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Necessary and good: a literature review exploring ethical issues for online counselling with children and young people who have experienced maltreatment

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Abstract

The World Health Organization categorised the Corona virus as a public health emergency of international concern. As a result of this declaration, a raft of procedures to stem the spread of the virus to safeguard the health and safety of its citizens was enacted by the Australian Government. The promotion of social isolation and distancing were among these measures. The governmental social distancing measures put in place in Australia resulted in a curtailing of face-to-face work and moving to online service delivery for many agencies who provide counselling for children/young people who have experienced maltreatment. This article presents the findings of a review of the literature on the pertinent ethical issues in relation to online counselling. The results of the review highlighted common ethical issues discussed across the literature, with a major gap in the literature focusing on issues for children and young people and a continued privileging of the adult voice over children and young people's needs.

Introduction

In January 2020, the World Health Organization categorised COVID-19 as a public health emergency of international concern. As a result of this declaration, the Australian Government enacted a raft of procedures to help stem the spread of the virus to safeguard its citizens' health. The promotion of quarantine, isolation and social distancing were among these measures. However, research into natural disasters, of which the pandemic is albeit a less common one, has found an increase in the prevalence and incidence of violence, abuse and neglect against children and young people (Ni Aolàin, 2019) and a corresponding need to attend to their safety and wellbeing needs.

Practitioners working with children and young people at risk of experiencing violence, abuse and/or neglect have raised serious concerns about the secondary consequences of these arguably necessary government actions. The drivers of increased risk include the forced isolation of family units from daily social interaction, which has increased the exposure of many children and young people to perpetrators of all forms of abuse and decreased their exposure to supportive people who may be able to provide assistance. Campbell (2020) argued that children/young people who are unable to attend school are less visible in the community. Thus, teachers and other professionals are less likely to provide assistance or in cases of significant risk and are less likely to make a report to statutory child protection services. In addition, Gurwitch et al. (2020) stated that children/young people 'are vulnerable to serious mental health problems' (p. 82) related to the global pandemic and the concomitant steps being taken to contain it.

Purpose of this literature review

Australian Government regulations in relation to public health measures such as the use of quarantine, isolation and social distance measures resulted in a curtailing of face-to-face work and a move to online service delivery by many agencies providing counselling for children/young people who have experienced maltreatment. This required professionals to navigate unchartered waters of online service delivery. Many practitioners had to immediately shift their practice to accommodate the use of technology as the primary vehicle to engage with children and young people. However, embedded within these practice changes lie many ethical dilemmas, which were frequently unexplored in the rush to respond. This paper contributes to a consideration of some of these ethical dilemmas in order to ensure that practitioners are able to ethically respond to the needs of children and young people.

A fundamental issue requiring consideration is the ethics of online service delivery vis a vis professional codes of conduct and professional standards set by different disciplinary

Table 1. Research strategy

Research Strategy for articles	
Data bases	Family: Australian Family & Society abstracts collection via Informit online;
	Humanities & Social Sciences collection via Informit online;
	PsycINFO via OvidSP;
	Proquest Central;
	Sociological abstracts via Proquest;
	Social Services Abstracts via Proquest;
	Web of Science.
Period for search	2000–2020
Search options	Full text, English language, Peer-reviewed
Search terms (in varying combinations)	Children/young people; child maltreatment; child abuse; online therapy; e-therapy; online counselling; online group work, ethics, principles.

Table 2. Inclusion/exclusion criteria

Selection criteria	
Inclusion	Exclusion
Papers that discussed ethical issues in online therapy.	Studies that described or evaluated therapeutic interventions that were conducted solely face to face, with no discussion of ethics.
Studies undertaken with professionals about ethics and delivering online therapy.	Studies that described or evaluated online therapeutic interventions, with no discussion of ethics.
Papers that reviewed literature about ethics in online counselling	Papers that looked at ethical issues in face-to-face therapeutic intervention.
Articles written in English language.	Papers that explored professional ethics with no mention of online interventions.

associations, some of which license professional practitioners. These associations have given varying degrees of attention to the ethics of online counselling (Bolton, 2017). Despite growing evidence of the use of online service delivery, research regarding its effectiveness is still comparatively new and there is limited data available reporting evidence-based practice with children/young people who have experienced maltreatment (Mc Veigh, 2020). Thus, as Finn and Barak (2010) argue there is general agreement among practitioners about the need to develop guidance and practice in the area of online counselling to ensure that professional ethics and standards are maintained.

This paper reviews the limited literature available concerning online therapeutic work with children/young people who are, or have been, maltreated. Of particular relevance to this paper is a consideration of the ethical landscape of online counselling services. The core ethical issues associated with engaging children and young people via online counselling will be discussed and recommendations for ongoing practice and research will be made.

Clarity about terminology

Despite the growth of interest in using technology, including computer- and phone-based applications in therapeutic service delivery, there is little agreement on how best to describe this emerging area of practice. Barak et al. (2009) sought to clarify the broad definition of 'internet-supported therapeutic interventions', dividing it into four categories: (1) web-based interventions, (2) online counselling and therapy, (3) internet therapeutic software and (4) other online activities that supplement face-to-face treatment. This paper focuses predominantly on the second category of internet-supported therapeutic intervention, which is 'online counselling and therapy'. Unless otherwise specified, the term 'OCT' is used throughout the paper.

Method

A systematic review of the literature was undertaken of peer-reviewed articles identified from an examination of databases accessed through Sydney University. The search strategy is summarised in Table 1. The search strategy initially returned 6,931 articles. These articles were then culled to eliminate irrelevant material or repetition across databases, and 114 articles were chosen for their relevance and were subjected to further scrutiny to extract papers based on the inclusion criteria as shown in Table 2. Ultimately, 28 articles were retained for full-text review after the second wave of culling. Table 3, contains a profile of the retained articles.

Results

Publications from five professional disciplines appeared in the final articles reviewed, which included articles from journals in social work (9), psychology (8), counselling (5), psychotherapy (4) and psychiatry (2). The papers originated from seven countries, with American publications dominating contributions (19), followed by three papers from Canadian publications and one each from publications in Australia, India, Indonesia, Ireland, Israel and Switzerland. Twenty-one papers were discussion-based, three

Table 3. Literature summary of articles analysed

Number	Name	Year	Location	Summary of main issues mentioned in the paper.
1	Ardi, Putra & Ifdil	2017	Indonesia	Counsellor ability and processes;
				Security of files.
2	Baker & Ray	2011	USA	Jurisdiction and licensing;
				Lack of efficacy evidence.
3	Barnett & Scheetz	2003	USA	Appropriateness of telephone for the issue/problem;
				Breach of confidentiality;
				Client identity;
				Consent;
				Lack of efficacy evidence;
				Legal issues when utilising emails;
				Loss of therapeutic cueing;
				Need for adherence to general therapeutic ethical standards;
				Risk management;
				Technology failures.
4	Bolton	2017	Australia	Appropriate issues for online counselling;
				Client identity;
				Consent;
				Counsellor identity;
				Licensing;
				Loss of therapeutic cueing;
				Maintenance of professional boundaries;
				Privacy and confidentiality
				Professional competency;
				Technology difficulties/failures;
5	Centore & Milacci	2008	USA	Accessibility for clients;
				Anonymity;
				Confidentiality
				Financial viability;
				Licensing;
				Safety;
				Social stigma.
6	Craig & Lorenzo	2014	Canada	Accessibility for clients;
				Case management;
				Challenges of technology;
				Enhance client self-management;
				Enhance professional communication and decision making;
				Fear of deprofessionalisation;
				Increase speed of interventions;
				Privacy and confidentiality;
				Support client self-efficacy.

(*Continued*)

Table 3. (*Continued*)

Number	Name	Year	Location	Summary of main issues mentioned in the paper.
7	Deslich, Stec, Tomblin & Coustasse	2013	USA	Accessibility for clients;
				Confidentiality
				Financial viability;
				Licensing;
				Quality of care;
				Safety;
				Technology difficulties.
8	Dombo, Kays & Weller	2014	USA	Anonymity;
				Consent;
				Licensing;
				Maintaining personal boundaries;
				Privacy and confidentiality;
				Professional competency;
				Risk management.
9	Finn & Barak	2010	Israel	Client identity;
				Fees;
				Licensing;
				Mandatory reporting;
				Privacy and confidentiality;
				Protecting consumers.
10	Haberstroh, S.	2009	USA	Anonymity;
				Consent;
				Privacy and confidentiality;
				Security of technology;
				Technological problems.
11	Harris & Birnbaum	2015	Canada	Absence of non-verbal behavioural cues;
				Anonymity;
				Consent;
				Delayed communication;
				Emergency situations;
				Inaccessibility;
				Licensing;
				Misunderstanding and miscommunication;
				Privacy and confidentiality;
				Technological problems.
12	Kanani & Regehr	2003	USA	Consent;
				Duty to protect;
				Licensing and jurisdiction;
				Maintaining professional boundaries;
				Privacy and confidentiality;
				Professional competency;

(*Continued*)

Table 3. (*Continued*)

Number	Name	Year	Location	Summary of main issues mentioned in the paper.
13	Lopez	2014	USA	Cultural competency;
				Inaccessibility;
				Intellectual property;
				Privacy and confidentiality;
				Professional competency;
				Professional identity verification;
				Risk management;
				Use of different technologies.
14	Mallen, Vogel & Rochlen	2005	USA	Cultural competency;
				Inaccessibility;
				Licensing;
				Privacy and confidentiality;
				Professional competency;
				Risk management.
15	McCarty & Clancy	2002	USA	Fees;
				Licensing and regulation;
				Power dynamics;
				Privacy and confidentiality;
16	Midkiff & Wyatt	2008	USA	Benefits versus risks;
				Consent;
				Cultural competency;
				Fees;
				Licensing and regulation;
				Privacy and confidentiality;
				Professional competency.
17	Nicholson	2011	Canada	Access to personal information online;
				Advertising services;
				Electronic data storage;
				'Friending' concerns.
18	Parker-Oliver & Demiris	2006	USA	Confidentiality;
				Depersonalisation;
				Electronic data storage;
				Licensing and regulation;
				Technological difficulties.
19	Pollack	2008	USA	Licensing;
				Privacy and confidentiality.
20	Ragusea & VandeCreek	2003	USA	Client appropriate for online counselling;
				Fees;
				Privacy and confidentiality;
				Professional competency;
				Transparent processes.

(*Continued*)

Table 3. (*Continued*)

Number	Name	Year	Location	Summary of main issues mentioned in the paper.
21	Reamer	2013	USA	Confidentiality;
				Conflict of interest;
				Consent;
				Ethical mistakes and misconduct;
				Interagency consultation;
				Professional competency;
				Research evidence;
				Risk management;
				Technological problems.
22	Recupero & Rainey	2005	USA	Consent;
				Licensing;
				Privacy;
				Security of technology;
				Therapeutic risk, for example, misdiagnosis, misunderstandings;
23	Reynolds, Stiles, & Grohol.	2006	USA	Electronic data storage;
				Privacy and confidentiality;
				Professional competency;
				Security of technology;
24	Richards & Viganó,	2013	Ireland	Client appropriate for online counselling;
				Consent;
				Privacy and confidentiality;
				Professional competency/training.
25	Rummell & Joyce	2010	USA	Accessibility;
				Client identity;
				Licensing;
				Privacy and confidentiality;
				Professional competency;
				Risk management;
				Technological problems.
26	Sanghui & Pandey	2019	India	Maintaining professional boundaries;
				Misunderstandings in communication;
				Privacy and confidentiality;
				Suitability of client for online therapy;
				Technological problems.
27	Shaw & Shaw	2006	USA	Adolescent accessing online counselling sites;
				Confidentiality;
				Counsellor trustworthiness and accountability;
				Duty to warn;
				Jurisdiction and legal.

(*Continued*)

Table 3. (*Continued*)

Number	Name	Year	Location	Summary of main issues mentioned in the paper.
28	Stoll, Müller, Trachsel	2020	Switzerland	Accessibility;
				Autonomy and control issues;
				Client identity;
				Consent;
				Dehumanisation;
				Financial;
				Jurisdiction and legal;
				Licensing;
				Maintaining professional boundaries;
				Misunderstandings in communication;
				Privacy and confidentiality;
				Professional competency and research gaps;
				Risk management;
				Suitability of client for online therapy;
				Technological problems.

articles were based on systematic literature reviews and four papers reported data from studies conducted with professionals delivering OCT.

A variety of ethical issues were identified from the review of the literature, which are summarised in Table 3 according to themes identified and author. For ease of discussion, the literature findings are grouped under three main headings relating to ethical considerations for (1) clients, (2) counsellors, and (3) processes, procedures, and products. Each of these issues are explored in turn, with particular attention given to an exploration of ethical issues associated with OCT with children/young people who experienced maltreatment.

Ethical considerations: Clients

Establishing identity

Several authors expressed concern about the difficulty that counsellors face verifying the identity of the person actually using platforms such as mobile phones, online chat rooms or non-synchronised self-help groups (Barak et al., 2009; Barnett & Scheetz, 2003; Bunston et al., 2020; Cannella & Viruru, 2004; Hanley, 2006; Hein et al., 2015). Concerns about verifying the identity of the client are particularly salient in situations in which clients may be dangerous or in abusive circumstances (Barnett & Scheetz, 2003, p. 88) or at risk of experiencing ‘psychoses, sexual abuse, suicide or intimate partner violence’ (Harris & Birnbaum, 2015, p. 135) or in other ‘cases of emergency or abuse’ (Finn & Barak, 2010, p. 274).

The literature reviewed also found articles that promoted the advantages that anonymity offers some clients (King et al., 2006). Research conducted which canvassed the views of young people (Beattie et al., 2006; Hanley, 2009; King et al., 2006) found that many children reported benefits to being anonymous in OCT sessions. Children in King et al.’s (2006) study reported feeling more ‘safe and less emotionally exposed when engaged in an online counselling session’ (p. 172). Children’s experiences underpin the importance of professionals attending to the relative merits of providing clients with the choice to engage in OCT anonymously. However, the benefits of anonymity must be weighed up against the need to ensure the safety of children/young people.

Many studies that attest to the benefits of anonymity originated in research conducted with children and young people who have contacted helplines in England and Australia. This constitutes a considerable number, with 154,868 contacts made to the Australian Kids Helpline by children and young people in 2017 (yourtown, 2018). Many children and young people who contact helplines have experienced maltreatment (Beattie et al. 2006); therefore, their perceptions of the benefits of anonymity are of particular relevance to practitioners’ considerations about their wishes when engaging in OCT. However, limited attention was paid to this issue in the literature reviewed. Limited guidance was found to assist practitioners in their ethical considerations about the potential benefits and risks of engaging in OCT with children and young people who are anonymously participating. Ethical considerations are compounded when considering work with children and young people who have experienced maltreatment. In order to expand the scholarly knowledge base in this area, it is important for further research to be conducted and to include the perceptions of professionals who engage children and young people in OCT.

Age

Many authors highlighted the importance of considering the age and developmental stage of children and young people when considering the appropriateness of using OCT. Shaw and Shaw (2006) cautioned the reader that adolescents who accessed OCT were more likely to be suffering from severe mental health problems such as anxiety, depression or suicidal ideation. Apart from considering age as an important practice consideration correlated with mental health issues, there were no other factors identified to help

guide practitioners in making decisions about the appropriateness of using OCT with children and young people who were experiencing significant mental health issues.

Three papers mostly concentrated their analysis of age-based ethical dilemmas on the struggle to ascertain if children/young people had gained parental consent to engage in online counselling (Harris & Birnbaum, 2015; Reamer, 2013; Shaw & Shaw, 2006). Ragusea and VandeCreek (2003) argued for a specific position on age stating that 'online therapy should not be conducted with minors without the explicit permission of the parents' (p. 99).

Others argue that age should not preclude young children who may not have acquired a high level of language to participate, as they can still have a voice in the online counselling and therapeutic environment (Bunston et al., 2020; Davies & Artaza, 2009). OCT that offers family work or creative interventions that require less of the 'talking elements' in therapy may seem a way forward. However, ethical attention to the ability of the child's voice to be heard is still necessary to ensure that adult interpretations or positions about children's lived experiences are not privileged.

Suitability for online counselling

Age was not the only factor identified that warranted attention when determining the suitability of clients for OCT. Some authors (see Table 3) argued that OCT is not recommended when people are experiencing severe and/or persistent mental illness and or suicidal ideation, have a history of problematic substance misuse and pose a significant threat to self or others. However, there was no general agreement in the literature on what constituted suitability for OCT. What some authors regarded as exclusory factors others saw as risk management issues, not issues that excluded someone from OCT. For example, Dombo et al. (2014) described the benefits for sexual assault victims and/or their families of accessing hotlines that provided 'support, problem-solving, information and referral to local services' (p. 902). Richards and Vigano (2013), however, argue that the suitability of using online counselling when working with adults who have experienced abuse is contested and limited guidance exists about the suitability of using this modality with maltreated children and/or young people.

The limited guidance available in this area leads Ragusea and VandeCreek (2003) to argue that 'the therapist has to exercise best judgement in determining who is or is not appropriate for online therapy' (p. 99). Yet Shaw and Shaw (2006) demonstrate that many therapists lack sufficient knowledge about professional codes of ethics and particularly how these relate to decision-making in the context of OCT. Research conducted by Finn and Barak 2010) highlights the lack of agreement amongst professionals who diversely responded to a series of questions gauging their opinions about a range of ethical considerations that commonly arise in the context of OCT.

McVeigh (in press) reviewed the literature which explored what organisations need to consider in order to provide ethical OCT to children/young people. She unearthed a significant gap in the literature generally, and specifically in relation to how agencies can ensure ethical treatment of children and young people who have experienced maltreatment. Only one article was found that pointed to the need for professionals to attend to specific ethical considerations or for professions to adopt ethical competencies to work with maltreated children/young people online (Hanley, 2006). This lacunae in the evidence base regarding best practice leads one to question whether it is ethically and clinically sound to be using OCT for this population. However, ambiguity and uncertainty run like a vein through this brave new world of OCT and Longstaff (2017) calls our attention to the reality that 'no moral framework yet developed provides the kind of certainty people long for in order to live a safe, untroubled life' (Longstaff, 2017, p. 21). While there is merit in Longstaff's statement, it will be argued later in this paper that there is a need for specific ethical considerations when providing OCT services to children/young people.

Gaining consent

Gaining consent from people who access online counselling was another key ethical consideration identified by several authors. The concerns centred on how a counsellor determines if a person can give informed consent due to reduced capacity. Being under the influence of drugs or alcohol, suffering from a mental illness or dementia, or being a young child were given as examples of reduced capacity. Of particular relevance to this paper was Reamer's (2013) contention that 'young children' were not able to give informed consent. The term 'young children' was unspecified and there was no discussion of whether the concept was defined solely by reliance on chronological age or the individual capacity of the child in determining whether or not they were deemed capable of comprehending the concept of consent. Yet, age alone should not determine whether children can consent to participate in face-to-face counselling and the emerging field of participatory research demonstrates that children/young people can consent (Erickson & Boyd, 2017; Lambert & Glacken, 2011; Nelson et al., 2016). Thus, the ethical issue becomes not whether children can consent to participate, but rather how can professionals best enable them to participate.

The use of consent forms was suggested as a resolution to this dilemma. Yet, Bolton (2017) highlighted that consent forms alone might not be optimal as clients may not have fully read or comprehended the content. The overall robustness of using consent forms could be enhanced throughout the OCT process by ensuring that professionals spend time explaining the details of the consent process in the first session. Bolton (2017) argues that consent should be viewed as a process rather than an outcome yielding a signed form thus professionals must strive to ensure that children and young people are afforded the opportunity to continue to make choices about their continued participation in OCT through a process of ongoing assent.

Strategies to ensure that children and young people are able to provide informed consent to participate in research may be instructional for professionals using OCT. For example, Hein et al. (2015) argues that children and young people have the capacity to make competent decisions about participation when they are provided with developmentally appropriate information. Sargeant and Harcourt (2012) argue that this information must include a 'clear explanation of the why, what, when, where, and who of the research process' (p. 70). Moreover, Conroy and Harcourt (2009) regard consent as a process that needs repeating throughout the research process.

The strategies to ensure informed consent and assent that have been developed by participatory researchers working with children are illustrative for professionals using OCT. For example, professionals could send initial information on a leaflet to children/young people with a 'clear explanation of the why, what, when, where, and who' of the OCT process. This information could then be discussed in the initial session and professionals could strive to clarify any questions they may have.

Subsequently, professionals could create a space for an ongoing consideration of children's assent/dissent, which could be integrated into subsequent sessions. This may be facilitated through regular dialogue or evaluations and discussions to ensure that the decision to participate in OCT is not a stand-alone event.

Recognising children/young people's ability to consent/assent does not negate professionals' legal obligations to seek parental consent. Although professionals may recognise children as political and ethical beings capable of engaging in considered decision-making proportional to their years, they work within a legislative context that entitles parents to make decisions on behalf of children. Jenkins (2010) argues that the Gillick principle can be applied in therapeutic situations to recognising children/young people's right to consent and confidentiality. This principle arose from the case of Gillick v West North Area Health Authority (1985) in the UK whereby it was determined that a young person under the age of 16 years, who had sufficient understanding, could give valid consent to medical treatment without parental consent.

A cost/benefit ratio of using the Gillick principle to determine how informed consent and assent can be facilitated in the context of OCT can be used to ensure that therapists consider both the rights of children and young people and the need to ensure their safety. However, the issue of how to ensure that consent and ongoing assent is facilitated in the context of OCT with very young children, children/young people deemed as non-verbal, or children/young people attending family sessions online has not been given sufficient attention in the literature. Further research is needed in this area to guide professionals and policy makers who are searching for ethical clarity.

Confidentiality

Multiple ethical issues were identified in relation to ensuring client confidentiality in the OCT context. These included considerations related to maintaining the security of online records to ensure client confidentiality, temporal issues such as how to ensure that OCT occurred in a private rather than public space and the issue of mandatory reporting. The literature reviewed was adult-centric and did not specifically explore issues of confidentiality arising in the context of engaging children and young people in OCT.

Ensuring client confidentiality in what Deslich et al. (2013) termed the 'electronic paper trail' (p. 6) was highlighted as a key ethical consideration. Attending to privacy issues in an age in which professionals and clients, alike, can meet online in public spaces is an issue explored by Parker-Oliver and Demiris (2006) who expressed concern about clients' privacy when using a computer in a public place.

Although limited data were found in the literature review that provided guidance to professionals about ensuring confidentiality for children and young people engaged in OCT, Jenkin's (2010) work is instructive. He highlighted the benefits of providing confidential health advice within a school setting but argued that professionals must make complex decisions about breaching confidentiality when safety and wellbeing concerns exist for children and/or young people. Jenkins (2010) offers a decision matrix to guide practitioners who have an ethical and legal duty to protect them from harm.

Compounding the complexity in this area, Dubowitz (2017) points out that there is no global agreement regarding the obligations of professionals to report child at risk concerns but many children and young people engage with OCT professionals or platforms over the World Wide Web. This reality poses an ethical dilemma for counsellors providing OCT to children/young outside their jurisdiction. This is an area that many practitioners are currently navigating without the support of universally agreed legislation, ethical decision-making frameworks or practitioner standards and guidelines. Many professionals are left to weigh up the relative merits of the benefits of confidential OCT for children and young people versus the need to ensure safety and wellbeing. Although, OCT, like any other therapeutic intervention, is a form of intervention aiming to assist healing rather than a statutory child protection intervention, practitioners must still grapple with assessing risk along this path of recovery.

This ethical responsibility to attend to children's safety and wellbeing is a unique ethical consideration required of practitioners who work with children and young people. Practitioners offering OCT must also work in partnership with other professionals and agencies, particularly in situations where statutory child protection concerns exist. In order for therapy to proceed safely in the online environment, the following considerations used to guide decision-making at CaraCare about whether or not it is safe enough for children to participate in OCT may be helpful:

- Is the child currently living with a known perpetrator of child abuse or domestic and family violence?
- Is the child required to have regular contact or access with a known perpetrator of child abuse or domestic and family violence?
- Does the child have a safety network, parental support or functioning adult ally?
- Will the child's participation in OCT exacerbate the symptoms of abuse that they are experiencing?
- Have they been provided with adequate information about the OCT to make an informed choice about participation and do they understand that they can withdraw at any time?

Summary of issues pertaining to counsellors

Training and supervision

The need for professional accountability was given particular attention by several authors (see Table 3). The need to develop technological competency through training and development opportunities was identified as a key workforce issue. Most of the papers reviewed highlighted a need for specific training and/or capacity-building activities to be developed and available to practitioners. Some writers suggested that clinical social workers should undergo ongoing training and evaluation to ensure that they met particular competencies enabling them to engage in OCT (Dombo et al., 2014). Others argued that tertiary institutions should include such training and development opportunities in their curricula as part their professional qualifying standards (Finn & Barak, 2010). Bolton (2017) suggests that professional associations should be required to provide specific online training for members. It was encouraging to read Hanley's (2006) argument, which called for practitioners who work specifically with young people to undergo appropriate online training and expertise. Sefi and Hanley (2012) further develop this argument, proposing the use of an evaluative tool designed especially for OCT with children/young people to 'indicate what is and is not achieved in this innovative and relatively unchartered territory' (p. 61).

It was disheartening to find scant attention given to the needs of diverse groups of people who may wish to engage in OCT. No articles were located that addressed the needs for professionals

to gain specific skills to enable them to work effectively and ethically with older people, LGBTIQTS+, differently abled people and people in mental distress. The lack of attention to this area requires urgent attention, particularly as OCT may be extremely beneficial and convenient for people from these groups. For example, McInroy et al., (2019) found that young people from the LGBTIQTS+ community felt safer and more supported when engaging with their community online.

Verifying identity

No regulatory body or licensing measures will guarantee full protection for clients from unscrupulous people posing as professionals. With the proliferation of the World Wide Web, this poses a particular difficulty for the online counselling field. To date, professional codes of conduct have failed to eradicate this problem in the context of traditional counselling services providing face-to-face services. Concerted efforts to protect children from all types of unscrupulous people in the online environment including unqualified people posing as counsellors (Bolton, 2017) and people grooming children to exploit them through sexualised violence (Martellozzo, 2019) must continue.

Processes, procedures and products

Reamer (2013) highlighted the issue of possible conflicts of interest arising in the context of the commercialisation of OCT services. Ethical dilemmas identified in the literature include when professionals are provided with free access to online platforms by service providers in exchange for being allowed to advertise the service provider's product on a counsellor's website. Also, noted was the common practice by some professionals to talk about using online technology using the trade name of the provider, thus raising the profile of the service provider and providing another avenue for free advertising to occur.

The situations described above provide the potential for blatant product endorsement at worst and some form of non-deliberate endorsement at best. In the not-for-profit sector, many organisations receive financial or in-kind support from the corporate world as a vital part of their economic survival. Acknowledgement of support often comes with a display of the name and/or logo of the company providing support. The same ethical principles that guide these relationships between the corporate and not-for-profit sector are transferrable to the online context. When therapists consider product endorsement, be it deliberate or non-deliberate, there are several ethical considerations. For example, professionals must determine how to ensure transparency to clients and stakeholders when endorsing products, if any overt or unintended advertising of the company compromises the counsellor's integrity, and whether products potentially breach any safety or ethical standards.

The security of online platforms as consumer products was another area identified that posed ethical challenges. Potential security breaches occurring as a result of someone hacking into a platform, due to computer viruses, human error including professionals inadvertently sending confidential information, and data storage breaches were identified in the literature. Some of these security issues are not new to professionals providing face-to-face counselling; however, the risks posed by breaches in the OCT context may be magnified and hence need to be well attended to within organisations as part of their overall risk mitigation procedures.

Some authors felt that payment issues warranted ethical consideration. They discussed whether fees for online work were comparable to face-to-face work, especially if short consultations occurred. Moreover, they discussed whether it was appropriate to charge for traditional services such as invoicing and fee collection processes. For young people who are wage earners and access OCT without parental consent, the issue of fees does apply, yet no discussion surfaced in the literature on how this issue is best managed. This ethical issue poses the question of whether professionals need to consider some form of fee reduction in light of the lower rates of wages young people often receive due to their age or employment type. Fees are also an ethical consideration for children who are not at the employable age and depend upon parents to pay for OCT. Therapists need to balance the fidelity to their child client with accountability to the parental fee payer for quality and effective outcome of service delivery.

Limitations

This review had several limitations. Only papers written in English were reviewed. Moreover, only one author reviewed the literature, and the results are shaped by the conceptual lens through which she read the literature. This paper aimed to explore the breadth of ethical issues that exist in the literature concerning OCT with a particular focus on children and young people who experienced maltreatment. Range in exploration was chosen in an attempt to provide an overall view of the ethical landscape. Therefore, it was beyond this paper's scope to thoroughly analyse and make recommendations on the nuances of every ethical issue canvassed. Notwithstanding these limitations, the review unearthed some crucial ethical issues and significant gaps in the literature that are worthy of discussion and timely given the pandemic we are experiencing.

Discussion

This literature review unearthed myriad ethical issues regarding the delivery of services in the online context that were catapulted into the minds of professionals and the academy as a result of the global pandemic. The vast majority of ethical issues discussed in the literature were identified in the context of OCT for adult clients with scant attention given to working with children/young people, generally, and those who have experienced maltreatment, specifically. The few articles that included considerations about children were focused on the need to report child abuse (Finn & Barak, 2010). While we would caution against 'population thinking' (Gannett, 2001) in order to resist stereotyping children/young people, it is still the contention of this paper that children/young people as a collective, and the subpopulation of these children who have experienced maltreatment, deserve specific attention when it comes to ethical considerations. This contention is based on a difference-centred theorising approach to children/young people's citizenship and the need to deliver specialist services, including those offered online to them.

By virtue of their age, children and young people are subject to 'a social division or a dimension of the social structure wherein power, privilege and opportunities are allocated to some and powerlessness, social exclusion, lack of respect, and alienation are allocated to others' (Mullaly, 2010, p. 213). Moreover, according to their economic, social, psychological, physical health and/or *child maltreatment* (authors' emphasis) status (Widom & Czaja, 2005), children and young people are a vulnerable population.

Cannella and Viruru (2004), drawing upon post-colonial theory, highlighted the institutionalisation of adult and child status and the subsequent normalisation of power and privilege that lies with the adults. John (2003) further argues that children not only share the marginalisation of other minority groups but are 'ignored, being treated as subhuman, being treated as parcels rather than people with agency, being regarded as little or no account' (p. 154).

In Moosa-Mitha's (2005), difference-centred theorising of children's citizenship rights, the adult normative standpoint that regards children as 'not quite there yet' is problematised. Consequently, difference-centred theorising recognises children in their status as full citizens and allows for the recognition of 'historical circumstances, vulnerabilities, and interests' (Moosa-Mitha 2005, p. 372) within their collective membership of a group. The marginalisation that children and young people experience due to hegemonic adult practices and their vulnerability to abuse finds recognition in difference-centred theorising.

This review unearthed a significant lacuna in the contributions from practitioners on their experience of navigating the ethical landscape of OCT with children and young people generally, and the maltreated population specifically. If there is a need for online counselling to have a theoretical framework as highlighted by Richards and Viganó (2013), we would argue for consideration to be given to children and young people through the lens of difference-centred theorising integrated into this online theoretical framework.

Drawing upon the learnings of participatory research that privileges children's and young people's contribution to the accumulation of knowledge about ethical considerations in OCT would also help to navigate some of the ethical minefields facing professionals and offers insights into to how to bridge the gap in the literature. Children and young people are able to demonstrate insight into the therapeutic process and the complexities of the healing process (McVeigh, 2017a, b), and research has found that many value the anonymity and privacy that OCT can afford them. Moreover, Hanley's (2009) research revealed that young people felt that they were more in control of the therapeutic process than they would be in a face-to-face context.

Many children who access OCT are clients of child protection and/or mental health services, which historically have not been sites of robust power-sharing. Rather, these services have left many children and young people feeling discounted and 'rendered inaudible, (Mudaly & Goddard, 2006, p. 18) in effect repeatedly silenced' (Goddard et al. 2014, p. 259). However, there is increasing movement in academia and practice that believes 'children are active and competent beings and key witnesses to their own lives' (Sargeant & Harcourt, 2012, p. 19). Therefore, in line with this ongoing progress, it is important that children and young people are afforded epistemic privilege (Vasanthakumar, 2018) in all matters that affect them, including on the current debate regarding OCT ethics. Hearing the views of children and young people on their perceptions of how best to navigate some of the major ethical issues raised in this paper would address the imbalance of adult-centric knowledge on this topic that was uncovered in this literature review.

Conclusion

As far back as 1993, Behar (1993) wrote that the use of computers for human service workers poses challenges that are not easily resolved. Twenty-seven years later, this statement still applies and indeed can be expanded to include the challenges posed by the proliferation of computer-based technologies including OCT. While Behar (1993) wrote of the challenges of 'computerised bureaucratic regulation' (p. 450), his words ring true for the use of OCT:

> Ironically, while professionals in the human services may assume the ultimate value of their profession and then seek to find effective and appropriate means for implementing the services rendered, real ethical responsibilities may at times stand outside of these kinds of considerations. (p. 450)

For professionals delivering OCT to children and young people who have experienced maltreatment, there are many 'real ethical responsibilities'. Davies (2014, p. 9) reminds us when working with children 'not to seal the notion of the good inside what is deemed to be necessary' for fear of 'repeated institutionalized, authorized ways of being and knowing'. When COVID-19 hit Australia's shores, it was necessary to move into active practice with great expediency to continue to deliver services to children and young people. We believe it is time to move towards deliberate practice through which we can consider what is both necessary and good. Deliberate practice that allows for careful consideration of how to provide safe, ethical and appropriate online services to children and young people who have experienced maltreatment are required. Such deliberate practice must also entail conducting ethical research with children and young people in order to better understand their perceptions of OCT and its effectiveness. A deliberate practice that can struggle with Longstaff's (2017) '"inconvenient truth" that there is no moral certainty' (p. 21), but that realises the particular needs of children and young people who have experienced maltreatment, must be realised. Furthermore, if as Békés and Aages-van-Doon (2020) claim, OCT is the silver lining of COVID-19, then ongoing deliberate practice must continually seek what is ethically necessary and good in the provision of OCT to the children of Australia.

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