



# Listening to distress, understanding needs

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data analysis dossier of the Listening Service 1.96.96

2025

**Fondazione S.O.S. Il Telefono Azzurro ETS**

National listening and counselling helpline for children, adolescents and adults

# Foreword

Ernesto Caffo, President of Fondazione S.O.S. Il Telefono Azzurro ETS

Listening is not a neutral act. When a child or an adolescent finds the courage to speak about their suffering, something changes: distress that had until then remained trapped in silence acquires words, shape and the possibility of being shared. It is in this passage, from silence to speech, that the possibility of help begins. Telefono Azzurro has existed for more than thirty years precisely to protect this space.

But listening does not simply mean offering support. First and foremost, it means recognising children and adolescents as subjects of rights and of being heard: not passive recipients of decisions made by adults, but people capable of expressing authentic needs, of indicating where it hurts and, when placed in the right conditions, of contributing to the construction of the response. This is the principle clearly affirmed by the United Nations Convention on the Rights of the Child, and it is also the cultural foundation of this dossier.

More than thirty years after that Convention, this recognition cannot yet be said to be fully achieved. Too often, children are listened to only when something has already gone wrong. Too often, their words are collected as symptoms to be interpreted rather than as voices to be welcomed. Too often, the educational, health-care and judicial systems encounter minors as cases to be managed rather than as people to be understood. Yet the data emerging from this dossier show very clearly that younger people do try to speak, and that they are able to do so when there is an accessible, recognisable, anonymous and non-judgemental space.

In this sense, the clear preference for chat over the telephone that emerges from the analysis of Line 1.96.96 is not simply a generational trait. It measures how much pace, gradualness and perceived safety matter at the moment when someone decides to ask for help. The channel is not a technical detail: it is part of the conditions that make listening possible. Building services that are truly accessible, in the forms and timings that children and adolescents recognise as safe, is therefore already a cultural and public choice.

This element is particularly relevant in a context in which mental health represents one of the main emergencies of our time. The World Health Organization strongly highlights the global scale of the problem: one adolescent in seven lives with a mental disorder, and suicide remains among the leading causes of death in the youngest age groups. In Italy as well, the evidence shows growing perceived fragility, especially among adolescent girls. These data are not just numbers: they are the quantitative translation of experiences of suffering, loneliness and difficulty in facing the world. What makes this crisis particularly difficult to address is also its often invisible nature. Psychological distress may remain hidden behind subtle signals: gradual withdrawal, a relationship that breaks down, a decline in school performance. In this context, the fact that more than one third of the cases received by the line concern emotional and psychological distress, suicidal thoughts, self-harm and eating disorders points to an urgency that cannot be underestimated.

In many settings, access to mental health services for younger people remains insufficient, fragmented and uneven. Waiting lists are long, local responses are not always adequate, and stigma has not yet been overcome. In this space of critical need, listening services perform an essential function: they are often the first place where an adolescent is able to say out loud what they are feeling, and where that suffering is met with attention, competence and without judgement.

At the same time, the dossier shows with equal clarity that younger people's distress cannot be read in isolation. Mental health, relational difficulties, abuse and violence, and digital risks are not separate dimensions. On the contrary, they often intersect. About one case in five presents a multidimensional configuration in which psychological suffering, difficult relationships, experiences of violence or digital vulnerabilities appear together. This means that the value of the service does

not lie only in receiving a request for help, but also in making it more intelligible and guiding an appropriate response.

Violence also continues to represent a structural reality in the experience of many minors. Within our service, the abuse and violence area has a relatively younger profile than the others, reminding us that vulnerability to aggression has no age threshold and that the early recognition of these signals is a responsibility that concerns the entire adult system. Protecting minors requires coordination among services, institutions, schools, health care, the justice system and the wider educational community.

Within this framework, the digital dimension now occupies a central position. Online environments are no longer separate from the real lives of younger people; they are an integral part of them. Relationships and identities are built there, but pressures, exposure, humiliation, threats and new forms of violence may also take shape there. The phenomena emerging in this dossier, from cyberbullying to sextortion, show clearly that reading young people's distress today necessarily means reading the digital dimension of growing up as well.

The challenge of artificial intelligence also belongs within this broader scenario. Generative technologies are producing profound transformations and opening up new risks. The possibility of producing increasingly realistic synthetic images, manipulating content and amplifying dynamics of pressure, humiliation or blackmail raises questions that cannot be ignored.

But artificial intelligence also challenges the way younger people seek to be heard, articulate their distress and build relationships. Increasingly often, children and adolescents turn to conversational systems to describe what they feel or to find a preliminary space in which to speak. This phenomenon cannot be ignored or rejected: it must be understood, monitored and guided within rigorous ethical frameworks.

Telefono Azzurro believes that the future of listening does not lie in an opposition between technology and human relationship, but in the ability to build integrated models in which technology can lower the threshold of access without replacing the quality of human presence, professional listening and protection. From this perspective, conversational tools designed with scientific rigour and grounded in shared ethical principles can represent a gateway, an initial space for exploring need, and a support for continuity in the relationship with the service. But that gateway must never become a dead end: on the other side there must always be the possibility of encountering a human, competent and responsible response.

This requires caution, transparency and a clear assumption of responsibility. An AI system may welcome, orient and facilitate an initial contact; it cannot replace the therapeutic relationship, clinical assessment or human judgement in situations of risk. This distinction is not only technical: it is ethical and institutional.

For this reason, the data collected in this dossier do not speak only to our service. They speak to schools, families, health services, the educational world, politics, public institutions and the entire adult community. The needs that emerge point to the necessity of investing in prevention, emotional and relational literacy, protection from violence, digital safety and timely access to listening. These are not secondary goals, but a structural priority for the well-being and rights of children and adolescents.

It is within this perspective that the everyday work of Line 1.96.96 acquires its fullest meaning: not only as a response to individual cases, but as a cultural and civic safeguard capable of giving voice to needs that would otherwise risk remaining invisible. Every request for help received, every word listened to, every guidance or protection pathway activated helps to build a society more capable of recognising, understanding and protecting childhood and adolescence.

I would like to express my gratitude to the operators, professionals and researchers who make this work possible every day. And I would also like to thank, once again, those who chose to call, to write, to ask for help. For them too, this dossier takes on its most authentic meaning: transforming listening into a concrete possibility of recognition, protection and future.

**Ernesto Caffo**

President

Fondazione S.O.S. Il Telefono Azzurro ETS

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## Executive summary

*Line 1.96.96 operates in a context in which mental health, relationships, violence and digital environments now represent the main core dimensions of distress emerging among children and adolescents.*

- National and international evidence shows that the well-being of younger people needs to be read in an integrated way, bringing together **mental health, quality of relationships, protection from violence and online safety**.
- In Europe, **mental health** is now the main reason for contact with child helplines (**38.4%**), followed by **violence (16.5%)** and **family relationships (15.4%)**, confirming the centrality of these issues in the distress expressed by younger people.
- In Italy as well, the picture calls for attention: in **2023**, **21%** of young people aged **11 to 19** reported having been victims of bullying at least more than once a month, while around **34%** reported offensive or aggressive experiences online.
- In this context, Line 1.96.96, free of charge and active **24 hours a day, 7 days a week**, represents a point of access for listening, counselling and possible connection to the protection network.

*The service mainly reaches adolescents, and the demand for help emerges primarily through direct and digital channels, in ways that are consistent with younger people's communication styles and with their need for perceived safety.*

- Cases involving boys and girls aged **14 to 17** account for almost **two thirds** of the total, confirming the centrality of adolescence in the service user profile.
- Cases referring to **girls** make up the predominant share of users (**58.6%**), signalling greater visibility of help-seeking among adolescent girls than among male profiles.
- **Chat** is the main channel of access to the service, followed by the **telephone**; this suggests that accessibility, gradual interaction and perceived safety are integral to the emergence of need.
- The preference for chat over **WhatsApp** may also be read in light of different perceptions of anonymity and identity protection: the channel is therefore not a purely technical element, but part of the very possibility of asking for help.

*The needs reaching the service are highly concentrated, but not homogeneous: the main areas show different internal profiles in terms of content, age, gender and modes of access.*

- The demand for help is concentrated mainly in four areas: **mental health (35.3%)**, **relational difficulties (28.5%)**, **abuse and violence (18.2%)** and **Digital (6.1%)**, which together account for about **88%** of cases.
- Within these areas, highly recognisable patterns emerge: in **mental health, emotional and psychological distress (52.3%)**, **suicide (20.8%)** and **self-harm (16.6%)** are most prevalent; in **relational difficulties**, problems in relationships with **parents** dominate (**61.0%**); in **abuse and violence**, **physical abuse (45.1%)** and **psychological abuse (23.7%)** prevail; in the **Digital** area, **sexortion** emerges most clearly (**38.1%**).

- However, the areas do not share the same profile: **mental health** and **relational difficulties** are more frequently associated with cases referring to **girls**, while the **Digital** area shows a predominance of cases referring to **boys**; **abuse and violence** also presents a relatively younger profile than the other areas.
- From this perspective, the service data do not reveal a fragmented and scattered demand, but rather a set of central and recurring critical issues that are distributed differently across childhood and adolescence.

*Alongside requests for help with a clearly identifiable main core, the service also receives complex and multidimensional situations; for this reason, the response does not stop at initial listening but also includes clarification of the request, support and, when necessary, activation of the protection network.*

- In most cases, a single predominant area of need emerges, but about **one case in five** presents a **multidimensional** configuration, in which psychological suffering, difficult relationships and violence tend to overlap.
- The most recurrent overlaps mainly involve **mental health**, **relational difficulties** and **abuse and violence**, confirming that many vulnerabilities appear in connected rather than isolated forms.
- The service therefore performs a function that goes beyond the first contact: it listens, clarifies the request, values available resources, guides and supports, tailoring the response to the situation.
- When necessary, the line activates other actors within the protection network, especially in the **judicial**, **local** and **security** domains, confirming its role both as an immediate point of access and as a node within the protection system.

# 1 Introduction

Observing the needs of children and adolescents today means considering together dimensions that, in real life, often tend to intertwine: mental health, family and peer relationships, exposure to violence and the quality of experience in digital environments (Hamilton et al., 2004). Adolescence is a particularly sensitive stage within this intersection, because it concentrates emotional, relational and identity transformations that can amplify vulnerability but also make the request for help more visible (Davis, 2003).

Within this framework, the present dossier has a dual aim. On the one hand, it seeks to show how Telefono Azzurro's 1.96.96 Listening Service concretely helps children, adolescents and the adults around them by offering an accessible space for listening, counselling and initial emotional support. On the other hand, it aims to describe which needs the service responds to, highlighting the main areas of distress and the requests for help emerging from recorded cases. The dossier is therefore intended not only as a descriptive account of the service's activity, but also as a tool for reading, through the cases received, some of the vulnerabilities currently affecting childhood and adolescence.

According to the World Health Organization, globally around **one adolescent in seven aged 10 to 19** lives with a mental disorder. WHO also reports that suicide is the **third leading cause of death** among young people aged 15 to 29 (World Health Organization, 2025). These data clearly show that the psychological well-being of younger people cannot be regarded as a marginal issue, but rather as a central dimension of public health and child protection.

Mental health, however, cannot be read as an isolated dimension. Living conditions, the quality of relationships with adults and peers, experiences of exclusion or violence, and access to supportive contexts directly affect emotional well-being and the ability to cope with difficulties. Violence also remains a structural issue: WHO notes that, globally, **six children out of ten under the age of five** regularly experience physical punishment and/or psychological violence by parents or caregivers, with effects that may persist over time on the physical, mental and social levels (World Health Organization, 2024).

In recent years, digital environments have become an ordinary component of growing up. The digital sphere is a space for relationships, learning and self-expression, but it can also become the place where new forms of risk emerge or where existing vulnerabilities intensify. UNICEF Innocenti – Global Office of Research and Foresight (2025) highlights that children and adolescents exposed to online bullying or online sexual abuse more frequently show high levels of anxiety, suicidal thoughts and a greater likelihood of self-harm. Recent contributions point in the same direction, showing how social media and, more broadly, contemporary digital environments may amplify pre-existing vulnerabilities and expose adolescents to both relational and psychological risks (Haidt and Rausch, 2026). For this reason, reading the needs of younger people today requires an integrated perspective, capable of holding together emotional suffering, relationships, protection from violence and online safety.

In this context, Generative Artificial Intelligence technologies may represent an additional source of risk because of their ability to produce highly realistic images and videos. Over the last two years, the National Center for Missing & Exploited Children (NCMEC) has received more than 70,000 reports of child sexual exploitation involving the use of Generative AI (National Center for Missing & Exploited Children, 2026). This phenomenon increases the risk of harmful behaviours, including the production of sexually explicit content depicting children and adolescents (CSAM), as well as forms of bullying and sextortion (Foundation, 2026). Even when it does not involve the image of real people, the artificial production of CSAM contributes to normalising the sexualisation of children and risks victimising minors who resemble the generated images (UNICEF, 2026).

The risk linked to Generative AI, moreover, concerns not only the production of CSAM, but also the use of these tools as *companions*, with which users may establish genuine friendships or romantic relationships, or to which they may turn with requests for emotional and psychological support. This too helps to redefine the ways in which younger people experience distress, seek help and build relationships, making it all the more necessary to maintain a listening system capable of hearing and interpreting forms of suffering that are constantly changing.

Within this scenario, Fondazione S.O.S. Il Telefono Azzurro plays a central role in Italy in protecting children and adolescents, actively promoting their rights as set out in the United Nations Convention on the Rights of the Child. Telefono Azzurro places listening at the centre, as a collective responsibility and an essential tool for giving voice to the distress of younger people and understanding it. To this end, the Foundation provides the 1.96.96 line, a free service active 24 hours a day, 7 days a week, accessible by phone and chat. The service is available to children, adolescents and adults throughout the country and receives requests for help, listening and counselling concerning issues related to childhood and adolescence, both in situations of distress and in conditions requiring a more urgent assessment. The function of the line does not end with the first contact: in many cases, the service helps to clarify the request for help, offers emotional containment and counselling and, when necessary, supports further protection steps or the activation of other competent actors.

Line 1.96.96 can be read both as a low-threshold listening service and as a sensitive observatory on the needs that manage to emerge and find an initial space in which to be voiced. From this perspective, the present dossier aims to offer a descriptive reading of the recorded cases, useful for better understanding not only how the service operates, but also the forms of distress, vulnerability and requests for support currently affecting childhood and adolescence.

This dossier analyses the **cases recorded by the Listening Service 1.96.96 during the period 01/01/2025–01/01/2026**. The unit of analysis adopted is the **case**, to which one or more **contacts** may be associated. The reading proposed is mainly descriptive in nature: the aim is not to estimate the prevalence of these phenomena in the general population, but to observe which needs manage to emerge through the requests for help reaching the service and the forms in which they present themselves. The appendix also includes an associative analysis of the main areas of need, which helps to define some of their profiles more clearly.

## 2 The needs of children and adolescents: national and international context

### 2.1 The international context and the role of child helplines

The growing psychological distress of children and adolescents is an issue that affects multiple levels of society, involving institutions, companies and individuals through concrete and coordinated action. Raising awareness on this issue is a crucial step in reducing the stigma surrounding mental health, so that asking for help becomes a natural and safe step rather than a source of shame or fear. In this sense, speaking about mental health and the problems that may affect childhood and adolescence is essential for normalising a culture of prevention and well-being, and for encouraging younger people to seek help and express their distress.

In this process, the media play a leading role when they give voice to real stories of people who seek and receive support. When shared without negative stereotypes and using appropriate language, this kind of narrative can shape the social perception of psychological distress. The *best practices* produced by the National Action Alliance for Suicide Prevention are one example of this process. By providing guidance for the entertainment industry, the National Recommendations for Depicting Suicide promote a more authentic representation of suicide as a complex phenomenon and underline the importance of showing that asking for help is possible ([National Action Alliance for Suicide Prevention, 2019](#)).

Reshaping public discourse on mental health by reporting *fact-based* information and including positive messages can affect the way young people perceive psychological distress ([Office of the Surgeon General \(OSG\), 2021](#)), thereby encouraging help-seeking. At the same time, making free spaces for listening and support available to younger people, including outside the school setting, remains essential. Within this scenario, *child helplines* play a central role because they receive many of the requests for help from children and adolescents, filling system *gaps* and providing support where it is more limited or entirely absent. These are low-threshold listening and support services designed to offer immediate help, qualified listening, counselling and, when necessary, the activation of further forms of protection. Their value is not only operational: these services also represent a privileged observatory on the needs that manage to emerge and become a request for help.

At the global level, Child Helpline International brings together a network of more than **140 members** across **more than 130 countries and territories**. In **2024**, network members recorded more than **6.1 million contacts**, of which approximately **2.58 million** were classified as *counselling contacts*, that is, contacts in which direct support was provided ([Child Helpline International, 2025](#)). This figure conveys the scale of the phenomenon and confirms the role of child helplines as an international infrastructure for listening and protection.

In the European context, the most recent data show a particularly coherent and readable picture. **Mental health** is the main reason for contact with European child helplines, accounting for **38.4%** of *counselling contacts*; it is followed by **violence** at **16.5%**, **family relationships** at **15.4%**, and **peer relationships** at **10.9%** ([Child Helpline International, 2024](#)). In other words, mental health, violence and relationships also constitute the main core of requests for help directed to listening services at the European level.

It is important to remember that these data do not measure the overall prevalence of childhood and adolescent distress in the general population. Rather, they describe the segment of need that manages to find a voice, a channel and a listening space. Precisely for this reason, they have a distinctive value: they make it possible to observe in a timely way the problems that children and adolescents are able to name and for which they seek discussion, counselling or protection.

## 2.2 The Italian picture: emerging critical issues and listening needs

In Italy too, the available data point to a picture that requires attention. The most recent evidence shows that the well-being of children and adolescents must be read in light of a combination of factors involving mental health, relationships, exclusion, bullying and digital environments. In particular, the HBSC surveillance system of the Istituto Superiore di Sanità shows that **fewer than half** of boys and girls perceive their health as excellent and that, from the age of **13** onwards, a strong gender difference emerges: among girls, the proportion falls below **30%** and reaches **13%** among seventeen-year-olds ([Istituto Superiore di Sanità, 2024](#)). This figure does not on its own describe mental health, but it does indicate a perceived fragility that increases with age and affects adolescent girls in particular.

Bullying also remains highly relevant. According to the Italian National Institute of Statistics (ISTAT), in **2023 21%** of young people aged **11 to 19** reported having been victims of bullying at least more than once a month during the previous year; moreover, around **34%** reported having experienced offensive or aggressive behaviour online during the year ([ISTAT, 2025](#)). These data show how experiences of intimidation, humiliation and exclusion continue to be an important part of everyday life for a non-marginal share of adolescents.

Taken together, this evidence suggests that in Italy too the demand for help develops mainly around a number of recurring core dimensions: emotional suffering, relational fragility, exposure to violent or abusive behaviour, and difficulties that manifest or intensify in digital contexts. From this perspective, listening services take on a particularly important role because they offer an accessible space in which these needs can be recognised, narrated and at least partly guided.

### Key findings

- International evidence shows that the needs of children and adolescents are now concentrated mainly around four recurring core dimensions: **mental health, violence, relationships** and **digital environments**.
- *Child helplines* perform a crucial function not only as **low-threshold listening and support services**, but also as **early observatories** of needs that manage to emerge and turn into requests for help: in **2024**, the Child Helpline International network recorded more than **6.1 million contacts**, of which around **2.58 million** were *counselling contacts*.
- At the European level, **mental health** is now the main reason for contact with child helplines (**38.4%**), followed by **violence (16.5%)** and **family relationships (15.4%)**, confirming the centrality of these issues in the distress expressed by younger people.
- In Italy too, the available data point to a situation that deserves attention: in **2023, 21%** of young people aged **11 to 19** reported being victims of bullying at least more than once a month, while around **34%** reported offensive or aggressive experiences online.

### 3 Who seeks help and how they access the service

After outlining the general context of the emerging needs of children and adolescents, the dossier now turns to the analysis of the data from the Listening Service 1.96.96. This section examines the main characteristics of recorded cases, with particular attention to the profile of the minors involved and the ways in which the request for help reaches the service.

#### 3.1 The age of the minors involved

The age profile clearly shows that the service mainly reaches **pre-adolescents and adolescents**, with a strong concentration in the middle and later stages of adolescence. In particular, cases involving boys and girls aged **14 to 17** account for almost **two thirds** of the total.

This suggests that the line performs a particularly relevant function precisely at the stage of life in which exposure to emotional and relational difficulties increases, the ability to name one's own distress grows, and, in many cases, autonomy in accessing help channels becomes greater. The lower presence of younger children should not be interpreted as an absence of need, but also as reflecting the greater difficulty, at earlier ages, of reaching and autonomously accessing the service.

As shown in Figure 1, the profile is strongly concentrated in adolescence: the **14–15 years** and **16–17 years** groups account for the largest shares, while the **11–13 years** group still carries considerable weight. Overall, the service therefore appears to be deeply rooted in the adolescent world, and this helps to interpret both the type of request that reaches the service and the relevance of direct and digital access channels.

## Age of the minors involved

Percentage distribution by age group

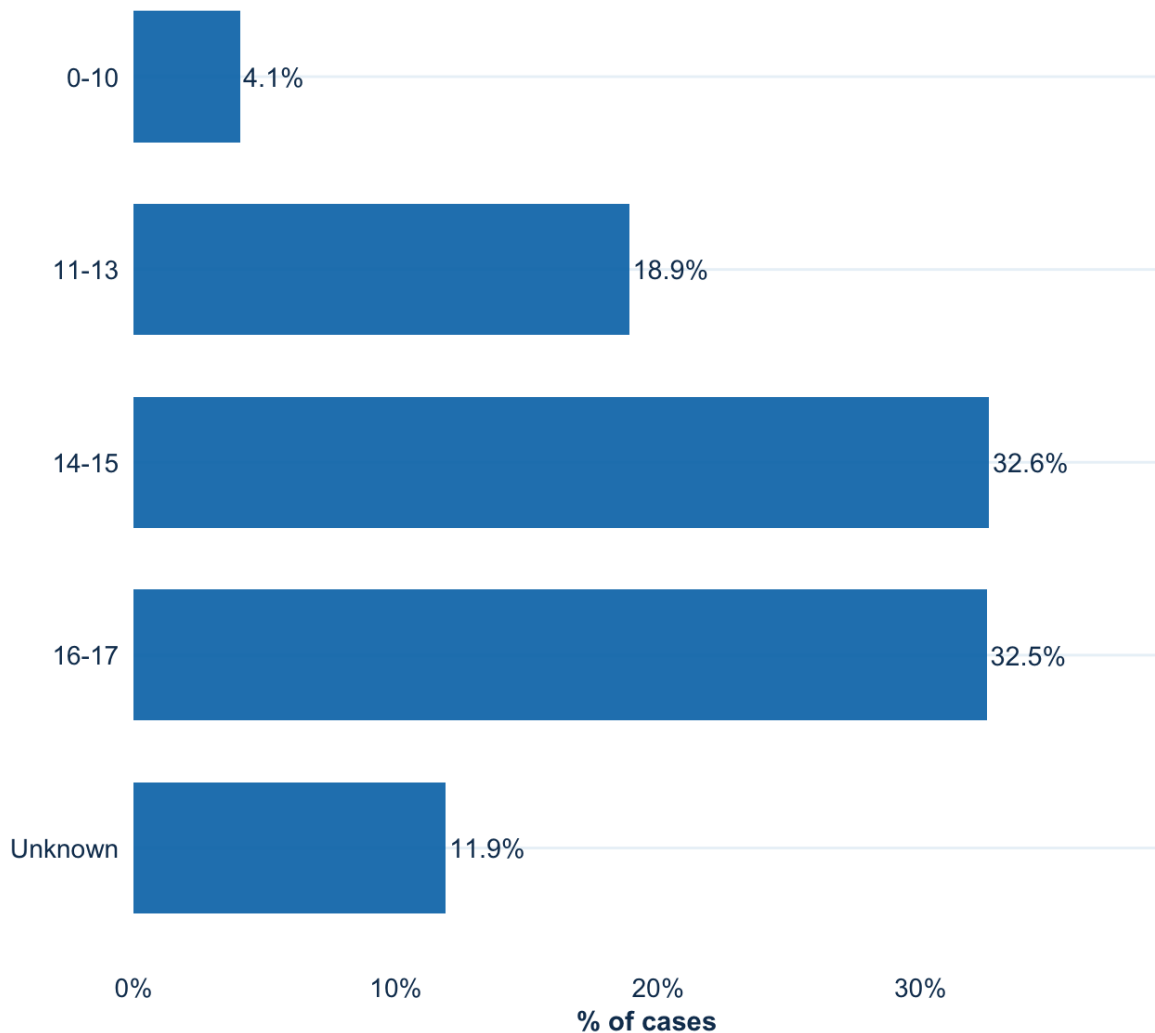


Figure 1: Percentage distribution of cases by age group of the minor involved. The user profile is strongly concentrated in adolescence, with a predominance of the 14–15 and 16–17 age groups.

### 3.2 Gender

As shown in Figure 2, the gender profile also provides a clear indication: cases referring to **girls** account for the predominant share of users, while cases referring to **boys** are smaller in number. There is also a non-negligible share of missing information, which suggests a degree of interpretative caution.

The greater presence of girls should not be read simplistically as a direct measure of the distribution of needs in the general population. More cautiously, it signals that, within the situations reaching the service, the request for help is more frequently associated with female profiles. This element is consistent with what also emerges in other listening contexts, where emotional suffering, relational difficulties and some forms of vulnerability tend to be more visible among adolescent girls.

## Gender of the minors involved

Percentage distribution of cases

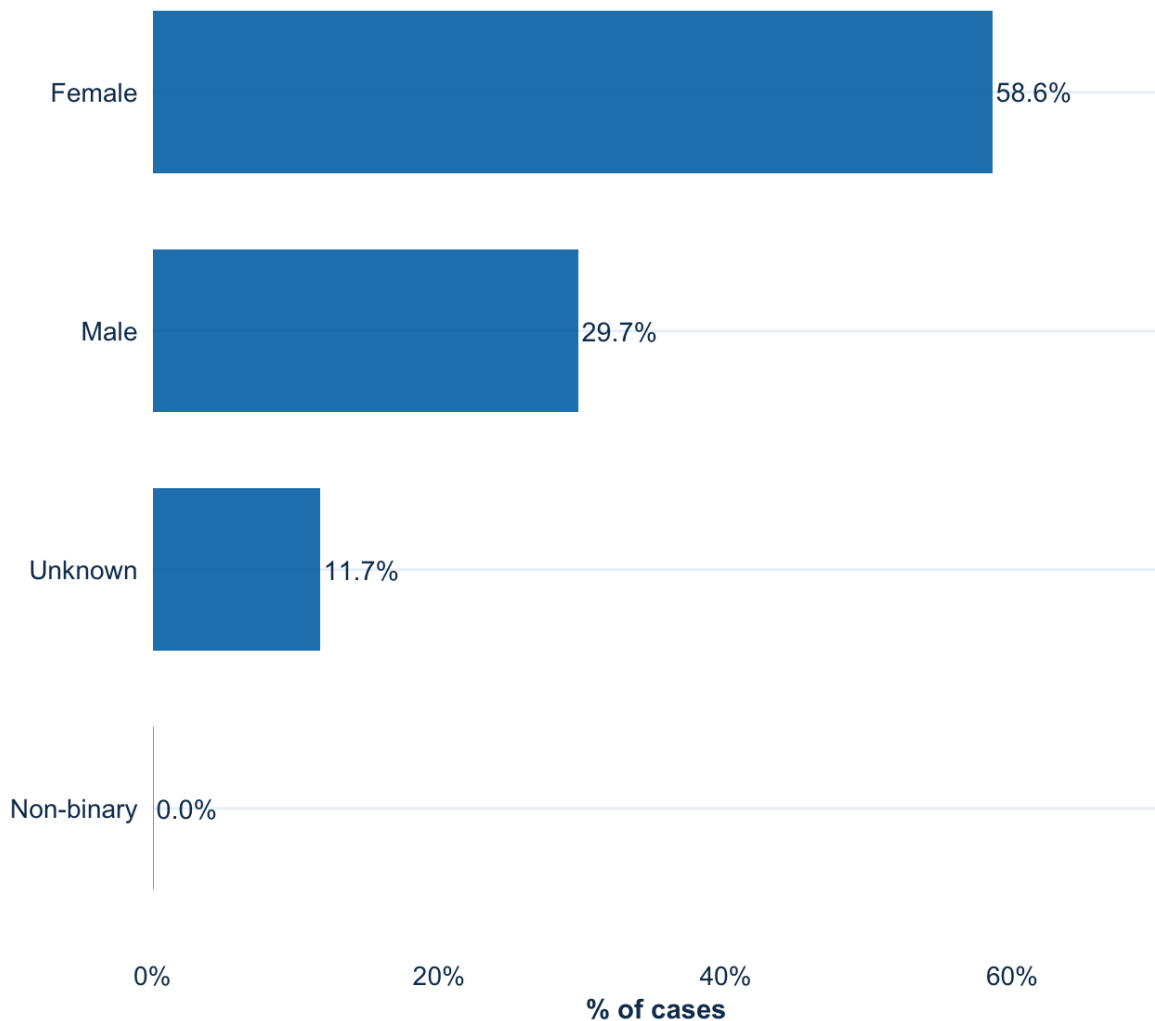


Figure 2: Percentage distribution of cases by gender of the minor involved. Girls account for the predominant share of users, while for part of the cases gender information is not reported.

### 3.3 Channels of access to the service

The profile of access channels clearly shows the centrality of written and digital channels. **Chat** is the main channel of entry into the service, followed by the **telephone**; **WhatsApp** occupies a smaller but still visible position. Other modes of contact remain residual.

Figure 3 illustrates this structure well: chat is the main point of access, while the telephone retains an important role as the second channel. This is particularly consistent with the strong concentration of cases in adolescence. The possibility of writing, controlling the pace of the interaction more closely, and reducing initial emotional exposure can make asking for help more accessible, especially when the issue involves delicate experiences or emotions that are difficult to verbalise immediately. In this sense, the channel is not a purely technical element, but an integral part of the conditions that make the emergence of need possible.

One possible interpretative key to younger people’s greater propensity to use **chat** rather than **WhatsApp** may also lie in the different perception of anonymity and protection of one’s identity. Chat may in fact be experienced as a more protected and less identifiable space, able to favour more gradual openness and greater freedom in emotional expression. By contrast, the use of WhatsApp, being linked to one’s personal number and device, may activate a stronger sense of exposure. For this reason too, the preference for one channel over another may reflect not only communication habits, but also different degrees of perceived safety at the moment someone decides to ask for help.

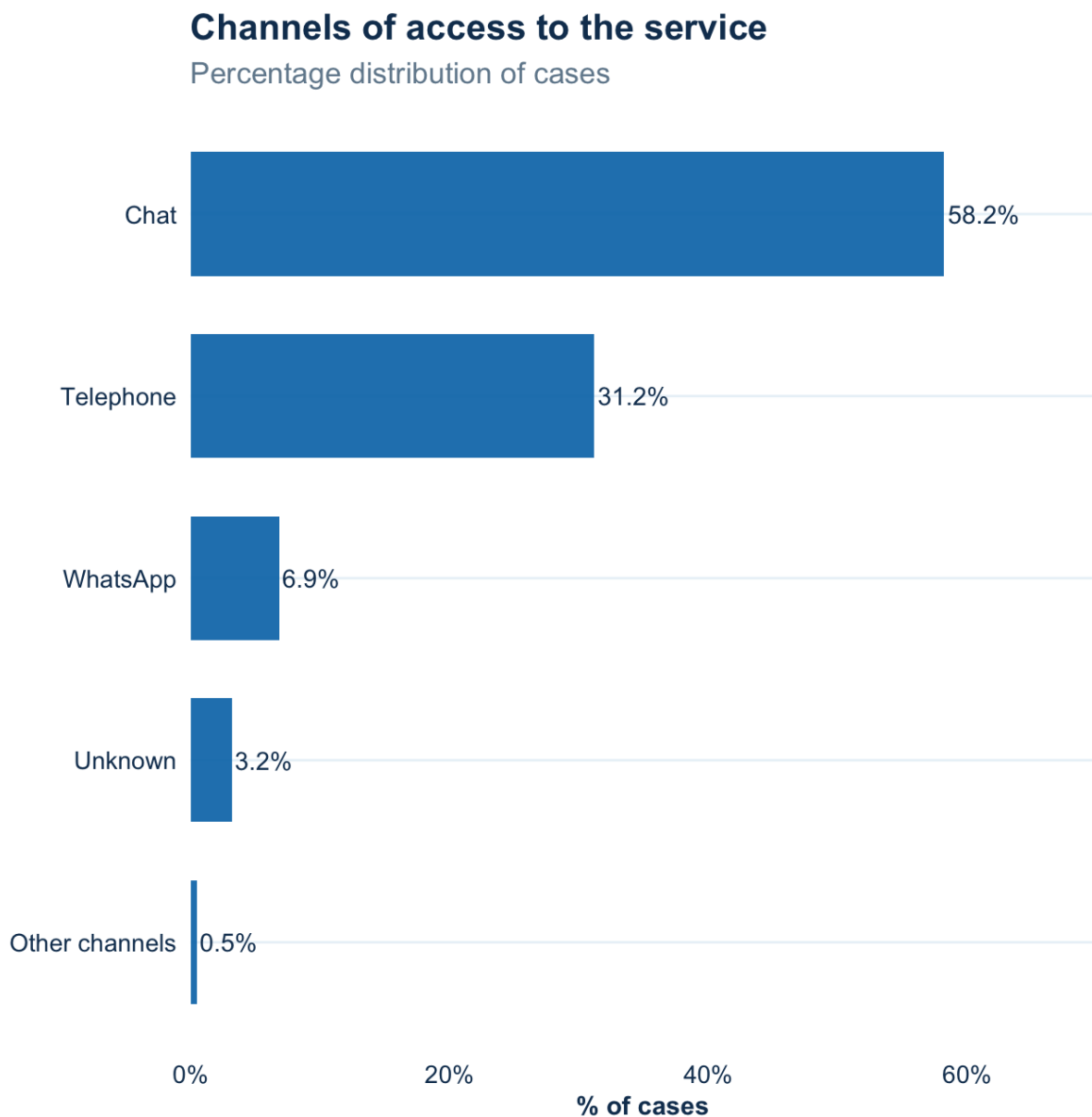


Figure 3: Percentage distribution of cases by channel of access to the service. Chat is the main entry channel, followed by the telephone; WhatsApp and the other channels account for a smaller share.

## Key findings

- The service mainly reaches **pre-adolescents and adolescents**: cases involving boys and girls aged **14 to 17** account for almost **two thirds** of the total.
- Cases referring to **girls** make up the predominant share of users, signalling greater visibility of help-seeking among adolescent girls than among male profiles.
- **Chat** is the main channel of access to the service, followed by the **telephone**, confirming the centrality of written, direct and perceived-as-accessible forms of contact.
- Overall, the user profile suggests that the line represents a listening space of particular relevance for **adolescence**, where age, gender and channel of access help make the ways in which needs emerge more intelligible.

## 4 The needs the service responds to

### 4.1 The main areas of need

The requests for help reaching the service are distributed in a highly concentrated way around a limited number of main areas. In particular, **mental health**, **relational difficulties** and **abuse and violence** alone account for more than four fifths of the observed cases. If the **digital dimension** is added, the first four areas cover almost nine out of ten cases.

This suggests that the service mainly receives needs related to emotional well-being, the quality of relationships and protection from harmful or violent experiences. The demand is therefore not fragmented across many marginal topics, but concentrated in a relatively small set of critical issues that recur consistently and concern central dimensions of growing up.

The picture is also consistent with what has been observed internationally in child helplines: mental health, violence and relationships likewise constitute the main core of help-seeking across Europe (Cruz et al., 2025). As shown by Table 1 and Figure 4, **mental health** is also the most frequent area of need in the service data (**35.3%**), followed by **relational difficulties** (**28.5%**) and **abuse and violence** (**18.2%**). The **digital dimension**, although smaller in weight, remains clearly visible (**6.1%**). Overall, the service data are therefore situated within a broader scenario in which certain forms of suffering and vulnerability emerge with particular clarity and require accessible, timely and competent responses.

To explore whether these main areas of need also show different profiles in terms of case characteristics, an associative analysis was additionally carried out using four binary logistic regression models, one for each of the most frequent areas: mental health, relational difficulties, abuse and violence, and Digital. The models have a descriptive and orienting function: they are not intended to “predict” individual cases and do not support causal readings, but rather help assess whether, all else being equal, some characteristics are more or less associated with a given area emerging as the primary one. For a more detailed reading of the method and results, see Appendix A.

Table 1: Percentage distribution of the main areas of need.

| Area                    | %     |
|-------------------------|-------|
| Mental health           | 35.3% |
| Relational difficulties | 28.5% |
| Abuse and violence      | 18.2% |
| Digital                 | 6.1%  |
| Other areas             | 11.9% |

## Main areas of need

Percentage shares of total cases

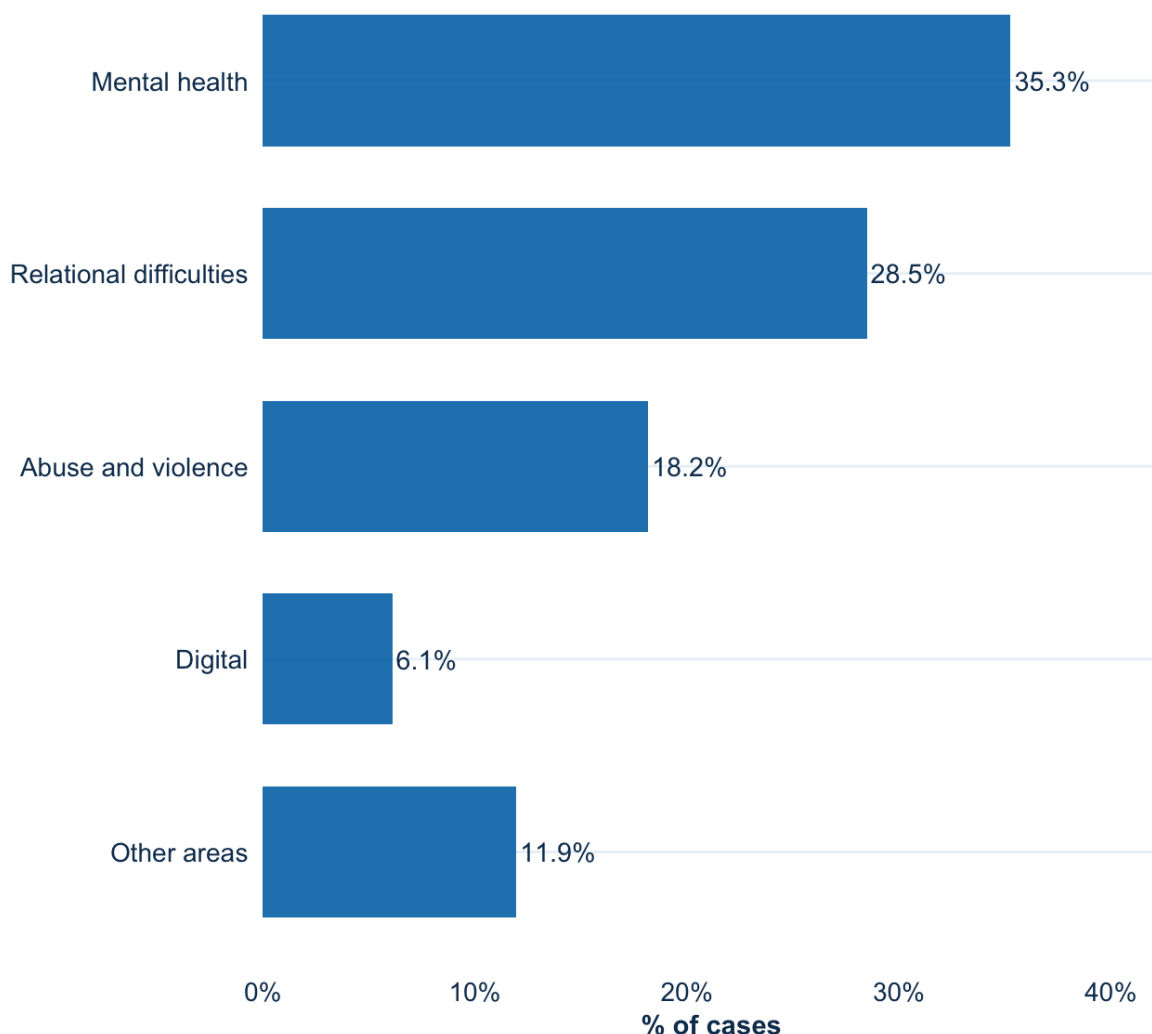


Figure 4: Percentage distribution of the main areas of need emerging from cases recorded by the service during the period considered. Mental health is the most frequent area, followed by relational difficulties and abuse and violence.

Alongside the overall distribution of areas, a cross-sectional reading by age and gender helps further specify the profile of the cases making up the four most visible core areas emerging from the analysis: mental health, relational difficulties, abuse and violence, and Digital. This reading is not intended to rigidly assign each need to a single profile, but rather to observe whether different compositions emerge within the different areas.

As shown in Table 2, in all four areas cases involving adolescents prevail, with a strong concentration especially in the **14–15 years** and **16–17 years** groups. This concentration is particularly marked in the **Digital** area and in **mental health**, whereas **abuse and violence** presents a relatively younger profile than the other areas, with a greater weight of the **0–10 years** and **11–13 years** groups. Overall, the data confirm that the demand for help reaching the service is located mainly in adolescence, while also showing that some areas of need, particularly violence, also reach non-negligible younger ages.

This evidence is particularly significant when one considers that adolescence is a crucial developmental stage in which social and emotional competences fundamental for psychological well-being become consolidated. At this stage, the presence of welcoming and protective contexts, within the family, school and community, plays a central role. As risk factors and conditions of vulnerability increase, so too does the likelihood that these fragilities will be reflected in mental health and, more generally, in the overall well-being of boys and girls.

Table 2: Percentage distribution of cases by age group within the main areas of need. Percentages are calculated within each area.

| Age group | Mental health | Relational difficulties | Abuse and violence | Digital |
|-----------|---------------|-------------------------|--------------------|---------|
| 0–10      | 0.9%          | 5.0%                    | 8.3%               | 0.7%    |
| 11–13     | 17.6%         | 19.1%                   | 24.2%              | 14.9%   |
| 14–15     | 32.7%         | 32.7%                   | 29.7%              | 39.6%   |
| 16–17     | 37.7%         | 33.2%                   | 21.9%              | 32.1%   |
| Unknown   | 11.0%         | 10.0%                   | 15.9%              | 12.7%   |

Table 3 shows that the gender profile is not homogeneous across the different areas. **Mental health** and **relational difficulties** show a predominance of cases referring to **girls**, as does **abuse and violence**, although less strongly. The **Digital** area, by contrast, stands out for a predominance of cases referring to **boys**. This suggests that the different core areas of need not only carry different weights within the overall demand for help, but also present different internal configurations. A share of cases with unknown gender remains in all areas, however, and this invites caution in interpretation.

Table 3: Percentage distribution of cases by gender within the main areas of need. Percentages are calculated within each area.

| Gender  | Mental health | Relational difficulties | Abuse and violence | Digital |
|---------|---------------|-------------------------|--------------------|---------|
| Female  | 67.8%         | 58.3%                   | 55.7%              | 33.6%   |
| Male    | 21.3%         | 31.9%                   | 29.5%              | 53.7%   |
| Unknown | 10.9%         | 9.8%                    | 14.9%              | 12.7%   |

Taken together, this evidence shows that the main core areas of need emerging from the service are not homogeneous even in terms of case profiles. To make this heterogeneity more readable, the following pages look more closely at the internal composition of the four main areas, integrating the descriptive reading with some particularly significant results emerging from the associative analysis.

## 4.2 Four particularly visible core areas of need

Looking inside the main areas of need, the profile of the demand for help becomes even clearer. The four areas that concentrate the largest share of cases – **mental health**, **relational difficulties**, **abuse and violence** and **Digital** – are not generic containers, but are articulated around rather recognisable and recurrent contents. Examining the internal composition of these areas makes it possible to better understand how distress takes shape in the cases reaching the service and which specific core issues are most visible in the demand for listening and counselling.

**Mental health.** Mental health is the first core area of need observed in the service. Quantitatively, it is the most frequent area; substantively, it is structured mainly around a combination of

**emotional and psychological distress, suicide and self-harm.** As shown in Table 4 and Figure 5, more than half of the cases within this area concern **emotional and psychological distress (52.3%)**, while **suicide (20.8%)** and **self-harm (16.6%)** account for very substantial shares. A smaller but still present share concerns **eating disorders (6.6%)**; there is also a residual share classified as **other/not specified (1.9%)**. This configuration clearly indicates that the service mainly receives requests for help linked to intense psychological suffering, crisis experiences and signs of vulnerability that may take particularly delicate forms.

The associative analysis reported in the appendix reinforces this reading: all else being equal, mental health is more associated with **WhatsApp** and **Chat** contacts than with the **telephone**, with cases referring to **girls** rather than **boys**, and, to a lesser extent, with the **16–17 years** age group. Overall, this evidence suggests that requests for help related to mental health are more clearly concentrated in later adolescence and find expression mainly through written or digital channels.

Table 4: Top five internal categories within the Mental health area. Percentages are calculated on the total number of cases in the area.

| <b>Category</b>                      | <b>% within area</b> |
|--------------------------------------|----------------------|
| Emotional and psychological distress | 52.3%                |
| Suicide                              | 20.8%                |
| Self-harm                            | 16.6%                |
| Eating disorders                     | 6.6%                 |
| Other/not specified                  | 1.9%                 |

## Main categories within the area: Mental health

Percentage distribution within the area

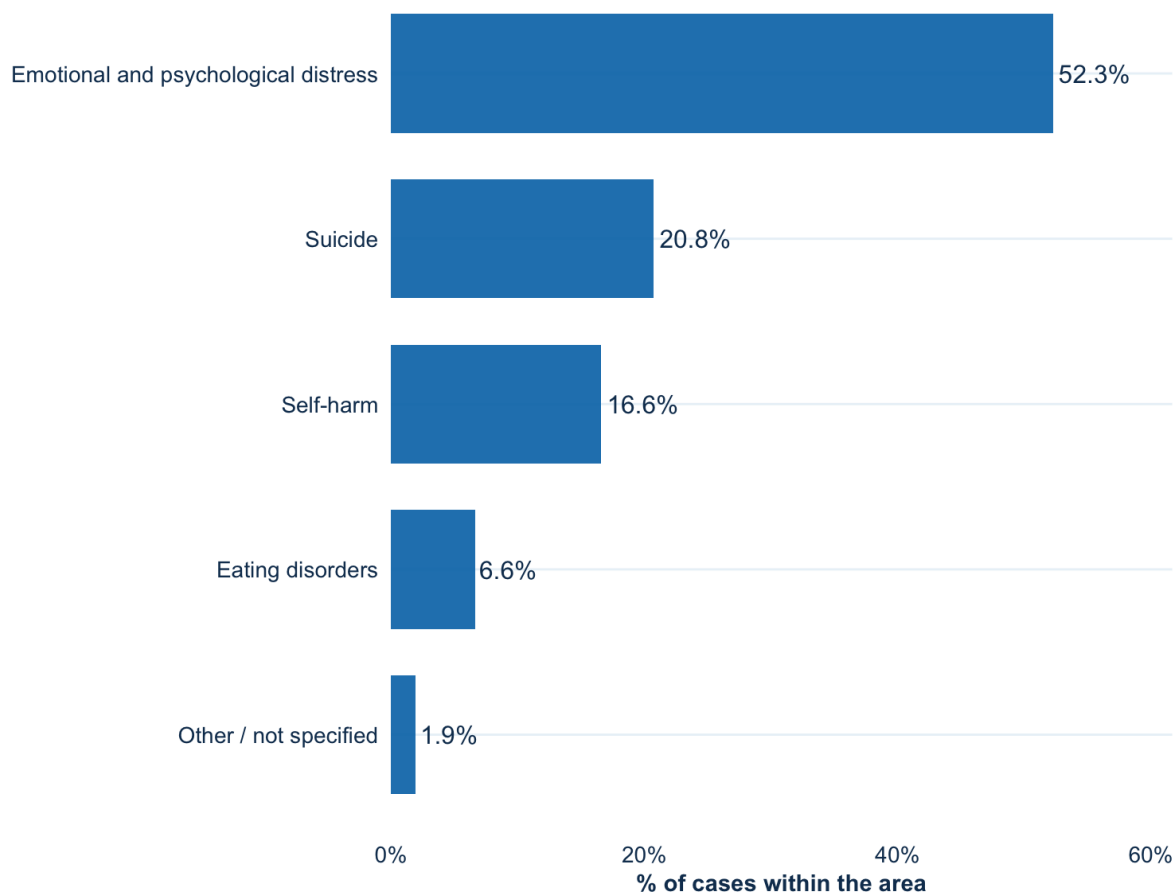


Figure 5: Percentage distribution of the main categories within the Mental health area.

### Story from the service — Vittoria, age 14

Vittoria contacts the service saying: “I need to talk to someone”. During the conversation, she explains that she feels very insecure about her body and that, for about a year, she has begun constantly monitoring food and calories.

Her focus on her physical appearance intensified after a friend called her “fat”. Since then, she reports increasingly intrusive thoughts about her body and food, which occupy much of her day and are accompanied by sadness, anger and anxiety.

Vittoria explains that she has not managed to address the issue openly with her parents and has never spoken about it even with the psychologist who has been supporting her for some time, for fear that her feelings may be shared with her family. During the conversation, the possibility of using the psychological pathway already in place as a protected space is reinforced, together with the importance of support from a trusted adult.

At the end of the counselling session, she says that she feels better. A few days later, she contacts the service again to say that she has informed her psychologist and has begun working with her to build a pathway for involving her mother as well.

The picture for this area therefore confirms that the service mainly receives intense and persistent forms of inner suffering, which may concern self-image, mood, the relationship with one’s body or thoughts of self-injury. In this sense, the line often represents a first space in which experiences can be voiced that do not always immediately find listening elsewhere.

**Relational difficulties.** The second major core area concerns relational difficulties, which are very clearly concentrated above all in relationships with **parents** and, secondly, with **peers**. As shown in Table 5 and Figure 6, **relational difficulties with parents** alone account for **61.0%** of cases in the area, while **relational difficulties with peers (friends/acquaintances)** account for **21.8%**. At a greater distance come difficulties in relationships with a **partner (9.3%)**, with **siblings (2.6%)** and with **teachers/educators (2.6%)**. This picture confirms that an important part of the demand for help reaching the service develops within the ordinary contexts of growing up – family, peer group, affective relationships and school – and that relational distress is concentrated mainly in the closest and most meaningful bonds.

The logistic analysis does not, however, return a particularly selective profile for this area in terms of age, gender, access channel or geographical macro-area. Compared with the other main areas, relational difficulties therefore appear as a more **cross-cutting** core area of need, less concentrated within a narrow set of case characteristics. In other words, it is a dimension of the demand for help that cuts across different types of situations and that, at least with the variables considered here, is not easily reducible to a specific profile.

Table 5: Top five internal categories within the Relational difficulties area. Percentages are calculated on the total number of cases in the area.

| <b>Category</b>  | <b>% within area</b> |
|--|----------------------|
| Relational difficulties with parents                       | 61.0%                |
| Relational difficulties with peers (friends/acquaintances) | 21.8%                |
| Relational difficulties with peers (partner)               | 9.3%                 |
| Relational difficulties with siblings                      | 2.6%                 |
| Relational difficulties with teachers/educators            | 2.6%                 |

## Main categories within the area: Relational difficulties

Percentage distribution within the area

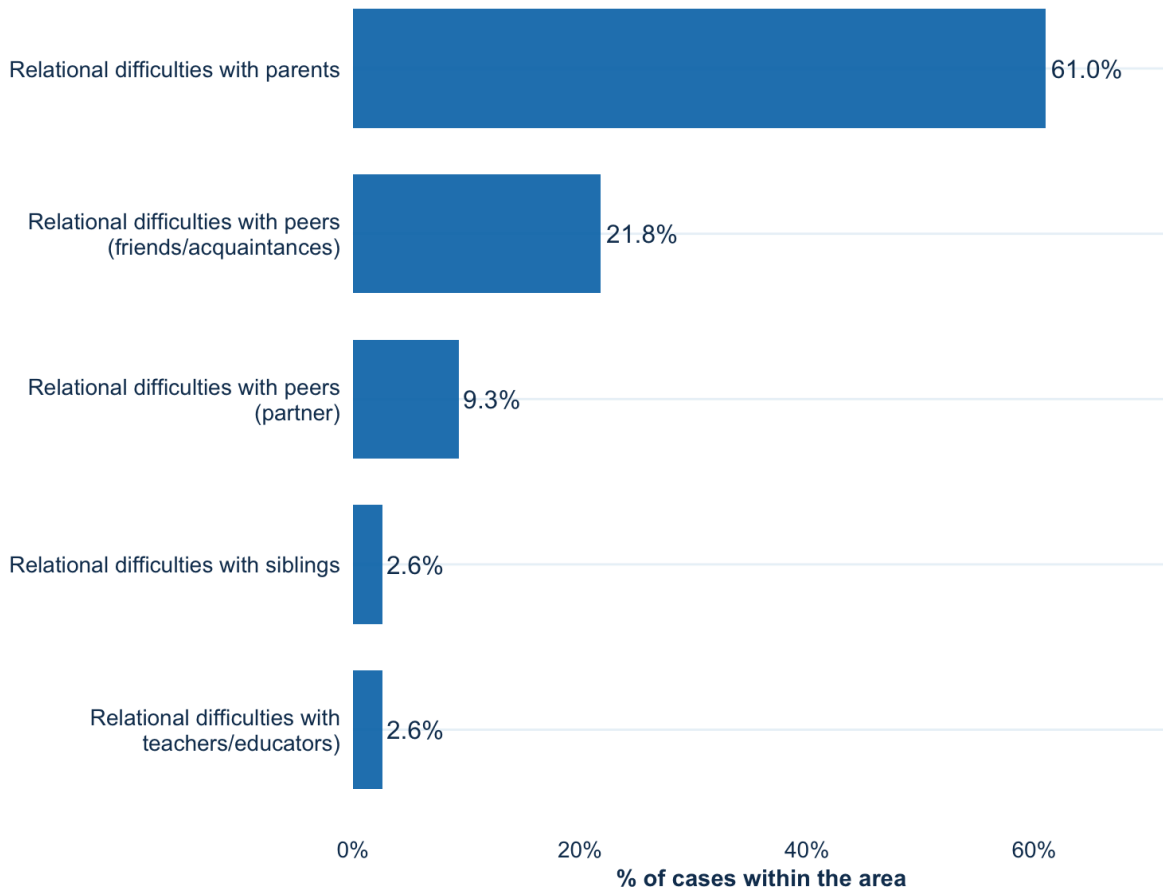


Figure 6: Percentage distribution of the main categories within the Relational difficulties area.

**Abuse and violence.** The abuse and violence area represents a particularly important core area, both because of its quantitative weight and because of its relevance in terms of protection. As shown in Table 6 and Figure 7, the internal composition of the area is dominated by **physical abuse (45.1%)** and **psychological abuse (23.7%)**, to which is added an important share of **bullying (18.4%)**. Smaller but still significant shares concern **sexual abuse (7.1%)** and **witnessing domestic violence (2.3%)**. This profile shows that the area does not gather an abstract notion of violence, but rather quite concrete experiences of oppression, injury to personal safety and compromise of the minor's well-being. The fact that physical and psychological abuse together account for more than two thirds of the cases in the area confirms that the service performs an important function in the early emergence of potentially very delicate situations.

The logistic model reported in the appendix also shows an age gradient consistent with this interpretation: compared with **14–15 years**, the abuse and violence area is more associated with cases aged **0–10 years** and **11–13 years**, while it appears less associated with **16–17 years**. In terms of channels, the area emerges relatively more often in cases handled via the **telephone** than via **Chat** and **WhatsApp**. This set of results suggests that abuse and violence more often involves relatively younger cases and situations that tend to emerge through direct and immediate contact.

Table 6: Top five internal categories within the Abuse and violence area. Percentages are calculated on the total number of cases in the area.

| Category                     | % within area |
|------------------------------|---------------|
| Physical abuse               | 45.1%         |
| Psychological abuse          | 23.7%         |
| Bullying                     | 18.4%         |
| Sexual abuse                 | 7.1%          |
| Witnessing domestic violence | 2.3%          |

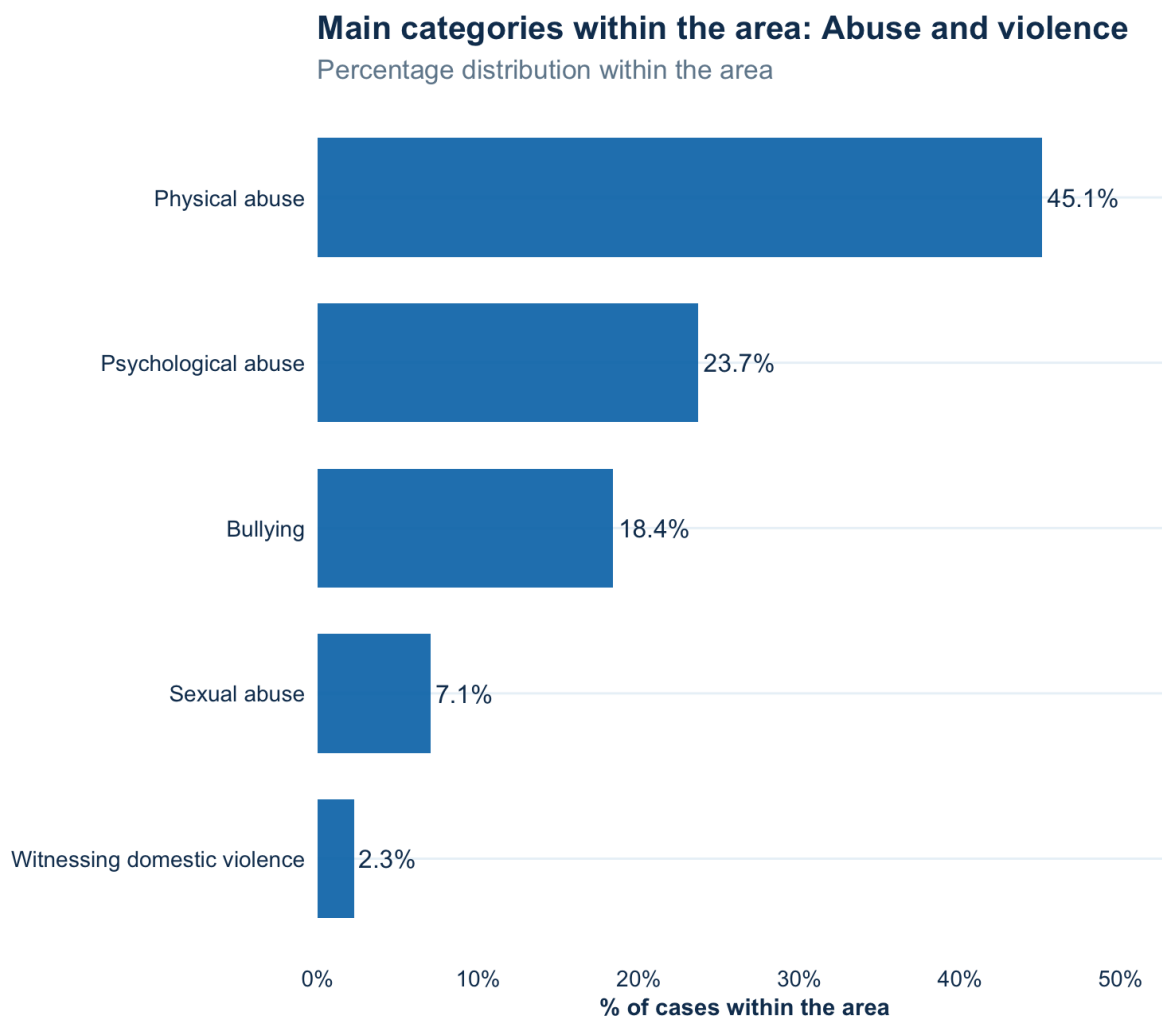


Figure 7: Percentage distribution of the main categories within the Abuse and violence area.

### Story from the service — Francesco, age 15

Francesco contacts the service asking for help regarding a bullying situation he is experiencing at school. He explains that a classmate kicks his backpack during lesson changes, in front of the others, causing him deep discomfort.

At first he says the problem has been going on for a few weeks, but during the conversation it emerges that teasing and humiliation have in fact been present for about a year. He describes repeated insults about his physical appearance and his voice, accompanied by the laughter of his classmates. He explains that it is not only the offensive act that hurts him, but also the sense of humiliation and weakness he feels when he sees the others laughing.

During the counselling session, a very high level of suffering also emerges, with suicidal thoughts that have been present for some months. Francesco says that he has not spoken to anyone about the situation, neither at home nor at school, for fear of judgement, worsening dynamics and possible retaliation.

The service offers a space for listening and emotional containment, recognises the seriousness of the suffering expressed, and clarifies the operational steps needed to protect the minor. Following the conversation, the relevant school institution is informed and activated, and it starts the anti-bullying protocol.

**Digital dimension.** Although it accounts for a smaller share than the previous areas, the digital dimension remains clearly visible and specific. Requests for help concerning digital environments show that the online world is not separate from the everyday experience of younger people, but a context in which relationships, vulnerabilities and risks may take new or intensified forms. As shown in Table 7 and Figure 8, the most frequent category within the area is **sextortion (38.1%)**, which alone accounts for more than one third of cases. It is followed by **cyberbullying** and **sexting**, both at **10.4%**, while **other online crimes** and **CSAM** each account for **6.0%**. This picture confirms that digital risks cannot be reduced to a single phenomenon, but include a plurality of experiences requiring specific listening, guidance and protection skills.

The logistic analysis returns a relatively more defined profile for this area: all else being equal, the digital dimension is more associated with cases referring to **boys** and less associated with cases involving the 0–10 age group. In addition, compared with the **telephone**, the area appears less associated with **Chat** and **WhatsApp** contacts. Overall, these results suggest that the risks and needs connected to digital environments occur more frequently in male cases and during adolescence rather than childhood.

Table 7: Top five internal categories within the Digital area. Percentages are calculated on the total number of cases in the area.

| Category            | % within area |
|---------------------|---------------|
| Sextortion          | 38.1%         |
| Cyberbullying       | 10.4%         |
| Sexting             | 10.4%         |
| Other online crimes | 6.0%          |
| CSAM                | 6.0%          |

## Main categories within the area: Digital

Percentage distribution within the area

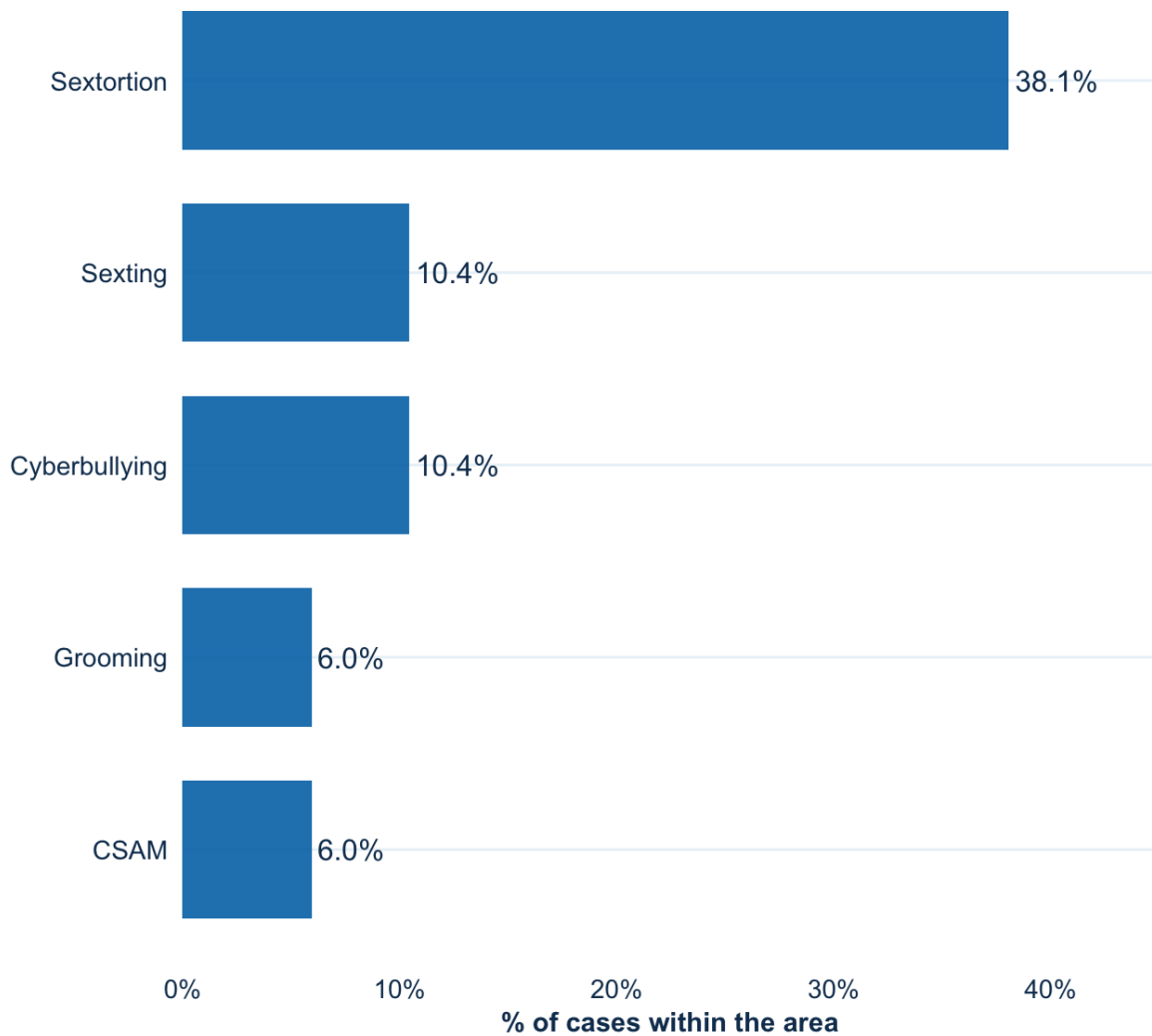


Figure 8: Percentage distribution of the main categories within the Digital area.

### Story from the service — Giulia, age 16

Giulia contacts the service to describe a situation causing her intense emotional suffering. The previous year she had briefly dated a classmate who, from the very beginning, had shown possessive and aggressive behaviour towards anyone who approached her.

After the relationship ended, the boy kept contacting her insistently, messaging her day and night, following her at school and outside the school environment as well. Giulia cuts off all interaction, blocks him and confides in her parents and in some teachers. With the end of the school year, the situation appears to ease. At the beginning of the new school year, however, the provocation starts again. In front of the whole class, the boy makes an allusive remark about the “photos he has of her”. When Giulia manages to see the images, she discovers, to her surprise, that they are photographs generated through artificial intelligence: non-pornographic but highly sensual and seductive images, which expose her to an intense sense of humiliation, anger and powerlessness.

The distress arises not only from the existence of those images, but also from the impossibility of having any guarantee that they have actually been deleted or that the behaviour will not be repeated. The situation intensifies the girl’s distress and increases the frequency of her panic attacks.

The service receives the request for help, offers listening and emotional containment, and activates the territorially competent services for the protection of the minor.

## 4.3 How to read these results

The results presented in this section do not describe the entire universe of childhood and adolescent distress in Italy, nor can they be interpreted as a measure of prevalence in the general population. More precisely, they provide the profile of the needs that manage to emerge through a request for help directed to a listening service.

This does not reduce the value of the data; on the contrary, it clarifies their function. The service represents a particularly sensitive observatory on those needs that manage to find a space for speech, listening and initial counselling. In this sense, the data tell us a great deal not about all existing distress, but about the forms of distress that currently appear most visible, most urgent or most expressible through the service’s channels.

The reading proposed in this section should therefore be understood mainly in a **descriptive and orienting** sense. The distributions by area, age, gender and internal content help to understand which core areas of need are most present among the cases received and how they differ from one another. The references to associative analysis serve the same function: not to explain the observed phenomena in causal terms, but to make some profile differences between the main areas easier to read.

Overall, this section makes it possible to better focus not only on **which** needs most frequently reach the service, but also on **how** these needs are configured internally and which case characteristics tend to accompany them most often. It is from this perspective that the results can offer a useful contribution to understanding the demand for help currently reaching Line 1.96.96.

## Key findings

- The demand for help reaching the service is highly concentrated: **mental health (35.3%)**, **relational difficulties (28.5%)**, **abuse and violence (18.2%)** and **Digital (6.1%)** together account for about **88%** of cases.
- The main areas of need are not homogeneous: adolescents predominate in all of them, but **abuse and violence** shows a relatively younger profile, while **Digital** and **mental health** are more concentrated in the middle and later adolescent age groups.
- The gender profile also differentiates the areas: in **mental health**, cases referring to **girls** reach **67.8%**, while in the **Digital** area cases referring to **boys** account for **53.7%**.
- Within the areas, highly recognisable core patterns emerge: in **mental health**, **emotional and psychological distress (52.3%)**, **suicide (20.8%)** and **self-harm (16.6%)** prevail; in **relational difficulties**, problems with **parents** dominate (**61.0%**); in **abuse and violence**, **physical abuse (45.1%)** and **psychological abuse (23.7%)** prevail; in the **Digital** area, **sextortion** is the most prominent phenomenon (**38.1%**).
- The associative analysis, read in a descriptive and non-causal way, reinforces the idea that the needs intercepted by the service present differentiated profiles: **mental health** appears more associated with written channels and later adolescence, **abuse and violence** with relatively younger cases and the **telephone**, while the **Digital** area shows a more frequently male profile.

## 5 When needs overlap

### 5.1 Predominant needs and multidimensional situations

In most cases, the request for help reaching the service is organised around a **single predominant area of need**. This means that, in a large share of the observed situations, a main core emerges with relative clarity, around which the case can be understood and guided.

Alongside this more linear component, however, there is also a non-marginal share of situations in which **multiple needs overlap**. About **one case in five** presents at least two dimensions of need. In these cases, the request for help cannot be reduced to a single content area, but brings together different layers that tend to intertwine: psychological suffering, relational difficulties, experiences of violence, family fragilities or vulnerabilities that also manifest in digital environments.

This element is particularly important because it shows that the service is confronted not only with circumscribed requests, but also with more layered situations in which the need for listening and counselling is accompanied by greater interpretative complexity.

### 5.2 The most recurrent combinations

Among the most recurrent combinations, overlaps between **mental health** and **relational difficulties** are particularly prominent. Associations also regularly appear between **abuse and violence** and **mental health**, as well as between **abuse and violence** and **relational difficulties**. In other words, a significant share of cases indicates that psychological suffering, difficult relationships and exposure to harmful experiences do not always occur separately, but may reinforce one another.

The coexistence of multiple areas of distress is consistent with the broad literature on **comorbidity in developmental age**. It has in fact been observed that a significant proportion of adolescents present *multiple-problem* configurations in which several difficulties tend to manifest simultaneously (Göbel et al., 2022). This coexistence may be interpreted in light of different mechanisms. On the one hand, common risk factors may be at work, such as dysfunctional family contexts, stressful events or individual vulnerabilities capable of affecting multiple developmental domains at the same time. On the other hand, reciprocal effects may intervene, whereby an initial fragility tends to intensify and progressively spill over into other areas of psychological, relational or behavioural functioning.

Figure 9 visualises this co-occurrence structure: the nodes represent the main categories of need, while the links connect categories that tend to appear in the same case. The most central categories – such as emotional and psychological distress, relational difficulties with parents, suicide, self-harm, and physical or psychological abuse – occupy a strategic position precisely because they more often appear together with other elements of vulnerability.

### Category co-occurrence network

Exploratory visualisation of needs that tend to appear together

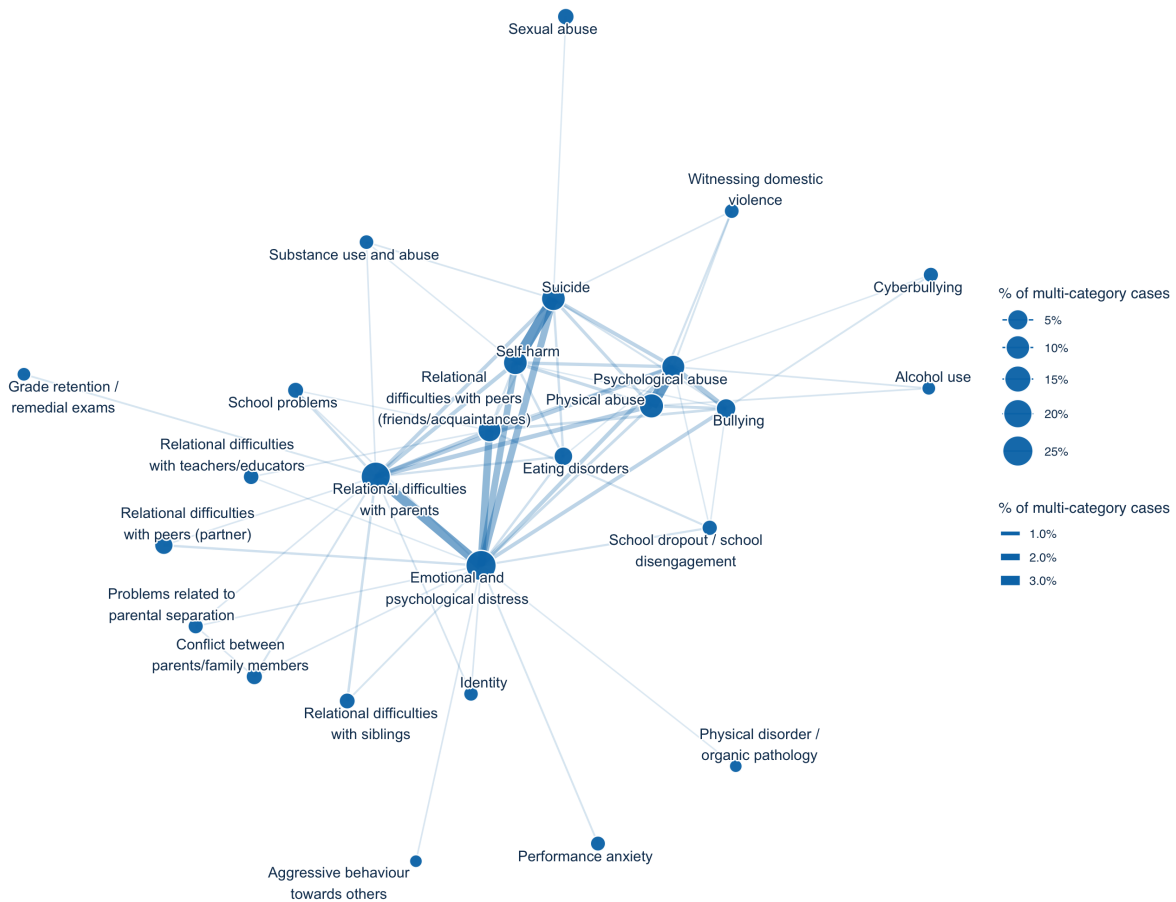


Figure 9: Co-occurrence network among the main categories of need in multidimensional cases. Nodes represent categories, while links indicate their co-presence within the same case.

A reading at the level of contents returns a similar picture. Dimensions such as emotional and psychological distress, difficulties in relationships with parents, physical or psychological abuse, suicide and self-harm occupy a central position precisely because they often recur together with other elements of fragility. More than describing isolated problems, these combinations show the frequent co-presence of different vulnerabilities within the same lived experience.

### 5.3 Why multidimensionality matters

Recognising the multidimensionality of needs is important because it helps to better understand the nature of the demand for help reaching the service. Not all situations call for the same type of listening, clarification or support. Some cases present themselves more clearly, with a fairly well-defined predominant need; others instead require a more attentive reading, because psychological distress is intertwined with conflictual relationships, experiences of violence or other signs of vulnerability.

This distinction is not meant to create rigid classifications, but to sharpen the focus on the complexity of the situations encountered. In a listening service, the presence of overlapping needs indicates that the response cannot always be limited to a single interpretative level: in some cases, greater clarification work may be needed, a more cautious reading of emerging signals, or the

activation of further protection resources.

#### Key findings

- In most cases, the demand for help is organised around a **single predominant area of need**, but about **one case in five** presents a **multidimensional** configuration.
- The most recurrent overlaps mainly involve **mental health, relational difficulties** and **abuse and violence**, confirming that many vulnerabilities tend to appear in connected rather than isolated forms.
- The co-presence of multiple vulnerabilities is consistent with the literature on **comorbidity in developmental age**, according to which common risk factors and reciprocal effects may simultaneously involve several areas of distress.
- For the service, multidimensionality represents a substantial element of complexity: it requires not only receiving the need that is expressed, but also grasping its connections with other vulnerabilities and guiding the response in a more attentive and articulated way.

## 6 How the service responds

### 6.1 Accessibility and contact modalities

One of the service's central features is its **accessibility**. The presence of multiple contact channels, and in particular the strong centrality of chat alongside the telephone, makes entry into the service possible for users with different needs, timings and communication styles. This is especially relevant when the request for help concerns delicate, emotionally complex content or issues that are difficult to share immediately.

The distribution of channels shows that the service functions as a low-threshold listening space, capable of adapting to the contemporary communication practices of younger people without giving up the possibility of direct and immediate contact. In this sense, accessibility is already in itself a fundamental component of the response.

### 6.2 Listening, counselling and support

The service's response does not stop at recording the request for help, but unfolds through listening, clarification and counselling. In a large share of cases, the pathway is **managed directly by the service**: this means that listening, emotional containment and counselling themselves constitute the main response to the situation that has emerged.

Alongside this component, there are cases in which the pathway continues through further protection or referral steps. There is also a share of situations that do not continue fully, either because the user is unavailable to proceed or because there are insufficient elements. This reflects a typical characteristic of listening services: not all requests for help can be transformed into an ongoing pathway, but even the first contact can have significant value in terms of reception and in giving a name to a need.

The activity carried out by Telefono Azzurro professionals can in fact be understood as an intervention of **reception, listening and support** addressed to minors in situations of need, distress or risk. The service is grounded in a child-centred approach, oriented towards the protection of children's rights and supported by qualified psychological, educational and relational competences. The intervention begins when the contact is received, during which the professional adopts a stance based on active listening, suspension of judgement, empathy and emotional regulation. At this initial stage, the aim is to build a climate of trust and a protected space capable of facilitating the minor's expression.

Through a dialogic and cooperative process, the professional and the minor progressively work towards defining the request. This step involves gathering and organising the narrative material brought by the minor, together with clarifying both explicit and implicit needs. In this way, a request that is initially confused, fragmented or only partially formulated can be transformed into a more conscious and shared demand, an essential condition for guiding the intervention appropriately.

An equally important phase concerns identifying and valuing available resources. Through narration and exploration of the minor's life context, the service can recognise individual, family and environmental resources that may help address the problematic situation. Whenever possible, the intervention is also oriented from an **empowerment** perspective, with the aim of strengthening the minor's capacity to cope with the difficulty and activate adaptive responses. In this sense, the pathway is not configured as a unilateral action by the service, but as a process of active collaboration in which the minor, as far as possible, is recognised as an integral part of building response strategies.

When risk elements for the minor's protection emerge and a significant lack of resources is identified, such that protection and the fulfilment of basic needs cannot be guaranteed autonomously, the service proceeds, where necessary, to activate the competent local network. This takes place in compliance with existing procedures and regulations, with the aim of ensuring an adequate referral pathway, continuity in listening to needs and full protection of the minor's rights. The service's action is therefore situated within an integrated framework of protection and safeguarding, involving coordination with social and health-care services, educational services and, where necessary, the competent authorities. In this sense too, the response of the line does not end with initial listening, but may support the transition towards further interventions, tailored to the specific situation.

### 6.3 When other protection actors are activated

In a non-negligible share of cases, the service response also involves the engagement of other actors within the protection network. This happens when the need that has emerged requires a further level of intervention, protection or referral beyond what can be offered directly by the line.

Among these activations, actors from the judicial and local domains predominate, such as **Public Prosecutors' Offices and Courts** and **Local Authorities**, followed by **law enforcement agencies**. As shown in Figure 10, when a case moves beyond the perimeter of listening and counselling alone, it does so mainly towards actors called to intervene in terms of formal protection, territorial safeguarding or security.

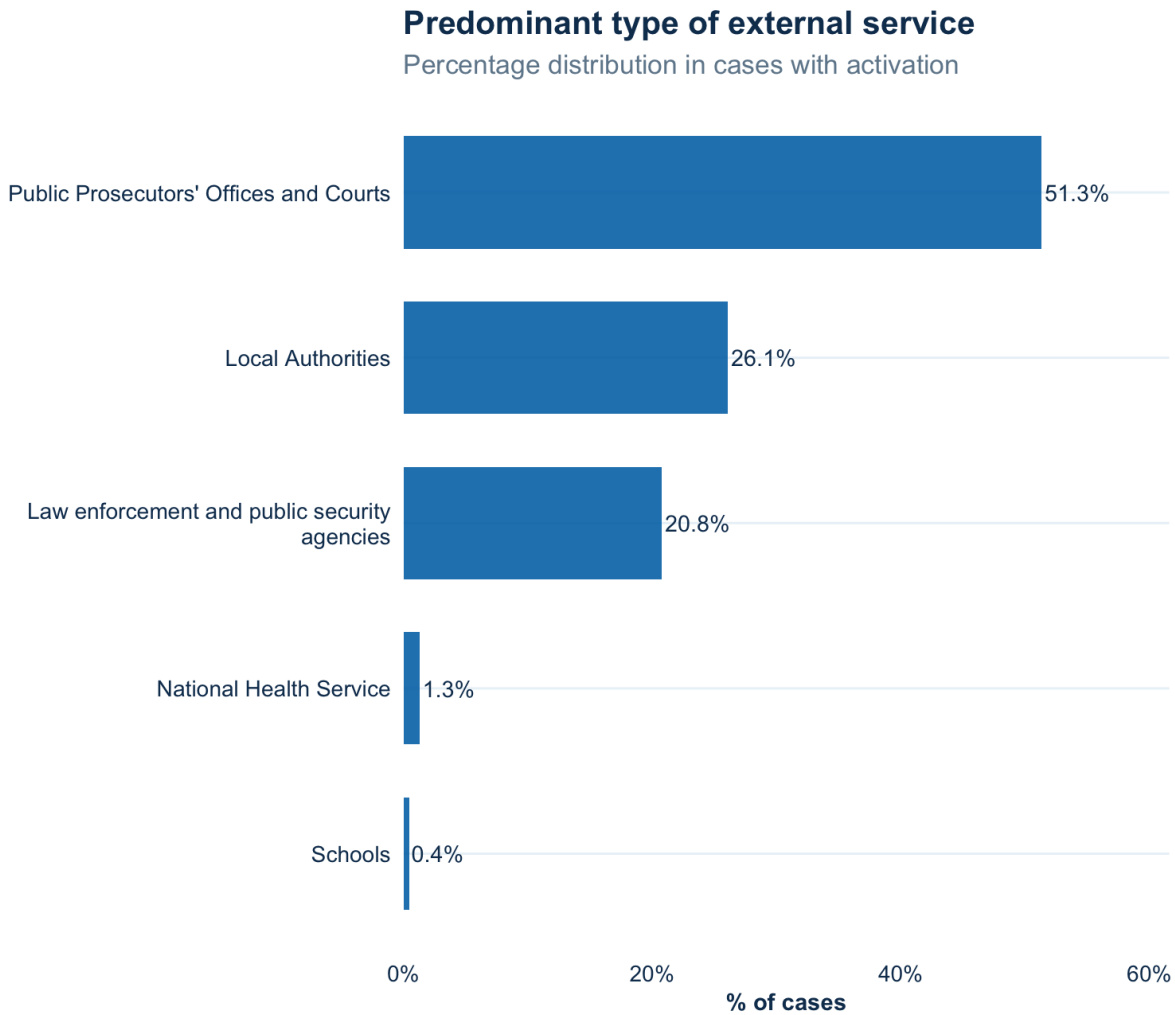


Figure 10: Percentage distribution of the predominant type of external service activated in cases with referral or activation. Public Prosecutors' Offices and Courts emerge most prominently, followed by Local Authorities and law enforcement agencies.

#### 6.4 The service's role within the protection network

Taken together, these results show that the service performs a dual function. On the one hand, it represents an **immediate and low-threshold point of access**, capable of receiving requests for help that might otherwise remain unexpressed or emerge later. On the other hand, it operates as a **node within the protection network**, helping to recognise when the need requires the involvement of other competent actors.

The value of the service therefore lies not only in the possibility of offering initial listening, but also in its capacity to tailor the response according to the characteristics of the case: to listen, contain, guide, support and, when necessary, activate further protection resources. It is in this flexibility that one of the most relevant aspects of the line's role becomes visible.

## Key findings

- The service's response is based first and foremost on **accessibility**: the plurality of channels, and especially the centrality of **chat** alongside the **telephone**, makes timely and low-threshold access possible even for delicate requests for help or needs that are difficult to express.
- In a large share of cases, the response takes shape through **listening, emotional containment, counselling and support** managed directly by the service, according to a child-centred approach focused on clarifying the request.
- The intervention does not stop at the immediate handling of the contact, but also includes the **valorisation of individual, family and contextual resources** and, where possible, an **empowerment** perspective for the minor.
- When the situation requires it, the service activates other actors within the protection network, especially in the **judicial, local and security** domains, confirming its role not only as a listening space, but also as a **node of protection**.

## 7 Final considerations

The results presented in this dossier provide a clear picture of the needs that currently find expression through Line 1.96.96. During the period considered, the demand for help was concentrated mainly around a number of recurring core issues: **mental health, relational difficulties, abuse and violence** and, in an increasingly visible way, **risks and vulnerabilities in digital environments**. These are dimensions that do not concern marginal aspects of growing up, but directly affect well-being, safety and the possibility for children and adolescents to find listening, protection and support.

Taken together, these data confirm that younger people's suffering now tends to manifest itself in forms that are often interconnected: psychological distress is frequently accompanied by difficult relationships, conditions of vulnerability may overlap with experiences of violence, and digital contexts are entering more and more steadily into pathways of risk and help-seeking. For this reason, reading emerging needs requires an integrated perspective, capable of avoiding simplified interpretations and recognising the concrete complexity of the situations reaching the service.

The dossier also highlights another important element: Line 1.96.96 is not merely a point of access, but an essential safeguard of **listening, counselling and support**. The possibility of contacting the service free of charge through accessible and immediate channels makes it possible for requests for help to emerge that might otherwise remain silent, delayed or invisible. In this sense, the value of the service lies not only in case management, but also in its low-threshold function, capable of intercepting early signs of distress and needs for protection.

At the same time, the data show that the service also plays a relevant role within the broader protection network. In a significant share of situations, the response does not end with initial listening, but requires connections with other competent actors at the territorial, judicial, health-care or security level. This confirms that the line operates not only as a space for speech, but also as a **node within the protection network**, helping to transform the request for help into a possible pathway of protection.

At the public level, this dossier therefore suggests a broader reflection. The needs that emerge through the service indicate that investing in **prevention, timely listening, relational and emotional literacy, protection from violence and digital safety** is not a secondary goal, but a structural priority. Making these needs visible means not only describing a phenomenon, but also helping to orient educational, institutional and social attention towards what currently appears most urgent for the well-being of children and adolescents.

In this sense, the contribution of Line 1.96.96 should be read in two ways. On the one hand, it offers a concrete, accessible and immediate response to those seeking help. On the other, it constitutes a privileged observatory on the changes affecting contemporary childhood and adolescence, making visible forms of fragility, requests for support and needs for protection that challenge the entire adult community.

Ultimately, keeping listening services such as this one accessible, recognisable and qualified means strengthening not only the capacity to respond to individual cases, but also the possibility of building a culture more attentive to minors' rights, well-being and protection. It is in this direction that the data presented here acquire their broadest meaning: not only to document the needs that emerge, but also to help recognise them in time and respond to them in a more conscious, coordinated and effective way.

## References

Child Helpline International. Amplifying the voices of children & young people in europe: Key

- insights from 2023 child helpline data on mental health and violence. Technical report, Child Helpline International, December 2024. URL <https://childhelplineinternational.org/wp-content/uploads/2024/12/European-Advocacy-Report.pdf>.
- Child Helpline International. Voices of children & young people around the world: Global child helpline data from 2024. Technical report, Child Helpline International, November 2025. URL <https://childhelplineinternational.org/voices-of-children-young-people-around-the-world-2024/>.
- Tania Maria Cruz, Ronja Ulvot, and Anastasia Shuster. The role of child helplines in ending domestic violence against children in the european union. Report, Child Helpline International, 2025. URL [https://childhelplineinternational.org/wp-content/uploads/2025/12/The-Role-of-Child-Helplines-in-Ending-Domestic-Violence-Against-Children-in-the-EU\\_CHI\\_2025.pdf](https://childhelplineinternational.org/wp-content/uploads/2025/12/The-Role-of-Child-Helplines-in-Ending-Domestic-Violence-Against-Children-in-the-EU_CHI_2025.pdf).
- Maryann Davis. Addressing the needs of youth in transition to adulthood. *Administration and Policy in Mental Health and Mental Health Services Research*, 30(6):495–509, 2003. doi: <https://doi.org/10.1023/A:1025027117827>.
- IWF Internet Watch Foundation. Harm without limits: Ai child sexual abuse material through the eyes of our analysts. Report, IWF Internet Watch Foundation, 2026. URL <https://www.iwf.org.uk/media/h11nvdti/iwf-ai-csam-report-2026.pdf>.
- Kristin Göbel, Niklas Ortelbach, Caroline Cohrdes, Franz Baumgarten, Ann-Katrin Meyrose, Ulrike Ravens-Sieberer, and Herbert Scheithauer. Co-occurrence, stability and manifestation of child and adolescent mental health problems: A latent transition analysis. *BMC psychology*, 10(1):267, 2022. doi: <https://doi.org/10.1186/s40359-022-00969-4>.
- Jonathan Haidt and Zachary Rausch. Social media is harming adolescents at a scale large enough to cause changes at the population level. Chapter 3 in *World Happiness Report 2026*, 2026.
- Stephen F. Hamilton, Mary Agnes Hamilton, and Karen Pittman. Principles for youth development. In *The Youth Development Handbook: Coming of Age in American Communities*, pages 1–22. Sage Publications, 2004.
- ISTAT. Bullismo e cyberbullismo nei rapporti tra i ragazzi – anno 2023. Technical report, Istituto Nazionale di Statistica, June 2025. URL <https://www.istat.it/comunicato-stampa/bullismo-e-cyberbullismo-nei-rapporti-tra-i-ragazzi-anno-2023/>.
- Istituto Superiore di Sanità. Indagine 2022 – hbsc – salute e benessere. <https://www.epicentro.iss.it/hbsc/indagine-2022-benessere>, 2024.
- National Action Alliance for Suicide Prevention. National recommendations for depicting suicide. Report, National Action Alliance for Suicide Prevention, 2019. URL <https://theactionalliance.org/resource/national-recommendations-depicting-suicide>.
- National Center for Missing & Exploited Children. Generative ai (gai). <https://www.missingkids.org/theissues/generative-ai>, 2026.
- Office of the Surgeon General (OSG). Protecting youth mental health: The u.s. surgeon general’s advisory [internet]. <https://www.ncbi.nlm.nih.gov/books/NBK575984/>, 2021.
- UNICEF. Artificial intelligence and child sexual abuse and exploitation. Issue brief, UNICEF, February 2026. URL <https://www.unicef.org/reports/artificial-intelligence-and-child-sexual-abuse-and-exploitation>.

UNICEF Innocenti – Global Office of Research and Foresight. Childhood in a digital world: Screen time, skills and mental health. Technical report, UNICEF Innocenti, Florence, June 2025. URL <https://www.unicef.org/innocenti/reports/childhood-digital-world>.

World Health Organization. Child maltreatment. <https://www.who.int/news-room/fact-sheets/detail/child-maltreatment>, November 2024.

World Health Organization. Mental health of adolescents. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>, September 2025.

## A Associative analysis of the main areas of need

To explore the extent to which the main areas of need present different profiles in terms of case characteristics, four **binary logistic regression** models were estimated, one for each of the four most frequent areas: **mental health**, **relational difficulties**, **abuse and violence** and **Digital**. In each case, the model compares the area under consideration with the set of the other informative areas present in the dataset.

The aim of this analysis is not to predict individual cases or to formulate causal interpretations. More simply, the models are used to verify whether, all else being equal, some case characteristics are more or less associated with a given area emerging as the primary one.

To make the results comparable, the four models were estimated using the same set of covariates: **age group**, **gender**, **channel of access** and **geographical macro-area**.

In this context, the coefficients are expressed as **odds ratios**. A value above 1 indicates that, compared with the reference category, that profile is associated with **higher odds** that the area considered is the primary one; a value below 1 indicates **lower odds**. To make the reading more immediate, **average predicted probabilities** from the model were also considered alongside this interpretation. The reference categories adopted in the models are: **14–15 years** for age, **female** for gender, **telephone** for channel of access and **North** for geographical macro-area.

The metrics reported in this appendix, such as **AUC** and **McFadden’s pseudo- $R^2$** , have only an **orienting** function. They are not intended to establish whether the model “works well” in a predictive sense, but rather to help understand whether the area under analysis shows a more or less defined profile with respect to the covariates considered.

Table 8: Summary of the four binary logistic models applied to the main areas of need.

| Target area             | Cases | % of total | AUC   | Pseudo- $R^2$ |
|-------------------------|-------|------------|-------|---------------|
| Mental health           | 771   | 35.3%      | 0.644 | 0.051         |
| Relational difficulties | 623   | 28.5%      | 0.554 | 0.008         |
| Abuse and violence      | 397   | 18.2%      | 0.640 | 0.041         |
| Digital                 | 134   | 6.1%       | 0.717 | 0.076         |

Overall, the models do not show high classificatory ability if read in a strictly predictive sense, but they are nonetheless useful for an **associative** reading of the data. In particular, they make it possible to distinguish between areas that show a more defined profile, such as **mental health**, **abuse and violence** and especially **Digital**, and areas that instead appear more **cross-cutting**, such as **relational difficulties**.

### Main findings emerging from the models

**Mental health.** The model for mental health returns a fairly readable associative profile. All else being equal, this area is more associated with **WhatsApp** and **Chat** contacts than with the **telephone**. The average predicted probabilities from the model show, for example, a higher probability for **WhatsApp** (**50.4%**) and **Chat** (**38.4%**) than for the **telephone** (**27.0%**). Mental health also appears more associated with cases referring to **girls** than **boys** (average predicted probabilities: **40.2%** versus **26.3%**) and, in terms of age, it is less associated with cases aged **0–10 years** and more associated with the **16–17 years** group. Taken together, these results suggest that the demand for help linked to mental health is more clearly concentrated in later adolescence and in written or digital channels.

**Relational difficulties.** The model for relational difficulties returns a much less selective profile. Differences by age, gender, channel of access and geographical macro-area are overall limited and not particularly marked. This does not imply that the area is less relevant; rather, it suggests that relational difficulties represent a **more cross-cutting** core area of need, less concentrated in a specific profile than the other areas considered. In other words, it is a dimension of the demand for help that cuts across different types of cases and that, at least with the variables considered here, is not easily reducible to a narrow set of distinctive characteristics.

**Abuse and violence.** The model for abuse and violence highlights above all an **age gradient**. Compared with the **14–15 years** group, the area is more associated with cases aged **0–10 years** and **11–13 years**, while it appears less associated with **16–17 years**. The average predicted probabilities confirm this tendency: **31.8%** for **0–10 years**, **21.8%** for **11–13 years**, **15.8%** for **14–15 years** and **11.8%** for **16–17 years**. In terms of channels, the area appears relatively more associated with the **telephone** than with **Chat** and **WhatsApp**. This set of results reinforces the idea that the abuse and violence area more often intercepts relatively younger cases and situations that tend to emerge more often through telephone contact.

**Digital.** The model for the digital dimension returns the most clearly defined associative profile among those considered. All else being equal, the **Digital** area is more associated with cases referring to **boys** than to **girls**; the model’s average predicted probabilities are **10.7%** for boys and **3.4%** for girls. The area is also much less associated with cases aged **0–10 years**, while tending to concentrate more in adolescence, particularly around the **14–15 years** group. A readable pattern also emerges for channels: compared with the **telephone**, the area is less associated with **Chat** and **WhatsApp** contacts. Overall, the results suggest that the risks and needs connected to digital environments occur more frequently among male cases and in adolescence rather than childhood.

## Complete odds ratio tables

For transparency, the complete estimates of the four binary logistic models are reported below. In all tables, odds ratios refer to the following reference categories: **14–15 years** for age group, **female** for gender, **telephone** for channel of access and **North** for geographical macro-area. Values greater than 1 indicate higher odds that the area considered is the primary one compared with the reference category; values below 1 indicate lower odds.

Table 9: Binary logistic model for the Mental health area vs other informative areas.

| Predictor               | Level                | OR   | 95% CI            | p-value |
|-------------------------|----------------------|------|-------------------|---------|
| Channel of access       | WhatsApp             | 2.87 | 1.97–4.17         | < 0.001 |
| Channel of access       | Chat                 | 1.72 | 1.40–2.12         | < 0.001 |
| Channel of access       | Other channels       | 0.37 | 0.05–3.01         | 0.353   |
| Channel of access       | Not reported         | 0.87 | 0.46–1.65         | 0.679   |
| Age group               | 0–10                 | 0.21 | 0.10–0.47         | < 0.001 |
| Age group               | 11–13                | 0.92 | 0.70–1.19         | 0.515   |
| Age group               | 16–17                | 1.27 | 1.02–1.58         | 0.033   |
| Age group               | Not reported         | 1.06 | 0.34–3.33         | 0.923   |
| Gender                  | Male                 | 0.52 | 0.42–0.64         | < 0.001 |
| Gender                  | Not reported         | 0.72 | 0.23–2.26         | 0.569   |
| Gender                  | Other/other reported | –    | unstable estimate | 0.970   |
| Geographical macro-area | Centre               | 1.04 | 0.81–1.34         | 0.738   |
| Geographical macro-area | South and Islands    | 1.05 | 0.84–1.30         | 0.675   |
| Geographical macro-area | Not reported         | 0.66 | 0.46–0.95         | 0.024   |

Table 10: Binary logistic model for the Relational difficulties area vs other informative areas.

| <b>Predictor</b>        | <b>Level</b>         | <b>OR</b> | <b>95% CI</b>     | <b>p-value</b> |
|-------------------------|----------------------|-----------|-------------------|----------------|
| Channel of access       | WhatsApp             | 0.69      | 0.45–1.07         | 0.095          |
| Channel of access       | Chat                 | 1.08      | 0.88–1.33         | 0.466          |
| Channel of access       | Not reported         | 1.17      | 0.68–2.01         | 0.569          |
| Channel of access       | Other channels       | –         | unstable estimate | 0.959          |
| Age group               | 0–10                 | 1.30      | 0.81–2.09         | 0.274          |
| Age group               | 11–13                | 1.01      | 0.77–1.32         | 0.930          |
| Age group               | 16–17                | 1.02      | 0.81–1.29         | 0.858          |
| Age group               | Not reported         | 0.92      | 0.27–3.13         | 0.889          |
| Gender                  | Male                 | 1.11      | 0.90–1.37         | 0.322          |
| Gender                  | Not reported         | 0.89      | 0.26–3.07         | 0.857          |
| Gender                  | Other/other reported | –         | unstable estimate | 0.988          |
| Geographical macro-area | Centre               | 1.10      | 0.85–1.42         | 0.481          |
| Geographical macro-area | South and Islands    | 0.98      | 0.78–1.23         | 0.842          |
| Geographical macro-area | Not reported         | 1.14      | 0.80–1.62         | 0.466          |

Table 11: Binary logistic model for the Abuse and violence area vs other informative areas.

| <b>Predictor</b>        | <b>Level</b>         | <b>OR</b> | <b>95% CI</b>     | <b>p-value</b> |
|-------------------------|----------------------|-----------|-------------------|----------------|
| Channel of access       | Chat                 | 0.60      | 0.48–0.77         | < 0.001        |
| Channel of access       | WhatsApp             | 0.41      | 0.23–0.71         | 0.002          |
| Channel of access       | Other channels       | 3.03      | 0.86–10.73        | 0.086          |
| Channel of access       | Not reported         | 0.76      | 0.40–1.44         | 0.396          |
| Age group               | 0–10                 | 2.54      | 1.56–4.13         | < 0.001        |
| Age group               | 11–13                | 1.50      | 1.11–2.04         | 0.009          |
| Age group               | 16–17                | 0.71      | 0.52–0.95         | 0.024          |
| Age group               | Not reported         | 3.29      | 0.94–11.50        | 0.062          |
| Gender                  | Male                 | 0.96      | 0.75–1.24         | 0.769          |
| Gender                  | Not reported         | 0.45      | 0.13–1.61         | 0.221          |
| Gender                  | Other/other reported | –         | unstable estimate | 0.974          |
| Geographical macro-area | Centre               | 0.83      | 0.61–1.13         | 0.242          |
| Geographical macro-area | South and Islands    | 0.79      | 0.60–1.04         | 0.094          |
| Geographical macro-area | Not reported         | 0.81      | 0.53–1.25         | 0.347          |

Table 12: Binary logistic model for the Digital area vs other informative areas.

| <b>Predictor</b>        | <b>Level</b>         | <b>OR</b> | <b>95% CI</b>     | <b>p-value</b> |
|-------------------------|----------------------|-----------|-------------------|----------------|
| Channel of access       | Chat                 | 0.44      | 0.30–0.64         | < 0.001        |
| Channel of access       | WhatsApp             | 0.34      | 0.14–0.81         | 0.015          |
| Channel of access       | Not reported         | 0.52      | 0.19–1.43         | 0.209          |
| Channel of access       | Other channels       | 0.77      | 0.09–6.60         | 0.808          |
| Age group               | 0–10                 | 0.08      | 0.01–0.62         | 0.015          |
| Age group               | 11–13                | 0.60      | 0.35–1.02         | 0.060          |
| Age group               | 16–17                | 0.80      | 0.52–1.22         | 0.294          |
| Age group               | Not reported         | 0.51      | 0.06–4.34         | 0.539          |
| Gender                  | Male                 | 3.50      | 2.37–5.17         | < 0.001        |
| Gender                  | Not reported         | 2.94      | 0.35–24.84        | 0.322          |
| Gender                  | Other/other reported | –         | unstable estimate | 0.985          |
| Geographical macro-area | Centre               | 1.02      | 0.61–1.72         | 0.933          |
| Geographical macro-area | South and Islands    | 1.22      | 0.79–1.89         | 0.362          |
| Geographical macro-area | Not reported         | 2.02      | 1.09–3.74         | 0.025          |

*Note.* The wording “unstable estimate” indicates levels with very low counts, for which the odds ratio and confidence interval are difficult to interpret. These estimates are reported for completeness, but are not discussed in the main text of the dossier.

# Credits

Listening to distress, understanding needs

## The dossier

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This volume is the annual data analysis dossier of the Listening Service 1.96.96. It presents a descriptive reading of the cases recorded during the period 01/01/2025–01/01/2026, with the aim of offering the main needs emerging through the service in a concise, scientifically grounded and publicly accessible form.

## Data source

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The analyses presented in this dossier are based on data collected by the 1.96.96 Listening Service of Fondazione S.O.S. Il Telefono Azzurro ETS. The unit of analysis adopted is the case; each case may be associated with one or more contacts.

## Authors and contributions

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### Contributions

|                                  |  |
|----------------------------------|--|
| Overall dossier design           | Emiliano Seri                              |
| Data analysis                    | Emiliano Seri                              |
| Content development and revision | Emiliano Seri, Anna Valle, Ilaria Visconti |
| Foreword                         | Ernesto Caffo                              |

## Privacy note

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This dossier uses only aggregated and descriptive data. It contains no individually identifiable information and offers a scientific, concise and publicly accessible reading of the main findings emerging from the analysis of cases recorded by the service during the period considered. The case stories included in the text are drawn from real situations, reworked in anonymised form, synthesised and accompanied by fictional names, for the sole purpose of illustrating and making the phenomena described easier to understand.