



Kids Help Phone: Helping Canadian Kids Online

A Kids Help Phone Research Report
Based on Contact with Kids
Through Telephone and Internet Services
in 2004

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Based on the following data:

- Dataset 1: Kid Help Phone telephone service data collected between January 1, 2004 and December 31, 2004
- Dataset 2: Kids Help Phone web service data collected between May 12, 2004 and December 31, 2004 reflecting web site visitors' own perspective on their issues
- Dataset 3: Kids Help Phone web service data collected between May 12, 2004 and December 31, 2004 reflecting supporting research classifications of their issues

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Introduction

The Internet is providing troubled and abused kids a safe way to get help. Over the past decade, communication has been revolutionized by the introduction of information and communication technology. The Internet, email, chat, instant messaging, cell phones and text messaging have significantly changed communication options. Kids Help Phone is a leading national counselling, information and referral service for children and youth in Canada. This 24-hour toll-free confidential and anonymous phone and on-line service helps more than 1,000 young people a day through their phone and online services.

Since May 2004, when the “Ask a Counsellor” web counselling service was re-launched with improved graphics and navigation, the number of online questions that Kids Help Phone receives daily from kids across Canada has more than tripled and is growing dramatically each month. Kids are choosing to communicate more and more online and Kids Help Phone can’t keep up with the growing demand. The number of web counselling posts more than tripled between May 2004 and January 2005 (from 841 in the month of May to 2,847 in the month of January 2005).

Interestingly, Kids Help Phone has not been marketing the web service aggressively and yet the volume of users is growing each month. It is possible that young people may simply assume Kids Help Phone has a web site. Other possibilities could be that kids are discovering the site inadvertently while surfing the net, or perhaps through word of mouth.

Indications from the research are that the web is not only changing how kids seek help but that the web is also attracting a population of kids that have not felt comfortable seeking help through other options, including Kids Help Phone.

This report will examine who uses the Kids Help Phone online services, what their issues are, and the similarities and differences across different media that kids use to reach Kids Help Phone.

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What is Kids Help Phone?

Kids Help Phone encompasses a variety of services for young people. The helpline launched in 1989, provides 24-hour, bilingual and anonymous telephone and web counselling information and referral services to children and youth. Every day, professional counsellors provide immediate support to young people on a broad range of issues and concerns in urban and rural communities from almost 3,000 communities all across Canada.

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What is Kids Help Phone Online?

Kids Help Phone helps kids online in three key ways:



Ask a Counsellor – kids can anonymously “talk” about their situation or ask a question by posting a message on the bulletin board located on Kids Help Phone’s web site. A counsellor responds to the young person’s message on the bulletin board within three to six days. Messages and responses can be viewed by everyone and can thus be of benefit to all visitors to the site.

Express Yourself – this is a forum for young people to post about issues affecting them without the expectation of a counselling response. There are three available options:

- 1) Letters Written Never Sent – was designed so that youth could write a letter to someone with whom they could not speak directly (due to separation, death, distance, altercation or emotional reasons).
- 2) My Story – youth can talk about difficulties or tell their inspirational stories of triumph over adversity.
- 3) Fishheads and Flowers – is a place where young people can discuss the things in life they like or find frustrating.

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Get Informed – offers topic and link libraries. Both provide access to information about a wide variety of topics that young people can use to find quick answers to their questions or do more involved research.

All services are available in both English and French.

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Research Methodology

A retrospective study was completed for Kids Help Phone online counselling services – “Ask a Counsellor” and Express Yourself and the telephone counselling service. In 2004, “Ask a Counsellor” received 14,038 posts, Express Yourself 4,089 posts and the telephone service 134,443 calls. A random selection of 4,000 of the “Ask a Counsellor” (AAC) posts and 1,000 of the Express Yourself (EYS) posts from the period May to December 2004 were read and categorized by content. A comparison between these random selections and the telephone counselling data for 2004 was completed.

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The web counselling service and the telephone counselling service each have different ways of categorizing the contacts. All contacts are anonymous. On the web site in “Ask a Counsellor”, youth select from a list of 11 categories and then place their post in the category that best represents their issue. On the telephone counselling service, counsellors input data from contacts into a survey that covers information such as demographics - age, gender, province, primary presenting problem(s), location of the problem, longevity of the problem etc. (See Appendix 1: Kids Help Phone’s Telephone Survey Structure.)

In order to compare the data across these different media, the data was condensed by Dr. Dengis into seven compatible categories. These categories are as follows: Relationships, Physical and Sexual Health, Emotional and Mental Health, Abuse and Violence, Becoming Independent, School, Identity and Self Concept and Other (See Appendix 2: Matching Categories). Each letter/message from web counselling was coded on a primary concern and a secondary (often subsequent) category. For example, a primary concern being a relationship problem often was accompanied by severe emotional distress that manifested in anxiety, depression and/or self harming behaviour.

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Category Definitions:

Relationships – this category encompasses the different relationships that young people are experiencing in their lives and the problems and challenges they face with family members, peers, love relationships, and situations that arise in relationships such as divorce/separation, loss/bereavement, and adoption are included in this category.

Physical and Sexual Health – This category reflects the questions, concerns and information seeking related to gender specific health concerns, pregnancy, contraception, physical development, alcohol and substance use/misuse.

Emotional and Mental Health – This category encompasses contacts from young people who are expressing/demonstrating depression, anxiety, suicidal ideation, aggressive urges against self or others, and youth that are self harming.

Abuse and Violence – This category describes the abuse and violence inflicted on youth by others (in approximately 1% of posts the young person is the aggressor). These behaviours include physical assault, sexual assault, verbal abuse, bullying, neglect and harassment.

Becoming Independent – This category covers young people’s practical questions and concerns related to employment, food, shelter, housing and the emotional turmoil that is commonly experienced by young people as they move towards greater and greater independence.

School – This category encompasses the range of issues and concerns young people experience at school in relation to academics, achievement, relationships with teachers and authority figures, and peer relationships.

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Identity and Self Concept – This category describes the journey of young people as they struggle to come to terms with “who am I?”. This includes young people’s self image, self esteem, sexual orientation and related emotions that can range from confusion to severe emotional distress.

Other – Captures issues from phone contacts only, that are not captured in other categories (such as gangs, prostitution, racism, and religion).

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Findings

Web counselling users tend to be younger than kids who seek help over the phone. More than half of “Ask a Counsellor” users and Express Yourself users are 14, 15 and 16 years of age (54% and 52% respectively) compared to the phone where 35% are 14, 15 and 16. Phone users tend to be more spread out along the age continuum.

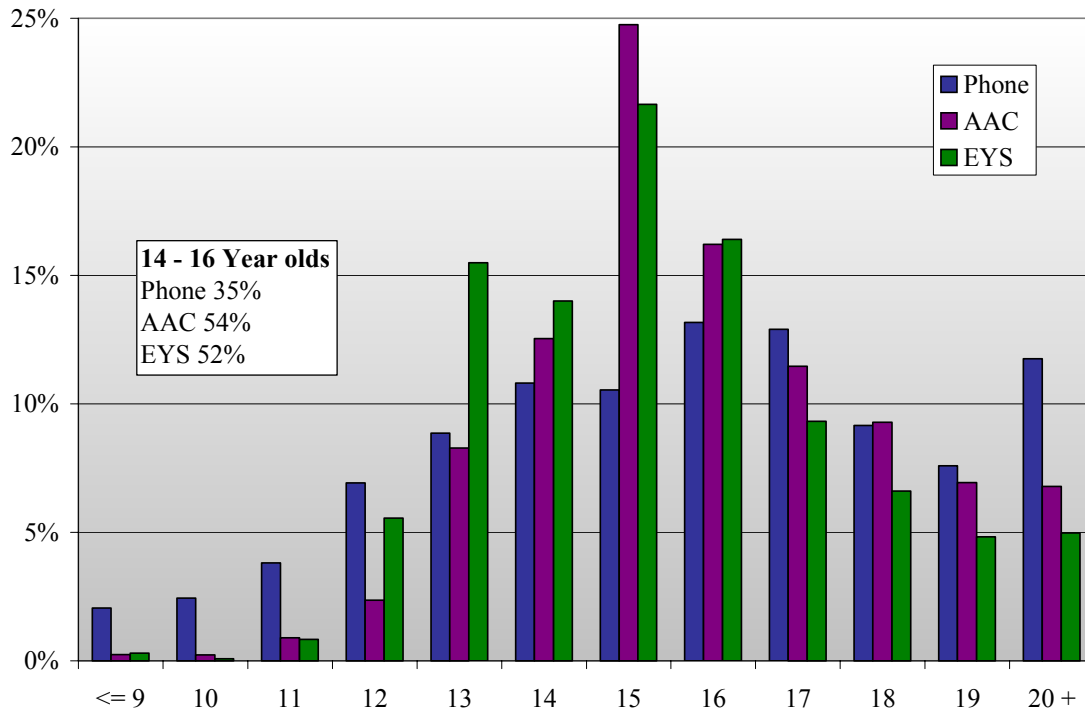


Figure 1 – Ages (Datasets 1 & 2)

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Each media attracts a unique population. Judging from the differences in ages, issues and expectations, each media attracts a different population of kids. Overall, the issues and questions addressed online mirror those Kids Help Phone receives on the phone and reflect many of the most serious issues affecting kids (e.g. depression, suicide, physical and sexual abuse).

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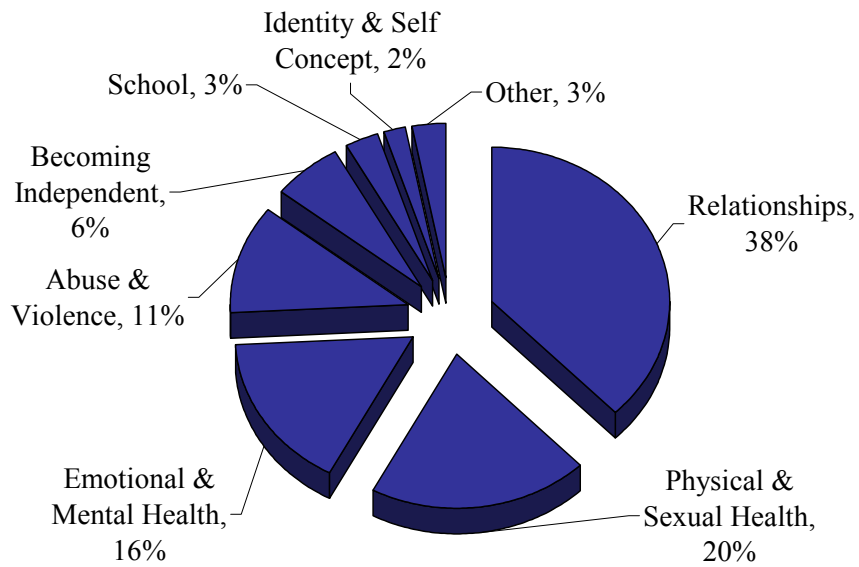


Figure 2 - Phone Issues (Dataset 1)

Additionally, it is evident that web-based counselling is attracting kids who are new users of Kids Help Phone's services.

I'm a person who is abused every day, I never told any one before, then I found this site, your site has changed my life and made it a better one too thank you!! (11.20.04)

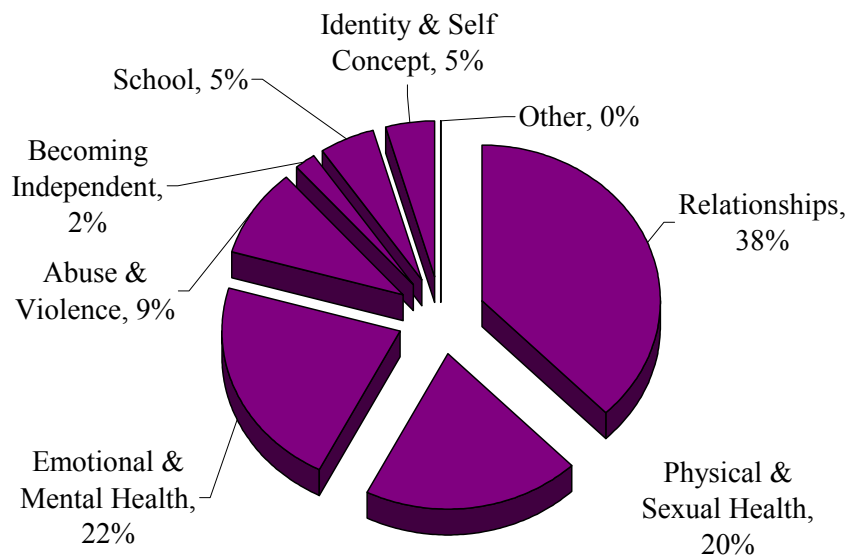


Figure 3 - Ask A Counsellor Issues (Dataset 2)

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Females are the predominant users of Kids Help Phone’s counselling services. Males are using the phone service more than the web service (86% of web users are female versus 14% male). On the phone service, 76% of callers are female and 24% are male. This predominance of female users has been a consistent trend since Kids Help Phone was conceived.

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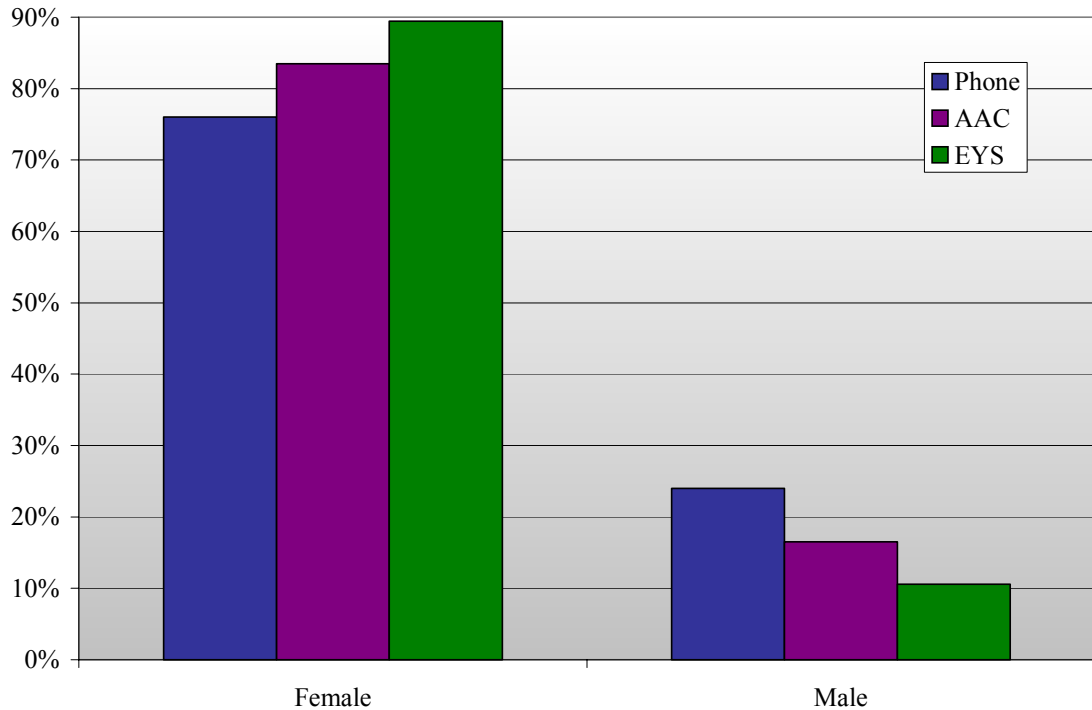


Figure 4 – Genders (Datasets 1 & 2)

Interestingly, a survey conducted by Ipsos - Reid (2004) indicated that males are spending more time online than females (14.5 hours on average per week compared to 11.8 hours on average per week for females). This difference is considered to be statistically insignificant.

Currently, 80% of the young people who use Kids Help Phone’s services speak English and 20% speak French. This is consistent across both the phone counselling service and the web counselling service.

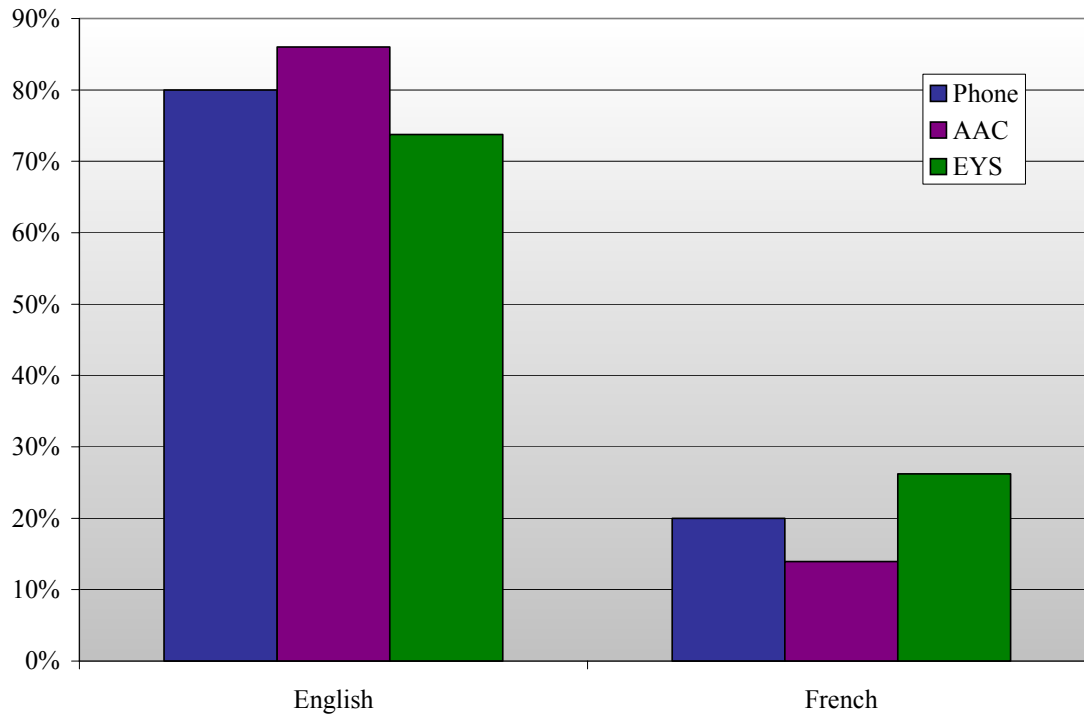


Figure 5 – Languages (Datasets 1 & 2)

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A significant focus of the young people contacting Kids Help Phones services is about the people in their lives – their family, friends, boyfriends, girlfriends, and other significant adults. In all three media, relationships feature as the primary context for kids' issues and concerns. On both the phone and the web, relationships represent a considerable 38% of all contacts (as in Figures 2 and 3).

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Considering that a significant percentage of the population using Kids Help Phone services are 14 to 16 years of age, it stands to reason that relationships are a significant issue for them. Adolescence is a time of growth and change as kids increasingly seek independence from family and begin to form their own unique identities. The path to independence is typically fraught with anxieties, insecurity and confusion. A common conflict for youth is the desire to feel unique and special, but also, want to belong and be accepted by their peers. Adolescents increasingly rely on their peer group for emotional support and security as they strive to become autonomous.

In Express Yourself, when relationships was the primary concern (72%) the secondary concern was extreme emotional distress. Express Yourself provides kids with the safety they need to express their feelings to someone in a totally anonymous manner without fear of repercussions. A primary theme is one of betrayal and/or abandonment experienced in important relationships. About 2/3 of the letters are about friends and love relationships and 1/3 are about family members.

Adolescence is a time of intense emotions as youth experience their first love and the hurt and betrayal that come with the dissolution of peer, romantic and/or family relationships. How well youth negotiate these experiences will be influenced by several different variables in their lives such as the stability youth experience in their relationships with family and friends. Additionally, a young person’s sense of self esteem and self worth will affect their ability to cope.

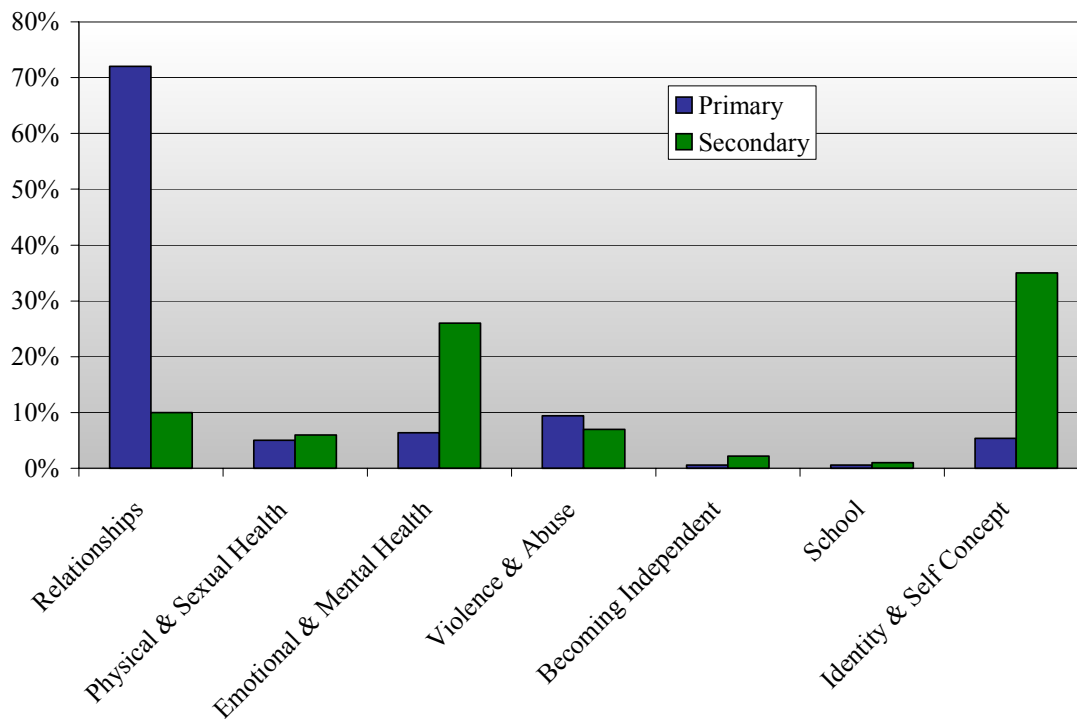


Figure 6 - Express Yourself: Primary and Secondary Issues (Dataset 3)

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Some excerpts from Express Yourself posts:

I hate you dad. I (edit) hate every time you came home drunk and every (edit) time you touched me. I hate how you hit me. I hate you. I hate how you blind yourself. And pretend its all okay. I hate how you hate me. And I hate how you lie. I hate how you make me lie. (12.18.04)

i liked this guy for so long! And then all of a sudden my bestfrend is dating him! (10.11.04)

How much I miss you. You hurt me, but I can't stop thinking about you. I know you feel bad about cheating, but all I want to hear is how sorry you are. (10.9.04)

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Most youth will overcome the turbulence of adolescence but some will become depressed and may engage in self destructive behaviours such as substance misuse and self harm as a method of coping with severe emotional distress.

Kids Help Phone is seeing a growing trend of kids disclosing that they are engaging in self harming behaviours. This is particularly evident on the web counselling services in Express Yourself, and in “Ask a Counsellor” in the Family Life and Coping with Strong Feelings topics. Approximately one third of contacts in Coping with Strong Feelings are from kids discussing self harm.

Self harming behaviour is the act of purposefully cutting ones own skin (usually superficially) with knives or any sharp object. Self harm also includes burning oneself, hitting the body with an object, picking at skin or pulling at hair. Self harming can be a way of dealing with feelings of helplessness, anger, despair and low self esteem. Often the people who self harm are ashamed of their behaviour and hide it. For some, self harming is a way to feel in control.

Some excerpts from kids' posts follow:

Hi, I can times get mad at myself and I become abusive with hurting myself.

i am tall. I have blue eyes. i have light blond hair. i was verbally abused for 5 years. i self-harm .i was suicidal. AND NO ONE CAN EVER EVER CHANGE ANYTHING ABOUT ME!

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Kids use various media differently.

The differences in the ages of the kids, in the issues written about and the way the issues are presented support the idea that each medium attracts kids with different needs, expectations, and varied comfort levels with the different mediums.

On the phone and in “Ask a Counsellor”, kids are seeking support, information and advice about how to solve a range of issues and concerns. Typically kids are worried about social situations and “fitting in”. They are seeking concrete information about physical and sexual health, and practical information related to becoming independent. In the context of school, kids write about their relationships with peers, and about problems with rumours, gossip and bullying. Academics are an infrequent focus.

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I have this feeling that theres this big nasty rumor going around about me but I don't know what it is yet and I told him some very personal stuff that he might tell people and he and my so called friend are friends and they have a plan to make me so ashamed of my self please help me and I tried committing suicide but I relize I wanna do something with my life go to a better school with better people and have more friends?? And fit in type of thing?? Well thanks for taking the time to read this and I hope you post something for me?? (2.30.04).

Some kids choose the phone over “Ask a Counsellor” when they want to address a situation or concern immediately. For others, it is simply too difficult for them to speak directly to another person so they will tolerate the time waiting for a response.

*Ok, everytime I have a problem, I talk to you guys. Well mostly. Anyway, I usually want a response sooner than 3 days, but I can live with it. Whenever I try to call... I just cant go through with it. I don't know what it is. I guess its cuz I cant understand what to do, or why I don't know who to turn to, but I really need to TALK to someone...**But I'm to scared to call....** Can you give me some advice? (12.04.04)*

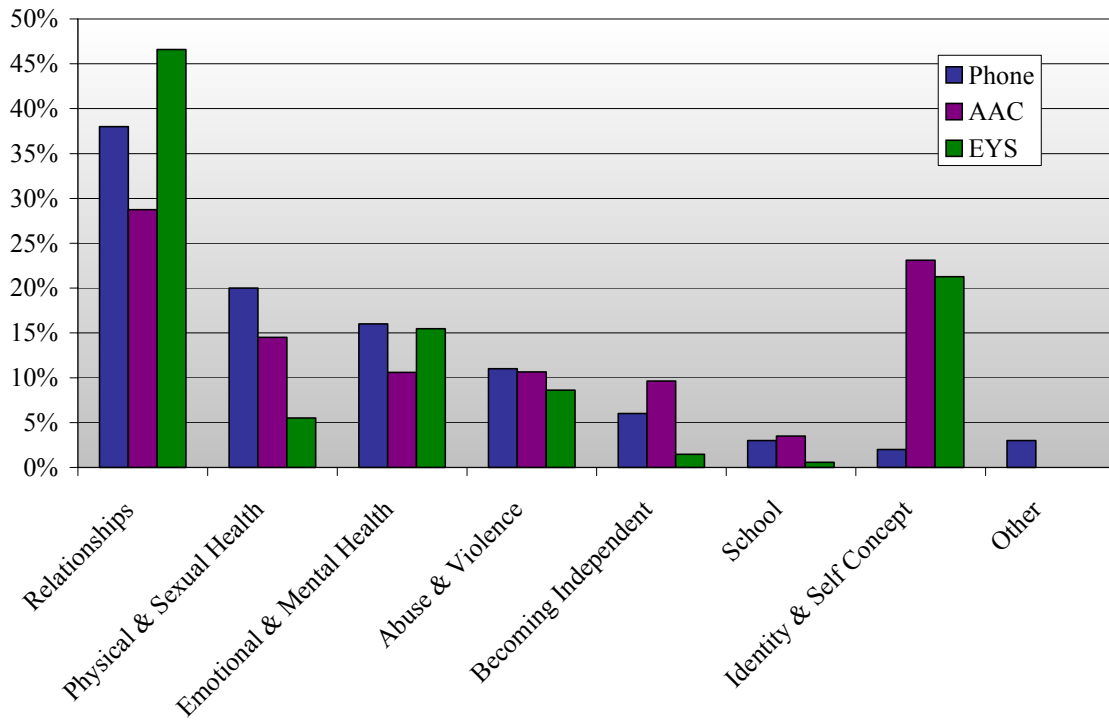


Figure 7 – Service Issues (Datasets 1 & 3)

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Kids Help Phone’s online services create a public library, a virtual community, of questions and answers. On average, between May 12, 2004 and December 31, 2004, 33 kids in addition to the child who posted the original question, read and benefited from each question and counselling response.

The “Ask a Counsellor” format requires youth to place their question/concern in the category that best fits their issue. When they return to read their response they can also read other kids’ questions and responses. Kids learn from others questions, realize they aren’t the “only one” with this problem and sometimes offer each other support.

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Wow. I just read your letter, and believe me, I’m touched. I know I don’t know you, but I want you to know how much I admire your strength. I want to tell you I’m so sorry about your loss, I sympathize ...truly I do, because I have suffered the same loss. I know how you feel, and it isn’t a good way to feel. In fact, I’d say it’s the worst feeling in the world.

While reading your letter I was speechless, because honestly, I can relate to it, down to the very last word. (12.20.04)

The combining of counselling and information services for youth with technology has proven to reduce many of the barriers previously experienced by youth. The telephone revolutionized young peoples’ access to services largely due to the safety and anonymity this medium afforded its users. **The web seems to create an even greater sense of security for some youth.** This may explain the trend toward a greater percentage of issues presented on the web being of a serious nature compared to the phone.

The web seems to encourage youth to present their concerns in a more honest, forthright manner. Typically kids' posts in "Ask a Counsellor" are quite short and to the point. The responses on the other hand, require the counsellor to carefully consider the implications of the child's question and to ensure that they have written a focused and comprehensive answer. On the phone, counsellors learn to become more attuned to auditory cues in the absence of visual information. In web counselling, counsellors must develop an ability to de-code the information and clues embedded in the style and content of posts.

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Kids have developed their own language on the web that is characterized by abbreviations, spelling phonetically, and the absence of many of the rules of grammar.

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For example:

yes there are other gurls like u I no how it feels I've tried killing myself because my best friend clamed she was just friends with my boyfriend. (12. 22.04).

Or:

Hi I just wanted help because there are beating me and tretning me that they are gonna beat me soo plz tell me wht I should do in this stage. (1.17.04)

Every word in a post should be considered "important information", especially the choice of username or nickname. At least half of the names that kids chose as their username or nickname are negative in nature or self demeaning (See Appendix 3: Ask A Counsellor and Express Yourself Nicknames). Some examples follow: mizzunderstood, cry for help, shattered glass, beaten chick, messed, nobody's angel, whocares, numbforlife, dead inside, my life hurtz, dark hole.

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In Summation

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Kids Help Phone has been a trusted source of support and assistance for hundreds of thousands of troubled and abused Canadian kids since 1989. In keeping with Kids Help Phone's commitment to be as accessible as possible to children and youth, in May 2004 they re-launched their web-based services with improved graphics and navigation. Most significantly, they improved the accessibility to their "Ask a Counsellor" service. Directly on Kids Help Phone's website, kids can safely and anonymously post a question on the bulletin board and receive a response from a professional counsellor in three to six days. In Express Yourself they can post a letter to someone they can not speak to in person. Ideally Kids Help Phone would like to reduce the turn-around time to 24 hours but volume has increased so significantly that response times are getting longer not shorter.

This study was undertaken to examine: if the kids who are using Kids Help Phone's telephone counselling service are the same or different population of kids using the web-based counselling services; how they compare or differ by age, gender and issue; and what the basis is for different preferences of mediums.

Five thousand web questions and letters were randomly selected, read and categorized by content. Next, seven compatible categories were created so that the data could be compared across the three media, the phone, "Ask a Counsellor" and Express Yourself.

Findings indicate that overall, the issues and questions addressed online mirror those questions Kids Help Phone receives on the phone. However, web posts more often reflect many of the most serious issues affecting kids (e.g. depression, suicide, physical and sexual abuse). Additionally, it is evident that web-based counselling is attracting kids who are new users of Kids Help Phone's services. The web-based counselling service is attracting kids who are too shy or too scared to use other resources including Kids Help Phone's anonymous phone line. Web counselling users tend to be younger than kids who seek help over the

phone, with more than half of “Ask a Counsellor” users and Express Yourself users being 14, 15 and 16 years of age (54% and 52% respectively) compared to the phone where 35% are 14, 15 and 16. Kids Help Phone is also observing a growing trend of kids disclosing that they are engaging in self harming behaviours. Typically, this is the first time these kids have “told” anyone about their behaviour and the underlying severe emotional distress they are experiencing.

The web seems to encourage youth to express their issues and /or concerns in a more honest and forthright manner. While kids may be brief on words they make up for it in creativity – they have developed their own online language that relies heavily on the use of abbreviations and ignores normal rules of grammar. Kids also assign themselves powerfully descriptive, creative nicknames that reveal a lot about how the youth is feeling and coping with life’s challenges.

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Literature Review:

Youth and the Internet

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Cyberspace is no longer “the wave of the future” rather, it is the norm today for Canadian adolescents. Regardless of whether youth are urban or rural, the Internet opens the door to global communication. In many ways, then, entering cyberspace is not designed to isolate youth but rather to provide a way to relate to others. Adolescence is a time for self-exploration and for experimentation (Peter, Schouten, Valkenburg, 2004), and the Internet permits this self-exploration in a variety of ways—but from the safety of home or school, and with an anonymity (Suler, 1998) that allows experimentation with roles and identities, and which permits an honesty and openness in relaying emotions and/or concerns.

Adolescence is a time for many developmental changes that will eventually form the individual identity. Teenagers must learn to separate from parents and from their childhood. Independence is the goal. The path to independence, though, is fraught with anxieties, insecurities, and confusion. In this quest for autonomy, the urge to explore ‘out there’ is overwhelming for most youth, as is the need to find others ‘out there’ who understand. This allows young people to explore within the self and through others - to hone the facets of their personality, to examine their beliefs, and to become an individual in his/her own right. An adolescent conflict that arises from this is that youth want to be individuals with their own special and different qualities, but they also want to belong to and be accepted by a chosen group. The relationships within this group allow the individual to sample different ideas, values, personality and styles, and can provide the adolescent with security and support as well as heartbreak and distress. Relationships outside the home, then, are paramount and are an essential part of surviving the turbulence of adolescence. The pitfalls of having relationships are part of the learning process necessary to achieve adulthood, and cause much of the turbulence. Since cyberspace is the chosen medium of the twenty-first century youth, they test their ideas and interpersonal skills while interacting with others online.

The developmental tasks of adolescence are the same for this generation as they were for previous adolescents – it is the medium of expression that has changed over time. That is, for centuries, hand-written letters were sent to friends and family. Then, in the twentieth century, this medium was replaced by the telephone. Nothing more need be said about the adolescent use of the telephone by 1960! Today, we have returned to a form of letter writing on the web. This twenty-first century communication system, however, resembles the old way of writing only in that it contains text. The language has changed, the writing style has changed, but the purpose remains the same. The intent by adolescents is to communicate with others (Peter et al., 2004).

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For clinicians who work with adolescents, it stands to reason that adults must enter the medium of cyberspace and learn the language, symbols, and modes of adolescent online expression in order to communicate with youth. Clinicians are used to face-to-face encounters (known as “ftf” or “f2f” in computer-speak; Suler, 1999) but they need to adapt to the “psychological and social space” of the Internet (Suler, 2004). As youth cannot actually be seen or heard while communicating online, it has been suggested that youth may open up and disclose things they could not say directly to someone else (Suler, 2004). Thus, self-disclosure and intimacy may accelerate (Suler, 2004). Clinicians would be foolish to ignore the potential of this medium for interacting with adolescents. Also, by engaging youth via the Internet, adults can provide supervision and direction. Using the Internet gives new meaning to the old expression “you must speak the language of the child” if relating to youth is the goal.

There are several myths held by some adults that must be dispelled about youth using the Internet. Four of these myths are: Internet use contributes to isolation; gender differences exist in computer time/use; parents are absent from their child’s Internet use; and youth are at high risk for abusive online relationships. First, it was discussed previously that the majority of adolescents use the Internet in order to connect with others—not to isolate. Second, there was no gender gap was found in computer use in younger teens (Gross, 2004; Lacrois, 2003).

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Males and females do differ in the type of Internet activities, whereby, males seek games and leisure activity while females engage more in email exchanges (Gross, 2004; Lecroix, 2003). Third, it has been found that parents are active in their child's Internet activity (Lecroix, 2003; Hansen, Derry, Resnick, Richardson, 2004). Fourth, Canstats 2002 stated that "reasons for concern about abusive online relationships are unwarranted" because most relationships in which youth participate online are benign and "most kids have very healthy online experiences".

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Other researchers discuss a variety of findings relevant to Canadian adolescents, and these findings reflect the way in which adolescents use the Internet to seek out information. First, "uncertainty about the future" was a key Canadian concern of adolescents (Villeneuve, Berube, Ouellet, Deforme, 1996). Adolescents also wanted ways in which to cope with their day to day stressors (Bradley, 1996). Second, in Quebec, older adolescents expressed concerns with stress control compared to younger adolescents who wanted advice on how to get along with their parents (Villeneuve et al., 1996). Third, self-esteem, mental health and eating disorders were the three greatest risk behaviours as determined by teenage Ontario females (Woman's Health Council). Fourth, peers were found to be the primary source for information and support sought by most adolescents (Bradley, 1996) on and offline. Fifth, adolescents do not perceive the family doctor as a source of information or support (Bradley, 1996; Villeneuve et al., 1966), and they would go to a friend or the Internet for health issues instead. Sixth, and perhaps one of the most perplexing issues of the last decade, the concerns of adolescents and adults alike are focused on the growing violence by young people—particularly that of young Canadian males (Bradley, 1996; Kutcher, Ward, Hayes, Wheeler, Brown, Kutcher, 1996; Skinner, Biscope, Poland & Goldberg, 2004). Finally, adolescents expect to be able to use the Internet to seek out answers to problems about interactions with friends (85%), medical/health issues (67%), body image (63%), violence and personal safety (59%), sexuality (56%), and suicide and depression (22%) (Skinner et al., 2004).

Researchers at The Hospital for Sick Children suggest that adolescents' health issues are unique, as are their "computer literacy needs". That is, their ability to find answers to their queries was dependent on their Internet-searching skills (Hansen et al., 2004). This cohort of adolescents was found to highly value anonymity, to rely on links from only the first few results pages, to rarely explore any site in depth and to use simple one word searches. Additionally, their browsing was 'trial and error' compared to adults who seek Internet information in a systematic manner. Regardless, youth are quite resourceful and successful in the information-retrieval behaviours used to get answers to their health questions, despite their many spelling errors (Hansen et al., 2004). Hence, when designing a website for youth, these adolescent-specific traits for using the Internet should be considered.

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In sum, the Internet is a powerful medium with potential for reaching out to those adolescents who are seeking answers and direction about their relationships and other important issues in their lives. Clinicians, then, when setting up a service for youth with the above mentioned concerns, should involve youth in the design and the implementation of such a service (Villeneuve et al., 1996). For example, when Kids Help Phone (KHP) expanded their service to youth by creating a web site, much of the format of the site was determined by the adolescent users, and the KHP site expanded accordingly to fit the users' needs, interests, and style of communication (C. Simmons-Physick, personal communication, 2004).

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References

Peter J, Schouten A, Valkenberg P. *Adolescents' Identity Experiments on the Internet*. Abstract in the International Communication Association 2004 Programme (5/31/2004, 12:45p.m.)

Canstats Bulletin. *The Good News about Kids and Online Friendships*. Canadian Statistical Assessment Service (July 29, 2003).

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Villeneuve C, Berube H, Ouellet R, Deforme A. *Prevention Concerning Mental Health: The Adolescent's Perspective*. Canadian Journal of Psychiatry (41), 1996, 392-399.

Bradley S. (Hospital For Sick Children). *Mental Health of Canadian Adolescents: a consumer's perspective*. Canadian Journal of Psychiatry (41), 1996, 5-10.

Lecroix E. *99% of Quebec teens use the Internet*. Cefrio Releases, NetAdos Survey (April 4, 2003).

Gross E. *Adolescent Internet Use: What we expect, what teens report*. Applied Developmental Psychology (25), Elsevier Press, 2004, 633-649.

Suler J. *Adolescents in Cyberspace: The Good, the Bad, and the Ugly*. Psychology of Cyberspace, June 1998 (v1.0).

Suler J. *In-Person versus Cyberspace Relationships*. Psychology of Cyberspace, September 2004.

Suler J. *Online Lingo*. Psychology of Cyberspace, January 1999 (v1.7).

Hansen D, Derry H, Resnick P, Richardson C. *Adolescents Searching for Health Information on the Internet: An Observational Study*. Journal of Medical Internet Research (5:4: e25), 2004.

Kutcher S, Ward B, Hayes D, Wheeler K, Brown F, Kutcher J. *Mental Health of Canadian adolescents: a consumer's perspective*. Canadian Journal of Psychiatry (41), 1996, 5-10.

Skinner H, Biscope S, Poland B, Goldberg. *How Adolescents Use Technology for Health Information: Implications for Health Professionals from Focus Group studies*. Journal of Medical Internet Research, (5: 4: e32), 2004.

Simmons-Physick C. *Personal Communication*. Kids Help Phone, 2004.

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Appendix 1:

Kids Help Phone's Telephone Survey Structure Used by Counsellors To Classify Calls

NATURE OF PROBLEM CODES

14 RELATIONSHIPS

- 1401 Family
- 1402 Friends/Peers
- 1403 Love Relationships
- 1404 Custody
- 1405 Divorce/Separation
- 1406 Loss/Bereavement
- 1407 Adoption

15 ABUSIVE BEHAVIOUR/ VIOLENCE

- 1500 Physical (without a weapon)
- 1501 Physical (with a weapon)
- 1502 Sexual Assault (without a weapon)
- 1503 Sexual Assault (with a weapon)
- 1504 Verbal (without a weapon)
- 1505 Verbal (with a weapon)
- 1506 Neglect (qualifies as a child in need of protection)
- 1507 Neglect (does not qualify as a child in need of protection)
- 1509 Sexual Harassment
- 1510 Harassment
- 1511 Discrimination
- 1512 Bullying

16 SCHOOL

- 1600 Authority/Discipline
- 1601 Academic

17 SEXUALITY

- 1700 Orientation
- 1701 Development
- 1702 Education
- 1703 Dysfunctional
- 1704 Contraception
- 1705 Pregnancy Scare

18 HEALTH/MEDICAL

- 1800 Unplanned Pregnancy
- 1801 HIV/AIDS
- 1802 STDs
- 1803 Pregnancy
- 1804 Disability
- 1805 Eating Disorder
- 1806 Psychiatric
- 1807 Psychological
- 1809 Physical Health

19 SUBSTANCE ABUSE

- 1900 Alcohol
- 1901 Drugs
- 1902 Cigarettes
- 1903 Drugs and Cigarettes
- 1904 Alcohol and Cigarettes
- 1905 Alcohol and Drugs
- 1906 All Three

20 SUICIDE

- 2000 Attempt
- 2001 Ideation
- 2004 Survivors

21 SELF CONCEPT

- 2100 Self Concept (body Image, Popularity, Self-Esteem)

22 FEELINGS

- 2200 Feelings (Loneliness/Isolation, Shyness, Embarrassment, Depression, Fear, Sadness, Anxiety, Boredom, Anger)

23 PRACTICAL

- 2300 Employment
- 2301 Financial
- 2302 Homelessness
- 2303 Food
- 2304 Legal

24 SOCIAL ADJUSTMENT

- 2400 Major Move
- 2401 New School
- 2402 Independent Living
- 2403 Institutional Care

25 OTHER

- 2500 Prostitution
- 2501 Cult
- 2502 Gang
- 2503 Racism
- 2504 Religion
- 2505 Culture
- 2506 Runaway

PROBLEM CODES GLOSSARY

14 RELATIONSHIPS

1401 Family

Problem between caller and their family, including parents/caregivers, step-relatives, siblings, grandparents, aunts, uncles, cousins, foster families, adopted families. (Excludes boy/girl relations and friends.)

1402 Friends

Problems between caller and their friends, acquaintances, excluding love relationships.

1403 Love Relationships

Includes dating and relationships forming between boyfriend/girlfriend or same sex relationship.

1404 Custody

Refers to the parent/guardian/adult who has legal authority to care for a child. May be used to indicate with whom a child resides.

1405 Divorce/Separation

Child's concern is the breakdown of the parental relationship.

1406 Loss/Bereavement

The loss of someone or something, for example, a significant other, through death or separation, or the loss of one's physical or mental capacity.

1407 Adoption

Child has concerns or seeks information about the legal and/or emotional aspects of adoption.

15 ABUSIVE BEHAVIOUR/VIOLENCE

1500 Physical (without a weapon)

Physical injury or harm, no weapon involved.

1501 Physical (with a weapon)

Physical injury or harm plus the threat or use of a weapon.

1502 Sexual Assault (without a weapon)

Sexual intercourse, sexual acts, unwanted sexual gestures, or behaviours, e.g., touching, exposing/flashing, voyeurism.

- 1503 Sexual Assault (with a weapon)**
Sexual intercourse, sexual acts, unwanted sexual gestures, or behaviours, e.g., touching, exposing/flashing, plus using or threatening to use a weapon or an imitation of a weapon (e.g., guns, knives, wood or any object used against another).
- 1504 Verbal (without a weapon)**
Verbal attack or threat of harm to one's physical person, or sense of self-worth, instilling fear, usually on a repeated or chronic basis.
- 1505 Verbal (with a weapon)**
Verbal attack or threat of harm to one's physical person, or sense of self-worth, instilling fear, often on a repeated or chronic basis, with the implication or presence of a weapon.
- 1506 Neglect (eligible for child welfare/protection status)**
Inability or failure to meet the physical and/or emotional needs of a child. Includes abandonment. (Child is of an age to be considered a child in need of protection.)
- 1507 Neglect (not eligible for child welfare/protection status)**
Parents/guardians are refusing to provide care, usually as a result of family conflict/
breakdown. Child does not meet the criteria of a child in need of protection.
- 1509 Sexual Harassment**
Any conduct, comment, gesture, or contact of a sexual nature that is likely to cause offense or humiliation to a young person. A sexual solicitation or advance made towards a child by a person who is in a position to confer any benefit on, or deny any benefit to, the recipient of the solicitation or advance. A reprisal or threat of reprisal for rejecting a sexual solicitation or advance.
- 1510 Harassment**
Presence in any way, shape or form of another person which is meant to aggravate, threaten or instill fear, e.g., stalking, crank phone call.
- 1511 Discrimination**
Derogatory remarks, gestures or conduct toward a child based on a child's race, creed, colour, sex, age, class, religion, handicap, sexual orientation, nationality, ancestry or place of origin.
- 1512 Bullying**
Bullying is the conscious, deliberate assertion of power through aggression. Bullying takes many forms, and can include many different behaviours such as:

- Physical violence and attacks
- Verbal taunts, name calling and put downs
- Threats and intimidation
- Extortion and stealing of money and/or possessions
- Exclusion from the peer group

16 SCHOOL

1600 Authority/Discipline

Conflicts, concerns or problems regarding any person employed by a school board who is in a position of authority.

1601 Academic

Difficulty in academic achievement or in suitability of academic program.

17 SEXUALITY

1700 Orientation

Relating to sexual identity, e.g., homosexual, heterosexual, bisexual.

1701 Development

Issues regarding any aspect of physical or sexual development. Includes menstruation, penis/breast size, puberty, development of secondary sex characteristics.

1702 Education

Questions/requests for information regarding physical or sex-related issues.

1703 Dysfunctional

Difficulty in sexual function, e.g., fetishes, unhealthy fantasies (sex with a child), obsessive sexual behaviour.

1704 Contraception

Questions about types, nature and use of the various birth control methods.

1705 Pregnancy Scare

Caller is concerned that she might be pregnant, but it has yet to be established.

18 HEALTH/MEDICAL

1800 Unplanned Pregnancy

Personal conflict and/or emotional issues related to an unplanned, established pregnancy. Includes requests for information about abortion, adoption and other support systems.

1801 HIV/AIDS

Questions or concerns regarding the Human Immunodeficiency Virus (HIV) and/or questions or concerns regarding the Acquired Immunodeficiency Syndrome (AIDS).

1802 STDs

Sexually transmitted diseases (STDs), includes syphilis, gonorrhea, trichomoniasis, genital herpes, Chlamydia, pelvic inflammatory disease, genital warts, infestations (e.g., crabs, scabies), hepatitis B, urethritis, candidiasis.

1803 Pregnancy

Questions or concerns regarding an established pregnancy.

1804 Disability

Issues that concern mental or physical challenges.

1805 Eating Disorder

Questions, concerns, referrals for Anorexia Nervosa, Bulimia Nervosa, chronic dieting, purging, bingeing and compulsive over-eating.

1806 Psychiatric

Issues pertaining to psychiatric conditions, such as schizophrenia, bipolar personality, chronic depression, etc.

1807 Psychological

Issues related to emotional or psychological problems that are not organically based.

1809 Physical Health

Issues related to any type of physical illness, be it life threatening or non-life threatening (e.g., sports injuries, asthma, cancer, etc.).

19 SUBSTANCE ABUSE

1900 Alcohol

Questions, problems related to the use/abuse of alcohol.

1901 Drugs

Questions, problems regarding prescription drugs, or illegal/recreational drugs.

1902 Cigarettes

Questions, problems regarding cigarette smoking.

1903 Drugs and Cigarettes

Questions, problems related to combination use/abuse.

1904 Alcohol and Cigarettes

Questions, problems related to combination use/abuse.

1905 Alcohol and Drugs

Questions, problems related to combination use/abuse.

1906 All Three

Questions, problems related to use/abuse of all three.

20 SUICIDE

2000 Attempt

Calls related to a previous suicide attempt or an attempt being made at the time of the call.

2001 Ideation

Calls regarding suicidal thoughts or intentions, rather than an actual attempt.

2004 Survivors

Caller who has had a family member or friend commit suicide.

21 SELF-CONCEPT

2100 Self-Concept

Issues pertaining to one's sense of self, of self-worth, self-esteem, oneself in relation to others. Includes issues relating to body image and physical appearance, e.g., acne, weight problems, etc. Does not include sexual orientation.

22 FEELINGS

2200 Feelings

Calls related to an emotional state or reaction including, but not limited to, loneliness, isolation, shyness, sadness, depression (not of a suicidal nature), fear, boredom, anger, anxiety, stress.

23 PRACTICAL

2300 Employment

Work-related problems including unemployment, how to gain or retain work, loss of employment, worry about lack of employment.

2301 Financial

Problems relating to lack of money or questions regarding acquiring financial aid.

2302 Homelessness

Problems with not having a place to live, either temporarily or permanently.

2303 Food
Problems with hunger, lack of food.

2304 Legal
Questions, concerns related to legal issues, court, police, probation.

24 SOCIAL ADJUSTMENT

2400 Major Move
Calls related to moving to a different community or region, moving from one parent or guardian to another.

2401 New School
Problems, adjustment issues related to changing schools, adapting to a new school environment.

2402 Independent Living
Questions, concerns related to moving/living on one's own.

2403 Institutional Care
Questions, concerns regarding living in a group home, mental health, medical facility or in the care of a Youth Protection facility.

25 OTHER

2500 Prostitution
Problems regarding prostitution, e.g., engaging in sexual activity for money or other forms of payment.

2501 Cult
Problems related to or involvement in unorthodox religious beliefs or matters involving the influence of a supernatural power.

2502 Gang
Problems associated with gangs, i.e., groups of young people involved in anti-social, sometimes violent behaviour.

2503 Racism
“Refers not only to social attitudes towards non-dominant ethnic and racial groups, but also to social structures and actions which oppress, exclude, limit and discriminate against such individuals and groups. Racist social attitudes originate in and rationalize discriminatory laws, residential segregation, poor health care, inferior education, unequal economic opportunity, and the exclusion and distortion of the perspectives of non-dominant Canadians in cultural institutions.”
(B. Thomas, Multiculturalism at Work, YWCA of Toronto)

2504 Religion

Issues or conflicts related to one's personal belief in a certain faith.

2505 Culture

Refers to "the integrated patterns of human knowledge, belief and behaviour that depend upon one's capacity for learning and transmitting knowledge to succeeding generations." (Webster's New Collegiate Dictionary)

2506 Runaway

A runaway child is a child who has run away or left his/her primary place of residence without approval of their parent or guardian.

Revised December 2004

CALL RECORD GLOSSARY

Below you will find a glossary for the terms on the Call Record. In general, the Call Record is self-explanatory; however, for ease of clarification, we have provided definitions for you.

WHO IS EXPERIENCING THE PROBLEM?

Select **“Self”** when the caller him/herself is experiencing the problem.

Select **“Parent”** when the caller is calling about a problem being experienced by his/her mother, father, step-parent or any other person the caller identifies as a parent.

Select **“Sibling”** when the caller is calling about a problem being experienced by his/her brother/sister, step-brother/sister, half-brother/sister.

Select **“Boyfriend/Girlfriend”** when the caller is calling about a problem being experienced by his/her girl/boyfriend or romantic partner.

Select **“Friend/Peer”** when the caller is calling about a problem being experienced by his/her friend, acquaintance, classmate or any other peer.

Select **“Child/Own”** when the caller is calling as a parent about a problem being experienced by their own child.

Select **“Child/Other”** when the caller is calling about a problem being experienced by the child of someone else.

Select **“Other”** when the caller is calling about a problem being experienced by anyone not listed above.

Note: It is not necessary to select an item if it does not apply to the call.

SOURCE OF PROBLEM?

Select **“Parent”** when the source of the problem being experienced by the person having difficulty is that person’s parent (see definition for “parent”).

Select **“Sibling”** when the source of the problem being experienced by the person having difficulty is that person’s sibling (see definition for “sibling”).

Select **“Child/Own”** when the source of the problem being experienced by the person having difficulty is that person’s own child.

Select “**Child/Other**” when the source of the problem being experienced by the person having difficulty is someone else’s child.

Select “**Boyfriend/Girlfriend**” when the source of the problem being experienced by the person having difficulty is that person’s partner.

Select “**Friend**” when the source of the problem being experienced by the person having difficulty is that person’s friend (see definition for “friend”).

Select “**Peer**” when the source of the problem being experienced by the person having difficulty is a peer of that person.

Select “**Peer Pressure**” when the source of the problem being experienced by the person having difficulty is the perceived attitudes and values of peers or the peer group in general.

Select “**Authority Figure**” when the source of the problem being experienced by the person having difficulty is an individual who is known to that person and is in a position of power or the perceived attitudes and values of someone in a position of authority or authority in general.

Select “**Extended Family**” when the source of the problem being experienced by the person having difficulty is a member or members of that person’s extended family, including but not limited to aunts, uncles, cousins, grandparents, etc.

Select “**Self**” when the source of the problem being experienced by the person having difficulty is that person him/herself.

Select “**Other**” when the source of the problem being experienced by the person having difficulty is someone or something not listed above.

LOCATION/SOCIAL CONTEXT

Select “**Home**” when the problem is being experienced in the person’s primary place of residence (home, group home, institution, etc.).

Select “**School**” when the problem is being experienced at the person’s place of education.

Select “**Community**” when the problem is being experienced in the person’s neighbourhood or community.

Select “**Intra-personal**” when the problem being experienced comes from within the person’s own mind, belief system or perceptions (e.g., desire to quit drugs, feelings of worthlessness, etc.).

Select “**Other**” when the location or social context of the problem is not listed above (e.g., the problem occurred when the caller was on vacation out of the country).

DURATION/FREQUENCY OF PROBLEM

Select “**Once**” when the problem has occurred once.

Select “**More than once**” when the problem has occurred more than once but not more than three times.

Select “**Frequently**” when the problem has occurred more than three times but is not enough to indicate a regular problem.

Select “**Ongoing**” when the problem occurs more than frequently and shows evidence of a regular pattern.

PRIOR COMMUNICATION

Select “**Friend**” when (see definition above).

Select “**Parent**” when (see definition above).

Select “**School**” when (see definition above).

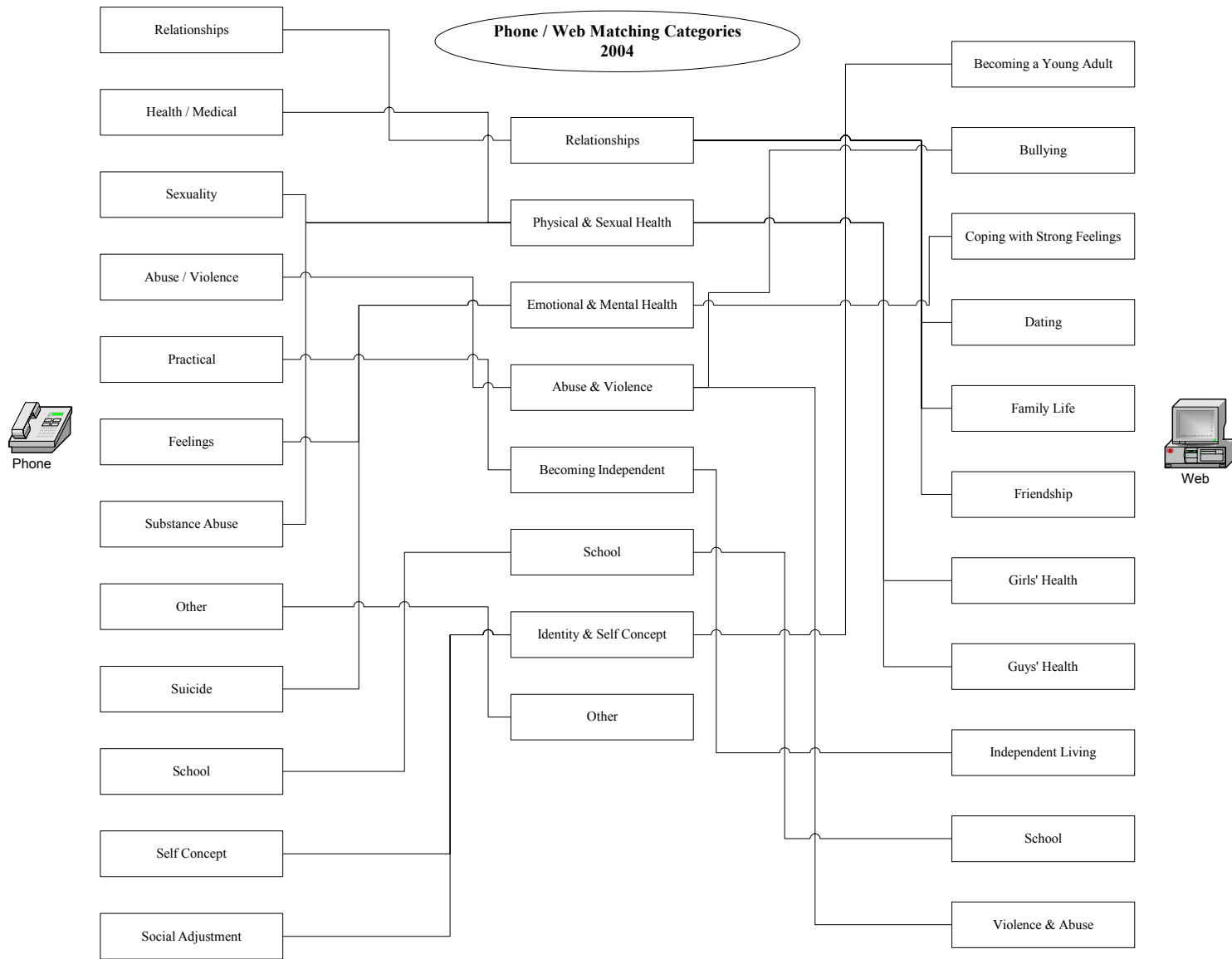
Select “**Child Protection**” when the caller has had prior communication from a professional or individual who has the legal responsibility or mandate to intervene and ensure the safety and protection of children within their jurisdiction.

Select “**Other Professional**” when the caller has had prior communication from professionals other than child protection workers such as police, teachers, medical professionals, lawyers, social workers, therapists, child care workers, etc.

Select “**Other**” when the caller had had prior communication with any person other than those listed above.

Appendix 2:

Matching Categories



Appendix 3:

Ask A Counsellor and Express Yourself Nicknames

Ask a Counsellor Nicknames

Suicidekid	lavenderkid	zee
Abc	chris	not informed
Woodbine	faceless gal	this is hell
John	big sis	spaced out
Unknown	lost of identy	jamall
Jack	Dependent	dearidiary
Water	cutie	xlostxinxmyxmind
Got	staceer	underground
Milan	fedup	cyberworld
Cry for help	penguins	goodgirl
Revolutions today	stacer	shelly
Khp	trish	goldielocks
Amy	rockbottom	nicegirl
Phantom guitarist	teen	funnygirl
Mouse	bekaboo	hate life
Sweet babylove	help in need	elly
Broken smile	wasted space	sweet suicide
Confused	moo	bottled up
Confused youth	broken smile	roachy
Twisted	deepin death	what to do next
Flying butterfly	feeling lost	sigil
Viperstrike	skyhigh	sammy
Helpme	confused youth	injured party
Injured party	spirit girl	lost
Hurt	nemo	jen
Hyper	wasted me	crazygirl
Micky	scared	slowlyxfading
Andie	shyxnut	hitting rock bottom
Valleygirl	rockbottom	cate
Henze	smile fading	unknown user
Sadangel	bleachblondi	bigsteff
Hillme	honeybunches	xxpoison
Loveandhate	lozzi	canceledgirl
Chris	sexypinkcutie	alissa
Chichi	cherimanbox	jared
Alias	brokenimage	squeak
Rebeccaq	starguy	uneven elephant
Alanjd	shashamarie	Ashley
Obsessed	painfully normal	wizard
Suicidal	star	1
Luke	guest	teenage messenger
My life hurtz	spider	sample user
Nessa	accepted child	ink233
Gossip	lostlove	the musicians

Rita
Anonymous
Journey
Dirt
Dark hole
Hurt

destroyed
secret guy
freshfish
21
falling apart
limrgreen

Natalie
whome
21
I'm so lost
cherrytree
killer

Express Yourself Nicknames

ANGEL	messed	littlelostangel
SERAS	lilbrown	kangaroo
BEATEN CHICK	punkchik	friggin
DENISE	confused girl	S C
GIRLGONE MAD	beaten chick	moonbast
DEAD SAKURA STAR	darken the stars	whocares
MS DARKSIDE	green envelope	lost soul
TOO MANY SIDES	idoless	indigo
Coastywind	berries	amy cutie
Life sucks	blue sadness	nattie
Plain old me	lexie	emily
Alcoholic	music helps	emmy
Shooting star	cry for help	satanneverstops
Underground	kate	shattered glass
Mobey with a dick	pegz	kittykait
Shooting star	black spot Kayla	lifesucks
Caged canary	she devil	tournequet girl
Bubbles	messed	numb4 life
Little giggles	bloody darts	bleeding to life
Pupyeyes	Rachel	amy
Halo	badfish	confused angel
16 symptomz	rinses	locke on random
mizzunderstood	drama queen cutie	afraidavril
jay jay	halpme now	silance
cry for help	crash my car	inlove
flashstorm	alone	kals
firefox	celest	twiglet
caged up	tired girl	faraday
shadow of me	nobody's angel	katies cure
Christine	net	neddy
Negative.positive	calling home	simple plan
Xcutsx and xpain	ing3kt	sample user
Stuck in time	downer	alone and hurt
Broken puppets	net	dead inside
Funky chick	artificial sweetner	ringette girl
I want out	loralora	lost cause
Gill	watermelon	twiddy
Shattered glass	sam	cherie
Suicidal x pixie	timeguy	kamiller
Honeydrops	flashstorm	heart and soul
Love is pain	hanging on	I messed up
g—stopper	Morrison	without you
broken	manic aimless	jojo
nado	totally freaked out	anonymous

