than tell his parents about what happened. He asked for advice on how to raise the money. The counsellor explained that this was a case of widely spread fraud. She advised the boy – who expressed great relief – to respond not with money, but with a warning that he would inform the police. The counsellor also suggested concrete steps to prevent further contacts with this girl and to use internet more safely in the future.



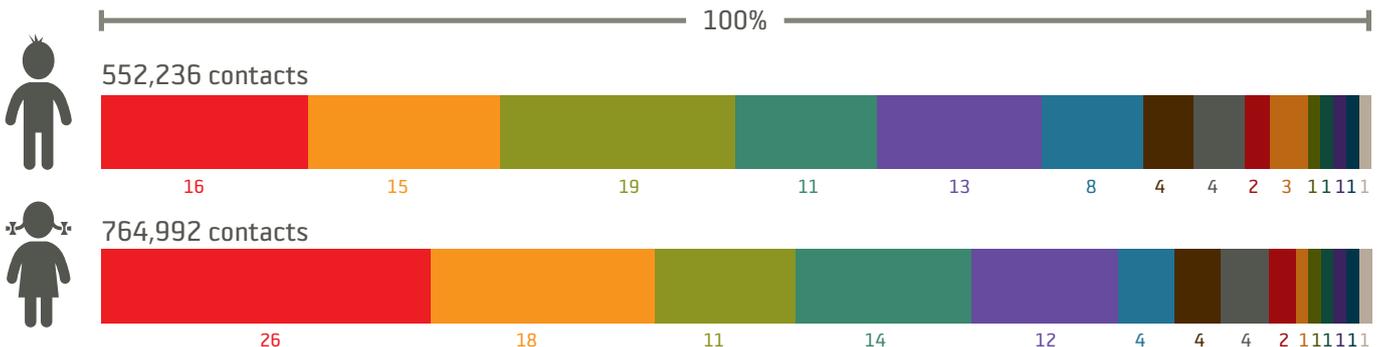
²⁵ The total of contacts made in 2014 refers to answered telephone calls and contacts via other communication methods. Answered telephone calls include those which lead to the child helpline providing direct assistance or active listening, as well as silent, test, abusive and other noncounselling calls.

Reasons for Contact in Europe

Contacts with Known Reasons (in %)



Reason Category	Male (%)	Female (%)	Unknown (%)	TOTAL
Psychosocial, Mental Health	22%	49%	28%	402,552
Peer Relationships	30%	49%	22%	279,806
Sexuality and Sexual Awareness	42%	35%	23%	243,877
Family Relationships	29%	49%	22%	216,477
Abuse and Violence	34%	42%	24%	213,487
Information Requested	40%	30%	30%	114,484
Bullying	27%	32%	42%	88,577
School Related and Education	30%	41%	29%	70,221
Physical Health	28%	45%	27%	36,341
Addiction	48%	31%	22%	33,365
Parenting and Child Rearing	13%	21%	66%	30,691
Legal Matters and Juvenile Justice	29%	27%	44%	19,943
Homelessness	27%	33%	40%	13,735
Cyberbullying	21%	36%	43%	13,348
Basic Needs	34%	44%	23%	12,615
Discrimination	27%	28%	46%	7,696
Commercial Exploitation	17%	17%	67%	3,770
Harmful Traditional Practices	16%	68%	16%	1,795
HIV/AIDS Infected/Affected Children	47%	36%	18%	1,433
Child Migration	13%	41%	45%	1,056
Children in Conflict and Disaster Zones	37%	54%	9%	779
Grand Total	31%	42%	27%	1,806,048



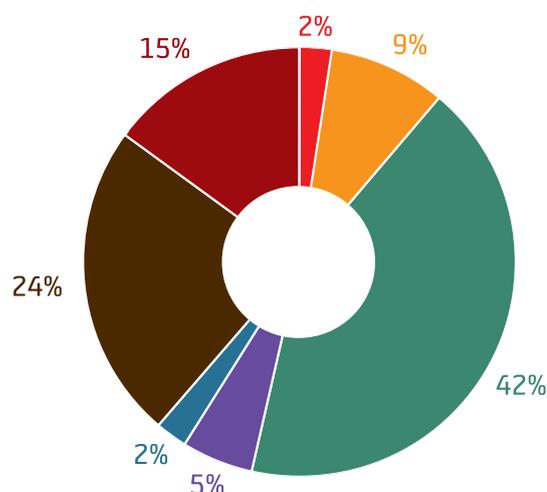
Child helpline data on known reasons for contact shows that girls requested support more frequently than boys. Apart from general requests for information, boys were more likely than girls to reach out only regarding sexuality and sexual awareness, addiction and HIV/AIDS.

As in previous years, the main reason for children and young people to request assistance in 2014 was psychosocial and mental health. Child helpline counsellors supported and advised children and young people on problems such as fear and anxiety, depression, eating disorders and loneliness in more than one-fifth of cases with a known reason for contact. The second most typical issue children and young people needed help and support with was peer relationships. They triggered almost 280,000 (15%) contacts. Next, issues such as contraception, sexual identity and sexually transmitted diseases – among others documented in the ‘sexuality and sexual awareness’ category – were the main reason for more than 240,000 contacts (14%). In the fourth and fifth place, respectively, and altogether representing nearly one-quarter of all contacts with known reasons, were difficulties that children and young people had with family relationships and the traumatic experience of abuse and violence (for detailed information please see our Violence Against Children report).

Other reasons for large shares of contacts are clearly visible in the figure and data on the previous page. These categories, however, should not take all the attention away from the many thousands of children and young people who suffered from problems that feature less prominently in the overall data but can nevertheless be truly devastating. For instance, in the last place in terms of frequency of contacts are children in conflict and disaster zones, but the child helpline counsellors in Ukraine – where the helpline received the lion’s share of these contacts due to the spread of violence in that country in 2014 – could tell chilling stories about what children and young people were subjected to. There is also a real child in desperate need of help and support behind every one of the 3,770 contacts that were made because of child labour, trafficking, sexual exploitation and other forms of commercial exploitation. Last but not least, although they make for less than 1% of all contacts with known reasons, every one of the nearly 7,700 children and young people who contacted child helplines because they experienced discrimination should be a cause for alarm.

Spotlight on Peer Relationships

A girl who was devastated because her best friend passed away. A 16-year-old who did not want to go back to school because she felt like her old friends were ignoring her. A 13-year-old who was concerned about only having friends online. These are just a few examples of children and young people who faced difficulties in their peer relationships – and who received sympathetic and non-judgmental support when they reached out to child helplines. Four in ten of those girls, boys and young people wanted to talk about their partner relationships, and almost one-quarter of contacts were about problems with friends.

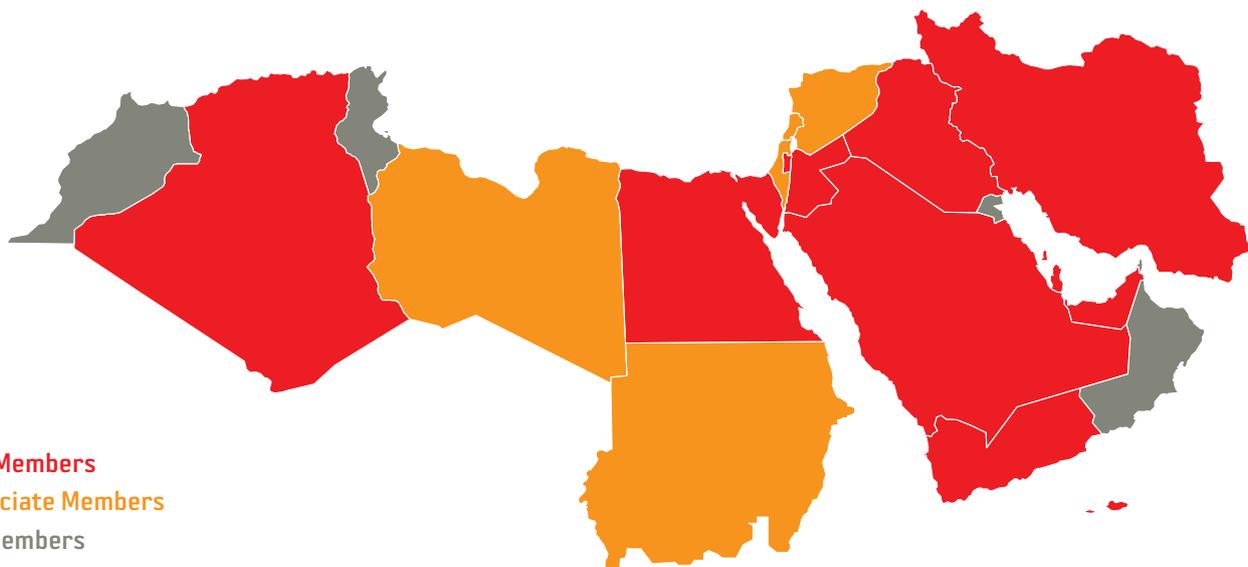


	TOTAL			
Bereavement	4,878	27%	61%	11%
Making Friends	26,326	38%	45%	17%
Missing Friends	521	33%	59%	9%
Partner Relationships	118,105	33%	52%	15%
Peer Exclusion	14,949	46%	50%	4%
Peer Pressure	6,678	24%	55%	21%
Problems with Friends	66,590	25%	52%	23%
Sexual Pressure from Partner	907	5%	41%	55%
Unspecified / Other	40,852	21%	32%	47%
Total Peer Relationships	279,806	30%	49%	22%

Concrete cases reported by child helplines confirm that children and young people are leading ever greater shares of their social lives online. This can reflect, as well as lead to, difficulties with offline relationships and the development of social skills. Child Helpline International has been working with its members to train child helpline counsellors to help children and young people address the consequences of the rapid technological developments and the challenges they pose, especially to ensure children’s protection online.

The Middle East and North Africa

CHI Members



Full Members

Associate Members

No Members

- **Algeria**
Nada *
- **Bahrain**
Ministry of Human Rights and Social Development *
- **Egypt**
National Council for Childhood and Motherhood *
- **Iran**
Sedaye Yara *
- **Iraq**
Ministry of Labour and Social Affairs *
- **Jordan**
Jordan River Foundation *
- **Palestine**
SAWA *
- **Qatar**
Qatar Foundation for Protection and Social Rehabilitation *
- **Saudi Arabia**
National Family Safety Programme *
- **U.A.E. Sharjah**
Social Services Department *
- **U.A.E. Dubai**
Dubai Foundation for Women and Children *
- **Yemen**
Arab Human Rights Foundation
- **Lebanon**
-Higher Council for Childhood
-Naba'a
- **Libya**
Libyan Association for Child Rights
- **Sudan**
National Council for Children Welfare
- **Syria**
Mobaderoon

* Members that submitted data for this report.

Regional Overview

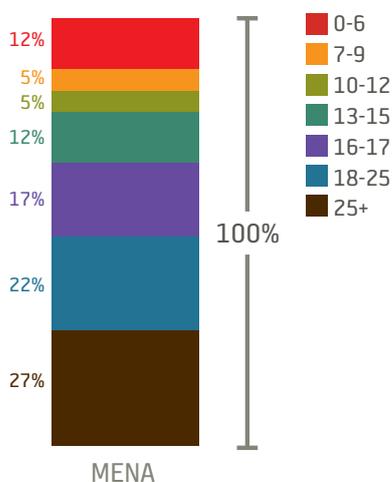
1,528,640 contacts made in 2014²⁶

- **Main reasons for contact:**
information requests, abuse and violence, psychosocial and mental health
- **Preferred methods of communication:**
telephone, walk-in / in person, e-mail
- **Largest age groups:**
25+, 18-25, 16-17

Child helplines in MENA answered more than 1.5 million contacts in 2014, and all but about 7,000 were made by telephone. Online counselling does not appear to be very prominent in the region for the time being, with only a few hundred contacts having been made via e-mail or online chat.

On average, those who contact child helplines in MENA are older than in other parts of the world, with nearly one-half of reported contacts having been made by those aged above 18. Conversely, only about one-fifth of contacts were made by children below the age of 12.

Age Distribution of Contacts
Total: 62,752



Communication Methods



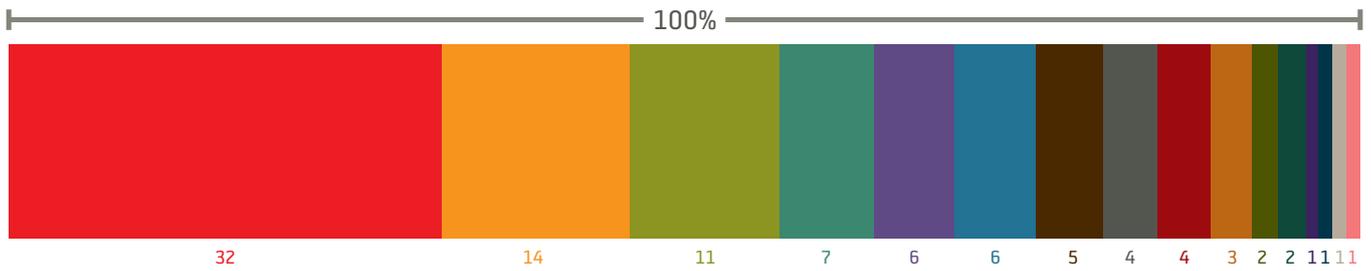
In Algeria, the child helpline assisted Nassim, an 18-year-old who was addicted to narcotics and whose father had told him he could not return home because of his addiction. Subsequently, Nassim had a relationship with a homeless woman which resulted in the birth of a baby girl. Nassim called the child helpline because he needed support with overcoming his addiction and because the mother of his daughter had demanded money not to hurt or sell her. Nassim told the counsellor that his own mother was supportive and willing to help, so the counsellor suggested a meeting in person. Nassim, his mother and the counsellor discussed possible solutions and eventually agreed to hold a mediation meeting with Nassim's father to facilitate Nassim's return home, as well as to petition the juvenile court to examine Nassim's daughter's case. In the end, the court gave custody to the girl's grandmother and sent Nassim to a rehabilitation center to treat his addiction.



²⁶ The total of contacts made in 2014 refers to answered telephone calls and contacts via other communication methods. Answered telephone calls include those which lead to the child helpline providing direct assistance or active listening, as well as silent, test, abusive and other noncounselling calls.

Reasons for Contact in the Middle East and North Africa

Contacts with Known Reasons (in %)



Reason Category	Male (%)	Female (%)	Unknown (%)	TOTAL
Information Requested	18%	16%	66%	39,868
Abuse and Violence	29%	47%	23%	17,340
Psychosocial, Mental Health	33%	60%	7%	13,461
Family Relationships	26%	41%	33%	9,372
School Related and Education	32%	60%	9%	7,490
Children in Conflict and Disaster Zones	41%	52%	7%	6,955
Peer Relationships	30%	68%	3%	6,272
Bullying	36%	64%	0%	5,566
Parenting and Child Rearing	43%	51%	6%	4,721
Physical Health	36%	43%	22%	4,273
Basic Needs	42%	37%	20%	2,303
Commercial Exploitation	14%	15%	71%	2,069
Legal Matters and Juvenile Justice	13%	19%	68%	1,846
Sexuality and Sexual Awareness	59%	38%	2%	1,024
Addiction	45%	24%	31%	886
Homelessness	50%	27%	23%	871
Child Migration	3%	7%	90%	594
Discrimination	27%	68%	5%	173
Harmful Traditional Practices	5%	74%	21%	121
Cyberbullying	2%	71%	27%	82
HIV/AIDS Infected/Affected Children	100%	0%	0%	3
Grand Total	28%	39%	33%	125,290



Among the 125,000 contacts with known reasons reported by child helplines in the Middle East and North Africa, the sex of the caller is not known in about one-third of cases. Among the remaining contacts girls clearly predominate.

Of the 125,000 contacts whose reason is known one-third were documented as requests for information, which is a higher share than in other regions and points to the diverse roles child helplines play in different parts of the world. Two-thirds of these requests were made by callers whose sex is not known.

Child helplines also assisted a great number of victims of abuse and violence, which is the second most common reason for children and young people to turn to child helplines (adding bullying and cyberbullying to this, as used to be the case in CHI data publications, brings the total number of cases related to abuse and violence to about 23,000). This is followed by problems with psychosocial and mental health, family relationships and school and education related issues.

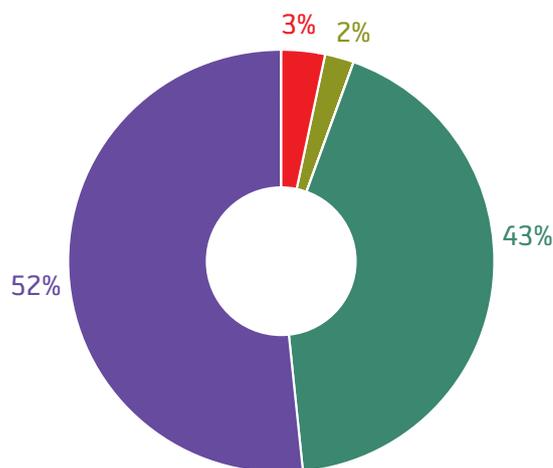
A striking, if not altogether surprising, feature of data reported from MENA is the relatively high share of children and young people who contact child helplines because of problems associated with living in a conflict zone, which are therefore presented in more detail on the right.

As mentioned, girls are more strongly represented among those whose sex is known, and – among the most common reasons for contacting a child helpline – they most clearly outnumber boys with regard to psychosocial and mental health concerns and school and education related problems. They also make about two-thirds of contacts regarding peer relationships, bullying and discrimination, and an even higher share of the overall less frequent contacts on harmful traditional practices and cyberbullying. The picture is not entirely clear regarding abuse and violence, due to nearly one-quarter of contacts having been reported without identified sex, but among those whose sex is known, girls represent a much higher share than boys.

Boys, on the other hand, make the majority of calls related to sexuality and sexual awareness, as well as nearly twice as many calls as girls because of the experience of homelessness.

Spotlight on Conflict or Disaster Zones

In the Middle East and North Africa the share of children and young people who contact child helplines because of concerns and problems related to living in a conflict zone is higher than in any other region.



	TOTAL	♂	♀	?
Basic Needs	199	58%	40%	2%
Child Imprisonment	31	58%	42%	0%
Injured / Permanent Disability	154	58%	42%	0%
Post-Traumatic Stress Disorder	2,981	41%	58%	0%
Unspecified / Other	3,590	39%	48%	12%
Total Conflict or Disaster Zones	6,955	41%	52%	7%

Having been the reason for nearly 7,000 contacts, post-traumatic stress disorder, unaddressed basic needs such as those for food, water, clothing and shelter, an injury or disability and other problems arising because of the ongoing violent conflict are the sixth most common reason for children and young people to contact child helplines in MENA. More than one-half of contacts were recorded without information on the specific concern related to living in a conflict/disaster zone.

Looking at differences and similarities between boys and girls reveals that girls were overall contacting child helplines due to living in a conflict/disaster zone more frequently than boys. Among those whose sex was known, they made 56% of contacts. The share of girls was even higher with regard to post-traumatic stress disorder. Boys, on the other hand, were relatively more frequently requesting assistance because of unmet basic needs, imprisonment or an injury or disability.

Data and Partnerships – Dutch MFS II Alliances

In the last part of this publication we will take a closer look at country-level data. Using the same format as that which readers already know from the five regional overviews, the following pages present the main reasons for children and young people to have reached out to child helplines in **Bangladesh, Bolivia, Colombia, Ethiopia, Nepal, Nicaragua, Pakistan, Sierra Leone, Uganda** and **Zambia**. These countries were included in two strategic coalitions that CHI was a member of from 2011 until the end of 2015: the Girl Power and Conn@ctNow!

Both programmes were funded by the Ministry of Foreign Affairs of the Netherlands and gathered a number of civil society organisations which, like CHI, share the vision of a world where children can enjoy their rights. CHI's overall goal for both programmes was to strengthen child national protection systems through the provision of trainings on specific topics, the lobbying for free-of-cost helplines and the promotion of improved data collection methodologies.

Girl Power

The goal of the Girl Power programme was to ensure that all girls and boys can fully participate in the social, economic and political development of their societies. The countries involved in this project were: Bangladesh, Bolivia, Ethiopia, Ghana, Liberia, Nepal, Nicaragua, Pakistan, Sierra Leone and Zambia.

CHI worked in collaboration with Plan Nederland, Defence for Children – ECPAT, Free Press Unlimited, International Child Development – ICDI and Women Win to achieve the following objectives:

- The reduction of sexual and gender-based violence against girls and young women;
- The socio-economic empowerment of girls and young women through a strengthened quality of, and access to, education;
- The socio-political empowerment of girls and young women through the promotion of their participation in both the private and public decision-making process.

Conn@ctNow!

The Conn@ctNow! Programme focused on the psychosocial well-being of children and victims of armed conflicts in the states of Burundi, Colombia, South Sudan, Sudan and Uganda.

In this coalition CHI teamed up with War Child Holland, Free Press Unlimited, T-Mobile and Netherlands Organisation for Applied Scientific Research – TNO. Together we pursued the following goals:

- Protection of children from violence, abuse and exploitation;
- Access to quality education;
- Access to quality psychological services for children and young people;
- Creation of opportunities for children and young people to actively participate in their societies.



In 2014 alone, child helplines involved in the two programmes assisted almost 800,000 children and young people seeking help and advice. Over four in ten contacts came from Zambia. The comparatively low number of contacts in Ethiopia was likely due to the problems with the functioning of the three-digit toll-free number.

When looking at the coalitions individually, we can see that child helplines operating in the Girl Power countries answered nearly 575,000 contacts from children and young people.²⁸ Child helpline data also shows that the most commonly used method of communication was the telephone (accounting for nine in ten contacts). This was followed by contacts made through outreach activities and walk-ins. The child helpline that answered the majority of these requests for help was Zambia (seven in ten contacts), but as can be seen in the table Nicaragua and Nepal also reported rather high volumes of telephone calls. Children aged 10-12 represent the largest group among the users of child helpline services (closely followed by somewhat older teenagers).

Total contacts²⁷ made in 2014

Bangladesh	8,481
Bolivia	2,886
Colombia	32,002
Ethiopia	809
Nepal	36,531
Nicaragua	93,621
Pakistan	24,433
Sierra Leone	3,876
Uganda	188,751
Zambia	404,314
Total	795,704

Child helplines included in the Conn@ctNow! programme answered nearly 221,000 contacts,²⁹ of which the child helpline in Uganda reported 86% (and all of them were made by phone). Child helplines in Colombia reported a much variegated use of different means of communication, chat and e-mail among others (almost 1,000 contacts in total). Similarly to the Girl Power programme, the largest group among those who contacted child helplines were boys and girls aged 10 to 12, followed by 13 to 15-year-old teenagers. Children aged 7 to 9 hold the third place, having contributed to nearly 5,000 contacts, most of whom come from child helplines in Colombia.

The following pages present the reasons for contacts in the countries included in the two programmes. Wherever possible, we also show the distribution of contacts among boys and girls, in an attempt to highlight any possibly significant differences between the two sexes.

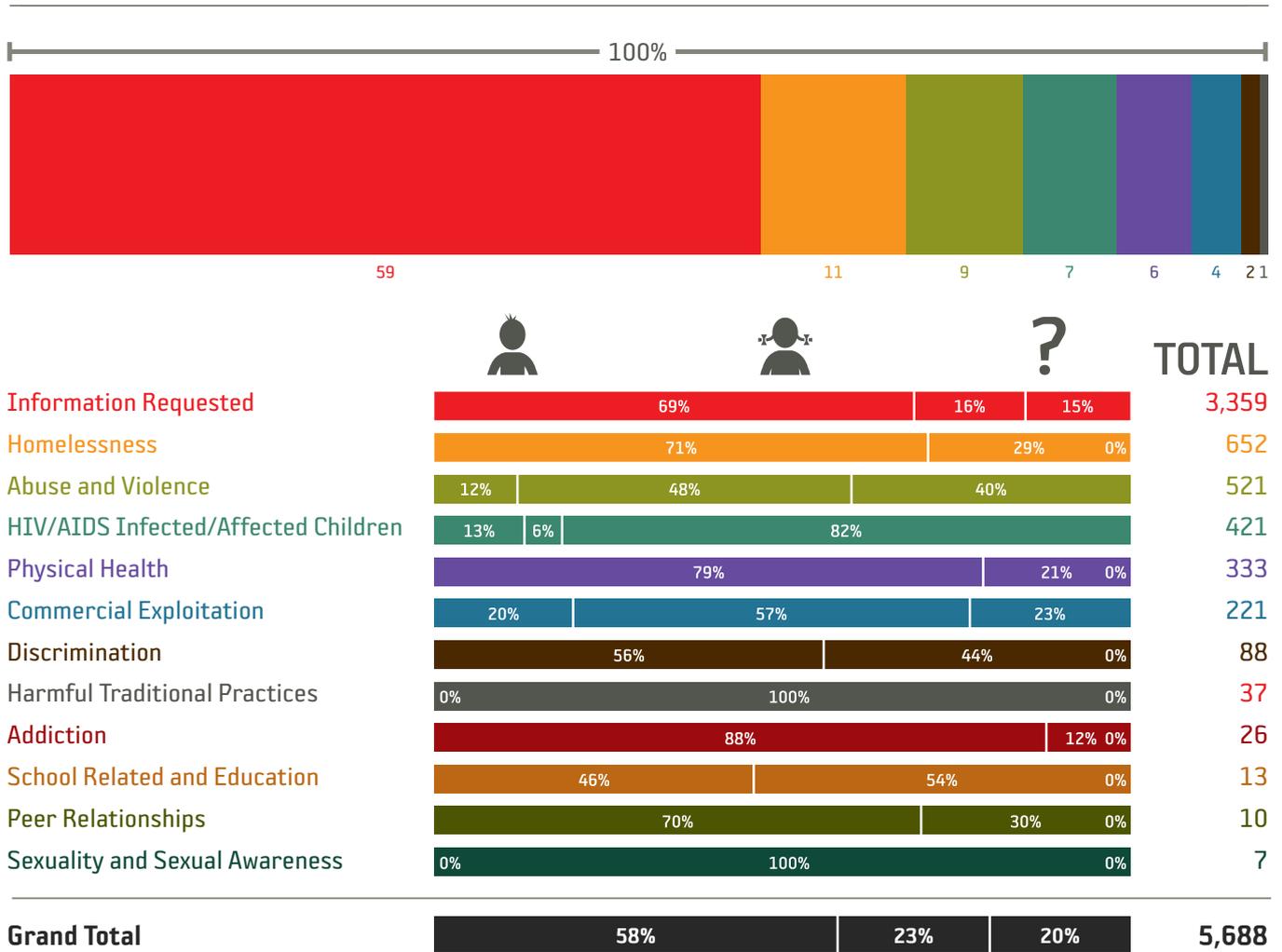
²⁷ The total of contacts made in 2014 refers to answered telephone calls and contacts via other communication methods. Answered telephone calls include those which lead to the child helpline providing direct assistance or active listening, as well as silent, test, abusive and other non-counselling calls.

²⁸ Child helpline data is available only for eight countries. Namely, in Liberia a child helpline has not been launched, whereas Plan Ghana officially inaugurated its pilot child helpline at the end of October 2014.

²⁹ This total includes contacts made with Corpolatin (Colombia), Línea 106 - Bogotá (Colombia) and SAUTI 116 (Uganda). The data for Sudan is not available, whereas Burundi and South Sudan did not have an operational child helpline in 2014.

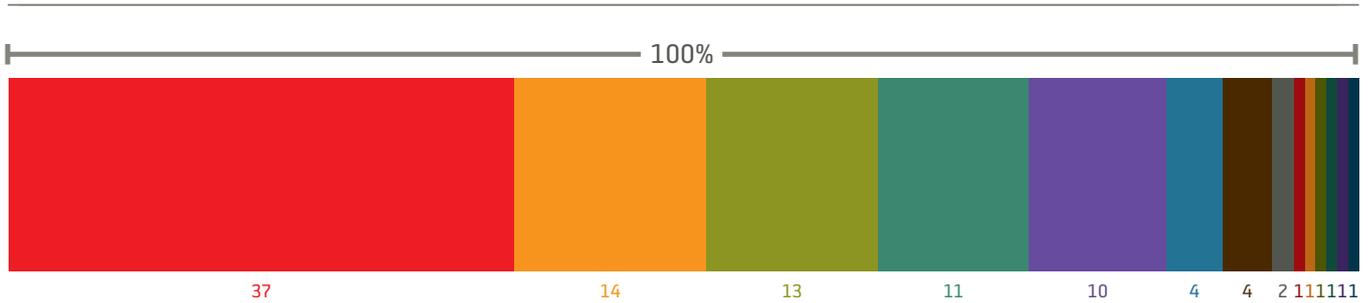
Reasons for Contact in Bangladesh

Contacts with Known Reasons (in %)



Reasons for Contact in Bolivia

Contacts with Known Reasons (in %)

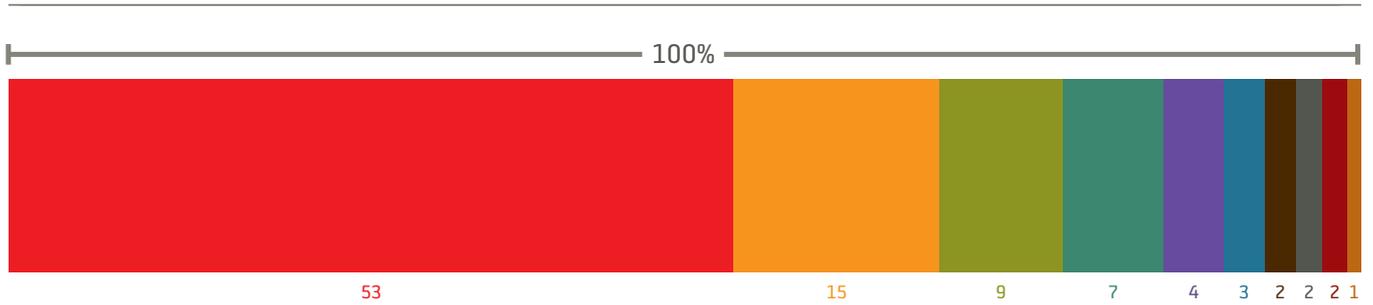


Reason	Male (%)	Female (%)	Unknown (%)	TOTAL
Abuse and Violence	36%	43%	21%	1,110
Harmful Traditional Practices	43%	56%	1%	420
Homelessness	53%	47%	0%	376
Legal matters and Juvenile Justice	61%	39%	0%	332
Family Relationships	42%	54%	3%	300
School Related and Education	57%	43%	0%	125
Discrimination	51%	49%	0%	108
Commercial Exploitation	30%	70%	0%	47
Physical Health	36%	64%	0%	44
Bullying	4%	93%	4%	28
Information Requested	60%	40%	0%	20
Psychosocial, Mental Health	47%	53%	0%	19
Addiction	75%	25%	0%	16
Sexuality and Sexual Awareness	0%	100%	0%	16
Peer Relationships	0%	100%	0%	1
HIV/AIDS Infected/Affected Children	0%	100%	0%	1
Grand Total	44%	48%	8%	2,963



Reasons for Contact in Colombia

Contacts with Known Reasons (in %)

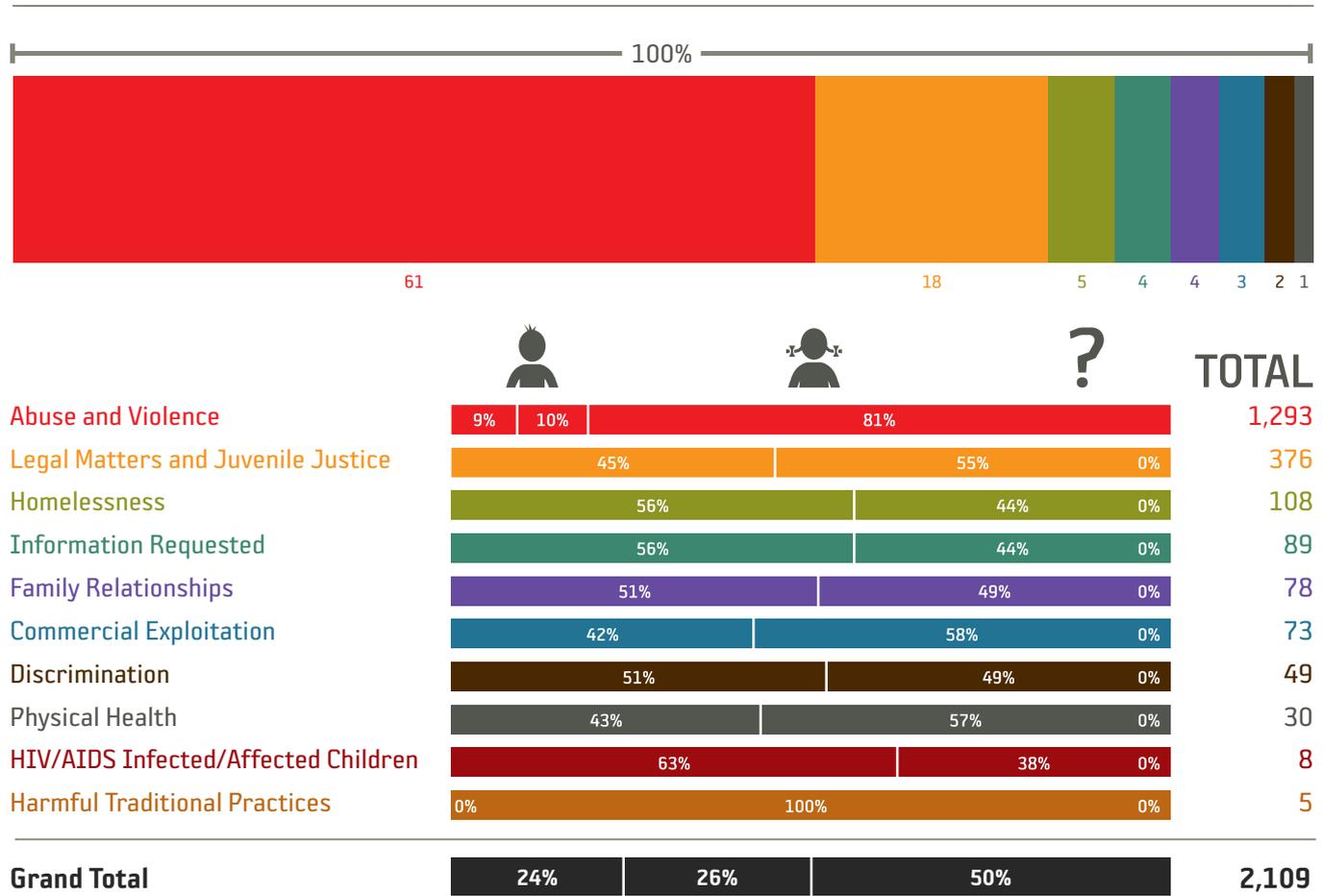


Reason	Male (%)	Female (%)	Unknown (%)	TOTAL
Psychosocial, Mental Health	17%	39%	44%	11,392
Information Requested	31%	65%	4%	3,241
Family Relationships	20%	76%	4%	1,928
Abuse and Violence	14%	23%	64%	1,591
Peer Relationships	22%	77%	2%	937
Sexuality and Sexual Awareness	24%	71%	5%	649
School Related and Education	32%	65%	4%	483
Addiction	29%	68%	2%	421
Physical Health	19%	79%	1%	394
Discrimination	34%	59%	7%	217
Bullying	40%	54%	6%	95
Homelessness	25%	75%	0%	93
HIV/AIDS Infected/Affected Children	32%	59%	9%	76
Legal Matters and Juvenile Justice	38%	59%	3%	76
Commercial Exploitation	7%	93%	0%	27
Child Migration	44%	56%	0%	9
Grand Total	21%	50%	29%	21,629



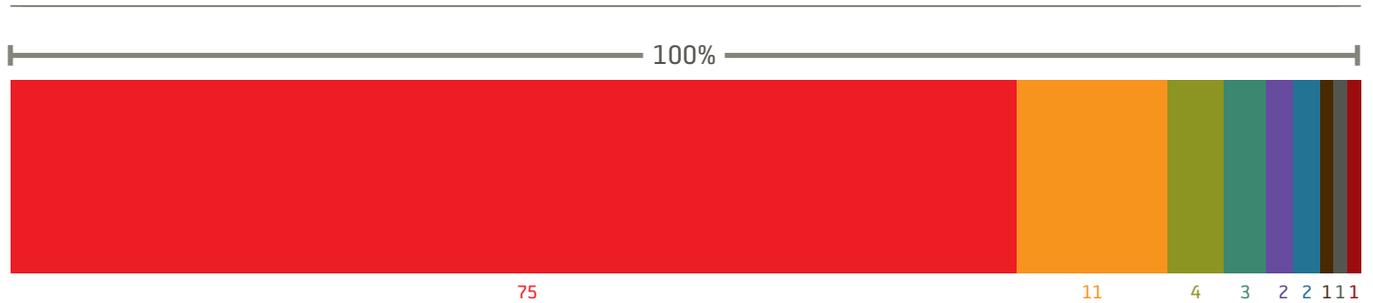
Reasons for Contact in Ethiopia

Contacts with Known Reasons (in %)



Reasons for Contact in Nepal

Contacts with Known Reasons (in %)



	Male (Icon)	Female (Icon)	Unknown (Icon)	TOTAL
Information Requested	60%	40%	0%	8,608
Homelessness	59%	41%	0%	1,240
Commercial Exploitation	57%	43%	0%	487
Abuse and Violence	44%	56%	0%	376
Basic Needs	48%	52%	0%	265
Psychosocial, Mental Health	57%	43%	0%	212
Harmful Traditional Practices	51%	49%	0%	81
Legal Matters and Juvenile Justice	55%	45%	0%	76
Family Relationships	59%	41%	0%	74
Physical Health	67%	33%	0%	52
Bullying	67%	33%	0%	42
Cyberbullying	63%	38%	0%	16
Addiction	60%	40%	0%	15
HIV/AIDS Infected/Affected Children	100%	0%	0%	1
Grand Total	59%	41%	0%	11,545



Reasons for Contact in Nicaragua

Contacts with Known Reasons (in %)



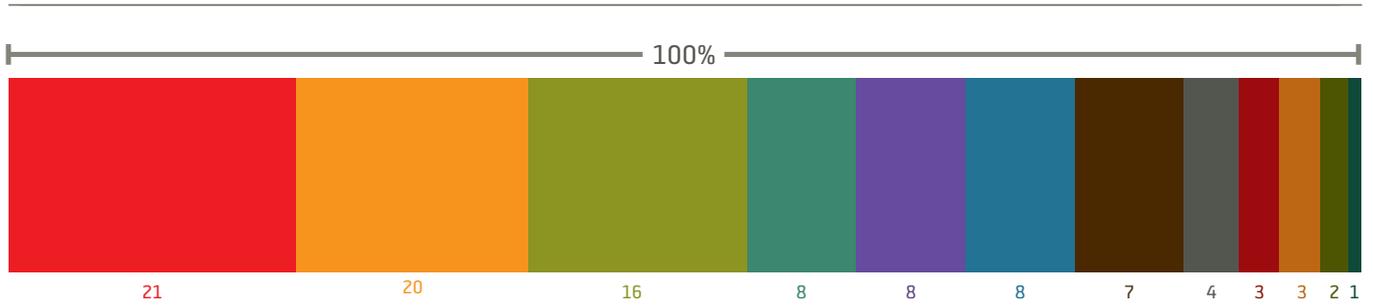
	0%	0%	100%	TOTAL
Abuse and Violence	0%	0%	100%	1,042
Information Requested	0%	0%	100%	1,019
Discrimination	0%	0%	100%	923
Family Relationships	0%	0%	100%	685
Legal Matters and Juvenile Justice	0%	0%	100%	604
Sexuality and Sexual Awareness	0%	0%	100%	386
Homelessness	0%	0%	100%	272
Addiction	0%	0%	100%	89
Commercial Exploitation	0%	0%	100%	85
HIV/AIDS Infected/Affected Children	0%	0%	100%	55
Bullying	0%	0%	100%	5
Grand Total	0%	0%	100%	5,165

Note:

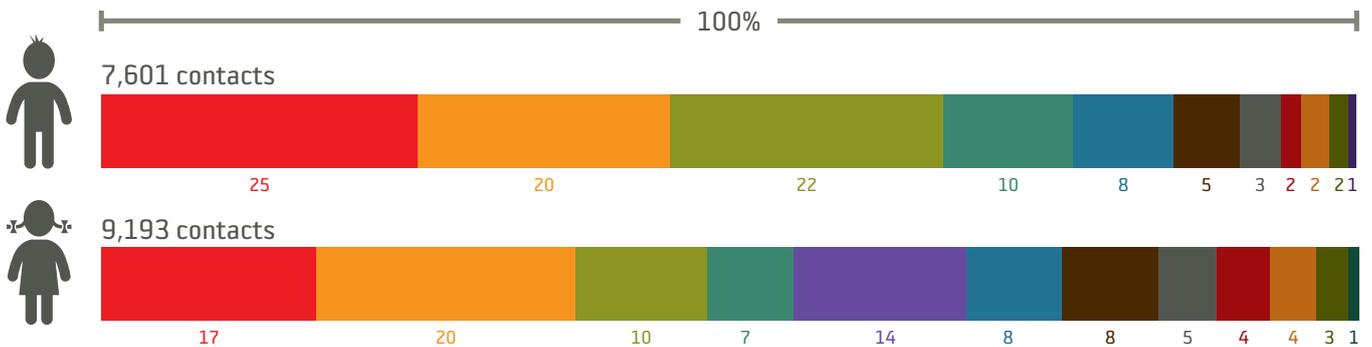
In 2014 the child helpline in Nicaragua reported only contacts whose sex was unknown. For this reason the distribution of contacts among boys and girls is not shown here.

Reasons for Contact in Pakistan

Contacts with Known Reasons (in %)



Reason	Male (%)	Female (%)	Unknown (%)	TOTAL
Abuse and Violence	55%	45%	0%	3,477
Information Requested	45%	55%	0%	3,403
Homelessness	63%	37%	0%	2,608
Legal Matters and Juvenile Justice	56%	44%	0%	1,417
Discrimination	2%	98%	0%	1,277
Addiction	45%	55%	0%	1,274
Sexuality and Sexual Awareness	37%	63%	0%	1,100
Psychosocial, Mental Health	37%	63%	0%	671
Family Relationships	24%	76%	0%	510
Physical Health	35%	65%	0%	505
Commercial Exploitation	33%	67%	0%	350
Harmful Traditional Practices	17%	83%	0%	95
School Related and Education	69%	31%	0%	67
Cyberbullying	0%	100%	0%	38
HIV/AIDS Infected/Affected Children	100%	0%	0%	2
Grand Total	45%	55%	0%	16,794



Reasons for Contact in Sierra Leone

Contacts with Known Reasons (in %)



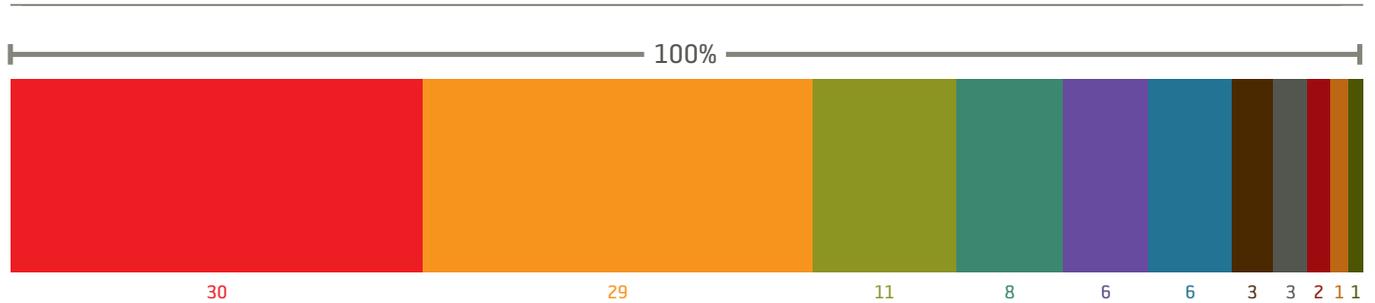
				TOTAL
Abuse and Violence	0% 0%	100%		1,558
Addiction	0% 0%	100%		713
Homelessness	0% 0%	100%		265
Legal Matters and Juvenile Justice	0% 0%	100%		167
Family Relationships	0% 0%	100%		163
Grand Total	0% 0%	100%		2,866

Note:

In 2014 the child helpline in Sierra Leone reported only contacts whose sex was unknown. For this reason the distribution of contacts among boys and girls is not shown here.

Reasons for Contact in Uganda

Contacts with Known Reasons (in %)

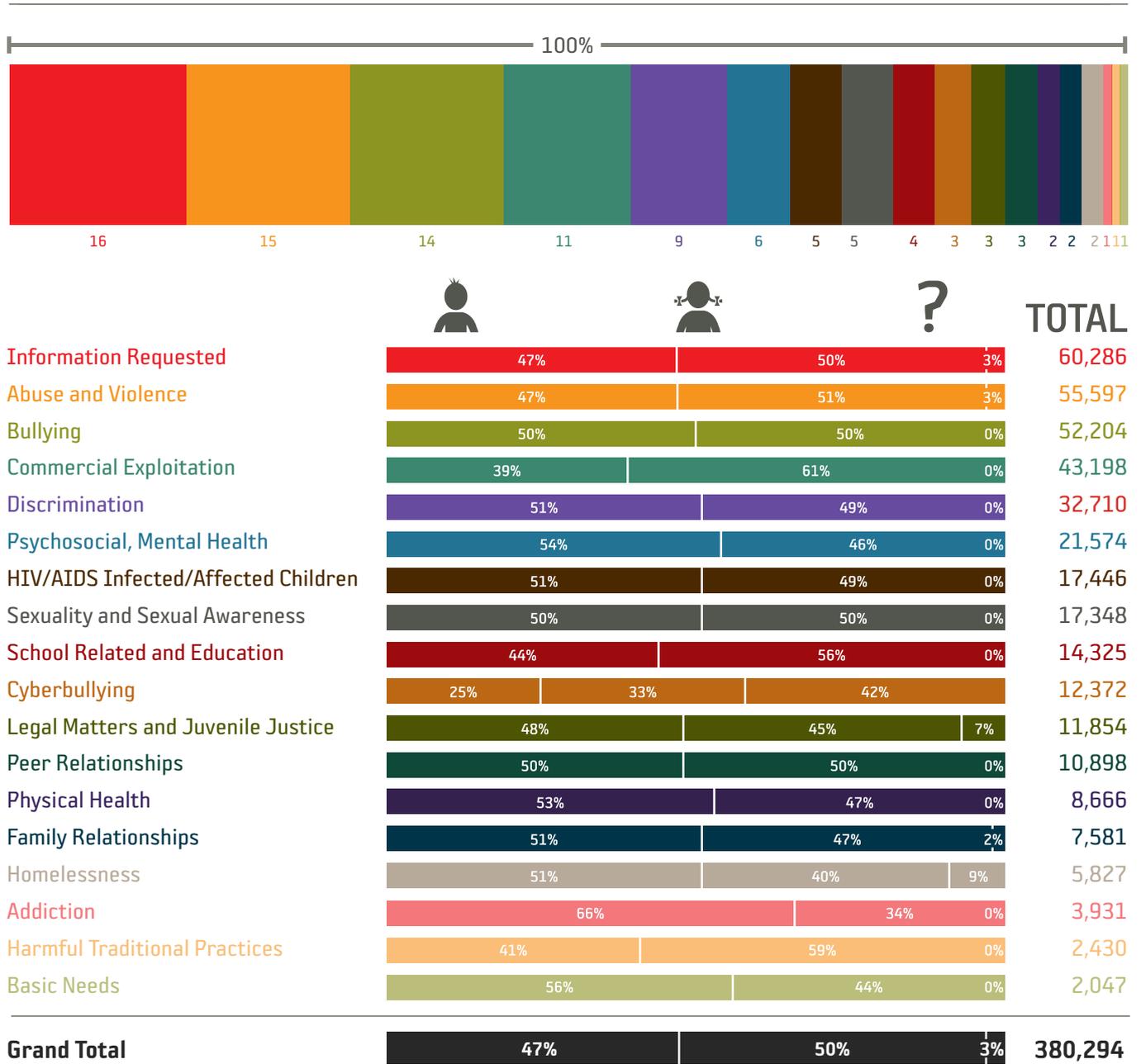


Reason	Male (%)	Female (%)	Unknown (%)	TOTAL
Information Requested	83%	15%	2%	3,587
Abuse and Violence	43%	47%	10%	3,389
Homelessness	70%	27%	3%	1,250
Legal Matters and Juvenile Justice	64%	36%	0%	926
Family Relationships	58%	35%	7%	749
School Related and Education	73%	26%	1%	726
Commercial Exploitation	48%	45%	7%	352
Basic Needs	69%	16%	15%	304
Physical Health	72%	27%	1%	197
Peer Relationships	69%	30%	1%	159
Sexuality and Sexual Awareness	36%	64%	0%	129
Psychosocial, Mental Health	72%	28%	0%	18
HIV/AIDS Infected/Affected Children	36%	64%	0%	14
Addiction	62%	8%	31%	13
Discrimination	63%	38%	0%	8
Bullying	50%	50%	0%	4
Grand Total	64%	31%	5%	11,825



Reasons for Contact in Zambia

Contacts with Known Reasons (in %)



Colophon

Child Helpline International (CHI)

Herengracht 418
1017 BZ Amsterdam
The Netherlands

Phone: +31 (0)20 528 9625

Fax: +31 (0)20 638 7655

E-mail: info@childhelplineinternational.org

Web: www.childhelplineinternational.org

Editor: Neva Nahtigal (Child Helpline International)

Authors: Neva Nahtigal, Velia Licitra, Marieke Noz (Child Helpline International)
Paul Gilligan (CEO, St. Patrick's Mental Health Services)
Yvonne Tarleton (St. Patrick's Mental Health Services)
Grant Taylor (Director, Taylor Health Design)

Reviewer: Thomas Müller (Child Helpline International)

Design: Devi Adamo (Child Helpline International)

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Disclaimer

CHI's work is firmly grounded in the principles and values enshrined in the UN Convention on the Rights of the Child, including children's right to privacy and protection from harm. To preserve the trust and confidence children and young people place in child helplines every day, the names cited in case summaries have been altered.

The global and regional overviews in this publication are based on the analysis of information received from 116 child helplines on the contacts they received in 2014, as they reported them through CHI's annual data questionnaire. Thematic chapters on health-related issues are based on an earlier dataset of 114 child helplines.

The data presented and statements made do not capture the full scope of practices and policies of all countries and cases handled by child helplines and other child protection organisations at the national level.

The percentages of reasons for contact are based on the sum of contacts with a known specific reason. This sum does not include contacts for which the reason was documented as 'general/other'. Lastly, all percentages have been rounded up and do not make use of decimal notation. As a result, the percentages of the individual (sub)categories do not always add up to one hundred per cent. The exact data can be requested from Child Helpline International.





Free our Voices.org

Worldwide, since 2003, over 300 million children have contacted child helplines. That is more than one contact per second. Millions of these children are victims of violence, millions suffer from neglect and millions call to be saved from sexual abuse and suicide.

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THE MORE VOICES WE HAVE, THE LOUDER WE WILL BE!

Every child has the right to be heard.

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We voice children's needs to drive policy change.**

Child Helpline International (CHI) is one of the world's largest collective impact organisations, a network of 183 child helplines and other members in 142 countries (as of December 2015), which answer over 14 million contacts a year from children and young people in need of care and protection. Since its founding in 2003, CHI has supported the creation and strengthening of child helplines, and has enhanced their recognition as an essential part of child protection systems globally. CHI uses child helpline data and knowledge to highlight gaps in child protection, to advocate for the rights of children and young people around the world, and to fight for the eradication of violence against children.

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