



## Caller Characteristics, Call Contents, and Types of Assistance Provided By Caller Sex and Age Group in a Canadian Inuit Crisis Line in Nunavut, 1991–2001

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Analysis of calls made to a northern Canadian Inuit crisis line in the territory of Nunavut between 1991 and 2001 revealed that the majority of users were adult females who called to discuss problems primarily related to relationships and loneliness/boredom. Younger callers tended to make prank calls. The volunteer staff used mostly empathetic listening and suggestions. Referral recommendations made were primarily to social services. Although some callers experienced a language barrier, others found the service to be helpful. Results suggest that the crisis line was underused by young Inuit males who represent a group that are most in need of crisis intervention.

About 84% of the residents in the territory of Nunavut are of Inuit identity (Nunavut Bureau of Statistics, 2011a) and reflect the fastest growing and youngest population in Canada (Department of Culture, Language, Elders, and Youth, 2003). However, Nunavut also has the highest suicide rate, which is estimated to be six times greater than in

southern Canada, with the highest rates, which is among males and youth (Linn, 1999; Tester & McNicoll, 2004). The suicide rate for Inuit youth under the age of 24 is ten times higher than the national rate, with peak rates found within the 15–19 and the 30–34 year age group for males, and within the 20–24 year age group for females (Chief Coroner for Nunavut, 2003).

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Suicide statistics over a 12-year period indicate that rates have increased and remain a critical problem for Nunavut (Linn, 1999). Suicide is also a significant social concern in other northern regions such as Nunavik in Québec (Henderson, 2003), and in Greenland, Alaska, Labrador, and the Northwest Territories (Brems, 1996; Henderson, 2003).

Several national suicide prevention strategies have been developed with many recommending community-level interventions (Inungni Sapujjijit Task Force on Suicide Prevention and Community Healing, 2003), including regional crisis lines (Stevenson & Ellsworth, 2003). Crisis lines offer immediate accessibility during acute suicidal

incidents (Kliewer, Lepore, & Broquet, 1990), essential anonymity for individuals in small rural or remote areas who might be reluctant to seek mental health services within their own communities (Coman, Burrows, & Evans, 2001), and support to those who live in geographically isolated regions in which health services are not readily available (DeSalvo, 1988).

Crisis centers and crisis lines offer a small preventive effect (Lester, 1997). Callers report decreased suicidal ideation at the end of the telephone contact (Gould, Kalafat, Harrismunfakh, & Kleinman, 2007; King, Nurcombe, Bickman, Hides, & Reid, 2003; Lester, 1997), with continued decrease in the sense of hopelessness and psychological pain during the follow-up periods that ranged from 1 to 52 days (with an average of 13.5 days; Gould et al., 2007).

Most users of crisis lines are female (e.g., Franks & Medforth, 2005; Ingram et al., 2008; Mishara et al., 2007; Teare, Garrett, Coughlin, Shanahan, & Daly, 1995). Relationship and mental health problems are common concerns (Barber, Blackman, Talbot, & Saebel, 2004; Ingram et al., 2008).

Northern regions have developed crisis lines to address the critical issues of suicide and mental health problems; for example, the national children's telephone line in Greenland (Henderson, 2003), the Nain Help-Line Phone in Nunatsiavut (Labrador), and the Inuvik Suicide Crisis Line and the Helpline Western Arctic in Inuvialuit (Northwest Territories). Nunavut has the Nunavut Kamatsiaqtut Help Line (NKHL; Levy & Fletcher, 1998).

Despite the popularity of crisis lines, there is an absence of studies on crisis lines that serve northern areas and the potentially unique characteristics of their callers and concerns. These may be further understood through a systematic examination of calls received to establish their pattern of use. The objective of this study was to assess the demographic characteristics of the callers who used the NKHL, the types of calls received, the types of assistance provided by volunteers, and the barriers to service delivery.

## METHOD

Anonymous data retrieved from NKHL logs associated with 3,974 calls received between 1991 and 2001 were subjected to content analysis by six independent raters. The average inter-rater reliability based on a random sample of 73 codings was 73.66%, with 33 codings achieving 100% agreement. Codings that did not receive unanimous agreement were resolved between the team and the first author.

### *Data Coding*

Quantitative data were coded for sex of caller, age category (child age 12 and younger, youth age 13–19, adult age 20 and older), marital status, living arrangements, first language, language spoken during the call, and the general region from which the call originated. The general regions were identified as the three within Nunavut (i.e., Baffin, Keewatin, and Kitikmeot), Northern Québec, and Other for remaining parts of the country.

Qualitative data derived from narrative information in the log sheets were subjected to content analysis for type of call (distress, nondistress), themes discussed in the calls, types of assistance provided by the crisis line, and quality of services as denoted by barriers to services, feedback from the callers, and recommendations for improvements. A single call could be coded for more than one theme or type of assistance provided.

## RESULTS

Chi-square analyses were carried out on the data to see whether caller sex and age category were related to types of calls and the services received.

### *Caller Characteristics*

Missing demographic data ranged from a low 6.72% for caller sex to a high 68.55% for living arrangement. The percentages

reported are based on the total number of nonmissing data for the specific variable.

More calls were made by females ( $n = 1,674$ , 54.36%) than males ( $n = 1,184$ , 45.64%), and most were adults ( $n = 1,497$ , 81.80%) compared to youth ( $n = 251$ , 14.89%) and child ( $n = 20$ , 3.31%). Nunavut callers were mostly from the Baffin region ( $n = 1,758$ , 69.29%), with fewer calls from Keewatin ( $n = 173$ , 6.83%) and Kitikmeot ( $n = 1,78$ , 3.07%). Calls were also received from Northern Quebec ( $n = 310$ , 12.22%) and from other parts of Canada ( $n = 218$ , 8.59%), primarily Ontario.

Most callers were single ( $n = 1,235$ , 72.10%). Those who had a partner (married  $n = 193$ , 11.27%; common-law  $n = 161$ , 9.40%) or who had experienced marital disruption (separated  $n = 80$ , 4.67%; divorced  $n = 35$ , 2.04%; widowed  $n = 9$ , .52%) were less likely to use the crisis lines. Many callers lived within a nuclear family ( $n = 365$ , 29.20%) or with their family of origin ( $n = 274$ , 21.92%). Fewer lived alone ( $n = 272$ , 21.76%) or were single parents ( $n = 197$ , 15.76%). The remaining callers lived with nonrelatives ( $n = 68$ , 5.44%) or with relatives ( $n = 40$ , 3.20%). The rest had other living arrangements such as being in prison or shelter, or were homeless ( $n = 34$ , 2.72%).

A large proportion of the callers spoke Inuktitut ( $n = 1,539$ , 68.67%) as their first language, and a smaller proportion spoke English ( $n = 594$ , 26.51%). The rest were either bilingual (English and Inuktitut  $n = 56$ , 6.21%; French  $n = 10$ , 0.10%) or had other languages ( $n = 42$ , 0.17%) as their first language. A large majority of callers spoke English ( $n = 2,453$ , 83.27%) during their calls. A much smaller percentage used Inuktitut ( $n = 302$ , 10.25%), a mixture of English and Inuktitut ( $n = 183$ , 6.21%), French ( $n = 3$ ), or other languages ( $n = 5$ , 0.17%).

#### *Contents of Calls*

Out of the 3,974 calls received, most were related to distress ( $n = 2,858$ , 71.92%). The nondistress calls were made by individuals for various reasons ( $n = 858$ , 21.59%)

or by NKHL for administrative functions or for checking line integrity ( $n = 258$ , 6.49%). The nondistress calls by NKHL staff were not followed up in subsequent data analysis.

*Distress Calls.* Distress calls were made more frequently by females ( $n = 1,674$ ) than by males ( $n = 1,184$ ),  $\chi^2(1) = 89.39$ ,  $p < .001$ . Adults ( $n = 1,497$ ) made more calls than youth ( $n = 251$ ) or child ( $n = 20$ ),  $\chi^2(2) = 198.30$ ,  $p < .001$ .

*A number of themes were identified in the distress calls.* The percentages that follow relate to a total of 3,527 codes that were applied to 2,858 distress calls. Distressed callers expressed concerns related to relationships ( $n = 927$ , 26.28%) and to loneliness and boredom ( $n = 602$ , 17.07%). Suicidal thoughts or intentions were present among 8.05% ( $n = 284$ ) of the calls, and 2.27% ( $n = 80$ ) of callers contacted the crisis lines because of distress over another person's suicide. Other problems covered were interpersonal abuse of caller by others ( $n = 391$ , 11.09%) or of others by the caller ( $n = 59$ , 1.67%), medical and/or psychiatric health ( $n = 322$ , 9.13%), substance use/addictions ( $n = 215$ , 6.10%), concern about others ( $n = 163$ , 4.62%), stress ( $n = 125$ , 3.54%), parenting issues ( $n = 96$ , 2.72%), legal problems ( $n = 50$ , 1.42%), bereavement ( $n = 37$ , 1.05%), and miscellaneous problems ( $n = 176$ , 4.99%).

Among calls that mentioned interpersonal abuse, male partners (boyfriend, male spouse) were identified most frequently in physical/emotional abuse ( $n = 56$ , 50.91%). Relatives ( $n = 29$ , 18.95%) and nonfamily individuals ( $n = 21$ , 13.73%) were the two most frequently identified alleged perpetrators in sexual abuse. Among callers who mentioned having abused others physically/emotionally ( $n = 39$ ) or sexually ( $n = 6$ ) and provided information that could suggest their relationship to the victim, their most frequent target in physical/emotional abuse was a female partner ( $n = 16$ , 41.03%). In contrast, their targets of sexual abuse were individuals in different types of relationship (partner, parent, offspring, relative, nonfamily, unspecified child) to the caller and none

of the relationships appear to be at higher risk than others.

*Nondistress Calls.* Nondistress calls were made more often by males ( $n = 332$ ) than females ( $n = 133$ ),  $\chi^2(1) = 142.15$ ,  $p < .001$ , and by adults ( $n = 96$ ) than child ( $n = 39$ ) or youth ( $n = 28$ ),  $\chi^2(2) = 239.41$ ,  $p < .001$ . The types of nondistress calls were (percentages are expressed in relation to the 3,974 total distress and nondistress calls received): request for information ( $n = 205$ , 5.16%), abusive calls to the volunteers ( $n = 194$ , 4.88%), prank calls ( $n = 186$ , 4.68%), hang-up calls ( $n = 137$ , 3.45%), and wrong number calls ( $n = 136$ , 3.42%).

Males ( $n = 77$ ) were more likely than females ( $n = 48$ ) to make prank calls,  $\chi^2(1) = 3.28$ ,  $p < .001$ ; abusive calls (165 males, 25 females),  $\chi^2(1) = 137.00$ ,  $p < .001$ ; and wrong number calls (56 males, 33 females),  $\chi^2(1) = 10.97$ ,  $p < .001$ . Age differences were found for prank calls,  $\chi^2(2) = 281.86$ ,  $p < .001$ , abusive calls,  $\chi^2(2) = 13.81$ ,  $p < .001$ , and wrong number calls,  $\chi^2(2) = 224.43$ ,  $p < .001$ . Child ( $n = 22$ ) and youth ( $n = 21$ ) callers made more prank calls to the crisis line than did adults ( $n = 11$ ). More adults ( $n = 68$ ) made abusive calls than did the younger callers (five youth, one child), and more child ( $n = 15$ ) and adult ( $n = 12$ ) callers made wrong number calls than did youth ( $n = 1$ ).

#### *Type of Assistance Provided to Distressed Callers*

Content analysis of the 2,858 distress calls received yielded 3,662 codes for type of assistance provided by the crisis line volunteers. The volunteers responded with empathetic listening ( $n = 1,488$ , 40.63%), referral recommendations to specific resources ( $n = 1,141$ , 30.07%), offering suggestions to problems ( $n = 760$ , 20.75%), and advising the caller to call back the help line ( $n = 273$ , 4.55%) when a specific volunteer who was not available was required or requested. Referral resources that were mentioned were social services (32.81%), medical services (18.07%), clergy (11.67%),

drug and alcohol treatment (8.86%), law enforcement (8.77%), shelter homes (3.68%), psychiatric/psychological services (3.07%), legal services (2.81%), and an elder (1.40%).

Females ( $n = 498$ ) were more likely than males ( $n = 259$ ) to receive suggestions on how to resolve problems,  $\chi^2(1) = 50.09$ ,  $p < .001$ , and to be directed to law enforcement services (68 females, 32 males),  $\chi^2(1) = 7.71$ ,  $p < .05$ ; shelter homes (34 females, eight males),  $\chi^2(1) = 12.11$ ,  $p < .001$ ; social services (250 females, 123 males),  $\chi^2(1) = 26.82$ ,  $p < .001$ ; medical services (147 females, 56 males),  $\chi^2(1) = 28.22$ ,  $p < .001$ ; and other resources such as programs in community colleges (63 females, 36 males),  $\chi^2(1) = 7.69$ ,  $p < .01$ . Males were more likely to be referred to psychiatric/psychological services,  $\chi^2(1) = 15.77$ ,  $p < .001$ .

There was a significant association between age and empathetic listening,  $\chi^2(2) = 42.97$ ,  $p < .001$  (adult  $n = 752$ , youth  $n = 93$ , child  $n = 10$ ), and between age and giving suggestions,  $\chi^2(2) = 14.58$ ,  $p < .05$  (adult  $n = 413$ , youth  $n = 96$ , child  $n = 7$ ). Crisis line volunteers were most likely to respond with empathetic listening and suggestions with adult callers and least likely with child callers. There was also a significant association between age and referral to a clergy,  $\chi^2(2) = 3.56$ ,  $p < .05$  (adult  $n = 75$ , youth  $n = 11$ , child  $n = 0$ ), with adult callers being most likely to receive such a referral and child callers being least likely.

#### *Barriers to Service Delivery*

Some callers ( $n = 127$ ) had difficulty accessing services because of language barriers or a personal preference for an Inuk volunteer. Several callers noted the benefits of the crisis line, which included feeling better after the call, release of emotional tension within a confidential environment, gaining a clearer perspective, and arriving at potential solutions. Many expressed their gratitude and blessing to the volunteers, sometimes in calls that were made specifically for that purpose.

## DISCUSSION

Callers were primarily from the Baffin region in Nunavut, women, adults (age 20 and older), single, living within a nuclear family context, and had Inuktitut as their first language but spoke English when on the line. Smaller percentage of calls originated in other regions in Nunavut (Keewatin and Kitikmeot) and outside of Nunavut, most notably Northern Québec.

The preponderance of women among the NKHL callers is not surprising and is in line with previous studies (Ingram et al., 2008). Men might be less likely to seek care (Muller, 1990) because it fits in better with their masculine gender role (Verbrugge, 1986). The preponderance of calls from the Baffin region likely reflects that more than half of the Nunavut population lived in the Baffin region prior to 2002 during the period of the present study (Nunavut Bureau of Statistics, 2011b). However, the low proportion of calls received from Keewatin and Kitikmeot does not parallel the distribution of the population in these regions during the same period, which had about 28% and 18%, respectively, of the Nunavut population (Nunavut Bureau of Statistics, 2011b). It is also possible that individuals who dwelled in these regions might have been less aware of the existence of the NKHL or they might have depended on other resources within their families and communities for assistance. The finding that most of the callers spoke Inuktitut as their first language suggests that NKHL does serve primarily the Inuit population and fulfills its goal to provide a community-based social and emotional support to the peoples in the North.

Most callers were in distress and called about relationship problems, loneliness, and boredom. Calls involving suicide ideation or intention or distress over others' suicide were less frequent. However, these statistics likely represent a conservative estimate of calls related to suicide, because not all callers who have issues with suicide (self or others) would choose to disclose.

A little over 10% of the calls received involved disclosure of specific physical/emotional and/or sexual abuse. The primary alleged perpetrator was a male partner in physical/emotional abuse and a relative in sexual abuse. A smaller percentage of calls involved the caller stating that they had abused another person. Female partners were the predominant target of physical/emotional abuse, whereas in sexual abuse there was no discernible pattern in the relationship between the caller and the victim.

Inappropriate use of the crisis line was carried out mostly by males and adults. Children and youth made more prank calls than adults, and adults made more abusive calls than youth or children. The prank calls by the younger callers might reflect boredom. They complained of not knowing what to do, hung out in community halls, and often made the prank or abusive calls in the presence of encouraging peers. The adults who made abusive calls often appeared to be under the influence of alcohol. On first glance, hang-up calls might appear to be prank calls. However, they could also reflect ambivalence or fear about using the services, or the caller might simply have realized that he or she had dialed a wrong number and decided to hang up.

The crisis line volunteers responded primarily with empathetic listening and reassurances, as well as suggested solutions. They also referred the callers to various resources in the community, most frequently to social services. Female callers were more likely to receive specific suggestions on addressing their difficulties and to be directed to different types of referral resources, with the exception of referral to psychiatric/psychological services to which male callers were more likely to be directed. Adults were more likely than younger callers to receive empathetic listening and to be referred to resources.

Some callers had difficulty accessing services owing to language barrier on account of the help line volunteer not sufficiently fluent in Inuktitut or the preference of the caller for an Inuk volunteer could not

be met. However, these individuals were often told to call back when another volunteer who could speak the language was available. Nevertheless, it was clear that many callers were grateful to have the crisis lines and found them to be of psychological benefit. The volunteers intervened in several emergency cases by calling the authorities for assistance for the callers.

The results from this study should be viewed with three caveats in mind. First, the data collection over the years is inconsistent because the log sheets were designed primarily for administrative and tracking purposes. Hence, there was some variation in the type and completeness of the data collected over the years. Second, there was variation in the amount of details collected. Third, the collected information reflected the perspective of the volunteers and not the callers themselves. The volunteers' interpretation of the call, and their decision regarding what was important to note and what was irrelevant, all have an impact on the type and extent of the data that were retrieved from the log sheets for analyses.

#### *Conclusions and Implications*

The findings from this study suggest that the NKHL serves its purpose of providing community-based social and emotional support for the region and is appreciated by its callers. Its volunteers are subjected in some cases to prank and abusive calls.

Although the highest suicide risk in Nunavut is found among males between the ages of 15–19 (Chief Coroner for Nunavut,

2003), the NKHL received more calls from females and from adults primarily for reasons related to personal distress. The findings suggest that those who are most in need may not be using the NKHL lines sufficiently for their benefit and that the young people who do, do so for the reasons unrelated to personal distress, such as for prank calls. Perhaps 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 be 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 represent a social problem in the northern territories that requires serious attention. The most recent available national statistics show that the 2008 rates for suicides and self-inflicted injuries and death in Nunavut remain significantly elevated at 69.6 per 100,000 compared to the national rate of 11.1 (Statistics Canada, 2011). Perhaps a crisis line specifically dedicated to the young people in the north, similar to the children's crisis 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. It should be noted that the database in this project were obtained during the years 1991–2001. These statistics will be compared in a future study with the more recent NKHL data from 2002 to 2012 to determine what changes, if any, have occurred since then.

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