

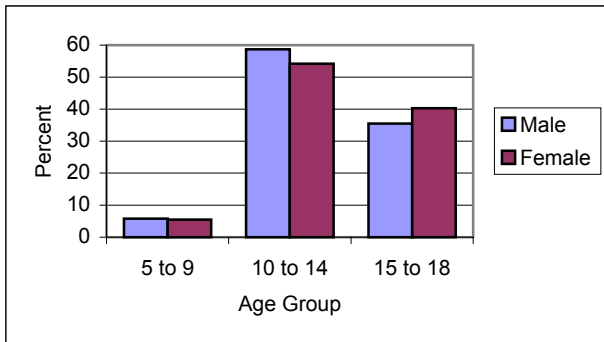
Males and Help Seeking Behaviour



Young males are currently over represented in crime, violence, drug use, injury, mental health, unemployment, and suicide statistics. However, there is an abundance of evidence to suggest that young males are far less likely to access help or support than their female counterparts. Kids Help Line statistics support these trends with only one in three calls coming from males. The following report is based on 3 years of data from January 1998 till December 2000. Gender was recorded in 55% of the 1,030,070 calls logged by KHL counsellors during this period.

Comparing Age and Gender Callers

Of the 549,217 calls in which gender was recorded, 183,895 calls (34%) were from males aged 18 years or under. The average (mean) age of male callers was 13.4 years with females aged 13.7 years on average. The graph below compares the age groups for male and female callers.



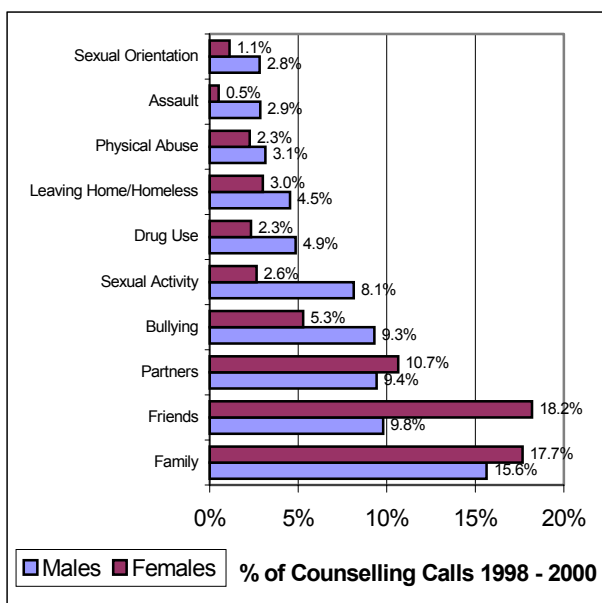
Gender Differences in Non-Counselling Calls

Non-counselling calls (where callers ring to chat, tell jokes, seek project information, "check out" the service or make prank or abusive calls) account for 60% of all calls made by males as opposed to only 44% of all calls made by females. Males are twice as likely to make prank or abusive calls (Hard calls) than females. However, males are 42% more likely than females to call because they are bored or want to chat (Soft calls). The table below shows the top reasons for calling in rank order.

Males	Females
Soft Calls	Soft Calls
Prank Calls	Peer Relationships
Hard Calls	Family Relationships

Problem Types for Males and Females

The following graph displays the top 10 counselling concerns for male callers as compared to females who contact KHL.



Males are more likely to call KHL in relation to bullying, sexual activity, drug use, homelessness, physical abuse, assault, or sexual orientation than females. Males are less likely to call about family relationships, peers, and partners than their female counterparts.

As shown in the following table, partner relationships, sexual activity, homelessness, drug use, mental illness, sexual preference, pregnancy and suicide become issues of increasing importance for older male callers.

Problem Types for Males by Age in Rank Order

5-9	10-14	15-18
Family relationships	Family relationships	Partners
Bullying	Peers	Sexual activity
Peers	Bullying	Family relationships
Physical Abuse	Partners	Homelessness
Grief	Sexual activity	Peers
Loneliness	Drug Use	Drug use
Authority	Physical Abuse	Mental Illness
Life Skills	Homelessness	Sexual Preference
Sexual activity	Grief	Pregnancy
Study	Life Skills	Suicide

Problem Severities for Males

The problem severities for males and females are similar for a number of problem types.

Peer relationships

Those males and females who call about friends usually talk about occasional or one-of feelings of rejection.

Bullying

Bullying calls from males and females generally involve episodic incidents of bullying

Physical abuse

Calls about physical abuse from males and females most frequently relate to occasional or regular abuse.

Sexual orientation

Generally males and females call to seek information or clarification in relation to sexual preference.

Violent assault.

Calls about violent assault for both males and females are most commonly about an isolated incident of physical violence.

However, there are a number of problem types in which severities differ between males and females.

Family Relationships

Males make a greater proportion of calls about occasional family conflict or disruption but fewer calls in relation to frequent or major conflict/disruption.

Partners

Males are more likely to call about wanting to establish a relationship but less likely to call about significant relationships difficulties.

In addition, a greater proportion of males than females call in relation to frequent or habitual drug use and concerns about a pregnant partner or friend. Males also make a greater proportion of calls about recent involvement in a cult or gang, practical assistance with life skills, concerns about minor or transient self-image issues, and being homeless with nowhere to stay. Finally, in comparison to females, males are more likely to seek information about HIV-AIDS, eating behaviours and sexual assault.

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Where Do Males Call From?

Males are less likely to be calling from home but more likely to be calling from a public phone box than female callers. (See table below).

	Males	Females
Home	60%	66%
Friends	3%	4%
Public Phone	37%	30%

Problem Types by Region (Males)

Rural and remote males make a slightly greater proportion of calls to KHL (27% of calls) than their counterparts in metropolitan areas of Australia (25% of calls). The concerns for males across location types are very similar. However, drug use does rate considerably higher for males in metropolitan centres. The table below compares the top five problem types for males across regions.

Metropolitan	Rural	Remote
Family relationships	Family relationships	Family relationships
Partners	Partners	Peers
Peers	Homelessness	Partners
Bullying	Peers	Bullying
Drug use	Bullying	Homelessness

Caller Ethnicity

As shown in the table below, males from non-English speaking backgrounds make a slightly greater proportion of calls than their female counterparts. However, the opposite is true for indigenous Australians with males making a slightly smaller proportion of calls.

	Males	Females
Anglo-Australians	86.2%	86.8%
Aboriginal or TSI Australians	3.4%	4.0%
Non-English speaking background	7.7%	6.7%
Other English speaking background	2.7%	2.5%

A greater proportion of calls about bullying are made by male callers from non diverse ethnic backgrounds (12%) in comparison to male anglo-Australian callers (9%).

Male Living Arrangements

Males who ring Kids Help Line are more likely to be living alone or nowhere than females. The following table lists in rank order the living arrangement for male and female callers.

Males	Females
Two Parents	Two Parents
Single Parent	Single Parent
Alone	Friends / Flatmates
Nowhere	Alone
Friends / Flatmates	Partner

Further, male callers are slightly more likely to have parents who are separated or divorced than female callers. This is of concern when considering the impact on opportunities for help-seeking and support.

Access to Support

Overall, male callers are less likely to access additional support (9%) than female callers (14%). The support that males do obtain is far more likely to come from a family member (40% of males compared to 28% of females). Subsequently, male callers are less likely to be accessing external support (e.g., counsellor, GP, teacher, or youth worker) (18%) when compared to female callers (24%). Males callers also appear to be less likely to access support from their friends (35%) than female callers (41%).

Suicide

Suicide is ranked as the 21st most common problem type for males accounting for 1.3% of male counselling calls and 13th for females accounting for 2.1% of female counselling calls. Further, males are less likely to present themes of suicide as an additional concern in calls to KHL than females.

Despite the fact that males call less frequently about suicide, their risk of self harm is usually rated by counsellors as significantly higher than females. One explanation for this is that males who mention suicide usually talk about using more violent methods of self harm such as firearms, hanging, fire, and electrocution. In addition, a lower proportion of males are rated by counsellors as being ambivalent about suicide, indicating that they may be more determined than females to harm themselves.

Caller Outcomes

There are some minor differences between male and female callers in terms of call outcome. Firstly, the duration of counselling calls is much shorter for males (13 mins) than females (18 mins). It is not surprising then that males are more likely than females to terminate calls before they are given a referral by a counsellor. Further, only 3% of males contract to call back as opposed to 5% of female callers. The proportion of crisis responses and 3-way link ups are approximately the same for male and female callers but overall, males are slightly more likely to be given some form of referral than females.

The types of referrals given to KHL callers are similar regardless of gender. Child protection services are the number one agency to which both males and females callers are referred. Other common agencies that callers are referred to include community health centres, Centrelink and family planning centres. Despite these similarities, males are substantially more likely than females to be referred a specific drug and alcohol agency due to the fact that they make a greater proportion of calls about drug use than females.

Males and "On-line" Help Seeking

Over the past few years KHL has introduced a number of on-line services for children and young people to access. It was envisaged that email and web based counselling would be more attractive to young males as a avenue for help seeking. Despite the fact that both males and females tend to contact KHL about more serious problems via email and web services, males are actually less likely to seek help through online mediums than they are over the phone (see table below).

	Males	Females
Email	15%	85%
Web	17%	83%
Phone	28%	72%

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