Centre of Excellence for Children & Adolescents with Special Needs

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USAGE OF THE NUNAVUT KAMATSIAQTUT HELP LINE (NKHL): AN ANALYSIS OF 11 YEARS' OF DATABASE

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Centre of Excellence for Children & Adolescents with Special Needs
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Usage of the Nunavut Kamatsiaqtut Help Line (NKHL)

An Analysis of 11 years' of Database

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Abstract

Information collected from the crisis lines (local and toll-free) and the toll-free AIDS Information line operated by the Nunavut Kamatsiaqtut Help Line (NKHL) was analyzed to assess the demographics of its users, the pattern of use and services delivered by the lines, and the association between the pattern of use of its local lines with the lunar phase and photoperiod in Iqaluit. Anonymity of the callers and NKHL volunteers was preserved by adopting a numerical code to track calls and grouping them on a regional instead of community basis. Results showed that the crisis lines were used primarily by females and by adults for discussing personal problems. The AIDS line was used more by males and by adults to obtain information and to disclose personal problems. Most of the callers to both types of lines were from the Baffin region although many calls also came from across the country. Most of the personal problems discussed involved relationship difficulties and loneliness/boredom. The lines were also used by younger callers; however, most of the prank calls and abusive calls were also made by them. The calls followed a clear lunar pattern with most calls coming in during the new moon and full moon. There was also a photoperiod pattern with least number of calls occurring during the days with the longest daylight hours. Finally, the monthly pattern of the crisis lines calls from Nunavut that involved suicidal thoughts/intentions showed peaks during October, December, March, June and July. This mirrors the suicide deaths in Nunavut where males are more likely to kill themselves during spring and late fall/winter, and females are more likely to kill themselves during the summer.

Résumé

Les renseignements recueillis à partir des lignes d'écoute téléphonique (appels locaux et sans frais) ainsi que de la ligne d'information sans frais sur le sida opérée par la ligne d'aide de Kamatsiaqtut Nunavut (NKHL) ont été analysés afin d'évaluer les données démographiques de leurs utilisateurs, le profil d'utilisation et les services offerts par ces lignes, et le lien entre le profil d'utilisation des lignes locales, et la phase lunaire et la photopériode à Iqaluit. On a préservé l'anonymat des personnes ayant effectué des appels et des bénévoles de la NKHL en adoptant un code numérique pour effectuer le suivi des appels et les regrouper selon des critères régionaux plutôt que communautaires. Les résultats ont démontré que les lignes d'écoute téléphonique ont été principalement utilisées par des femmes et par des adultes afin de discuter de problèmes personnels. La ligne d'information sur le sida a été davantage utilisée par des hommes et par des adultes pour obtenir des renseignements et dévoiler des problèmes personnels. La plupart des appels aux deux types de ligne provenaient de la région de Baffin, bien que beaucoup d'appels provenaient également du reste du pays. La plupart des problèmes personnels discutés portaient sur les difficultés dans les relations, sur la solitude et l'ennui. Les lignes ont également été utilisées par des personnes plus jeunes; cependant, la plupart des appels farfelus ou abusifs étaient effectués par ce même groupe d'âge. Les appels suivaient un profil lunaire évident, la plupart des appels étant faits à la nouvelle lune et la pleine lune. On a également constaté un profil photopériodique, alors qu'un minimum d'appels survenait les jours ayant la plus longue période de clarté. Enfin, le profil mensuel des appels faits aux lignes d'écoute téléphonique du Nunavut et liés à des pensées ou des intentions suicidaires présentaient sommets en octobre, décembre, mars, juin et juillet. Cela reflète le taux de suicide au Nunavut

où les hommes sont plus susceptibles de se suicider le printemps, à la fin de l'automne et l'hiver, tandis que les femmes ont davantage tendance à commettre un suicide l'été.

Executive Summary

The Nunavut Kamatsiaqtut Help Line (NKHL) is a telephone help line, based on Baffin Island, that is staffed by trained volunteers. It operates 3 local lines in Iqaluit plus 1 toll-free line to service communities outside of Iqaluit. It also operates a toll-free AIDS Information Line upon the request of the Nunavut Department of Health and Social Services. Since the NKHL inception, it has maintained a considerable amount of information based on the anonymous telephone calls that were received on the lines. The present project represents a collaborative research effort between the NKHL and the Mental Health Task Force, Centre of Excellence for Children and Adolescents with Special Needs.

The objective of the present research project is to determine from the NKHL database the characteristics and needs of the callers and the pattern of use. The results obtained could potentially be useful to the NKHL in their service delivery and policy development. Given that 3 of the crisis lines were based in Iqaluit, it was also possible to examine the pattern of use of those lines in relation to the months of the year, the photoperiod (hours of daily sunshine) and moonphase. Our interest in the meteorological variables is based on the considerable literature which suggests that winter depression to be more common in northern regions (Blazer, Kessler & Swartz, 1998; Mersch, Middendorp, Bouhys, Beersma, & van den Hoofdakker, 1999) and to be linked to the decreased photoperiod in the winter (Lee et al., 1998). As well, there is evidence that suicide rates in Nunavut follow a seasonal pattern with male suicides peaking in the spring (March – May) and late fall/winter (October –November) and female suicides to take place primarily during the summer months (July – August) (Chief Coroner for Nunavut, 2003). Finally, the Inuit believe that the mind and body are affected by the full moon (Ootoova et al., 2001).

The research questions focused on determining the demographic characteristics of the callers, the pattern of use and services delivered by the lines, and the association between the pattern of use of its local lines with the lunar phase and photoperiod in Iqaluit. Anonymity of the callers and NKHL volunteers was preserved by adopting a numerical code to track calls and grouping them on a regional instead of community basis. For purpose of analyses, the local crisis lines (years 1991, 1993-2000) and toll-free crisis lines (years 1991, 1993-2001) were combined together due to the similarity of their mandate and to protect the anonymity of the callers and communities. The AIDS line (years 1996-2000) was analyzed separately.

Analysis of the data yielded findings that should be viewed with three important caveats in mind. First, the data collection over the years has not been consistent because the NKHL call sheets were not designed with a particular research project in mind. Hence the type of information collected varied across the lines and over the years for administrative purposes. Second, there was considerable variation in the type of information and depth of details that were kept by the volunteers. Third, the contents of the call sheets are filtered through the perception of the volunteers and not obtained directly from the callers themselves. However, there was still an enormous amount of information in the database to permit a research study to be undertaken.

Results showed that the crisis lines were used primarily by females and by adults for discussing personal problems. The AIDS line was used more by males and by adults to obtain information and to disclose personal problems. Most of the callers to both types of lines were from the Baffin region although many calls also came from across the country. Most of the personal problems discussed involved relationship difficulties and loneliness/boredom. The lines were also used by younger callers; however, most of the prank calls and abusive calls were also made by them, probably out of boredom. The NKHL volunteers provided a gamut of helpful

interventions that ranged from empathetic listening to providing referrals and intervening actively (e.g., calling for the police) in cases that warranted such assistance. However, they were also affected by prank and abusive calls, hang-up calls, and poor communication lines that break up calls. The calls followed a clear lunar pattern with most calls coming in during the new moon and full moon. There was also a photoperiod pattern with least number of calls occurring during the days with the longest daylight hours. Finally, the monthly pattern of the crisis lines calls from Nunavut that involved suicidal thoughts/intentions showed peaks during October, December, March, June and July. This mirrors the suicide deaths in Nunavut where males are more likely to kill themselves during spring and late fall/winter, and females are more likely to kill themselves during the summer.

The results also showed a high percentage of calls that were considered "misuse" (prank calls, abusive calls, wrong number calls, hang-up calls) to both the crisis lines (16.11%) and the AIDS line (26.78%). These calls were often made by the younger individuals (children and youth). About 27.12% of calls to the AIDS line were made by callers in distress, and 39.32% of calls were made by callers who wanted information. Taken in conjunction, these two findings lead one to ponder several questions. First, were the "misuse" calls that were made primarily by the younger individuals a cry for help? If so, such calls would need to be probed deeper and in a gentle manner to encourage the caller to disclose. Second, if the "misuse" calls were not masked calls for help, then could it be that the crisis lines are not reaching the younger individuals who need them given that most of the crisis calls were made by adults? Third, are the mandates of the crisis lines and the AIDS information line sufficiently delineated in the promotions of these two types of lines such that distinctions between them are clear? The findings suggest that the callers

appear to treat the two types of lines similarly for distressed calls and might not be utilizing the AIDS Information line to its full potential.

The qualitative data analyses that reflected grateful thanks from the callers and positive comments from the volunteers suggested that the crisis lines serve their purpose of providing community-based social and emotional support for the communities in the North. However, the paucity of younger callers to these lines point to a need to increase their awareness and willingness to use the NKHL services, given that suicides of young people in Nunavut is a significant social problem. Future research needs to address how the crisis lines could better reach the younger people.

Introduction

Nunavut has the fastest growing as well as the youngest population in Canada. Over half of its people are under the age of 25 (Department of Culture, Language, Elders and Youth, 2003). It also has the highest youth suicide rate in the country. Between its creation on April 1, 1999 to May 2003, it has experienced 107 suicides (Chief Coroner for Nunavut, 2003) of which at least 103 are by Inuit (Henderson, 2003). Statistics provided by the Chief Coroner of Nunavut indicated that 85% of the suicides are committed by males. Suicide rates peak within the 15-19 age group among the males, followed by a smaller peak within the 30-34 age group. Among the females, the rates peak within the 20-24 age group. For both male and female suicides, alcohol was considered to be a contributing factor in 28% of the cases, and drugs in 14% of the cases. A breakdown of suicide rates by region showed that Qikiqtaaluk had the highest number (n = 72), followed by Kivalliq (also known as Keewatin; n = 25), and finally by Kitikmeot (n = 10). Suicide rates in Nunavut also appear to follow a seasonal pattern. Males tend to kill themselves during spring (March – May) and late fall/winter (October – November) while females kill themselves during the summer months (July – August).

Suicide is also a significant social concern in other northern regions. Between 1972 and 2001, there were 145 suicides in Nunavik, all of which were committed by Inuit and most by males (Henderson, 2003). Most of the suicides were found in communities located along the Hudson coast, and alcohol seemed to play an increasingly contributing role. Unlike Nunavut, very few suicides in Nunavik occur during the summer months. Similar suicide problems exist in Greenland, Alaska, and the Northwest Territories (Henderson, 2003).

One of the ways that the northern communities have attempted to address this critical issue is through the use of crisis lines. For example, Greenland has a national children's

telephone line that operates two hours each evening (Henderson, 2003). Quebec has a national toll-free Kids Help Phone which is active 24 hours per day throughout the year. Nunavut has the Nunavut Kamatsiaqtut Help Line (NKHL).

Historical information about the origin and development of the NKHL (initially known as the Baffin Crisis Line) was provided by S. Levy (personal communication, June 26, 2003; Levy & Flectcher, 1998). It was founded after consultation with communities that had experienced an increase in suicides, particularly among youths, on Baffin Island in 1989. Such help lines exemplify a form of community-based social support that provides information, direction to services in the community, emotional support for personal problems, and distraction for lonely or bored individuals (Kliewer, Lepore, & Broquet, 1990). Through the combined efforts of community organizations, businesses and volunteers, the Baffin Crisis Line commenced its operation in early 1990. Its two Iqaluit local lines received 400 calls within the first year and attracted requests for service from several other northern communities, including those in Nunavik. In 1991, a toll-free line was developed based on contributions from Nunavut and Nunavik hamlet councils, Quebec and NWT social service departments, and a special deal from Bell Canada. In 1994, the Baffin Crisis Line was asked by the Nunavut Department of Health and Social Services to deliver a new service – the Nunavut AIDS Information Line. Volunteers received additional training in issues relating to healthy human sexuality and sexually transmitted diseases. In 1996, the line was renamed Kamatsiaqtut, The Baffin Help Line, to better reflect its motto of helping others to help themselves. The word “Kamatsiaqtut” is translated as “thoughtful people who care”. In 1999 when Nunavut was created, the line underwent another name change to “Nunavut Kamatsiaqtut Help Line”.

Presently, the NKHL maintains three local Iqaluit lines and one toll-free line to service communities outside of Iqaluit. It also continues to operate the AIDS Information Line which is also toll-free. In addition to its mandate for providing anonymous and confidential telephone counseling and contact service to callers of all ages, the NKHL also provides other volunteer functions such as hosting conferences and workshops.

All NKHL telephone lines are staffed by trained volunteers from the community of Iqaluit who are recruited by word of mouth and from public advertisements (posters around the town; advertisements on the radio, television and other media events). A general registration for community groups is conducted each September where a booth is set up, information about the NKHL is distributed, and names of potential volunteers are collected. Volunteers have to be over 16 and to have a minimum of Grade 11 education. Volunteers have to undergo a period of training during which time they decide whether or not they wish to continue with helping out the NKHL. Any volunteers who are deemed to be unsuited for taking telephone calls are asked to consider a different type of volunteer assignment.

The NKHL training is quite comprehensive and includes:

- history and philosophy of the line (helping callers help themselves)
- motives and expectations
- attitudes
- purpose of training and training goals
- helping styles
- listening skills
- other communication skills
- responses and evaluation responses

- listening model – stages and use, and when it breaks down
- guidelines for handling specific types of calls
- suicide calls – risk assessment, intervention skills, etc.
- emergency procedures
- role-playing and other exercises in all sections of the training

The NKHL lines are opened every night from 7 pm to midnight. On occasions, the line stays open past midnight if a caller is still on the telephone with a volunteer. One volunteer staffs the 7 pm to 9 pm shift, and two volunteers take the 9 pm to midnight shift. The number of NKHL volunteers varies from year to year. On the average, about 2/3 of the volunteers are women and about 1/4 are Inuit.

Objective of Present Study

Since its inception in 1990, the NKHL has maintained a database consisting of call sheets documented by its volunteers who operate its local and toll free crisis lines, and its toll-free AIDS line. In 2002, its Board of Directors initiated the present research project, in collaboration with the Mental Health Task Force of the Centre of Excellence for Children and Adolescents with Special Needs, to analyze the anonymous information contained in its database. The goal was to obtain information from the database that could be used by the NKHL to inform the organization in its service delivery and policy development. Hence, one objective of the project was to delineate the demographics of the callers who used its crisis line (local and toll-free) and its AIDS Information Line, the pattern of use, the types of calls received, and the assistance provided by the NKHL volunteers. A second objective was to determine the temporal pattern of use of the crisis lines within Nunavut and compare it with the monthly pattern of suicide rates in Nunavut to ascertain the degree of similarity.

A third objective, which was based on published literature on seasonal depression, was to delineate the association between the photoperiod (duration of sunlight) and moon phase in Iqaluit with the pattern of use of the local help line. The other two lines (toll-free crisis line and the AIDS Information line) are not subjected to the same examination because it is not possible to ascertain the origin of their calls. Research has indicated a seasonal variation in depression severity (Cerbus & Dallara, 1975) with a trough in the summer compared to the other seasons. Time series and cross-sectional data from 28 countries indicate that the incidence of suicide tends to be highest during spring (Chew & McCleary, 1995). Depressive episodes that occur during the fall/winter and remit in the summer are more common in northern latitudes (Blazer et al., 1998; Carskadon & Acebo, 1993; Mersch et al., 1999). This type of depression is known as winter depression or Seasonal Affective Disorder (SAD). Although different etiological theories have been forwarded to explain the phenomenon of winter depression (e.g., Lee et al., 1998), they all implicate the photoperiod or the duration of sunlight hours. Essentially these theories propose that winter depression is more prevalent in the northern latitudes because of shorter photoperiod in the fall and winter months. One would therefore expect that as the days get shorter, more people would become depressed and the use of the NKHL would increase. Finally, the Inuit believe that the mind and body are adversely affected by the full moon (Ootoova et al., 2001). The effects of the moon on human behaviour have been considered, but not empirically investigated, in other writings (e.g, Rosenthal, 1993). An analysis of the relationship between the moon phases and the use of the NKHL would address the belief.

In summary, the objectives in the present study are to ascertain (1) the demographics of the NKHL callers, (2) the pattern of use and services delivered by the help lines (local, toll-free,

and AIDS Information), and (3) the association between the pattern of use of the local lines and photoperiod and moon phase in Iqaluit.

The research questions are as follows:

1. What are the demographic characteristics (sex, age category, region of origin, marital status, living arrangement, first language, language spoken with the NKHL volunteer) of the callers to the crisis lines (i.e., the local lines and the toll-free line) and the AIDS line?
2. What types of calls are received by these lines? How do they vary by sex and age category?
3. Among the distressed calls received by the lines, what types of personal problems are discussed? How do they differ by sex and age category?
4. What kinds of help did the NKHL volunteers provide to the callers to the different lines, and what kinds of services did they direct them to? Does the help differ by sex and age category?
5. What kinds of barriers to services exist for the lines?
6. What benefits do the lines provide?
7. What is the peak time of use? How long do the calls last?
8. How does the frequency of use for the different lines vary with the months?
9. For the local lines alone, how does the frequency of use relate to the moon phase and photoperiod in Iqaluit?

Method

Overview

Information obtained from the NKHL database was coded and then analyzed. Numerical data was subjected to statistical analyses, whereas descriptive data was subjected to content analyses for themes. The utilization of both qualitative and quantitative techniques allowed a triangulation of data and a more enriched understanding of the information contained in the database. Numerical data could be contextualized and descriptive data could be quantified to assess for patterns and trends.

Description of the Database

The database consisted of 4,248 calls of which 1,259 were from the local lines (see Appendix 1 for a sample template of the call sheet), 2,715 from the toll-free line (see Appendix 2 for sample template of the call sheet) and 274 from the AIDS Information line (see Appendix 3 for sample template of the call sheet). The data that was available for analyses are from the years 1991 and 1993-2000 for the local lines, 1991 and 1993-2001 for the toll-free line, and 1996-2000 for the AIDS Information line. Given the wide variation in the type and extent of information provided by the callers and by the volunteers in documentation over the years, the database was not complete. However, there was plenty of information to proceed with the analyses. The call sheets were photocopied in Iqaluit and their copies brought back to Lakehead University, Thunder Bay, for coding, data entry, and analyses. To preserve the anonymity of the callers and the NKHL volunteers, a numerical coding system was adopted to track the calls. As well, the origins of the calls were identified by broad regions instead of specific communities. No identifying information was entered into the database.

Data coding

All the call sheets were examined by two of the researchers (Tan and Maranzan) to ascertain a common coding structure. The structure was determined in part by the type of information written on the call sheets as well as their pre-existing fields. For example, most of the call sheets did not provide a specific age of the caller. Hence, specific age of the callers was not coded. Several of the call sheets did however classify the callers into three general age categories of youth (age 12 and under), teen (age 12-19), and adult (age 20 and older). This did not correspond well to the age categories adopted by some researchers in the literature. For example, White (1998) referred to "youth" as belonging to two adjacent age groups of 15-19 and 20-24. To increase the congruency between the present paper and the published research literature, the age categories in the database were relabeled as Child (age 12 and below), Youth (age 12-19) and Adult (age 20 and older).

The coding for the types of services that the NKHL volunteers might direct the callers to, and the region that the callers were from were dictated by the AIDS call sheets. Some of the call sheets contained Inuktitut writings; others contained names of specific communities that required identification on a regional level to protect the anonymity of the callers – these call sheets were forwarded to one of the researchers (VanderVelde) for translation and for regional identification.

The general type of data that were coded from the call sheets include the following (see Table 1 for details and examples):

(a) Call information: type of line, start and end time of call, duration of call

(b) Caller demographic information: sex, age category, region from which the call originated, marital status, living arrangements, first language, and language spoken with the volunteer (spoken language)

(c) General type of call: Distress, Information, Misuse, and Other.

(d) Specific type of Distress calls: suicidal thought or intent, distress over other's suicide, substance abuse/addiction, lonely/bored, physical and/or emotional abuse from others, abused others physically and/or emotionally, sexual abuse from others, abused others sexually, unspecified abuse from others, unspecified abuse towards others, parenting concerns, relationship concerns, psychiatric problems, trouble with the law, work stress, school stress, financial stress, medical health issues, sexual issues, bereavement-related issues, concern for others, miscellaneous reasons. Calls that were made for more than one distressing reason (e.g, suicidal thoughts and sexual abuse) were coded more than once.

(e) Specific type of Information calls: educational information for self or others, information about the helpline, and nonpersonal information.

(f) Specific type of Misuse calls: prank call, abusive call, wrong number, hang-up call

(g) Specific type of Other calls: personal calls for the volunteers, and testing the line call

(h) Language as a barrier to service

(i) Type of help provided by the NKHL volunteers: listening; giving suggestions on how to handle problems; directing caller to legal services, to law enforcement, to the clergy, to an elder, to shelters for women and the homeless, to social services or social worker, to psychiatric/psychological services, to medical services, to drug/alcohol treatment, to call back (e.g., if the caller wanted to speak to an Inuk or a specific volunteer); other types of help. Calls that received more than one type of help from the volunteer (e.g, directing caller to contact the police and to seek medical help for family violence issues) were coded more than once.

(j) Iqaluit metereological information for the local lines: time of sunrise and sunset, duration of sunlight, and moon phase.

Coding for Type of Call and Type of Help. The coding categories for type of call and type of help provided by the NKHL volunteers were jointly derived by two of the researchers (Tan and Maranzan) based on their examination of the call sheets. Each call sheet would receive only one code for type of call (e.g, bored, wrong number call, prank call, hang-up call), but could be coded more than once on type of help. For example, if the NKHL volunteer recommended that the caller contact the clergy and police for help, then that call would receive "Directed caller to clergy" and "Directed caller to RCMP, Police" for type of help provided.

Content analysis for Distress Calls. All call sheets that were coded "General type of call = Distress" were subjected to content analysis to determine the specific type of distress calls or the type of personal problems presented in these distress calls (e.g, suicidal thoughts/intent, lonely/bored). The categories for this variable were jointly derived by two of the researchers (Tan and Maranzan) after an extensive examination of the call sheets. A call sheet could be coded once (e.g., concern for others) or more than once. As an example for the latter case, a call in which the caller disclosed suicidal thoughts *and* sought help for trauma related to sexual abuse would be coded twice for "Suicidal thoughts/Intent" and "Sexual abuse from others".

A team of five research assistants and one of the researchers (Maranzan) were trained to accomplish the content analysis. To check for inter-rater reliability agreement, a sample of 35 call sheets were randomly selected and subjected to independent coding by each team member. For these 35 call sheets, the team easily agreed that 73 codings characterized the calls. Each coding was then calculated to obtain the percentage of agreement among the team members when they did their independent assessment. If all six team members identified a particular

problem type within a call sheet, that piece of data received 100% agreement. If only 5 out of 6 team members identified a problem type within a call sheet, that piece of data received 5/6 or 83.33% agreement percentage, and so on. An average was then calculated for all 73 pieces of data using the formula:

$$\textit{Inter-rater agreement} = \frac{\textit{(sum of \% agreement for the 73 codings)}}{73}$$

A respectable inter-rater agreement of 73.63% was achieved, with 33 pieces of data achieving 100% agreement each. The entire database was divided among the coders (Maranzan and the five research assistants) for independent coding. Call sheets that any of the coders were unsure about were brought in for consultation and resolution with the rest of the coders and the primary researcher (Tan). In all of these cases, resolution was easily obtained based on unanimous decision among the seven individuals.

Meteorological data. The daily meteorological information for Iqaluit for the years 1992-2000 was obtained from the website *http://aa.usno.navy.mil* by a sixth research assistant. Information for 1991 was not available. The moon phase data ranged from 0 (new moon) to 1.0 (full moon). The information on time of sunrise and sunset was also downloaded. The daily photoperiod (sunlight hours) over the years covered by the Iqaluit data was calculated by subtracting sunrise time from sunset time. The daily moonphase and photoperiod data were then entered for each call that came through the Iqaluit local lines.

Results

For some of the numerical data, statistical analyses, specifically chi-square (χ^2) analysis and bivariate correlations**,** were performed with SPSS 11.0 and were guided by the research questions. For the descriptive data that were subjected to content analyses, themes were derived

and a frequency count was calculated to determine which theme was featured more often, and hence had more prominence, in the database.

The AIDS line was analyzed separately from the other two crisis lines (local and toll-free) because of their different mandates. The local and toll-free crisis lines were pooled together in the analysis (henceforth collectively referred to as "crisis lines") because of the similarity in their mandate and to protect the confidentiality of callers from Iaqluit. It should be noted that the results presented below relate only to callers who could be classified, based on the information provided in the call sheets, on the factors of interest in the study. Hence, these adjusted characteristics percentages (based on non-missing data only) were used to allow a comparison with the findings in published literature.

What are the demographic characteristics of the callers to the two types of lines?

The demographic characteristics data were examined for the extent of missing and non-missing data. The amount of missing demographics data varied widely according to the type of information, ranging from a low of 6.72% for Sex within the crisis lines to a high of 95.99% for Living Arrangement within the AIDS line (see Table 2). For the non-missing data, percentages of each demographic characteristics were computed for each type of line (crisis lines or AIDS line). Hence, the percentages shown in Table 2 have been adjusted for the missing data.

The results showed that more females (54.36%) used the crisis lines than did males (45.64%), whereas the sex ratio was reversed in the AIDS line (55.56% males, 44.44% females). Adult utilized the lines (81.80% crisis, 55.48% AIDS) most often than other individuals from other age categories. Youth used the crisis lines more often than did Child (14.89% versus 3.31% for the crisis lines) whereas the trend was reversed for the AIDS line (25.81% Child, 18.71% Youth).

The majority of callers to both lines who could be classified on the region factor came from Baffin (69.29% crisis, 48.15% AIDS), followed by Northern Quebec (12.22% crisis, 11.11% AIDS), Keewatin (6.83% crisis, 7.41% AIDS), and Kitikmeot (3.07% crisis, 1.23% AIDS).

A noticeable proportion of calls (8.59% crisis, 32.10% AIDS) also came from other places. For the crisis lines, the greatest number of "other region" calls came from Ontario (8.13%), followed by Northwest Territories (0.58%) and Nova Scotia (0.58%). The rest of the country accounted for a very low percentage of calls to the crisis lines (British Columbia 0.32%; Manitoba 0.24%; Yukon 0.16%; rest of Quebec 0.12%; Saskatchewan, Labrador, and Newfoundland each accounting for 0.04%). Similarly, **t**he AIDS line received the most number of "other region" calls from Ontario (14.81%), followed by Alberta, Northwest Territories, Yukon (each accounting for 3.70%), British Columbia (2.46%), and finally, from Saskatchewan, rest of Quebec, and Newfoundland (1.23% each).

Most of the callers to the crisis lines (72.10%) and to the AIDS line (73.68%) were single. The marrieds formed the second largest group (11.27% crisis lines, 15.79% AIDS line). The third largest and last marital category for the AIDS line callers was separated (10.53%). The marital status among the crisis lines callers was more varied with people who were common-law (9.40%), separated (4.67%), divorced (2.04%) and widowed (0.52%) calling in. The AIDS callers showed much less variation in their marital status, probably because of the low number of callers who could be identified on that factor.

Most of the crisis callers lived within a nuclear family context (29.20%), followed by living with members of their family of origin such as a sibling (21.92%) and living alone (21.76%). The rest were scattered among the category of a single parent (15.76%), living with

nonrelatives such as a roommate (5.44%) or relatives (3.20%), or living in other arrangements (2.72%) such as in a shelter. The AIDS line callers were scattered throughout the different living arrangement category that ranges from living alone (36.37%**)** to living within a nuclear family context (27.27%), single parent (18.18%), living with members of family of origin (9.09%) and with nonrelatives (9.09%).

More than two-thirds of the callers to crisis lines had Inuktitut as their first language (68.67%). English was the next dominant first language (26.51%), combination of Inuktitut and English (2.50%), other languages (such as Dutch, 1.87%) and finally French (0.46%). Most of the AIDS line callers (90.15%) could not be identified on the first language factor. Among those who could, English predominated (74.08%) followed by Inuktitut (22.22%) and combination of both (3.70%).

More than three-quarters of the callers to the crisis lines (83.27%) spoke English during their calls. A much smaller percentage used Inuktitut (10.25%), combination of English and Inuktitut (6.21%), other language (0.17%) and French (0.10%). Only 9.49% of the AIDS callers were coded on the call sheets for their spoken language, and all of them conversed in English.

What general types of calls are received by the two types of lines? How do they vary by sex and age category?

Table 3 presents the frequency of different *general* types of calls that were received by the crisis lines and the AIDS line. When one looks at the *general* types of calls, it can be seen that Distress calls (70.66%) comprise the most frequent type of call to the crisis lines whereas Information (39.32%) was the most frequent reason that callers contacted the AIDS line. The second most frequent call to the crisis lines was Misuse (16.11%) followed by Other (8.29%),

and Information (5.03%). The second most frequent reason for calls to the AIDS line was Distress (27.12%) followed closely by Misuse (26.78%) and finally by Other (6.78%).

Two-way chi-square tests of association were conducted to see whether within each line, the Sex and the Age Category of the callers were related to the number (not percentage) of the *general* type of Distress, Misuse, Information calls. The descriptive statistics expressed in call frequency and percentages are detailed in Table 4, and the chi-square results are presented below. Only the callers who could be identified on their Sex and Age Category are included in the analyses. Personal calls to volunteers and calls to test the line, grouped under the general type of Other calls, are not reported below as they are more administrative in nature than service-oriented and their analyses do not relate to the objectives of this report. Furthermore, they make up only a small percentage of the calls (less than 9%) received.

General type of Distress calls. More females than males called in for distress reasons to the crisis line, $\chi^2(2) = 89.39$, $p<.001$, while there was no significant Sex difference for the AIDS line. Chi-square tests showed significant findings for both the crisis line, $\chi^2(2) = 198.30$, $p<.001$, and the AIDS line, $\chi^2(2) = 6.42$, $p<.05$, for age category. Adult was the most likely to call both the crisis lines and to the AIDS lines. While both Child and Youth were equally likely to access the AIDS line, Youth was more likely than Child to call up the crisis lines.

General type of Information calls. Chi-square tests revealed no significant difference between males and females utilizing the crisis lines or the AIDS lines for obtaining educational information. No significant result was also obtained for the Age Category within the crisis line. However, Adult was more likely to use the AIDS line than either Child or Youth for educational information, $\chi^2(2) = 20.84$, $p<.001$.

General type of Misuse calls. Chi-square tests showed that more males than females misused the crisis lines, $\chi^2(1) = 142.15$, $p<.001$. No Sex difference was found for the AIDS line. Significant results were obtained for Age Category for both the crisis lines, $\chi^2(2) = 239.41$, $p<.001$, and for the AIDS line, $\chi^2(2) = 49.95$, $p<.001$. For the crisis lines, Adult was most likely to misuse the service, followed by Child and then by Youth. For the AIDS line, Child was most likely to misuse the line, followed by Youth and Adult.

Within the general category of Distress calls, what kinds of specific problems were discussed within the two types of lines? How do they vary by sex and age category?

Table 3 presents, in descending order of frequency, the types of personal problems discussed during distress calls made to the crisis lines and the AIDS line. Most of the calls to the crisis lines were related to relationship problems (17.86%), followed by calls born out of loneliness or boredom (12.06%), and then by calls that indicated suicidal thoughts/intents (5.69%). The remaining type of problems discussed in the distress calls was quite small in proportion and accounted for less than 5% of the calls on their own. A similar pattern also showed up in the calls to the AIDS line where relationship problem was the primary reason for distress calls (7.12%), followed by loneliness or boredom (5.00%), and suicidal thoughts/intents (2.24%). Medical health concerns surprisingly accounted for only 1.97% of the calls considering that the AIDS line is designed as an information resource for human reproductive health issues. The remaining types of problems raised each accounted for less than 2.00% of the total number of calls that come into the AIDS line.

Table 5 provides the types of personal problems discussed within Distress calls received by crisis and AIDS lines. The data is broken down by Sex and Age Category. Within each line, chi-square analyses were conducted to determine how the different types of personal problems

differed in frequency with respect to the Sex and to the Age Category of the caller. It should be noted that the AIDS lines received no calls with themes related to the caller sexually abusing others, carrying out unspecified abuse towards others, and trouble with the law.

Chi-square analyses found no significant findings for either crisis lines or AIDS line with respect to differences in Sex or Age Category on the many of the personal problems discussed in the general type of Distress calls: Suicidal thoughts/intents; Distress over other's suicide; Substance abuse or addiction; Loneliness/boredom; Physically and/or emotionally abused; Physically and/or emotionally abused others; Sexually abused others; Unspecified abuse from other; Unspecified abuse towards others; Parenting concerns; Psychiatric concerns; Trouble with the law; Work stress; School stress; Financial stress; Medical health issues; Sexual issues; Bereavement-related issues; Concern for others; and Miscellaneous problem type.

Chi-square analyses found the following significant results that are presented below:

Sexually abused. Within the crisis lines, a significant effect was found for Sex of caller, $\chi^2(1) = 5.49$, $p < .05$, and for Age Category of caller, $\chi^2(2) = 8.92$ $p < .05$. Females were more likely than males to report having been sexually abused. Adult was more likely than Youth to report having been sexually abused, and Child was the least likely. No significant results for either Sex or Age Category was found for the AIDS line.

A closer examination was conducted on the call sheets of the callers to both crisis lines and AIDS lines who had reported any kind of abuse (sexual, physical, emotional) either as a victim or as an abuser. The relationship between them and their abuser/victim is charted in Table 6. Given the small number of such callers, their information is pooled across both crisis lines and AIDS lines to allow a more meaningful assessment.

As can be seen from Table 6, half of the callers indicated that their husbands and boyfriends were identified as responsible for inflicting physical/emotional abuse on them. Unspecified individuals were the next most responsible. The rest of the cases involved people who bore a variety of relationships to the callers (father, mother, neighbour, brother, friend, wife, girlfriend, uncle, common-law partner, sister, daughter, son, cousin and teacher).

The callers who indicated that they had physically/emotionally abused others noted that their targets were their girlfriends in a quarter of the cases (see Table 6). Wives/female common-law partners and boyfriends were the next frequent targets. A variety of other individuals represented the rest of the cases (daughter, children unspecified, brother, sister, cousin, husband/male common-law partners, uncle, family member unspecified, and manager).

Callers who reported having been sexually abused indicated that their uncles, fathers, and nonfamily individuals were the top three most frequent groups of alleged perpetrators (see Table 6). The remaining cases involved abusers who bore a range of relationships to the callers (boyfriend/ husband/common-law partner, mother, brother, teacher, sister, cousin, family member unspecified, and a police officer).

Callers who indicated that they had sexually abused others indicated an even number of targets across a range of targets (see Table 6). They included mother, daughter, cousins, boyfriend, nonrelative boy, underaged child of unspecified sex, and strangers).

Relationship concerns. No significant findings were obtained for either type of line with respect to Sex of caller. However, there was a significant effect for Age Category of caller for both the crisis lines, $\chi^2(2) = 7.36$ $p < .05$, and the AIDS line, $\chi^2(2) = 6.74$ $p < .05$. The same pattern emerged for both types of lines where Adult was the group who presented most often with relationship problems, followed by Youth and then Child.

Within the general category of Information calls, what kinds of specific information were discussed within the two types of lines? How do they vary by Sex and Age Category?

Table 7 shows a breakdown by Sex and Age Category, the percentage of calls for different types of information requested within the crisis and the AIDS lines. **C**hi-square analyses were conducted to determine how the different types of information requested differed in frequency with respect to the Sex and to the Age Category of the caller.

The analyses showed that for both crisis lines and AIDS line, the males and females did not differ in their likelihood to call in for educational information, for information about the helpline, and for nonpersonal information.

For the AIDS line, the results showed that Adults were more likely than either Youth or Child to call in for educational information, $\chi^2(2) = 34.01$ $p < .001$. As well, Youth to the AIDS line was more likely than either Adults or Child to ask for nonpersonal information, $\chi^2(2) = 8.80$, $p < .05$. No other significant findings were found for Age Category within either the crisis lines or the AIDS line.

Within the general category of Misuse calls, what kinds of misuse occurred within the two types of lines? How do they vary by Sex and Age Category?

Table 8 shows a breakdown by Sex and Age Category, the percentage of calls for different kinds of misuse that occurred within the crisis and the AIDS lines. **C**hi-square analyses were conducted to determine how the different types of misuse differed in frequency with respect to the Sex and to the Age Category of the caller.

Prank calls. Significantly more males than females made prank calls to the crisis line, $\chi^2(1) = 3.28$, $p < .001$, but no Sex difference was found for the AIDS line. There was an association between Age Category and prank calls for both the crisis lines, $\chi^2(2) = 281.86$,

$p<.001$, and the AIDS line, $\chi^2(2) = 43.30$, $p<.001$. A comparison of the call frequencies from Table 8 reveal that Child and Youth made more prank calls to the crisis lines than did Adult, whereas Child was the predominant prankster for the AIDS line.

Abusive calls. Significantly more males than females made abusive calls to the volunteers manning the crisis lines, $\chi^2(1) = 137.00$, $p<.001$, but no Sex differences were found for the AIDS line. Furthermore, more Adult made abusive calls to the crisis lines than did either Youth or Child, $\chi^2(2) = 13.81$, $p<.001$, but no significant association between Age Category and abusive calls was found for the AIDS line.

Wrong number calls. Significantly more males than females misdialed to the crisis lines, $\chi^2(1) = 10.97$, $p< .001$, but no Sex difference was found for the AIDS line. As well, significantly more Child and Adult made wrong number calls to the crisis lines than did Youth, $\chi^2(2) = 224.43$, $p< .001$, while no differences were observed for the AIDS lines.

Hang-up calls. Both sexes were equally likely to hang up on the volunteers staffing both crisis and AIDS lines. Youth was more likely to hang up on the AIDS volunteers than either Child and Adult, $\chi^2(2) = 8.80$ $p< .05$, but no significant age category difference was found for the crisis lines.

What kinds of help did the NKHL volunteers provide to the callers to the different lines, and what kinds of services did they direct them to? Did the help differ by Sex and Age Category?

Table 9 displays the type of help that the NKHL volunteers provided to the callers on the crisis lines and the AIDS line. The most frequent help extended to the callers of the crisis lines was empathic listening by the volunteers (40.63%) followed by offering suggestions or solutions to the problem (20.75%). This did not involve informing them of resources to turn to. The resources that volunteers often directed the callers to were social services or social workers

(10.21%), medical practitioners or facilities (5.63%), clergy (3.63%), drug/alcohol counseling (2.76%), law enforcement agencies such as the police or RCMP (2.73%), shelter houses (1.15%), psychiatric or psychological practitioners (0.96%), the legal system (0.87%) and to an elder (0.44%). Other resources such as community program in the college were mentioned in 2.79% of the calls. About 7.45% of the callers to the crisis lines were asked to call back. Usually this was within the context of the caller wishing to speak to an Inuk, someone who could speak Inuktitut, or to a specific volunteer who was not working at that time.

Within the AIDS line, volunteers directed callers to medical resources half of the time (50.76%). They also offered empathic listening (15.15%), gave advice (10.61%) or directed callers to miscellaneous resources such as community program (10.61%). In the remaining cases, they asked the caller to call back (4.55%), refer the caller to social services or social worker (2.26%), psychiatric/psychological resources (1.51%), legal system or drug/alcohol counseling (0.76% each). Again, asking the caller to call back was primary due to either the caller wishing to speak to an Inuk, someone who could speak Inuktitut, or to a specific volunteer who was not working at that time.

Chi-square tests of association were carried out within each line to determine whether the sex and the age category of the caller related to the different types of help given by the NKHL volunteers (see Table 10 for cell frequencies and percentages). There were no significant findings relating to Directed caller to legal services, Directed caller to an elder, and Directed caller to drug/alcohol counseling. The rest of the results which bore several significant findings are presented below.

Listened, reassured. No significant result with Sex of caller was found for either line. However, there was a significant Age Category effect for the crisis lines, $\chi^2(2) = 42.97$ $p < .001$,

where listening and reassuring occurred most often for Adult callers, followed by Youth and then Child. No Age Category effect was obtained for the AIDS line.

Gave suggestions on how to resolve problems. A significant Sex of caller effect was found for the crisis lines, $\chi^2(1) = 50.09$ $p < .001$, with more female than male callers receiving suggestions. As well, the crisis lines had a significant Age Category effect, $\chi^2(2) = 14.58$ $p < .05$, where Adult was most often given suggestions, followed by Youth and then Child. No significant Sex or Age Category effect was found for the AIDS line.

Directed caller to law enforcement. A significant Sex of caller effect was found for the crisis lines, $\chi^2(1) = 7.71$ $p < .05$, where NKHL volunteers directed more female callers than male callers to the law enforcement agencies. No other significant findings were obtained.

Directed caller to the clergy. A significant Age Category effect was found for the crisis lines, $\chi^2(2) = 3.56$ $p < .05$, where more Adults than Youth were referred to the clergy. No other significant effects were reported.

Directed caller to a shelter for women or the homeless. A significant Sex effect was obtained for the crisis lines, $\chi^2(1) = 12.11$ $p < .001$, with more female callers than male callers directed to the shelter. No other significant effects were found.

Directed caller to social services or social worker. A significant Sex effect was observed for the crisis lines, $\chi^2(1) = 26.82$, $p < .001$, with more women than men referred. No other significant effect was found.

Directed caller to psychiatric/psychological services. A significant Sex effect was observed for the crisis lines, $\chi^2(1) = 15.77$ $p < .001$, with more male than female callers being directed. No other significant effects were derived.

Directed caller to medical services. A significant Sex effect was obtained for the crisis lines, $\chi^2(1) = 28.22$ $p < .001$, with more females than males directed to medical services. Within the AIDS line, there was significant Age Category effect, $\chi^2(2) = 18.47$ $p < .05$, with more Adult being directed to medical services than did Youth and Child. No other significant effect was found.

Directed caller to call back the Help Line. The crisis lines showed a significant Sex of caller effect, $\chi^2(1) = 8.08$, $p < .01$, and a significant Age Category effect, $\chi^2(2) = 6.33$ $p < .05$. More female than male callers, and more Adult than Youth were directed to call back. No other significant effects were found.

Miscellaneous help. A significant effect for Sex of caller was observed for the AIDS line, $\chi^2(1) = 7.69$ $p < .01$, with more females than males being given other kinds of help such as being directed to programs within the community college. No other significant effect was found.

What kinds of barriers to services existed for the different lines?

The data was examined for cases in which language was a barrier to services. A total of 127 out of 3707 calls, representing 3.43%, within the crisis lines had difficulty accessing services because the callers either preferred to speak to an Inuk or the Helpline volunteer was not able to communicate effectively with the caller in Inuktitut. Within the AIDS line, 6 out of 207 calls (2.90%) experienced such difficulties.

Volunteers' comments were also assessed to determine whether they might provide information on barriers to effective services. The comments included the following:

- a need for updated list of referral and community resources and help lines in other parts of Canada, lack of information of resources in particular communities, need of a resource list and telephone directory for the region of Nunavik, need for

information such as pamphlets to be better organized for easy location when needed

- need for call display to assist callers in emergencies such as immediate suicidal intentions
- need more literature on other ailments rather than just AIDS
- need more volunteers to handle the calls during particularly busy times, such as Saturday nights
- need an Inuktitut-speaking volunteer accessible at all times when the lines are in operation, need to learn some basic Inuktitut to communicate with an Inuktitut speaking volunteer to request for his/her assistance
- line gets tied up by prank calls, abusive or threatening calls, and incoherent drunk callers
- line gets tied up by repeat callers who utilize the lines inappropriately such as berating/threatening the volunteers and attempting to engage the volunteers in sex talk for their own gratification
- volunteer does not know how to handle personal questions from callers
- in a few cases, the caller and the volunteer knew each other or were in a conflict of interest situation
- the volunteer felt unsure whether s/he was handling the calls the best way given the intensity or complexity of the problems (e.g., how to assist a caller to get to the hospital when no means of transportation is available or when the assistance that is required is not available in the caller's community or nearby vicinity), not having sufficient knowledge about recreational resources in town for teenagers

- bad connection in a few cases resulting in difficulty in communication or the calls getting cut off, uncertainty about how to handle broken telephone lines

It was observed among several call sheets that volunteers on shift would write down their concerns about specific calls or their questions about resources. In many of these cases, other volunteers would write back with suggestions and information, indicating a climate of mutual and cooperative help among the volunteers themselves.

What benefits did the lines provide?

There were many bits of information that indicated that the services provided were highly appreciated. Several callers informed the volunteers that they felt better after talking, and many expressed their gratitude and blessing to the volunteers. Some callers said that talking to the volunteers helped them sort out their problems and arrive at solutions, alleviated their distress as they were able to cry and release their psychological tension, and gave them an avenue to discuss problems in a confidential environment when they had no one they could trust for support. Some callers telephoned up specifically to inform the volunteers how the line had helped them and emphasize their thankfulness for the existence of the line. One caller informed the volunteer that the NKHL is unaware of how many lives they save each day. It was noted on several call sheets that the volunteers intervened in cases involving emergencies by calling for assistance for the callers.

What is the peak time of use? How long do the calls last?

A frequency count of the number of calls that came into the crisis lines and the AIDS line during the different times of the lines' operation was computed. The data was aggregated over the years.

For the crisis lines, a total of 3,714 calls over the years were tallied in which the start time of the calls were documented. The frequency of calls clearly showed that the most active times for the crisis lines were between 9 pm and 12 midnight (83.29%), with the most calls coming in between 10 pm to 11 pm. (29.20%)

For the AIDS line, a total of 255 calls over the years were documented in which the start time of the calls was noted on the call sheets. The calls tended to come in at a steady pace except for between 7:15 pm to 7:30 pm when there was a clear peak which accounted for 9.00% of all calls between 7 pm and 12 midnight..

The average duration of calls was 17 minutes for the crisis lines and 12 minutes for the AIDS line.

How does the frequency of use for the different lines vary with the months?

To answer this question, the calls combined over the years were classified according to the month of call, and the number of calls per month calculated was for each line. As can be seen from Figure 1, the calls to the crisis lines tended to come at a steady pace over the months and peaked in the month of March. The least number of calls came through in June. The AIDS line also showed a steady trend over the months (see Figure 2) with more calls coming in during April and December, and the least number of calls in May and August.

The data for the crisis lines were examined for a monthly trend with respect to calls involving suicidal thoughts/intentions that originated from Nunavut (Baffin, Keewatin, Kitikmeot). Figure 3 shows a major peak in October followed by minor peaks in July, June, and finally in March and December.

For the local lines alone, how does the frequency of use relate to the moon phase and photoperiod in Iqaluit?

A frequency histogram was plotted to determine how the frequency of calls coming into the local crisis line related to moon phase and photoperiod in Iqaluit. As can be seen from Figure 4, the number of calls dropped when the moon was at half-phase. The highest number of calls was received around the time of the full moon and, to a lesser extent, of the new moon. Figure 5 shows that the least number of calls occurred when the photoperiod was the longest at around 22 hours. The calls were more frequent when photoperiod was shorter, and they dropped off when the number of sunlight hours exceeded 14 hours.

Bivariate correlational analyses were conducted on variables relating to moon phase, photoperiod, and the number of calls relating to suicidal thoughts/intentions received at the Iqaluit local crisis line over the years. There was a small but significant positive correlation, r=.17, p< .05, between photoperiod and number of calls that came in about suicidal ideation/intention. No other correlations were significant.

Discussion

The general objectives of the present study are to assess the demographics of the NKHL callers, the pattern of use and services delivered by the help lines, and the association between the pattern of use of the local help line and the photoperiod and moon phase in Iqaluit. The results for the crisis lines and the AIDS line are discussed separately given their different mandates. The highlights of the results are integrated below.

The demographics of the crisis lines showed that the callers were primarily from the Baffin region, females, adults (age 20 and older), single, living within a nuclear family context, and had Inuktitut as their first language but spoke English with the NKHL volunteers. Calls to the crisis lines were also received from Northern Quebec, Keewatin, Kitikmeot, and other regions that spanned from Newfoundland to British Columbia. Most of the “other region” calls

were from Ontario. Youths (age 12-19) made more calls to the crisis lines than did the children (12 and younger).

Close to three-quarters of the calls (70.66%) to the crisis lines were distressed calls**,** and were made more often by females (54.36%) than males (45.64%). Most of these callers were adults (81.80%), followed by youth (14.89%) and finally the children (3.31%). Misuse of the crisis line (for prank calls, abusive calls, wrong number calls, hang-up calls) was carried out more often by the males (71.38%) and the adults (58.89%). However, when the specific type of misuse was looked at, the children (40.74%) and youth (38.89%) made more prank calls than the adults (20.37%), adults (91.89%) made more abusive calls than the youth (6.76%) or children (1.35%), and both adults (42.86%) and children (53.57%) were more likely to make wrong number calls than the youth (3.57%).

When distressed calls were received, most of the presenting problems was about relationship problems (17.86%) that were presented most often by the adults (85.71%), then by youth (12.24%) and then by children (2.04%). Calls relating to boredom or loneliness came second in frequency (12.06%). A relatively small percentage (5.69%) of the callers indicated suicidal thoughts or intentions. The remaining calls implicated, in decreasing order of frequency (less than 5% each), substance abuse/addiction, physical/emotional abuse, miscellaneous, concern for others, sexual abuse, psychiatric concerns, sexual issues, medical health concerns, parenting concerns, distress over other's suicide, financial stress, unspecified abuse, work stress, trouble with the law, physical/emotional abuse of others, bereavement, unspecified abuse of others, school stress, and sexual abuse of others.

The above pattern of demographic findings is not surprising. The preponderance of women among the callers to the crisis lines reflect research findings that women are twice more

likely than men to suffer from psychological distress (Benazzi, 2000). Most of the calls made were because of the caller's distress. In contrast, men may also be less likely to seek care (Muller, 1990) because it is more in keeping with their masculine gender role (Verbrugge, 1986). Furthermore, the preponderance of calls that originate from the Baffin region (69.29%) may be explained by the distribution of the population across Nunavut - about half of the population lives in the Baffin region (City of Iqaluit, 2004). However, the low proportion of calls received from Keewatin (6.83%) and Kitikmeot (3.07%) does not parallel the distribution of the population in these regions which has about 30% and 20%, respectively, of the Nunavut population (City of Iqaluit, 2004). Perhaps, the individuals living in Keewatin and Kitikmeot have less need or less access to the NKHL. It is also possible that they might be less aware of the existence of the NKHL, or they might depend on other resources within their families and communities for assistance. The finding that most of the callers had Inuktitut as their first language suggest that the crisis lines do serve primarily the Inuit population and fulfill the goal of the NKHL to provide a community-based social and emotional support to the peoples in the North.

NKHL volunteers who staffed the crisis lines very often adopted an empathic listening stance (40.63%) to the callers or offered suggestions on how to resolve the problem (20.75%). When callers were directed to specific resources for assistance, the NKHL volunteers often suggested social services or a social worker (10.21%), or medical facilities (5.63%). The remaining resources cited, in decreasing order of frequency (under 4% each), included the clergy, miscellaneous resources such as a community program in the college, drug/alcohol counseling, law enforcement, shelter houses, psychiatric/ psychological practitioners, legal system, and finally an elder. A small percentage of callers (7.45%) were asked to call back

primarily because they desired or needed an Inuktitut volunteer; a few of them were asked to call back when they wanted to speak to a specific volunteer who was not on duty at that time. The listening stance was adopted more often with adults (87.95%) than with the younger callers, probably because the younger callers were more likely to use the line inappropriately (e.g., making prank calls). Female callers (65.79%) were more likely than male callers (34.21%) to receive suggestions on how to handle problems. They were also more likely to be directed to the law enforcement, shelters for women/the homeless, medical services, and the social services/social worker.

The demographics of the AIDS line showed that the callers were primarily from the Baffin region , males, adults, and single. Their living arrangement was quite varied from living alone to living with members of family of origin and living with nonrelatives. It was difficult to assess the AIDS line callers on the language factor because about 90% of call sheets did not contain the information. The AIDS line also attracted calls from Northern Quebec (3.28%), Keewatin, (2.19%), Kitikmeot (0.36%), and other regions (9.49%). The "other regions" reflected a wide variety of geographical locations that spanned across Canada from British Columbia through to Newfoundland. Calls to the AIDS line originated from a greater variety of regions than did the calls to the crisis lines. Youth were equally like to make calls to the AIDS line as did the children.

More than one third of the calls to the AIDS line was for educational information, mostly from adults (80.00%). A surprising high number of calls (27.12%) also came through with personal distress, again mostly from adults (69.23%). As in the crisis lines, the more common problems presented in these calls dealt with relationship difficulties (7.12%) and loneliness/boredom (5.00%). About 2.24% of the distressed callers indicated suicidal

thoughts/intention, and about 1.97% were about medical health concerns. The rest of the distressed calls implicated in decreasing order of frequency (under 2% each), financial stress, physical/emotional abuse, substance abuse/addiction, sexual issues, miscellaneous, psychiatric concerns, parenting concerns, work stress, school stress, sexual abuse, distress over other's suicide, unspecified abuse, physical/emotional abuse of others, and bereavement.

A relatively high percentage of the calls (26.78%) were classified as "misuse" calls. Of these, children were the most frequent culprit of prank calls (93.75%) and abusive calls (85.71%). Youth and adults played a much lesser role in these misuse calls.

Half of the callers (50.76%) to the AIDS line were directed to medical resources. This is not unexpected given the nature of the help line and the predominance of requests for educational information. The NKHL volunteers also listened and reassured the callers (15.15%) and gave them suggestions on how to deal with problems (10.61%). In order of decreasing frequency (under 5% each), they also offered miscellaneous help such as directing the caller to community programs in the college, calling back the help line, suggested the assistance of social services/social worker, psychiatric/ psychological services, legal system, and drug/alcohol counseling and treatment centres. Adult callers (75.47%) were more likely to be directed to medical services than the younger callers.

The demographic pattern of the AIDS Information Line callers is little different from that of the crisis lines callers. Whereas more females than males called into the crisis lines primarily for distressing reasons, more males than females called into the AIDS line primarily to obtain educational information. Almost half (48.15%) of the callers to the AIDS Information Line came from the Baffin region, which has about half of the Nunavut's population (City of Iqaluit, 2004). However, Keewatin which has about 30% of the Nunavut population yielded only 7.41%

of the calls, and Kitikmeot which has about 20% of the Nunavut population yielded only 1.23% of the AIDS line callers. About one-third (32.10%) of the calls originated from outside of Nunavut and ranged from the west to the east coast. This could indicate that Canadians outside of Nunavut are aware of the AIDS Information Line and/or that the Nunavut population has less need, is less aware of, or has less access to the AIDS line. It might also mean that the AIDS line serves a need in the nation that is not met by other information lines, and therefore attracts a significant number of calls from places outside of Nunavut. In contrast, the crisis lines received less calls from outside of Nunavut, possibly because other provinces offer their own crisis lines to their residents. Most of the calls to the AIDS line were made by speakers whose first language was English. This is congruent with the finding that several of the AIDS line callers resided outside of Nunavut.

When the matter of abuse is looked at, it is noted that the percentages of such callers to the crisis lines and AIDS lines are quite low. For example, physical and/or emotional abuse of the caller was reported in 3.52% of the calls to the crisis lines, and 1.18% of the calls to the AIDS line. Sexual abuse was reported in 3.10% of the crisis lines calls and in 0.40% of the AIDS line calls. Among the calls to both types of lines in which the relationship of the abuser to the caller was indicated, the findings revealed that husbands and boyfriends were the most frequent perpetrators of physical and/or emotional abuse. For sexual abuse, the most frequent abusers were uncles followed by fathers and non-family individuals. Interestingly, some callers reported that they had abused others. The victims of their physical/emotional abuse were most often the girlfriends. The victims of their sexual abuse ranged evenly across the board from family members (mother, daughter, cousins), boyfriend, non-relative boy, under aged minor

(unspecified age, sex, and relationship), and stranger. It should be noted that there was one individual cited within each of these categories.

A small percentage of callers (7.45% crisis lines, 4.55% AIDS lines) were unable to access services because the NKHL volunteers who staffed the lines at the time of the calls could not speak Inuktitut. However, these individuals were often told to call back when another volunteer who could speak the language was available. The volunteers themselves noted several difficulties while operating the lines. These include the lack of information on resources available in the remote communities and in other parts of Canada; lack of literature on other ailments other than AIDS that they could access when needed; disorganization of available literature that would permit easy reference; the need for ready availability of an Inuktitut-speaking volunteer at all times; inappropriate use of the lines by callers who were drunk, abusive, threatening, made prank calls, or attempted to engage the volunteers in sex talk for gratification purposes; bad line connection; not knowing what to do when bad telephone connections occurred; absence of anonymity in a few cases when caller and volunteer recognized each other on the telephone; volunteers feeling unsure or overwhelmed when dealing with intense or complicated cases; and volunteers unsure of how to handle callers who wanted to obtain personal information from them. It should be noted here that most of the abusive calls were made by a couple of repeated callers who persisted after having been informed over and over again that their use of the line was inappropriate and that the NKHL cannot entertain their abusive calls. However, comments made by volunteers on the call sheets indicated that they were caught between their role of helping people and having to reject abusive and inappropriate callers. They often hesitated on cutting off the abusive repeat callers which might have reinforced these callers on continuing with their behaviours.

Nevertheless, it was clear that very many legitimate callers were very grateful to have the help lines and found them to be beneficial. The lines allowed them the opportunity to discuss their problems and alleviate their psychological distress, to sort through their problems by talking about them, and to unload to another individual within a confidential milieu when they could trust no one else. Furthermore, the volunteers intervened in several cases involving emergencies by calling for assistance for the callers.

It is interesting to note that the NKHL lines were used primarily by adults, and to a much lesser extent by the youth and children. Although there were many appropriate calls from these age groups, several of the younger people called the line as a prank and to make abusive comments to the volunteers. Such behaviours might be related to boredom. A review of individual call sheets revealed that the children and particularly the youth complained of boredom and not knowing what to do. They hung out in community halls and often made the prank or abusive calls in the presence of their peers who encouraged them on. Yet, there were youth and some children who made legitimate calls to the NKHL. Some called for information, some called to talk about personal problems. This suggests that NKHL might benefit the younger age groups as well; however, it is not known to what extent the these younger individuals are aware of the mandate of the NKHL and how the lines might benefit them.

Most of the adults who disclosed problems mentioned relationship difficulties. Some of them had suicidal thoughts/intentions and some were suffering from sexual or physical/ emotional abuse. A small percentage (1.92% from the crisis lines**;** 0.66% from the AIDS line) mentioned parenting concerns. Although the database could not permit a more thorough examination, it is wondered how many of these adults actually had children living with them and the impact that the adults' psychological distress might have on the children. The important

point here to keep in mind is that although most of the callers to the help line were adults, some of the indirect sufferers of psychological distress might be children who live with them. It is possible that whatever benefits the callers might derive from the NKHL might also have an indirect positive impact on the children.

The crisis lines were most active in the later part of the night, between 9 pm and midnight with peak times being between 10 pm and 11 pm. The AIDS line had its most activity between 7:15 pm and 7:30 pm. On the average, crisis lines calls lasted 17 minutes and the AIDS line calls 12 minutes.

Crisis lines calls peaked in number in March, and ebbed at its lowest in June. AIDS line showed a peak in April and December, and the trough was in May and August. This follows the pattern reported in studies that found depression to deepen in the winter months (e.g, Blazer et al., 1998) and suicides to occur most often towards the end of winter and in spring (Chew & McCleary, 1995). Crisis lines calls from Nunavut that involved suicidal thoughts/intentions peaked in fall and winter months (October, December, March) and unexpectedly also in the summer months of June and July. However, the trend mirrors the Nunavut Chief Coroner's (2003) report that males tend to kill themselves during spring (March – May) and late fall/winter (October – November) while females kill themselves during the summer months (July – August).

The frequency of calls to the local lines followed a lunar pattern where more calls were made during the period of the new moon and of the full moon. The calls also seemed to follow a pattern with the duration of photoperiod where the least number of calls were received when photoperiod was longest (around 22 hours). During the periods with shorter daylights, more calls came in and the pattern suggests that a drop is not discernible until the photoperiod exceeded 14 hours of daily sunshine. Overall, the best pattern was found with lunar phases with

most calls during the new moon and full moon, and least number of calls when the daylight hours were longest.

The results from this study should be viewed with three important caveats in mind. First, the data collection over the years has not been consistent. The NKHL call sheets were not designed with a particular research project in mind. Instead they were more for administrative and tracking purposes. Hence, the type of data collected varied over the years and across the different lines, which meant that several call sheets had more information than others, and some call sheets had minimal information. Second, there was considerable variation in the depth of details that were kept by the volunteers. Some call sheets were extensive, taking two to three sheets of writing while others had one sentence to it. Some volunteers filled out all the fields indicated in the call sheets, while other volunteers filled out only a few or none. Third, the contents of the call sheets were filtered through the perception of the volunteers and not obtained directly from the callers themselves. The volunteers' interpretation of the call, and their decision regarding what was important to note and what was irrelevant, all have a major impact on the type and extent of the data that was retrieved from the call sheets for analyses. However, the database was huge, and much information was still available to allow a research study to be undertaken. Nevertheless, the results from this study should be viewed with the fore mentioned limitations in mind.

If research were to be conducted with a future NKHL database, it would be beneficial to have a standard method of collecting the data to ensure consistency and completeness of data collection. All database fields would need to be clearly defined and to be completed, only factual information would be collected guided by a list of variables that are considered to be relevant to the project, and volunteers' subjective comments would be written out in a section of

the call sheet separate from the factual details of the calls. However, it has to be kept in mind that when the calls sheets that comprise the current database for this study were originally filled out, it was not meant to be an exercise in research and therefore a structured method of writing out the details of the calls was not deemed necessary. Moreover, the ethics of purposefully collecting research data from crisis help line callers without first informing them, and the impact of full disclosure of the project on the callers' willingness to disclose or access the lines has to be seriously considered. If such issues can be considered and resolved, training on a standard protocol for documenting calls on the call sheets and an emphasis on the need to adhere to the standard protocol would enhance information-gathering of the NKHL in the future.

Summary

The crisis lines were used primarily by females and by adults primarily for discussing personal problems. The AIDS line was used more by males and by adults to obtain information. Most of the callers to both types of lines were from the Baffin region although this was more evident for the crisis lines. Many calls also came across the country. Most of the personal problems discussed involved relationship difficulties and loneliness/boredom. The lines were also used by younger callers; however, most of the prank calls and abusive calls were also made by them. It is speculated that these young callers might be misusing the line out of boredom. Yet there were legitimate calls by the younger individuals indicating that the NKHL fulfilled a need for them as well. This raises the question as to whether more young people might use the line appropriately for their benefit if the existence and mandate of the NKHL were to be made known to them. The calls followed a clear lunar pattern with most calls coming in during the new moon and full moon, and supports the Inuit belief in the influence of the full moon on human functioning (Ootoova et al., 2001). While this finding might reflect a self-fulfilling

prophecy, the lunar pattern observed might be accounted for by circadian rhythm in human functioning (Sharma, 2003). There was also a photoperiod pattern with least number of calls occurring during the days with the longest daylight hours, confirming studies that showed the remission of depressive episodes during the summer (e.g, Mersch et al., 1999). Finally, the monthly pattern of the crisis lines calls from Nunavut that involved suicidal thoughts/intentions showed peaks during October, December, March, June and July. This mirrors the suicide deaths in Nunavut where males are more likely to kill themselves during spring and late fall/winter, and females are more likely to kill themselves during the summer.

Conclusions and Implications

The findings from this study indicate that the crisis lines serve their purpose of providing community-based social and emotional support for the North. The AIDS line is used within Nunavut and attracts considerable use from across Canada as well. The benefits that the NKHL provide are evidenced in the several compliments and expressions of gratitude from callers. The NKHL volunteers provide a gamut of helpful interventions that range from emphatic listening to providing referrals and intervening actively (e.g., calling for the police) in cases that warranted such assistance. However, the volunteers also are affected by prank and abusive calls, hang-up calls, and poor communication lines that break up calls. They expressed a desire for more information on knowing what to do or what resources are available in particular communities; however, there were indications of volunteers helping each other out as well when they wrote notes to each other and provided desired information and suggestions.

The findings that the only 39.32% of the calls made to the AIDS line were for obtaining information, and that more than a quarter (27.12%) of the AIDS line calls were for distressing reasons, might indicate that callers are not fully cognizant of the mandate of the AIDS line,

which is educational in nature. Instead, several of them are using the AIDS line as if it were a crisis line. Perhaps the promotion strategies of the crisis lines and the AIDS lines might need to be examined to determine whether sufficient emphasis has been placed to distinguish the different mandates of the two lines.

Furthermore, given that Nunavut has the highest suicide rate in the country among the youth and young adults (under age 25), it is surprising that only 5.69% of the calls to the crisis lines involved suicide thoughts/intents. It is possible that individuals who are most at risk of suicide are not reaching out for help. However, given that misuse calls (often carried out by the youth and children) comprise a relatively high percentage (16.11%) of crisis calls, it is wondered whether these calls mask a call for help. If such was the case, the callers would need to be encouraged to disclose with the use of careful and gentle interviewing approaches. Such kinds of probing techniques could be enhanced in the NKHL volunteer training program if it is not already in place.

Another related inference that one could derive from the results of the study is more perturbing. Although 85% of suicides are committed by males and the suicide rates peak among males who are between the ages of 15-19 (Chief Coroner for Nunavut, 2003), the crisis lines received more calls from females and from adults for primarily reasons related to personal distress. The AIDS Information Line was utilized more by males and by adults for informational purposes. The lines (both crisis and AIDS line) were utilized by the young primarily for prank and abusive calls, possibly out of boredom. The findings suggest that those who are most in need, i.e., the young males, may not using the NKHL lines sufficiently for their benefit and that the young people who do, do so for the wrong reasons. It is not clear why the young males are not using the NKHL even though there are indications that the services offered by the NKHL are

widely known, well-utilized by adults, and are appreciated by their users. Possible reasons might be that the young males do not consider NKHL to be an option for assistance, they are uninformed of the services, or they are unable or unwilling to access the services. Another possibility might that the young people are accessing the national toll-free Kids Help Phone. Even if such were the case, the statistics of suicide among the young remain high and represents a social problem in the North that requires serious attention. Perhaps a help line specifically dedicated to the young people in the North, similar to the children's help line in Greenland, might be a part of the solution. Future research could be carried out to investigate barriers to services among the young and possible answers to the problem.

References

Blazer, D. G., Kessler, R. C., & Swartz, M. S. (1998). Epidemiology of recurrent major depression with a seasonal pattern: The National Comorbidity Survey. *British Journal of Psychiatry, 172,* 164-167.

Carskadon, M. A., & Acebo, C. (1993). Parental reports of seasonal mood and behavior changes in children. *Journal of American Academy of Child and Adolescent Psychiatry, 32,* 264-269.

Cerbus, G., & Dallara, R. F. (1975). Seasonal differences of depression in mental hospital admissions as measured by the MMPI. *Psychological Reports, 36*(3), 737-738.

Chew, K. S. Y., & McCleary, R. (1995). The spring peak in suicides: A cross-sectional analysis. *Social Science and Medicine, 40*(2), 223-230.

Chief Coroner for Nunavut (2003). *Summary of suicide deaths 1999-2003.* Presented at the Canadian Association of Suicide Prevention annual meeting, Iqaluit, Nunavut.

City of Iqaluit (2004). *Tourist: About Iqaluit: Demographics.* Retrieved on May 13, 2004 from www.city.iqaluit.nu.ca.

Department of Culture, Language, Elders and Youth (2003). *Youth Identity Development Strategy.* Iqaluit, Nunavut: Government of Nunavut.

Henderson, A. (2003). *Best practices in suicide prevention and the evaluation of suicide prevention programs in the Arctic.* (Government of Nunavut Department of Executive and Intergovernmental Affairs, Evaluation and Statistics Division workshop report). Retrieved October 29 2003, from http://www.stats.gov.nu.ca.

Kliewer, W., Lepore, S. J., & Broquet, A. (1990). Developmental and gender differences in anonymous support-seeking: Analysis of data from a community help line for children. *American Journal of Community Psychology, 18*(2), 333-339.

Lee, T. M. C., Chen, E. Y. H., Chan, C. C. H., Paterson, J. G., Janzen, H. L., & Blashko, C. A. (1998). Seasonal affective disorder. *Clinical Psychology: Science and Practice, 5*(3), 275-290.

Levy, S. A., & Flectcher, E. (1998). Kamatsiaqtut, Baffin Crisis Line: Community ownership of support in a small town. In A. A. Leenaars, S. Wenckstern, I. Sakinofsky, R. J. Dyck, M. J. Kral, and R. C. Bland (Eds.), *Suicide in Canada* (pp. 353-365), Toronto, Ontario: University of Toronto Press.

Mersch, P. P. A., Middendorp, H. M., Bouhys, A. L., Beersma, D. G. M., & van den Hoofdakker, R. H. (1999). Seasonal affective disorder and latitude: A review of the literature. *Journal of Affective Disorder, 53*, 35-48.

Muller, C. (1990). *Health care and gender.* New York, New York: Russell Sage Foundation.

Ootoova, I. Atagutsiak, T. Q., Ijjangiaq, T., Pitseolak, J., Joamie, A., Joamie, A., & Papatsie, M. (2001). Mamisaijjusituqait: Counselling and healing practices. In M. Therrien and F. Laugrand (Eds.), *Interviewing Inuit elders, Volume 5: Perspectives on traditional health* (pp. 195-238). Iqaluit, Nunavut: Nunavut Arctic College.

Rosenthal, N. E. (1993). *Winter blues.* New York, New York: Guildford Press.

Sharma, V. K. (2003). Adaptive significance of circadian clocks. *Chronobiology International, 20*(6), 901-919.

Verbrugge, L. M. (1986). From sneeze to adieu: Stages of health for American men and women. *Social Science Medicine, 22,* 1195-1212.

White, J. (1998). Comprehensive youth suicide prevention: A model for understanding. In A. A. Leenaars, S. Wenckstern, I. Sakinofsky, R. J. Dyck, M. J. Kral, and R. C. Bland (Eds), *Suicide in Canada* (pp. 275-290). Toronto, Ontario: University of Toronto Press.

Appendix 1

Sample of the local lines call sheet

CALL REPORT FORM

Date_____

Volunteer's Name_____ _____
CALL: Time start_____ End_____
CALLER: SEX M__ F__ Age_____ Marital Status_____
Living Arrangements_____
First Language of caller_____
Language spoke_____
Previous call? Yes___ No___ When_____

CONTENT(problem):_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Referral Made:
_____
_____
_____
_____
_____
_____

Volunteer's
Comments:_____
_____
_____
_____
_____
_____
_____

Feedback:
_____
_____

Appendix 2

Sample of the toll-free line call sheet

1-800 CALL REPORT FORM

Date_____

Volunteer's Name_____

Region: _____

Community: _____

CALL: Time start_____ End_____

CALLER: SEX M__ F__ Age_____ Marital Status_____

Living Arrangements_____

First Language of caller_____

Language spoke_____

Previous call? Yes___ No___ When_____

CONTENT(problem):_____

_____

_____

_____

_____

_____

_____

_____

_____

Referral Made:

_____

_____

_____

_____

_____

_____

Volunteer's Comments:_____

_____

_____

_____

_____

_____

_____

Feedback:

_____

Appendix 3

Sample of the AIDS Information line call sheet

Nunavut AIDS Information Line
Telephone Call Record

Date: _____ **Time:** _____

Call Received By: _____ **Translation Required?** **(Y) (N)**

Call Received on: _____**Local Line** _____ **1-800 line**

Details of Call: _____**Public** _____**Prof/Educ**

_____
_____
_____
_____
_____
_____
_____
_____
_____

Referred To:

___ Nursing Station ___Physician ___Public Health ___Family Counselling ___Psych Team

___Social Services ___Alcohol/Drug Counselling ___ Other_____

Where did They Find the Phone Number?

___Newspaper ___Radio ___Poster ___TV ___Friend ___Health Professional __Phonebook

___Other_____

Where are They From?

___Baffin ___Northern Quebec ___Keewatin ___Kitikmeot ___Unknown ___Other_____

Public Callers Only:

Estimated Age:
___Youth (12 & Under)
___Teen (13-19)
___Adult (20 & Over)

Sex:
___Male
___Female

First Time Caller? **(Y) (N)**

Consent Given for Contact by Mail? **(Y) (N)**

Table 1

Structure and Description of Coded Data

Variable Name	Variable Definition	Variable Level	Example
		Call Information	
Line	Type of line	Local	
		Toll-free	
		AIDS	
Starttime	Start Time of call	Coded in military time	Coded if information available
Endtime	End Time of call	Coded in military time	Coded if information available
Duration	Duration of call	Computed in minutes	Computed if information available
		Caller Demographics Information	
Sex	Sex of caller	Male	
		Female	
		Unspecified	Not specified on call sheet
Agecat	Age category of caller	Child (12 and under)	
		Youth (13-19)	
		Adult (20 and above)	
		Unspecified	Not specified on call sheet
Region	Region of caller	Baffin	
		Northern Quebec,	
		Keewatin	
		Kitikmeot	
		Other	Montreal, Toronto, Winnipeg
		Unspecified	Not specified on call sheet

Table 1 (continued)

Variable Name	Variable Definition	Variable Level	Example
		Caller Demographics Information (continued)	
Marital	Marital status of caller	Single	
		Married	
		Common-law	
		Separated	
		Divorced	
		Widowed	
		Unspecified	Not specified on call sheet
LivArr	Living arrangements of caller	Alone	
		Single parent	With child(ren), no partner
		Nuclear family	Couple with or without children
		Family of origin	Living with parents or siblings
		With relatives	Living with relatives
		Nonfamily	Living with nonrelatives
		Other	In jail, homeless
		Unspecified	Not specified on call sheet
FirstLang	First language of caller	Inuktitut	
		English	
		French	
		English + Inuktitut	
		Other	Cree, Dutch
		Unspecified	Not specified on call sheet
SpokLang	Spoken language of caller	Inuktitut	
		English	
		French	
		English + Inuktitut	
		Other	Spanish, Quallunaatitut
		Unspecified	Not specified on call sheet

Table 1 (continued)

Variable Name	Variable Definition	Variable Level	Example
		Type of Call	
Distress	Crisis/personal distress	Yes / No	
Suicide	Suicidal thoughts/intent	Yes / No	I am thinking about committing suicide
Impact	Distress over other's suicide	Yes / No	I'm upset about my dad's suicide
Subabuse	Substance abuse/addiction	Alcohol, drug, cigarette, combination	Street drugs/prescription, sniffing glue
Bored	Lonely, bored, homesick, missing romantic partner, upset over a break-up	Yes / No	I'm feeling lonely tonight, I just need someone to talk to, I miss my spouse, my boyfriend broke up with me
P/Eabuse	Physically and/or emotionally abused	Yes / No	Abused by family/nonfamily
P/Eabuser	Physically and/or emotionally abused others	Yes/No	Abused family/nonfamily
Sabuse	Sexually abused	Yes / No	Abused by family/nonfamily
Sabuser	Sexually abused others	Yes / No	Abused family/nonfamily
Unspabuse	Unspecified type of abuse from others	Yes / No	My boyfriend abuses me
Unspabuser	Unspecified type of abuse towards others	Yes / No	I abused my wife last week
Parconc	Parenting concerns, no abuse	Yes / No	Custody issues, single parent issues, problems related to raising young person
Relprob	Relationship problem (romantic, platonic, family/nonfamily)	Yes / No	Falling out with friends/relatives, family disagreement, disagreement with romantic partner
Psycprob	Psychiatric concern(s)	Yes / No	Depression, anxiety, schizophrenia, eating disorder, hearing voices, questions about psych. medications
Law	Trouble with the law	Yes / No	

Table 1 (continued)

Variable Name	Variable Definition	Variable Level	Example
		Type of Call (continued)	
Distress (continued)			
Work	Work stress	Yes / No	Too many demands on me at work
School	School stress	Yes / No	Can't keep up with school work
Finance	Financial stress	Yes / No	Debt
Health	Medical health issues	Yes / No	Have cancer/chronic illness, pregnancy, abortion decision
Sex	Sexual issues	Yes / No	Sexual orientation issues, explicit talk about sex
Bereav	Bereavement (not from suicide)	Yes/No	Upset about death
Concern	Concern for others	Yes / No	My friend is depressed, what can I do to help?
Misc	Miscellaneous	Yes / No	Concerned about war in Iraq, political concern, unspecified concern
Information	Caller requested information	Yes / No	
Educinfo	Educational information for self or others	Yes / No	Can I get AIDS through touch? My sister is pregnant, where can she go for help?
NKHLInfo	Information about NKHL	Yes / No	What time does the line open?
NpInfo	Nonpersonal Information	Yes / No	How much does it cost to fly to Iqaluit from Toronto?
Misuse	Misuse of line		
Prank	Prank calls	Yes / No	Hello, hello (giggle)
Abuse	Abusive calls to volunteers	Yes / No	Verbally hostile and offensive remarks
Wrong	Wrong numbers	Yes / No	What time does the movie start?
Hang-up	Hang-up calls	Yes / No	Hello? (click, hang-up)

Table 1 (continued)

Variable Name	Variable Definition	Variable Level	Example
		Type of Call (continued)	
Other			
Personal	Personal calls for the volunteers	Yes / No	Call to say that a friend is looking for the volunteer
Test	Test if line is working	Yes / No	
		Barrier to Service	
Transl	Language a barrier to services	Yes / No	Volunteer could not understand Inuktitut-speaking caller, caller preferred an Inuk volunteer
		Type of Help Provided By Volunteer	
Rlisten	Listened, reassured	Yes / No	
Radvice	Gave suggestions on how to resolve problems	Yes / No	How about trying to talk to the person directly?
Rlegal	Directed caller to legal services	Yes / No	Consult a lawyer about this matter
Rpolice	Directed caller to law enforcement or contacted them for caller	Yes / No	
Rclergy	Directed caller to contact clergy	Yes / No	
Relder	Directed caller to talk to elder	Yes / No	
Rshelter	Directed caller to contact shelter for women or the homeless	Yes / No	

Table 1 (continued)

Variable Name	Variable Definition	Variable Level	Example
	Type of Help Provided By Volunteer (continued)		
Rcounsel	Directed caller to contact social services/social worker	Yes / No	
Rpsych	Directed caller to seek psychiatric/psychological services	Yes / No	
Rmedical	Directed caller to medical professionals or facilities	Yes / No	
Rdrug	Directed caller to drug and/or alcohol treatment	Yes / No	
Rcallbk	Directed caller to call back	Yes / No	Usually when caller prefers an Inuit volunteer
Rother	Other types of help	Yes / No	Referred to a community program (e.g. at the college)
	Meterological Information (for Local Line only)		
Sunrise	Sunrise time	Coded in military time	
Sunset	Sunset time	Coded in military time	
Sundur	Duration of sunlight	Coded in minutes	
Moon phase	Phase of the moon	Coded to 2 decimal places	Ranges from 0.00 (new moon), through 0.50 (half moon) to1.00 (full moon)

Table 2

Demographic Characteristics of Callers by Line

Characteristics	Crisis Lines (*N* = 3974)		AIDS Line (*N* = 274)	
	n	%	*n*	%
Calls With Unspecified Characteristics (Missing Data)				
Sex unspecified	267	6.72%	67	24.45%
Age category unspecified	1919	48.29%	119	43.43%
Region of call unspecified	1437	36.16%	193	70.44%
Marital status unspecified	2261	56.89%	255	93.07%
Living arrangement unspecified	2724	68.55%	263	95.99%
First language unspecified	1733	43.61%	247	90.15%
Spoken language unspecified	1027	25.84%	248	90.51%
Calls With Specified Characteristics (Non-missing Data)				
Sex				
Total specified	3707	93.28%	207	75.55%
Male	1692	45.64%	115	55.56%
Female	2015	54.36%	92	44.44%
Age category				
Total specified	2055	51.71%	155	56.57%
Child (12 and under)	68	3.31%	40	25.81%
Youth (13-19)	306	14.89%	29	18.71%
Adult (20 and over)	1681	81.80%	86	55.48%
Region of call				
Total specified	2537	63.84%	81	29.56%
Baffin	1758	69.29%	39	48.15%
Northern Quebec	310	12.22%	9	11.11%
Keewatin	173	6.83%	6	7.41%
Kitikmeot	78	3.07%	1	1.23%
Other	218	8.59%	26	32.10%
Marital status				
Total specified	1713	43.11%	19	6.93%
Single	1235	72.10%	14	73.68%
Married	193	11.27%	3	15.79%
Common-law	161	9.40%	0	0.00%
Separated	80	4.67%	2	10.53%
Divorced	35	2.04%	0	0.00%
Widowed	9	0.52%	0	0.00%

Table 2 (continued)

Characteristics	Crisis Lines (*N* = 3974)		AIDS Line (*N* = 274)	
	n	*%*	*n*	*%*
Living arrangement				
Total specified	1250	31.45%	11	4.01%
Living alone	272	21.76%	4	36.37%
Single parent	197	15.76%	2	18.18%
Nuclear family	365	29.20%	3	27.27%
Family of origin	274	21.92%	1	9.09%
With relatives	40	3.20%	0	0.00%
With nonrelatives	68	5.44%	1	9.09%
Other	34	2.72%	0	0.00%
First language				
Total specified	2241	56.39%	27	9.85%
Inuktitut	1539	68.67%	6	22.22%
English	594	26.51%	20	74.08%
French	10	0.46%	0	0.00%
English + Inuuktitut	56	2.50%	1	3.70%
Other	42	1.87%	0	0.00%
Spoken language				
Total specified	2947	74.16%	26	9.49%
Inuktitut	302	10.25%	0	0.00%
English	2454	83.27%	26	100.00%
French	3	0.10%	0	0.00%
English + Inuktitut	183	6.21%	0	0.00%
Other	5	0.17%	0	0.00%

Note. The percentages calculated for "Total specified" entries have been adjusted for missing data, i.e., they are based on the total of non-missing data for that particular variable in the database.

Table 3

Types of Calls received by Crisis Lines and AIDS Lines in Descending Order of Frequency

Order of Frequency	Crisis Lines	AIDS Line
1 *(most frequent)*	Distress (70.66%) - Relationship problems (17.86%) - Lonely/bored (12.06%) - Suicide thoughts/ intentions (5.69%) - Substance abuse/ addiction (4.31%) - Miscellaneous (3.52%) - Physically and/or emotionally abused (3.52%) - Concern for others (3.26%) - Sexual abuse (3.10%) - Psychiatric concerns (2.22%) - Sexual issues (2.22%) - Medical health concerns (2.01%) - Parenting concerns (1.92%) - Distress over other's suicide (1.60%) - Financial stress (1.32%) - Unspecified abuse (1.20%) - Work stress (1.04%) - Trouble with the law (1.00%) - Physical and/or emotional abuser (0.76%) - Bereavement (0.74%) - Unspecified type of abuser (0.30%) - School stress (0.13%) - Sexual abuser (0.12%)	Information (39.32%) - Educational information (33.89%) - Nonpersonal information (4.07%) - Questions about the NKHL (1.36%)
2	Misuse (16.11%) - Abuse (4.76%) - Prank (4.65%) - Hang-up (3.36%) - Wrong number (3.34%) - Wrong number (3.34%)	Distress (27.12%) - Relationship problems (7.12%) - Lonely/bored (5.00%) - Suicide thoughts/intentions (2.24%) - Medical health concerns (1.97%) - Financial stress (1.45%) - Concern for others (1.32%)

Table 3 (continued)

Order of Frequency	Crisis Lines	AIDS Line
(2)		Distress (continued) - Physically and/or emotionally abused (1.18%) - Substance abuse/addiction (1.18%) - Sexual issues (1.05%) - Miscellaneous (0.92%) - Psychiatric concerns (0.79%) - Parenting concerns (0.66%) - Work stress (0.66%) - School stress (0.40%) - Sexual abuse (0.40%) - Distress over other's suicide (0.26%) - Unspecified abuse (0.26%) - Physical and/or emotional abuser (0.13%) - Bereavement (0.13%) - Unspecified type of abuser (0%) - Sexual abuser (0%) - Trouble with the law (0%)
3	Other (8.29%) - Miscellaneous (7.26%) - Testing the line (0.56%) - Personal calls for volunteers (0.47%)	Misuse (26.78%) - Prank (12.88%) - Wrong number (5.76%) - Abuse (4.41%) - Hang-up (3.73%)
4	Information (5.03%) - Educational information (2.13%) - Questions about the NKHL (1.89%) - Nonpersonal information (1.01%)	Other (6.78%) - Miscellaneous (4.41%) - Testing the line (2.03%) - Personal calls for volunteers (0.34%)

Note. The percentages have been adjusted for missing data, i.e., they are calculated on the basis of the non-missing data only.

Table 4

Breakdown of General Type of Distress, Information, and Misuse Calls by Line, Sex, and Age Category

Characteristics	Crisis Lines		AIDS Line	
	n	%	*n*	%
General Type of Call = Distress				
Sex				
Total	2858		75	
Male	1184	41.43%	37	49.33%
Female	1674	58.57%	38	50.67%
Age Category				
Total	1768		52	
Child	20	1.13%	8	15.38%
Youth	251	14.20%	8	15.38%
Adult	1497	84.67%	36	69.23%
General Type of Call = Information				
Sex				
Total	193		101	
Male	92	47.67%	52	51.49%
Female	101	52.33%	49	48.51%
Age Category				
Total	81		79	
Child	1	1.23%	8	10.13%
Youth	17	20.99%	17	21.52%
Adult	63	77.78%	54	68.35%
General Type of Call = Misuse				
Sex				
Total	465		37	
Male	332	71.38%	25	67.57%
Female	133	28.62%	12	32.43%
Age Category				
Total	163		31	
Child	39	23.93%	23	74.19%
Youth	28	17.18%	5	16.13%
Adult	96	58.89%	3	9.68%

Note. The percentages are calculated on the basis of the non-missing data.

Table 5

Breakdown of Type of Problem Discussed in Distress Calls by Line, Sex, and Age Category

Characteristics	Crisis Lines		AIDS Line	
	n	%	*n*	%
	Problem Type = Suicidal Thoughts/Intent			
Total calls	284		17	
Sex				
Total specified	255		15	
Male	122	47.84%	6	40.00%
Female	133	52.16%	9	60.00%
Age Category				
Total specified	157		10	
Child	2	1.27%	5	50.00%
Youth	19	12.10%	0	0.00%
Adult	136	86.63%	5	50.00%
	Problem Type = Distress Over Other's Suicide			
Total calls	80		2	
Sex				
Total specified	77		2	
Male	26	33.77%	0	0.00%
Female	51	66.23%	2	100.00%
Age Category				
Total specified	51		1	
Child	2	3.92%	0	0.00%
Youth	10	19.61%	0	0.00%
Adult	39	76.47%	1	100.00%
	Problem Type = Substance Abuse/Addiction			
Total calls	215		9	
Sex				
Total specified	202		8	
Male	81	40.10%	6	75.00%
Female	121	59.90%	2	25.00%
Age Category				
Total specified	112		6	
Child	3	2.68%	0	0.00%
Youth	13	11.61%	2	33.33%
Adult	96	85.71%	4	66.67%

Table 5 (continued)

Characteristics	Crisis Lines		AIDS Line	
	n	%	*n*	%
		Problem Type = Lonely / Bored		
Total calls	602		38	
Sex				
Total specified	542		29	
Male	262	48.34%	15	51.72%
Female	280	51.66%	14	48.28%
Age Category				
Total specified	285		20	
Child	7	2.46%	5	25.00%
Youth	44	15.44%	3	15.00%
Adult	234	82.10%	12	60.00%
		Problem Type = Physically and/or Emotionally Abused		
Total calls	176		9	
Sex				
Total specified	167		7	
Male	70	41.92%	5	71.43%
Female	97	58.08%	2	28.57%
Age Category				
Total specified	96		6	
Child	1	1.04%	0	0.00%
Youth	20	20.83%	3	50.00%
Adult	75	78.13%	3	50.00%
		Problem Type = Abused Others Physically and/or Emotionally		
Total calls	38		1	
Sex				
Total specified	36		1	
Male	20	55.56%	1	100.00%
Female	16	44.44%	0	0.00%
Age Category				
Total specified	27		0	
Child	0	0.00%	0	0.00%
Youth	5	18.52%	0	0.00%
Adult	22	81.48%	0	0.00%

Table 5 (continued)

Characteristics	Crisis Lines		AIDS Line	
	n	%	*n*	%
		Problem Type = Sexually Abused		
Total calls	155		3	
Sex				
Total specified	144		3	
Male	52	36.11%	1	33.33%
Female	92	63.89%	2	66.67%
Age Category				
Total specified	91		2	
Child	6	6.59%	0	0.00%
Youth	21	23.08%	1	50.00%
Adult	64	70.33%	1	50.00%
		Problem Type = Abused Others Sexually		
Total calls	6		0	
Sex				
Total specified	6			
Male	3	50.00%	0	0.00%
Female	3	50.00%	0	0.00%
Age Category				
Total specified	4			
Child	0	0.00%	0	0.00%
Youth	1	25.00%	0	0.00%
Adult	3	75.00%	0	0.00%
		Problem Type = Unspecified Abuse From Others		
Total calls	60		2	
Sex				
Total specified	53		2	
Male	26	49.06%	1	50.00%
Female	27	50.94%	1	50.00%
Age Category				
Total specified	29		1	
Child	0	0.00%	0	0.00%
Youth	4	13.79%	0	0.00%
Adult	25	86.21%	1	100.00%

Table 5 (continued)

Characteristics	Crisis Lines		AIDS Line	
	n	%	*n*	%
		Problem Type = Unspecified Abuse Towards Others		
Total calls	15		0	
Sex				
Total specified	14		0	
Male	9	64.29%	0	0.00%
Female	5	35.71%	0	0.00%
Age Category				
Total specified	11		0	
Child	2	18.18%	0	0.00%
Youth	1	9.09%	0	0.00%
Adult	8	72.73%	0	0.00%
		Problem Type = Parenting Concerns		
Total calls	96		5	
Sex				
Total specified	90		5	
Male	35	38.89%	4	80.00%
Female	55	61.11%	1	20.00%
Age Category				
Total specified	54		5	
Child	0	0.00%	0	0.00%
Youth	5	9.26%	0	0.00%
Adult	49	90.74%	5	100.00%
		Problem Type = Relationship Problems		
Total calls	927		54	
Sex				
Total specified	865		48	
Male	389	44.97%	30	62.50%
Female	476	55.03%	18	37.50%
Age Category				
Total specified	490		34	
Child	10	2.04%	3	8.82%
Youth	60	12.24%	7	20.59%
Adult	420	85.71%	24	70.59%

Table 5 (continued)

Characteristics	Crisis Lines		AIDS Line	
	n	%	*n*	%
	Problem Type = Psychiatric Concerns			
Total calls	111		6	
Sex				
Total specified	107		6	
Male	43	40.19%	1	16.67%
Female	64	59.81%	5	83.33%
Age Category				
Total specified	65		6	
Child	3	4.62%	1	16.67%
Youth	12	18.46%	3	50.00%
Adult	50	76.92%	2	33.33%
	Problem Type = Trouble with the Law			
Total calls	50		0	
Sex				
Total specified	46		0	
Male	23	50.00%	0	0.00%
Female	23	50.00%	0	0.00%
Age Category				
Total specified	32		0	
Child	1	3.13%	0	0.00%
Youth	3	9.38%	0	0.00%
Adult	28	87.50%	0	0.00%
	Problem Type = Work Stress			
Total calls	52		5	
Sex				
Total specified	49		4	
Male	21	42.86%	3	750%
Female	28	57.14%	1	2500%
Age Category				
Total specified	23		3	
Child	0	0.00%	0	0.00%
Youth	6	26.09%	1	33.33
Adult	17	73.91%	2	66.67

Table 5 (continued)

Characteristics	Crisis Lines		AIDS Line	
	n	%	*n*	%
		Problem Type = School Stress		
Total calls	7		3	
Sex				
Total specified	5		2	
Male	3	60.00%	0	0.00%
Female	2	40.00%	2	100.00%
Age Category				
Total specified	2		2	
Child	0	0.00%	1	50.00%
Youth	0	0.00%	0	0.00%
Adult	2	100.00%	1	50.00%
		Problem Type = Financial Stress		
Total calls	66		11	
Sex				
Total specified	63		8	
Male	33	50.00%	6	75.00%
Female	30	45.45%	2	25.00%
Age Category				
Total specified	35		7	
Child	2	5.56%	3	42.86%
Youth	2	5.56%	1	14.29%
Adult	31	86.11%	3	42.86%
		Problem Type = Medical Health Issues		
Total calls	100		15	
Sex				
Total specified	96		5	
Male	43	44.79%	3	60.00%
Female	53	55.21%	2	40.00%
Age Category				
Total specified	49		5	
Child	1	2.04%	2	40.00%
Youth	7	14.29%	1	20.00%
Adult	41	83.67%	2	40.00%

Table 5 (continued)

Characteristics	Crisis Lines		AIDS Line	
	n	%	*n*	%
		Problem Type = Sexual Issues		
Total calls	111		8	
Sex				
Total specified	101		5	
Male	36	35.64%	3	60.00%
Female	65	64.36%	2	40.00%
Age Category				
Total specified	61		4	
Child	1	1.64%	2	50.00%
Youth	13	21.31%	0	0.00%
Adult	47	77.05%	2	50.00%
		Problem Type = Bereavement-Related Issues		
Total calls	37		1	
Sex				
Total specified	34		1	
Male	20	58.82%	0	0.00%
Female	14	41.18%	1	100.00%
Age Category				
Total specified	24		0	
Child	0	0.00%	0	0.00%
Youth	2	8.33%	0	0.00%
Adult	22	91.67%	0	0.00%
		Problem Type = Concern For Others		
Total calls	163		10	
Sex				
Total specified	155		8	
Male	64	41.29%	5	62.50%
Female	91	58.71%	3	37.50%
Age Category				
Total specified	83		5	
Child	4	4.82%	0	0.00%
Youth	17	20.48%	3	60.00%
Adult	62	71.70%	2	40.00%

Table 5 (continued)

Characteristics	Crisis Lines		AIDS Line	
	n	%	*n*	%
	Problem Type = Miscellaneous			
Total calls	176		7	
Sex				
Total specified	164		5	
Male	77	46.95%	1	20.00%
Female	87	53.05%	4	80.00%
Age Category				
Total specified	89		6	
Child	3	3.37%	2	33.33%
Youth	13	14.61%	1	16.67%
Adult	73	82.02%	3	50.00%

Note. The percentages are calculated on the basis of the non-missing data.

Table 6

Relationship Between Alleged Abuser and Victim to Callers of Both Crisis Lines and AIDS Line Combined

Relationship	*n*	*%*
Who reportedly abused the caller physically/emotionally?		
Husband	28	24.78%
Boyfriend	28	24.78%
Unspecified	13	11.51%
Father	8	7.08%
Mother	6	5.31%
Neighbour	5	4.42%
Brother	4	3.54%
Friend	4	3.54%
Wife	3	2.65%
Girlfriend	3	2.65%
Uncle	3	2.65%
Common-law partner	2	1.77%
Sister	2	1.77%
Daughter	1	0.88%
Son	1	0.88%
Cousin	1	0.88%
Teacher	1	0.88%
Who did the caller indicated as having physically/emotionally abused?		
Girlfriend	10	25.00%
Wife/common-law female partner	6	15.00%
Boyfriend	5	12.50%
Daughter	4	10.00%
Children (unspecified)	4	10.00%
Brother	2	5.00%
Sister	2	5.00%
Cousin	2	5.00%
Husband/common-law male partner	1	2.50%
Uncle	1	2.50%
Family member (unspecified)	1	2.50%
Manager	1	2.50%

Table 6 (continued)

Relationship	*n*	*%*
	Who reportedly abused the caller sexually?	
Unspecified individual	57	37.01%
Uncle	27	17.53%
Father	15	9.74%
Nonfamily individual	15	9.74%
Boyfriend	8	5.19%
Husband/common-law male spouse	8	5.19%
Mother	7	4.55%
Brother	6	3.90%
Teacher	5	3.25%
Sister	2	1.30%
Cousin	2	1.30%
Family member (unspecified)	1	0.65%
Police officer	1	0.65%
	Who did the caller indicated as having sexually abused?	
Mother	1	14.28%
Daughter	1	14.28%
Cousins	1	14.28%
Boyfriend	1	14.28%
Nonrelative boy	1	14.28%
Underaged child (sex unspecified)	1	14.28%
Strangers	1	14.28%

Table 7

Breakdown of Type of Information Requested in Information Calls by Line, Sex, and Age Category

Characteristics	Crisis Lines		AIDS Line	
	n	%	*n*	%
	Type of Call = Educational Information			
Total calls	87		100	
Sex				
Total specified	84		89	
Male	36	42.86%	46	51.69%
Female	48	57.14%	43	48.31%
Age Category				
Total specified	40		73	
Child	1	2.50%	3	4.12%
Youth	7	2.50%	17	23.29%
Adult	32	80.00%	53	72.60%
	Type of Call = Information about the Help Line			
Total calls	77		4	
Sex				
Total specified	73		3	
Male	36	49.32%	3	100.00%
Female	37	50.68%	0	0.00%
Age Category				
Total specified	31		3	
Child	0	0.00%	2	66.67%
Youth	7	22.58%	0	0.00%
Adult	24	77.42%	1	33.33%
	Type of Call = Nonpersonal Information			
Total calls	41		12	
Sex				
Total specified	39		9	
Male	20	51.28%	3	33.33%
Female	19	48.72%	6	66.67%
Age Category				
Total specified	12		3	
Child	0	0.00%	3	100.00%
Youth	3	25.00%	0	0.00%
Adult	9	75.00%	0	0.00%

Note. The percentages are calculated on the basis of the non-missing data.

Table 8

Breakdown of Different Types of Misuse Calls by Line, Sex, and Age Category

Characteristics	Crisis Lines		AIDS Line	
	n	%	*n*	%
		Type of Misuse Call = Prank Call		
Total calls	186		38	
Sex				
Total specified	125		18	
Male	77	61.60%	12	66.67%
Female	48	38.40%	6	33.33%
Age Category				
Total specified	54		16	
Child	22	40.74%	15	93.75%
Youth	21	38.89%	1	6.25%
Adult	11	20.37%	0	0.00%
		Type of Misuse Call = Abusive Call to Volunteer		
Total calls	194		13	
Sex				
Total specified	190		8	
Male	165	86.84%	6	75.00%
Female	25	13.16%	2	25.00%
Age Category				
Total specified	74		7	
Child	1	1.35%	6	85.71%
Youth	5	6.76%	0	0.00%
Adult	68	91.89%	1	14.29%
		Type of Misuse Call = Wrong Number		
Total calls	136		17	
Sex				
Total specified	89		9	
Male	56	62.92%	6	66.67%
Female	33	37.08%	3	33.33%
Age Category				
Total specified	28		6	
Child	15	53.57%	2	33.33%
Youth	1	3.57%	2	33.33%
Adult	12	42.86%	2	33.33%

Table 8 (continued)

Characteristics	Crisis Lines		AIDS Line	
	n	%	*n*	%
	Type of Misuse Call = Hang-up Call			
Total calls	137		11	
Sex				
Total specified	62		2	
Male	35	56.45%	1	50.00%
Female	27	43.55%	1	50.00%
Age Category				
Total specified	8		2	
Child	1	12.50%	0	0.00%
Youth	1	12.50%	2	100.00%
Adult	6	75.00%	0	0.00%

Note. The percentages are calculated on the basis of the non-missing data.

Table 9

Type of help provided to callers to crisis lines and AIDS line

Order of frequency	Crisis Lines	AIDS Line
1 *(most frequent)*	Listened, reassured (40.63%)	Direct to medical resources (50.76%0)
2	Gave suggestions (20.75%)	Listened, reassured (15.15%)
3	Direct to social services/social worker (10.21%)	Other (10.61%) Gave suggestions (10.61%)
4	Call back the Help Line (7.45%)	Call back the Help Line (4.55%)
5	Direct to medical resources (5.63%)	Direct to social services/social worker (2.26%)
6	Direct to clergy (3.63%)	Direct to psychiatric/psychological services (1.51%)
7	Other (2.79%)	Direct to legal system (0.76%) Direct to drug/alcohol counseling (0.76%)
8	Direct to drug/alcohol counselling (2.76%)	
9	Direct to law enforcement (2.73%)	
10	Direct to shelter (1.15%)	
11	Direct to psychiatric/psychological services (0.96%)	
12	Direct to legal system (0.87%)	
13 *(least frequent)*	Direct to an elder (0.44%)	

Table 10

Breakdown of Help Provided To Callers by Line, Sex, and Age Category

Characteristics	Crisis Lines		AIDS Line	
	n	%	*n*	%
	Help Provided = Listened, Reassured			
Total calls	1488		20	
Sex				
Total specified	1469		18	
Male	688	46.83%	12	66.67%
Female	781	53.17%	6	33.33%
Age Category				
Total specified	855		10	
Child	10	1.17%	5	50.00%
Youth	93	10.88%	1	10.00%
Adult	752	87.95%	4	40.00%
	Help Provided = Gave Suggestions On How To Resolve Problems			
Total calls	760		14	
Sex				
Total specified	757		13	
Male	259	34.21%	6	46.15%
Female	498	65.79%	7	53.85%
Age Category				
Total specified	516		10	
Child	7	1.36%	1	10.00%
Youth	96	18.60%	2	20.00%
Adult	413	80.04%	7	70.00%
	Help Provided = Directed Caller to Legal Services			
Total calls	32		1	
Sex				
Total specified	32		1	
Male	16	50.00%	0	0.00%
Female	16	50.00%	1	100.00%
Age Category				
Total specified	17		0	
Child	0	0.00%	0	0.00%
Youth	0	0.00%	0	0.00%
Adult	17	100.00%	0	0.00%

Table 10 (continued)

Characteristics	Crisis Lines		AIDS Line	
	n	%	*n*	%
		Help Provided = Directed Caller to Law Enforcement		
Total calls	100		0	
Sex				
Total specified	100		0	
Male	32	32.00%	0	0.00%
Female	68	68.00%	0	0.00%
Age Category				
Total specified	86		0	
Child	2	2.33%	0	0.00%
Youth	12	13.95%	0	0.00%
Adult	55	80.23%	0	0.00%
		Help Provided = Directed Caller to the Clergy		
Total calls	133		0	
Sex				
Total specified	132		0	
Male	50	37.88%	0	0.00%
Female	82	62.12%	0	0.00%
Age Category				
Total specified	86		0	
Child	0	0.00%	0	0.00%
Youth	11	12.79%	0	0.00%
Adult	75	87.21%	0	0.00%
		Help Provided = Directed Caller to an Elder		
Total calls	16		0	
Sex				
Total specified	16		0	
Male	8	50.00%	0	0.00%
Female	8	50.00%	0	0.00%
Age Category				
Total specified	14		0	
Child	0	0.00%	0	0.00%
Youth	1	7.14%	0	0.00%
Adult	13	92.86%	0	0.00%

Table 10 (continued)

Characteristics	Crisis Lines		AIDS Line	
	n	%	*n*	%
Help Provided = Directed Caller to A Shelter for Women and the Homeless				
Total calls	42		0	
Sex				
Total specified	42		0	
Male	8	19.05%	0	0.00%
Female	34	80.95%	0	0.00%
Age Category				
Total specified	29		0	
Child	0	0.00%	0	0.00%
Youth	5	17.24%	0	0.00%
Adult	24	82.76%	0	0.00%
Help Provided = Directed Caller to Social Services/Social Worker				
Total calls	374		3	
Sex				
Total specified	373		3	
Male	123	32.98%	1	33.33%
Female	250	66.02%	2	66.67%
Age Category				
Total specified	256		0	
Child	3	1.17%	0	0.00%
Youth	45	17.58%	0	0.00%
Adult	208	81.25%	0	0.00%
Help Provided = Directed Caller to Psychiatric/Psychological Services				
Total calls	35		2	
Sex				
Total specified	34		2	
Male	27	79.41%	2	100.00%
Female	7	20.59%	0	0.00%
Age Category				
Total specified	26		2	
Child	0	0.00%	0	0.00%
Youth	3	11.54%	0	0.00%
Adult	23	88.46%	2	100.00%

Table 10 (continued)

Characteristics	Crisis Lines		AIDS Line	
	n	%	*n*	%
		Help Provided = Directed Caller to Medical Resources		
Total calls	206		67	
Sex				
Total specified	203		64	
Male	56	27.59%	29	45.31%
Female	147	72.41%	35	54.69%
Age Category				
Total specified	124		53	
Child	2	1.61%	3	5.66%
Youth	20	16.13%	10	18.87%
Adult	102	82.26%	40	75.47%
		Help Provided = Directed Caller to Drug/Alcohol Treatment		
Total calls	101		1	
Sex				
Total specified	101		1	
Male	40	39.60%	1	100.00%
Female	61	60.40%	0	0.00%
Age Category				
Total specified	65		1	
Child	0	0.00%	0	0.00%
Youth	11	16.92%	0	0.00%
Adult	54	83.08%	1	100.00%
		Help Provided = Directed Caller to Call Back		
Total calls	273		6	
Sex				
Total specified	268		5	
Male	100	37.31%	1	20.00%
Female	168	62.69%	4	80.00%
Age Category				
Total specified	168		2	
Child	0	0.00%	0	0.00%
Youth	27	16.07%	0	0.00%
Adult	141	83.93%	2	100.00%

Table 10 (continued)

Characteristics	Crisis Lines		AIDS Line	
	n	*%*	*n*	*%*
		Help Provided = Other Types		
Total calls	102		18	
Sex				
Total specified	99		17	
Male	36	36.36%	4	23.53%
Female	63	63.64%	13	76.47%
Age Category				
Total specified	56		12	
Child	0	0.00%	3	25.00%
Youth	12	21.43%	2	16.67%
Adult	44	78.57%	7	58.33%

Note. The percentages are calculated on the basis of the non-missing data.

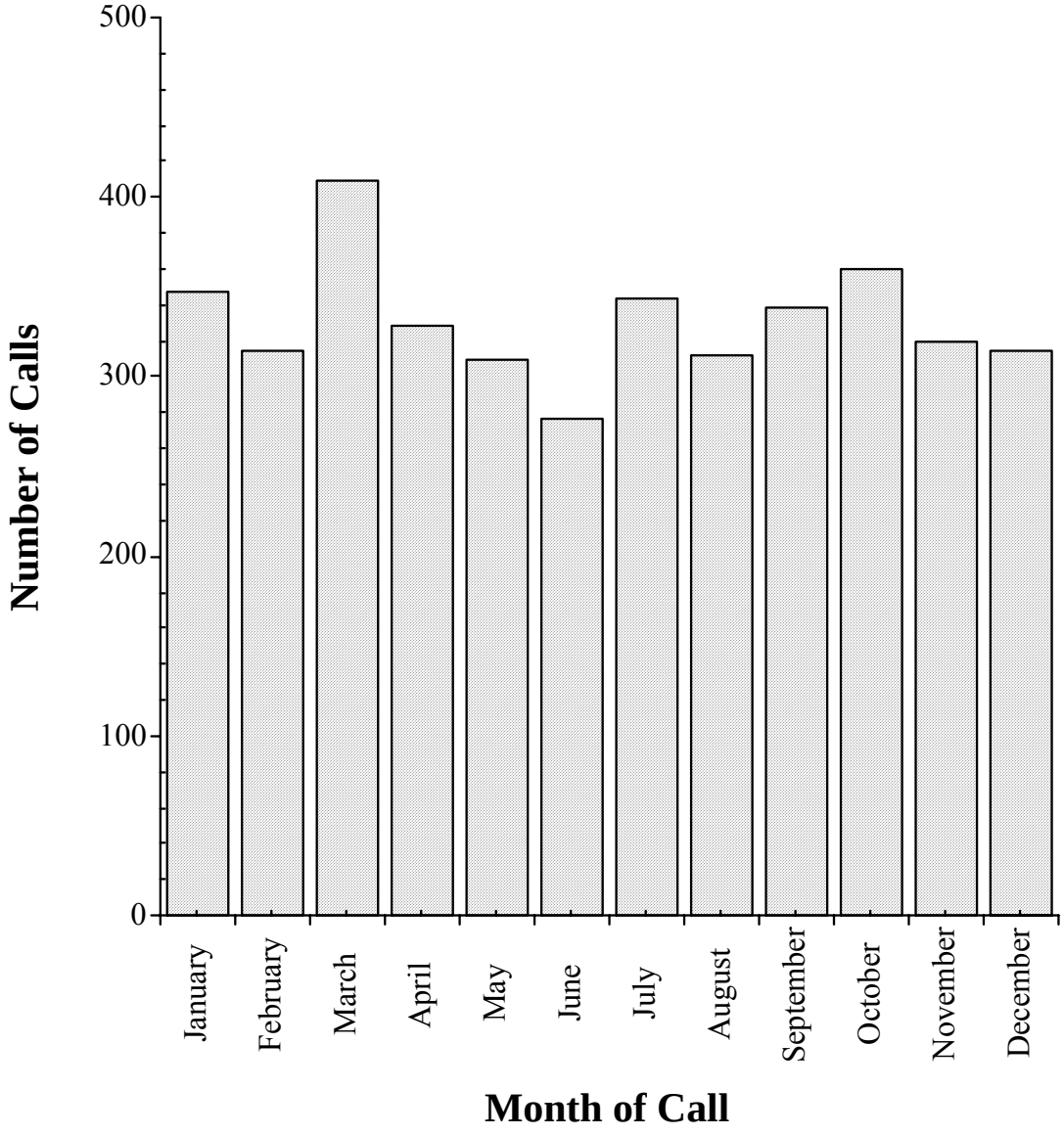

Figure 1. Number of calls to the crisis lines between 1991-2001.

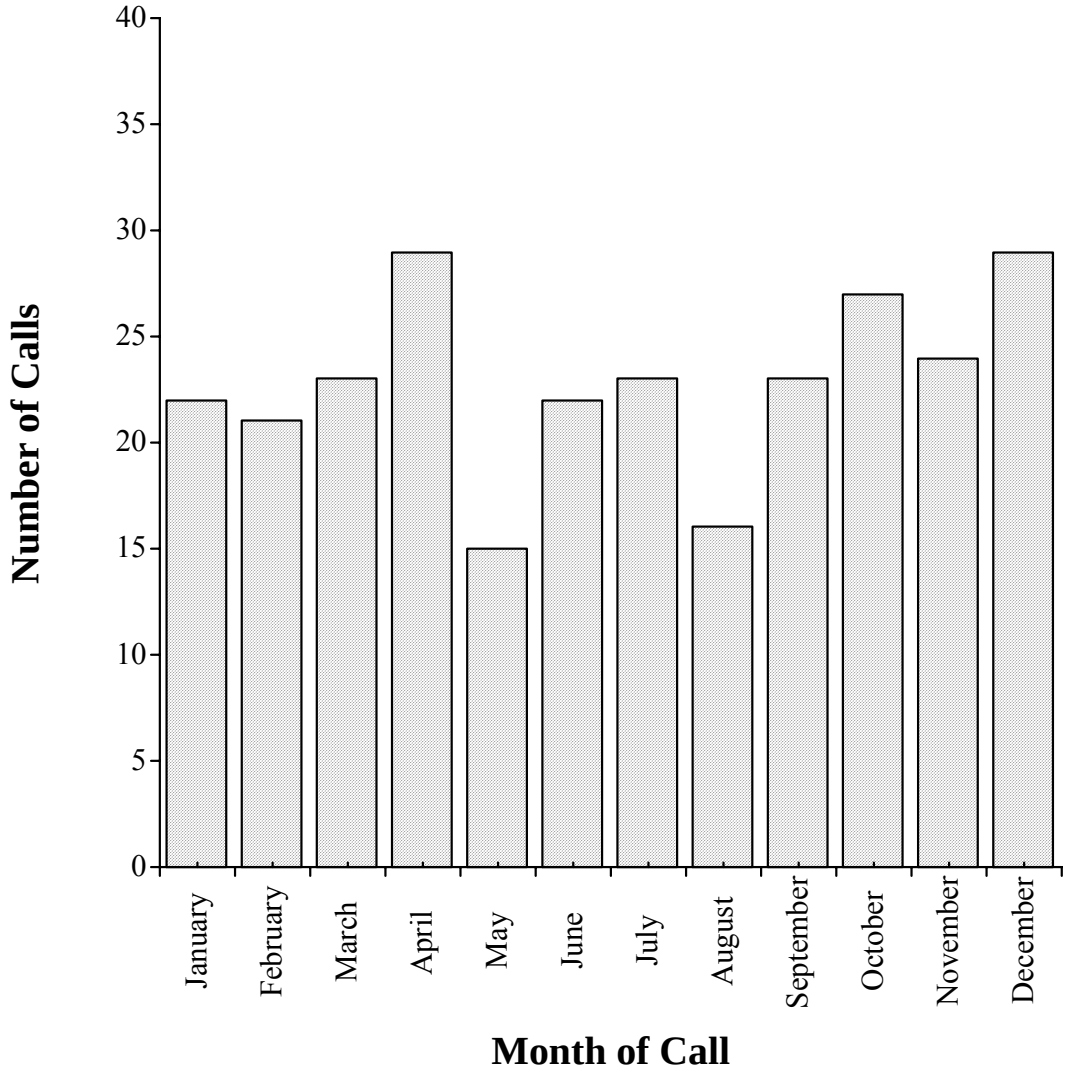

Figure 2. Number of calls to the AIDS line between 1996 - 2000.

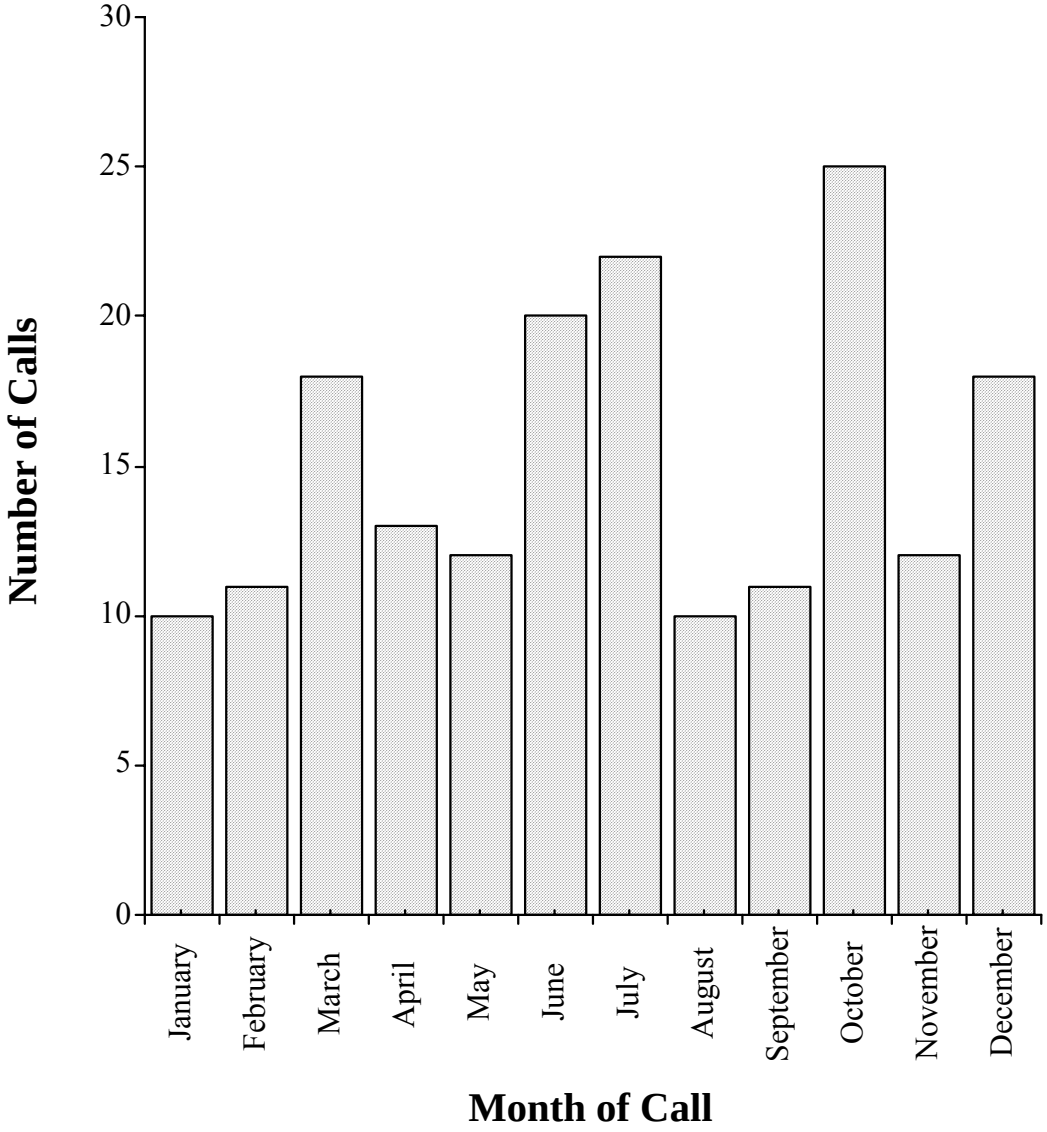

Figure 3. Number of suicide ideation/intention calls to the crisis lines between 1991 - 2001.

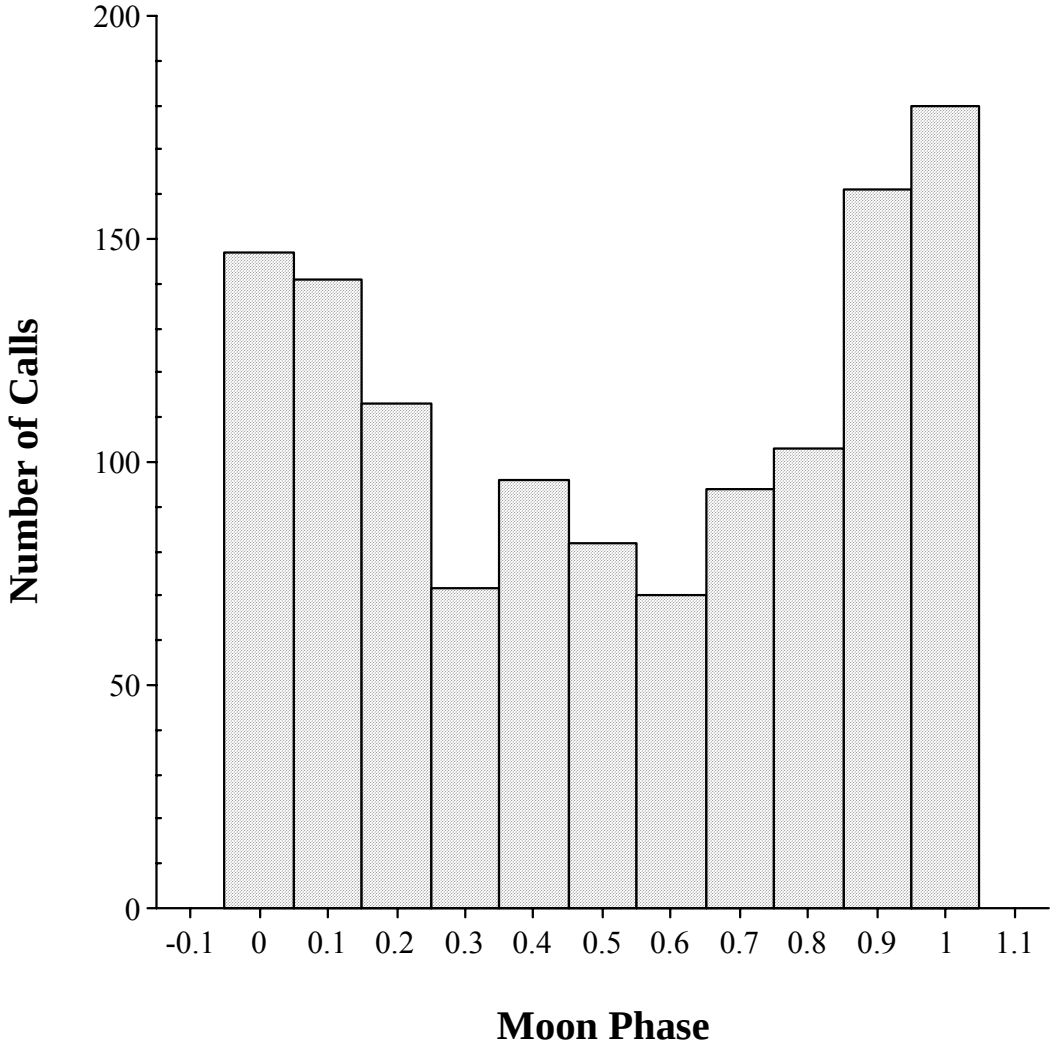

Figure 4. Number of calls by moon phase from 0 (new moon) to 1 (full moon) for the local line in Iqaluit from 1992 - 2000.

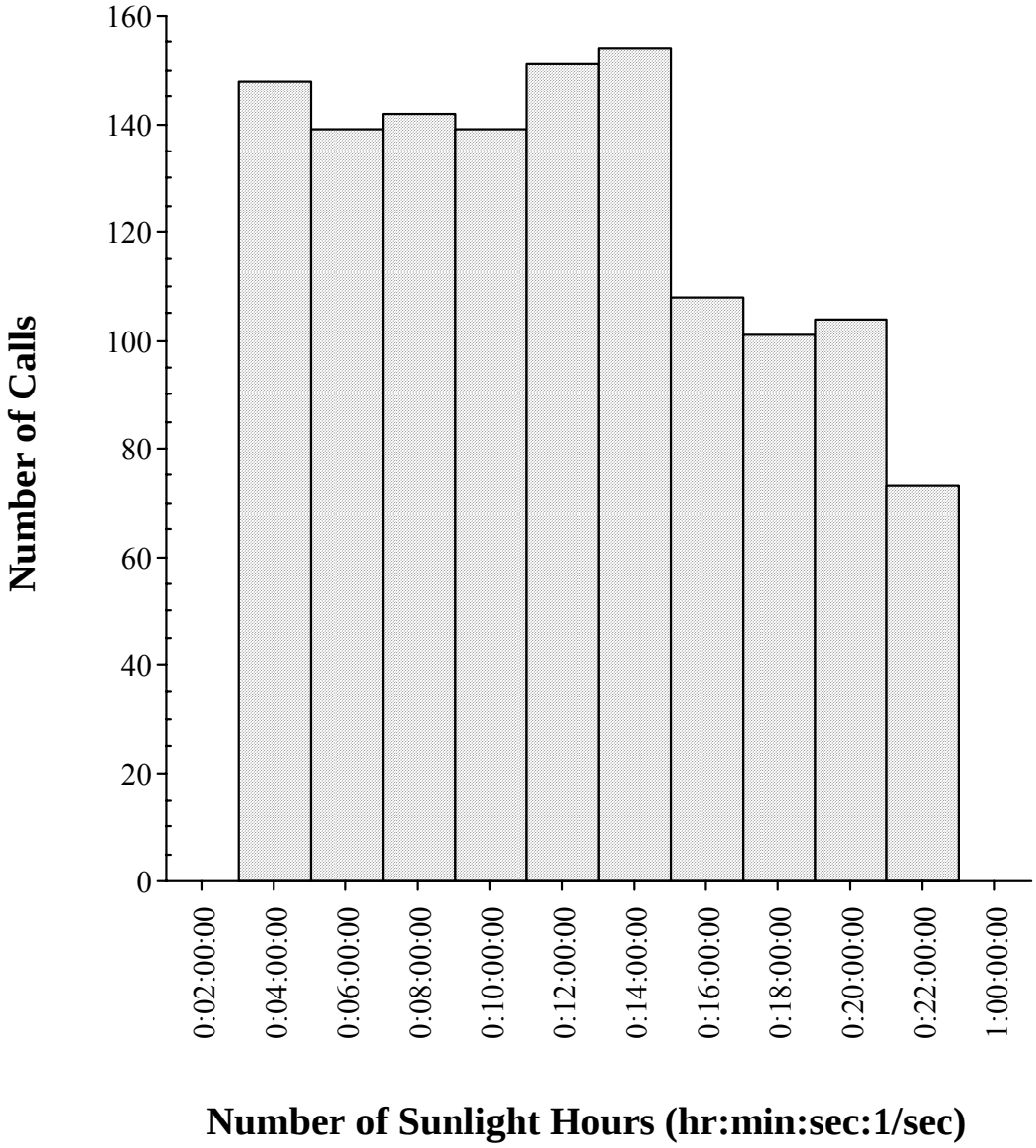

Figure 5. Number of calls by photoperiod for the local line in Iqaluit from 1992 - 2000.