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GENDER DIFFERENCES AND CHALLENGES TO ACCESSING CYBER COUNSELING APPROACH

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ABSTRACT

Gender plays an important role in shaping access to face-to-face counselling services, influencing both barriers and facilitators to help-seeking behaviour. Societal norms often discourage men from seeking mental health support due to expectations of stoicism and self-reliance, while women face challenges such as stigma, financial constraints, and time limitations despite being more socially encouraged to express emotions. Nowadays, Cyber-counselling has been widely offered and has become one of the alternative approaches in counselling help. Motivational factors such as social support, positive past experiences, and education on mental health can significantly enhance the likelihood of seeking counselling. Conversely, barriers like stigma, cultural factors, lack of confidentiality, and negative past experiences impede access for both genders.
This systematic review explores different ways in which gender influences help-seeking behaviours, especially in digital or counselling contexts. After narrowing down from a much larger pool, 15 articles were analysed and sorted into three main themes. The analysis was not just a comparison, but also tried to link patterns across studies, even when the links were not always clear. Gender-based differences showed up in both subtle and obvious ways. Overall, the review tries to highlight how people seek help differently depending on gender, and what that might mean for support systems going forward.

Keywords: Gender differences, challenges, cyber counselling, mental health, professional services.

1. INTRODUCTION

Gender differences play a significant role in seeking counselling, with distinct barriers and facilitators affecting individuals' willingness to pursue mental health support. Research has consistently shown that men and women experience and respond to mental health challenges differently, which impacts their help-seeking behaviour (Mahalik et al., 2003). Societal norms and cultural expectations often dictate that men should be stoic and self-reliant, discouraging them from seeking help for mental health issues (Addis & Mahalik, 2003). Conversely, women are generally more encouraged to express emotions and seek support, yet they still face unique barriers, such as stigma and access to resources (Vogel et al., 2011).

Facilitators that encourage help-seeking behaviour also differ by gender. For men, having a supportive environment that challenges traditional gender norms and promotes emotional vulnerability can significantly increase the likelihood of seeking counselling (Mahalik et al., 2003). Educational interventions that address mental health stigma and normalise help-seeking can also be effective (Vogel & Wade, 2009). For women, accessible and affordable counselling services, as well as supportive social networks, play crucial roles in facilitating their help-seeking behaviour (Galdas et al., 2005).

Understanding these gender-specific barriers and facilitators is crucial for developing targeted interventions that promote mental health support for all individuals. By addressing these unique challenges, mental health professionals can better support men and women in overcoming obstacles to seeking counselling and improve overall mental health outcomes.

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2. CYBER COUSELING OVERVIEW

Cyber counselling is defined as the provision of counselling services through the Internet, in which the client and the counsellor or psychologist are not in the same physical location and connect through computer-mediated communication advances (Abney & Cleborne, 2004). Online/cyber counselling encompasses a variety of modalities, such as instant messaging, synchronous chat, text messaging, video-conferencing, and asynchronous email (Barak, Hen, et al., 2009; Barnett, 2005; Dowling & Rickwood, 2013).

2.1 Motivation Factors for Seeking Cyber Counseling

Social support networks play a crucial role in facilitating access to counselling services. Women generally have stronger social support systems that encourage them to seek help when needed (Cornish et al., 2000). Men, who may have less robust support networks, benefit significantly when encouraged by partners, family, or friends to seek counselling (Mahalik, Burns, & Syzdek, 2007).

The second factor is that positive previous experiences with mental health services can encourage individuals to seek help again in the future. Women are more likely to report positive experiences with counselling, which increases their likelihood of seeking help again (Mojtabai, 2007). Men, who may have fewer initial encounters with mental health services, often require more outreach and positive reinforcement to consider counselling as a viable option (Robertson & Fitzgerald, 1992).

The other factors are Education and Awareness. Increased awareness and education about mental health and counselling services can reduce stigma and encourage help-seeking behaviours. Public health campaigns that target gender-specific barriers and promote the benefits of counselling can be particularly effective (Jorm et al., 2003). Educational programs that address mental health literacy can empower both men and women to recognise symptoms and seek appropriate help (Kutcher, Wei, & Coniglio, 2016).

Gender differences in seeking counselling services are influenced by a complex interplay of societal norms, perceived need, accessibility, social support, and education. Addressing these barriers and enhancing facilitators requires targeted interventions that consider the unique challenges faced by men and women. Future research should continue to explore these differences to inform policies and practices that promote equitable access to mental health services.

2.1 Barrier to Seeking Cyber Counseling

Gender differences in seeking counselling can significantly influence both barriers and facilitators. Research indicates that these differences are rooted in societal norms, psychological factors, and access to resources. Traditional masculine norms often discourage men from seeking help for mental health issues. Societal expectations to be self-reliant, strong, and unemotional can make men less likely to seek counselling (Mahalik et al., 2003; Vogel et al., 2011). While women may face less stigma than men in seeking counselling, they may still encounter societal stereotypes that label them as overly emotional or weak for needing help (Galdas et al., 2005).

Likewise, if counselling sessions are conducted online, certain challenges may arise, such as the perceived lack of confidentiality. Concerns about privacy and confidentiality can deter individuals from seeking cyber counselling, particularly in small communities where anonymity is harder to maintain (Corrigan et al., 2014). The client will face difficulty in finding a private space at home to engage in counselling without being overheard or interrupted.

Counselling services can also be expensive, and a lack of insurance coverage or financial resources is a significant barrier. This is especially true for low-income individuals, regardless of gender (Ojeda & McGuire, 2006). While cyber counselling can sometimes be more affordable than in-person sessions, it still might be expensive for individuals with limited financial resources. Costs of Technology also need to be included. These expenses are associated with purchasing and maintaining devices or internet subscriptions. Busy schedules and time commitments, including work and family responsibilities, can prevent individuals from accessing counselling services (Gulliver et al., 2010).

People's inclination to seek online counselling is greatly influenced by cultural and ethnic boundaries. It is frowned upon in many societies to talk about emotional difficulties with strangers, even online, because mental health is stigmatised. Collectivists may value community or family-based solutions above outside counselling because they perceive online counselling as unsuitable or impersonal. Cultural beliefs and values can influence attitudes toward counselling. In some cultures, seeking help outside the family is discouraged, and mental health issues are stigmatised (Mojaverian et al., 2012). Ethnic minorities may face additional barriers such as language difficulties, a lack of culturally competent counsellors, and mistrust of the healthcare system (Snowden, 2001).

A lack of awareness about mental health issues and the benefits of counselling can prevent individuals from seeking help. This includes not recognising symptoms of mental health conditions or not knowing where to find resources (Gulliver et al., 2010). A lot of individuals are either unaware of the idea of internet counselling or don't think it is a good substitute for conventional in-person counselling. Insufficient exposure to information or misunderstandings regarding the legitimacy of online platforms and the credentials of cyber counsellors are frequently the causes of this ignorance.

Furthermore, people might not be completely aware of the manner in which cyber counselling operates, the kinds of problems it can resolve, or the privacy safeguards in place to safeguard private data. Consequently, even when they want mental health assistance, prospective consumers could be reluctant to use these services. In order to overcome this obstacle, increasing awareness through educational efforts and incorporating cyber counselling information into public health activities may be crucial.

Previous negative experiences with counselling or healthcare providers can deter individuals from seeking help again. This includes feeling judged, not being understood, or experiencing discrimination (Vogel et al., 2007). Despite the potential advantages of online counselling, people may be greatly discouraged from seeking it due to unfavourable prior experiences. People often have doubts about the quality of treatment they might receive online because of past experiences with substandard or unresponsive counsellors. Additionally, mistrust in digital platforms might be exacerbated by worries about privacy and confidentiality brought on by instances in which private information was handled improperly.

3. FACILITATORS

Facilitators are factors that either make direct impacts on barriers or have indirect impacts by fostering resilience. As mentioned by Kuek et al. (2021), social support and encouragement are arguably the most important facilitators when individuals are faced with culturally specific challenges. At this point, having a strong network of family and friends or co-workers around them can help alleviate stigma and encourage individuals to meet with a counsellor. At the same time, Gronholm et al. (2024) have mentioned that social networks personally and contextually normalise the experience of counselling, which can go a long way in reducing stigma and fostering resilience.

Particularly for individuals from marginalised groups, those who are traditionally underserved and stigmatised, social encouragement can be valuable in catalysing the process of addressing mental health needs. A third facilitator is positive attitudes toward counselling. If there is a positive view of counselling in one's culture or environment, this makes it easier for people to consciously and unconsciously consider and access counselling (Perrotta, 2020). Positive community attitudes about counselling can normalise mental-health care, making it seem like a reasonable and helpful choice. At the same time, the availability and accessibility of services are also crucial. As mentioned by Tomczyk et al. (2020), a person's willingness or social support for seeking help can mean nothing if counselling services are not accessible. On the other hand, the increasing availability of online counselling services is also a big boon for people's access to counselling, especially those who may struggle to get counselling due to geographic or other logistical constraints.

Awareness and knowledge of mental health issues are another facilitator. If people are aware of mental health problems, understand the issues and the importance of addressing them, and feel the potential of counselling to provide a benefit, then they are more likely to use the service. As opined by Stiawa et al. (2020), Gender can affect understanding or willingness to address mental health issues, as in some cases, women are more aware of emotional problems or can be more open to discussing their anxieties. Therefore, providing mental health education that is specific to gender can increase awareness and openness, and lead to fewer barriers to service use. On the other hand, work and institutional support can also facilitate access to counselling (Dianovi et al. 2022). The stigma that is sometimes attached to asking for help is lessened when counselling services are easily accessible through the workplace, other educational institutions, and service-providing organisations. However, the provision of supportive and gender-affirming mental health services through these platforms and organisations may be essential in bridging the gap between acknowledging the need for assistance and actually seeking it.

Counsellors' cultural awareness and competency have also been found to be crucial mediators in creating safe places for people, particularly in situations where gender roles and expectations are established in deeply ingrained cultural standards. People from patriarchal societies, for instance, might not ordinarily want to discuss topics that might be considered taboo in their culture. This is a circumstance that can only be helpful if therapists have received cultural competency training. Similarly, Levenson et al. (2023) mentioned that members of the LGBTQ+ community can often seek out counsellors who are sensitive to their unique requirements and challenges that they may face and who can create a safe, non-judgmental place to express and transcend these concerns.

These services are ultimately dependent on individuals' own motivation to want to make a change. As stated by Bergen & McCabe (2021), regardless of the services offered or the support available, the individual will decide whether to take up counselling or not, often dictated by their willingness and readiness to change. In some cases, this could be in response to a depressive symptom, but for others, it could be motivated by a number of factors other than mental or emotional distress. It could also be because a person realises that their mental and emotional well-being is not where they want it to be. Hence, it can be said that the facilitators of these counselling services are multi-faceted and greatly determined by the context, for example, social support, attitudes towards counselling, availability of services, awareness about mental health issues and personal motivation. Gender is a critical determinant for these facilitators and for the provision of mental health services in general. If mental health services are to be effective and accessible, it is important that they are sensitive to gender, culturally responsive and accessible.

4.0 METHODOLOGY

The current study utilises a Systematic Literature Review (SLR) methodology to review existing literature concerning differences in accessing cyber counselling between genders. We chose the SLR method as it offers a systematic, transparent, and replicable approach to identify, assess, and

analyse relevant studies. Conducting the systematic review aimed to gather peer-reviewed journal articles, conference proceedings, and reports for evidence. This entailed defining research aims, implementing distinct inclusion and exclusion criteria, systematically searching various academic databases, screening results for relevance, and thematically analysing findings to develop global findings in accordance with the aims of the study.

4.1 Identifying search terms

For this review, a systematic search was conducted using databases such as Scopus, Web of Science, PsycINFO, and Google Scholar. Search terms included combinations of keywords such as "cyber counselling," "online counselling," "internet counselling," "e-counselling," "digital counselling," "virtual counselling," "gender differences," "male help-seeking," "female help-seeking," "gender barriers," "facilitators," "privacy concerns," and "accessibility challenges." Boolean operators (AND/OR) were used to refine the results. Additional theoretical terms such as "Black Feminist Theory," "Unified Theory of Acceptance," and "Donabedian SPO framework" were also applied to capture conceptually relevant studies. The search targeted peer-reviewed articles published in English from 2021 onwards to ensure relevance.

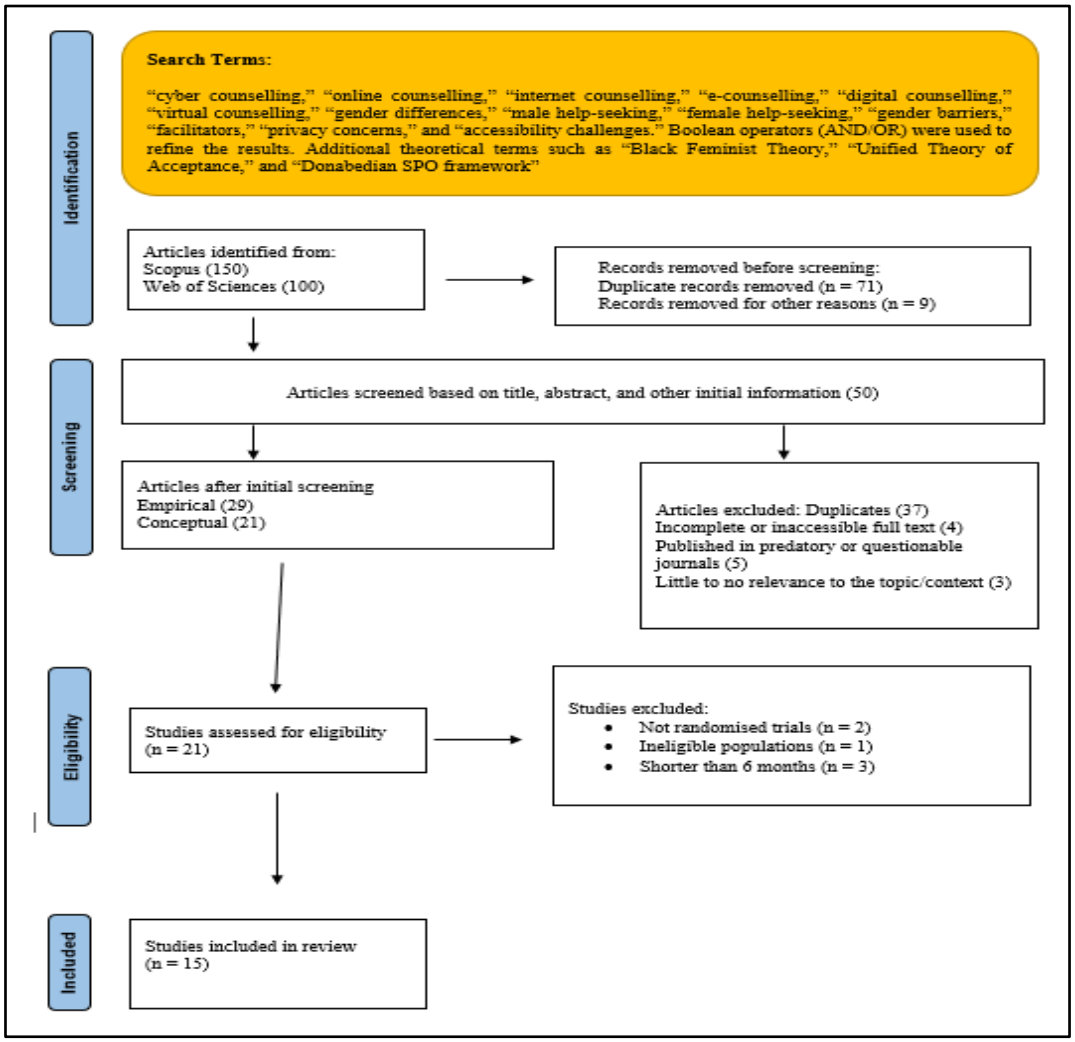

Figure 1. The systematic literature review framework of this study is based on the PRISMA (Source: Hapsari, 2025)

Table 1. Cyber counselling approach related terms from prior research

Specific term(s) related to TM	**Sources from prior studies**
Online counselling E-counselling Digital mental health services Teletherapy	Zainudin et al. (2018); Zainudin & Yusop (2018) Zainudin et al. (2020); Asamoah-Gyawu et al. (2022) Young et al. (1999); Navarro et al. (2020) Robledo Yamamoto et al., (2021)

4.2 Screening and inclusion of relevant studies

Table 2. Inclusion and exclusion criteria for the articles for review in this study

Inclusion criteria	Exclusion criteria
● Peer-reviewed ● English-language ● Full-text, peer-reviewed ● Published in reputable journals indexed by Scopus and PubMed	● Non-peer-reviewed ● Non-English-language ● Duplicated in the two databases ● Incomplete/inaccessible full text ● Little to no relevance to the topic

This review included studies according to precise inclusion and exclusion criteria to ensure the quality and relevance of selected studies. This included the studies in peer-reviewed articles, published in English, available in full text, in indexed and highly reputable journals, by either Scopus or PubMed. This guaranteed that only credible, academically reliable sources were used. Studies published in non-peer-reviewed formats, non-English languages, duplicates between databases, and studies where the full text was not obtainable in complete or accessible formats were excluded. The remaining papers that studied men as a population but that had limited or no direct relevance to gender differences or the barriers faced by men in accessing cyber counselling were also omitted. Hence, using these criteria kept the research evidence base narrow and focused on high-quality analysis.

5. RESULTS AND DISCUSSION

5.1 Descriptive analysis of the studies

This systematic literature review looks at how gender affects help-seeking behaviour, especially in mental health and abuse contexts. A total of 15 articles were chosen after searching through a bunch of databases and checking for relevance. In the analysis section, the main patterns and contrasts were grouped into themes. It was kind of tricky keeping track of everything, but eventually the findings started to take shape. Some papers overlapped while others had pretty different points. The goal was not to count how many said what, but more to understand how different perspectives connect.

5.2 Gendered perceptions of cyber counselling and help-seeking

It has been found that gender norms influence how people think about and engage with online mental health support. It seems like some groups, especially women, are more affected by cultural expectations, but also sometimes more willing to seek help, although that depends on other things too. For example, Brown, Barry, & Todd (2021) point out that people who value control and self-reliance, which are often tied to masculinity, are less likely to seek help, and this includes both men and women. In this regard, women who prioritise family a lot could actually be more okay with getting counselling, which kind of goes against expectations somehow. Al Azdi et al. (2025) also talk about how women in Bangladesh face more barriers, such as stigma and financial

limitations, which adds another layer. The article by Bansal et al. (2023) brings up online gender-based violence, showing that fear and lack of trust in systems also discourage women and gender minorities from reaching out.

At the same time, there appears to be a pattern, although it was not entirely straightforward, where social expectations intersect with how individuals use cyber counselling services. Possibly, cultural ideas about strength and silence. Randall's (2023) study of the "Strong Black Woman" stereotype can affect whether someone even sees online support as an option. That perception might be common in other groups, but maybe in different forms. The review by Pijlman et al. (2024) suggests that even when digital harassment happens, help-seeking remains under-researched, which could imply that shame or fear is still dominant. It can be inferred that although ICT-based services might increase access, underlying gender norms continue to restrict their use. Thus, even if the technology is there, the psychological or social barriers might still be stronger. This probably means digital counselling is not a full solution unless the cultural issues are addressed.

5.3 Theories or perspectives used

García-Vázquez et al. (2025) shed light on the Hybrid care model, which mixes online and in-person sessions. In this context, ICT helps individuals with therapy, but tech, privacy, and access issues pop up. On the other hand, Tossaint-Schoenmakers et al. (2021), Donabedian's SPO model maps structure, process, outcomes, which reflects eHealth integration needs workflow, tech, and human alignment. The Unified Theory of Acceptance was something along the lines of explaining tech use based on effort, social influence and habits of individuals, too, which are highly associated with motivation. Moreover, Hanass-Hancock et al. (2023) includes the IMB model, which is about how information and motivation affect behaviour, then there is Social Learning Theory that was more about observing and modelling behaviours from others, and they also bring in some modified Gender Theory stuff that highlights how gender roles play into all this, especially for women, kind of combining everything together in the workshop design. Daugelat et al. (2023) focus on the Cognitive-Interpersonal Maintenance Model, which sees anorexia as about thinking quirks such as obsession, detail focus and emotional stuff, as well as how others react. It kind of piles on traits, social responses, and family stress. There was this inherited vulnerability thing, which is hard to untangle, but it helps explain why it sticks around and gets reinforced.

Table 3. List of theories and concepts used in the reviewed articles

Theories or concepts used	No. of articles	Articles
Without a specified theory	1	Brown, Barry & Todd (2021)
Without a specified theory	1	Bansal et al. (2023)
Without a specified theory	1	Al Azdi et al. (2025)
Without a specified theory	1	Pijlman et al. (2024)
Without a specified theory	1	Randall (2023)
Hybrid care models with ICT	1	García-Vázquez et al. (2025)
Without a specified theory	1	Ioane, Knibbs & Tudor (2021)

Donabedian SPO framework	1	Tossaint-Schoenmakers et al. (2021)
The Unified Theory of Acceptance	4	Békés et al. (2021), Schomakers et al. (2022), Batterham et al. (2021), Borghouts et al. (2021)
Information, Motivation, Behaviour model (IMB), Social Learning theory and a modified version of Gender Theory	1	Hanass-Hancock et al. (2023)
Cognitive-Interpersonal Maintenance Model of Anorexia Nervosa	1	Daugelat et al. (2023)
Without specified theory	1	Berardi et al. (2024)

Table 4: Themes that emerged from reviewed articles

Emerged themes	Key issues in the discussions	Reviewed articles
Gendered perceptions of cyber counselling and help-seeking	Gender norms make help-seeking harder, especially for men. A few women face stigma, and cultural factors affect things. Trust issues take place.	Brown, Barry & Todd (2021)
		Bansal et al. (2023)
		Al Azdi et al. (2025)
		Pijlman et al. (2024)
		Randall (2023)
Structural and technological barriers to accessing cyber counselling	Internet issues, tech problems, and app confusion make online counselling tough. Some therapists were not ready. Privacy worries affect perceptions of individuals.	García-Vázquez et al. (2025)
		Ioane, Knibbs & Tudor (2021)
		Tossaint-Schoenmakers et al. (2021)
		Békés et al. (2021)
		Schomakers et al. (2022)
Facilitators enhancing cyber counselling uptake across genders	User-centred design, transparency and positive clinician-patient relationships are key aspects to increasing uptake across genders, though not always equally across settings.	Batterham et al. (2021)
		Borghouts et al. (2021)
		Hanass-Hancock et al. (2023)
		Daugelat et al. (2023)
		Berardi et al. (2024)

5.4 Structural and technological barriers to accessing cyber counselling

Structural and technological barriers also greatly impede use suited to many diverse conditions, setting both accessibility and effectiveness goals much more limited than mere feasibility. Frequent challenges include bad internet connections, device limitations, and technical difficulties that interrupt the communication flow during sessions. Navigating digital platforms can also create difficulties for users, which may result in confusion while using apps for counselling or video conferencing tools (García-Vázquez et al., 2025). Such usability problems could lead to people not persisting with therapy online, particularly for those who are technology naïve. At the same time, therapist preparedness is another concern. Sometimes therapists are less confident or able to deliver counselling widely over the internet, so less of that service is available (Ioane, Knibbs, & Tudor, 2021). A lack of technical skills and knowledge of digital tools in online counselling may mean that a counsellor does not create an engaging and supportive online experience for the client.

n the other hand, privacy concerns are another important factor to consider in shaping opinions regarding cyber counselling. Fear that sensitive conversations might be overheard at home, or intercepted online, may decrease trust in these services (Tossaint-Schoenmakers et al., 2021). Such fears are accentuated in small communities where it is difficult to be anonymous. In addition, accessibility inequalities intersect with technological barriers. People sometimes have an even harder time, as they may come from rural areas or low-income backgrounds and may have limited access to internet infrastructure and not be equipped to afford a device or data plan (Békés et al., 2021). User hesitation can remain even when technology is accessible due to a lack of trust in online mental health platforms and beliefs about their validity (Schomakers et al., 2022). Thus, structural and technological barriers from internet unreliability to inadequate practitioner preparedness need tailored solutions. This includes platform simplifications, an increase in digital literacy, infrastructure investments, and improved privacy safeguards to drive cyber counselling service uptake.

5.5 Facilitators enhancing cyber counselling uptake across genders.

Gender-specific preferences and perceptions regarding cyber counselling affect its uptake, and therefore, facilitators must be designed accordingly. User-centric design is an important consideration because platforms catering to a wide range of demands can increase male and female interest. For instance, intuitive, navigable interfaces may more effectively engage men who are less accustomed to the online mental health service space, whereas personalisation and emotional support may draw women seeking relational connection in therapy (Batterham et al., 2021). Greater transparency around how cyber counselling works, including session format, confidentiality, and data protection, can assuage scepticism among men and women. Due to privacy concerns or doubts about the validity of titillating video services, men need a clear and factual approach to security. Accelerating the adoption of technology for women, while strengthening privacy, can be more responsive to safety assurances and empathy in service provision (Borghouts et al., 2021).

On the other hand, positive clinician–patient relationships are the primary enabler across genders. A clear structure for the therapeutic relationship and strong alliance can help men establish trust and remain engaged, even with action-oriented approaches tempered with emotional support. Empathetic listening, validation and helping them feel understood and supported is especially important for women (Hanass-Hancock et al., 2023). These facilitators admittedly work less consistently across all contexts. Male and female perceptions and engagements do not occur in a vacuum, as cultural contexts, socioeconomic background, and different forms of digital literacy play a role in making sense of online counselling. Some settings will need more targeted outreach to men than women to address stigma (Daugelat et al., 2023),

whereas in other locations, community-based campaigns that normalise female participation may be beneficial (Berardi et al., 2024).

Furthermore, to optimise cyber counselling uptake among genders will necessitate the optimal fusion of user-centred platform design, operational transparency and the clinician–client relationship, all contingent upon the unique cultural and psychological realities of disparate gender groups. By doing so, men and women can relate to mental health online services in numerous ways.

6.0 CONCLUSION

Cyber counselling has the potential to increase access to mental health services, but the adoption of this option is fraught with complicated gendered perceptions that are underpinned by cultural norms and structural constraints. Sociocultural norms stigmatising depression care engagement influence women, while those norms promote independence and emotional restraint as masculine traits. Structural and technological barriers further narrow the availability. Facilitators of sustainable implementation include a focus on user-centred design, service transparency and therapeutic relationship, modified for gender-specific needs. Therefore, to achieve equitable mental health service delivery through cyber counselling, it is critical to address both technological and sociocultural barriers to prevent replication of existing gender gaps in help-seeking behaviour.

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