



# Mental Health, Shame, and Resilience: A Study of Victims and Non-victims of Nonconsensual Intimate Image Sharing

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Received: 6 February 2025 / Accepted: 7 November 2025 / Published online: 18 December 2025  
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## Abstract

Nonconsensual intimate image sharing (NCIIS) is a type of online violence that happens through Information and communication technologies. The consequences of NCIIS cause great suffering to victims. Some studies indicate that symptoms are alleviated in resilient victims. This quantitative study aims to analyze the relationship between NCIIS and shame, symptomatology, and resilience in adults' lives, to compare the group of victims with non-victims of NCIIS concerning those variables, and to analyze the predictors of shame. The sample comprises 220 Portuguese participants aged 18 to 62 years ( $M=24.9$ ,  $SD=6.58$ ). About 38.2% of the participants are victims of NCIIS. Participants responded to the sociodemographic questionnaire, the Impact of Event Scale-Revised (IES-R), the Brief Symptom Inventory (BSI), and the Resilience Scale-10 (RS-10). The results indicate statistically significant positive correlations between the IES-R and the BSI, and statistically significant negative correlations between the RS-10 and all IES-R and BSI subscales. Victims of NCIIS show higher rates of shame and symptomatology and less resilience. NCIIS victimization, sex, and BSI significantly predict shame. Victims of NCIIS suffer several mental health consequences, and it is crucial to establish prevention plans, considering the impact of this victimization.

**Keywords** Nonconsensual intimate image sharing · Shame · Symptomatology · Resilience · Adults

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## Introduction

Nonconsensual sharing of intimate images has become a growing concern in the field of digital violence in recent years (Agrawal, 2020). Beyond its legal and ethical repercussions, this practice has been associated with numerous effects on the lives of those who are exposed to it (Huber & Ward, 2024). Research indicates that nonconsensual sharing of intimate images can lead to heightened feelings of shame and have a significant impact on mental health, with the potential to lead to symptomatology and psychopathology, affecting overall well-being and daily functioning (Fido et al., 2025), most times leading to underreporting as well (Ray & Henry, 2024). Nonetheless, not all individuals respond to adversity in the same way, suggesting that other factors, such as resilience, may play a significant role in moderating its impact and influencing subsequent outcomes (Li et al., 2023). However, literature remains scarce regarding this relationship on specific types of victimization, such as nonconsensual sharing of intimate images. Therefore, examining the interplay between shame, symptomatology, and resilience in the context of nonconsensual sharing of intimate images can help contribute to a more nuanced understanding of this phenomenon and the development of adequate prevention and intervention measures.

## Literature Review

Computer information systems have completely changed our society in the new millennium, a period often called the “digital information age”. The resolution of technological information has drastically affected human relations, especially communications (Sepec, 2020). Unfortunately, technologies have also fostered legally undesirable behaviors, facilitating cyber-victimization (Patel & Roesch, 2022). As a result, new criminal offenses emerged, known as cybercrime (Chaurasia & Thakur, 2024), which has increasingly grown over the years (Bossler & Berenblum, 2019). Since cybercrime is more recent than other types of violence, legal systems worldwide are still working to standardize and make these offenses illegal. For instance, it was only in 2022 that the Portuguese legal system incorporated legislation against any form of image-based sexual abuse, criminalizing it with up to five years in prison (Panorama Global, 2023). As a result, it can be challenging to find trustworthy sources that provide accurate reporting on the prevalence of cybercrime (Holt & Bossler, 2016).

Cybercrime encompasses a wide range of crimes, going from cyber-trespass and cyber-deception/theft to cyber-violence and cyber-porn/intimidation (Bossler & Berenblum, 2019), image-based sexual abuse or nonconsensual intimate image sharing (Henry et al., 2023). NCIIS refers to the creation, manipulation, and distribution of sexually explicit content, such as videos and photos, available online that can be consensual or nonconsensual (Puspitosari & Bidari, 2017).

NCIIS is currently considered one of the greatest threats from the internet (Agrawal, 2020; Nilsson et al., 2019) and has been the subject of empirical research (e.g., Murça et al., 2023; Schmidt et al., 2024). There is a wide variety of behaviors that encompass the NCIIS (e.g., revenge pornography, sextortion). This phenomenon happens

through social networks, chat forums, or text messages. While misusing such images or videos is not new, the widespread availability of smartphones and internet connections has made this type of sexual abuse much more accessible to perpetrate (Patel and Roesch 2022). The NCIIS victimization rates go from 8 to 28% (Paradiso et al., 2023). A study conducted in Portugal with a sample of 274 Portuguese women demonstrated that 16.4% had been a victim of NCIIS at least once (Murça et al., 2023).

Frequently, NCIIS victimization emerges in the context of a trustworthy relationship, where the perpetrator is typically the victim's partner or ex-partner (Walker & Sleath, 2017). When trust is built between intimate partners, it encourages sexting and the sharing of sexual images and videos between the couple (Amundsen, 2023; Starr & Lavis, 2019). The perpetrator can later use those images or videos to control or threaten the victim in exchange for more sexually explicit images or, occasionally, money or other favors (Dutta & Ahmed, 2024; O'Malley & Holt, 2020).

Sexting is a risk factor of NCIIS since it consists of sending private or sexually explicit messages, images, or videos to another person on a mobile device through the internet (Powell & Henry, 2019). A study with 315 women found that 33% had been victims of sexting coercion, and individuals who suffer from this type of victimization are likelier to experience other forms of intimate partner violence (Dodaj & Sesar, 2023). The youth-produced sexual images are another risk factor for NCIIS (Slane et al., 2021), raising concern about the dangers of the digital age (Slane et al., 2021). Some studies point out that many jurisdictions criminalize youth-produced sexual images, increasing concerns about individuals' right to sexual autonomy (Quayle, 2022). Furthermore, these fake images can facilitate the perpetrators' creation of fake profiles to obtain explicit content from their victims. This phenomenon is called catfishing, in which a person pretends to be someone else online. This way, victims are lured by a fake profile, hiding the perpetrators' real identity, seducing them into sharing sexually explicit content (pictures or videos), later used in blackmail (Carlton, 2020). Another way to access intimate images is through hacking. The perpetrator enters the victims' computers and/or private messages or social media accounts through hacking/installation of viruses or malware to obtain those images or videos (Mardani et al., 2022). A study found that some of these offenders manipulate their victims into producing pornographic content while simultaneously recording their webcams without consent so they can later blackmail them (O'Malley & Holt, 2020).

Victims of NCIIS experience a perceived loss of safety and dignity and receive less respect from family and friends (Mckinlay & Lavis, 2020) as they are seen as promiscuous (Franklin, 2014). A study by Mckinlay and Lavis (2020) found that others perceived victims naked in shared photographs as more promiscuous and guilty than victims with few layers of clothing. The Double Sexual Standard Theory, developed by Milhausen and Herold (1999), postulates that women are judged more severely than men for similar sexual behaviors. Therefore, if a woman has a variety of sexual behaviors, she becomes promiscuous, but if men have the same behavior, it becomes socially acceptable (Milhausen & Herold, 1999).

## The Impact of NCIIS

Shame involves a negative self-assessment, accompanied by a feeling of impotence or passivity, in the face of a perceived failure. It is a painful emotion often associated with the belief that one has unique features, personality traits, or behaviors that others find unattractive, leading to rejection (Tangney & Fischer, 1995). Therefore, shame is a reaction to public exposure and disapproval of some personal impropriety (Tangney, 1990), manifesting through hostility towards the self and self-blame (Lutwak et al., 2003). Since guilt is an uncomfortable experience, phenomenological studies indicate that the experience of shame can be devastatingly painful (Lutwak et al., 2003). Consequently, the experience of shame involves a significant change in self-perception, often accompanied by exposure, feelings of smallness in the face of the problem, uselessness, and impotence (Andrews et al., 2002).

Intimate images or videos might be challenging to delete once shared, which has terrible implications for the victims, wreaking havoc on their jobs, families, health, and well-being (Mitchell, 2014; Schmidt et al., 2024). NCIIS victims develop a sense of shame (O'Connor et al., 2018). They feel a loss of control, fear, a sense of helplessness, despair, humiliation, self-blame, and general anguish caused by anxiety (Nilsson et al., 2019). They can also experience changes in their surrounding social contexts as they begin to experience social stigmatization, bullying, and harassment, leading to a negative self-image (Schmidt et al., 2024). This can also lead them to isolation from family and friends (Jurecic et al., 2016), depression, and suicide (Agrawal, 2020; Nilsson et al., 2019; O'Connor et al., 2018).

A study conducted with 6021 individuals estimated that 43.7% of NCIIS victims were more likely to report depressive symptomatology, 52.1% adopted self-harming behaviors, and 27.5% attempted to take their own lives (Frankel et al., 2018). Being an NCIIS victim increases the likelihood of being revictimized along a continuum ranging from catcalling to rape (Paradiso et al., 2023), therefore creating a higher susceptibility for experiencing adversity in several contexts (e.g., school, household) throughout their life (Henry et al., 2023; Pedersen et al., 2022). This can contribute to the development of trauma, as well as exacerbate mental health issues (e.g., anxiety, depression) and increase distress (Schmidt et al., 2024).

Despite this, some studies indicate that resilience can play a fundamental role in alleviating symptoms in victims. Resilient people can use their resources in adverse situations, adopting behaviors that help them succeed (Jardim et al., 2021). Healthy development, positive health outcomes, and the ability to withstand individual stressors have been associated with resilience (Yates et al., 2015). For example, Min et al. (2013) investigated the relationship between depression and/or anxiety in patients and cognitive emotion regulation strategies and resilience. Adaptive strategies (such as positive thinking) were associated with resilience, whereas maladaptive strategies (such as rumination) were associated with depression and anxiety symptoms (Min et al., 2013).

NCIIS victims experience intense feelings of shame, guilt, and fear (Harper et al., 2023), which can be heightened by rumination, therefore creating a spiral of anxiety and depression (Bean & Ciesla, 2023) and generating more difficulties in overcoming trauma (Michl et al., 2013). However, research has shown that adaptive strategies

(e.g., seeking social, legal, and psychological support) can help counteract adversity (Rambod et al., 2023).

## The Present Study

NCIIS has become a concerning phenomenon due to the exponential growth and ease of circulation of digital content, mainly because of its devastating effects (Brighi et al., 2023). Prior research in this field highlights a noteworthy negative impact on mental health (e.g., anxiety, depression) on NCIIS victims, including alterations of the self that can derive from shame (Bean & Ciesla, 2023) and a loss of control over their own lives (Nilsson et al., 2019). This can lead them to be revictimized (Paradiso et al., 2023), self-isolate (Jurecic et al., 2016), and, in extreme cases, commit suicide (Agrawal, 2020). Nevertheless, there is a lack of literature regarding NCIIS victimization, mainly focusing on its relationship with resilience and shame. Thus, the present study aimed to: (a) analyze the relationship between NCIIS and shame, symptomatology, and resilience in a sample of Portuguese adults; (b) compare NCIIS victims with NCIIS non-victims, considering shame, symptomatology, and resilience; and (c) analyze the predictors of shame.

Given the fast-growing digital culture and the growing prevalence of NCIIS, it is important to analyze its psychological implications and other influential factors, such as shame and resilience, that can result in different trajectories in the individuals' search for support and general well-being. Besides being innovative, this study helps destigmatize the NCIIS in contemporary societies by raising awareness and disseminating information about a significant issue. Moreover, it encourages valuable contributions that could lead to the development of psychological interventions for victims of this crime and assist legal systems in improving the support these victims receive.

## Method

### Participants

The sample comprises 220 Portuguese participants (Table 1) aged 18 to 62 years ( $M=24.9$ ,  $SD=6.58$ ), and the majority were women ( $n=177$ , 80.5%). Most participants had higher education ( $n=139$ , 63.2%), and the remaining had finished secondary school ( $n=76$ , 34.5%) or elementary school ( $n=5$ , 2.3%). Of the total sample, 106 (48.2%) are students, while 95 (43.2%) are employed, and 19 (8.6%) are unemployed. Regarding sexual orientation, 178 (80.9%) described themselves as heterosexual, 23 (10.5%) as bisexual, 7 (3.2%) as homosexual, 5 (2.3%) as pansexual, and 7 (3.2%) answered undefined. Of the total sample, 188 (85.5%) are single, 28 (12.7%) are married, and 4 (1.8%) are divorced.

**Table 1** Sociodemographic characterization ( $n=220$ )

	<i>N</i>	%
Sex		
Female	177	80.5
Male	43	19.5
Education		
Higher Education	139	63.2
Secondary Education (10th to 12th grade)	76	34.5
Elementary Education (7th to 9th grade)	5	2.3
Professional situation		
Student	106	48.2
Employed	95	43.2
Unemployed	19	8.6
Sexual orientation		
Heterosexual	178	80.9
Bisexual	23	10.5
Homosexual	7	3.2
Pansexual	5	2.3
Undefined	7	3.2
Marital status		
Single	188	85.5
Married	28	12.7
Divorced	4	1.8

*N*=Number of Participants; %  
= Percent of Participants

## Measures

The instruments described below were selected because they measure the constructs to be assessed, they are adapted to the Portuguese population, and they have good psychometric properties.

**Sociodemographic questionnaire** The Sociodemographic Questionnaire covers questions related to sex, age, nationality, sexual orientation, marital status, and professional status.

**Nonconsensual intimate image sharing checklist** Based on other instruments (e.g., Image-based Sexual Abuse), a checklist was created to assess whether the participants were NCII victims. The checklist presents four dichotomous items (Yes/No) such as “You felt pressured to send a nude or sexually explicit photo or video to someone”, “Someone has shared online a photograph of you where you were naked”, “Someone has shared online a video of you where you were naked”, and “Someone has threatened you with sharing a sexually explicit photo/video of you in exchange for other favors”. We consider NCII victim participants who report at least one NCII behavior and non-victims if participants did not report any NCII behavior.

**Impact of event scale-revised** (IES-R; Weiss & Marmar, 1997). The Portuguese version of the IES-R (Matos & Pinto-Gouveia, 2011) was used. This self-report instrument assesses the subjective suffering that results from a specific experience in a person’s life. The scale consists of 22 items, evaluated on a 5-point Likert scale (0 – Not at all; 4 – Very much). The IES-R comprises 3 subscales (intrusion, avoidance, and hyperactivation) that measure the 3 primary characteristics of the traumatic symptomatology associated with a given experience. Higher scores on the IES-R

indicate high feelings of shame. The IES-R total and its subscales show high internal consistency (IES-R total  $\alpha=0.96$ , intrusion  $\alpha=0.94$ , avoidance  $\alpha=0.88$ ; hyperarousal  $\alpha=0.91$ ). In the present sample, the reliability levels are satisfactory (IES-R total  $\alpha=0.97$ , intrusion  $\alpha=0.94$ , avoidance  $\alpha=0.92$ , hyperarousal  $\alpha=0.93$ ).

**Brief symptom inventory (BSI; Derogatis, 1993).** The Portuguese version of the BSI (Canavarro, 1999) was used. This self-report instrument aims to assess psychopathological symptoms and emotional disturbance. It consists of 53 items rated on a 5-point Likert scale (0 – Never, 1 – Rarely, 2 – Sometimes, 3 – Often, 4 – Very often). It assesses 9 dimensions of symptomatology (somatization, obsessiveness, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism) as well as 3 global indexes (the overall symptom index, positive symptoms index, and total positive symptoms). Higher scores on the BSI indicate more symptomatology. The internal consistency between the subscales is between 0.62 and 0.80 (somatization  $\alpha=0.80$ , obsessiveness  $\alpha=0.77$ , interpersonal sensitivity  $\alpha=0.76$ , depression  $\alpha=0.73$ , anxiety  $\alpha=0.77$ , hostility  $\alpha=0.76$ , phobic anxiety  $\alpha=0.62$ , paranoid ideation  $\alpha=0.72$ , psychoticism  $\alpha=0.62$ ). In the present sample, the reliability levels are satisfactory (BSI total  $\alpha=0.98$ , somatization  $\alpha=0.88$ , obsessiveness  $\alpha=0.87$ , interpersonal sensitivity  $\alpha=0.88$ , depression  $\alpha=0.92$ , anxiety  $\alpha=0.87$ , hostility  $\alpha=0.84$ , phobic anxiety  $\alpha=0.85$ , paranoid ideation  $\alpha=0.85$ , psychoticism  $\alpha=0.83$ ).

**Resilience scale – 10 (RS-10; Jardim et al., 2021).** This self-response instrument aims to assess the resilience of the adult population. It consists of 10 items rated on a 5-point Likert scale (1 – Never, 2 – Rarely, 3 – Sometimes, 4 – Almost always, 5 – Always) and has 2 subscales (self-determination and adaptability). The score ranges from 10 to 50. High scores indicate high levels of resilience. Regarding internal consistency, the results reveal a satisfactory Cronbach's alpha coefficient (RS-10 total  $\alpha=0.86$ , self-determination  $\alpha=0.84$ , adaptability  $\alpha=0.81$ ). In the present sample, the reliability levels are satisfactory (RS-10 total  $\alpha=0.91$ , self-determination  $\alpha=0.86$ , adaptability  $\alpha=0.85$ ).

## Procedure

This study uses a cross-sectional design with a convenience sample. The data were collected randomly via an online protocol, as it is an easier, faster way to collect data and to reach a more diverse set of participants. The link was disseminated via email and social networks (e.g., LinkedIn and Facebook) and collected over 5 months. The inclusion criteria are as follows: (1) know how to read and write, (2) be over 18 years old, and (3) be of Portuguese nationality. Before completing the protocol, the study's objectives were presented, and participants provided electronic informed consent. Participation in the study took 10 to 15 min, was anonymous (i.e., no personal information was collected), voluntary, and no financial support or incentives were provided to participants. The study researchers stored the collected data, which will always remain confidential, since no personal information that could identify the participant was collected.

Since this is a sensitive issue, the protocol included contact details for victim support. The study was conducted in accordance with the ethical principles outlined in

the Declaration of Helsinki (World Medical Association, 2024), and the University Institutional Review Board approved the study.

## Data Analysis

The statistical analyses were conducted using SPSS software, version 29.0. First, reliability was evaluated using Cronbach's alphas. Descriptive statistics for all values in the study were performed, including minimum and maximum values and standard deviation. To study the association among IES-R, BSI, and RS-10, Pearson's correlation coefficient was used. A One-Way ANOVA was conducted to analyze differences between victims and non-victims of NCIIS on scores obtained in the IES-R, BSI, and RS-10. Finally, multiple linear regressions were performed to analyze the predictors of shame.

## Results

### Descriptive Analysis

To provide an overview of the study sample's essential characteristics and the instruments' descriptive statistics, descriptive analyses were conducted.

When asked if the participants are or were previously in a romantic relationship, 136 (61.8%) answered that they are currently in a relationship, 55 (25.0%) were previously in a relationship, and 29 (13.2%) were never engaged in a romantic relationship. Only 94 (42.7%) participants reported using Dating Applications. When inquired about the frequency of use, the answers were: 'very rarely' ( $n=35$ , 15.9%), 'a few times' ( $n=23$ , 10.5%), 'sometimes' ( $n=27$ , 12.3%), 'often' ( $n=5$ , 2.3%) and 'many times' ( $n=2$ , 0.9%).

Table 2 summarizes the instrument's descriptive statistics. In the sample, we verified the average scores obtained in the instruments used, namely the IES-R ( $M=1.85$ ,  $SD=1.16$ ), BSI ( $M=66.61$ ,  $SD=49.66$ ), and RS-10 ( $M=32.64$ ,  $SD=7.73$ ), which allows us to understand the values that the participants in the different instruments obtained.

### Prevalence of NCIIS

To better characterize the NCIIS victimization and before examining group differences of the studied variables, it is essential to determine the prevalence of this type of victimization.

Many participants ( $n=84$ , 38.2%) reported being NCIIS victims. The victims' ages ranged from 18 to 50 ( $M=23.8$ ,  $SD=5.68$ ), and the majority were women ( $n=75$ , 89.3%). From the sample of NCIIS victims, 88.1% ( $n=74$ ) felt pressured to send an intimate photo or video of themselves, 25% ( $n=21$ ) were threatened with publishing their intimate photo or video of themselves in exchange for other favors, 16.7% ( $n=14$ ) have had their intimate photos shared, and 3.6% ( $n=3$ ) have had their intimate video shared.

**Table 2** Descriptive analysis ( $n=220$ )

	<i>M</i>	<i>SD</i>	Min.	Max.
Intrusion	1.84	1.21	0	4
Avoidance	1.95	1.18	0	4
Hyperarousal	1.74	1.27	0	4
IES-R Total	1.85	1.16	0	3.91
Somatization	6.27	6.48	0	28
Obsessiveness	9.58	6.69	0	24
Interpersonal Sensitivity	5.75	4.73	0	16
Depression	9.12	7.15	0	24
Anxiety	7.84	6.17	0	24
Hostility	5.76	4.85	0	20
Phobic Anxiety	4.31	4.86	0	19
Paranoid Ideation	6.90	5.42	0	20
Psychoticism	5.75	5.03	0	20
Other Indexes	5.29	4.44	0	16
BSI Total	66.61	49.66	0	205
Self-determination	16.43	4.13	5	25
Adaptability	16.20	4.17	5	25
RS-10 Total	32.64	7.74	10	49

IES-R=Impact of Event Scale-Revised; BSI= Brief Symptom Inventory; RS-10=Resilience Scale-10

## Correlation Analyses

Correlation analyses were conducted to explore the relationships among the IES-R, the BSI, and the RS-10. The results indicate statistically significant and positive correlations between the IES-R and the BSI (Table 3). The data also indicate a statistically significant and positive correlation between all symptomatology subscales (somatization, obsessiveness, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism, and other indexes) and shame (intrusion, avoidance, and hyperarousal). There are also statistically significant positive correlations between every instrument and its subscales. Statistically significant negative correlations were found between RS-10 and all IES-R and BSI subscales.

## Comparisons Analyses

Comparative analyses were conducted to assess differences between victims and non-victims of NCIIS. The results show statistically significant differences between the group of victims and non-victims of NCIIS (Table 4) regarding shame, symptomatology, and resilience. NCIIS victims show higher values of shame (intrusion, avoidance, and hyperarousal) and symptomatology (somatization, obsessiveness, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism). On the other hand, the group of NCIIS non-victims showed higher levels of resilience (self-determination and adaptability).

## Regression Analysis

Multiple Linear Regression analysis was performed to identify predictive factors of shame (Table 5). Age and resilience are not significant. The Durbin-Watson statistic

**Table 3** Pearson correlations between the IES-R, the BSI, and the RS-10 (*n* = 220)

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.
1. Intrusion	-	0.87**	0.92**	0.97**	0.51**	0.53**	0.50**	0.48**	0.53**	0.49**	0.44**	0.49**	0.51**	0.53**	0.56**	0.23**	-0.20**	-0.23**
2. Avoidance		-	0.86**	0.95**	0.51**	0.52**	0.47**	0.46**	0.48**	0.46**	0.43**	0.48**	0.47**	0.46**	0.54**	-0.14*	-0.15*	-0.16*
3. Hyperarousal			-	0.96**	0.55**	0.57**	0.51**	0.52**	0.58**	0.54**	0.51**	0.52**	0.54**	0.55**	0.61**	-0.20**	-0.23**	-0.23**
4. IES- R Total				-	0.54**	0.56**	0.51**	0.50**	0.55**	0.52**	0.48**	0.52**	0.53**	0.53**	0.59**	-0.20**	-0.20**	-0.21**
5. Somatization					-	0.76**	0.75**	0.74**	0.82**	0.74**	0.74**	0.74**	0.80**	0.79**	0.89**	-0.26**	-0.30**	-0.30**
6. Obsessiveness						-	0.78**	0.77**	0.81**	0.72**	0.71**	0.74**	0.81**	0.76**	0.89**	-0.33**	-0.36**	-0.37**
7. Interpersonal Sensitivity							-	0.83**	0.79**	0.72**	0.65**	0.83**	0.83**	0.81**	0.90**	-0.44**	-0.38**	-0.48**
8. Depression								-	0.80**	0.71**	0.65**	0.76**	0.86**	0.84**	0.90**	-0.43**	-0.40**	-0.44**
9. Anxiety									-	0.79**	0.78**	0.78**	0.83**	0.83**	0.93**	-0.34**	-0.34**	-0.36**
10. Hostility										-	0.70**	0.71**	0.77**	0.73**	0.85**	-0.30**	-0.35**	-0.35**
11. Phobic Anxiety											-	0.71**	0.76**	0.66**	0.82**	-0.22**	-0.24**	-0.24**
12. Paranoid Ideation												-	0.82**	0.75**	0.88**	-0.28**	-0.22**	-0.27**
13. Psychoticism													-	0.84**	0.93**	-0.35**	-0.35**	-0.38**
14. Other Indexes														-	0.90**	-0.39**	-0.39**	-0.42**
15. BSI Total															-	-0.38**	-0.37**	-0.40**
16. Self-Determination																-	0.74**	0.93**
17. Adaptability																	-	0.93**
18. RS-10 Total																		-

\*\**p* < .01; \* *p* < .05; IES-R = Impact of Event Scale-Revised; BSI = Brief Symptom Inventory; RS-10 = Resilience Scale-10

was 1.84, and the VIF was  $< 3$ . The explanatory model is significant [ $F(3,216) = 46.30, p \leq .001$ ] and explains 38% of the variance of shame. NCIIS victimization ( $\beta = 0.14, p = .018$ ), sex ( $\beta = 0.16, p = .005$ ), and BSI ( $\beta = 0.51, p \leq .001$ ) are significant predictors of shame.

In summary, these findings reveal that a significant part of the present sample consisted of victims of NCIIS, with the majority being women. Overall, both shame and symptomatology were positively linked with shame, and resilience presents a negative relationship with these variables. It was proven that experiencing NCIIS is linked with higher levels of shame and symptomatology, and less resilience, when compared to non-NCIIS experiencing. Furthermore, shame was predicted by NCIIS victimization, sex, and symptomatology. In the following section, these findings will be interpreted in greater depth and critically discussed, considering the existing literature.

## Discussion

The results obtained in this study made it possible to better understand the nonconsensual intimate image sharing (NCIIS) victimization. In this study, 84 participants reported being a NCIIS victim. According to APAV (2021), 159 NCIIS complaints were filed in Portugal in 2021. Internationally, the estimated victimization prevalence for this type of cybercrime ranges from 8 to 28% (Paradiso et al., 2023), where mostly women and individuals who identify as a sexual minority are targeted (e.g., LGBTQ+ community) (Said & McNealey, 2023). According to literature, these specific groups face discrimination that heightens their vulnerability, due to gendered power dynamics, where the perpetrators often objectify women to humiliate them and gain control over their bodies, which, when combined with cultural stigmatization regarding the women's behavior, can harm their reputation (Smith & Short, 2025). Additionally, societal stigma around sexuality is more prevalent among minorities, which limits their access to legal and social support and creates opportunities for perpetrators to exploit these vulnerabilities (Brighi et al., 2023). However, a study indicated that while men might experience this type of victimization as well, some legislations require proof that the perpetrator's behavior had intentional malicious reputational harm, which can lead these individuals to difficulties in obtaining justice or prevent them from seeking help in the first place, with the aggravating factor that, if the perpetrator is a woman, it may also lead to an underestimation of the seriousness of the situation, due to social perceptions (Said & McNealey, 2023). Moreover, these feelings can lead to underreporting of NCIIS experiences (Brighi et al., 2023). These victims suffer many consequences that have a lasting impact on their lives (Agrawal, 2020). They feel shame (O'Connor et al., 2018), which may lead to humiliation, self-blame, anxiety (Nilsson et al., 2019), and depression (Agrawal, 2020; Nilsson et al., 2019; O'Connor et al., 2018).

This study shows that higher levels of shame are related to higher levels of symptomatology (e.g., obsessiveness, depression, and anxiety). According to the literature, shame is linked to vulnerability to psychopathology [e.g., depression, interpersonal anxiety, and perfectionism (Tangney & Dearing, 2002)]. The results of a study con-

**Table 4** Comparative analysis between victims ( $n=84$ ) and non-victims ( $n=136$ ) of NCIIS

Variables	Victims		Non-victims		F	p
	M	SD	M	SD		
Intrusion	2.30	1.12	1.56	1.17	21.94	<0.001
Avoidance	2.42	1.06	1.66	1.15	24.77	<0.001
Hyperarousal	2.27	1.22	1.42	1.19	26.10	<0.001
IES-R Total	2.34	1.06	1.56	1.12	26.40	<0.001
Somatization	8.95	6.85	4.62	5.66	25.88	<0.001
Obsessiveness	12.08	6.44	8.04	6.39	20.70	<0.001
Interpersonal Sensitivity	7.54	4.52	4.64	4.53	21.44	<0.001
Depression	7.48	6.96	7.49	6.79	20.43	<0.001
Anxiety	10.32	6.38	6.31	5.52	24.31	<0.001
Hostility	7.33	4.88	4.79	4.58	12.18	<0.001
Phobic Anxiety	5.94	5.55	3.32	4.09	16.17	<0.001
Paranoid Ideation	8.72	5.17	5.79	5.28	16.36	<0.001
Psychoticism	7.53	5.23	4.66	4.59	18.31	<0.001
Other Indexes	7.01	4.47	4.23	4.08	22.45	<0.001
BSI Total	87.23	49.47	53.88	45.47	26.13	<0.001
Self-determination	15.23	4.06	17.17	4.01	12.16	0.001
Adaptability	15.11	4.17	16.88	4.04	9.86	0.002
RS-10 Total	30.33	7.37	34.06	7.64	12.74	<0.001

IES-R=Impact of Event Scale-Revised; BSI=Brief Symptom Inventory; RS-10=Resilience Scale-10

**Table 5** Multiple linear regression with shame ( $n=220$ )

Variable	$\beta$	T	p	Adj $R^2$	$\Delta R^2$	F
				0.63	0.38	$F(3,216)=46.30, p \leq .001$
NCIIS victimization	0.14	2.39	0.018			
Sex	0.16	2.85	0.005			
BSI	0.51	8.89	0.001			

ducted by Matos and Pinto-Gouveia (2011) also show that high levels of shame are related to high levels of intrusion, avoidance, and hyperarousal, meaning that a traumatic event produces shame. They found that shame experiences can cause features of traumatic memory (memory intrusiveness, symptoms of hyperactivation, and avoidance). These shameful past experiences with traumatic impact are associated with shame and psychopathology, especially depression in adulthood (Sciacca et al., 2023). One possible explanation for these findings relies on the internalization of stigma made by the individual (Kennedy & Prock, 2018), which can lead them to feel like they are exposed too much of themselves, particularly regarding sexual contexts, and perceive their reputation as threatened or tarnished, leading to high levels of shame (Seabra et al., 2024). Furthermore, this victimization can also be felt by some as psychological violence due to the psychological distress it causes (Qin et al., 2024), which can end up exacerbating the victim's emotional state and create emotional turmoil (Seabra et al., 2024), producing mental health issues, such as depression and anxiety, to install and prevail (Qin et al., 2024; Seabra et al., 2024).

However, experiencing adversities does not necessarily relate to poor mental health in every case, as some individuals are or develop resilience, allowing them to

face and cope better with these adversities (Li et al., 2023). In this study, resilience is negatively related to shame and symptomatology. Exhibiting higher levels of resilience can lead to higher levels of self-determination and adaptability and lower levels of symptomatology, such as somatization, obsessiveness, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism (Matos & Pinto-Gouveia, 2011). These findings can also relate to individual factors, including optimism, cognitive flexibility, and a supportive social network, that interact to promote resilient functioning in the face of adversity (Nugent et al., 2014). Min et al. (2013) argue that resilience is an adaptive strategy that helps decrease symptoms of depression and anxiety. Despite having risky experiences, some people have relatively good psychological results when faced with adversity (Rutter, 2006). This way, Rutter (2012) defines resilience as a dynamic construct that describes the intersection of high-risk situations and a positive psychological outcome despite them.

This research reveals that NCIIS victims present higher scores of shame, including feelings of intrusion, avoidance, and situations of hyperarousal when compared to non-victims. The same happens with symptomatology, highlighting higher feelings of somatization, obsessiveness, anxiety, and paranoid ideation in the sample of NCIIS victims. The literature shows that when victims are threatened with their photos being shared publicly, they feel fear, anger, anxiety, embarrassment, and guilt (Agrawal, 2020). The fact that intimate images can be accessible online for indefinite periods, i.e., remaining out of the victims' control (Rackley et al., 2021), can intensify the victims' sense of impotence and vulnerability and increase their chances of revictimization, causing them a great deal of suffering (Marques, 2021). Additionally, it reinforces feelings of shame, leading the victim to experience symptomatology (e.g., paranoid ideation) and search for a way to avoid social interactions that may enhance this shame, therefore driving them to, for instance, isolate and develop psychopathology, if the victim has no psychological support (Huber & Ward, 2024). Over time, the combination of these factors can cause a sense of hopelessness and despair in these individuals and trigger suicidal thoughts or even tendencies to terminate their own lives (Smith & Short, 2025).

In this study, NCIIS victims also show lower levels of resilience, including self-determination and adaptability, compared to NCIIS non-victims. As mentioned above, resilience is a protective factor against victimization (Grych et al., 2015), as resilient people can draw on their resources in difficult situations and adopt behaviors that help them succeed (Jardim et al., 2021). Nevertheless, some studies suggest that NCIIS victims can become emotionally exhausted because of experiencing adversity, which makes it harder for them to bounce back from it (Schmidt et al., 2024), especially in cases where accessible support services are scarce (Mclocklin et al., 2024). As previously mentioned, these victims are often blamed and stigmatized by society (Smith & Short, 2025), which can lead to social isolation and a loss of social support, both of which are essential to maintaining resilience (Machisa et al., 2018). Additionally, specific factors, such as prior adversity or trauma, can undermine these individuals' confidence and self-concept, making it challenging for them to resort to adaptive emotional regulation strategies and exacerbating the negative effects of the adversity they experience (Li et al., 2023). As a result, their resilience decreases (Li et al., 2023; Mclocklin et al., 2024). Nonetheless, resilience is not static and can be

strengthened by integrating tailored interventions that focus on protective factors, such as the development of adaptive coping strategies and social support to help victims deal with and get through these adversities (Hirai et al., 2020).

Finally, this study verified that NCIIS victimization, sex, and symptomatology are significant predictors of shame. Literature indicates that women report higher shame rates than men (Lutwak & Ferrari, 1996; Shorey et al., 2011). Similar to victims of dating violence and domestic violence, NCIIS victims often endorse feelings of shame in response to their experiences of victimization (Buchbinder & Eisikovits, 2003; Mclocklin et al., 2024; Shorey et al., 2011). In addition, the impact of dating violence victimization may contribute to victims' propensity to experience shame and/or guilt (Shorey et al., 2011). Research also suggests that shame is related to psychological symptoms and their severity (Cândea & Szentagotai, 2013), namely, with depressive symptoms, showing that individuals with depression showed more shame over time (Andrews et al., 2002). Cultural and societal attitudes also play a crucial role in the development of shame, as the blame is mainly centered on female victims, leading to social exclusion and, therefore, feelings of isolation, self-blame, and symptomatology, which can trigger shame (Aborisade, 2021). Furthermore, research indicates that these cultural narratives, such as the need for women to protect their image, can often lead to increased levels of shame among female victims (Powell et al., 2020), which can make formal support options be perceived as inaccessible to these victims (Mclocklin et al., 2024). Anonymous support can be seen as a more viable option to support NCIIS victims, allowing them to gain control over their own identity and facilitate their access while simultaneously reducing the fear of being recognized and judged by others (Mclocklin et al., 2024).

## Limitations

This study has some limitations that should be considered when conducting further studies. Firstly, given the wide range of participants, our sample may not represent the entire Portuguese population, so these results cannot be generalized. Furthermore, our sample is composed mainly of female participants rather than males. We advise that a more homogeneous sample should also be included in future studies. Lastly, another limitation that must be considered relies on the incapability to control the surrounding environment (e.g., light, background noise, if they are accompanied, or if they have privacy) of the participants due to the data collection being made through an online survey.

## Implications for Practice

Since this construct is still emerging, current research can advance knowledge of NCIIS victimization, which has not been extensively explored in Portugal. This advancement in knowledge will enable the development of prevention programs to reduce this type of victimization and its impact. This study underscores the importance of creating community-involved prevention programs to address NCIIS, where the consequences are presented to raise awareness about this type of victimization.

Intervention programs for mental health to better develop should be implemented with victims, using strategies that focus on mitigating shame, as this emotion plays a key role in worsening psychological distress. Additionally, fostering resilience through structured programs that enhance coping skills and digital literacy could serve as protective factors against the negative consequences of victimization. Legal and policy frameworks must also evolve to reflect the serious mental health repercussions of NCIIS. Strengthening laws against image-based sexual abuse, ensuring timely content removal, and providing legal and psychosocial support for victims are necessary steps toward justice and recovery of the victim's mental health. Addressing NCIIS requires a multifaceted approach that combines psychological support, legal protections, and preventative education to reduce victimization and promote resilience.

**Acknowledgments** The authors would like to express their deepest gratitude to all participants who voluntarily provided information for this study.

**Funding** This work was supported by FCT - Fundação para a Ciência e Tecnologia, I.P. by project reference UID/4585/2025 and DOI identifier <https://doi.org/10.54499/UID/04585/2025>.

## Declarations

**Competing interests** The authors declare no competing interests.

**Ethics Approval** The Egas Moniz School of Health and Science Ethics Committee approved the present research. All procedures followed the ethical standards of the Declaration of Helsinki.

**Consent to Participate** All participants were informed about the study's content and aims, their anonymity, and their voluntary participation. Informed consent was obtained from all participants.

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