



# Sex Matters to Children and Young People

2014 Child Helpline Data on Sexual and Reproductive Health and Rights

Giving a Voice to Children and Young People Worldwide

# Sex Matters to Children and Young People

## We are Child Helpline International.

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

**CHI** is one of the world's largest collective impact organisations – a unique network of government and civil society organisations that operate 191 child helplines in 145 countries (as of October 2015). Child helplines give a voice to children and young people, and respond to their concerns and needs for care and protection.

**CHI** member child helplines have been systematically collecting data on issues affecting children and young people since inception in 2003, when **CHI** started with 49 members.

In 2014 **Child Helpline International** received over 14 million contacts from 114 child helplines worldwide. As in previous years, **CHI** uses the information gathered by child helplines to demonstrate the needs of children and young people globally, regionally, and nationally, and to advocate for the strengthening of child protection systems.

This briefing paper summarises what children and young people have been telling child helplines about their sexual development experiences and needs – as their calls, emails, chats and other ways that children and young people tell their own stories, in their own words, have been translated into internationally comparable data. The following pages also describe responses made by child helplines. As a result of CHI's participation in the ASK Alliance, a special section of the paper is dedicated to information on sexual and reproductive health and rights that was provided by child helplines in Kenya, Senegal, Pakistan and Indonesia. Based on this data and first-hand knowledge of child helplines which annually respond to millions of calls for help, support and a sympathetic, non-judgemental ear, the paper provides a set of recommendations for governments and agencies concerned with the sexual and reproductive health and rights of children and young people.

## Introduction

The development of sexuality is one of the cornerstones of human growth, central to the identity of a person. Sexuality involves all aspects of human functioning – physical, emotional, social, and mental. Like all aspects of development, the growth of a person's sexuality begins in their childhood and continues throughout life, responding to their changing roles and circumstances.<sup>1</sup>

It follows therefore that children and young people have both needs and rights regarding their sexual development. Children and young people feel these needs and rights strongly, and they contact child helplines in large numbers around the world, asking for help and support with these issues.

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

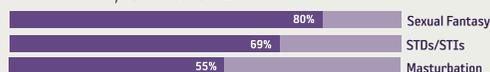
<sup>1</sup> DeLamater, J., William, N. (2002). Human Sexual Development. *The Journal of Sex Research*, 39(1), 10-14.

Over **1 in 12** of all concerns raised by **children** and **young people** contacting child helplines involve **SRHR** topics.



**Boys** contact child helplines with queries on **SRHR** more often than **girls**.

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

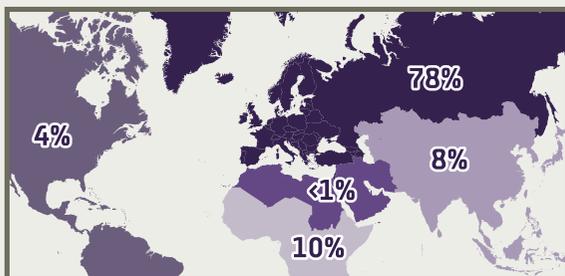


More **girls** contact helplines on pregnancy and contraception.



**Boys** contact child helplines about sexual issues more frequently than about other concerns.

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



Child helplines collect information on eight types of sexual and reproductive health rights (SRHR) topics as follows: requests for information,<sup>2</sup> pregnancy, sexual identity, masturbation, contraception, sexual fantasy, sexually transmitted diseases and infections (STD and STI's), and miscellaneous issues (unspecified and other). Child helplines collect data on other related topics, such as partner relations, child marriage and female genital mutilation, but these will be addressed in other papers and reports.<sup>3</sup> Here we focus on the children and young people's experience with sexuality and their sexual awareness.

## One in Twelve Children Ask Child Helpline Counsellors about Sex Related Topics

Child helplines address the need for SRHR information advice and support by children and young people, by providing counselling services, referral services, and programmes in communities for parents, teachers, and youth leaders. In addition, they advocate, in cooperation with other NGOs, for legislative changes that will improve their sexual and reproductive health and safety.

<sup>2</sup> These requests may be related to all aspects of sexuality, such as information on sexual orientation, sexual intercourse, contraceptives, pregnancy and sexually transmitted diseases.

<sup>3</sup> Data on these related topics is available upon request.

## Total Contacts by Communication Method\*



\*Rounded Figures

## How Child Helplines Assist Children and Young People with SRHR

Shame, guilt, fear, isolation, confusion, shyness, curiosity and feelings of insecurity are emotions often felt by children and young people contacting child helplines about SRHR issues. For example: the 16-year-old girl who has just found out she is pregnant; the 13-year-old football team captain who has been feeling ostracised by his teammates since they found out he was gay; and the 15-year-old girl with the secret boyfriend, considering whether or not she was ready to have sex, but who did not want to discuss this with her parents or friends.

Child helplines offer these young people an opportunity to speak confidentially and anonymously about their feelings. Child helpline counsellors are trained to listen, support and give accurate information to help children and young people arrive at their own informed decisions.

Child helplines are also skilled at assessing children and young people's needs, and well-versed in helping the caller find face-to-face support, whether from within their extended family, community or other services. For example: one 13-year-old girl called her helpline after beginning to feel sick, thinking it might be due to pregnancy because she had had sex a few weeks previously. She was too afraid to approach her parents for support even when encouraged to, so the counsellor persuaded her to seek the support of a trusted aunt. In another case, a 13-year-old girl felt distressed at the possibility of being pregnant with a married man's child. The counsellor discussed sex, safe sex, affection and relationships with her and helped her reflect on her relationship with the man. The counsellor referred her to a psychologist and a centre for adolescents because the girl was so confused that she needed more counselling. There was also the case of a 14-year-old boy who felt isolated because of his need to masturbate, in his own words, "every minute of the day". The counsellor explained that those feelings were normal and related to the bodily and hormonal changes during puberty. Finally, the counsellor referred the boy to informative websites and organisations where he could find more information.

Parents and caregivers also seek help from child helplines about their children's sexual development and behaviour. In one case, a mother called after finding her five-year-old son and eight-year-old nephew playing naked in her son's bedroom. She was uncertain whether this was normal and appropriate play. The counsellor reassured her and advised her about the differences between sexual behaviour that is age-appropriate and sexual behaviour that is cause for concern. She talked with the mother about how she could guide and educate her son about sex and sexuality so that he could make good decisions and keep himself safe. The mother was also referred to other resources where she could learn more about sexual development and safety from sexual abuse.

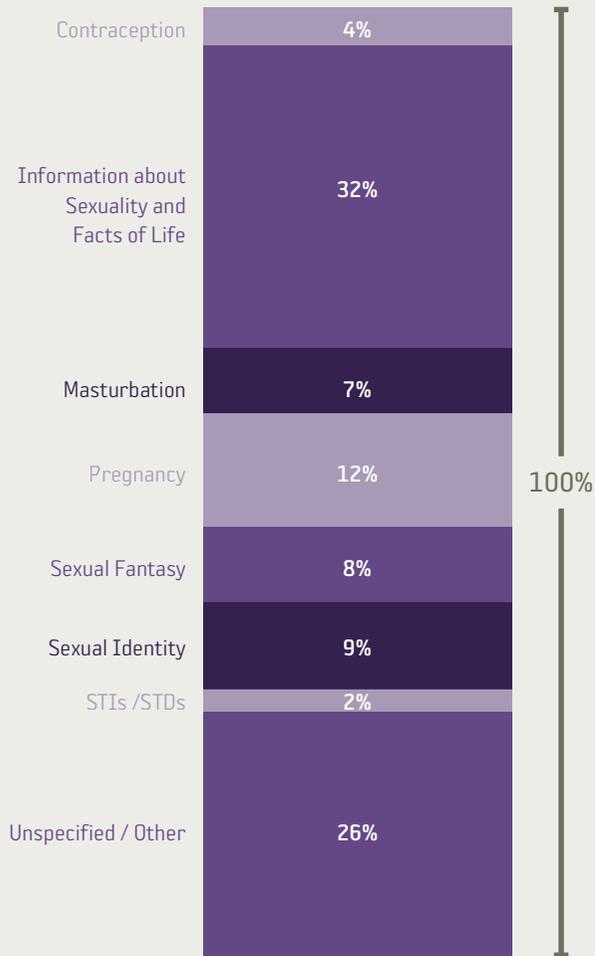
### Case:

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

## The SRHR Priorities of Children and Young People

**Figure 1:**

The Total Shares of Contacts on SRHR



Child helpline contacts show that sexuality is a significant area of concern for children and young people. Globally, 313,996 child helpline contacts related to SRHR concerns. This is an eight-percent share of all child helpline contacts.

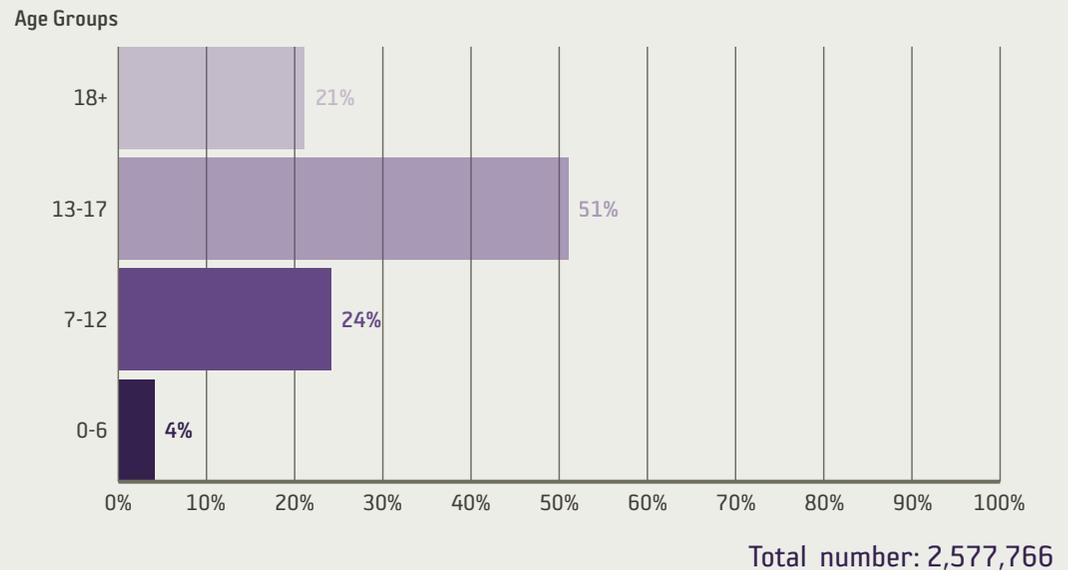
Within the contacts on SRHR, the largest proportion were requests for information about sexuality and the facts of life: 100,123 (32%). As Figure 1 shows, the next largest category are contacts where the specific SRHR query was not identified. This is followed by contacts on questions related to pregnancy (12%) and sexual identity (8%).

Most children that contact child helplines are between the ages of 13 and 17 (51%), but children of younger ages also contact child helplines, as is shown in Figure 2.

Child helpline counsellors are trained to give age appropriate information. Through their counselling techniques, open questioning and paraphrasing, child helpline counsellors can filter children's queries and provide children of all ages with the information needed in a form that they can relate to. Child helpline counsellors also refer children and young people to other age appropriate sources of information.

**Figure 2:**

The Total Shares of Contacts by Age Groups



## Differences between the Sexes

Although girls and boys are both concerned about SRHR issues, there are marked differences in their specific reasons for contacting a child helpline. Firstly, SRHR topics are the only issue that causes – when sex is known – more contacts from boys than from girls (34% girls, 44% boys; 22% sex unknown). This is interesting because generally, more girls contact helplines than boys (39% girls, 30% boys; 30% sex unknown). In all regions except the Americas and Caribbean boys have a higher rate of contacts on SRHR. In the Americas and Caribbean there are only slightly more girls (42% girls; 38% boys; 20% sex unknown)

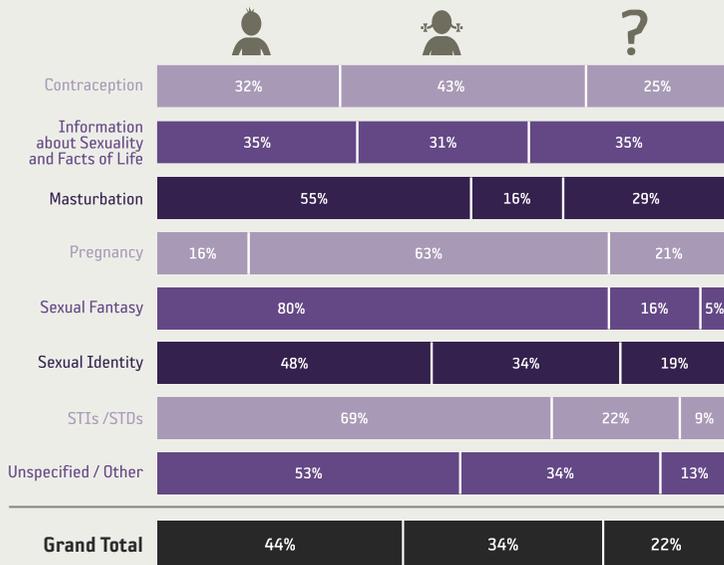
Figure on the left shows that boys and girls have different information needs on SRHR. Girls make nearly two-thirds (63%) of all contacts about pregnancy and 43% of contacts about contraception. Boys make eight in 10 contacts about sexual fantasy, seven in 10 contacts on STDs/ STIs and more than one-half (55%) of contacts about masturbation.

Interestingly, the share of boys' contacts is highest in the MENA and Asia-Pacific regions, and specifically with regard to concerns about masturbation. Boys also relatively frequently contact helplines about sexuality and the facts of life. The fact that boys contact child helplines about sexual issues more than about other concerns indicates the often overlooked need of boys for support and guidance with their sexual development.

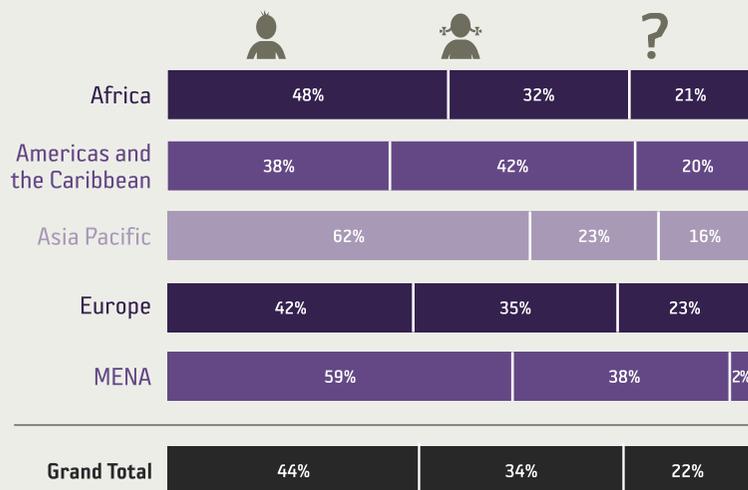
Figure 4 reveals that boys are worried primarily about expressive sexual activity, being unsure of how to respond to their sexual fantasies and impulses to masturbate. On the other hand, girls are mainly focused on the consequences of sexual activity, health and reproduction: contraception and pregnancy.

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

**Figure 3:**  
The Importance of SRHR Concerns to Boys and Girls



**Figure 4:**  
Sex Distribution per Region



## Regional Differences

**Figure 5:**

SRHR Shares Compared to Shares of all Contacts by Region

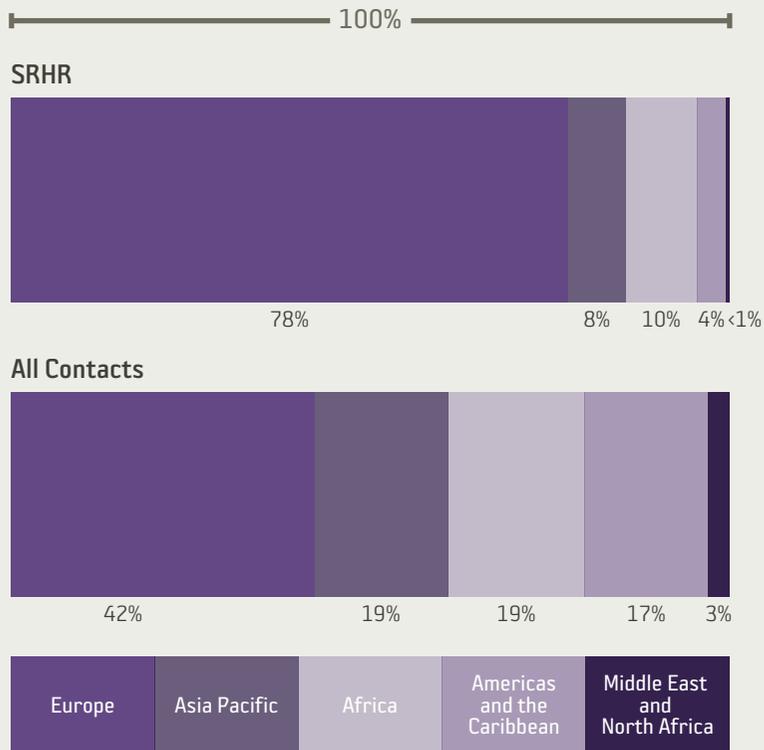


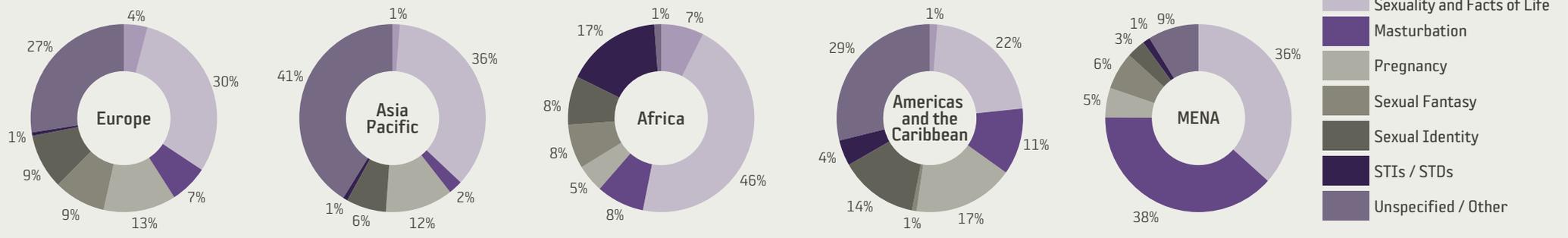
Figure 5 shows that the number of SRHR contacts is not proportionally distributed over all regions that CHI's members operate in. In Africa, the Americas and the Caribbean, Asia-Pacific and the Middle East and North Africa (MENA) the proportion of SRHR contacts is lower than expected when compared to the share of total contacts with known reasons that they receive overall. Africa contributed one-tenth of SRHR contacts made globally, but almost one-fifth of contacts on all reasons; Asia-Pacific represents an 8%-share within SRHR contacts, but nearly one-fifth of all contacts; the Americas and the Caribbean reported only 4% of SRHR contacts versus 17% of all contacts made globally; and the Middle East and North Africa (MENA) reported only 0.4% of SRHR contacts, but 3% of all contacts with known reasons. In Europe the picture is quite the opposite. This region makes up for more than three-quarters of all SRHR contacts, whereas it only accounts for 42% of all contacts made globally.

Apparently children who contact a European child helpline discuss SRHR issues more often, and more readily than children who reach child helplines in other regions. This could indicate that SRHR topics are less prevalent among children in the other regions, but it more likely indicates that children in other regions are more confined in their queries, probably because of real and perceived social and cultural restrictions. This could mean that the questions reaching child helplines in other regions may still be related to SRHR, but are obscured in the data under a question regarding partner relationships, or health.<sup>4</sup>

Children develop their sexuality in quite a similar, universal manner.<sup>5</sup> However, there are differences in the social and economic environments that are apparent in the differences in the numbers of contacts about SRHR. This is reflected in Figure 6, which shows the shares of various SRHR queries within the regions.

**Figure 6:**

Specific SRHR Concerns by Region



<sup>4</sup> CHI is aware of these possible distortions in the data reports and continuously supports member child helplines in improving their data collection.

<sup>5</sup> Sigelman, C., & Rider, E. (2014). *Life-span human development*. Cengage Learning.

- In all regions information on sexuality and the facts of life has a large share – this indicates that large numbers of children and young people find their way to the information they want.
- A high proportion of SRHR contacts concerning pregnancy is the main feature of the SRHR data from the Americas and Caribbean. Sexual identity also seems relatively more current in this region.
- The African data shows high rates for information about sexuality, the facts of life and STIs/STDs.
- The European data shows large similarities with the global data, with the main categories being sexuality and the facts of life and pregnancy.
- The Middle East and North Africa show low contact rates for pregnancy and very high rates for masturbation, indicating a real need for children and young people to discuss their sexual needs and expressions.
- In the Asia-Pacific region a large share of children and young people's contacts concerned information on sexuality and the facts of life. There is also a disproportionately high percentage documented under "unspecified and other". This suggests that data collection could be improved for better global comparability and a clearer picture of children and young people's concerns.

The single biggest environmental factor affecting SRHR contact rates is likely to be the resourcing of child helplines in the various regions. The more resources a child helpline has, the longer the opening hours, the more children and young people can be attended to by the child helplines.

However, the high rate of SRHR contacts in Europe (Figure 5) may also reflect the sexually liberal culture and social policies of most European countries. They enable children and young people to seek information and support about their sexual development and reproductive health more easily. The high rate of SRHR related contacts in Europe suggests that culture, policies and the high availability of child helplines are effective in meeting the needs of children and young people.

As mentioned, children in some regions may feel more restricted in their questions regarding SRHR – even though they have the same healthy curiosity and need for information. The low rates in Americas and Caribbean and Asia Pacific may reflect the more 'socially conservative' cultures there, and the information children seek therefore seems to focus more on the health and reproductive aspect of SRHR.

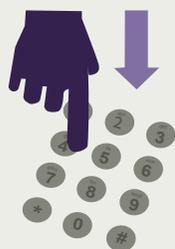
The complexity extends deeper within regions. For example, in Africa a comparatively large share of contacts concern STDs and STIs, and in the MENA region it is masturbation that children and young people call or write about. In Africa, there is a large share of concerns about sexually transmitted diseases as well as a high prevalence of STIs/STD's. In the MENA region, cultural, religious and societal norms can strongly restrict the discussion on sexuality. They may restrain boys and girls from liaising in a relaxed manner and cause them to suppress feelings of sexuality. Child helplines offer support by listening, and giving open, honest, age appropriate and accurate information.

*In summary: although the underlying needs of children and young people for SRHR information and support are fairly constant around the world, the obstacles to these needs being met are locally specific. A great strength of child helplines is that they are locally resourced and locally run. Moreover, they have a deep understanding of the subtleties involved in addressing the SRHR needs of children and young people, in the environment in which those children and young people live.*

## Recommendations

Governments should ensure that child helplines in their countries:

have a free of cost telephone number that is free for both the child and the child helpline



have a short three or four digit telephone number, or a regionally harmonised number

have national coverage so that it is accessible to children all over the country



are operational 24 hours per day, 7 days per week

## Recommendations

Children and young people need valid information about their sexual and reproductive health and rights if they are to become healthy, well-functioning adults.<sup>6</sup> Parents and schools are often unwilling or unable to meet this need, leaving children and young people vulnerable to misinformation and poorly prepared to take care of themselves in the context of sex and reproduction. In social and cultural environments where children are not encouraged to seek information or to express their needs and concerns regarding their sexual development, they are likely to commence their sexual lives without appropriate direction and support. This often causes harm to their health and development.

Child helplines are known to provide accessible and safe guidance and information to children and young people on sexual and reproductive health rights, regardless of the child or young person's social, religious and cultural background.

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

Governments should ensure that child helplines in their countries:

- have a telephone number that is free of cost for both the child and the child helpline;
- have a short three or four digit telephone number, or a regionally harmonised number;
- have national coverage so that they are accessible to children all over the country; and
- operate 24 hours per day, 7 days per week.

Governments should recognise child helplines as a viable source of unique data, provided by children to child helplines, on the issues that affect them the most. This data should be used to inform policies addressing the needs of children and young people and to strengthen child protection systems.

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

<sup>6</sup> Kirby, D.B. et al. (2007). Sex and HIV Education Programs: Their Impact on Sexual Behaviors of Young People throughout the World. *Journal of Adolescent Health*, 40(3), 206 - 217.

# Country Reports: Child Helplines Assisting Children and Young People in Kenya, Pakistan, Senegal and Indonesia

**Child Helpline International** has been a technical partner is the ASK Alliance, which works towards the strengthening of the capacity of youth to make safe choices, the improvement/availability of services for sexual and reproductive health, and the referral of youth to services.

Other members of the alliance are Rutgers WPF, AMREF Flying Doctors, CHOICE for Youth and Sexuality, dance4life, International Planned Parenthood Federation (IPPF), Simavi and STOP AIDS NOW!

The focus of CHI's activities within the ASK Alliance has been on Kenya, Senegal, Pakistan and Indonesia. These four countries can serve as an example of the country-level data reported by child helplines and of how child helpline contribute to the empowerment of children and young people through SRHR guidance and advice. The following pages also present some of the issues and obstacles that these child helplines face in their daily activities.

## Country Reports:

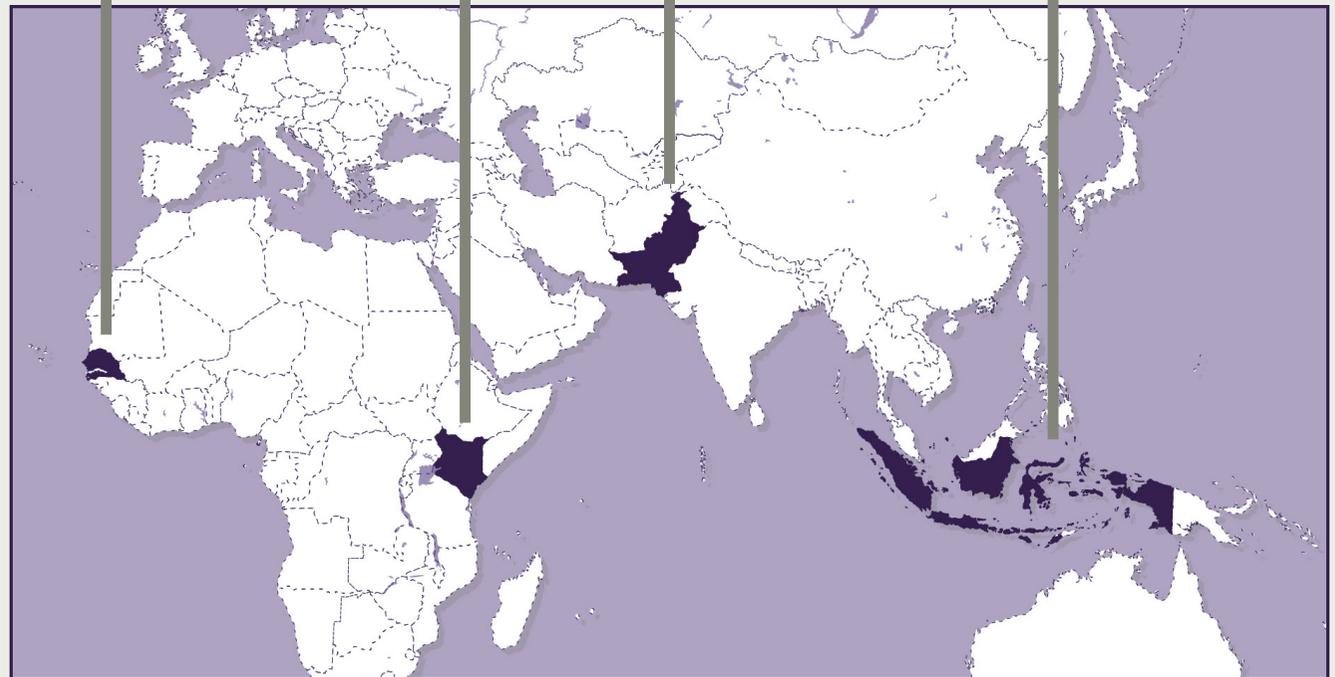
ASK Alliance

Senegal

Kenya

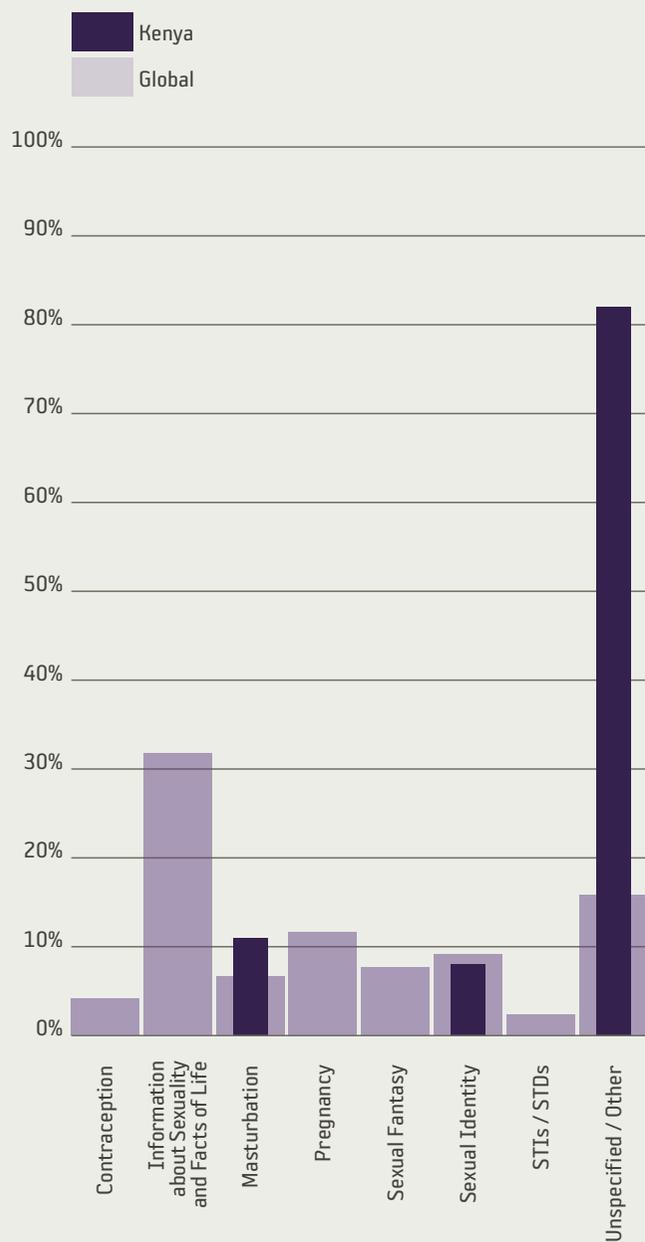
Pakistan

Indonesia



## Contacts on SRHR:

Kenya Compared to Global Shares



## Kenya

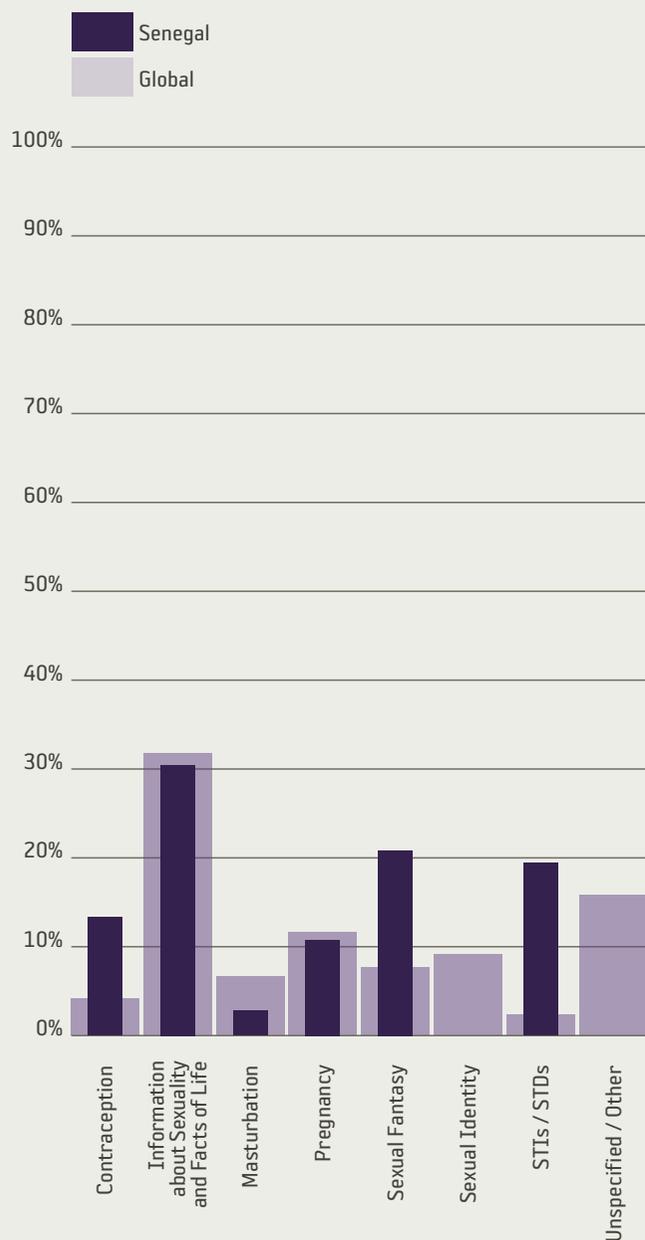
- Overall, children and young people in Kenya contact Childline Kenya about SRHR issues at a relatively low rate. In 2014, only 92 out of 75,505 contacts with known reasons were documented as SRHR related contacts.
- The vast majority (80%) of the child helpline contacts regarding SRHR were documented under “unspecified/other”, followed by 11% of contacts concerning masturbation.
- Childline Kenya has found that knowledge of sexual and reproductive health and rights is low and that more advocacy is needed to promote service development and uptake. Many of those advocating for the sexual and reproductive health and rights of young people have experienced attacks due to the conflict between their work and the prevailing beliefs and cultural norms. Some faith groups have rejected the inclusion of SRHR materials in the school curriculum.
- The helpline also reported that there is a strong cultural stigma associated with LGBTI sexuality, so that young people with these orientations are often too fearful to disclose their feelings and problems. They also receive less support than they need in terms of services and advocacy for their rights and needs.
- The helpline provides support for children and young people, such as giving factual information about their sexual development, help with body image issues, advice regarding sex-related concerns and referral for medical attention. It also offers parent- and teacher-focused programmes to help parents and teachers inform, advise and support their children on sexual and other matters. Together with other NGOs, it is promoting legislative changes that will support the inclusion of sex education in the school curriculum.

### Case Summary:

*Weldon, a 16-year-old, called the helpline because she experienced painful cramps, headaches and nausea during her periods, which happen twice a month. She was wondering whether this was normal. The counsellor explained to Weldon that it is completely normal for some women to have a short menstrual cycle, to have more than one period in a calendar month, and for the time between periods to vary when one first starts menstruating. The counsellor also explained how to track one's menstrual calendar and advised Weldon to learn more about her body and to get a medical check-up to determine whether she needed any treatment.*

## Contacts on SRHR:

Senegal Compared to Global Shares



## Senegal

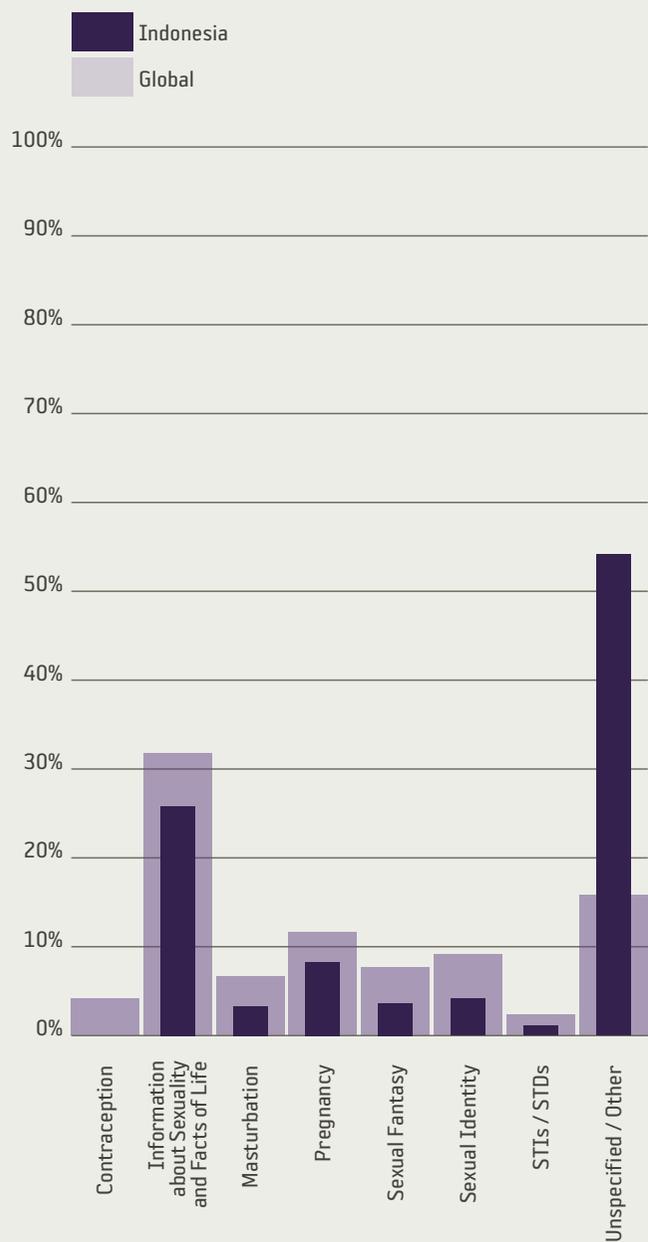
- The Senegalese child helpline Centre Ginddi reported a total number of 3,399 contacts made in 2014. Of those contacts, only 67 (2%) related to SRHR concerns, which is a significantly lower share than the 8% of SRHR contacts at the global level. The largest subcategory of SRHR contacts in Senegal are requests for information about sexuality and the facts of life (31%). Compared to the global average (2%), children and young people in Senegal contact child helplines relatively more frequently regarding STDs/STIs (19%) and regarding sexual fantasy (21% in Senegal versus the global average of 8%).
- According to the child helpline's experience, sexual questions are generally considered a taboo topic in Senegal, particularly among certain minority groups. Open expressions of sexuality by children and young people can lead to a rejection from their families and communities. Religious beliefs and legislation are strongly opposed to LGBTI sexuality. There is a lack of skilled resources for sex education, sexual counselling and sexual health services for children and young people.
- Centre Ginddi is working to strengthen the abilities of its counsellors to provide SRHR education and advice to children and young people. It is also working with other NGOs and branches of government to raise awareness of issues related to the sexual health and reproductive needs and rights of children and young people, aiming to improve gender equality, reduce maternal mortality, gain universal access to reproductive health services, and stop the spread of blood-borne diseases.

### Centre Ginddi on their Work:

*"Children who express a need for information, protection or other support, no matter what the subject is, are important to us. We always immediately assist and when information on sexuality or changes in the body is needed, we train our counsellors to provide age appropriate information at this first contact directly. With the experience we gain through our counselling contacts, we inform our public awareness campaigns ... so that the activities and services offered are known."*

## Contacts on SRHR:

Indonesia Compared to Global Shares



## Indonesia

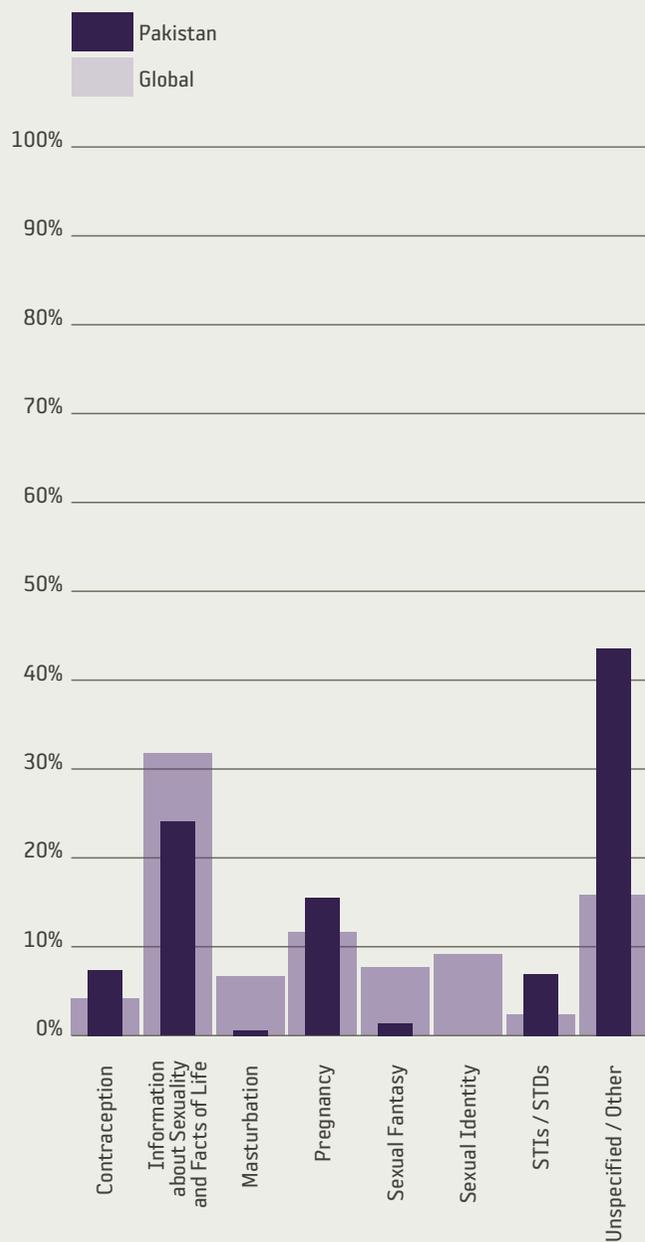
- Indonesian child helpline TeSA 129 reported 7,181 contacts in 2014, of which 274 concerned SRHR issues: 4% compared with the global average of 8%. Notably, more than one-half of these contacts (54%) are listed under the subcategory “unspecified and other”.
- TeSA 129 child helpline commented on the reality behind these numbers: young people who contact them are afraid to pose questions about sex, especially to their parents, and they are given little or no information about sex within their families or at school. Some community groups, including individual mosques, are offering knowledge-building programmes to young people, but they tend to be directed more toward girls than boys. These initiatives are also much less likely to be available in rural areas.
- The child helpline also reported that internet and pornography are affecting the sexual development of young people, and that sexually experienced peers are becoming influential, perhaps challenging the social norms regarding dating and courtship.
- TeSA 129 is addressing the needs of children and young people through its helpline service, by providing information and advice and referring to child protection and support services, especially in cases of sexual violence. It is also planning the distribution of SRHR information booklets to rural communities, and building awareness of and discussion on these issues through social media, websites, radio and TV broadcasting.

### Case Summary:

*A 14-year-old boy contacted TeSA 129 to say that he wanted to have a girlfriend. He felt that he was (sexually) developed, and that it was time to start dating. He also told the counsellor that his classmates had started dating, so he felt like he should as well. He asked for advice on how to proceed. The counsellor asked him to consider the advantages and disadvantages of having a girlfriend, especially while still attending school. In the conversation the boy considered his developing sexuality in light of his educational goals, and he decided that it may be better to first achieve his set goals at school.*

## Contacts on SRHR:

Pakistan Compared to Global Shares



## Pakistan

- Madadgaar, CHI's member child helpline in Pakistan, reported having been contacted by 25,629 children and young people in 2014, and 1,100 of these contacts (4%) concerned sexual and reproductive health and rights issues.
- The distribution of SRHR related concerns among children and young people who contacted the helpline in Pakistan mostly follows the global pattern. Requests for information about sexuality and the facts of life represent the highest share of SRHR contacts (24%) where a specific concern is known. Overall the highest share of queries (44%) was documented under unspecified/other.
- Madadgaar has highlighted the effects of cultural attitudes towards sex and gender roles on SRHR. In Pakistan, the arrival of puberty typically triggers a strong divergence in the expectations toward girls and boys.
- Girls are expected to repress their sexuality and behave gently, which creates many fears and internal conflicts. They often experience increased enforcement of Purdah (segregation) norms, such as covering the head and restrictions in mobility, and are taught to comply with the wishes of elders, especially men. These constraints often create feelings of inferiority. Girls tend not to discuss psychological problems that arise during adolescence, such as eating disorders, sleep disturbances or self-doubt, due to the fear of being rejected by their elders, which has many severe consequences for their development. As Madadgaar reported, boys are allowed to express their feelings and talk about their experiences more independently, and they are groomed to show their power and strength. They get concerned about their body image and whether they will be able to express the power of being men at a level that is acceptable to their parents and society.
- Before puberty, boys and girls can sit and play together but once puberty begins, their families forbid them to mix. This sudden change confuses the children. Sometimes they show irritation or sadness and they feel isolated.

### Case Summary:

*A boy attempted to kiss a girl at school. The teacher and the boy's family strongly physically punished him and turned him over to the police for further punishment. They believed that if they did not teach him a lesson in this way, he could become very dangerous for society. Madadgaar assisted in the boy's release from the police and provided counselling to the family and the child. The child helpline explained to the parents that their son's behaviour was a result of natural psychological and emotional changes that will need to be better understood within the family.*

## Child Helpline International (CHI)

Herengracht 418  
1017 BZ Amsterdam  
The Netherlands

Phone: +31 (0)20 528 9625

Fax: +31 (0)20 638 7655

E-mail: [info@childhelplineinternational.org](mailto:info@childhelplineinternational.org)

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

Authors: Grant Taylor, Marieke Noz, Velia Licitra

Reviewers: Neva Nahtigal, Thomas Müller

Design: Devi Adamo

Copyright © Child Helpline International, December 2015

Find us on



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

The briefing paper is based on the analysis of information received from child helplines on the contacts they received in 2014. This data was gathered through CHI's annual data questionnaire. The data presented and statements made do not capture the full scope of practices and policies of all countries and cases handled by child helplines and other child protection organisations at the national level.

Lastly, percentages have been rounded up and do not make use of decimal notation. The exact data can be requested from Child Helpline International.

# Free our Voices.org

In the last 10 years, over 277 million children contacted our member child helplines. That is more than one call per second. Millions of these children were victims of violence, millions suffered from neglect and millions called to be saved from sexual abuse and suicide. Unfortunately, half of the children's calls for help were never answered – not because we did not care, but because we did not have the funding and support we needed.

Join our campaign to ensure that we can answer every call from every child!

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

Every child has the right to be heard.