



# VOICES OF CHILDREN AND YOUNG PEOPLE

**Global Child Helpline Data for 2020**

**Child Helpline International**

Pilotenstraat 20-22 1059CJ Amsterdam  
The Netherlands  
+31(0)20 528 96 25

[www.childhelplineinternational.org](http://www.childhelplineinternational.org)

Contact us at: [data@childhelplineinternational.org](mailto:data@childhelplineinternational.org)

*Written and edited by:*

Andrea Pereira, PhD, Averill Daly, Steve Erwood

*Data compilation:*

Andrea Pereira, PhD, Averill Daly, Nadža Džinalija, Alice Poutiainen, Natalia Papakosta

*Design and layout:*

Ashley Schultz

**Disclaimer**

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 exact data can be requested from Child Helpline International.

Child Helpline International'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, any personal details cited in case summaries has been altered and anonymised.

**Acknowledgment**

Child helplines have a unique insight into the gap between policy and reality, making them a key actor in advocating for children's rights. They support millions of children every year. They respond to issues ranging from serious children's rights violations, to children who just want someone to chat to on the way home from school. What brings child helplines together is the provision of an easily accessible, confidential system that allows children themselves to tell a counsellor what is going on in their lives. Child helplines also have an insight into the direct experiences of children and young people on a larger scale than any other organisations. Therefore, the value of child helplines' data on contacts cannot be overstated in informing and guiding policy, learning and practice. We are grateful to all of our members who have dutifully submitted their 2020 data to Child Helpline International, allowing the present report to exist.



This publication was co-funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020). The content of this publication represents only the views of Child Helpline International. The European Commission does not accept any responsibility for use that may be made of the information it contains.

# CONTENTS

**KEY TAKEAWAYS** **2**

---

**KEY RECOMMENDATIONS** **4**

---

**FOCUS ON: REGIONS** **8**

---

Africa	10
Americas and the Caribbean	14
Asia-Pacific	18
Europe	22
Middle East and Northern Africa	26

**FOCUS ON: TOPICS** **30**

---

Covid-19	32
Mental Health	38
Violence	40
Inclusion	42

**DEEP DIVE INTO DATA** **44**

---

**MEMBER LIST** **78**

---

# KEY TAKEAWAYS

# 15,176,772

In 2020, our network of child helplines received 15,176,772 contacts. That's over 15 million times a child or young person actively reached out to our child helpline members around the world. (Data based on 93 child helplines in 5 regions.)

**3,142,684**  
**Counselling**  
**contacts**

**Counselling contacts** are cases for which a child helpline was able to provide assistance to the caller.

**Non-counselling contacts** include (but are not limited to) silent calls, abusive calls, test calls, missed calls and information requests.

**12,034,088**  
**Non-counselling**  
**contacts**

## THREE MAIN REASONS FOR CONTACT GLOBALLY

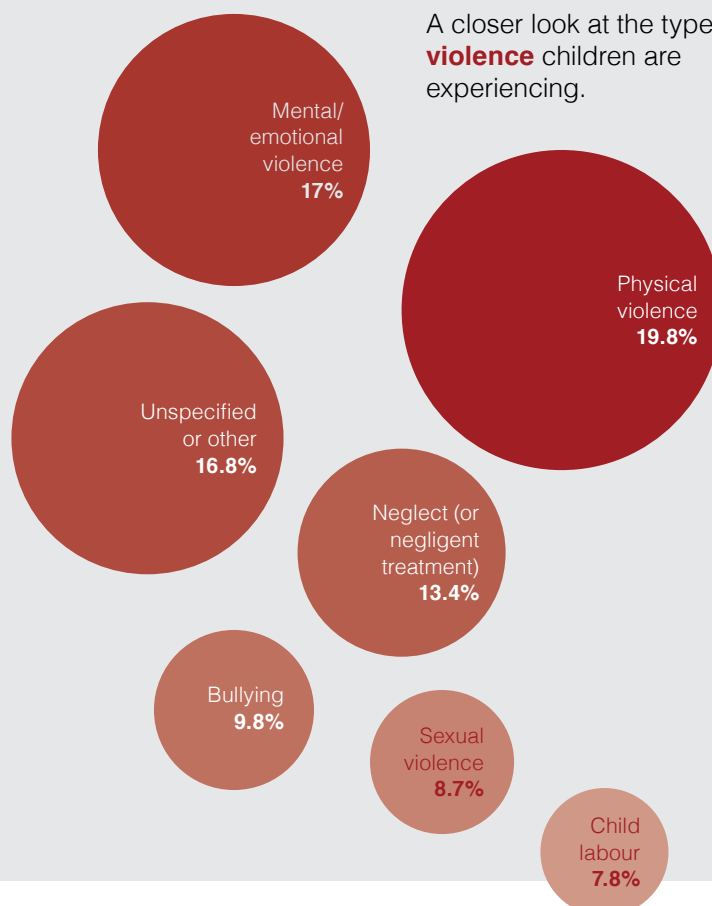
The main reason for contact globally was children or young people's **mental health** (30.6% of all contacts). When looking more closely at the specific issues raised during these contacts, emotional distress (fear and mood) was very common, as well as self-destructive thoughts or behaviours (suicidal thoughts and suicide attempts, self-harming).

The second largest reason for contact was **violence** (25.5%). These contacts frequently related to physical violence, mental/emotional violence or neglect. Many children were also victims of bullying or sexual violence.

The third largest reason for contact globally was **access to services** (12.8%). Each region had their specificities in which services were requested most frequently, from essential needs, mental health or legal services.

*(Data based on 91 child helplines. For more information, see Deep Dive into Data.)*

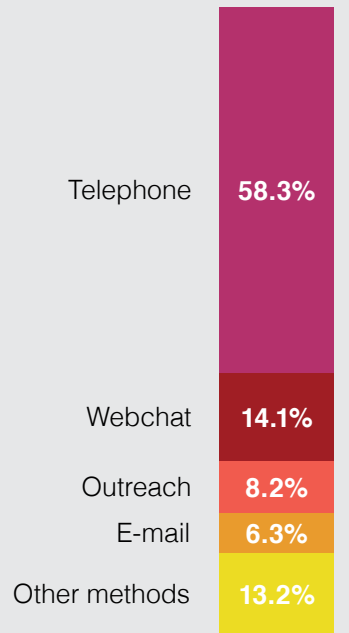
A closer look at the types of **violence** children are experiencing.



### METHOD OF CONTACT

Worldwide, the majority of contacts made with child helplines was by **telephone** (58.3%). The next most frequent means of making contact was via **webchat** (14.1%).

(Data based on 69 child helplines.)



### VULNERABLE GROUPS

# 65%

of children and young people who are members of vulnerable groups and contacted child helplines in 2020 were **living in poverty**.

(Data based on 31 child helplines. For more information, see Focus On: Regions.)

### COVID-19

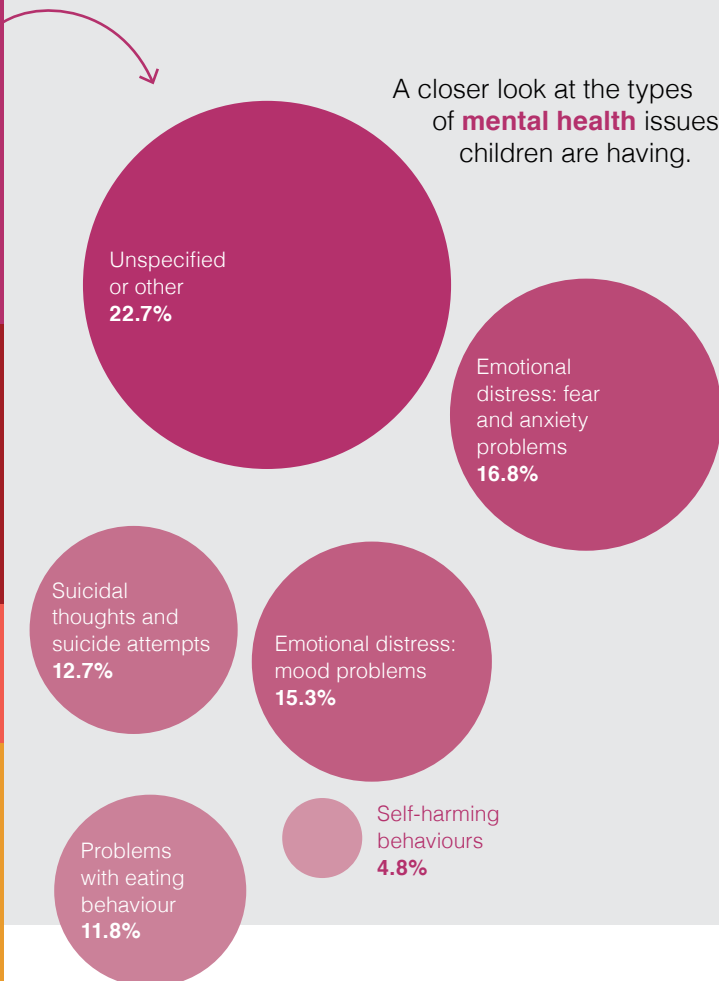
There was a

# 37.2% increase

in contacts to child helplines in the Child Helping International Network from 2019 to 2020.

(Data based on 73 child helplines. For more information, see Focus On: Covid-19.)

## Almost 1 in every 3 contacts concerned mental health.



### THREE MAIN REASONS

#### Africa

1. **Violence**
2. Physical health
3. **Mental health**

#### Americas & the Caribbean

1. **Violence**
2. **Mental health**
3. Family relationships

#### Asia Pacific

1. Access to services
2. **Violence**
3. **Mental health**

#### Europe

1. **Mental health**
2. **Violence**
3. Family relationships

#### MENA

1. **Mental health**
2. **Violence**
3. Family relationships

# KEY RECOMMENDATIONS

## **EVERY CHILD SHOULD HAVE FREE AND UNRESTRICTED ACCESS TO CHILD HELPLINE SERVICES**

---

Governments and the ICT sector should facilitate children's rights by supporting child helplines to improve their reach and accessibility to all children and young people. Especially vulnerable groups of children and young people – and their unique needs and service barriers – need to be accounted for in the push for greater accessibility of helpline services, ensuring that child helplines are always free of cost, and with a variety of appropriate contact methods.

Child helplines should be strengthened through investments in infrastructure and new functionalities, offsetting service costs, and research and analysis concerning accessibility. Additional considerations include expanding modes of contact, service languages offered, and hours of operation at child helplines.

Funding and support should be made available to raise awareness of child helplines in a child-friendly manner that ensures children and young people know how to use helpline services and what they can expect. Promotion of regionally harmonised child helpline numbers has a vital role to play in raising public awareness of child helpline services and easing access for children and young people wherever they may be in the world.

### RECOMMENDATION

# 1



## RECOMMENDATION

# 2



### **QUALITY AND SUSTAINABILITY OF CHILD HELPLINES IS CRUCIAL TO ENSURING CHILDREN'S RIGHTS**

---

Child helplines require reliable long-term funding to sustain and evolve their operations, and to consistently improve the quality of services offered to children and young people in need of support and protection. Child helplines provide an essential social service to children and young people within national jurisdictions while contributing to the broader realisation of children's rights. Governments should thus provide sources of long-term funding to facilitate high quality and sustainable child helplines. Telecommunication companies and the ICT industry should waive costs where possible.

Child helplines should receive funding and support towards the implementation of good governance practices, effective data collection and analysis, comprehensive training programmes for staff and volunteers interacting with children and youth, and contingency plans to help keep child helplines operational during national emergencies and technological or infrastructural failure, among other needs.

Child Helpline International has developed a robust Quality Assurance Framework for child helplines. Governments and other actors should support child helplines to implement the quality standards, and to monitor and evaluate the broader social service scene available to children and young people as a wider support network. Special support and measures such as trainings are required, so that child helplines worldwide can deal with the large number of these cases appropriately

## CHILD HELPLINE DATA AND YOUTH PARTICIPATION SHOULD INFORM POLICY AND DECISION-MAKING THAT AFFECTS CHILDREN'S LIVES

---

Every child has the right to be heard and it is the responsibility of child helplines, governments and other child protection actors to listen to and act upon the views and needs of children and young people. Children's voices should not only play a role in shaping child helpline services, but should inform decision-making at the highest levels. Governments, INGOs and other actors should implement effective child and youth participation practices to ensure that services and policies affecting young people are relevant to their lives and uphold their best interests as enshrined in the UNCRC.

Child Helpline International and child helplines offer a wealth of data on the issues and trends most affecting children and young people in local, regional and international contexts. Given that psychosocial and mental health are among the main reasons for contacting child helplines around the world, governments and policy makers should address young people's access to high quality mental health services, or lack thereof. Such valuable data and the insight it provides into the issues affecting children's lives and their rights should not go to waste.

Governments, INGOs and relevant actors should act on children's voices and child helpline data to implement the kinds of evidence-based changes children and young people need in society. They should sign onto and monitor the implementation of international conventions, such as the UNCRC, that protect a favourable policy climate for children's rights and the work of child helplines.

### RECOMMENDATION

# 3





## RECOMMENDATION

# 4



### **STRUCTURED PARTNERSHIPS ARE NEEDED TO ERADICATE VIOLENCE AGAINST ALL CHILDREN**

---

The implementation and monitoring of Sustainable Development Goal 16.2 to end the abuse, exploitation, trafficking and all forms of violence against children is the responsibility of all governments and child protection actors. Child helplines play a decisive role in ensuring children's safety as they are frequently the first point of contact for children and young people facing violence, and provide critical counselling services and referrals to the broader child protection network.

Governments, child protection agencies and thematic expert organisations should work with child helplines to build a highly integrated service network that children and young people can depend on.

Structured partnerships are needed to establish clear referral pathways and effective knowledge exchange on topics pertinent to children's lives, and to inform interventions taken to protect children.

Funding should be made available through collaborative partnerships to strengthen child helplines' data collection and the quality of frontline services offered.

The diverse needs of children and young people need to be taken into account. In particular, vulnerable and underrepresented groups of children and young people stand to benefit from increased coordination among child helplines and other actors.

# FOCUS ON REGIONS



FOCUS ON

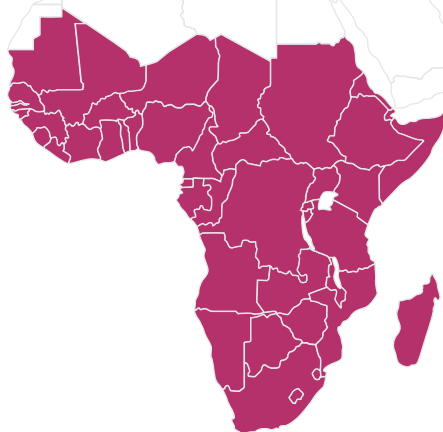
# AFRICA

Our members in the African region responded to 3,304,657 contacts with 20 child helplines across 19 countries in 2020. They recorded 682,954 counselling contacts and 2,621,703 non-counselling contacts.

**3,304,657**  
Total contacts

**682,954**  
Counselling  
contacts

**2,621,703**  
Non-counselling contacts



Data based on

20

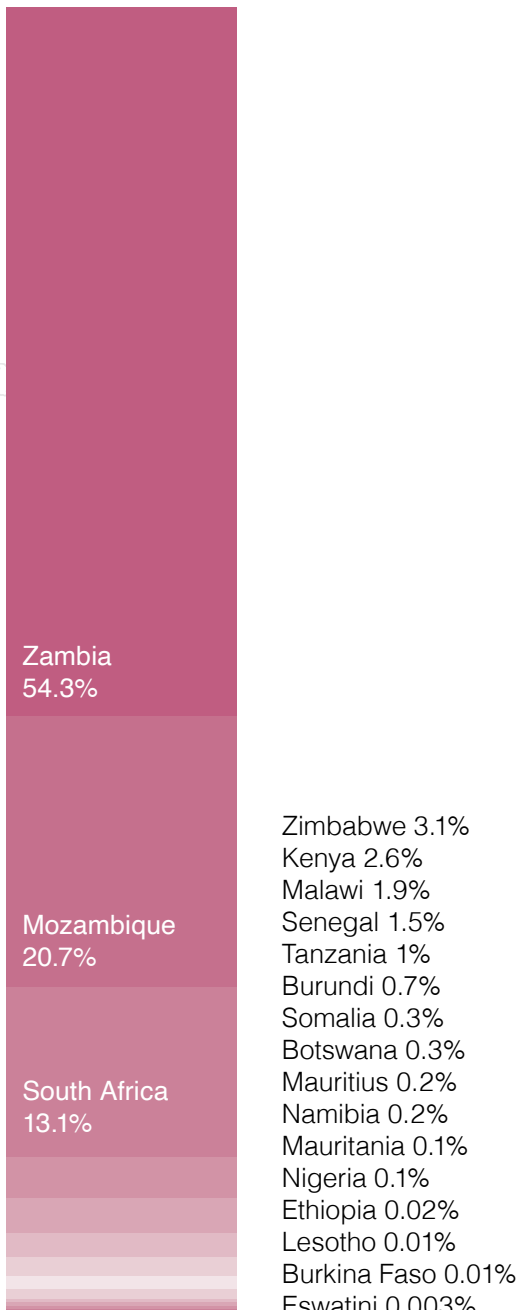
child helplines



Explore these numbers more in the Deep Dive section.

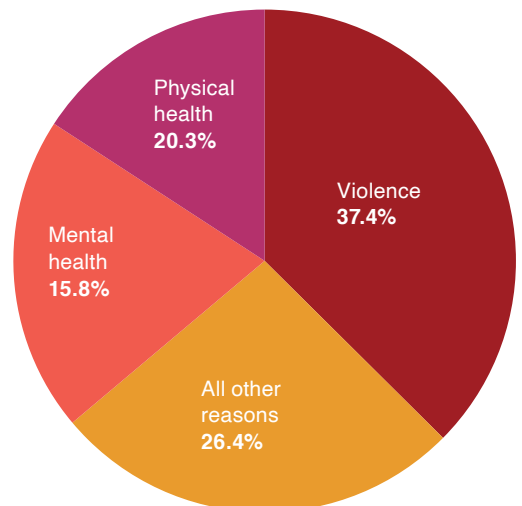
## COUNTRIES

The three countries receiving the largest number of counselling contacts in the Africa region were Zambia, Mozambique and South Africa.



## REASONS FOR CONTACT

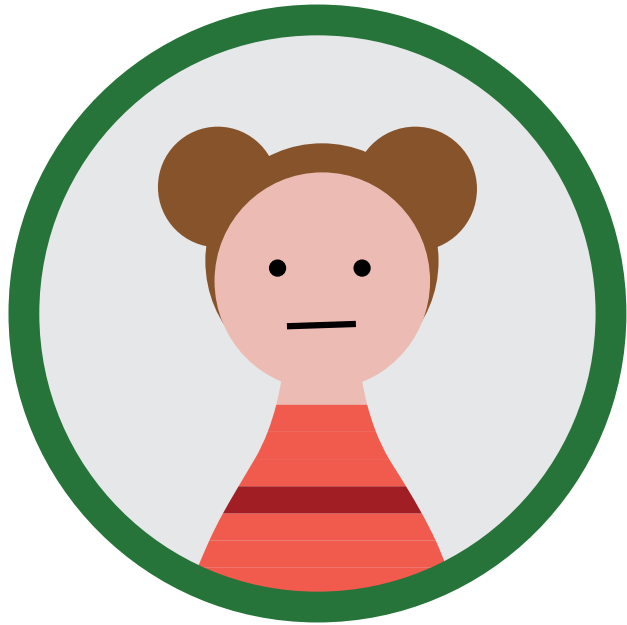
**Violence** and **physical health** were the two main reasons for contact reported by child helplines in the Africa region. Over half of all contacts related to one of those topics. This means that half the time a child or young person reaches out to a child helpline in Africa, it is to discuss a concern related to physical health or a situation of violence. Our child helpline members in Africa also received a large number of contacts relating to **mental health**.



# VOICES FROM AFRICA

## “I LOOKED IT UP ONLINE, AND I THINK I HAVE HIV...”

A 17-year-old girl contacted the child helpline after experiencing some symptoms that appeared to be related to HIV. She googled the symptoms and diagnosed herself, without any other medical opinion, and this led her to becoming hysterical, anxious and feeling depressed. She was counselled and referred to a health facility where she could have a proper test done. After a few weeks, she called back to inform the child helpline that her test had been negative. She was given further counselling about sex and how to take better care of her health, including being put in touch with a nearby adolescent health programme that could offer her further support.



## “I FEEL SO ANXIOUS ABOUT SCHOOL, I MAKE MYSELF SICK...”

A 14-year-old boy was having anxiety problems which made him vomit when he was at school. The boy expressed feelings of loneliness, hopelessness, neglect and weakness. The child helpline counsellor found out that the boy’s grades were good and he was not being bullied by his schoolmates or ill-treated by his teachers. However, as the counsellor probed more, the boy opened up and revealed how he had been abandoned by his parents, and that he had grown up in his grandmother’s house. The boy did not feel he could trust anybody because he felt betrayed by those who were supposed to have taken care of him and love him. The counsellor and the boy continued to have regular counselling sessions.

## “MY PARENTS WON’T PAY MY SCHOOL FEES. MY DREAMS HAVE BEEN SHATTERED...”

A 17-year-old boy reached out to the child helpline to report a case of neglect. He explained that his parents were not willing to pay his school fees. He sat an exam in 2019, securing him the chance to join a secondary school in his area – but without the payment of fees he would not be able to do so.

He revealed that he had been abandoned at his grandmother’s home at a young age, when his parents had separated. The child helpline counsellor talked to the grandmother to find out further if there had been any communication with the parents since, especially with regards to the young man’s education. It was established that his parents remained elusive and did not seem to be keen to contribute. With support from the child helpline, the case was referred to the relevant governmental authorities for consideration in the national bursary programme. Through this intervention, the boy could start secondary school in January 2021.

**“I’M NOT GOOD ENOUGH FOR MY FAMILY, AND I WANT TO KILL MYSELF...”**

A 15-year-old girl who contacted the child helpline felt that her family was putting a lot of pressure on her. She felt she wasn’t living up to their expectations, and that they were always judging her. Because she felt so bad about herself, she started to think about taking her own life.

The child helpline counsellor focused on these suicidal thoughts the girl was having. She had already taken some pills in the past, and a week ago she tried slashing or cutting her wrist. Even while they were talking, the girl told the counsellor she was thinking of going to the kitchen to take a knife, or to try to hang herself.

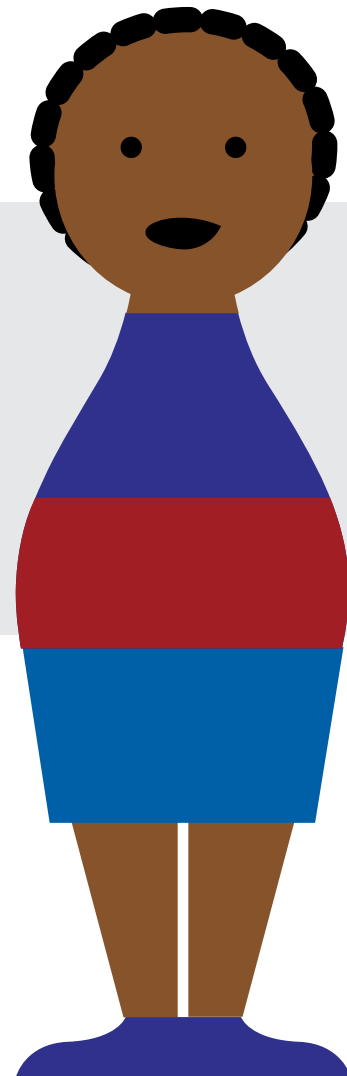
The counsellor assessed that this was a high risk case and immediate response was needed. The counsellor learned that the girl’s mother was at work but was able to call her and inform her about the situation. The mother alerted an aunt who was at home with the girl to keep an eye on her because she was a danger to herself. It appeared that the mother had not been aware how serious the situation had become, but at the same time she was relieved that her daughter had reached out to somebody for help. Face-to-face counselling sessions with social services were booked for the girl for the following day.

**“I HAD TO RUN AWAY FROM HOME BECAUSE MY MUM IS ABUSING ME...”**

A 20-year-old boy contacted the child helpline to report that both he and his sister were being abused by their mother, a single parent. The abuse was both emotional and physical, and the boy had run away from home because of it. He had been staying under a bridge. When he contacted his sister again, she told him about the child helpline and the support it could offer. The boy explained that he wanted to return to his father’s family, where he had been living before he went to live with his mother. The mother was contacted and counselled on the effect her abusive behaviour was having on her children. The boy was provided with money for transport and a trusted family member took him back to his father’s house.



**She was given counselling about sex and how to take better care of her health.**



FOCUS ON

# AMERICAS AND THE CARIBBEAN

Our members in the Americas and Caribbean region responded to 893,070 contacts with 13 child helplines across 10 countries in 2020. They recorded 371,430 counselling contacts and 521,640 non-counselling contacts.

**893,070**  
Total contacts

**371,430**  
Counselling  
contacts

**521,640**  
Non-counselling contacts





Data based on

13

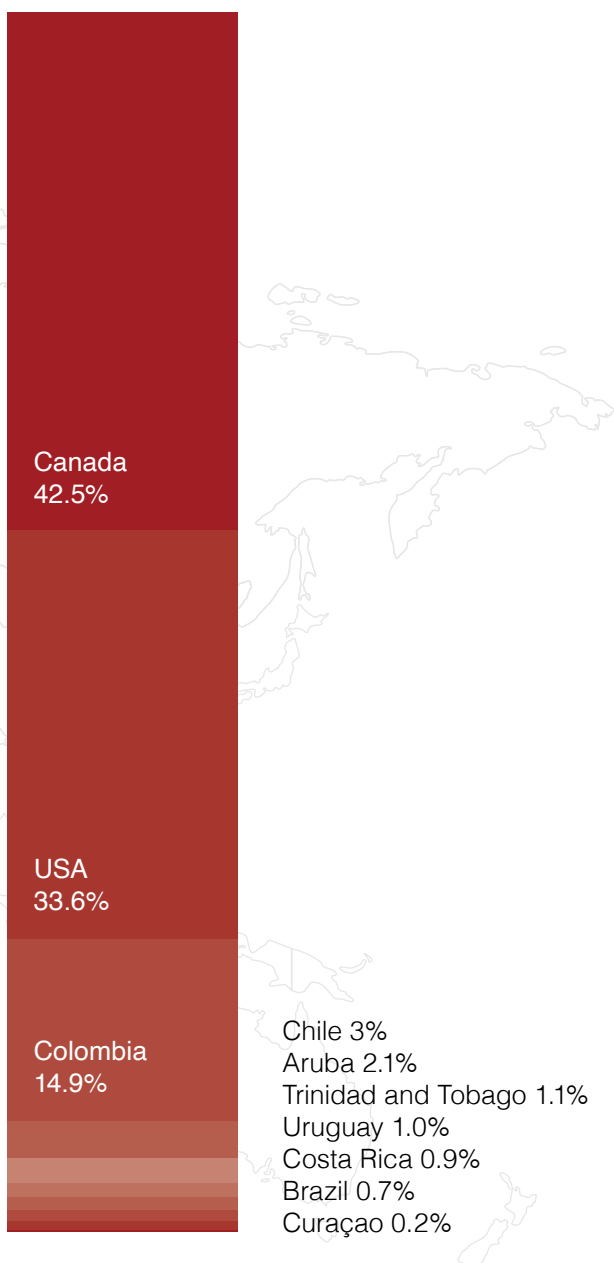
child helplines



Explore these numbers more in the Deep Dive section.

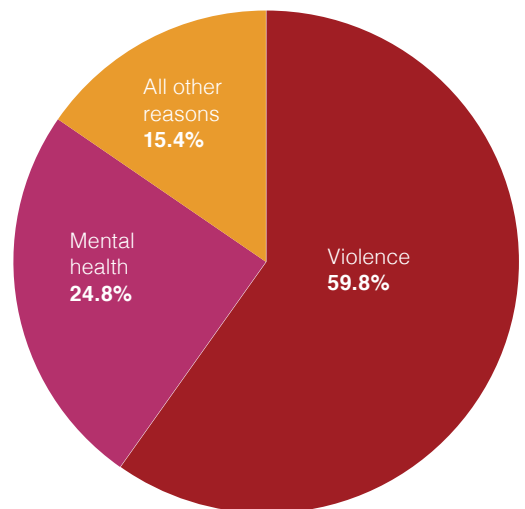
## COUNTRIES

The three countries receiving the largest number of counselling contacts in the region were Canada, the USA and Colombia.



## REASON FOR CONTACT

**Violence** and **mental health** were the two main reasons for contact reported by our members in this region. Over three quarters of all contacts related to one of these issues. This means that three in every four times a child or young person reaches out to a child helpline in the Americas and Caribbean region, it is to discuss a concern related to mental health or a situation of violence.



# AMERICAS AND THE CARIBBEAN

## “MY MOTHER HATES ME BECAUSE I AM GAY...”

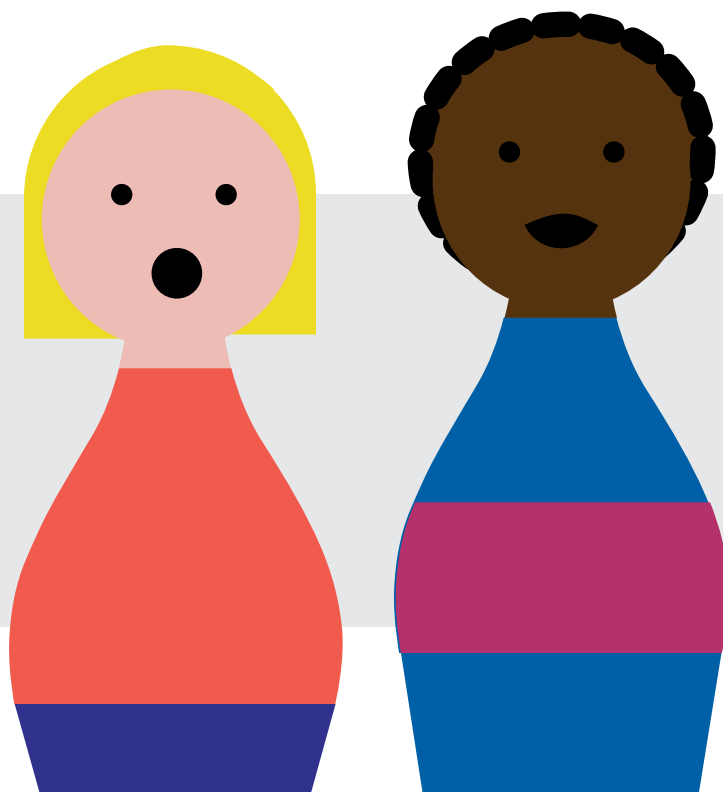
A boy contacted the child helpline because his mother, who drank a lot of alcohol, was beating and insulting him, and leaving him at home alone for weeks. He said that she rejected him because of his sexual orientation. He also revealed that he had been sexually abused by a neighbour when he was 10 years old, something that his mother did nothing to prevent despite knowing what was going on. She had told her son that it was his own fault, and that he was letting this abuse happen to him.

The child helpline counsellor organised temporary emergency accommodation for him because he had been left alone in his home for several days. After that, he was transferred to a shelter. When he eventually returned home, checks were made on his wellbeing so that the relevant authorities could be notified if there was any further abuse or violent behaviour from his mother.

## “HE’LL CUT MY FEET AND PUT CHILI PEPPERS IN THE WOUNDS...”

The child helpline received a call from a 16-year-old girl who was trying to decide whether or not she should file a report with the child protection services as her friend had advised. She hoped that the child helpline counsellor could help her in making this decision. They talked about what was going on at the girl’s home, and specifically the emotional and physical abuse she had been enduring and the emotional impact this had on her. The girl explained that her mother mostly ignored her, but would suddenly scream at her, threaten her and discipline her excessively. Yesterday, when her mother saw her using a water bottle that belonged to her sister, she threatened that her father would cut her feet and put chili peppers in the wounds. This form of discipline was part of the family’s culture and the girl didn’t know if the child protection services would even care about her.

The counsellor discussed with her what could be considered appropriate discipline and what could be considered abuse. They talked about how she could report her experiences and what an investigation process would entail. The counsellor also discussed coping strategies with her, and the support systems that were available to help get her through tough moments at home. The girl thanked the counsellor for listening to her story, and for giving her the confidence to be able to make a phone call to the child protection services.



### **“WHEN I FEEL BAD, I START THINKING ABOUT HURTING MYSELF...”**

A 14-year-old girl contacted the child helpline via webchat, seeking a space in which she could talk about her emotions and the thoughts that were distressing her. She was thinking about suicide and hurting herself. Since the age of 12 she had gone through periods in which her self-aggressive behaviour and suicidal thoughts had intensified, the most severe time being a year ago when she made a suicide attempt that led to her being hospitalised.

The girl was feeling lonely and isolated within her family, who thought her actions were merely ways of seeking attention. Recently, she had also started to feel insecure about her own body, crying because she believed she looked “fat”.

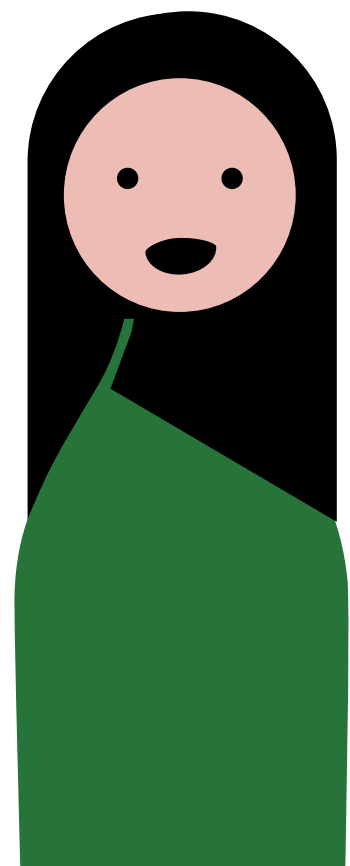
She had contacted the child helpline because she feared that she was approaching another critical moment, and she wasn't sure how she was going to be able to deal with her emotions. Based on the conversation and the possible risk to the girl, the webchat counsellor offered to put her in touch with a mental health organisation that could help to provide her with access to psychological and/or psychiatric care.

### **“WHEN I SAID I WAS LEAVING, SHE GRABBED ME BY THE THROAT...”**

A 16-year-old boy contacted the child helpline via webchat. He talked about the frequent family conflicts he was experiencing and how he wanted to leave home and go to live with his older sister. The boy told the webchat counsellor about an incident that had just occurred, explaining that he was currently locked in his room. The boy had been physically attacked by his mother and another sister, who had pushed him down the stairs. This sister had threatened him several times, from hitting him to stabbing him. On one occasion, when he had told his mother that he wanted to leave, she grabbed him by the throat and threw him into the hallway.

The counsellor asked whether anyone knew what the young man was going through. As he also had a conflictive relationship with his father, only his older sister knew about the situation. The counsellor referred the case to social services, so that the boy could get the help and support he needed.

**The counsellor discussed coping strategies, and the support systems that were available to help.**



FOCUS ON

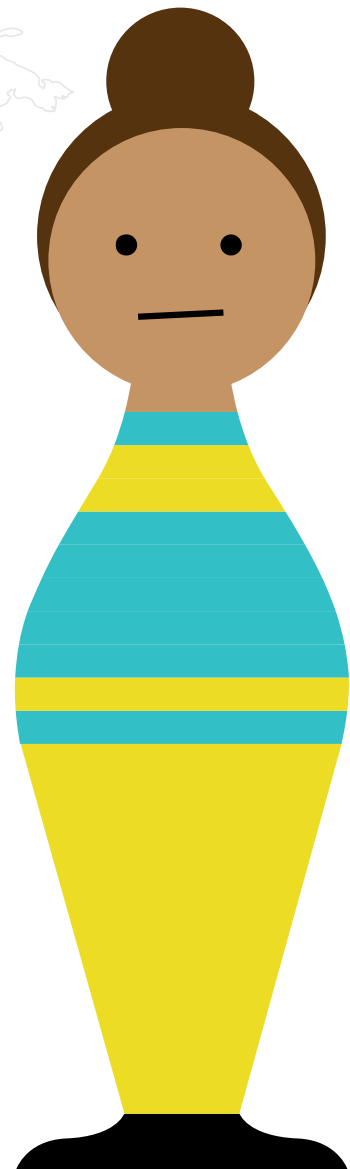
# ASIA-PACIFIC

Our members in the Asia-Pacific region responded to 6,883,460 contacts with 15 child helplines across 15 countries in 2020. They recorded 790,521 counselling contacts and 6,092,939 non-counselling contacts.

**6,883,460**  
Total contacts

**790,521**  
Counselling  
contacts

**6,092,939**  
Non-counselling contacts



Data based on

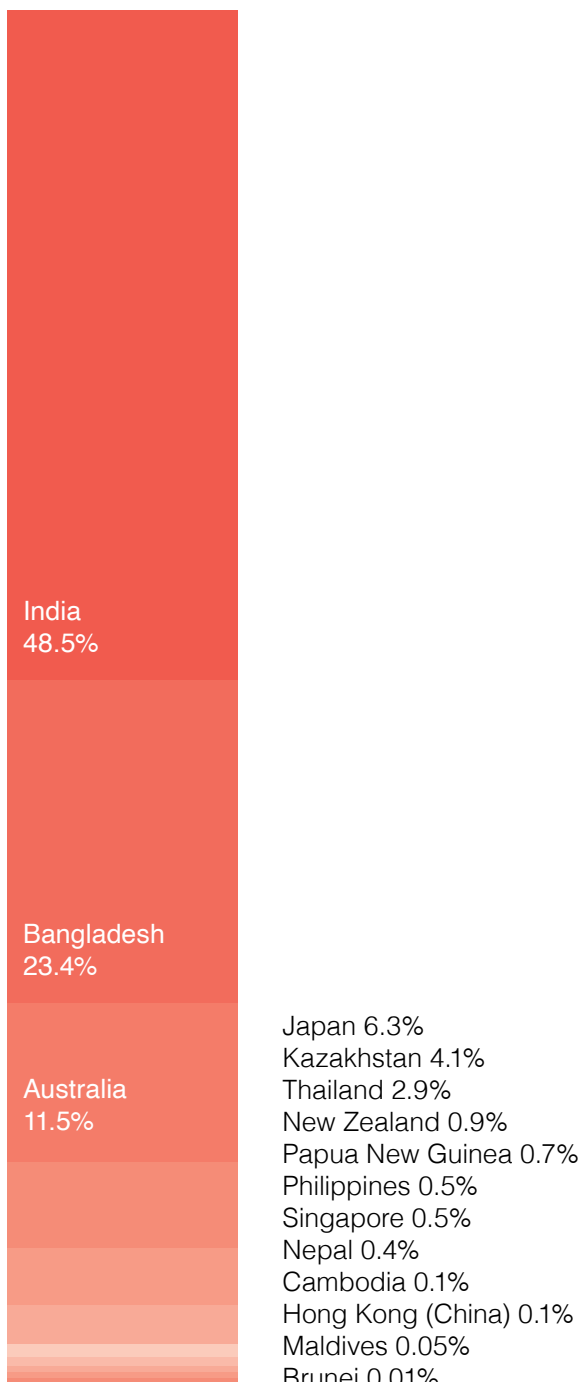
15

child helplines



## COUNTRIES

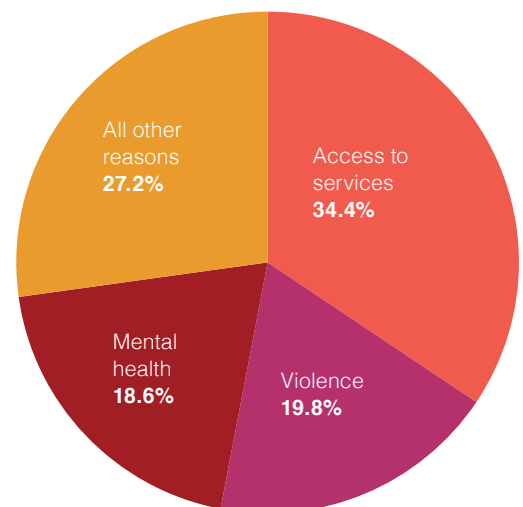
The three countries receiving the largest number of counselling contacts in the region were India, Bangladesh and Australia.



Explore these numbers more in the Deep Dive section.

## REASONS FOR CONTACT

**Access to services** – including essential needs, general healthcare, education and others – was the main reason for making contact reported by the child helplines in the Asia-Pacific region. This means that a third of the time that a child or young person reaches out to a child helpline in the region it was to discuss a concern related to their accessibility to services. Child helplines also received a large number of contacts relating to **violence** and **mental health**. Almost three out of four times a child or young person contacted a child helpline in the region it concerned one of these three categories (72.8% of all counselling contacts).



# ASIA-PACIFIC

## “MY DAD THREATENED ME WITH A KNIFE...”

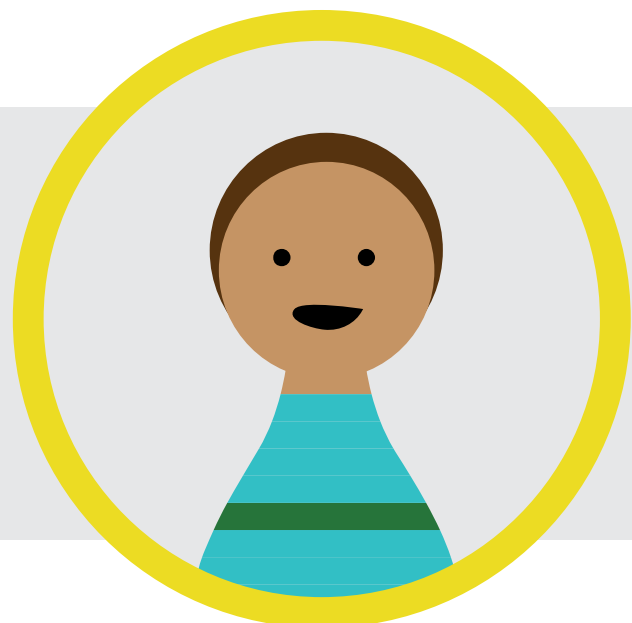
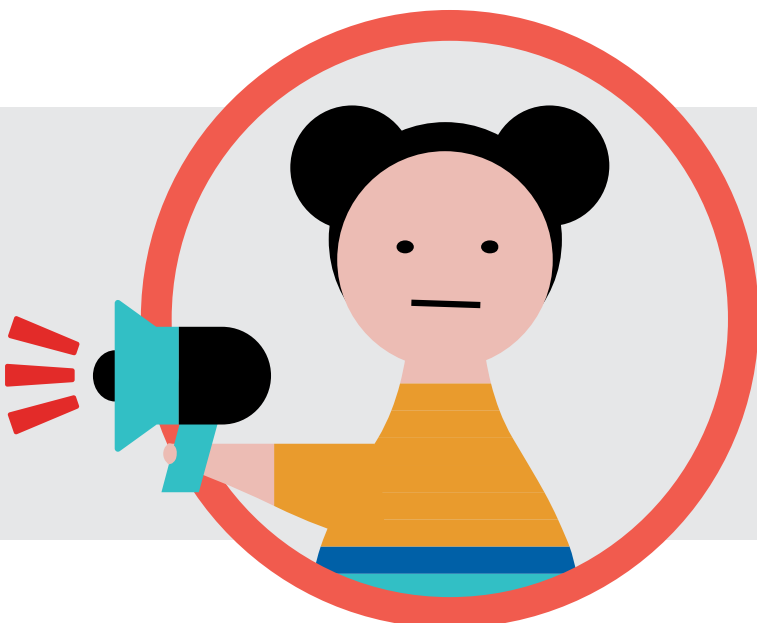
A 14-year-old boy called the child helpline because he was in a serious conflict with his father, a drug addict who suffered from emotional difficulties. Sometimes, his father would hit him for no apparent reason. The child had finally decided to reach out for help because his father had threatened him with a knife when he used the washing machine late one evening to wash his school uniform.

The child helpline counsellor suggested an outreaching interview with the boy's family in order to assess this incident and provide the most suitable services his family might need. The child agreed to let the counsellor arrange a home visit by social workers. Following this visit, the social workers identified the case as suspected abuse. The relevant authorities became involved, and a suitable welfare plan was formulated for the child and his family.

## “SHE WANTS ME TO LEAVE SCHOOL AND MARRY A MAN OLD ENOUGH TO BE MY FATHER...”

A 17-year-old girl called the child helpline because she was being forced to marry a man who she did not like, and who was the same age as her father. The girl didn't want to get married and wanted to be able to continue her studies. She had explained her feelings to this man, who had stopped communicating with her family, and her mother had punished her for this. She now wanted to run away from home because she was under a lot of pressure from her mother to accept the marriage, and sometimes she wondered whether suicide would be the only way out for her.

She explained to the child helpline counsellor that her mother had also been forced by her grandmother to marry when she was just a child. This marriage had never been a success, and in the end her parents had divorced, so she found it difficult to understand why her mother was now putting her through the same ordeal. The girl told the counsellor that her mother also suffered violence as a child. The girl said she felt relieved to be able to talk to the counsellor about her situation, and the counsellor provided various ways for her to help herself whenever she was feeling stressed or having negative thoughts. The child counsellor encouraged the girl to call again whenever she needed emotional support.



**“I GOT BAD GRADES AT SCHOOL, AND I DON’T KNOW HOW TO TELL MY PARENTS...”**

A 12-year-old called the child helpline because she received bad grades in her school test for the first time that day, and she was very sad and embarrassed because she had cried in class in front of her classmates. She said that she had too much homework to complete and had no time for revision as she was bad at time management. She felt annoyed and distressed that everyone had such high expectations of her because of her previous performance, and now she was starting to have panic attacks thinking about how to tell her parents about her grades. Then she revealed that she had previously had some suicidal thoughts, and had started to hate herself, adding that she was also receiving some racial abuse from boys at her school. Her eating had become irregular – sometimes she would eat uncontrollably, and other times she would not eat at all. She was crying a lot and found it hard to concentrate on her studies. She found it difficult to contemplate talking to her parents or her sister about her situation and had become depressed and lonely in class.

The child helpline counsellor explored ways with her for coping with stress and gave her the number of a suicide prevention hotline in case she had any suicidal thoughts again. The counsellor also contacted her school counsellor, who was later able to report back that the school had organised a special group for the girl and three other students who were not doing so well in their tests. The school counsellor hoped that this would also encourage the girl to talk more to her about her experiences at school, as well.

**“HE SAID THAT IF I VISIT MY MUM, I CAN PACK MY BAGS AND NEVER COME BACK...”**

The parents of a 14-year-old girl who phoned the child helpline had divorced over a year ago, which meant that the girl was now living with her father, as her mother had moved out and bought a new house. The girl explained to the counsellor that she was supposed to spend 50% of her time living with her mother, but her father had told her that if she did this, she would no longer be welcome to live with him anymore. The girl talked about how she constantly felt bored and depressed at her father’s house, and this turned her thoughts to her previous self-harming behaviours, painful memories of which upset her even more. Although this was the first time the girl had told anyone about this, doing so had made her feel better about herself, and she had come to realise that talking to someone was a much better way of dealing with her emotions than self-harming. Together with the counsellor, she talked about the different things she could try to do after the call that would help her to maintain her positive mood. She said that she would do something she really enjoyed, like listening to her favourite music, and agreed to contact the child helpline again in future, whenever she needed someone to talk to.



**Following the visit, a suitable welfare plan was formulated for the child and his family.**



FOCUS ON

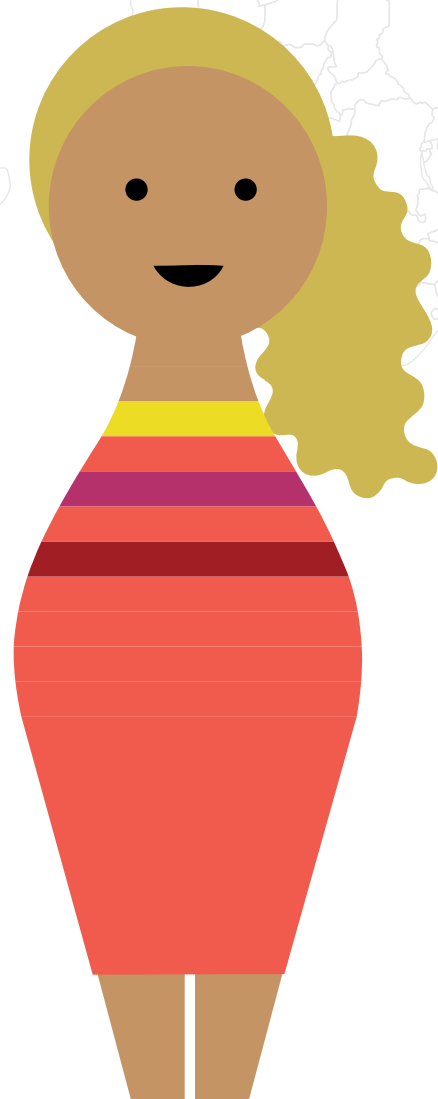
# EUROPE

Our members in the European region responded to 4,051,614 contacts with 39 child helplines across 34 countries in 2020. They recorded 1,285,158 counselling contacts and 2,766,456 non-counselling contacts.

**4,051,614**  
Total contacts

**1,285,158**  
Counselling  
contacts

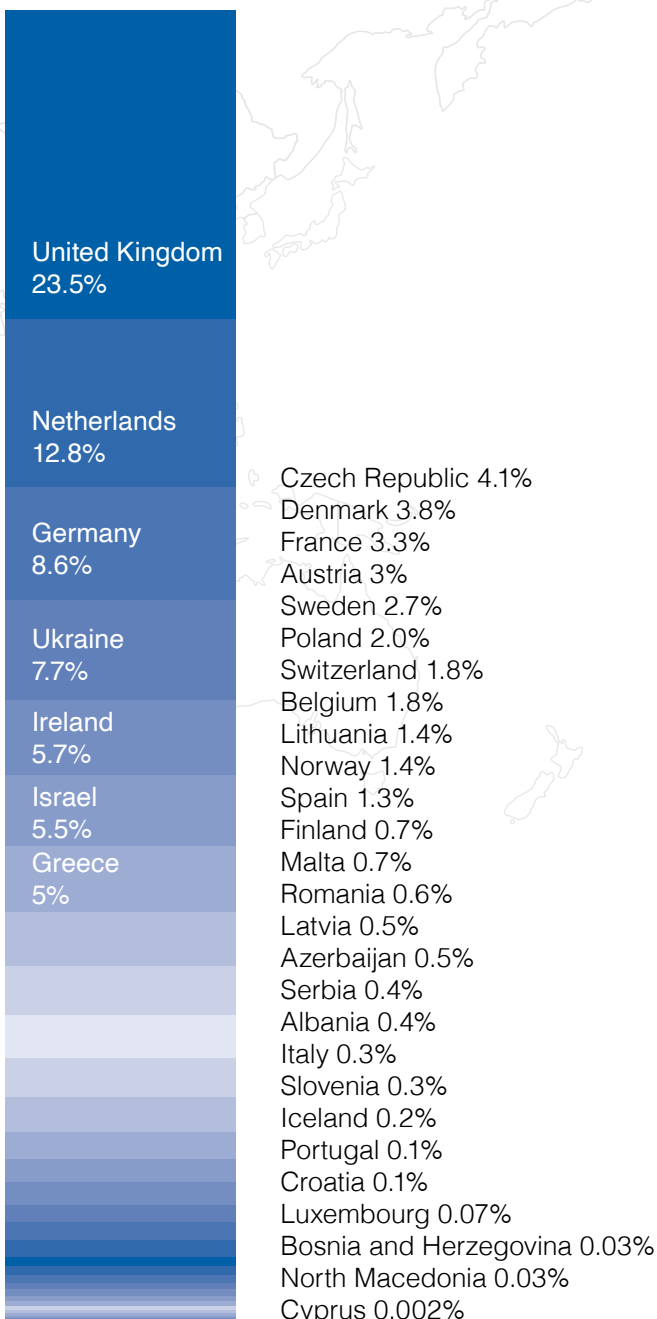
**2,766,456**  
Non-counselling contacts





## COUNTRIES

The three countries receiving the largest number of counselling contacts in the region were the United Kingdom, the Netherlands and Germany.



Data based on

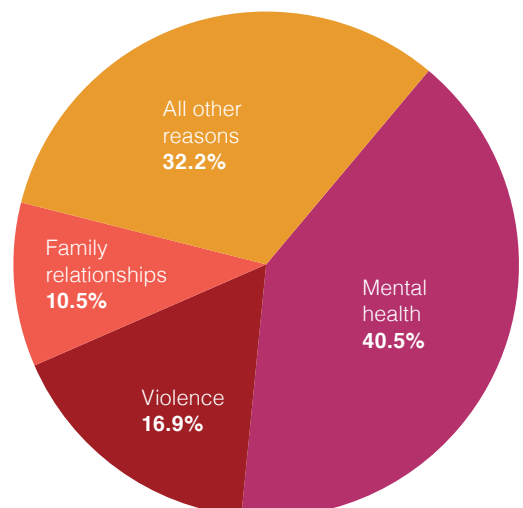
# 39

child helplines

Explore these numbers more in the Deep Dive section.

## REASONS FOR CONTACT

**Mental health** was the main reason for contact reported by child helplines in the European region. This means that over a third of the time that a child or young person reaches out to a child helpline in Europe, it was to discuss a concern related to their mental health. **Violence** and concerns around **family relationships** were also important reasons for children and young people making contact with child helplines in this region during 2020.

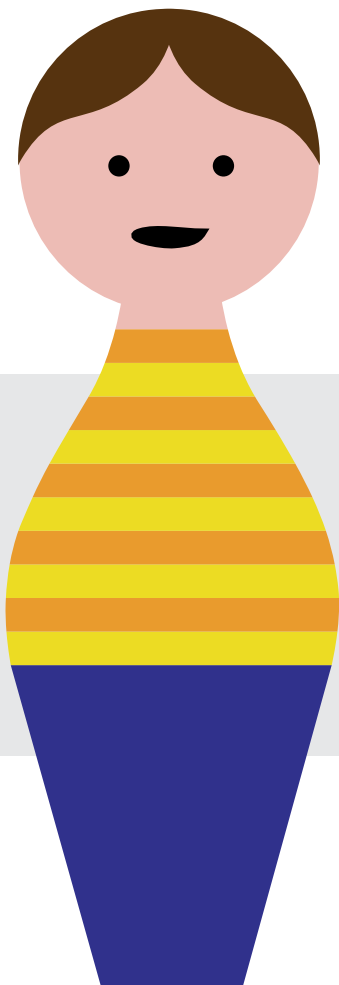


# EUROPE

**“MY BOYFRIEND SAYS WE SHOULD SPLIT UP... MY PANIC ATTACKS HAVE STARTED AGAIN...”**

A 15-year-old girl told the child helpline counsellor that she was having frequent panic attacks. She had been experiencing these since she was 12. They would stop for a while but start all over again unexpectedly, and the girl was worried and struggling to understand why this was happening to her. The counsellor explored with her what might have happened to cause all of this. They learned that the girl’s father had died when she was 12 years old, and the shock of this had appeared to have triggered her attacks, but she had come to terms with the loss and couldn’t explain why the attacks were happening again.

As they talked, the girl revealed that she was now in a relationship, and that every time she and her boyfriend argued he said it would be better for them to split up. The counsellor suggested that the fear of losing her boyfriend was responsible for these latest attacks, and the girl confirmed that, during these arguments, she started to hyperventilate and lose her breath. They talked together about several possible ways she could overcome this anxiety, and the counsellor also encouraged her to talk face-to-face with a family doctor or psychotherapist for further assistance.



**“MY BROTHER HURTS ME, AND THAT MAKES ME WANT TO HURT MYSELF...”**

A teenager called the child helpline because she was suffering from severe physical and psychological abuse by her older brother. Her parents, who were divorced, had been unable to help. The boy treated his mother in a similarly violent way, and although the father had tried to address the situation, nothing had worked. When she no longer felt able to cope with the abuse, the girl had started to harm herself.

The counsellor reassured her that nobody had the right to treat her in this way. The counsellor worked with the girl to address her low self-esteem and her self-harming and provided some guidelines as to how to try to avoid potential situations with her brother in future, but also how to react and ask for help and protection if it continued.

As the situation was very serious, the counsellor asked the girl for her personal data and her consent so that the child helpline’s social and legal departments could properly evaluate the situation and refer the case to the authorities as appropriate. She provided this information, and her case was referred to the child protection system. In a follow-up call, the girl informed the child helpline that social services had now become involved and was doing everything possible to help the family.

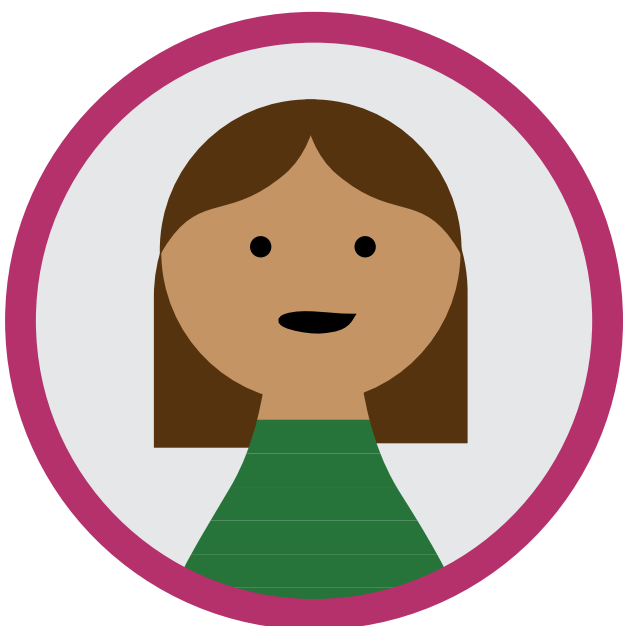
**The counsellor reassured her that she is not “uninteresting.”**



### **“HE ASKED FOR NAKED PICTURES SO THAT HE COULD CHECK MY BODY...”**

A girl had been visiting an online forum discussing issues around anorexia. Here, she came into contact with a man who had offered to help, and he persuaded her to start sending him naked pictures so that he could do a regular ‘body check’ to see how she was looking over time. She had tried to stop this contact, but now the man was blackmailing her, threatening to publish these pictures of her unless she continued to send him more. She didn’t have a family network available to talk about her situation with, but she did see a psychologist a couple of times a week and had already discussed it with him. He convinced her to reach out and make contact with a child helpline that specialised in this issue.

The child helpline counsellor advised her to block the man on all of her contact channels, setting all of her social media accounts to private so that he was unable to get in contact with her again. Because of the girl’s age, the counsellor also wanted to make sure that she talked to the police about the offence that had been committed. The counsellor advised the girl that the situation was serious enough for her to press charges. The girl found this a very challenging thing to take into consideration but, after talking with the counsellor, she decided that she would talk again with her psychologist and that they would contact the police together. After that, she could better decide if she wanted to press charges.



### **“MY SCHOOLMATES FIND ME UNINTERESTING, BECAUSE I’VE GIVEN UP TRYING TO LEARN ANYTHING...”**

A 16-year-old girl called the child helpline to report that she had given up on her schooling, had no desire to learn, couldn’t find a routine that suited her, and that she was having problems sleeping. She said that she had started feeling this way two or three months ago, shortly after stopping the medication she was taking due to her anxiety and depression. She had felt okay for a little while after stopping but now her fears and worries were all returning. At school people were noticing that she had given up, and she felt that this made her uninteresting to them. As a consequence, she now spent most of her time chatting with people she didn’t really know on the internet. The child helpline counsellor learned that the girl had talked about her situation with her parents, with whom she had a good relationship, but they hadn’t really been able to find a way of giving her the emotional support she needed. The counsellor asked whether there was anyone at school she thought she might be able to talk with and share how she was feeling. After thinking about this, she said that there was one girl in her class who was very kind and friendly and often tried talking with her. The child counsellor reassured her that she wasn’t “uninteresting”, and to work on developing a friendship with this schoolmate. The girl felt more encouraged and said that she would give it a go. The counsellor also encouraged her to talk with her parents about her medication, and to address this with her doctor.

FOCUS ON

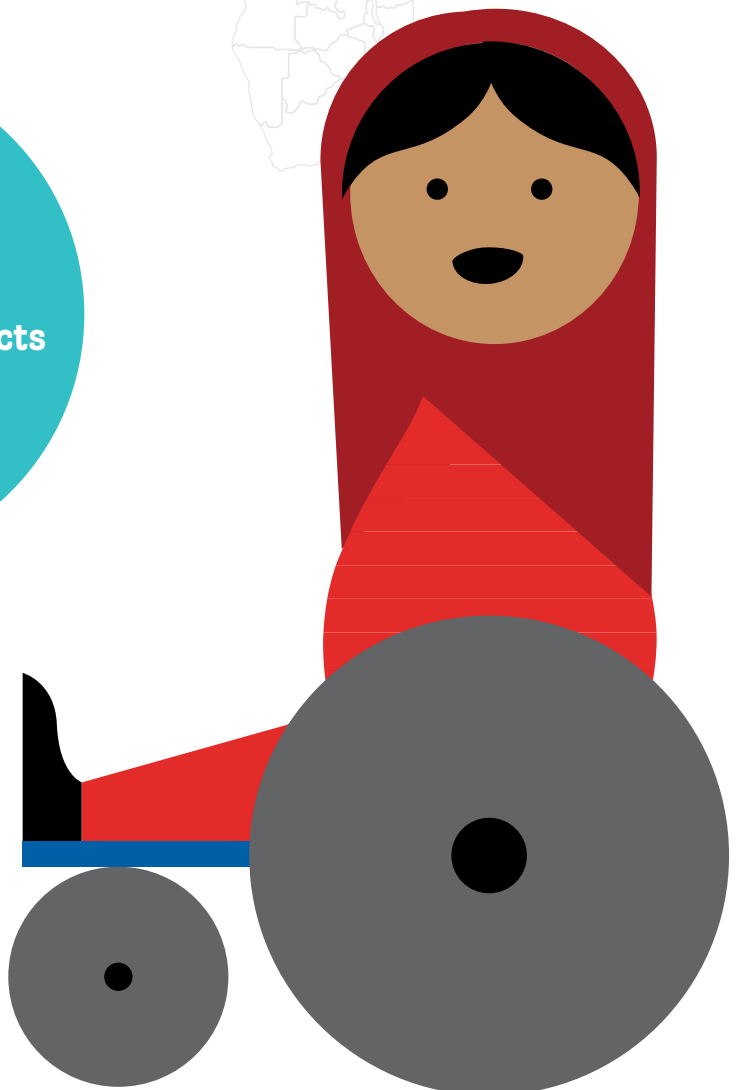
# MIDDLE EAST AND NORTH AFRICA

Our members in the Middle-East and North Africa (MENA) region responded to 43,971 contacts with 6 child helplines across 6 countries in 2020. They recorded 12,621 counselling contacts and 31,350 non-counselling contacts.

**43 971**  
Total contacts

**12 621**  
Counselling  
contacts

**31 350**  
Non-counselling contacts



Data based on

6

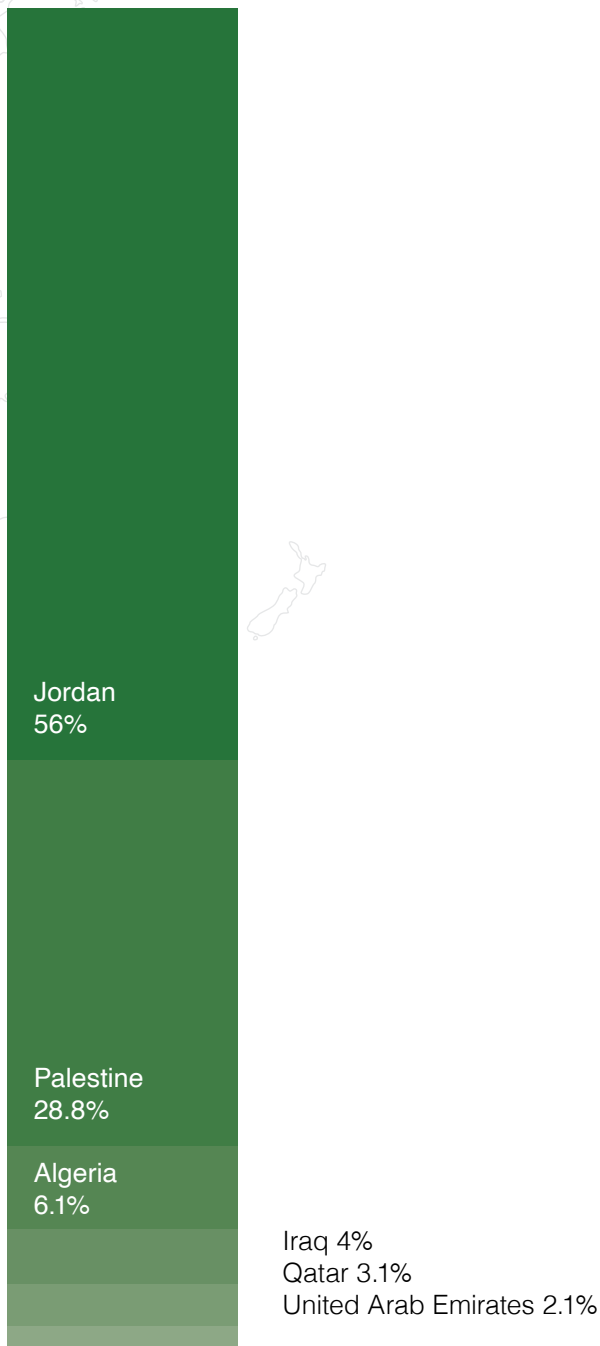
child helplines



Explore these numbers more in the Deep Dive section.

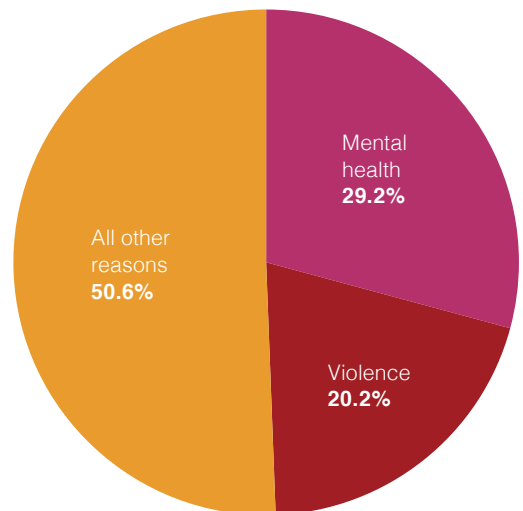
## COUNTRIES

The three countries receiving the largest number of counselling contacts in the region were Jordan, Palestine and Algeria.



## REASONS FOR CONTACT

**Mental health** and **violence** were the two main reasons for contact reported by child helplines in the MENA region. Almost half of all contacts were related to one of those two topics, meaning that every other time a child or young person reaches out to a child helpline in MENA, it is to discuss a concern related to mental health or a situation of violence.



VOICES FROM

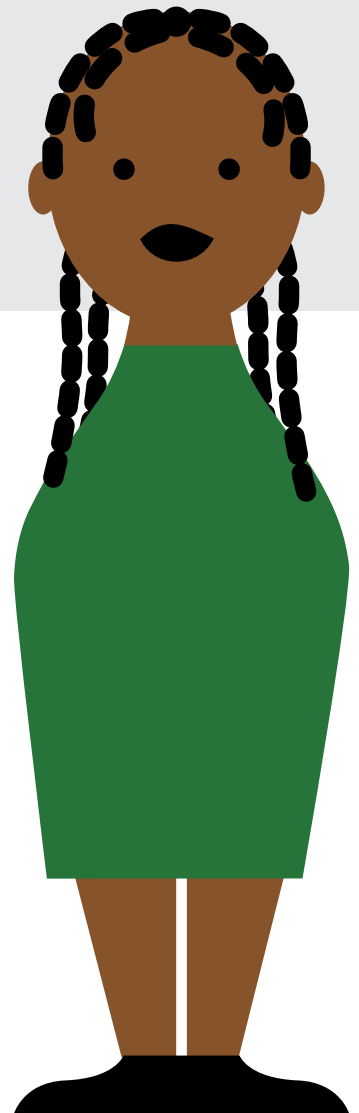
# MIDDLE EAST AND NORTH AFRICA

## “MY FATHER TOUCHES ME IN PLACES WHERE HE SHOULDN’T...”

A 7-year-old boy was brought to the child helpline’s offices by his mother. He spoke calmly and collectedly while explaining to the child helpline counsellor that he had been sexually assaulted by his father on several occasions during a few days of holiday that he was spending at his father’s home. Apart from touching the boy in intimate places, the man had also made the boy shower with him and sleep naked in his bed. The boy said that his father hit him as well and had forced him to drink alcohol. The child’s parents were separated, and the boy wanted to be able to stay with his mother, with whom he felt safe, and did not want to have to visit his father again.

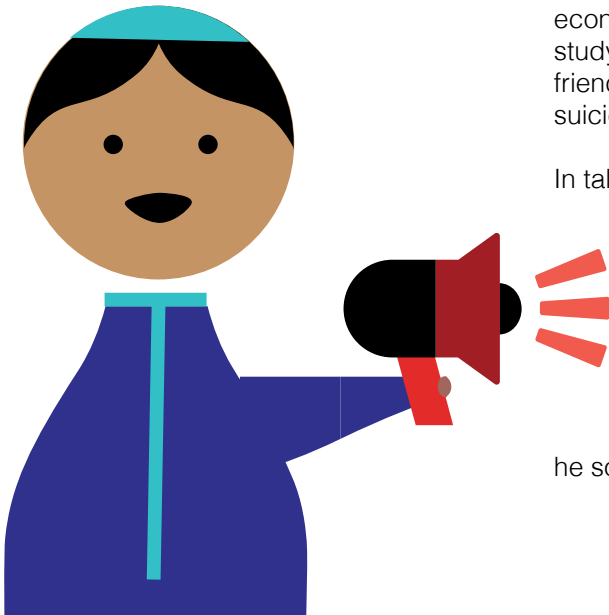
## “YOU’RE MY LAST HOPE. IF YOU DON’T FIND ME A JOB, I’LL KILL MYSELF...”

A young man called the child helpline, feeling angry because he had no income and believing that the only solution available for him was suicide. When the counsellor started asking questions about his relationship with his family, it became clear that he was angry not because of his financial situation, but rather because of a disagreement with his father. However, his relationship with his mother and his brothers was strong. He was frustrated and felt hopeless because he believed himself to be a burden to his mother. At first, he asked the child helpline for help in finding him a job. After several attempts to explain their work to him and support him, he continued to feel angry and did not really want to listen. However, when he called a second time, he reported that he had thought things through a lot since the first call and had been able to sit down and talk with his mother about all the things he was feeling. He said he felt a lot of relief and thanked the child helpline for their support, saying that if he hadn’t been able to speak to somebody, he might well have committed suicide. His voice sounded completely different from the first time; he was happy, excited and full of hope.



### “I HAVE NO FRIENDS, NO FAMILY, WHAT’S THE POINT OF CARRYING ON...?”

A 19-year-old was experiencing mental health problems and was having many suicidal thoughts and plans. He had already attempted suicide in the past. When he was 13 years old, in seventh grade, he had left school to work because of his economic situation, although in truth he had wanted to continue studying. Now he was feeling lonely because he didn't have friends, his family did not care about him, and he was having suicidal thoughts once again.



In talking with the counsellor, he realised that he had a lot to offer the world, and that he should not give up on life because of other people or give up on people just because this period in his life is difficult. He was asked to imagine his life after two years, and that he might meet friends similar to him. The conversation lasted for an hour, and in the end, he made a promise that he would not commit suicide. He understood he was not alone and that his life was very important. At the end of the call, he felt better and he sounded less distressed.

**The conversation lasted for an hour, and in the end, he understood he was not alone and that his life is very important.**



### “MOTHER...”

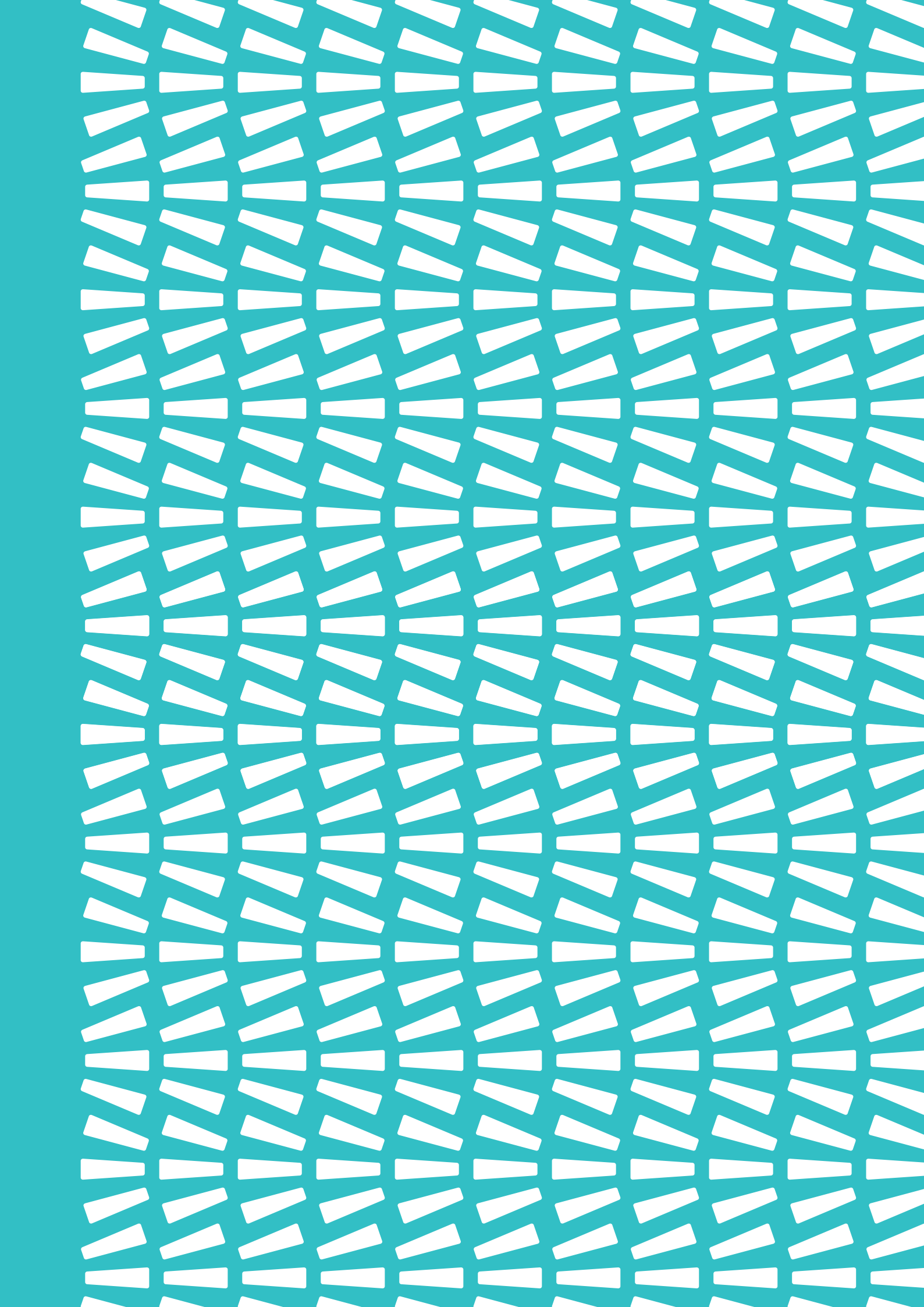
A 5-year-old girl had been terribly physically abused by her own mother. The latter, in difficulty, had only her daughter to take her frustrations out upon, effectively treating her as a punching bag. In the most savage way possible, this young 28-year-old mother gave the little girl blows to the head causing serious injuries that required surgery, in addition to a broken arm and other blows to the face including the eyes. The child helpline met with the little girl in person at their centre. The child was initially very suspicious of any of the women that she met, but once reassured she ended up calling them all “mother”. In search of maternal love, this little girl had only barely been saved. She is now in a reception centre. In the meantime, her mother will appear before the public prosecutor.

### “MY MOTHER HIT ME BECAUSE I SHOUTED AT THE MAID...”

The child helpline received a report from a hospital regarding a child abuse case. A 12-year-old child had been beaten by his mother because he had shouted at their housemaid. The child helpline’s social worker met with the child concerned and his mother at the hospital, and the mother admitted to her abusive reaction. The child helpline team made a protection and rehabilitation plan to protect the boy from being abused in such a way again. Among other interventions, professionals from the child helpline arranged sessions on stress management for both parents and undertook individual sessions with the child to reduce the psychological symptoms arising from the incident and to improve the child’s self-esteem.

FOCUS  
ON  
TOPICS





### COMPARING CONTACTS: 2019 VS 2020

To shed light on the impact of the Covid-19 pandemic and the measures that were adopted all around the world, we compared our 2019 data with our 2020 data on child helpline contacts.

In this analysis, we have included only those child helplines who submitted data in both the 2019 and 2020 Annual Surveys. The number of responding child helplines in this case is 73. These child helplines represent 67 countries across the 5 regions where our network membership extends.

The data shows that, globally and throughout the year, the **child helplines reported a 37.2% increase in the number of counselling contacts** received from children and young people in 2020 as opposed to 2019. The number of non-counselling contacts remained relatively stable and only increased by 2%. This might reflect the additional resources that many child helplines were able to put in place during this emergency situation (i.e., longer shifts, hiring new counsellors, etc).

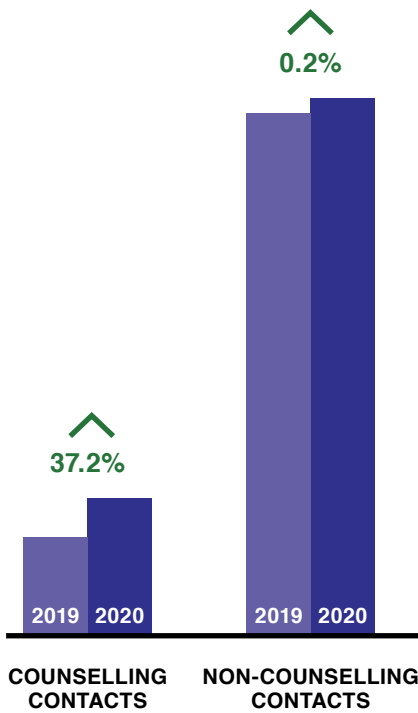
Other points to note:

- In the Africa region, the child helplines reported the largest increase: They received nearly three times as many counselling contacts in 2020 compared to 2019 (186.9%).
- There were increases in the number of counselling contacts in the Asia-Pacific (31.1%) and European (15%) regions.
- There were slight decreases in the number of counselling contacts in the Americas and Caribbean (5%) and MENA (3.8%) regions.

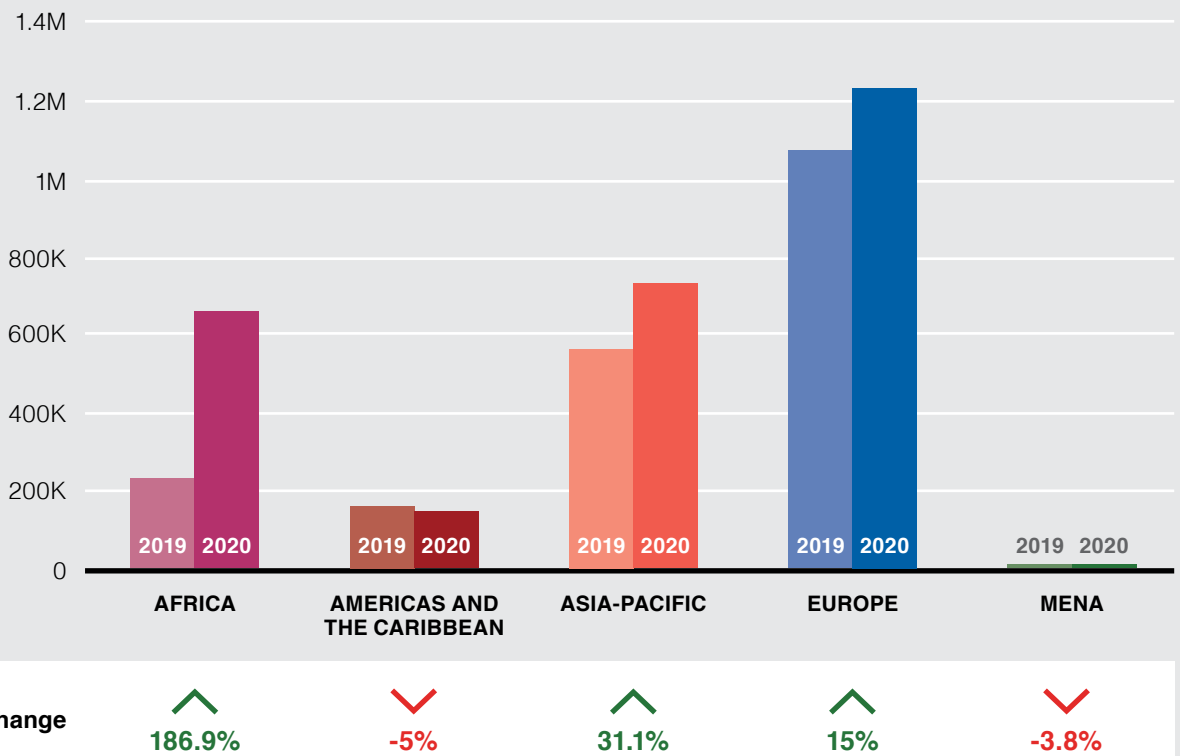
There are some limitations to our findings, especially at a regional level. Our data is limited to those child helplines who made a submission, which does not always cover or account for an entire region. Specifically, in the Americas and Caribbean region, a number of child helplines who were unable to report data noted in subsequent personal communications that they had in fact experienced an increase in contacts between 2019 and 2020 rather than the slight decrease we identified.

It should also be noted that, while the amount of change in contacts between 2019 and 2020 might be related to increased contacts due to the ongoing Covid-19 pandemic, Covid-19 itself is not the only reason to explain such an increase. Some child helplines have identified other explanations such as increased awareness of the child helpline services.

Region	Type of Contact	2019	2020	Change
Africa (based on 14 helplines)	Counselling contacts	230,466	661,103	186.9%
	Non-counselling contacts	1,264,251	2 600,864	105.7%
Americas and Caribbean (based on 8 helplines)	Counselling contacts	157,642	149,809	-5%
	Non-counselling contacts	34,435	36,892	7.1%
Asia-Pacific (based on 11 helplines)	Counselling contacts	560,554	734,912	31.1%
	Non-counselling contacts	6,802,928	5,580,391	-18%
Europe (based on 36 helplines)	Counselling contacts	1,075,216	1,236,130	15%
	Non-counselling contacts	2,606,365	2,746,709	5.4%
MENA (based on 4 helplines)	Counselling contacts	12,320	11,856	-3.8%
	Non-counselling contacts	66,955	30,398	-54.6%
Global (based on 73 helplines)	Counselling contacts	2,036,198	2,793,810	37.2%
	Non-counselling contacts	10,774,934	10,995,254	2%



### COUNSELLING CONTACTS COMPARISON

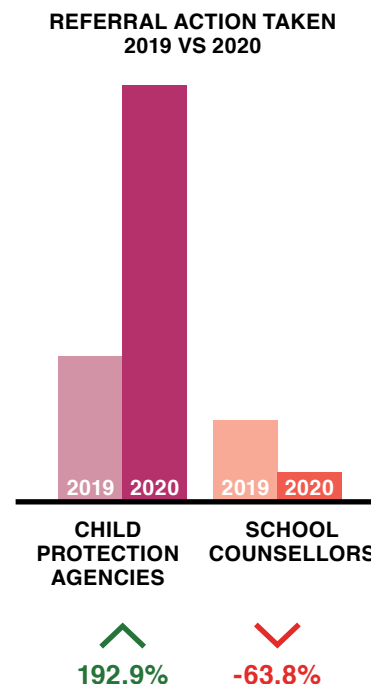


## COMPARING ACTIONS TAKEN: 2019 VS 2020

We additionally asked child helplines to provide the number of actions they had taken that went beyond the provision of support taking place during the contact with the child or young person. These actions usually include referrals to external services, but can also be direct interventions by the child helplines themselves. Based on data provided by 50 child helplines in 5 regions who submitted both 2019 and 2020 data on “actions taken”, we identified that:

- Overall, the number of actions taken increased by 65.5%.
- Most notably, the number of referrals to child protection agencies drastically increased (+192.9%).
- The number of referrals to school counsellors decreased (-63.8%).

Action	2019	2020	Change
Direct interventions by the child helpline	389,422	492,895	26.6%
Recommendations of resources	105,159	358,721	241.1%
<b>Referrals to child protection agencies</b>	<b>61,042</b>	<b>178,779</b>	<b>192.9%</b>
Referrals to general healthcare services	35,527	70,754	99.2%
Referrals to law enforcement agencies	39,419	62,353	582%
Referrals to mental health services	N/A	15,232	N/A
Referrals to other organisations	53,826	61,578	14.4%
<b>Referrals to school counsellors</b>	<b>36,302</b>	<b>13,125</b>	<b>-63.8%</b>
Reports to Child Sexual Abuse Material	N/A	2,380	N/A
Other	58,097	32,852	-43.5%
<b>Grand Total</b>	<b>778,794</b>	<b>1,288,669</b>	<b>65.5%</b>



To dive deeper into research on the impact Covid-19 has had on children and young people, please refer to our publication [Voices during the Covid-19 Pandemic: The impact on children, young people and child helplines around the world \(Child Helpline International, May 2021\)](#).

**“While there were restrictions on movement and children were out of school, this was one of the few channels for children and adults to report incidents of abuse, but also for children to express themselves. Since Covid-19, people here in Kenya are more open about discussing mental health issues”.**

**Bernard Njue Kiura, Child Protection Specialist, UNICEF Kenya**

**From the desk of Cornelius Williams, Director Of Child Protection**

## UNICEF

---



According to new data from Child Helpline International, mental health concerns are consistently among the top three reasons that children reach out to helplines. Indeed, it is estimated that more than **13% of adolescents aged between 10 and 19 live with a diagnosed mental disorder** as defined by the World Health Organisation. But mental health exists on a continuum that can include periods of wellbeing and periods of distress, most of which will never evolve into a diagnosable mental disorder. Children and young people regularly report experiencing psychosocial distress that disrupts their lives, health, and prospects for the future. Such distress can tragically end in suicide – the fourth most common cause of death for adolescents aged 15-18 years.

All indications suggest that **the Covid-19 pandemic has intensified the risk factors for stress and anxiety among children and young people**. Locked out of classrooms and cut off from friends and key support networks, the powerful emotions of fear, loneliness and grief enveloped the lives of many millions. The mental health of a generation is at risk. **Encouragingly, young people overwhelmingly believe it is better to seek help from others with mental health issues than to try to deal with them on their own**. This is a finding of a survey carried out for UNICEF by Gallup in 21 countries in the first half of 2021. A median of 83% of young people (15 to 24 years old) agreed it was better to deal with mental health problems by sharing experiences with others and seeking support.

Despite containment measures disrupting many routinised referral and reporting mechanisms for children in distress, child helplines have remained one of the least affected (yet critical) child protection services throughout the pandemic. **These are important not only for referral of cases but can also help provide immediate support and counselling to children experiencing fear, anxiety, and psychosocial distress**. Telephone calls to child helplines are normally free of charge, and many helplines use instant messaging and digital chat platforms. The ease of contacting helplines anywhere that telephones or the internet is available means that response and support is accessible to many of the world's most vulnerable children.

In collaboration with Child Helpline International, UNICEF supported at least 48 countries to establish, strengthen and adapt helpline services over the past year. In Kenya, for example, **the number of weekly calls fielded by Childline Kenya's counsellors more than doubled with the onset of the pandemic**. The childline was established in 2004 to create an enabling environment for children to voice their concerns, be listened to and be linked with essential services through a coordinated referral system nationwide. During the Covid-19 pandemic, it increased the number of its counsellors by one-third to meet increased demand. It also set up remote working, allowing counsellors to securely take calls from their homes; and launched a nationwide campaign "Spot it, Stop it" that encouraged children in need to call the free 116 Helpline. The Kenya case study has been highlighted in UNICEF's 2021 State of the World's Children report.

## EUROPE

An 11-year-old girl phoned the child helpline, saying that distance learning had caused her to lose all interest in attending her online classes and in completing her homework. She said she felt exhausted and didn't feel any sense of joy during her schooldays, only during the weekend. She expressed her frustration with all the Covid-19 measures, which she felt were stupid. The counsellor reassured her it wouldn't always be this way, and that the Covid-19 measures would soon decrease and things would start to return to normal. They also recommended that she made a schedule for herself, in order to alternate her study time with leisure time. The girl appreciated the idea and said she would make this schedule for herself as soon as possible. She continued to contact the child helpline regularly, with updates on how she was progressing.



## AMERICAS AND THE CARIBBEAN

A 12-year-old girl contacted the child helpline via webchat. She said her reason for making contact was because she felt bored all the time. The girl lived in the capital city with her mother, father and grandmother. She identified her feelings of boredom as being the result of the Covid-19 pandemic and the subsequent lockdowns and confinement; she could no longer leave her house when she wanted to.

The counsellor explored with the girl how this time at home could start to have some benefits for her after all. For example, the girl had started to spend a lot more time cooking with her mother the recipes they had found on the internet, and this was something that would never have happened before. In this way, the girl had actually experienced a novel and positive use of the internet as a tool to learn how to do different things and to cope with the new and difficult situation.

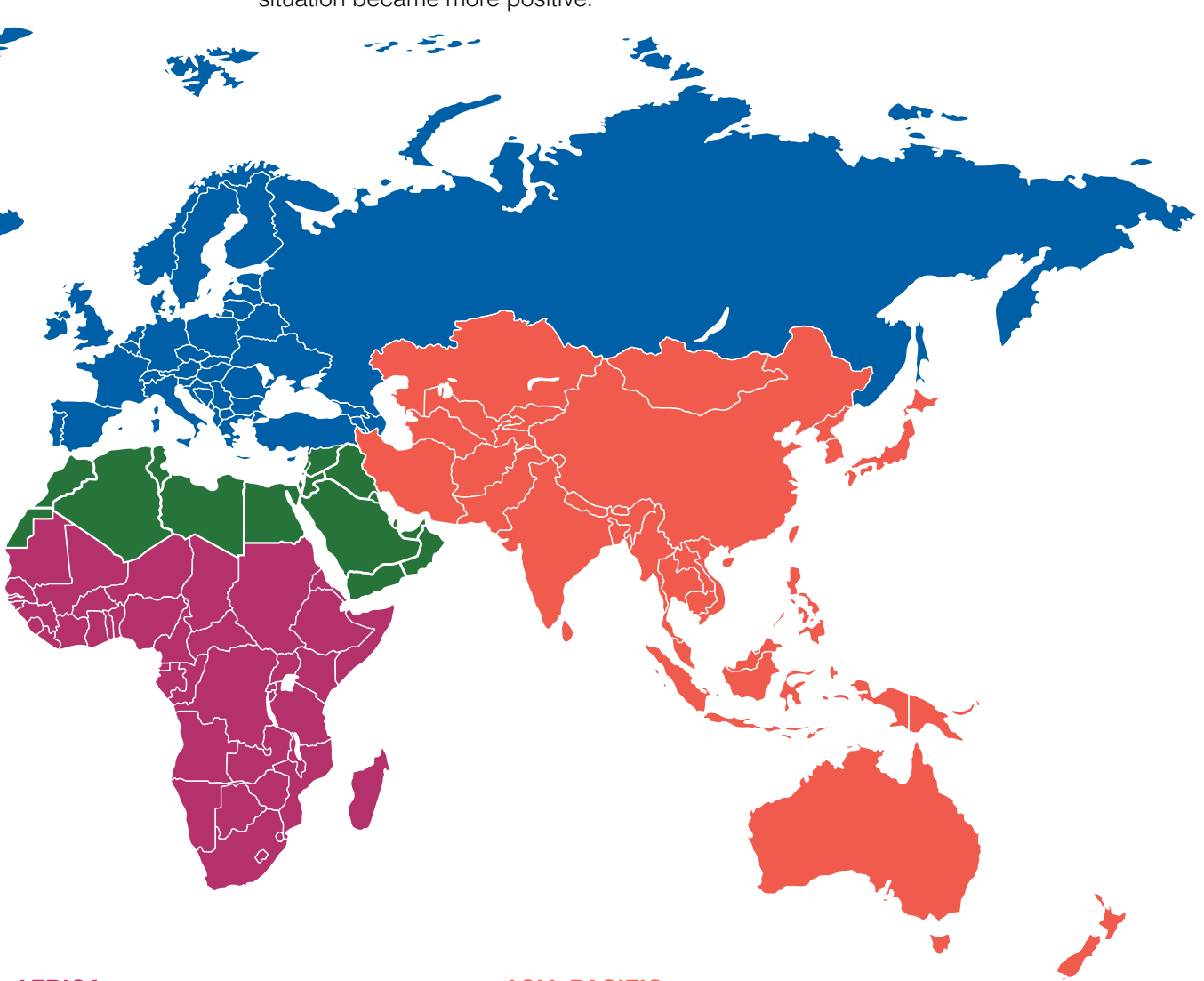
## EUROPE

A teenager girl called to ask for emotional support. Her father had just died from Covid-19, and the girl was in a state of high emotional distress. She was terrified at the thought that the same thing could happen to her, her mother and her 9-year-old brother, as they had also contracted Covid-19 although they were so far asymptomatic. At the same time she was having to deal not only with the loss of her father but the fact that the family could not go to his funeral because they were all in quarantine at home.

The counsellor listened to the young girl and gave her the time she needed to mourn and cry. They then tried to find with the girl other ways in which she could say goodbye to her father, until they would finally be able to leave their house and visit his graveside. Together, they talked about mourning and losing loving ones and the girl was encouraged to seek for support within her family, and to share and express her feelings with them.

## MENA

A 23-year-old man called the helpline because he was frustrated with staying at home because of Covid-19. His home had no electricity, and he felt suffocated there. He didn't know how he could continue to live under such conditions. The counsellor reassured him that Covid-19 was not an ordinary circumstance, and that it had disrupted everyone's way of life. However, it would eventually pass, and with time everybody would be able to adapt. He was advised to try to arrange his day at home despite all these difficulties, and to consider it an opportunity to spend time with his family. He began to feel much happier and his view of the situation became more positive.



## AFRICA

A 17-year-old contacted the child helpline in tears, saying: "My father has just tested positive for Covid-19 and I am overwhelmed. I don't know what to do. I am afraid of what will happen to me."

The counsellor calmed him down and gave him information about Covid-19.

Afterwards, they referred him to the service in charge of Covid tests and psychosocial care.

## ASIA-PACIFIC

A 10-year-old boy called the child helpline in tears. After calming him down the child helpline counsellor asked what had happened to him. The boy explained that his mother often scolded him for playing mobile games and watching YouTube during the home-schooling period. He felt stressed and he could not understand why his mother always forced him to do something he did not want to do. After particularly serious disagreements, the boy sometimes ran away from the house. The counsellor offered the boy and his mother the possibility of a home visit to the family in order to carry out a risk assessment and to provide the parents with advice on how to interact with their children during these difficult times. The mother agreed, and after the home visit, the child helpline's social workers identified communication difficulties between the boy and his parents. As a result, casework service was provided to the family.

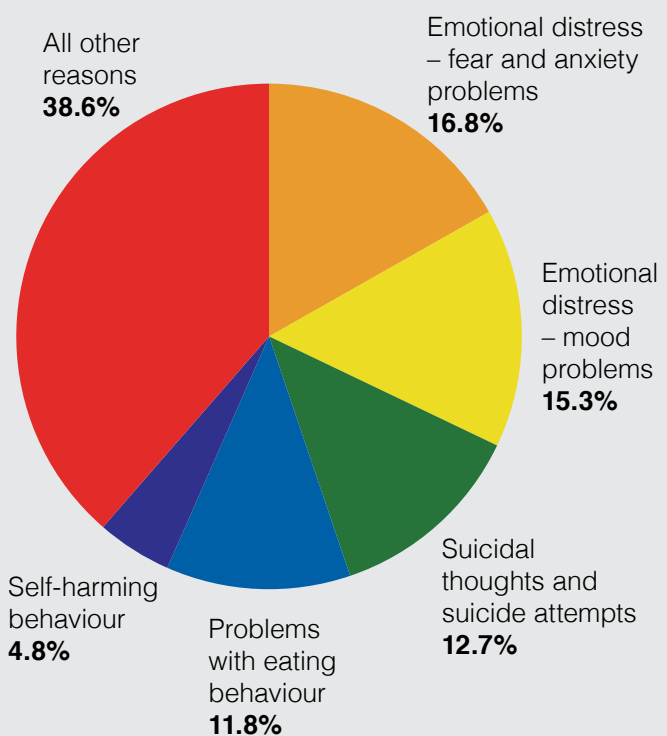
# MENTAL HEALTH

## “MOST MORNINGS I WAKE UP AND I JUST DON’T WANT TO GO ON...”

A 14-year-old girl contacted the child helpline to talk about her mental health. Because of the need for social distancing, her anxiety attacks were becoming much more frequent, and this had been worrying her. She was increasingly distancing herself from my friends and found herself crying almost every day for no specific reason. Her family had no idea what she was going through, and she didn’t want to worry them about her problems. She knew that she was feeling this way because of the Covid-19 pandemic and the current restrictions, and that these would be all be over one day, but she still found it very difficult in the meantime waking up with suicidal thoughts, and on most days without any trace of hope or happiness.

The child helpline counsellor told her how important it was that she talked with and sought help from people around her that she felt she could trust, talking about ways addressing her feelings of anxiety and thinking about the steps, decisions and changes she could make that would help her to feel differently about life under lockdown. They also reinforced the importance of adequate psychological counselling, so that she does not have to deal with these feelings alone, providing contact details for services where she could get the help and support she needs.

Mental Health: Sub-category



Explore these numbers more in the Deep Dive section.







From the desk of Kelly Thorpe, Head of Helpline Services

## HOPELINEUK

---

Child helplines are a **crucial source of support for children and young people across the world**. On the other hand, we are a sector that is **often forgotten despite being one that can make the most difference**. This has become even more apparent throughout the global pandemic with many statutory services closing or having limited availability. Child helplines have stepped up to the challenge and found new ways of working in order to continue quality support for our children.

I have worked at PAPYRUS within the HOPELINEUK department for 6 and a half years. We know that suicide is the biggest killer of those aged under 35 in the UK. PAPYRUS genuinely cares about the lives of young people, and we believe that **many suicides are preventable**. Employees and volunteers regularly go above and beyond, it fills me with pride to be part of this life saving work.

We know that children and young people speak openly about suicide when we create a safe space for them to do so. **Asking a young person whether they feel suicidal is part of all our everyday conversations on child helplines** as we know that adverse childhood experiences, bereavement, trauma, poverty etc can all contribute to suicidal thinking. We need to give children and young people the opportunity to tell their suicide story and know where to signpost them to for specific support.

Supporting a young person to stay safe from suicide is the first safeguarding issue encountered. The next issue to think about is information sharing – if a young person is not safe from suicide we need to alert the emergency services immediately in order that they get the physical and emotional support they need. **Young people should be empowered to shape what confidentiality means** and how we can navigate this with them. Often, in school if a child disclosed thoughts of suicide the policy is to share this with the child's parents. If a child is feeling suicidal because of their relationship with their parents this could place them at even more risk. University students who disclose thoughts of suicide often don't have this information shared at all with their loved ones. There has to be some middle ground where we don't overlook the young person and **actively involve them as to what needs to happen next** and who that appropriate person may be – another professional, a family member, the emergency services.

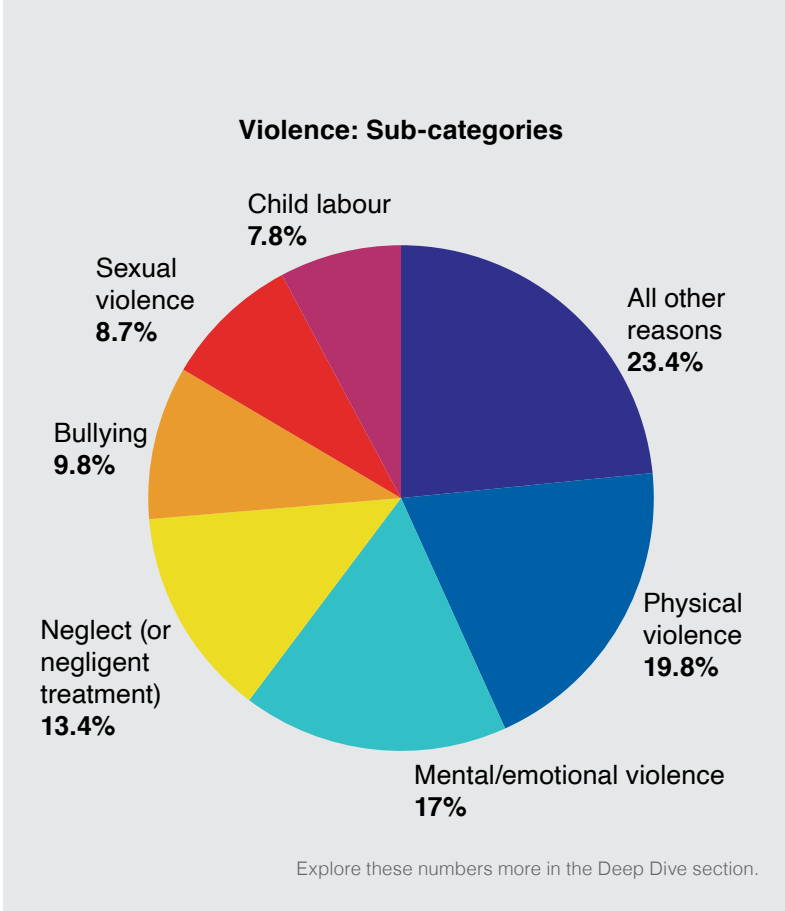
If a young person is able to stay safe it is crucial that we encourage them to talk openly with an adult in their lives, alongside helplines that can ensure they are not on their own when moving forward in their journey of managing thoughts of suicide. Creating safe spaces and empowering young people to share their stories and collaborate with options to stay safe from suicide works, and **we often hear from young people who let us know they chose life and are still here living their lives**. On a number of occasions, we have heard from young people who have been in the most horrendous of abusive situations. Once they were able to take some control back over their thoughts of suicide they were then able to report and disclose what was happening for them for real change in their lives to happen. This is priceless, and for me it is incredible to learn **how emotionally resilient our young people are once they have the right collaborative space** to work towards life and living!

# VIOLENCE

## “MY FATHER HAS TRACKED US DOWN AND I DON’T FEEL VERY SAFE...”

A 17-year-old teenage girl called the child helpline, asking for support with the abusive environment she was living in. During the call the teenager confided that her father had been extremely abusive - both verbally and physically - to her, her sister and their mother for the past decade or so. Her older brothers had also adopted the same abusive attitude towards the women in the family. Her mother had moved herself and her daughters to a new home, but the father tracked them down and, after threatening the mother, moved back in with them. The girl mentioned that her father possessed two weapons and was now being more violent against them than ever before. She was also angry about her mother, whose passive reaction towards their latest situation was leaving them all unprotected. The girl was determined to go to the police but she was extremely afraid, and her emotions were conflicted.

The child helpline counsellor assured her that it was important for her and her sister to be safe. Moreover, they encouraged her to take all the actions necessary and offered to support her through this. After a long talk, the girl finally decided to go to the police station and file a report. After her deposition, the prosecutor was informed and ordered the removal of the two children from their violent family environment and the detention of the father for a number of crimes.



## “MY GRANDMOTHER SAYS THAT NOBODY LOVES ME...”

A 10-year-old girl called the child helpline because her grandmother was constantly mean to her, calling her fat, stupid and annoying, and telling her that she wasn’t at all loved. The girl’s parents sent her to the grandmother’s house when they had work they needed to focus on. She hadn’t told her parents about her grandmother’s behaviour, but she felt she needed to talk to someone and tell her story, so that she could feel safe and understood.

She talked to the counsellor for a long time about the grandmother, that she hadn’t been the same lately, and that she used to be sweet and nice but has changed a lot. The counsellor explained how people might change as they get older, but this didn’t mean it was acceptable for her to behave towards her granddaughter in this way. The counsellor asked the about the things she enjoyed doing, and what could help to ease her anxiety make her feel more positive about herself. The counsellor asked the girl if she was able to talk to her parents about the situation, but she was too afraid to do this alone. The counsellor suggested that she could bring her parents into the room and put her phone on speaker so they could all have a conversation together. The girl agreed, and the counsellor was able to talk with the parents and explain to them what was going on, and how their daughter was feeling about the visits to her grandmother.



**From the desk of Dr. Najat Maalla M'jid, Office of the Special Representative of the Secretary General on Violence Against Children (SRSG-VAC )**

### **CHILDREN AS AGENTS OF POSITIVE CHANGE. A MAPPING OF CHILDREN'S INITIATIVES ACROSS REGIONS, TOWARDS AN INCLUSIVE AND HEALTHY WORLD FREE FROM VIOLENCE**

---

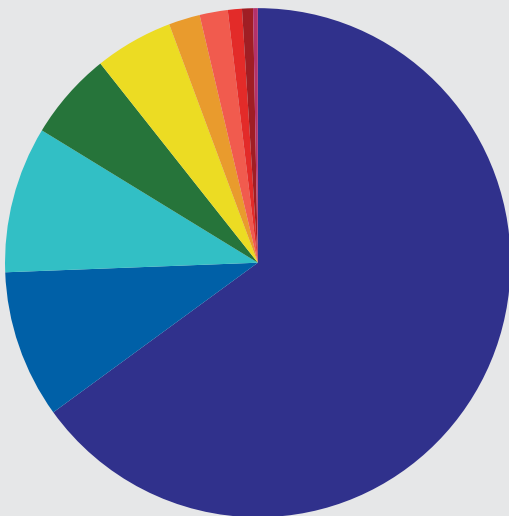
Child participation is taking place in a rapidly changing world. Where connectivity is available, access to information and communication technologies are enabling children to communicate with each other beyond geographical and cultural barriers, providing real-time access to much information. The concept of participation continues to evolve, and ongoing efforts are required to have an up-to-date understanding of how children exercise their right to participate. **Promoting children's meaningful participation contributes towards preventing, responding to, and reporting violence against children.** During 2020 the Office of the Special Representative of the Secretary General on Violence Against Children undertook a mapping of children's participation and civic engagement and our findings revealed that **children are increasingly turning to the online world to access safety and protection**, and while the digital world can present some significant threats towards children's wellbeing, it also allows children to become safer – among other ways, by providing online channels to contact helplines, access to protection resources, by creating peer-to-peer support systems and networks, and by developing innovative solutions for reporting and addressing different forms of violence.

During Covid-19 and the subsequent lockdowns around the world, children have found the means to connect with each other. **Peer networks have been useful in filling the gaps** left by the absence of the social safety net provided by schools, communities and extended families, while at the same time helping to prevent, address and report violence. Evidence shows that **children educate their peers regarding violence** and can be **instrumental in connecting other children with reporting services and protection resources**. Also, during this time of pandemic whereby services have been interrupted in most countries and/or access to these services has become difficult or even impossible, examples have been seen of children being **instrumental in bridging online services with those who needed them**. Furthermore, the mapping showed children's awareness of their mental health needs, and their efforts to provide other children much needed psycho-social support through their contacts and safe spaces, both offline and online. While playing an important supporting role towards their peers, children are also aware of their limited capacities of the effects this has on their mental health, and of the need to connect with appropriate protection and mental health services. Professionals have continued to perform an important role in guiding, educating, and providing access to services.

Meaningful participation has considerable benefits for children, from empowerment and development, to influencing programmes and policies. But participation itself also helps to prevent and respond to violence: Children's networks and consequent peer engagements play important roles in the protection system, especially when combined with digital access – another important reason why we must address children's digital divide. A strategy to end all forms of violence against children, is to encourage stakeholders to identify, support, scale up and partner with child-led interventions and support peer-to-peer components. **Children are proving to be part of the solution.**

# INCLUSION

**Vulnerable Groups**



- Child living in poverty **65%**
- Out-of-school child **9.4%**
- Other **9.3%**
- Child with disability **5.6%**
- Child on the move (involuntarily) **5%**
- LGBTQI+/SOGIESC child **2%**
- Child member of an ethnic/racial/religious minority **1.8%**
- Child living in conflict zone **0.9%**
- Child in conflict with the law **0.7%**
- Child on the move (voluntarily) **0.3%**

Explore these numbers more in the Deep Dive section.

## “MY PARENTS DON’T UNDERSTAND WHAT BEING TRANS MEANS FOR ME...”

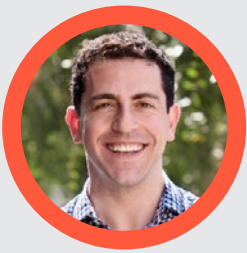
A 12–14-year-old trans boy had been going through gender diagnostic procedures (psychiatric evaluation), but there were very few psychosocial support services available for him. Trans children already have to deal with a lot of stress in their lives and the process of psychiatric evaluation can be especially stressful. In addition, his parents didn’t fully understand LGBTQ-issues and even though they were trying to be supportive, they were incapable of talking about sexuality and gender, which made the boy feel that he wasn’t loved and accepted for whom he was. As a consequence, he’d had to make a lot of big decisions – like talking about his gender at school and solving issues with locker rooms etc. – without much parental support, and this was also very stressful for him.

The trans boy had already been relying on the child helpline’s support for over a year. The biggest support the child helpline could provide was to be by his side, to listen to him, support his self-esteem, give him reliable resources, and to keep him feeling hopeful during those trying times. The child helpline was beginning to encounter a lot more trans children and young people relying on the child helpline’s support for long periods during some very difficult times. The child helpline was doing as much as it could, although it felt that some very important services and support systems were missing for this particular group of children and young people.

### RESOURCES FOR ALLYSHIP AND UNDERSTANDING:

- The Trevor Project’s [Coming Out: A Handbook for LGBTQ Young People](#)
- The Trevor Project’s [Guide to Being an Ally to Transgender and Non-binary Youth](#)
- The Trevor Project’s [How To Support Bisexual Youth: Ways to Care for Young People Who Are Attracted to More Than One Gender](#)

# THE TREVOR PROJECT



**From the desk of Amit Paley (he/him), CEO & Executive Director**

## THE TREVOR PROJECT

---

The Trevor Project is the world's largest suicide prevention and crisis intervention organisation for lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) young people. CEO and Executive Director Amit Paley shared challenges that The Trevor Project faces and resources for this vulnerable group.

### **What are the main safeguarding issues when it comes to LGBTQ youth?**

The Trevor Project's latest [National Survey on LGBTQ Youth Mental Health](#) in the United States found that 42% of LGBTQ youth seriously considered attempting suicide in the past year, including more than half of transgender and non-binary youth. The Trevor Project estimates that more than [1.8 million LGBTQ youth](#) (13-24) seriously consider suicide each year in the US and at least one [attempts suicide every 45 seconds](#).

These figures should not be interpreted to mean that LGBTQ youth are prone to suicide because of their sexual orientation or gender identity — that is a common misconception. LGBTQ youth are placed at a higher risk for suicide because of how they are treated, including increased experiences of discrimination and violence.

It's critical to understand that LGBTQ youth face stressors that their peers simply never have to worry about, such as fears around coming out, bullying and rejection based on their identity, or even the possibility of being subjected to conversion therapy.

### **Where are we missing information/data?**

The Trevor Project is the largest suicide prevention organisation for LGBTQ youth, but even we do not know how many LGBTQ youth die by suicide each year because data on sexual orientation and gender identity are not collected systematically as part of violent death investigations. It is imperative to collect this data if we want to develop effective policies and allocate necessary resources to prevent suicide and save young LGBTQ lives.

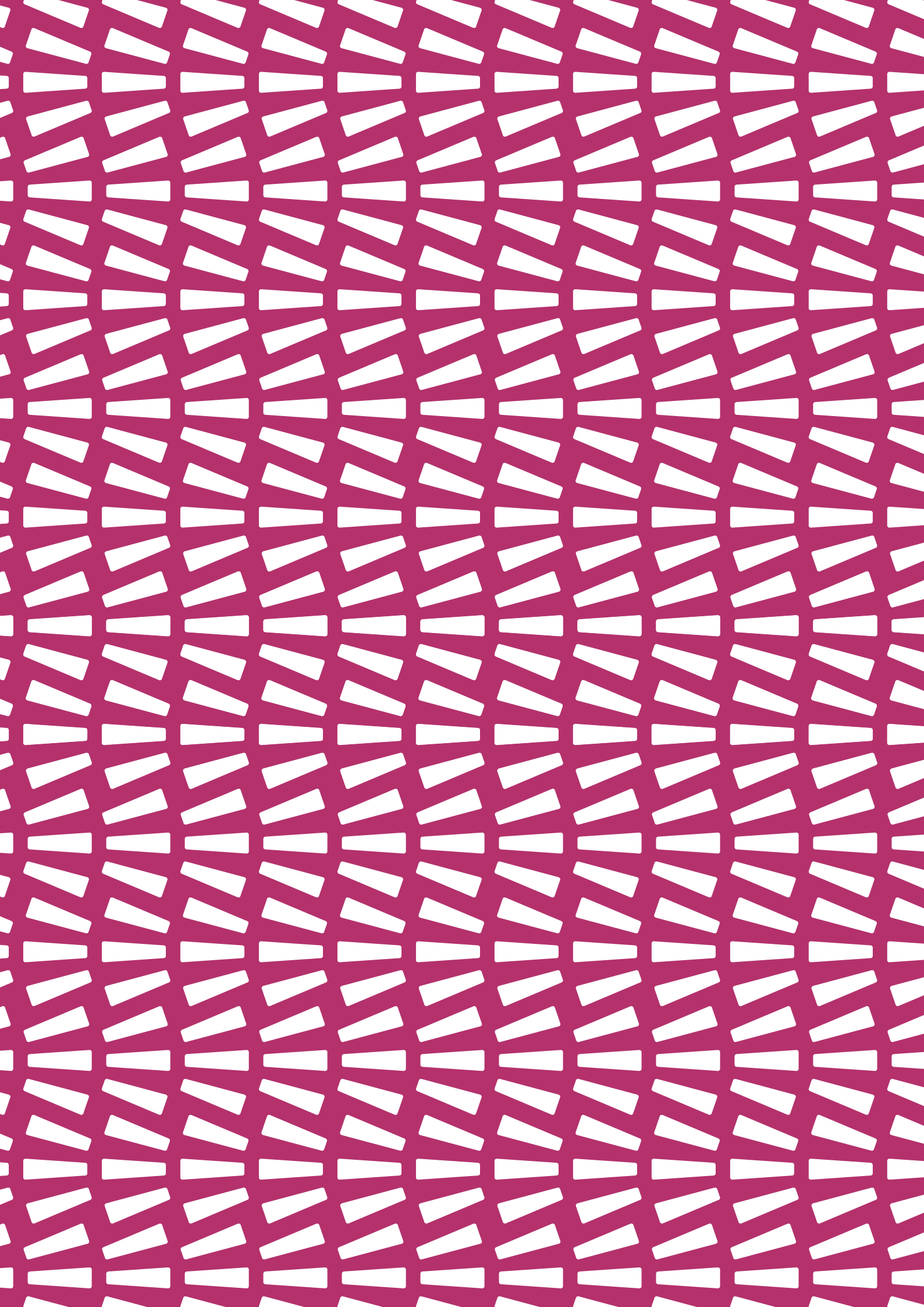
### **How can child helplines become a good resource for their communities' LGBTQ children and young people?**

Listen actively and without judgment, be affirming, and practice empathy. Understand that LGBTQ young people hold a wide range of identities and come from diverse backgrounds. [More than 80% of LGBTQ youth](#) of all races/ethnicities said it was important that a crisis line include a focus on LGBTQ youth, should they need it.

We must consider the unique experiences of LGBTQ youth at every intersection of their identity in order to improve mental health outcomes.

# DEEP DIVE INTO DATA







In order to understand the issues faced by the children and young people who get in touch with child helplines, we survey our members around the world every year to gather information about the contacts they receive from children and young people. This section presents the compilation and analysis of the data on the contacts received by child helplines in 2020 across our five regions.

Depending on the requirements of their counselling and research activities, our child helpline members record various information for every contact they receive. In order to understand why children and young people are contacting child helplines, and who are those children and young people, Child Helpline International works closely with the child helplines to create a common categorisation of those contacts. This categorisation includes broad issues or reasons for making contact with child helplines, as well as different types of background information, all of which are further sub-divided. It also includes information on the actions taken by the child helplines beyond the contact (if any).

### **METHODOLOGY**

At the end of March 2020, we invited 133 of our full members to submit their data by filling in an online survey (using the software Qualtrics). The survey was available in three languages: English, French, and Spanish. It comprised three main parts: background information about the children and young people (9 categories including age, vulnerable groups and the method of contact used); reasons for why the contact with the child helpline had been made (11 categories including violence, mental health and family relationships); and the actions taken beyond the provision of support during the contact (10 types of action, including direct interventions by the child helpline itself or referrals to child protection services). For all categories, we requested that the child helplines provide the number of contacts received in 2020, disaggregated by the gender of the child or young person concerned.

### **RESPONDENTS**

We received data from 93 child helplines, representing 69% of the 133 members invited to submit. In this report, sample size varies across analyses as a function of missing data.

### **IMPORTANT NOTES**

It should be noted that the content and level of detail of information recorded for each contact is the prerogative of the child helplines themselves and is not directed by Child Helpline International. Therefore, these categories might differ from the categories used by some child helplines when they originally collected their data. It should also be noted that child helplines have differing practices relating to the information recorded. Whereas some indicate the reason given for calling by the child or young person, others indicate the reason identified by the counsellor, which in some cases might not be the same. It should also be noted that the absence of contacts in a particular category could mean that the child helpline did not receive any contacts pertaining to that category, or that the child helpline does not collect those data.



## OPERATIONAL DATA

### OPENING TIMES

In 2020, almost half of our child helplines operated **24 hours every day of the week**. The remaining child helplines worked specific days with specific hours. Almost **three out of four (73.2%) child helplines operated every day of the week**, with only a smaller percentage of child helplines (7.5%) not being available on Sunday.

These analyses include 87 child helplines from five regions, representing a 94% response rate for this question. The remaining six child helplines did not share insights on their opening times.

Region	Number of Helplines	24/7	7/week (not 24/7)	Weekdays & Saturday	Specific Hours
Africa	20	9 (21.4%)	7 (26.9%)	1 (14.3%)	8 (17.8%)
Americas & The Caribbean	13	5 (11.9%)	2 (7.7%)	2 (28.6%)	8 (17.8%)
Asia-Pacific	15	8 (19.0%)	5 (19.2%)	0 (0.0%)	6 (13.3%)
Europe	39	18 (42.9%)	10 (38.5%)	4 (57.1%)	20 (44.4%)
MENA	6	2 (4.8%)	2 (7.7%)	0 (0.0%)	3 (6.7%)
<b>TOTAL</b>	<b>93</b>	<b>42 (45.2%)</b>	<b>26 (28.0%)</b>	<b>7 (7.5%)</b>	<b>45 (48.4%)</b>

## GLOBAL DATA

### # OF CONTACTS (OVERALL, COUNSELLING AND NON-COUNSELLING CONTACTS)

In 2020, our network of child helplines received **15,176,772 contacts** across 84 countries. That's over **15 million** times that a child or young person actively reached out to our child helpline members around the world. To better understand these contacts, we categorise them in several different ways. This is the number of all contacts received. We differentiate between contacts for which a child helpline was able to provide assistance to the caller (counselling contacts) and contacts for which the child helpline was not able to provide assistance to the caller because of the nature of the contact (non-counselling contacts). Non-counselling contacts include silent, abusive, test, information, and missed contacts.

Specifically, our child helpline members responded to **3,142,684 counselling contacts** in 2020 (n = 93 child helplines). That means a child or young person has actively reached out to a child helpline and **obtained advice, help or support almost a million times**. This represents 20.7% of all contacts and is the number of times a child helpline was able to provide support, advice or another form of counselling to a child or young person, often offering some form of follow-up. In addition, our network recorded **12,034,088 non-counselling contacts** (n =85).

Type of Contact	Number of Contacts
Counselling contacts	3,142,684
Non-counselling contacts	12,034,088
<b>GLOBAL TOTAL</b>	<b>15,176,772</b>

## AGE

Most contacts in 2020 **came from young people who were 13-15 years-old** (24.0%) and **16-17 years-old** (19.6%) (excluding contacts where the age remained unknown). The smallest number of contacts related to children in the age groups of Unborn, 00-03, and 04-06 years old. The low contact rate from the very young ages is to be expected as these contacts are exclusively from adults on behalf of children, and not all child helplines take those contacts.

These analyses include 76 child helplines from 5 regions, representing an 82% response rate for this question.

Age	Percent
13-15	24.0%
16-17	19.6%
10-12	16.3%
18-25	10.6%
07-09	6.7%
25+	5.0%
04-06	2.4%
00-03	1.7%
Unknown	14.7%

## VULNERABLE GROUPS

Our data shows that a large majority of vulnerable children who contacted a child helpline were **living in poverty** (65.0%) in the country where they contacted a child helpline. Within that group, boys contacted the child helplines almost twice as often than girls. This was followed by children and young people who are members of other vulnerable groups (9.4%), out-of-school children (9.3%), children with disability (5.6%), and children on the move (involuntarily) (5.0%). To a lesser extent, the remaining five vulnerable groups accounted for less than 10% of the contacts, in descending order are as follows: LGBTQI+/SOGIESC children and young people (2.0%), child members of an ethnic/racial/religious minority (1.8%), children living in conflict zones (0.9%), children in conflict with the law (0.7%), and children on the move (voluntarily) (0.3%).

These analyses include 31 child helplines, representing a 33% response rate for this question.

Vulnerable Groups	Percent
Child living in poverty	65.0%
Out-of-school child	9.4%
Other	9.3%
Child with disability	5.6%
Child on the move (involuntarily)	5.0%
LGBTQI+/SOGIESC child	2.0%
Child member of an ethnic/racial/religious minority	1.8%
Child living in conflict zone	0.9%
Child in conflict with the law	0.7%
Child on the move (voluntarily)	0.3%

## METHOD OF CONTACT

Our data shows a very clear trend that over the majority of contacts received by child helplines were made by telephone (58.3%). The second largest method by which contacts were received was through website chat (14.1%). In much smaller amounts, contacts were received through outreach (8.2%), e-mail (6.3%), other methods (4.1%), social media (3.7%), text messaging (SMS) (2.4%), and walk-ins (1.7%). The remaining methods of contact received less than 1.2%, in descending order: website forums (0.5%), by post (0.3%), mobile apps (0.3%), and bulletin boards (0.1%)

These analyses include 69 child helplines, representing a 74% response rate for this question.

Method of contact	Percent
Telephone	58.3%
Website chat	14.1%
Outreach	8.2%
E-mail	6.3%
Other	4.1%
Social media	3.7%
Text message (SMS)	2.4%
Walk-in / In person	1.7%
Website forum	0.5%
Post	0.3%
Mobile app	0.3%
Bulletin board	0.1%

## REASONS FOR CONTACT

---

We obtained data from 91 child helplines, representing 98% of reporting child helplines, mapped at a categorical level as outlined by our Data Framework.

Mental health (30.6%) and violence (25.5%) were the two main reasons for contact reported by the child helplines globally. Over half of all contacts were related to one of these two topics. This means that half of the time that a child or young person reaches out to a child helpline, it is to discuss a concern related to their mental health or to a situation of violence. The remaining eight other reasons for contact accounted for 43.9% of the contacts. We provide more detailed information at a regional level.

Violence against children and mental health are identified as focal areas for Child Helpline International as our two main areas of advocacy. Violence and mental health are consistently the two main reasons for contact globally, thus we present these two reasons for contact in more detail in this section describing data at the global level of analysis. In the following sections, we present the main reasons for contact at a regional level to account for each region's specificities.

## MENTAL HEALTH

Mental health was the main reason for contact reported by child helplines in 2020. Our child helpline members responded to 948,525 contacts on issues regarding mental health. This represents 30.6% of all the contacts, or one in three contacts who received counselling.

Mental health was the main reason for contact in the European and MENA regions, was the second main reason for contact in the Americas and Caribbean region and was the third main reason for contact in the remaining regions, Africa and Asia-Pacific.

Reason for Contact	Region	Rank
Mental Health	Africa	3
	Americas and the Caribbean	2
	Asia-Pacific	3
	Europe	1
	MENA	1

Unspecified/other mental health concerns (22.7%) were the main reasons for mental health contacts reported by child helplines. Of the specified mental health sub-categories, emotional distress – fear and anxiety problems (16.8%), emotional distress – mood problems (15.3%), suicidal thoughts and suicide attempts (12.7%), and problems with eating behaviour (11.8%) are the four biggest reasons for mental health contacts. These four sub-categories represent more than half of all contacts about mental health (56.6%). All other sub-categories accounted for 20.7% of the contacts. It is of concern to note that self-destructive behaviours (suicidal thoughts and suicide attempts and self-harming behaviour) account for almost one-fifth of all mental health contacts (17.5%).

These analyses include 79 child helplines, representing an 85% response rate for this question about mental health in 2020.

Mental Health: Sub-category	Percent
1 Addictive behaviours and substance abuse	3.2%
2 Behavioural problems	3.6%
3 Concerns about the self	3.9%
4 Emotional distress – anger problems	3.9%
5 Emotional distress – fear and anxiety problems	16.8%
6 Emotional distress – mood problems	15.3%
7 Neurodevelopmental concerns	0.3%
8 Problems with eating behaviour	11.8%
9 Self-harming behaviour	4.8%
10 Suicidal thoughts and suicide attempts	12.7%
11 Traumatic distress	1.0%
12 Unspecified/other	22.7%

### The gender of children and young people

Our data shows that girls were more likely to contact child helplines about mental health issues. Overall, girls made contact with child helplines more frequently than all other modalities for gender (boys, non-binary). This was the case in the three largest identified sub-categories of mental health: emotional distress – mood problems, emotional distress – fear and anxiety problems, and suicidal thoughts and suicide attempts. Notably, girls accounted for nearly all of the contacts in the sub-categories problems with eating behaviour (89.7%) and self-harming behaviour (75.1%). There was an exception for the sub-category of addictive behaviours and substance abuse, as boys made contact slightly more often.

Mental Health: Sub-reasons	Girl	Boy	Unknown	Non-binary
Addictive behaviours and substance abuse	31.9%	45.1%	22.5%	0.5%
Behavioural problems	34.6%	41.9%	23.5%	0.1%
Concerns about the self	57.8%	36.2%	5.4%	0.6%
Emotional distress – anger problems	47.0%	44.5%	8.4%	0.2%
Emotional distress – fear and anxiety problems	58.5%	29.3%	11.9%	0.2%
Emotional distress – mood problems	57.3%	26.2%	16.3%	0.2%
Neurodevelopmental concerns	49.0%	46.9%	3.8%	0.3%
Problems with eating behaviour	89.7%	7.5%	1.8%	1.0%
Self-harming behaviour	75.1%	12.0%	10.8%	2.1%
Suicidal thoughts and suicide attempts	65.3%	21.6%	11.3%	1.8%
Traumatic distress	52.4%	38.0%	9.0%	0.5%
Unspecified/other	54.5%	20.5%	24.2%	0.8%

## VIOLENCE

Globally, violence was the second main reason for contact reported by child helplines in 2020. Our child helpline members responded to 792,866 contacts on issues regarding violence. This represents 25.5% of all the contacts, or one in four contacts who received counselling.

Violence was the main reason for contact in the regions of Africa and Americas and the Caribbean and was the second main reason for contact in the remaining regions of Asia-Pacific, Europe and MENA.

Reason for Contact	Region	Rank
Violence	Africa	1
	Americas and the Caribbean	1
	Asia Pacific	2
	Europe	2
	MENA	2

In 2020, one in every five children or young people who contacted the child helplines about violence wanted to discuss physical violence (19.8% of the contacts in this category). This was closely followed by mental/emotional violence (17.0%) and unspecified/other concerns of violence (16.8%). These contacts accounted for close to half of violence-related contacts (53.6%). A smaller proportion of contacts were made up from concerns regarding neglect (or negligent treatment) (13.4%), bullying (9.8%), sexual violence (8.7%), child labour (7.8%), and then all other sub-reasons accounted for 6.6% of the contacts.

These data provide from 89 child helplines, representing a 96% response rate for this category of reasons for contact.

Violence: Sub-category		Percent
1	Bullying	9.8%
2	Child/Early/Forced marriage	4.1%
3	Child labour	7.8%
4	Commercial sexual exploitation (offline)	0.2%
5	Female Genital Mutilation (FGM)	0.1%
6	Gender-based harmful traditional practices (other than FGM)	0.1%
7	Harmful traditional practices other than child marriage and FGM	0.1%
8	Mental/emotional violence	17.0%
9	Neglect (or negligent treatment)	13.4%
10	Online sexual abuse	1.7%
11	Online sexual exploitation	0.3%
12	Physical violence	19.8%
13	Sexual violence	8.7%
14	Unspecified/other	16.8%

### The gender of children and young people

Our data shows that girls contacted child helplines more than boys in most sub-categories concerning violence. One notable exception is child labour, for which boys made contact slightly more often than girls. Other notable exceptions were for the neglect (or negligent treatment) and unspecified/other concerns of violence where contacts whose gender was not made known accounted for the highest number of contacts. Limited data points were collected for non-binary callers; therefore, we are unfortunately not able to determine any trends.

Violence: Sub-reasons		Girl	Boy	Unknown	Non-binary
1	Bullying	47.3%	41.8%	10.5%	0.5%
2	Child/Early/Forced marriage	90.7%	8.7%	0.6%	N/A
3	Child labour	35.8%	60.2%	4.1%	N/A
4	Commercial sexual exploitation (offline)	72.3%	22.5%	5.2%	N/A
5	Female Genital Mutilation (FGM)	69.2%	26.5%	4.3%	N/A
6	Gender-based harmful traditional practices (other than FGM)	54.2%	43.8%	2.0%	N/A
7	Harmful traditional practices other than child marriage and FGM	60.8%	13.5%	25.8%	N/A
8	Mental/emotional violence	44.6%	26.6%	28.6%	0.2%
9	Neglect (or negligent treatment)	30.6%	28.2%	41.1%	0.0%
10	Online sexual abuse	62.1%	27.7%	9.9%	0.2%
11	Online sexual exploitation	60.8%	28.2%	10.8%	0.2%
12	Physical violence	39.6%	31.4%	28.9%	0.1%
13	Sexual violence	55.8%	13.9%	29.9%	0.4%
14	Unspecified/other	17.5%	12.8%	69.9%	0.1%

## AFRICA

---

### NUMBER OF CONTACTS

Our child helpline members in the African region responded to 3,304,657 contacts with 20 child helplines across 19 countries in 2020. Specifically, our child helpline members in the African region received a total of 682,954 counselling contacts in 2020. In addition, they recorded 2,621,703 non-counselling contacts (n = 20 child helplines).

Type of Contact	Number of Contacts
Counselling contacts	682,954
Non-counselling contacts	2,621,703
<b>TOTAL</b>	<b>3,304,657</b>

### COUNTRIES

The three countries that received the highest number of counselling contacts in the African region were Zambia with 54.3% of all counselling contacts, Mozambique with 20.7% of all counselling contacts, and South Africa with 13.1% of the counselling contacts. The remaining 16 countries accounted for 11.9% of the contacts.

Country	Percent of contacts
Zambia	54.3%
Mozambique	20.7%
South Africa	13.1%
Zimbabwe	3.1%
Kenya	2.6%
Malawi	1.9%
Senegal	1.5%
Tanzania	1.0%
Burundi	0.7%
Somalia	0.3%
Botswana	0.3%
Mauritius	0.2%
Namibia	0.2%
Mauritania	0.1%
Nigeria	0.1%
Ethiopia	0.02%
Lesotho	0.01%
Burkina Faso	0.01%
Eswatini	0.003%

## GENDER

Our data suggests that boys are more likely to contact child helplines in the African region than girls – 41.1% of the counselling contacts were made by boys, compared to 37.0% by girls. Boys contacted child helplines 280,800 times and girls contacted child helplines 252,376 times. The gender of 21.9% of the callers was not identified, and 0.002% of the contacts were made by children and young people who identified as non-binary.

These analyses include 20 child helplines, representing a 100% response rate for this question.

Type of Contact	Gender	Percent of contacts
Counselling contacts	Girl	37.0%
	Boy	41.1%
	Non-binary	0.002%
	Unknown	21.9%

## REASONS FOR CONTACT

We obtained data from 20 child helplines, representing 100% of reporting child helplines, mapped at a categorical level as outlined by our Data Framework. It is important to note that not all child helplines report on every reason for contact at a (sub-)category level.

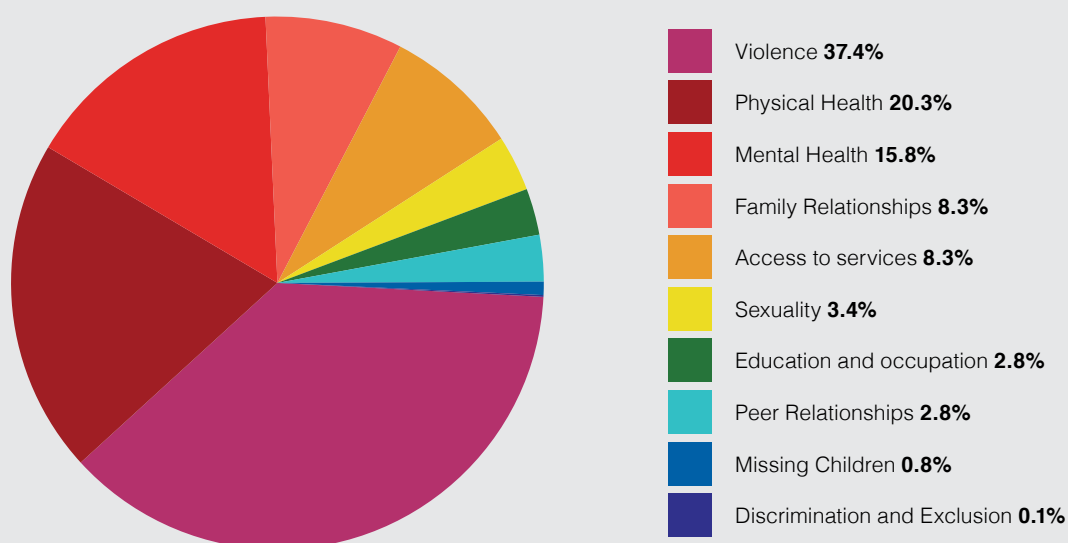
Violence (37.4%) and physical health (20.3%) were the two main reasons for contact reported by the child helplines in the African region. Over half of all contacts were related to one of these two topics. This means that half of the time that a child or young person reaches out to a child helpline in the African region, it is to discuss a concern related to their physical health or to a situation of violence.

Child helplines also received a large number of contacts related to mental health (15.8%) and family relationships (8.3%), and access to services (8.3%). More than four out of five times when a child or young person contacted a child helpline in the African region it concerned one of these five categories (90.1% of all counselling contacts). All other reasons for contact accounted for 9.9% of the contacts. We provide more information below on the main categories of contact in the region by detailing them at the sub-categorical level.

Reason for Contact	Percent
1 Missing Children	0.8%
2 Violence	37.4%
3 Mental Health	15.8%
4 Physical Health	20.3%
5 Access to services	8.3%
6 Discrimination and Exclusion	0.1%
7 Family Relationships	8.3%
8 Peer Relationships	2.8%
9 Education and occupation	2.8%
10 Sexuality	3.4%



### Reason for Contact: Africa



### Violence

Physical violence (24.7%), neglect (22.9%), and mental/emotional violence (15.2%) are the three main sub-reasons for violence contacts reported by child helplines in the African region. These three reasons accounted for nearly two thirds of the violence contacts (62.8%).

These analyses include 19 child helplines, representing a 95% response rate for this question.

Sub-Reason for Contact: Violence	Percent
1 Bullying	10.5%
2 Child/Early/Forced marriage	3.3%
3 Child labour	14.3%
4 Commercial sexual exploitation (offline)	0.1%
5 Female Genital Mutilation (FGM)	0.5%
6 Gender-based harmful traditional practices (other than FGM)	0.3%
7 Harmful traditional practices other than child marriage and FGM	0.2%
8 Mental/emotional violence	15.2%
9 Neglect (or negligent treatment)	22.9%
10 Online sexual abuse	0.3%
11 Online sexual exploitation	0.3%
12 Physical violence	24.7%
13 Sexual violence	6.4%
14 Unspecified/other	1.0%

### Physical health

Medical or lifestyle information about HIV/AIDS (66.4%) was the main reason for physical health contacts reported by child helplines in the African region. It accounted for more than half of all physical health contacts received.

These analyses include 17 child helplines, representing an 85% response rate for this question.

	Sub-Reason for Contact: Physical health	Percent
1	General medical or lifestyle concerns	19.7%
2	Medical or lifestyle information about HIV/AIDS	66.4%
3	Nutrition	3.7%
4	Pregnancy and Maternal care	4.9%
5	Sexual and reproductive health	5.0%
6	Unspecified/Other	0.3%

### Mental health

Behavioural problems (22.0%), emotional distress – fear and anxiety problems (19.0%), and emotional distress - anger problems (16.0%) are the three largest reasons for mental health contacts reported by child helplines in the African region. These three categories represent more than half of all contacts about mental health (56.0%).

These analyses include 13 child helplines, representing a 65% response rate for this question.

	Sub-Reason for Contact: Mental health	Percent
1	Addictive behaviours and substance abuse	10.5%
2	Behavioural problems	22.0%
3	Concerns about the self	7.3%
4	Emotional distress – anger problems	16.0%
5	Emotional distress – fear and anxiety problems	19.0%
6	Emotional distress – mood problems	12.3%
7	Neurodevelopmental concerns	#N/A
8	Problems with eating behaviour	3.9%
9	Self-harming behaviour	3.1%
10	Suicidal thoughts and suicide attempts	1.0%
11	Traumatic distress	4.8%
12	Unspecified/other	0.2%

## Actions taken

Child helplines do more than take calls and talk to children and young people, child helplines engage in different actions to help children and young people that reach out to them. The actions taken by the child helplines are steps taken outside of the contact in order to provide more support.

Referrals to child protection agencies (30.0%) by the child helpline were by far the most frequent action taken in the African region, closely followed by direct interventions by the child helpline (24.4%). These two sub-categories accounted for more than half of the contacts (54.4%), followed by referrals to general healthcare services (15.5%) and referrals to law enforcement agencies (14.2%).

These analyses include 19 child helplines, representing a 95% response rate for this question.

	Actions Taken: Sub-category	Percent
1	Direct interventions by the child helpline	24.4%
2	Recommendations of resources	5.3%
3	Referrals to child protection agencies	30.0%
4	Referrals to general healthcare services	15.5%
5	Referrals to law enforcement agencies	14.2%
6	Referrals to mental health services	0.2%
7	Referrals to other organisations	5.0%
8	Referrals to school counsellors	0.9%
9	Reports to Child Sexual Abuse Material	0.1%
10	Other	4.5%

## AMERICAS AND THE CARIBBEAN

---

### NUMBER OF CONTACTS

Our child helpline members in the Americas and Caribbean region responded to 893,070 contacts with 13 child helplines across 10 countries. Specifically, our child helpline members in the Americas and Caribbean region received a total of 371,430 counselling contacts in 2020. In addition, our network recorded 521,640 non-counselling contacts (n = 13 child helplines).

Type of Contact	Number of Contacts
Counselling contacts	371,430
Non-counselling contacts	521,640
<b>TOTAL</b>	<b>893,070</b>

## COUNTRIES

The three countries receiving the highest number of counselling contacts in the Americas and Caribbean region were Canada with 42.5% of all counselling contacts, the USA with 33.6% of all counselling contacts, and Colombia with 14.9% of all counselling contacts. The remaining seven countries accounted for 9.0% of the contacts.

Country	Percent
Canada	42.5%
USA	33.6%
Colombia	14.9%
Chile	3.0%
Aruba	2.1%
Trinidad and Tobago	1.1%
Uruguay	1.0%
Costa Rica	0.9%
Brazil	0.7%
Curaçao	0.2%

## GENDER

Our data suggests that girls are more likely to contact child helplines in the Americas and Caribbean region than boys – 42.4% of the counselling contacts were made by girls, compared to 21.3% by boys. Girls contacted child helplines 157,656 times and boys contacted child helplines 79,107 times. The gender of 35.3% of the callers was not identified, and 1.0% of the contacts were made by children and young people identifying as non-binary.

These analyses include 13 child helplines, representing a 100% response rate for this question.

Type of Contact	Gender	Percent
Counselling contacts	Girl	42.4%
	Boy	21.3%
	Non-binary	1.0%
	Unknown	35.3%

## REASONS FOR CONTACT

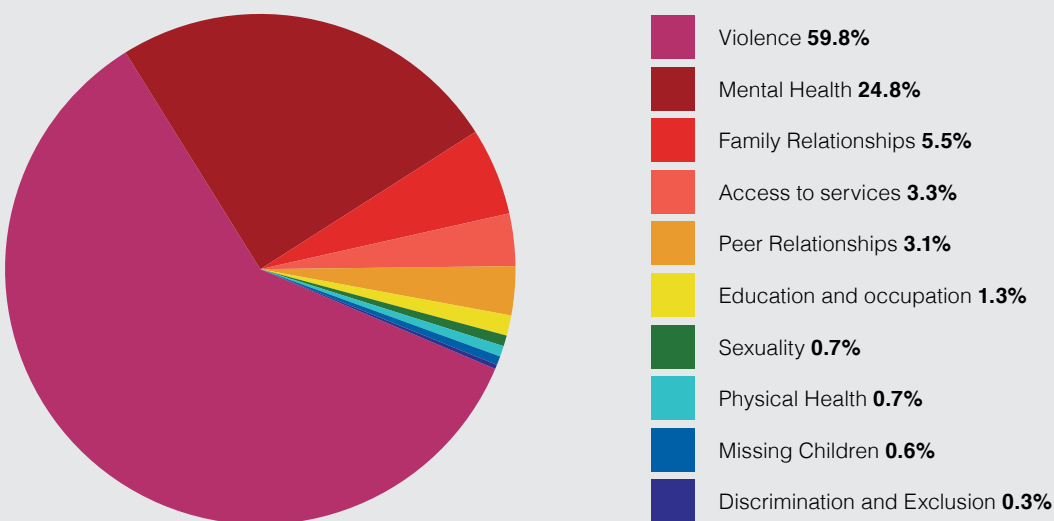
We obtained data from 13 child helplines, representing 100% of reporting child helplines, mapped at a categorical level as outlined by our Data Framework. It is important to note that not all child helplines report on every reason for contact at a (sub-)category level.

Violence (59.8%) and mental health (24.8%) were the two largest reasons for contact reported by the child helplines in the Americas and Caribbean region. Over three quarters (84.6%) of all contacts were related to one of these two topics, which are identified as crucial areas. This means that three out of four times that a child or young person reaches out to a child helpline in the Americas and Caribbean region, it is to discuss a concern related to their mental health or to a situation of violence. We provide more information below on these main categories of contact in the region by detailing them at the sub-categorical level.

Child helplines also received a smaller number of contacts related to family relationships (5.5%), access to services (3.3%), and peer relationships (3.1%). All other reasons for contact accounted for 3.5% of the contacts.

	Reason for Contact	Percent
1	Missing Children	0.6%
2	Violence	59.8%
3	Mental Health	24.8%
4	Physical Health	0.7%
5	Access to services	3.3%
6	Discrimination and Exclusion	0.3%
7	Family Relationships	5.5%
8	Peer Relationships	3.1%
9	Education and occupation	1.3%
10	Sexuality	0.7%

**Reason for Contact: Americas and the Caribbean**



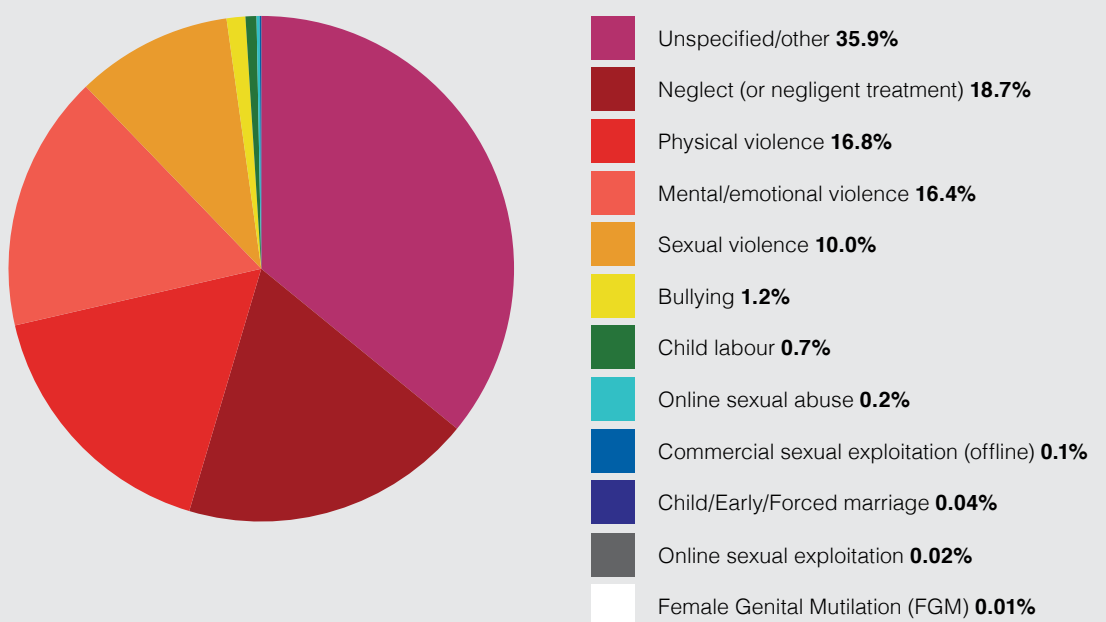
## Violence

Unspecified/other (35.9%) was the main reason for violence contacts reported by child helplines in the Americas and Caribbean region. Of the sub-categories where the nature of the violence was known, neglect (or negligent treatment) (18.7%), physical violence (16.8%), and mental/emotional violence (16.4%) were the next three main reasons for violence contacts reported. These three reasons accounted for over half of the violence contacts (51.9%).

These analyses include 13 child helplines, representing a 100% response rate for this question.

Sub-Reason for Contact: Violence		Percent
1	Bullying	1.2%
2	Child/Early/Forced marriage	0.04%
3	Child labour	0.7%
4	Commercial sexual exploitation (offline)	0.1%
5	Female Genital Mutilation (FGM)	0.01%
6	Gender-based harmful traditional practices (other than FGM)	N/A
7	Harmful traditional practices other than child marriage and FGM	N/A
8	Mental/emotional violence	16.4%
9	Neglect (or negligent treatment)	18.7%
10	Online sexual abuse	0.2%
11	Online sexual exploitation	0.02%
12	Physical violence	16.8%
13	Sexual violence	10.0%
14	Unspecified/other	35.9%

**Violence Sub-Reasons: Americas and the Caribbean**



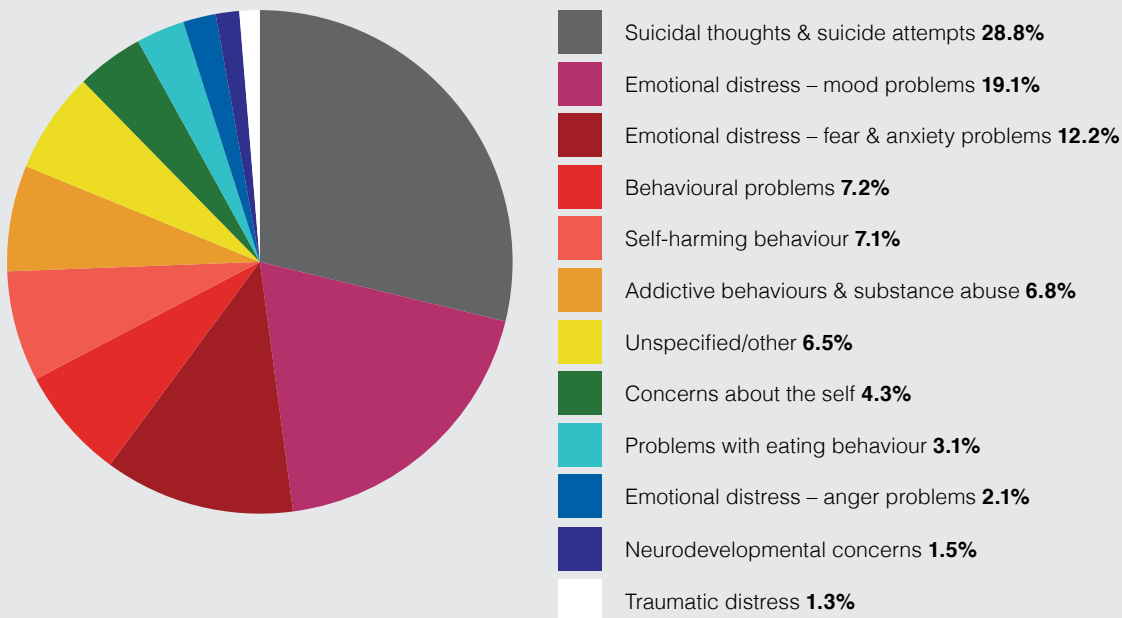
## Mental health

Suicidal thoughts and suicide attempts (28.8%), emotional distress – mood problems (19.1%), and emotional distress – fear and anxiety problems (12.2%) were the three main reasons for mental health contacts reported by child helplines in the Americas and Caribbean region. These three categories represent more than half of all contacts about mental health (60.2%).

These analyses include 12 child helplines, representing a 92% response rate for this question.

Sub-Reason for Contact: Mental health	Percent
1 Addictive behaviours and substance abuse	6.8%
2 Behavioural problems	7.2%
3 Concerns about the self	4.3%
4 Emotional distress – anger problems	2.1%
5 Emotional distress – fear and anxiety problems	12.2%
6 Emotional distress – mood problems	19.1%
7 Neurodevelopmental concerns	1.5%
8 Problems with eating behaviour	3.1%
9 Self-harming behaviour	7.1%
10 Suicidal thoughts and suicide attempts	28.8%
11 Traumatic distress	1.3%
12 Unspecified/other	6.5%

**Mental Health Sub-Reasons: Americas and the Caribbean**



### Actions taken

Child helplines do more than take calls and talk to children and young people, child helplines engage in different actions to help children and young people that reach out to them. The actions taken by the child helplines are steps taken outside of the contact in order to provide more support.

Referrals to child protection agencies (34.0%) by the child helplines were by far the most frequent action taken, closely followed by direct interventions by the child helpline (27.3%) and recommendations of resources (27.1%). These three main sub-categories accounted for nearly all of the actions taken by child helplines in the Americas and Caribbean region (88.4%).

These analyses include 9 child helplines, representing a 69% response rate for this question.

	Actions Taken: Sub-category	Percent
1	Direct interventions by the child helpline	27.3%
2	Recommendations of resources	27.1%
3	Referrals to child protection agencies	34.0%
4	Referrals to general healthcare services	1.0%
5	Referrals to law enforcement agencies	0.7%
6	Referrals to mental health services	0.3%
7	Referrals to other organisations	1.5%
8	Referrals to school counsellors	2.1%
9	Reports to Child Sexual Abuse Material	0.03%
10	Other	5.9%

## ASIA-PACIFIC

---

### NUMBER OF CONTACTS

Our child helpline members in the Asia-Pacific region responded to 6,883,460 contacts with 15 child helplines across 15 countries in 2020. Specifically, our child helpline members in the Asia-Pacific region received a total of 790,521 counselling contacts in 2020. In addition, our network recorded 6,092,939 non-counselling contacts (n = 15 child helplines).

Type of Contact	Number of Contacts
Counselling contacts	790,521
Non-counselling contacts	6,092,939
<b>TOTAL</b>	<b>6,883,460</b>



## COUNTRIES

The three countries receiving the highest number of counselling contacts in the Asia-Pacific region were India with 48.5% of all counselling contacts, Bangladesh with 23.4% of all counselling contacts, and Australia with 11.5% of all counselling contacts. The remaining 12 countries accounted for 16.6% of the contacts.

Country	Percent of contacts
India	48.5%
Bangladesh	23.4%
Australia	11.5%
Japan	6.3%
Kazakhstan	4.1%
Thailand	2.9%
New Zealand	0.9%
Papua New Guinea	0.7%
Philippines	0.5%
Singapore	0.5%
Nepal	0.4%
Cambodia	0.1%
Hong Kong (China)	0.1%
Maldives	0.1%
Brunei	0.01%

## GENDER

Our data suggests that girls and boys contact child helplines in the Asia-Pacific region at almost the same rate. 49.7% of the counselling contacts were made by girls compared to 48.1% by boys. Girls contacted child helplines 393,282 times and boys contacted child helplines 380,085 times. The gender of 0.2% of the callers was not identified, and 0.4% of the contacts were made by children and young people identifying as non-binary.

These analyses include 15 child helplines, representing a 100% response rate for this question.

Type of Contact	Gender	Percent of contacts
Counselling contacts	Girl	49.7%
	Boy	48.1%
	Non-binary	0.4%
	Unknown	0.2%

## REASONS FOR CONTACT

We obtained data from 14 child helplines, representing 93% of reporting child helplines, mapped at a categorical level as outlined by our Data Framework. It is important to note that not all child helplines report on every reason for contact at a (sub-)category level.

Access to services (34.4%) was the main reason for contact reported by the child helplines in the Asia-Pacific region. This means that a third of the time that a child or young person reaches out to a child helpline in the Asia-Pacific region, it was to discuss a concern related to their accessibility to services.

Child helplines also received a large number of contacts related to violence (19.8%) and mental health (18.6%). Close to three out of four times when a child or young person contacted a child helpline in the Asia-Pacific region it concerned one of these three categories (72.8% of all counselling contacts). All other reasons for contact accounted for 27.2% of the contacts. We provide more information on the main categories of contact in the region by detailing them at the sub-categorical level.

	Reason for Contact	Percent
1	Missing Children	5.6%
2	Violence	19.8%
3	Mental Health	18.6%
4	Physical Health	8.3%
5	Access to services	34.4%
6	Discrimination and Exclusion	0.03%
7	Family Relationships	5.1%
8	Peer Relationships	3.9%
9	Education and occupation	2.7%
10	Sexuality	1.5%

*Note:*

In the Asia-Pacific region, India accounted for nearly half of all counselling contact. For that reason, we completed a comparative analysis for the region including and excluding India. Without the Indian data, contacts about access to services drops from 34.4% to 4.8% across the rest of the region, while mental health becomes a main reason for contact at 41.8% (rather than 18.6%). Violence remains an important reason for contact in the region (9.3%). For our reporting, we have included India's data while also highlighting the three main reason for contacts in the Asia-Pacific region, to highlight the significant number of mental health contacts raised in the remaining countries.

**Access to services**

Essential needs (63.1%) was the main reason for access to services contacts reported by child helplines in the Asia-Pacific region, and accounted for close to two thirds of access to services contacts received.

These analyses include 11 child helplines, representing a 73% response rate for this question.

	Sub-Reason for Contact: Access to services	Percent
1	Education	9.5%
2	Essential needs	63.1%
3	General healthcare services	15.1%
4	Legal services and advice	0.5%
5	Mental health services	0.5%
6	Sexual health services	0.1%
7	Socio-economical services	8.3%
8	Unspecified/other	2.9%

## Violence

Child labour (28.2%) was the main reason for violence contacts reported by child helplines in the Asia-Pacific region, closely followed by child/early/forced marriage (22.0%) and physical violence (20.0%). These three reasons accounted for over two thirds of the violence contacts (70.2%).

These analyses include 14 child helplines, representing a 93% response rate for this question.

Sub-Reason for Contact: Violence		Percent
1	Bullying	4.6%
2	Child/Early/Forced marriage	22.0%
3	Child labour	28.2%
4	Commercial sexual exploitation (offline)	0.2%
5	Female Genital Mutilation (FGM)	N/A
6	Gender-based harmful traditional practices (other than FGM)	N/A
7	Harmful traditional practices other than child marriage and FGM	N/A
8	Mental/emotional violence	10.2%
9	Neglect (or negligent treatment)	2.7%
10	Online sexual abuse	0.1%
11	Online sexual exploitation	0.3%
12	Physical violence	20.0%
13	Sexual violence	9.9%
14	Unspecified/other	1.8%

## Mental health

The main reasons for mental health contacts reported by child helplines in the Asia-Pacific region were unspecified/other concerns (30.3%). Of the specified mental health sub-categories, emotional distress – mood problems (26.0%), emotional distress – fear and anxiety problems (10.9%), concerns about the self (9.6%), and suicidal thoughts and suicide attempts (9.5%) were the four main reasons for mental health contacts. These four sub-categories represent more than half of all contacts about mental health (56.0%).

These analyses include 10 child helplines, representing a 67% response rate for this question.

Sub-Reason for Contact: Mental health		Percent
1	Addictive behaviours and substance abuse	3.1%
2	Behavioural problems	1.2%
3	Concerns about the self	9.6%
4	Emotional distress – anger problems	3.0%
5	Emotional distress – fear and anxiety problems	10.9%
6	Emotional distress – mood problems	26.0%
7	Neurodevelopmental concerns	0.6%
8	Problems with eating behaviour	0.3%
9	Self-harming behaviour	3.9%
10	Suicidal thoughts and suicide attempts	9.5%
11	Traumatic distress	1.5%
12	Unspecified/other	30.3%

### Actions taken

Child helplines do more than take calls and talk to children and young people, child helplines engage in different actions to help children and young people that reach out to them. The actions taken by the child helplines are steps taken outside of the contact in order to provide more support.

Direct interventions by the child helpline (61.0%) were by far the most frequent action taken, accounting for nearly two thirds of the actions taken by child helplines in the Asia-Pacific region. The second and third most frequent actions taken were recommendations of resources (21.4%) and referrals to child protection agencies (10.2%).

These analyses include 13 child helplines, representing an 87% response rate for this question.

Actions Taken: Sub-category		Percent
1	Direct interventions by the child helpline	61.0%
2	Recommendations of resources	21.4%
3	Referrals to child protection agencies	10.2%
4	Referrals to general healthcare services	2.7%
5	Referrals to law enforcement agencies	1.1%
6	Referrals to mental health services	0.3%
7	Referrals to other organisations	3.1%
8	Referrals to school counsellors	0.1%
9	Reports to Child Sexual Abuse Material	0.0001%
10	Other	0.1%

## EUROPE

---

### NUMBER OF CONTACTS

In total, in 2020, our child helpline members in the European region responded to 4,051,614 contacts with 39 child helplines across 34 countries. Specifically, our child helpline members in Europe received a total of 1,285,158 counselling contacts in 2020. In addition, our network recorded 2,766,456 non-counselling contacts (n = 39 child helplines).

Type of Contact	Number of Contacts
Counselling contacts	1,285,158
Non-counselling contacts	2,766,456
<b>TOTAL</b>	<b>4,051,614</b>

## COUNTRIES

The three countries that received the highest number of counselling contacts in the European region were United Kingdom with 23.5% of all counselling contacts, the Netherlands with 12.8% of all counselling contacts, and Germany with 8.6% of all counselling contacts. The remaining 31 countries accounted for 55.1% of the contacts.

Country	Percent of contacts
United Kingdom	23.5%
Netherlands	12.8%
Germany	8.6%
Ukraine	7.7%
Ireland	5.7%
Israel	5.5%
Greece	5.0%
Czech Republic	4.1%
Denmark	3.8%
France	3.3%
Austria	3.0%
Sweden	2.7%
Poland	2.0%
Switzerland	1.8%
Belgium	1.8%
Lithuania	1.4%
Norway	1.4%
Spain	1.3%
Finland	0.7%
Malta	0.7%
Romania	0.6%
Latvia	0.5%
Azerbaijan	0.5%
Serbia	0.4%
Albania	0.4%
Italy	0.3%
Slovenia	0.3%
Iceland	0.2%
Portugal	0.1%
Croatia	0.1%
Luxembourg	0.1%
Bosnia and Herzegovina	0.03%
North Macedonia	0.03%
Cyprus	0.002%

## GENDER

Our data suggests that girls are more likely to contact child helplines in the European region than boys – 56.2% of the counselling contacts were made by girls, compared to 31.3% by boys. Girls contacted child helplines 722,098 times and boys contacted child helplines 401 912 times. The gender of 12.2% of the callers was not identified, and 0.3% of the contacts were made by children and young people identifying as non-binary.

These analyses include 39 child helplines, representing a 100% response rate for this question.

Type of Contact	Gender	Percent of contacts
Counselling contacts	Girl	56.2%
	Boy	31.3%
	Non-binary	0.3%
	Unknown	12.2%

## REASONS FOR CONTACT

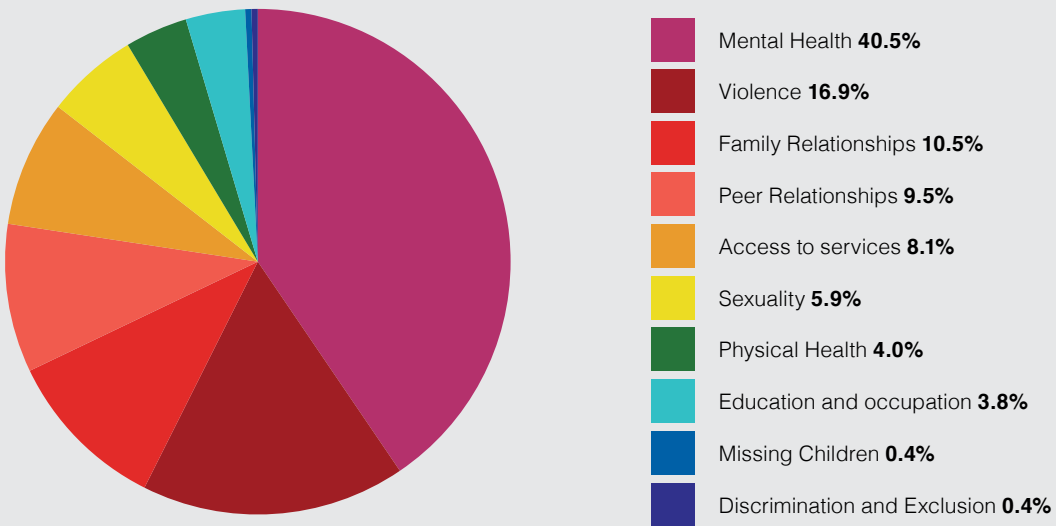
We obtained data from all 39 child helplines, representing 100% of reporting child helplines, mapped at a categorical level as outlined by our Data Framework. It is important to note that not all child helplines report on every reason for contact at a (sub-) category level.

Mental health (40.5%) was the main reason for contact reported by the child helplines in the European region. This means that over a third of the time that a child or young person reaches out to a child helpline in the Europe region it was to discuss a concern related to their mental health, which is identified as a crucial area of focus by Child Helpline International.

Child helplines also received a large number of contacts related to violence (16.9%), family relationships (10.5%), peer relationships (9.5%), and access to services (8.1%). Together with mental health, these four categories represent 85.5% of all counselling contacts. This means that more than four out of five times a child or young person contacted a child helpline in the European region, it concerned of these five categories. All other reasons for contact accounted for 14.5% of the contacts. We provide more information below on the main categories of contact in the region by detailing them at the sub-categorical level.

	Reason for Contact	Percent
1	Missing Children	0.4%
2	Violence	16.9%
3	Mental Health	40.5%
4	Physical Health	4.0%
5	Access to services	8.1%
6	Discrimination and Exclusion	0.4%
7	Family Relationships	10.5%
8	Peer Relationships	9.5%
9	Education and occupation	3.8%
10	Sexuality	5.9%

**Reasons for Contact: Europe**



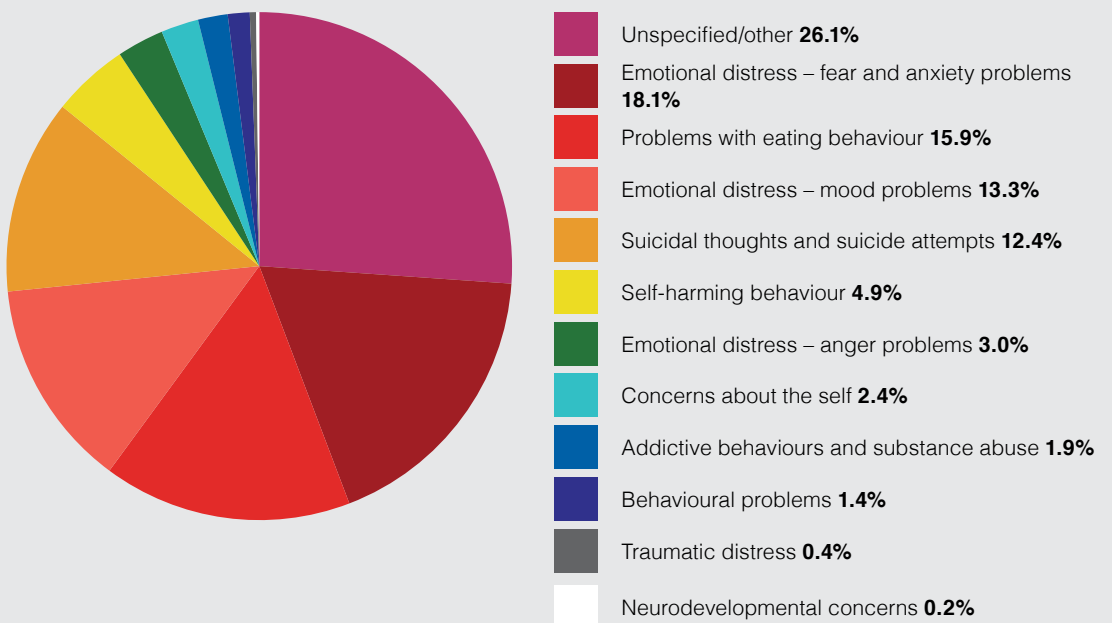
### Mental health

Unspecified/other concerns (26.1%) were the main reasons for mental health contacts reported by child helplines in the European region. Of the specified mental health sub-categories, emotional distress – fear and anxiety problems (18.1%), problems with eating behaviour (15.9%), emotional distress – mood problems (13.3%), and suicidal thoughts and suicide attempts (12.4%) are the four main reasons for mental health contacts. These four sub-categories represent more than half of all contacts about mental health (59.7%).

These analyses include 38 child helplines, representing a 97% response rate for this question.

Sub-Reason for Contact: Mental health		Percent
1	Addictive behaviours and substance abuse	1.9%
2	Behavioural problems	1.4%
3	Concerns about the self	2.4%
4	Emotional distress – anger problems	3.0%
5	Emotional distress – fear and anxiety problems	18.1%
6	Emotional distress – mood problems	13.3%
7	Neurodevelopmental concerns	0.2%
8	Problems with eating behaviour	15.9%
9	Self-harming behaviour	4.9%
10	Suicidal thoughts and suicide attempts	12.4%
11	Traumatic distress	0.4%
12	Unspecified/other	26.1%

**Mental Health Sub-Reasons: Europe**





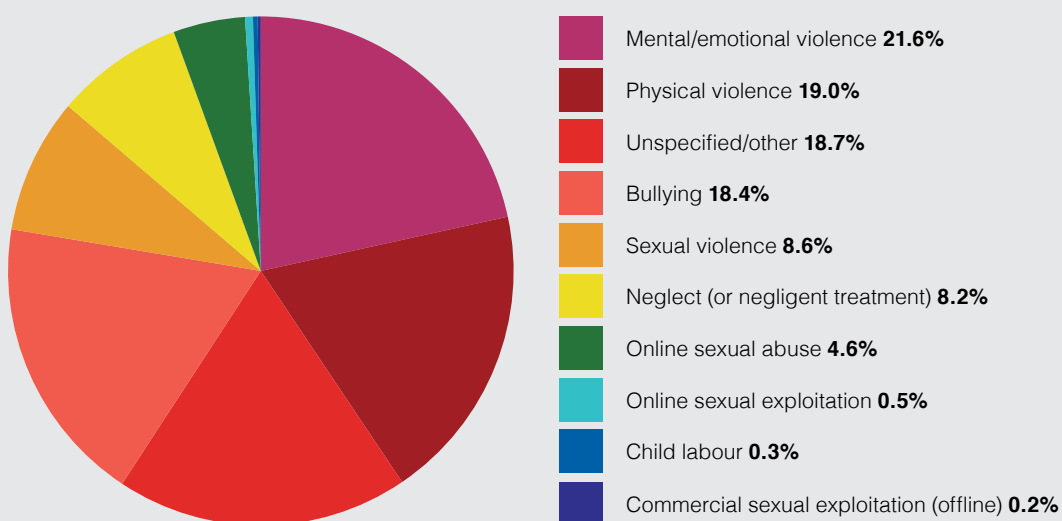
## Violence

Mental/emotional violence (21.6%) was the main reason for violence contacts reported by child helplines in the European region, closely followed by physical violence (19%), unspecified/other forms of violence (18.7%) and bullying (18.4%). These four reasons accounted for over three quarters of the contacts about violence (77.7%).

These analyses include 38 child helplines, representing a 97% response rate for this question.

Violence: Sub-category		Percent
1	Bullying	18.4%
2	Child/Early/Forced marriage	0.0%
3	Child labour	0.3%
4	Commercial sexual exploitation (offline)	0.2%
5	Female Genital Mutilation (FGM)	0.0%
6	Gender-based harmful traditional practices (other than FGM)	N/A
7	Harmful traditional practices other than child marriage and FGM	0.0%
8	Mental/emotional violence	21.6%
9	Neglect (or negligent treatment)	8.2%
10	Online sexual abuse	4.6%
11	Online sexual exploitation	0.5%
12	Physical violence	19.0%
13	Sexual violence	8.6%
14	Unspecified/other	18.7%

**Violence Sub-Reasons: Europe**



### Actions taken

Child helplines do more than take calls and talk to children and young people, child helplines engage in different actions to help children and young people that reach out to them. The actions taken by the child helplines are steps taken outside of the contact in order to provide more support.

Recommendations of resources (46.8%) by the child helplines were by far the most frequent action taken, accounting for nearly half of the actions taken by child helplines in the European region. The second and third most frequent actions taken are referrals to child protection agencies (15.9%) and referrals to other organisations (10.3%).

These analyses include 31 child helplines, representing a 79% response rate for this question.

	Actions Taken: Sub-category	Percent
1	Direct interventions by the child helpline	3.2%
2	Recommendations of resources	46.8%
3	Referrals to child protection agencies	15.9%
4	Referrals to general healthcare services	4.4%
5	Referrals to law enforcement agencies	8.4%
6	Referrals to mental health services	3.7%
7	Referrals to other organisations	10.3%
8	Referrals to school counsellors	3.3%
9	Reports to Child Sexual Abuse Material	0.7%
10	Other	3.3%

## MENA

---

### NUMBER OF CONTACTS

Our child helpline members in the MENA region responded to 43,971 contacts with 6 child helplines across 6 countries in 2020. Specifically, our child helpline members in the MENA region received a total of 12,621 counselling contacts in 2020. In addition, our network recorded 31,350 non-counselling contacts (n = 6 child helplines).

Type of Contact	Number of Contacts
Counselling contacts	12,621
Non-counselling contacts	31,350
<b>TOTAL</b>	<b>43,971</b>

## COUNTRIES

The three countries that received the highest number of counselling contacts in the MENA region were Jordan with 56.0% of all counselling contacts, Palestine with 28.8% of all counselling contacts, and Algeria with 6.1% of all counselling contacts. The remaining three countries accounted for 9.1% of the contacts.

Country	Percent of contacts
Jordan	56.0%
Palestine	28.8%
Algeria	6.1%
Iraq	4.0%
Qatar	3.1%
United Arab Emirates	2.1%

## GENDER

Our data suggests that girls are more likely to contact child helplines in the MENA region than boys – 61.3% of the counselling contacts were made by girls, compared to 37.4% by boys. Girls contacted child helplines 7,742 times and boys contacted child helplines 4,721 times. The gender of 1.2% of the callers was not identified, and 0.1% of the contacts were made by children and young people identifying as non-binary.

These analyses include 6 child helplines, representing a 100% response rate for this question.

Type of Contact	Gender	Percent of contacts
Counselling contacts	Girl	61.3%
	Boy	37.4%
	Non-binary	0.1%
	Unknown	1.2%

## REASONS FOR CONTACT

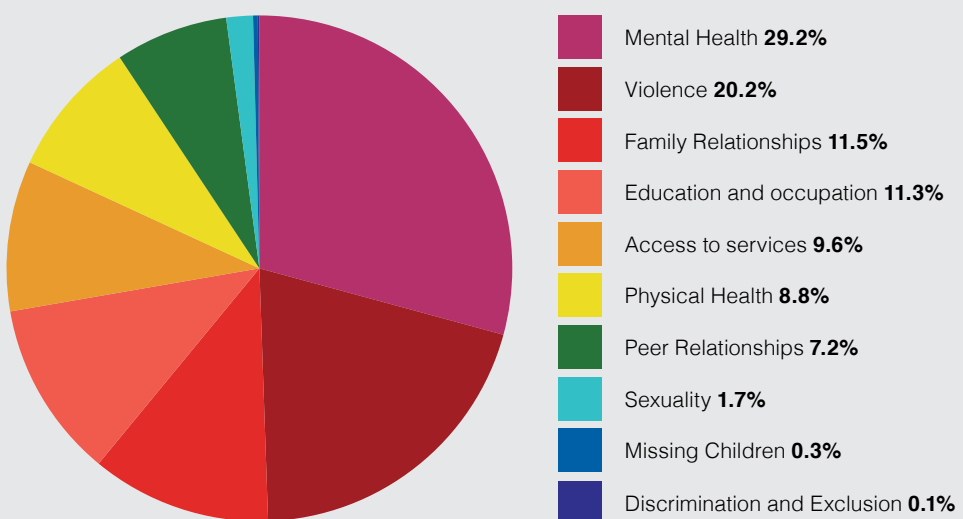
We obtained data from 5 child helplines, representing 83% of reporting child helplines, mapped at a categorical level as outlined by our Data Framework. It is important to note that not all child helplines report on every reason for contact at a (sub-)category level.

Mental health (29.2%) and violence (20.2%) were the two main reasons for contact reported by the child helplines in the MENA region. Almost half of all contacts were related to one of those two topics, which are identified as a crucial area of focus by Child Helpline International. This means that half of the time that a child or young person reaches out to a child helpline in the MENA region, it is to discuss a concern related to their mental health or to a situation of violence. We provide more information below on the main categories of contact in the region by detailing them at the sub-categorical level.

Child helplines also received a large number of contacts related to family relationships (11.5%), education and occupation (11.3%) and access to services (9.6%). More than four out of five times when a child or young person contacted a child helpline in the MENA region it concerned one of these five categories (81.8% of all counselling contacts). All other reasons for contact accounted for 18.2% of the contacts.

	Reason for Contact	Percent
1	Missing Children	0.3%
2	Violence	20.2%
3	Mental Health	29.2%
4	Physical Health	8.8%
5	Access to services	9.6%
6	Discrimination and Exclusion	0.1%
7	Family Relationships	11.5%
8	Peer Relationships	7.2%
9	Education and occupation	11.3%
10	Sexuality	1.7%

Reasons for Contact: MENA



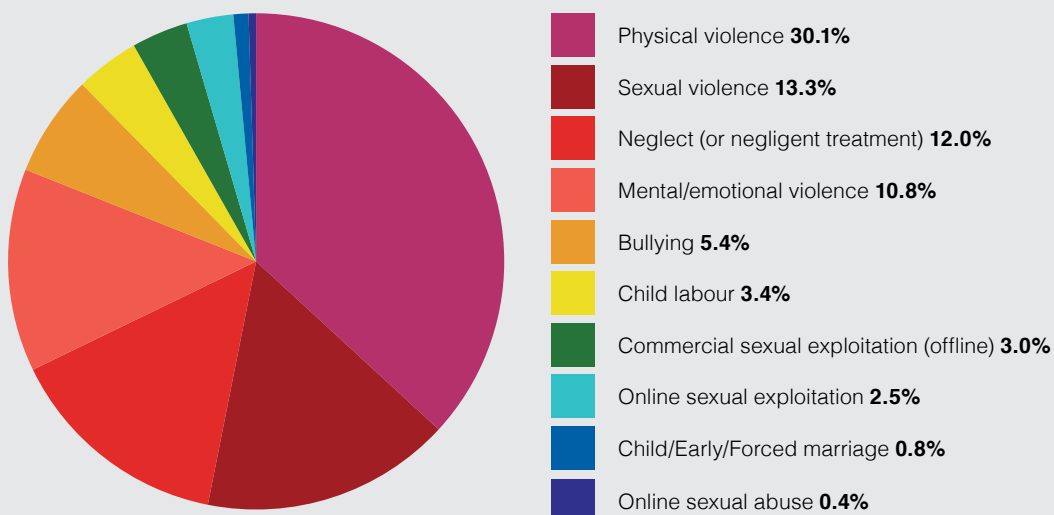
## Violence

Physical violence (30.1%) was the largest reason for violence contacts reported by child helplines in the MENA region, followed by unspecified/other forms of violence (18.3%), sexual violence (13.3%), and neglect (or negligent treatment) (12.0%). These four reasons account for nearly three quarters of the contacts about violence (73.7%).

These analyses include 5 child helplines, representing an 83% response rate for this question.

Sub-Reason for Contact: Violence		Percent
1	Bullying	5.4%
2	Child/Early/Forced marriage	0.8%
3	Child labour	3.4%
4	Commercial sexual exploitation (offline)	3.0%
5	Female Genital Mutilation (FGM)	N/A
6	Gender-based harmful traditional practices (other than FGM)	N/A
7	Harmful traditional practices other than child marriage and FGM	N/A
8	Mental/emotional violence	10.8%
9	Neglect (or negligent treatment)	12.0%
10	Online sexual abuse	0.4%
11	Online sexual exploitation	2.5%
12	Physical violence	30.1%
13	Sexual violence	13.3%
14	Unspecified/other	18.3%

**Violence Sub-Reasons: MENA**



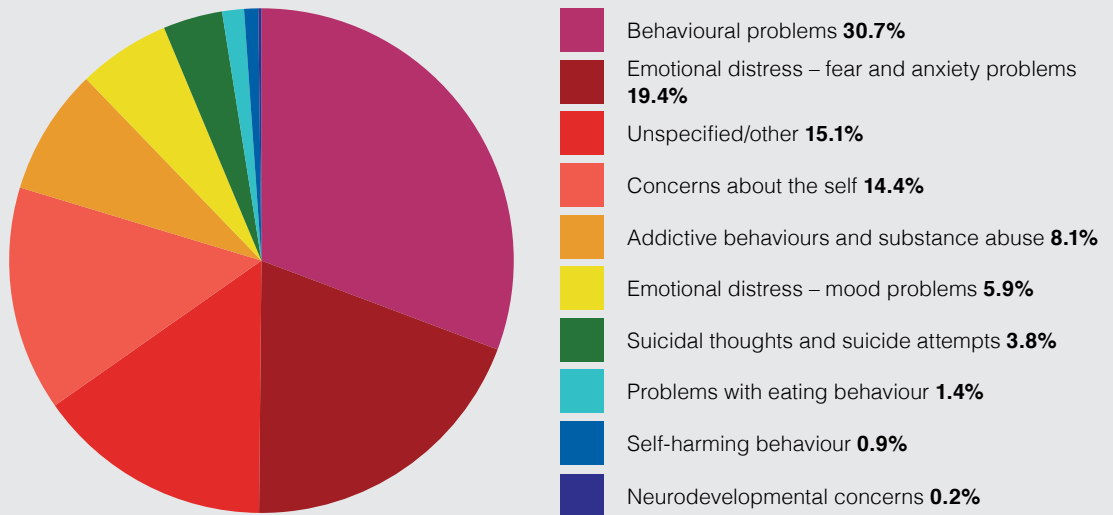
### Mental health

Behavioural problems (30.7%) was the main reason for mental health contacts reported by child helplines in the MENA region, followed by emotional distress – fear and anxiety problems (19.4%), unspecified/other concerns (15.1%), concerns about the self (14.4%), and addictive behaviours and substance abuse (8.1%). These five largest subcategories represent nearly all contacts about mental health (87.8%).

These analyses include 3 child helplines, representing a 50% response rate for this question.

Sub-Reason for Contact: Mental health		Percent
1	Addictive behaviours and substance abuse	8.1%
2	Behavioural problems	30.7%
3	Concerns about the self	14.4%
4	Emotional distress – anger problems	N/A
5	Emotional distress – fear and anxiety problems	19.4%
6	Emotional distress – mood problems	5.9%
7	Neurodevelopmental concerns	0.2%
8	Problems with eating behaviour	1.4%
9	Self-harming behaviour	0.9%
10	Suicidal thoughts and suicide attempts	3.8%
11	Traumatic distress	N/A
12	Unspecified/other	15.1%

**Mental Health Sub-Reasons: MENA**



## Actions taken

Child helplines do more than take calls and talk to children and young people, child helplines engage in different actions to help children and young people that reach out to them. The actions taken by the child helplines are steps taken outside of the contact in order to provide more support.

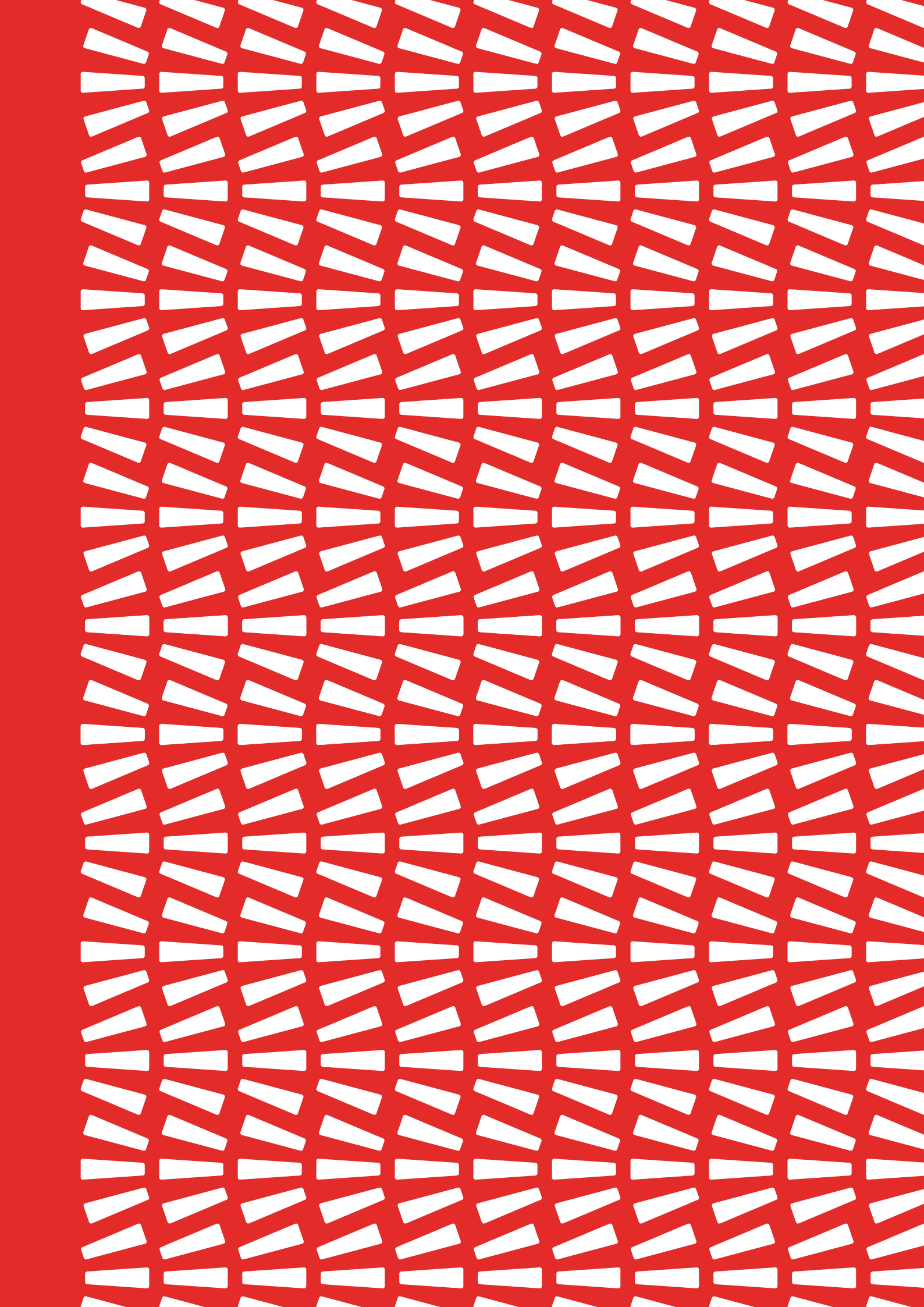
Direct interventions by the child helpline (87.3%) was by far the most frequent action taken, accounting for nearly all the actions taken by child helplines in the MENA region.

These analyses include 4 child helplines, representing a 67% response rate for this question.

	Actions Taken: Sub-category	Percent
1	Direct interventions by the child helpline	87.3%
2	Recommendations of resources	4.2%
3	Referrals to child protection agencies	1.9%
4	Referrals to general healthcare services	0.5%
5	Referrals to law enforcement agencies	1.6%
6	Referrals to mental health services	0.6%
7	Referrals to other organisations	N/A
8	Referrals to school counsellors	0.02%
9	Reports to Child Sexual Abuse Material	0.2%
10	Other	3.8%

CHILD  
HELPLINE  
INTERNATIONAL  
MEMBERS





## AFRICA

---

<b>BENIN</b>	<b>Sauver l'Enfant</b> ☎ 138	<b>MAURITANIA</b>	<b>LATEF</b> ☎ 8000 1010 <a href="http://www.amsme.org">http://www.amsme.org</a>
<b>BOTSWANA</b>	<b>Childline Botswana</b> ☎ 11611 <a href="http://childlinebotswana.org">http://childlinebotswana.org</a>	<b>MAURITIUS</b>	<b>Child Helpline Mauritius</b> ☎ +214 2451 <a href="http://halleymovement.org/our-programs/child-helpline">http://halleymovement.org/our-programs/child-helpline</a>
<b>BURKINA FASO</b>	<b>Allo 116</b> ☎ 116 <a href="http://www.action-sociale.gov.bf">http://www.action-sociale.gov.bf</a>	<b>MOZAMBIQUE</b>	<b>Linha Fala Criança Child Helpline Mozambique</b> ☎ 116 <a href="http://www.linhafala.org.mz">http://www.linhafala.org.mz</a>
<b>BURUNDI</b>	<b>Yaga Ndakumva</b> ☎ 116 <a href="http://www.droitshumains.gov.bi">http://www.droitshumains.gov.bi</a>	<b>NAMIBIA</b>	<b>Lifeline/Childline Namibia</b> ☎ 116 <a href="http://www.lifelinechildline.org.na">http://www.lifelinechildline.org.na</a>
<b>CAMEROON</b>	<b>Lignes Vertes Cameroon</b> <a href="http://www.minproff.cm/liens-utiles/">http://www.minproff.cm/liens-utiles/</a>	<b>NIGERIA</b>	<b>Cece Yara Child Helpline</b> ☎ 0800 800 8001 <a href="http://www.ceceyara.org">http://www.ceceyara.org</a>
<b>CÔTE D'IVOIRE</b>	<b>Allo Enfant en Détresse</b> ☎ 116 <a href="http://www.famille.gouv.ci">http://www.famille.gouv.ci</a>		<b>HDI Nigeria Child Helpline</b> ☎ 0808 0551 376 <a href="http://www.hdinigeria.org">http://www.hdinigeria.org</a>
<b>DEMOCRATIC REPUBLIC OF CONGO</b>	<b>Tukinge Watoto</b> ☎ 117 <a href="http://www.warchild.uk.org/what-we-do/projects/drc">http://www.warchild.uk.org/what-we-do/projects/drc</a>	<b>SENEGAL</b>	<b>Centre GINDDI - Allo 116</b> ☎ 116
<b>ESWATINI</b>	<b>Eswatini Ministry of Education</b> ☎ 116 <a href="http://www.govpage.co.za/swaziland-education-and-training.html">http://www.govpage.co.za/swaziland-education-and-training.html</a>	<b>SIERRA LEONE</b>	<b>Childhelp Sierra Leone</b> <a href="http://www.childhelpsl.org">http://www.childhelpsl.org</a>
	<b>SWAGAA 951 Helpline</b> ☎ 951 <a href="http://www.swagaa.org.za">http://www.swagaa.org.za</a>		<b>EEHR Sierra leone</b> <a href="http://eehrsl.wix.com/eehrsl">http://eehrsl.wix.com/eehrsl</a>
<b>ETHIOIA</b>	<b>Adama Child Helpline (ECFA)</b> ☎ 919 <a href="http://ecfaethiopia.org">http://ecfaethiopia.org</a>	<b>SOMALIA</b>	<b>WAAPO Child Helpline</b> ☎ 334 <a href="http://waapo.org">http://waapo.org</a>
<b>GAMBIA</b>	<b>Child Helpline Gambia</b> ☎ +2209940239	<b>SOUTH AFRICA</b>	<b>Childline South Africa</b> ☎ 116 <a href="http://www.childlinesa.org.za">http://www.childlinesa.org.za</a>
<b>GUINEA</b>	<b>AGUIAS 116</b> ☎ 116	<b>SOUTH SUDAN</b>	<b>South Sudan Child Helpline</b> <a href="http://mgcswss.org/ministry/advisor-ministry">http://mgcswss.org/ministry/advisor-ministry</a>
<b>KENYA</b>	<b>Childline Kenya</b> ☎ 116 <a href="http://www.childlinekenya.co.ke">http://www.childlinekenya.co.ke</a>	<b>TANZANIA</b>	<b>Tanzania National Child Helpline</b> ☎ 116 <a href="http://www.sematazania.org/child-helpline">http://www.sematazania.org/child-helpline</a>
<b>LESOTHO</b>	<b>Child Helpline Lesotho</b> ☎ 116	<b>TOGO</b>	<b>Allo 1011</b> ☎ 1011
<b>LIBERIA</b>	<b>My Voice, My Safety</b> ☎ +231886521443   +231777521443 <a href="https://myvoicemysafety.org/">https://myvoicemysafety.org/</a>	<b>UGANDA</b>	<b>Sauti 116</b> ☎ 116 <a href="http://uchl.mglsd.go.ug">http://uchl.mglsd.go.ug</a>
<b>MADAGASCAR</b>	<b>Ligne Verte 147 Madagascar</b> ☎ 147 <a href="http://www.arozaza.mg">http://www.arozaza.mg</a>	<b>ZAMBIA</b>	<b>Childline Zambia</b> ☎ 116 <a href="http://www.lifelinezambia.org.zm">http://www.lifelinezambia.org.zm</a>
<b>MALAWI</b>	<b>Tithandizane Helpline</b> ☎ 116 <a href="http://www.tithandizanehelpline.org">http://www.tithandizanehelpline.org</a>	<b>ZIMBABWE</b>	<b>Childline Zimbabwe</b> ☎ 116 <a href="http://www.childline.org.zw">http://www.childline.org.zw</a>

## AMERICAS AND THE CARIBBEAN

---

### ANTIGUA & BARBUDA

**Friends Hotline**  
☎ 8000 4357

### ARGENTINA

**Línea 102**  
☎ 102  
<http://www.buenosaires.gob.ar/cdnnya>

### ARUBA

**Telefon Pa Hubentud  
Aruban Youth Telephone Line**  
☎ 131  
<http://www.telhubentud.aw>

### BOLIVIA

**Línea 156**  
☎ 156

### BRAZIL

**Safernet Brasil**  
<http://www.safernet.org.br>

### CANADA

**Kids Help Phone**  
☎ 1 800 668 6868  
<http://kidshelpphone.ca>

### CHILE

**Fonoinfancia**  
☎ 800 200 818  
<http://www.fonoinfancia.cl>

**Línea Libre**  
☎ 1515  
<http://www.linealibre.cl>

### COLOMBIA

**ICBF Colombia**  
☎ 141  
<http://www.icbf.gov.go>

**Línea 106 Bogotá**  
☎ 106  
<http://www.saludcapital.gov.co/Paginas2/Linea106-inicio.aspx>

### COSTA RICA

**Patronata Nacional de la Infancia (PANI)**  
☎ 1147  
<http://www.pani.go.cr>

### CURAÇAO

**Ayudo pa mucha i hoben**  
☎ 918  
<http://www.918.cw>

### GRENADA

**Sweet Water Foundation Child Helpline**  
☎ +473 800 4444  
<http://www.sweetwaterfoundation.ca>

### HAITI

**Jurimédia**  
<http://www.jurimedia.org>

### NICARAGUA

**Línea 133**  
☎ 133  
<http://www.mifamilia.gob.ni>

### PARAGUAY

**Fono Ayuda**  
☎ 147  
<http://www.minna.gov.py/pagina/1224-fono-ayuda-147.html>

### PERU

**Télefono Anar**  
☎ 0800 2 2210  
<http://www.anarperu.org>

### SAINT KITTS & NEVIS

**The Ripple Institute**  
<http://rippleskn.com>

### SURINAME

**KJT**  
☎ 123  
<http://www.bel123.org>

### TRINIDAD & TOBAGO

**Childline Trinidad & Tobago**  
☎ 131  
<http://www.childlinett.org>

### URUGUAY

**Línea Azul**  
☎ 0800 5050  
<http://www.inau.gub.uy>

### UNITED STATES OF AMERICA

**2ndfloor Youth helpline**  
☎ 888 222 2228  
<http://www.2ndfloor.org>

**Boys Town National Hotline**  
☎ 1 800 448 3000  
<http://www.yourlifeyourvoice.org>

**Crisis Text Line**  
Text: 741741  
<http://www.crisistextline.org>

**National Child Abuse Hotline**  
☎ 1 800 422 4453  
<http://www.childhelp.org>

**Polaris**  
Text: 233733  
<http://www.polarisproject.org>

**Stop It Now!**  
☎ 1 888 773 8368  
<http://www.stopitnow.org>

**The Trevor Lifeline**  
☎ 866 488 7386  
<http://www.thetrevorproject.org>

## ASIA-PACIFIC

---

<b>AFGHANISTAN</b>	<b>Voice of Children</b> ☎0707 199 199 <a href="http://www.warchild.org.uk/what-we-do/projects/afghanistan">http://www.warchild.org.uk/what-we-do/projects/afghanistan</a>	<b>MYANMAR</b>	<b>Childline Myanmar</b> <a href="http://www.syfmyanmar.org">http://www.syfmyanmar.org</a>
<b>AUSTRALIA</b>	<b>Kids Helpline</b> ☎1800 55 1800 <a href="http://www.kidshelp.com.au">http://www.kidshelp.com.au</a>	<b>NEPAL</b>	<b>Child Helpline Nepal</b> ☎1098 <a href="http://www.cwin.org.np">http://www.cwin.org.np</a>
<b>BANGLADESH</b>	<b>Bangladesh Child Helpline</b> ☎1098 <a href="http://www.dss.gov.bd">http://www.dss.gov.bd</a>	<b>NEW ZEALAND</b>	<b>0800 What's Up?</b> ☎0800 942 8787 <a href="http://www.whatsup.co.nz">http://www.whatsup.co.nz</a>
<b>BHUTAN</b>	<b>Child Helpline Bhutan</b> ☎1098 <a href="http://www.ncwc.gov.bt">http://www.ncwc.gov.bt</a>		<b>Youthline</b> ☎0800 376 633 <a href="http://www.youthline.co.nz">http://www.youthline.co.nz</a>
<b>BRUNEI</b>	<b>Talian Anak</b> ☎121 <a href="http://www.japem.gov.bn">http://www.japem.gov.bn</a>	<b>PAKISTAN</b>	<b>Madadgaar National Helpline</b> ☎1098 <a href="http://www.madadgaar.org">http://www.madadgaar.org</a>
<b>CAMBODIA</b>	<b>Child Helpline Cambodia</b> ☎1280 <a href="http://www.childhelpline.org.kh">http://www.childhelpline.org.kh</a>	<b>PAPUA NEW GUINEA</b>	<b>1-Tok Kaunselin Helpim Lain</b> ☎71508000 <a href="http://www.childfund.org.au">http://www.childfund.org.au</a>
<b>FIJI</b>	<b>Child Helpline Fiji</b> ☎1325 <a href="http://www.msp.org.fj">http://www.msp.org.fj</a>	<b>PHILIPPINES</b>	<b>Bantay Bata 163</b> ☎163 <a href="http://www.bantaybata163.com">http://www.bantaybata163.com</a>
<b>HONG KONG</b>	<b>Parent-Child Support Line</b> ☎2755 1122 <a href="http://www.aca.org.hk">http://www.aca.org.hk</a>	<b>SINGAPORE</b>	<b>Tinkle Friend Helpline</b> ☎1800 2744 788 <a href="http://www.tinklefriend.sg">http://www.tinklefriend.sg</a>
<b>INDIA</b>	<b>Childline India</b> ☎1098 <a href="http://www.childlineindia.org.in">http://www.childlineindia.org.in</a>	<b>SRI LANKA</b>	<b>Childline Sri Lanka</b> ☎1929 <a href="http://www.childprotection.gov.lk">http://www.childprotection.gov.lk</a>
<b>INDONESIA</b>	<b>TePSA - Telepon Pelayanan Sosial Anak</b> ☎1500771	<b>TAIWAN</b>	<b>113 Protection Hotline</b> ☎113 <a href="http://www.worldvision.org.tw">http://www.worldvision.org.tw</a>
<b>JAPAN</b>	<b>Childline Japan</b> ☎0120 99 7777 <a href="http://www.childline.or.jp">http://www.childline.or.jp</a>	<b>TAJIKISTAN</b>	<b>NEKI - Child Rights Centre</b>
<b>KAZAKHSTAN</b>	<b>Balaga Komek</b> ☎150 <a href="http://www.telefon150.kz">http://www.telefon150.kz</a>	<b>THAILAND</b>	<b>Childline Thailand - Saidek 1387</b> ☎1387 <a href="http://www.childlinethailand.org">http://www.childlinethailand.org</a>
<b>KYRGYZSTAN</b>	<b>Helpline for Children</b> ☎111 <a href="http://www.crld.kg">http://www.crld.kg</a>	<b>UZBEKISTAN</b>	<b>Children &amp; Family Support Centre</b>
<b>LAOS</b>	<b>Vientiane Youthline</b> ☎1361 (girls) 1371 (boys)	<b>VANUATU</b>	<b>Vanuatu Youth Toll-Free Helpline</b> ☎087777 <a href="http://vfha15.wordpress.com">http://vfha15.wordpress.com</a>
<b>MALDIVES</b>	<b>Child Helpline 1412</b> ☎1412 <a href="http://www.gender.gov.mv">http://www.gender.gov.mv</a>	<b>VIETNAM</b>	<b>National Hotline for Child Protection</b> ☎111 <a href="http://tongdai111.vn">http://tongdai111.vn</a>
<b>MONGOLIA</b>	<b>Child Helpline Mongolia</b> ☎108 <a href="http://108.mn">http://108.mn</a>		

## EUROPE

---

<b>ALBANIA</b>	<b>Alo 116 Albania</b> ☎ 116 111 <a href="http://www.alo116.al">http://www.alo116.al</a>	<b>GERMANY</b>	<b>Kinder- und Jugendtelefon</b> ☎ 116 111 <a href="http://www.nummergegenkummer.de/kinder-und-jugendtelefon.html">http://www.nummergegenkummer.de/kinder-und-jugendtelefon.html</a>
<b>ARMENIA</b>	<b>FAR Child Protection Hotline &amp; Helpline</b> ☎ 0800 61 111 <a href="http://www.farusa.org">http://www.farusa.org</a>	<b>GREECE</b>	<b>The Smile of the Child</b> ☎ 116 111 / 1056 <a href="http://www.hamogelo.gr">http://www.hamogelo.gr</a>
<b>AUSTRIA</b>	<b>147 Rat Auf Draht</b> ☎ 147 <a href="http://www.rataufdraht.at">http://www.rataufdraht.at</a>	<b>HUNGARY</b>	<b>Lelkisegély-vonal</b> ☎ 116 111 <a href="http://www.kek-vonal.hu/igy-segitunk/a-116-111-segelyvonaltrol">http://www.kek-vonal.hu/igy-segitunk/a-116-111-segelyvonaltrol</a>
<b>AZERBAIJAN</b>	<b>Azerbaijan Child Helpline</b> ☎ +99412 4802280 <a href="http://www.childhelpline.az">http://www.childhelpline.az</a>	<b>ICELAND</b>	<b>Hjálparsiminn / Red Cross Iceland</b> ☎ 1717 <a href="http://www.raudikrossinn.is">http://www.raudikrossinn.is</a>
<b>BELGIUM</b>	<b>Jongerenlijn AWEL</b> ☎ 102 <a href="http://www.awel.be">http://www.awel.be</a>	<b>IRELAND</b>	<b>ISPCC Childline</b> ☎ 1800 66 66 66 <a href="http://www.ispcc.ie/childline">http://www.ispcc.ie/childline</a>
<b>BOSNIA &amp; HERZEGOVINA</b>	<b>Plavi Telefon</b> ☎ 0800 50305 <a href="http://www.plavitelefon.ba">http://www.plavitelefon.ba</a>	<b>ISRAEL</b>	<b>ERAN (Emotional First Aid in Israel)</b> ☎ 1201 <a href="http://en.eran.org.il">http://en.eran.org.il</a>
<b>BULGARIA</b>	<b>Child Helpline Bulgaria</b> ☎ 116 111 <a href="http://www.sacp.government.bg">http://www.sacp.government.bg</a>	<b>ITALY</b>	<b>NATAL Helpline</b> ☎ 1800 363 363 <a href="http://www.natal.org.il">http://www.natal.org.il</a>
<b>CROATIA</b>	<b>Hrabritelefon</b> ☎ 116 111 <a href="http://hrabritelefon.hr">http://hrabritelefon.hr</a>	<b>LATVIA</b>	<b>Uzticibas Talrunis</b> ☎ 116 111 / 800 6008 <a href="http://www.bti.gov.lv/lat/uztivibas_talrunis">http://www.bti.gov.lv/lat/uztivibas_talrunis</a>
<b>CYPRUS</b>	<b>Call 116111 Cyprus</b> ☎ 116 111 <a href="http://www.call116111.com">http://www.call116111.com</a>	<b>LIECHTENSTEIN</b>	<b>Sorgentelefon fur Kinder und Jugendliche</b> ☎ 147 <a href="http://www.147-sote.li">http://www.147-sote.li</a>
<b>CZECH REPUBLIC</b>	<b>Linka Bezpečí</b> ☎ 116 111 <a href="http://www.linkabezpeci.cz">http://www.linkabezpeci.cz</a>	<b>LITHUANIA</b>	<b>Vaiku Linija</b> ☎ 116 111 <a href="http://www.vaikulinja.lt">http://www.vaikulinja.lt</a>
<b>DENMARK</b>	<b>Børne Telefonen</b> ☎ 116 111 <a href="http://bornetelefonen.dk">http://bornetelefonen.dk</a>	<b>LUXEMBOURG</b>	<b>Kanner Jugendtelefon KJT</b> ☎ 116 111 <a href="http://www.kjt.lu">http://www.kjt.lu</a>
<b>ESTONIA</b>	<b>Lapsemure</b> <a href="http://www.lapsemure.ee/forum_est">http://www.lapsemure.ee/forum_est</a>	<b>MALTA</b>	<b>Kellimni</b> <a href="http://www.kellimni.com">http://www.kellimni.com</a>
<b>FINLAND</b>	<b>Child and Youth Phone</b> ☎ 116 111 <a href="http://www.mll.fi/nuortennetti">http://www.mll.fi/nuortennetti</a>		<b>Support Line 179</b> ☎ 116 111 / 179 <a href="http://fsws.gov.mt/en/appogg/Pages/support-line-179.aspx">http://fsws.gov.mt/en/appogg/Pages/support-line-179.aspx</a>
<b>FRANCE</b>	<b>Allô Enfance en Danger</b> ☎ 119 <a href="http://www.allo119.gouv.fr">http://www.allo119.gouv.fr</a>		
<b>GEORGIA</b>	<b>Child Helpline Georgia</b> ☎ 116 111 <a href="http://www.phmdf.ge">http://www.phmdf.ge</a>		

## EUROPE

---

### MOLDOVA

**Telefonul Copilului**  
☎ 116 111  
<http://telefonulcopilului.md>

### NETHERLANDS

**De Kindertelefoon**  
☎ 116 111 / 0800 0432  
<http://kindertelefoon.nl>

**Helpwanted.nl**  
☎ +31 20 261 5275  
<http://helpwanted.nl>

### NORTH MACEDONIA

**SOS Helpline for Children & Youth**  
☎ 0800 122 22  
<http://www.childrensembassy.org.mk>

### NORWAY

**Alarmtelefonen for barn og unge**  
☎ 116 111  
<http://www.116111.no>

**Kors På Halsen**  
☎ 800 333 21  
<http://korspaahalsen.rodekors.no>

### POLAND

**Telefon Zaufania**  
☎ 116 111  
<http://www.fdds.pl>

### PORTUGAL

**SOS Criança**  
☎ 116 111  
<http://iacrianca.pt/intervencao/sos-crianca>

### ROMANIA

**Telefonul Copilului**  
☎ 116 111  
<http://www.telefonulcopilului.ro>

### SERBIA

**NADEL**  
☎ 116 111  
<http://nadel-decijalinija.org>

### SLOVAKIA

**Linka Detskej Istoty**  
☎ 116 111 / 0800 112 112  
<http://www.lidi.sk>

### SLOVENIA

**National Telephone Helpline TOM**  
☎ 116 111  
<http://www.e-tom.si>

### SPAIN

**Teléfono ANAR de Ayuda a Niños y Adolescentes**  
☎ 116 111  
<http://www.anar.org/necesitas-ayuda-telefono-ninos-adolescentes>

### SWEDEN

**BRIS**  
☎ 116 111  
<http://www.bris.se>

### SWITZERLAND

**Pro Juventute Beratung + Hilfe 147**  
☎ 147  
<http://www.147.ch>

### TURKEY

**Genclik Destek Hattı**  
☎ 0850 455 0070  
<http://www.genclikdestekhatti.org.tr>

### UKRAINE

**Ukraine National Child Toll-Free Hotline**  
☎ 116 111 / 0800 500 225  
<http://www.la-strada.org.ua>

### UNITED KINGDOM

**BEAT**  
☎ 0808 801 0677  
<http://www.beateatingdisorders.org.uk>

**Childline UK**  
☎ 116 111 / 0800 1111  
<http://www.childline.org.uk>

**HopelineUK**  
☎ 0800 068 4141  
<http://www.papyrus-uk.org/hopelineuk>

**Muslim Youth Helpline**  
☎ 0808 808 2008  
<http://www.myh.org.uk>

**The Mix**  
☎ 0808 808 4994  
<http://www.themix.org.uk>

## MIDDLE EAST AND NORTHERN AFRICA

---

<b>ALGERIA</b>	<b>Je t'écoute</b> ☎ 3033 <a href="http://www.nada-dz.org">http://www.nada-dz.org</a>	<b>QATAR</b>	<b>Hotline 919</b> ☎ 919 <a href="http://www.aman.org.qa">http://www.aman.org.qa</a>
<b>BAHRAIN</b>	<b>Child Helpline 998</b> ☎ 998 <a href="http://www.mlsc.gov.bh/en/childhood/childhood_care/998">http://www.mlsc.gov.bh/en/childhood/childhood_care/998</a>	<b>SAUDI ARABIA</b>	<b>Saudi Child Helpline</b> ☎ 116 111 / +9661 252 0088 <a href="http://www.nfsp.org.sa">http://www.nfsp.org.sa</a>
<b>EGYPT</b>	<b>Child Helpline Egypt</b> ☎ 16000 <a href="http://www.nccm.gov.eg">http://www.nccm.gov.eg</a>	<b>SUDAN</b>	<b>Child Helpline 9696</b> ☎ 9696 <a href="http://www.fcpcu.gov.sd">http://www.fcpcu.gov.sd</a>
<b>IRAN</b>	<b>Sedaye Yara</b> ☎ +98 21 42152 <a href="http://www.irsprc.org">http://www.irsprc.org</a>	<b>SYRIA</b>	<b>Mobaderoon</b> <a href="http://www.mobaderoon.org">http://www.mobaderoon.org</a>
<b>IRAQ</b>	<b>116 Child Helpline - Kurdistan Region</b> ☎ 116 <a href="http://www.molsa.gov.iq">http://www.molsa.gov.iq</a>	<b>UNITED ARAB EMIRATES</b>	<b>Child Helpline (Sharjah)</b> ☎ 800700 <a href="http://sssd.shj.ae">http://sssd.shj.ae</a>
<b>JORDAN</b>	<b>Jordan River Foundation 110 Helpline</b> ☎ 110 <a href="http://www.jordanriver.jo">http://www.jordanriver.jo</a>		<b>DFWAC Helpline (Dubai)</b> ☎ 800111 <a href="http://www.dfwac.ae">http://www.dfwac.ae</a>
<b>KUWAIT</b>	<b>Help Hotline 147</b> ☎ 147 <a href="http://kncpp.com">http://kncpp.com</a>		
<b>LEBANON</b>	<b>Higher Council for Childhood</b> <a href="http://std.atfalouna.gov.lb">http://std.atfalouna.gov.lb</a>		
	<b>Naba'a</b> <a href="http://www.nabaa-lb.org">http://www.nabaa-lb.org</a>		
<b>PALESTINE</b>	<b>Sawa 121</b> ☎ 121 <a href="http://www.sawa.ps">http://www.sawa.ps</a>		

# Every child has a voice. No child should be left unheard.

Child Helpline International is a collective impact organisation with 167 members in 140 countries and territories around the world (as of November 2021).

We coordinate information, viewpoints, knowledge and data from our child helpline members, partners and external sources. This exceptional resource is used to help and support child protection systems globally, regionally and nationally, and to help our members advocate for the rights of children and amplify their voices.

## **Child Helpline International**

Pilotenstraat 20-22  
1059CJ Amsterdam  
The Netherlands

+31 (0)20 528 9625  
[www.childhelplineinternational.org](http://www.childhelplineinternational.org)

