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Voices of children from around the globe

An international analysis of children's issues at child helplines

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Voices of Children from Around the Globe; An International Analysis of Children's Issues at Child Helplines

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Child helplines around the world are an important mental health resource for many children. In this study, an international database was analysed with a total of 25 million registered calls at a total of 111 helplines affiliated with Child Helpline International. The research was aimed at discovering if there are differences between the reasons for calling of children from different parts of the world, and if shifts in the studied 10-year period can be observed. The data show that all child helplines are contacted by young people seek support with questions concerning abuse, sexual matters and school issues. The results from a mixed model also show significant differences in the reasons for calling between Africa, Asia, Europe, Latin America, North America, the Pacific region and the region Middle East and North Africa. Child helplines in Africa and other developing parts of the world received many calls related to safety and health (e.g. HIV/AIDS, commercial exploitation), whereas children and young people from Europe, North America and the Pacific more often discussed social and psychosocial issues with the helpline (e.g. mental health, peer and family relations). The reasons for calling were relatively stable for the studied period. © 2016 John Wiley & Sons Ltd and National Children's Bureau

Keywords: adolescence, child helplines, longitudinal analysis, mental health, telephone support.

Introduction

Child helplines around the world offer a sympathetic ear to children seeking advice and support. The helplines offer easy access to an anonymous and confidential medium, often as a national telephone counselling service with a toll-free or low-cost number. The various child helplines offer social support, solutions to problems and referrals for emergency situations to a heterogeneous population with different questions and needs. Staff from these services converse with children using a person-centred approach in which active listening, psychological support and providing information are central (see, for example, Burgess and others, 2008; Christogiorgos and others, 2010; Sands and others, 2013; Watson and others, 2006). Quasi-experimental research has provided encouraging support for counselling services for young people. A conversation with the child helpline relieves emotional distress and reduces the severity of their problems (Fukkink and Hermanns, 2009a,b; see Slone and others, 2012 and Clarke and others, 2015 for reviews of telephone and online youth services). In this way, the various child helplines, which together receive millions of contacts from young people, offer a unique psychological service for youth in need of care, advice or support.

Children contact the child helpline seeking answers to diverse, often urgent questions concerning different subjects, including abuse and violence, discrimination, family matters, homelessness, physical or mental health, peer problems and sexuality. Staff members of child helplines register the central theme of each conversation (the so-called 'reason for calling') in a management information system after it occurs. The annual registration of large numbers of

telephone conversations provides concrete insight into the serious concerns and questions that lead children to seek help. Prior research into individual child helplines supports the validity of this data for the public mental health of young people, although it should be noted that all studies have been conducted in developed countries. For example, research has shown that the number of calls made to a child helpline is linked to the number of young people in a region (Teare and others, 1995). Furthermore, the questions asked to the child helpline are representative of the problems faced by adolescents in the region (Boehm and others, 1998). The reasons for calling also clearly show the developmental trends, with specific questions for certain child age groups. Young children, for example, call relatively often about problems with their parents or their peers, while older children call more often about problems relating to addiction and sex (Peterson, 1990; Teare and others, 1995). Children's questions at child helplines are also related to economic and demographic developments within a country. It was revealed that children's calls to the Norwegian Red Cross Helpline are systematically linked to the time of the year (Sund and others, 2002); calls related to depression and suicide are significantly more prevalent after the end of the winter period, which is consistent with the demographic data that shows that suicide rates in Norway are higher in this period. Recently, Van Dolen and others (2013) found a connection between unemployment and divorce rates in the Netherlands and related child help-seeking behaviour for the Dutch child helpline Kindertelefoon. To conclude, empirical research provides some support for the validity of child helpline data, at least in developed countries, which is systematically connected to the problems of young people, and which shows developmental trends and fluctuations linked to developments in a country. The nature of calls to child helplines thereby constitutes, in the words of Teare and others (1995: 32), a 'barometer of youths' concerns' across a variety of issues.

Present study

This study concerns a descriptive analysis of multiple international child helplines over time. Research into child helplines has until now been focused on individual helplines, often for a limited period (see, for example, Fukkink and Hermanns, 2009a; Sund and others, 2002; Van Dolen and others, 2013). An aggregated analysis of the various helplines around the world, with data on multiple years, has not yet been made. The reasons for calling from different child helplines around the world provide insight into the prevalence of various psychosocial issues of young people, thereby adding to the limited knowledge base in this field. International overviews of youth concerns (see UNICEF, 2010, 2014) are not complete and data on developing countries is especially lacking (Becker and Kleinman, 2013).

   Two questions are central to this study:

1.   Which reasons for calling child helplines do children have in different parts of the world?
2.   Can an international or regional development be observed in the reasons children call child helplines?

   We investigated these questions on the basis of a secondary analysis of a database with more than 23 million responded calls, as they were registered by child helplines affiliated with Child Helpline International (CHI).

Method

Sample

In total, 111 child helplines, affiliated with the CHI, provided data for our database. The helplines are located in 7 regions: Africa ($n = 18$ helplines; total number of calls:

2 680 803), Asia (20 helplines; 4 763 790 calls), Europe (40 helplines; 11 956 774 calls), Latin America (19 helplines; 579 248 calls), North America (2 helplines; 3 033 792 calls), the Pacific (3; 2 348 351 calls) and the Middle East and North Africa (MENA; 9 helplines; 331 916 calls) (for an overview of the CHI child helplines, see http://www.childhelplineinternational.org). The analysed data concerns the period 2002–2011.

Measures

The original data have been collected by the CHI in collaboration with their affiliated helplines around the world. Each child helpline provided data to the CHI pertaining to the reasons for calling. We investigated data related to 13 main categories: Abuse and Violence, Commercial Exploitation (e.g. child labour, child trafficking, prostitution), HIV/AIDS, Peer Relationships, School-Related matters, Legal Matters, Substance Use and Abuse, Sexuality and Sexual Awareness, Family Relationships, Psychosocial and Mental Health, Physical Health, Discrimination and Homelessness. These categories are derived from the collaborative framework that is used by the different CHI members in their registration of calls. The categories may not be mutually exclusive. However, the general categorisation of reasons for calling is a worldwide classification that is used across all countries that are affiliated with CHI.

We used the Human Development Index (HDI) for an additional correlational analysis. The HDI is a composite index of average achievement in human development and embodies a composite of three core dimensions considered basic to the functioning central to a long and healthy life, access to knowledge, and a decent standard of living (see United Nations youth populations statistics: www.hdr.undp.org/en/data). The index is available for many countries and has been previously used in youth studies (see Habashi and others, 2012). The HDI is strongly correlated with other youth-specific measures (see Chaaban, 2009; Hess, 2010).

Data analysis

The CHI data were entered in a standard format for scientific analysis and was subsequently screened. If data from more than one helpline were available for a particular country, the data were aggregated at the country level. The number of calls for each reason for calling was divided by the total number of responded calls of an individual child helpline to create standardised proportions for each country. A logit transformation was subsequently applied to the raw proportions for each reason for calling in order to address the assumption of normally distributed data.

To study the relationship with the region and time for each reason for calling, the longitudinal data were analysed with a mixed model. Using restricted maximum likelihood, we fitted random coefficients models with random intercepts and random slopes, using the SPSS Mixed Model Analysis, under the assumption of an unstructured covariance structure. Models could be fitted for each reason for calling, with the exception of Legal Matters; this measure was therefore omitted from further analysis. Finally, we calculated the correlation between CHI measures and the HDI measures for all countries to explore whether some reasons for calling were related to developing or developed countries.

Results

In absolute terms, abuse and violence was the most common reason for calling a child helpline. The average child helpline speaks to a child about this subject 19 times a day. Children also often called to discuss mental health issues (17 times a day on average) or peer relations (also 17 times a day). Sexuality (14×/day) and family matters (13×/day) were two other recurring themes at child helplines, followed at some distance by school-related matters

(6.6×/day) and homelessness and runaways (5.5×/day). Physical health and substance use and abuse, were each discussed three times a day on average. Finally, commercial exploitation, HIV/AIDS and discrimination were discussed approximately once a day at the average child helpline. However, our analysis showed clear differences among child helplines from different regions.

Regional analysis

There were clear differences between the various global regions for the diverse reasons for calling (see Table 1). The child helplines from the various regions showed significant differences in calls related to HIV. A pairwise comparison showed that African children call significantly more often to discuss concerns related to HIV, compared to all other global regions ($P < 0.05$) with the exception of MENA ($P = 0.40$). The category Commercial exploitation also showed significant global differences. Compared to their peers from Europe and North America, children from Asia, Africa and Latin America called their child helplines relatively frequently to discuss this topic, although the differences were not statistically significant. We did find significant differences in Discrimination as well, which was more frequently discussed topic at African child helplines, in comparison with helplines in Europe, North America and Latin America ($P < 0.05$); the difference with Asia only approached statistical significance ($P = 0.08$).

   Peer issues, family matters, psychosocial issues and also substance use were discussed more frequently with child helplines from developed regions of the world. More specifically, European children called child helplines to discuss Peer relationships relatively more frequently than children from Africa and MENA ($P = 0.021$ and 0.019 respectively). Family relationships were also frequently a reason to call for European youth, compared to African adolescents ($P = 0.007$). Furthermore, there were significant differences between regions for Substance use and abuse. Children from Europe, North America and Latin America called significantly more often than children from Asia and MENA about substance use (Africa and Pacific constituted a middle group here). A significant effect was observed for Psychosocial and mental health issues. This topic was most prominent for Pacific child helplines, in comparison with all other regions, including Europe ($P < 0.05$). Psychosocial issues were also a relatively common reason to call for European youth, compared to their peers from Asia ($P = 0.039$) and Africa ($P = 0.002$); the difference between Europe and MENA was not

Table 1: Reasons for calling: Test of differences between global regions

	df	F-value	P
Abuse	6, 92	0.68	0.664
Commercial exploitation	6, 78	3.58	0.003*
HIV	6, 67	5.64	0.000*
Peer relationships	6, 152	3.25	0.005*
School-related matters	6, 104	2.03	0.068
Substance use and abuse	6, 92	3.90	0.002*
Sexuality and sexual awareness	6, 94	1.66	0.139
Family relationships	6, 97	2.61	0.022*
Psychosocial and mental health	6, 85	4.70	0.000*
Physical Health	6, 46	2.51	0.035*
Discrimination	6, 94	4.25	0.001*
Homelessness	6, 202	1.54	0.167

Degrees of freedom are rounded for denominator df.
Asterisk indicates statistical significance ($P < 0.05$).

statistically significant ($P = 0.09$). Finally, Physical health was relatively frequently discussed at Asian helplines, in comparison with all other global regions ($P < 0.05$).

We found no statistically significant difference between international regions for calls related to Abuse and violence, Sexuality and sexual awareness or School-related issues. These reasons for calling were equally represented among the many calls to child helplines in different regions of the world.

An additional correlational analysis with the CHI reasons for calling and the HDI confirmed our findings related to differences between developed and developing countries. Only the categories Commercial exploitation and HIV/AIDS showed a correlation with the HDI index ($r_s = -0.39$ and -0.28, respectively, both $P < 0.001$), indicating that these reasons for calling were more prominent in developing countries.

Trend analysis

Table 2 presents the statistics for the trend analysis, including linear and quadratic trends and interactions of time with regions; only linear trends have been included for the interaction effects. The data did not reveal general statistically significant trends, either linear or quadratic, for most distinguished reasons for calling. There were also barely any statistically significant interaction effects of time for one of the distinguished global regions. This overall pattern suggests that the prevalence of the distinguished reasons for calling is relatively stable in different regions of the world. There were two exceptions though. First, the African continent did show a significant decrease for Commercial exploitation. The negative linear effect and the positive quadratic effect, both statistically significant, show that this decrease is curvilinear, with a sharper decrease in the last years. Second, a curvilinear decrease was observed for the child helplines in Latin America for Discrimination. Other main effects of time or an effect of the interaction of time with region were not significant.

Discussion

Children all over the world seek support at child helplines for the serious and often pressing matters they face. Abuse and violence, mental health issues, peer relations, sexuality and family matters are all subjects that are frequently discussed at child helplines. Staff at child helplines frequently discuss children's matters concerning physical health, substance use and, albeit less frequently, commercial exploitation, HIV/AIDS and discrimination. A number of the different problems, as distinguished by child helplines, are encountered by these psychological services for youth in every part of the world. Children around the world call child helplines about abuse and violence, sexual matters or school issues and these topics are troublesome issues for young people everywhere. In addition to universally important issues, there are also important differences between child helplines, however. A split is especially apparent between developing countries, particularly in Africa, and developed countries. In developing countries, a relatively large proportion of calls are related to safety and health issues. Children in these regions struggle with pressing needs related to commercial exploitation and HIV, which constitutes a hard reality for many children and leads them to call a child helpline. Children in developed countries have often other reasons for calling and seek support for psychosocial issues and concerns related to peer and family relationships.

This study also shows, in a time frame of 10 years from 2002 to 2011, that the relative frequency of issues that child helplines are confronted with, is relatively constant. The outcomes of our study suggest, however, that commercial exploitation of children may have decreased for the African continent. The data do also suggest a positive decreasing trend for discrimination as experienced by children from Latin America. More longitudinal research is needed to further investigate possible trends, however.

Table 2: Estimates for the different reasons for calling at child helplines

	Abuse Estimate (SE)	Commercial Exploitation Estimate (SE)	HIV Estimate (SE)	Peer Estimate (SE)	School Estimate (SE)	Substance Estimate (SE)
Fixed effects						
Intercept	−0.684 (0.310)	−0.928* (0.190)	−1.623 (1.498)	−0.696 (0.330)	−0.560* (0.147)	−0.834* (0.098)
Time (linear trend)	0.066 (0.092)	0.027 (0.053)	0.241 (0.399)	−0.016 (0.094)	−0.041 (0.044)	−0.008 (0.030)
Time (quadratic trend)	−0.007 (0.007)	−0.002 (0.004)	−0.018 (0.026)	0.001 (0.007)	0.003 (0.003)	0.001 (0.002)
EU	0.047 (0.311)	0.098 (0.192)	0.779 (1.499)	0.060 (0.330)	−0.146 (0.148)	0.065 (0.099)
NA	−0.107 (0.362)	0.193 (0.234)	0.774 (1.541)	−0.061 (0.348)	−0.197 (0.173)	0.095 (0.120)
LA	0.137 (0.320)	0.092 (0.198)	0.728 (1.500)	0.071 (0.334)	−0.143 (0.153)	0.036 (0.102)
PA	0.090 (0.323)	0.144 (0.198)	0.755 (1.500)	−0.051 (0.335)	−0.145 (0.154)	0.021 (0.104)
MENA	0.069 (0.360)	0.020 (0.237)	0.751 (1.503)	0.139 (0.348)	−0.022 (0.171)	0.035 (0.113)
AF	−0.043 (0.337)	0.557* (0.203)	1.119 (1.501)	−0.034 (0.342)	−0.219 (0.162)	−0.003 (0.110)
AS (baseline)	—	—	—	—	—	—
EU * Time (linear)	−0.063 (0.092)	−0.024 (0.055)	−0.239 (0.399)	0.009 (0.094)	0.031 (0.044)	−0.002 (0.031)
NA * Time (linear)	−0.051 (0.112)	−0.069 (0.070)	−0.252 (0.417)	0.046 (0.103)	0.030 (0.054)	0.006 (0.039)
SA * Time (linear)	−0.074 (0.096)	−0.011 (0.057)	−0.211 (0.399)	−0.002 (0.096)	0.027 (0.046)	0.007 (0.032)
PA * Time (linear)	−0.069 (0.097)	−0.022 (0.057)	−0.234 (0.399)	0.034 (0.097)	0.020 (0.047)	−0.001 (0.033)
MENA * Time (linear)	−0.051 (0.112)	−0.015 (0.075)	−0.245 (0.400)	−0.005 (0.103)	−0.032 (0.054)	0.009 (0.037)
AF * Time (linear)	−0.005 (0.101)	−0.158* (0.058)	−0.305 (0.400)	0.028 (0.099)	0.057 (0.049)	0.017 (0.035)
AS * Time (linear)	—	—	—	—	—	—
Random effects						
Residual	0.011* (0.001)	0.003* (0.000)	0.004* (0.000)	0.005* (0.000)	0.003* (0.000)	0.001* (0.000)
Intercept variance	0.021 (0.008)	0.008* (0.002)	0.014* (0.004)	0.003 (0.001)	0.005* (0.002)	0.001 (0.000)
Covariance	−0.002 (0.001)	−0.001* (0.000)	−0.001 (0.000)	0.000 (0.000)	−0.000 (0.000)	−0.000 (0.000)
Slope variance	0.000 (0.000)	0.000* (0.000)	0.000 (0.000)	0.000 (0.000)	0.000 (0.000)	0.000 (0.000)

	Sexuality Estimate (SE)	Family Estimate (SE)	Psychosocial Estimate (SE)	Physical Health Estimate (SE)	Discrimination Estimate (SE)	Homelessness Estimate (SE)
Fixed effects						
Intercept	−0.687 (0.318)	−0.653* (0.159)	−0.218 (0.205)	−0.618 (0.242)	−1.101* (0.116)	−0.929* (0.188)
Time (linear trend)	−0.035 (0.088)	−0.027 (0.048)	−0.156 (0.063)	−0.060 (0.069)	0.079 (0.035)	0.038 (0.054)
Time (quadratic trend)	0.002 (0.006)	0.003 (0.004)	0.011 (0.005)	0.005 (0.005)	−0.005 (0.003)	−0.002 (0.004)
EU	0.027 (0.319)	−0.011 (0.160)	−0.459 (0.206)	−0.136 (0.242)	0.250 (0.117)	0.191 (0.190)
NA	−0.091 (0.339)	0.327 (0.187)	−0.303 (0.239)	−0.100 (0.254)	0.337 (0.137)	0.327 (0.220)
SA	−0.017 (0.323)	0.017 (0.165)	−0.455 (0.214)	−0.155 (0.245)	0.315 (0.122)	0.068 (0.197)

(continued)

Table 2 *(continued)*

	Sexuality Estimate (SE)	Family Estimate (SE)	Psychosocial Estimate (SE)	Physical Health Estimate (SE)	Discrimination Estimate (SE)	Homeless ness Estimate (SE)
PA	−0.096 (0.325)	−0.098 (0.166)	−0.591* (0.215)	−0.261 (0.245)	0.247 (0.124)	0.121 (0.197)
MENA	−0.010 (0.339)	−0.090 (0.185)	−0.276 (0.239)	−0.141 (0.254)	0.250 (0.148)	0.128 (0.216)
AF	−0.022 (0.331)	−0.043 (0.174)	−0.456 (0.232)	−0.225 (0.252)	0.230 (0.131)	0.192 (0.203)
Asia (baseline)	—	—	—	—	—	—
EU * Time (linear)	0.019 (0.088)	0.021 (0.048)	0.151 (0.063)	0.040 (0.070)	−0.073 (0.036)	−0.054 (0.054)
NA * Time (linear)	0.035 (0.095)	−0.086 (0.059)	0.083 (0.079)	0.027 (0.076)	−0.105 (0.044)	−0.095 (0.065)
SA * Time (linear)	0.027 (0.090)	−0.003 (0.050)	0.142 (0.067)	0.039 (0.071)	−0.110* (0.039)	0.002 (0.058)
PA * Time (linear)	0.051 (0.091)	0.040 (0.051)	0.168 (0.068)	0.099 (0.071)	−0.071 (0.039)	−0.026 (0.058)
MENA * Time (linear)	0.015 (0.095)	0.058 (0.059)	0.097 (0.079)	0.048 (0.076)	−0.070 (0.053)	−0.039 (0.064)
AF * Time (linear)	0.006 (0.093)	0.018 (0.053)	0.131 (0.073)	0.075 (0.074)	−0.056 (0.041)	−0.041 (0.059)
AS * Time (linear)	—	—	—	—	—	—
Random effects						
Residual	0.003* (0.000)	0.003* (0.000)	0.006* (0.000)	0.002* (0.000)	0.001* (0.000)	0.003* (0.000)
Intercept variance	0.013* (0.004)	0.004* (0.001)	0.003 (0.002)	0.001 (0.001)	0.000 (0.001)	0.011* (0.003)
Covariance	−0.001 (0.001)	−0.000 (0.000)	−0.000 (0.000)	−0.000 (0.000)	0.000 (0.000)	−0.001 (0.000)
Slope variance	0.000* (0.000)	0.000 (0.000)	0.000* (0.000)	0.000 (0.000)	0.000 (0.000)	0.000 (0.000)

*$P < 0.01$.

EU, Europe; LA, Latin America; NA, North America; SA, South America; PA, Pacific; MENA, Middle East & Northern Africa; AF, Africa; AS, Asia.

Limitations of the study

This study is not without limitations. One limitation of this study is that the international database does not contain data on all affiliated child helplines for each year. This is partly due to the fact that the European and American child helplines are the historical starting point of telephone counselling and have implemented routine registration for some time now. Other child helplines were established relatively recently and have not been affiliated with the CHI as long, which means that the amount of data is still relatively limited for a number of helplines. The statistical power for indicating trend effects, particularly when they are broken down per region, is therefore low. A second limitation is that the analysed data are aggregated. It is therefore not possible to further break down the data by sex, age or other background characteristics of the children. Future studies should analyse variation by gender and age in depth to explore whether there are significant differences between boys and girls and different age groups at helplines in different regions of the world. Third, the number of calls and the reasons for calling to a child helpline may be a community-based indicator for the questions and concerns of children in a country or region, but certainly does not perfectly reflect the well-being of the youth population. Obviously, not every child in need of support will be able to call a child helpline. Further, calls from girls appear to be over-represented at child helplines (see Ingram and others, 2008; Kliewer and others, 1990), which suggests that problems of boys are under-represented in child helpline data. It is therefore possible that issues more related to boys – such as suicide, drug and alcohol abuse – remain underexposed in this study.

Practical implications

The data from various child helplines analysed in this study do not only provide a window into the hearts and minds of young people, but also underlines the practical importance of child helplines for youth actively seeking help and support. There is a growing awareness that young people should have access to youth-friendly services that match their phase of development and their need for privacy and confidentiality (Tylee and others, 2007). Child helplines can play a useful role in this social infrastructure. Young people will continue to seek social support via child helplines in the future, both by means of traditional media, such as the telephone, and on-line. We can expect young people to become increasingly familiar with the use of technology for social connection and access to community and public health services (Nelson and others, 2011; Sands and others, 2013; Slone and others, 2012; Teare and others, 1995). This study demonstrates that children in different parts of the world face different challenges and have different reasons to call a child helpline. The global picture that emerges from this international comparative study is that safety and security issues are common themes for children from the African continent and other developing countries, while belonging and social relationships are dominant themes for youth in developed countries.

Acknowledgement

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