

Online Help for Children at Risk

ANALYSIS OF PROBLEMS REPORTED BY CHILDREN

COMPARATIVE REPORT



Nobody's Children Foundation

2015

Author:

Dorota Żurkowska

The summary report is based on national reports by:

Czech Republic: Kateřina Lišková

Hungary: Virág Suhajda, Orsolya Táler

Poland: Lucyna Kicińska (consultation), Dorota Żurkowska

Slovakia: Lýdia Marošiová, Eva Savinová, and Jana Šimončíčová



Research co-funded by the International Visegrad Fund

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Fundacja Dzieci Niczyje (Nobody's Children Foundation)

03-926 Warszawa, ul. Walecznych 59

Tel. (48 22) 616 02 68; fdn@fdn.pl; www.fdn.pl

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Introduction

Between January and December 2015 an international project called Helping Children at Risk is being implemented; the project is financed by the International Visegrad Fund¹. The goal of the project is to identify the threats and needs of children at risk and to create a joint strategy of providing help and support for children in the Visegrad Region, based on this assessment and on good practices identified within the partner organizations. The project is being coordinated by the **Nobody's Children Foundation** and its partners are organizations from the Czech Republic, Slovakia, and Hungary:

- **The Safety Line Association** (*Sdružení Linka bezpečí*),
- **Child Safety Line, non-profit organization** (*Linka detskej istoty, n.o.*),
- **Kék Vonal Child Crisis Foundation** (*Kék Vonal Gyermekkrízis Alapítvány*).

Within the project, an international study was conducted based on an **analysis of the content of messages sent through the websites** run within the 116 111 helplines in the four partner countries. This report summarizes the results of the study conducted in: Czech Republic, Hungary, Poland and Slovakia².

Object of study

The goal of the study was to gain a better understanding of the perspective of children at risk who sought support through online contact with the 116 111 Helpline staff.

The main research questions concerned both the content of children's messages (the nature of the reported problems, their categorization and distribution) and the characteristics of the senders (children's expectations and motivations to seek online help). Two types of analysis were used to answer these questions: qualitative analysis of the content of selected messages and quantitative or formal analysis.

¹ The official website of the International Visegrad Fund: <http://visegradfund.org/>.

² National reports in English are available on: <http://programbadawczy.fdn.pl/pomoc-dzieciom-w-trudnych-sytuacjach>.

Method

To be able to compare the results of the study, a **consistent methodology** was adopted across all countries that participated in the project.

It was assumed that the sample would contain messages sent by children and young people **between 1 January 2014 and 31 December 2014** via the helpline's websites. The **minimum sample size** was defined as **250 messages**.

The sample was assumed to cover **12 constructed (or analytical) weeks**³, which made it possible to analyse messages from every month of the year and from all days of the week (see Figure 1). The idea behind this method of sample selection was to make sure that the sample contained messages from different days of the week (weekdays vs. weekends) and from different months of the year (school year vs. holidays).

Figure 1. Projected sample structure: 12 constructed (analytical) weeks – selected days of 2014.

Year 2014							
January							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
I			1	2	3	4	5
II	6	7	8	9	10	11	12
III	13	14	15	16	17	18	19
IV	20	21	22	23	24	25	26
V	27	28	29	30	31		
February							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
						1	2
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28		
March							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
							1
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
	31						
April							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
I			1	2	3	4	5
II	7	8	9	10	11	12	13
III	14	15	16	17	18	19	20
IV	21	22	23	24	25	26	27
V	28	29	30				
May							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
				1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	
June							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
							1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30						
July							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
I		1	2	3	4	5	6
II	7	8	9	10	11	12	13
III	14	15	16	17	18	19	20
IV	21	22	23	24	25	26	27
V	28	29	30	31			
August							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31
September							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30					
October							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
I			1	2	3	4	5
II	6	7	8	9	10	11	12
III	13	14	15	16	17	18	19
IV	20	21	22	23	24	25	26
V	27	28	29	30	31		
November							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
						1	2
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
December							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31				

³ See: Riffe, D., Aust, C. F., & Lacy, S. R. (1993). The effectiveness of random, consecutive day and constructed week sampling in newspaper content analysis. *Journalism & Mass Communication Quarterly*, 70(1), 133-139.

Due to the fact that the total number of messages received in 2014 in Slovakia was 118, the research methodology had to be modified to reach the minimum sample size (250 messages) – the sampling frame included all messages from the years 2008–2015.

All other aspects of the sample structure and size were consistent with the adopted methodology in the countries that participated in the research project (see Table 1).

Table 1. *Actual sample structure and size within the countries.*

	Czech Republic	Hungary	Poland	Slovakia
<i>The sample size</i>	N=280	N=292	N=352	N=251
<i>Sampling frame</i>	all messages from 2014			all messages from 2008-2015
<i>The total number of messages received in 2014</i>	1170	942	6084	118

The probable cause of such a low number of messages received in **Slovakia** may be the fact that the **Child Safety Line** is not focused primarily on the e-mail service. This service was originally created for the issues of online safety only and was not widely promoted as a contact channel for help seekers (as a helpline).

Still, Slovakian researchers (as well as researchers from all the other countries) **predict an increase in the number of messages in the future**. For example, **Hungarian** researchers point out that there was already an increase of 62% in the number of messages received between 2013 (588) and 2014 (942), and in 2015 only in the first four months the number of letters (780) reached 82% of the figures for the previous years, suggesting a probable increase of 250% this year. They highlight that this requires a strong focus on the area, even if it is still less than 1% of the Clients turning to the **Kék Vonal Child Crisis Foundation** altogether through the three main services (helpline, chat, and e-mail).

In line with the adopted research methodology, the **message content analysis** consisted of **two stages**. Firstly, for each message **the main thematic category** had to be identified. There was a common list of 15 main thematic categories: Addiction, Basic needs, Child helpline, Discrimination, Family relationships, Legal issues, Leisure time, Mental and psychosocial health, Peer relationships, Physical health, School, Sexuality, Victimization:

perpetrator, Victimization: place / time and Victimization: types of victimization. Each main category contained a list of subcategories and their definitions⁴.

The second task was to identify **all topics appearing in the message**. Those topics could be subcategories of the whole range of the main thematic categories. For example: the main thematic category was identified as "Family relationships" and the topics were: "Parental divorce", "Legal advice", "Stress".

⁴ The list of subcategories and their definitions is annexed to the Report as Appendix A.

Results of formal analysis of messages

As shown in Table 2, **the length of the analysed messages varies widely**, both between countries and within each sample. The length varies from very short messages containing just a few characters (for example: “thanks”) to very long, multi-page letters. In **the case of Hungary**, the average message length was 1 358 characters (the second highest value among the analysed countries), with a standard deviation of 1 513!

Table 2. Results of formal analysis of messages within the countries.

		Czech Republic	Hungary	Poland	Slovakia
<i>The sample size</i>		N=280	N=292	N=352	N=251
<i>Message length (in characters)</i>	< 500	38%	35%	36%	66%
	500 – 1000	24%	20%	27%	16%
	1001 – 3000	30%	33%	37%	14%
	> 3000	8%	12%	-*	4%
<i>Minimum</i>		6	< 10	4	4
<i>Maximum</i>		89 402	> 3 000	3 000*	5 710
<i>Mean</i>		1 564	1 358	992	582
<i>Median</i>		727	863	729	228

* In Poland, the maximum length allowed in the textbox is 3 000.

In **the Polish sample**, the average message length was 992 characters, while the median was 729 characters. Messages shorter than 500 characters constituted 36% of the sample; messages of medium length, i.e. 500 to 1000 characters, made 27% of the sample; and long messages – over 1000 characters – constituted 37% of the sample. The shortest message consisted of 4 characters, and the longest one had 3000 characters (which was the maximum length allowed in the textbox). However, some children decide to send a few messages which are parts of one long letter (longer than 3000 characters).

In **Slovakia**, the average message length was 582 characters, which is the lowest value among the analysed countries. Messages shorter than 500 characters constituted two-thirds

(66%) of the sample, which also shows that the messages in Slovakia tend to be shorter than in the other countries.

In contrast to Slovakia, the **Czech Republic** is the country with the highest value of the average message length (1 564 characters). Messages over 1000 characters constituted 38% of the sample, and the longest message had 89 402 characters.

Characteristics of help-seekers

Gender of E-mail Clients

As demonstrated in Table 3, there is quite a **large gender imbalance towards girls** among the online help Clients. For example, in **the Hungarian sample**, about 73% of the messages were written by females, and only 25% by males. When repeated contacts were removed and only unique clients were analysed, this imbalance decreased a little: out of the 150 individual senders 28% were males and 72% were females.

This is an interesting statistics, as **for the telephone helpline the gender ratio is almost the opposite**: 62% of the callers are boys, and only 32% are girls. There is no exact answer why there is such predominance of girls among message senders but it can be rooted in cultural differences (boys are more encouraged to suppress their emotions) and also in writing skills and preference for writing.

This tendency is also true for **Poland**. The annual statistics of contacts kept by the 116 111 Helpline for Children and Young People show that 82% of messages received in 2014 in Poland were written by females, and only 16% by males. Similarly, just like in Hungary, the gender ratio among Clients of the telephone helpline is quite the opposite – there are more boys than girls among the phone counselling help-seekers.

Table 3. *Characteristics of online help-seekers within the countries – gender.*

	Czech Republic	Hungary	Poland	Slovakia
<i>The sample size</i>	N=280	N=292	N=4990*	N=251
<i>Gender</i>	74% - girl	73% - girl	82% - girl	65% - girl
	22% - boy	25% - boy	16% - boy	28% - boy
	4% - no data	2% - no data	2% - no data	7% - no data

* Source: own data based on the annual statistics of the 116 111 Helpline for Children and Young People.

Interestingly, also in **the Czech sample** more than three-quarters of messages (74%) were written by females, and only 22% by males. However, this gender ratio is consistent with the characteristics of the phone counselling Clients.

In Slovakia, the gender ratio is to the other analysed countries: girls are the majority of online help Clients – 65% of messages in the sample were written by females and 28% by males.

Age of E-mail Clients

Analysis of the age of online help-seekers is **much more difficult** than analysing aspects related to their gender. There are a lot of Clients who did not specify their age and it is rather impossible to estimate it precisely on the basis of the message content. For example, the annual statistics of contacts kept by the 116 111 Helpline for Children and Young People show a large proportion of **missing data**: for 40% of all messages received **in Poland** in 2014 the sender's age was unknown.

In **the Hungarian sample**, it was impossible to identify the sender's age for 15% of the analysed messages. Nevertheless, the average sender age was estimated at 15.5 with quite a large standard deviation of 2.57. When Clients who did not provide their age were excluded, the age of message senders was significantly higher than the age of telephone helpline Clients (13.8 years old).

Among online help Clients boys tend to be older than girls. The average age of girls is 15.09 (standard deviation: 2.02) and the average age of boys is 16.81 (standard deviation: 3.43).

In **the Slovakian sample**, it was impossible to identify the sender's age for 14% of the analysed messages. However, the Slovakian qualitative analysis of messages aimed at 'qualified estimation' of 'rough' age together with the exact age which was provided by the Clients, showed that: 15% of other messages were written by children at the age of approx.12 or younger; 22% – by children at the age of 13-15 and 18% – by older teenagers (approx. over 16 years old), 31% of the clients were at least in the second year of the middle school (13+ years old).

Results of content analysis of messages

Problems reported by children and young people online

Analysis of the most popular thematic categories within the participating countries showed that **“Mental and psychosocial health”** and **“Peer relationships”** were very important categories of problems reported by children and young people online (see Table 4). The aggregate percentage of these two categories ranges between one-half and one-quarter of all analysed messages within countries (Hungary – **54%**, Poland – **46%**, Czech Republic – **32%** and Slovakia – **26%**). The category “Family relationships” is in the top 3 in the Czech Republic, Hungary and Poland, while “Victimization” ranks in the top 5 in all investigated countries. The frequency of the main categories by country can be found in Appendix B.

The least popular main thematic categories within the analysed countries were: “Basic needs”, “Discrimination” and “Legal issues” (none of them exceeded 3% of the messages in the analysed samples). However, those topics could appear as subplots within the other main thematic categories.

Table 4. Five most popular main thematic categories within the countries.

Czech Republic (N=280)	Hungary (N=292)	Poland (N=352)	Slovakia (N=251)
<i>Family relationships</i> (24%)	<i>Mental and psychosocial health</i> (27%)	<i>Mental and psychosocial health</i> (26%)	<i>Victimization – types of victimization</i> (23%)
<i>Mental and psychosocial health</i> (23%)	<i>Peer relationships</i> (27%)	<i>Peer relationships</i> (20%)	<i>Peer relationships</i> (13%)
<i>Victimization – types of victimization</i> (19%)	<i>Family relationships</i> (12%)	<i>Family relationships</i> (15%)	<i>Mental and psychosocial health</i> (13%)
<i>Peer relationships</i> (9%)	<i>Victimization – types of victimization</i> (10%)	<i>Sexuality</i> (9%)	<i>Free time</i> (13%)
<i>Child helpline</i> (8%)	<i>Child helpline</i> (7%)	<i>Victimization – types of victimization</i> (9%)	<i>Child helpline</i> (9%)

Mental and psychosocial health

*I'm 16 and I'm **used to having to cope with problems on my own**, but this one, I guess, is too much for me.*

"Mental and psychosocial health" was the most popular main thematic category in **Hungary** (27% of analysed messages) and **Poland** (26%). It ranked second in the Czech Republic (23%) and third in Slovakia (13%).

It has become clear that when it comes to mental health concerns in particular, young people prefer to get in touch online (it is true especially for Hungary and Poland). Clients find it easier to communicate with counsellors this way (online) rather than saying what they are going through out loud on the phone.

That broad category included problems such as the need for professional help or contact with professionals, depressed mood, loneliness, feeling unable to cope with difficult emotions, or self-destructive behaviours. Lack of support from adults in the child's environment and the strategies children use to hide their problems are the reasons why **children often report feeling lonely** – they feel all alone with their worries, without care or attention from adults, so they seek online help.

It is worth noting that the problem of being depressed was often mentioned by children in the context of other topics, mostly problems in the family and victimisation.

A more detailed analysis shows that the most popular subcategories of the main thematic category "Mental and psychosocial health" are: **"Depression"** (the most popular subcategory in the Czech and Hungarian samples and the third most popular in Slovakia) and **"Contact with a professional"** (the most popular subcategory in Poland and the second most popular in Slovakia). Also the subcategory **"Suicidal thoughts"** ranked in the top 3 in the Czech Republic, Hungary and Poland (see Table 4).

Table 4. *The most popular subcategories of the "Mental and psychosocial health" category within the countries.*

Czech Republic (N=280)	Hungary (N=292)	Poland (N=352)	Slovakia (N=251)
<i>Depression</i>	<i>Depression</i>	<i>Contact with a professional</i>	<i>Anxiety and fears</i>
<i>Suicidal thoughts</i>	<i>Suicidal thoughts</i>	<i>Self-inflicted injuries</i>	<i>Contact with a professional</i>
<i>Self-inflicted injuries</i>		<i>Suicidal thoughts</i>	<i>Depression / Stress</i>

Peer relationships

We spent the last year of middle school in the same class after we both moved. Ironically, that year, which was supposed to bring us even closer, did a lot of damage to our friendship.

"**Peer relationships**" was the second most popular main thematic category in **Hungary** (27%), **Poland** (20%) and **Slovakia** (13%). In the Czech Republic it ranked fourth (9%). The popularity of this category can be explained by the fact that peer relationships are often the centre of the child's world and the content of their everyday experience. This category included messages in which senders described situations that stir up a broad range of emotions, both positive and negative, such as arguments with their peers, making and keeping friends, or their first relationships and breakups.

A more detailed analysis shows that the most popular subcategory of the "Peer relationships" category within the analysed countries is "**Contacts with peers**". This broad subcategory includes all the messages describing relationships with a peer or peers (friendship or relations with classmates), excluding topics such as an argument or misunderstanding, which were also quite popular in the Czech and Polish samples (see Table 5).

Table 5. The most popular subcategories of the "Peer relationships" category within the countries.

Czech Republic (N=280)	Hungary (N=292)	Poland (N=352)	Slovakia (N=251)
Contacts with peers	Girls write more often on this topic than boys	<i>Quarrels and misunderstandings with peers</i>	Contacts with peers
<i>Problems with boy/girlfriend</i>		Contacts with peers	<i>Falling in love</i>
<i>Quarrels and misunderstandings with peers</i>		<i>Falling in love</i>	<i>Unhappy falling in love / Brake up</i>

Family relationships

*My uncles, grandparents and others don't know anything, because **my family** is cracked and wouldn't say a word to anyone.*

The Czech Republic was the only country where "Family relationships" was the most popular main thematic category (24% of analysed messages). In Poland (15%) and Hungary (12%) it ranked third and in Slovakia it did not rank in the top five main thematic categories.

In **the Czech Republic**, messages in this category related mainly to problematic relationships with parents, especially with the mother. It could be explained by a serious crisis of the family in the Czech Republic – very high divorce rate, a high number of children living in various forms of families, which often causes a difficult situations and stress for children.

A more detailed analysis shows that the most popular subcategory of the "Family relationships" category within the analysed countries is "**Relationship with mother**". This subcategory was the most popular in the Czech, Polish and Slovakian samples (see Table 6). What is interesting, the analysis of **Hungarian messages** showed that the relationship with the mother, and parental divorce turned up as problems only in letters sent by girls. This results from the fact that according to the letters more girls than boys get involved in

conflicts between parents and engage in parentification as a consequence of a dysfunctional family system.

The subcategory “**Relationship with father**” was less popular but ranked second in the Czech Republic, Poland, and Slovakia.

Table 6. *The most popular subcategories of the "Family relationships" category within the countries.*

Czech Republic (N=280)	Hungary (N=292)	Poland (N=352)	Slovakia (N=251)
<i>Relationship with parents – mother</i>	<i>Girls write more often on this topic than Boys</i>	<i>Relationship with parents – mother</i>	<i>Relationship with parents – mother</i>
<i>Relationship with parents – father</i>		<i>Relationship with parents – father</i>	<i>Relationship with parents – father</i>
<i>Relationship with other family members</i>		<i>Mental illness or addiction in the family</i>	<i>Mental illness or addiction in the family</i>

Victimization – types of victimization

My mother doesn't love me and keeps telling me she doesn't love me. She says that for the thirteen years since I was born, she's been just trying to tolerate me. She keeps calling me names, swears at me, and tells me I am just like my father whom I hate because he treats me even worse than my mother.

This broad category included all messages that involved different types of victimization: Child victim of crime, Child maltreatment – psychological abuse, Child maltreatment – physical abuse, Peer and sibling victimization, Sexual victimization, Child witness of violence, Neglect, and Cyberbullying.

Slovakia differs from the other countries in terms of the five most popular main thematic categories. It is the only country where the category “**Victimization – types of victimization**” ranked first (23% of all the analysed messages).

It could be explained by the general situation in the country. There is a clear relationship between (part of) children’s life stories and the impact of social problems in Slovakia: poverty (approx. 10% of the Slovakian population live below or near the poverty line), unemployment (12%), family breakdown (e.g. divorce rate 43%, parent(s) working abroad, alcohol addiction), racism etc... once they hit the families – they have an effect on children’s quality of life, health, and personal integrity.

In **the Hungarian sample**, only 10% of messages were related to the victimization issues. Those were primarily cases of cyberbullying and also, to a lesser extent, sexual victimization. Cyberbullying (about 3% of the messages) was strongly related to peer relationships, usually it happened as a result of proliferation of peer conflict, and cyberbullying constituted a part of the broader bullying issue (both online and offline). Sexual victimization was mentioned in roughly 4% of the letters (whole sample), mainly in relation to adults. It often happens that when sexual abuse is perpetrated by an adult, the child does not perceive it as abuse.

A more detailed analysis shows that the most popular subcategory of the main thematic category “Victimization – types of victimization” within the participating countries is “**Child maltreatment - psychological abuse**”. It was the most popular subcategory in the Czech Republic and Poland, the second most popular in Slovakia and the third one in Hungary (see Table 7). According to the adopted definition, this subcategory contained all situations when a child was suffering violence, such as psychological/emotional abuse by adults.

Table 7. *The most popular subcategories of the "Victimization – types of victimization" category within the countries.*

Czech Republic (N=280)	Hungary (N=292)	Poland (N=352)	Slovakia (N=251)
Child maltreatment - psychological abuse	<i>Cyberbullying</i>	Child maltreatment – psychological abuse	<i>Cyberbullying</i>
<i>Peer and sibling victimization</i>	<i>Sexual victimization</i>	<i>Peer and sibling victimization</i>	Child maltreatment - psychological abuse
<i>Cyberbullying / Child maltreatment – physical abuse</i>	Child maltreatment – physical abuse / psychological abuse	<i>Child maltreatment – physical abuse</i>	<i>Child maltreatment - physical abuse</i>

Conclusions and recommendations

The conducted analysis of children's messages within the countries that participated in the research project showed that "**Mental and psychosocial health**" and "**Peer relationships**" were very important categories of problems reported by children and young people online. Children often report **feeling lonely**, they feel they are left alone with their worries, without care or attention from adults. **Difficulties in communicating with parents** (especially with the mother) are a key problem reported by children and young people within the "**Family relationships**" category. Very often children **don't know how to talk to adults** about their problems, but they also make efforts to **hide their problems** from people in their environment, which makes it even more difficult to find a solution.

Online help provides **space for children to share their problems and express their worries and concerns** without exposing themselves to judgment or criticism. It is a place where they can get attention and unconditional acceptance, which are missing in their environment. Online contact helps children to **develop new important skills**: to describe and analyse their situation, to search for solutions, and to take a different perspective.

However, it must be cautiously used, and chatting must be avoided in order to prevent dependency on being in touch with someone this way. Such caution is extremely important in cases when e-mail consulting shall be only the first step into therapy, however therapy is not available. In these cases online help is crucial, but it puts an extra burden on consultants, and also divert time and energy from other clients, where e-mail consultancy is more appropriate.

The conducted research shows that e-mail consulting is a **much needed service**. It is not only **complementary to the telephone helpline** (e.g. when helpline counsellors are difficult to reach by phone), but may also reach **a target group who are non-accessible through the chat or helpline**.

It can be especially useful for **boys**, who have difficulties in asking for help personally or by phone. This form of communication may also help children who need help to overcome their shyness and reluctance to talk about some "**sensitive topics**", even to an anonymous helpline. It is also worth noting that **internet has become a "natural environment"** for young people and it seems they are more and more eager to look for help through it. Therefore e-mail services need to be consciously analysed, developed and upgraded to meet the increasing demand.

Analysing the letters also opened up **a number of new questions** which could be researched in the future. Why do boys tend to report less family and peer problems than girls? Why are those low-mentioned categories (such as “Basic needs”, “Discrimination” and “Legal issues”) mentioned so rarely? Analysis of messages from returning clients can be also important to show how problems are interrelated and what helps the client to solve them. Also asking for feedback from clients would provide useful information to develop this service further.

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Appendix A. Main thematic categories and their subcategories

Code	Subcategory name	Description / examples
ADD	ADDICTION	
ADD_1	General questions about addiction and drugs	General questions about stimulants and drug addiction, etc.
ADD_2	Single contact with alcohol	A single contact with alcohol, e.g. the first time the child ever tried it.
ADD_3	Single contact with drugs	A single contact with drugs, e.g. the first time the child ever tried it.
ADD_4	Single contact with cigarettes	A single contact with cigarettes, e.g. the first time the child ever tried it.
ADD_5	Multiple contact with alcohol	Frequent contact with alcohol, e.g. risky alcohol consumption.
ADD_6	Multiple contact with drugs	Frequent contact with drugs, probably not yet addiction.
ADD_7	Multiple contact with cigarettes	Frequent contact with cigarettes, probably not yet addiction.
ADD_8	Alcohol addiction	Questions and problems related to alcohol addiction.
ADD_9	Problems with gambling addiction	Questions and problems related to gambling addiction.
ADD_10	Problems with computer addiction	Questions and problems related to computer addiction, e.g. internet, computer games, chat, social networking, etc.
ADD_11	Problems with drug addiction	Questions and problems related to drug addiction.
ADD_12	Problems with cigarette addiction	Questions and problems related to cigarette addiction.
ADD_13	Problems with pornography addiction	Situations when the child watches compulsively pornographic videos or photos and is addicted to it.
ADD_A	The problem concerns another person (not the sender)	Another person writes about the child's problem (e.g. parent / family member / teacher / another child, etc.).
ADD_O	Other	None of the above categories.
BN	BASIC NEEDS	
BN_1	Child deprived of parental care	A child left permanently without care, e.g. abandoned, orphaned, with no support from institutions.
BN_2	Foreign child deprived of parental care	A child residing in the country probably illegally or with a refugee status. All problems related to lack of social and cultural assimilation, lack of parental or institutional care.
BN_3	Searching for work	A child asking for help in finding a job.
BN_4	Searching for shelter	A child asking for help in finding accommodation in situations such as escape from home/care institution, being thrown out of home, etc.
BN_5	Searching for financial support for the family	All problems and questions related to the need of financial support for the family.
BN_6	Request for food	A child asking for help in getting food.
BN_7	Planning to run away from home	All situations when the child is planning to run away from home and describes his/her motives, doubts, and expected consequences.
BN_8	Runaway child	A child who voluntarily left his/her home, regardless of the reason.
BN_A	The problem concerns another person (not the sender)	Another person writes about the child's problem (e.g. parent / family member / teacher / another child, etc.).

BN_O	Other	None of the above categories.
CH	CHILD HELPLINE	
CH_1	Child helpline - principles	All questions related to the functioning of the Child Helpline, both online and on the phone
CH_3	Continued communication	All messages that contain references to previous correspondence with the Helpline, e.g. the child refers to the content of the received response or reports his/her further actions.
CH_2	Thanks for support	Any words of thanks for the received support.
DIS	DISCRIMINATION	
DIS_1	Racism	All situations when the child is treated unfairly or worse than others only because of his/her ethnic origin. Discrimination may relate to different spheres of life, such as access to education, medical care or relationships with others.
DIS_2	Discrimination based on sexual orientation	All situations when the child is treated unfairly or worse than others only because of his/her sexual orientation. Discrimination may relate to different spheres of life, such as access to education, medical care or relationships with others.
DIS_3	Discrimination based on health/disabilities	All situations when the child is treated unfairly or worse than others only because of his/her state of health or disability. Discrimination may relate to different spheres of life, such as access to education, medical care. or relationships with others.
DIS_4	Discrimination based on immigration status	All situations when the child is treated unfairly or worse than others only because of his/her immigration status or country of origin. Discrimination may relate to different spheres of life, such as access to education, medical care or relationships with others.
DIS_5	Discrimination in access to education	Blocking or denying access to public education due to child characteristics such as ethnic origin, sexual orientation, religion, language, disability, financial status, etc.
DIS_6	Discrimination based on financial status	Blocking or denying access to public services due to the financial status of the child and his/her family.
DIS_A	The problem concerns another person (not the sender)	Another person writes about the child's problem (e.g. parent / family member / teacher / another child, etc.).
DIS_O	Other	None of the above categories.
FAM	FAMILY	
FAM_1	Somatic disease in the family	A situation when somatic disease of a parent or another family member affects the child's emotional state and behavior.
FAM_2	Mourning the loss of a family member	A situation when the child feels strong emotions (or even a nervous breakdown) related to the death of a loved person - family member.
FAM_3	Mental illness or addiction in the family	A situation when mental illness or addiction of a parent or another family member affects the child's emotional state and behavior.
FAM_4	Problems in the parents' relationship	Children write about quarrels between parents and topics such as the child's emotions and fears, ideas about how to stop it, etc.
FAM_5	Parental divorce	The child contacts the helpline after learning about his/her parents' plans for separation or during the divorce (e.g. the divorce application to the court, doubts before the hearings, etc.)
FAM_6	Relationships between divorced parents	A situation where the child's parents are no longer a couple as a result of divorce, legal separation, or actual separation.
FAM_7	The custody rights of parents / alimony	The situations/problems related to the child's situation after the parents' divorce, especially problems such as custody and alimony.
FAM_8	Relationship with parents - mother	The mother-child relationship.
FAM_9	Relationship with parents - father	The father-child relationship.

FAM_10	Relationship with siblings	The relationship between brothers and sisters.
FAM_11	Relationship with other family members	The relationship with family members (other than parents and siblings), such as grandparents, uncles, etc.
FAM_12	Parents working abroad	The situation in which one or both parents are abroad for work purposes, the so-called euro-orphanhood.
FAM_13	A reconstructed family	All relationships and situations in a reconstructed family, e.g. the parents' remarriage, moving to a parent's new partner, having half-siblings, etc.
FAM_14	Adoption	Problems and questions related to adoption, e.g. being adopted, staying in adoptive family.
FAM_15	Pocket money	Problems related to pocket money, such as lack of it, complaints about the amount of pocket money being too small, etc.
FAM_16	Becoming independent / moving out	A situation when the child wants/ plans to move out of home (excluding situations when the child is forced to do so by the parents).
FAM_A	The problem concerns another person (not the sender)	Another person writes about the child's problem (e.g. parent / family member / teacher / another child, etc.).
FAM_O	Other	None of the above categories.
LEG	LEGAL ISSUES	
LEG_1	Violation of children's rights	All situations in which an adult or institution violates the child's fundamental rights. Such violation of the rights may also be well-intentioned - e. g. conflict between the parents' right to educate their children and the children's freedom of conscience.
LEG_2	Legal advice	All situations when the child asks for information on his/her rights or legal situation and is informed about it.
LEG_3	Child's conflict with the law	All situations where the child is in conflict with the law, whether voluntarily or forced by others.
LEG_4	Child witness of crime	All situations in which the child witnessed a crime or suspects that a crime was committed now or in the past (excluding child witnesses in legal proceedings). Refers to situations where the crime has not yet been disclosed.
LEG_5	Child-witness in legal proceedings	All problems and questions related a situation when the child testifies in judicial proceedings, whether under oath or not.
LEG_6	Marriage	All problems and questions related to the marriage of an underage person, such as the cultural practice of marrying off young girls in ethnic minorities or situations associated with pregnancy.
LEG_A	The problem concerns another person (not the sender)	Another person writes about the child's problem (e.g. parent / family member / teacher / another child, etc.).
LEG_O	Other	None of the above categories.
LEI	LEISURE TIME	
LEI_1	Hobby	All messages related to topics such as hobbies, passions, etc.
LEI_2	Extracurricular activities	All messages related to the child's extracurricular activities, such as sports activities, language classes, etc.
LEI_3	Pets	All questions and problems related to children's pets, such as illness, loss, wanting to have a pet.
LEI_4	Boredom	The child writes about being bored, having nothing to do with his/her free time.
LEI_5	Message written as a joke	Refers to messages which cannot be classified in terms of topic and have the form of a joke.
VT_A	The problem concerns another person (not the sender)	Another person writes about the child's problem (e.g. parent / family member / teacher / another child, etc.).
VT_O	Other	None of the above categories.

MH	MENTAL AND PSYCHOSOCIAL HEALTH	
MH_1	Mourning the loss of a loved person	A situation when the child feels strong emotions (even a nervous breakdown) related to the death of a loved person, e.g. friend (excluding a family member).
MH_2	Searching for values/ the meaning of life	All the problems related to the fundamental questions about the meaning of life, e.g. the child suffers from a conflict of values or questions the universal values. Also topics related to faith. This situation can stir a lot of emotions in children, such as sadness, sense of hopelessness, anger or rebellion.
MH_3	Depression	A long-term or temporary situation when the child feels sad, anxious or withdrawn. This state may be a reaction to a specific event or may have a biological source.
MH_4	Phobias and obsessive behaviors	Persistent, inadequate and irrational fear associated with a specific thing or situation, despite the awareness and assurances that they are not dangerous.
MH_5	Anxiety and fears	A situation when the child often feels anxiety and (also irrational) fear.
MH_6	Stress	All situations when the child experiences chronic tension and negative emotions (excluding stress related to school situations).
MH_7	Anger	All problems related to anger management, e.g. uncontrolled outbursts of anger (except for the use of violence).
MH_8	Loneliness	A situation when the child feels lonely or unsupported.
MH_9	Suicidal thoughts	A situation when the child thinks about committing suicide.
MH_10	Suicide attempts	All situations in which the child writes about deliberate actions to end his/her own life. The child may write about his/her past or current experiences or about a specific plan of committing suicide in the future.
MH_11	Self-inflicted injuries	All past or current situations in which the child injures him/herself physically, e.g. cuts him/herself.
MH_12	Contact with professional	A situation when the child is considering contact with a specialist, such as psychologist, psychiatrist, pedagogue, etc. or complains about it, describes his/ her previous experience.
MH_13	Shyness	A situation when lack of self-confidence leads the child to social withdrawal or to making decisions inadequate to the situation and his/ her capabilities, etc.
MH_14	Envy	All situations when the child feels jealous and frustrated, e.g. the child may be jealous of a beloved person (partner, friend, parent) or envy someone's financial situation/ social status.
MH_15	Self-esteem	All questions and problems related to the child's self-esteem.
MH_16	Concerns about physical appearance	All problems and questions related to the child's physical appearance (e.g. height, weight, hair colour, skin, foot size, etc.). This issue can may cause children's emotions and concerns.
MH_17	Eating disorders	All questions and problems related to eating disorders, such as anorexia, bulimia or binge-eating disorder (BED).
MH_18	Intellectual disability	All problems related to intellectual and mental disabilities of the child.
MH_A	The problem concerns another person (not the sender)	Another person writes about the child's problem (e.g. parent / family member / teacher / another child, etc.).
MH_O	Other	None of the above categories.
PR	PEER RELATIONSHIPS	
PR_1	Contacts with peers	Relationships with a peer or peers, e.g. friendship or relationships with classmates (excluding topics such as an argument or misunderstanding).
PR_2	Quarrels and misunderstandings with peers	Disagreements or confrontations with friends and classmates. Children can write about feeling depressed and imagining that they will lose the friendship.

PR_3	Online relationships	A situation when the child keeps in touch with a person whom he/she met only via the internet (on a social network, chat, forums, etc.).
PR_4	Falling in love	A situation when the child is in love with his/her peer. The peer does not need to know yet about this feeling. Also applies to situations where the child writes about being in love, wants to share his/her emotions (excluding topics such as unhappy falling in love).
PR_5	Unhappy falling in love	A situation when the child is in love with his/her peer who does not reciprocate these feelings (regardless of whether they have ever been a couple or not).
PR_6	Problems with boyfriend / girlfriend	Problems and misunderstandings in the relationship. Children may feel anxious, suspect cheating or worry about the future of their relationship.
PR_7	Break up	The end of a relationship. Children can write about topics such as ways to restore the relationship, how to take revenge on the ex-partner, or how to deal with their own emotions.
PR_A	The problem concerns another person (not the sender)	Another person writes about the child's problem (e.g. parent / family member / teacher / another child, etc.).
PR_O	Other	None of the above categories.
PH	PHYSICAL HEALTH	
PH_1	Somatic disease	Questions and problems related to physical health, including situations when the sender describes his/her current illness (colds, cough, etc.).
PH_2	Chronic somatic disease	Questions and problems related to a chronic somatic disease, including situations when the sender describes his/her chronic disease, e.g. diabetes, asthma, cancer, heart disease, etc.
PH_3	Sexually transmitted diseases	All questions and problems related to STD, e.g. HIV, syphilis.
PH_4	Access to health care	All questions and problems related to the access to health care which is needed for the child's well-being, e.g. consultation with a specialist.
PH_5	Physical disability	All problems related to the child's permanent physical disability.
PH_6	Hospitalization	A situation when the child is treated in a hospital, e.g. due to a chronic somatic disease or a sudden injury.
PH_7	Concerns about own health	The child's concerns about his/her own health, e.g. the possibility of getting ill, anomalies of the body, etc.
PH_8	Bodily injury	A situation when the child writes a message while having a physical injury, such as a bruised knee, a black eye, etc. This category does not apply to serious and permanent injuries.
PH_A	The problem concerns another person (not the sender)	Another person writes about the child's problem (e.g. parent / family member / teacher / another child, etc.).
PH_O	Other	None of the above categories.
SCH	SCHOOL	
SCH_1	Fear of public speaking / interactions	"Stage fright" that children may feel during public speaking in the classroom, team work, discussions, etc.
SCH_2	Inappropriate relationship with teacher	Both inappropriate assessment and treatment, e.g. seduction by a teacher.
SCH_3	Inappropriate relationship with another school employee	Both inappropriate assessment and treatment, e.g. seduction by a school employee (other than a teacher).
SCH_4	School delay	Problems with promotion to the next year level (now or in the past).
SCH_5	Learning difficulties	All situations when children have learning difficulties.
SCH_6	Problems with homework	Request for help in doing homework.
SCH_7	Quitting school	Quitting school before completing education.

SCH_8	School choice	Doubts and fears related to the choice of school.
SCH_9	Skipping classes	Situations related to skipping classes, e.g. problems with parents, school, law, peers, etc.
SCH_10	Changing school	All situations related to changing schools, e.g. when the current one does not meet the child's needs or when the child is forced to change schools by moving to another city or being expelled.
SCH_11	Bad school grade	A situation when the child got a bad grade. This subcategory is appropriate for a specific single event; if it is a frequent situation, "School delay" may be the appropriate category.
SCH_12	Stress related to school situations	A situation when the child often feels great tension and stress related to school issues, e.g. exams, tests, adults' expectations.
SCH_A	The problem concerns another person (not the sender)	Another person writes about the child's problem (e.g. parent / family member / teacher / another child, etc.).
SCH_O	Other	None of the above categories.
SEX	SEXUALITY	
SEX_1	General questions about adolescence and sexuality	The child asks for general information on human sexuality related to topics such as sexual orientation, sexual initiation and intercourse, contraception, pregnancy, or sexually transmitted diseases.
SEX_2	Sexual fantasies	All problems and questions related to children's' fantasies of a sexual nature.
SEX_3	Sexual initiation	The child writes about the issue of sexual initiation, e.g. asks questions about it, shares his/her own experience.
SEX_4	Sexting	All situations when the child is involved in sending/receiving text messages of a sexual nature, including: 'naked' photos and videos.
SEX_5	Contraception	Questions about the methods used to prevent pregnancy.
SEX_6	Pregnancy	Situations when children suspect that they may be pregnant or are seeking solutions in case of unwanted pregnancy.
SEX_7	Gender identity	Situations when children feel uncertain about their own gender identity, have doubts about which sex they feel physically attracted to.
SEX_8	Sexual orientation	A situation when the child is going through difficulties with his/her own sexual orientation, e.g. has doubts, asks questions about it.
SEX_9	Masturbation	The content of the message refers to masturbation.
SEX_10	Pornography	Questions about pornography e.g. movies, newspapers, pictures, including a situation when the child uses pornography but is not addicted to it.
SEX_A	The problem concerns another person (not the sender)	Another person writes about the child's problem (e.g. parent / family member / teacher / another child, etc.).
SEX_O	Other	None of the above categories.
VP	VICTIMIZATION: PERPETRATOR	
VP_1	Sender	The author himself is the perpetrator of victimization.
VP_2	Mother	Regards persons whose role is to satisfy the child's needs and provide security, care and protection; they can be biological, adoptive, foster parents, etc.
VP_3	Father	Regards persons whose role is to satisfy the child's needs and provide security, care and protection; they can be biological, adoptive, foster parents, etc.
VP_4	Stepmother	Regards persons whose role is to satisfy the child's needs and provide security, care and protection; they can be biological, adoptive, foster parents, etc.
VP_5	Stepfather	Regards persons whose role is to satisfy the child's needs and provide security, care and protection; they can be biological, adoptive, foster parents, etc.

VP_6	Another adult woman (family)	Adults in the family other than parents/caregivers, e.g. a twenty-five-year-old sister.
VP_7	Another adult man (family)	Adults in the family other than parents/caregivers, e.g. a twenty-five-year-old brother.
VP_8	Brother or sister	Siblings who are not adults. If they are adults, the correct subcategory is "another adult woman/man (family)".
VP_9	Peer - partner	A person of a similar age, who is in the relationship with the sender.
VP_10	Peer	A person of a similar age, who is not a close relative of the child and is not in the relationship with him/her.
VP_11	School employee	A person who works at the child's school, e.g. member of the teaching staff or the administrative or technical service.
VP_12	Hospital staff	A hospital worker, doctor, nurse, etc.
VP_13	Childcare institutions' staff	Staff members of children's homes, emergency care centres, educational centres, etc.
VP_A	The problem concerns another person (not the sender)	Another person writes about the child's problem (e.g. parent / family member / teacher / another child, etc.).
VP_O	Other	None of the above categories.
VPL	VICTIMIZATION: PLACE / TIME	
VPL_1	Home	House, apartment, during time spent with the family, etc.
VPL_2	Free time	During leisure time with peers (excluding parties or special occasions).
VPL_3	Party	Parties, special occasions celebrated with peers.
VPL_4	Internet / mobile	Victimization via Internet or mobile phone.
VPL_5	Childcare institutions	Children's homes, emergency care centres, educational centres, etc.
VPL_6	School	At school, in the classroom, in the cloakroom, on the pitch, etc.
VPL_7	Hospital	Hospital, health centre, etc.
VPL_O	Other	None of the above categories.
VT	VICTIMIZATION: TYPES OF VICTIMIZATION	
VT_1	Child victim of crime	All situations when the child is a victim of crime, such as trafficking, kidnapping, forced labour, commercial sexual exploitation, theft, vandalism, fraud on the Internet, etc.
VT_2	Child maltreatment - psychological abuse	All situations when the child experiences violence by adults, such as psychological/emotional abuse.
VT_3	Child maltreatment - physical abuse	All situations when the child experiences violence by adults, such as physical abuse.
VT_4	Peer and sibling victimization	All situations when the child experiences physical or psychological violence by peers, such as peer or sibling assault, bullying, emotional bullying, etc. (excluding sexual victimization).
VT_5	Sexual victimization	All situations when the child is a victim of sexual victimization, such as sexual assault by peer or known adult, rape, verbal sexual harassment, etc.
VT_6	Child -witness of violence	All situations when the child witnessed violence, regardless of its type.
VT_7	Neglect	All situations when a parent /caregiver does not satisfy the child's basic needs, whether intentionally or not. Situations such as psychological and emotional abuse, neglect, etc.

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VT_8	Cyberbullying	All situations which involve online publishing of materials, such as photos, videos, posts and other content with the intention to harm a particular person or group.
VT_A	The problem concerns another person (not the sender)	Another person writes about the child's problem (e.g. parent / family member / teacher / another child, etc.).
VT_O	Other	None of the above categories.

Appendix B. Main thematic categories by country

Chart B1. Main thematic categories, Czech Republic, N=280 messages.

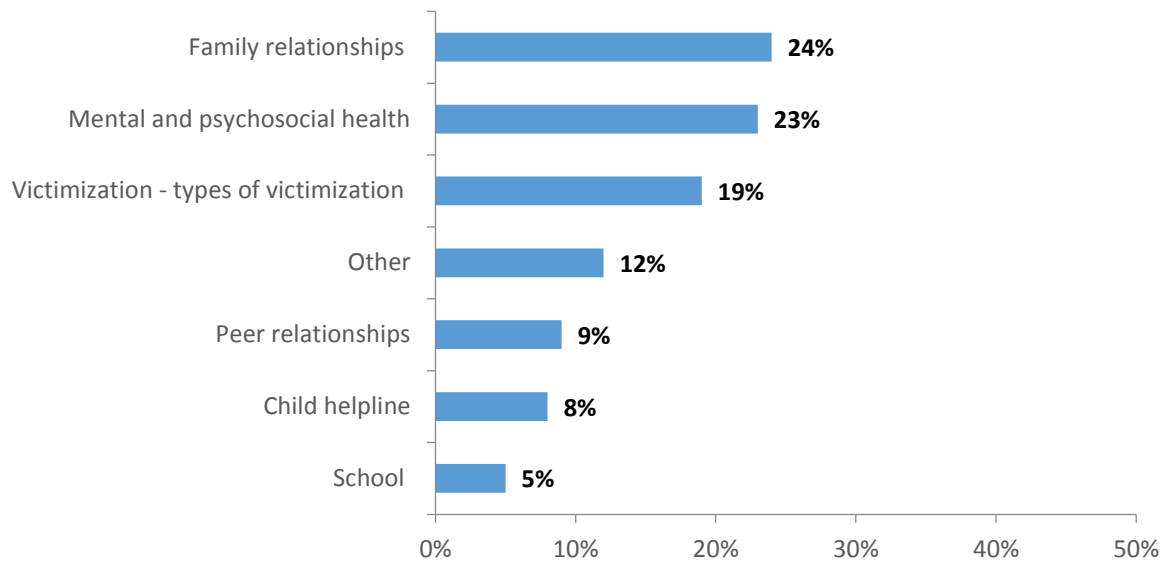


Chart B2. Main thematic categories, Hungary, N=292 messages.

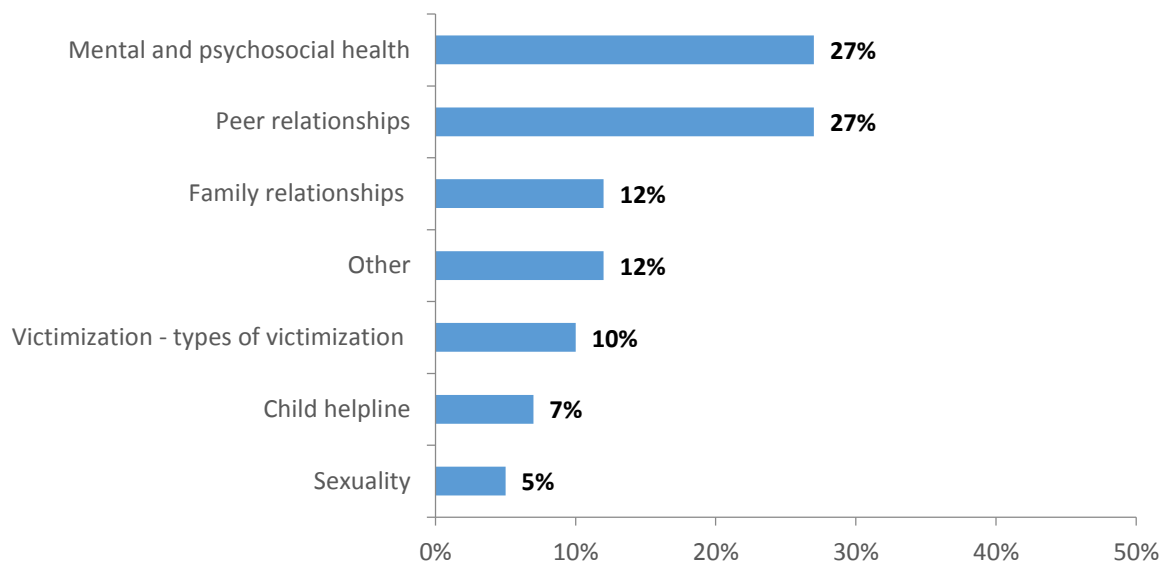


Chart B3. Main thematic categories, Poland, N=352 messages.

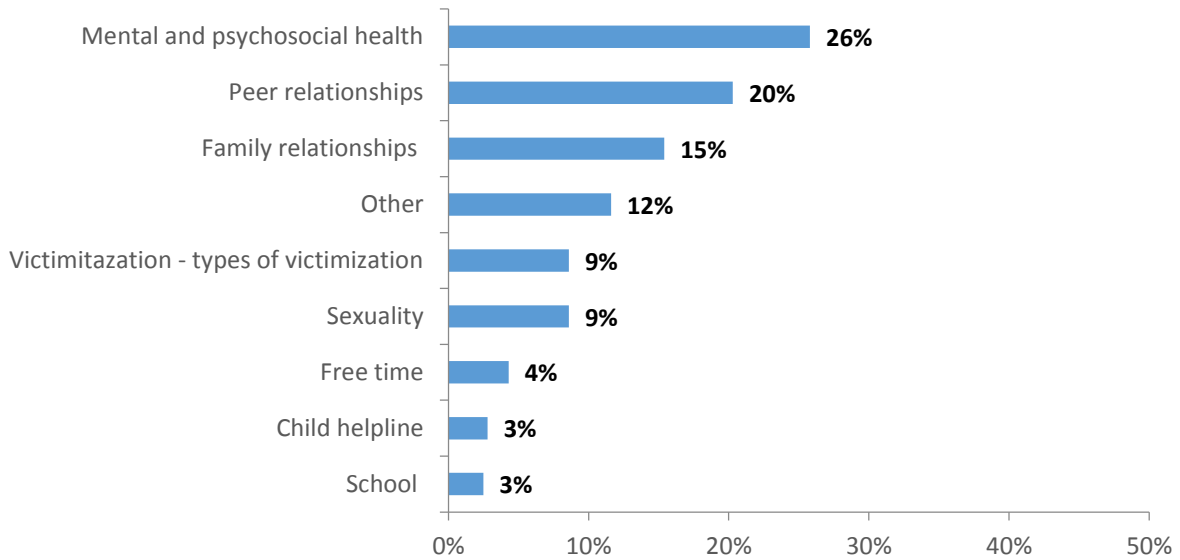


Chart B4. Main thematic categories, Slovakia, N=251 messages.

