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Articles

Unauthorized disclosure of intimate image: damage to women's health and the production of care

Divulgação não autorizada de imagem íntima: danos à saúde das mulheres e produção de cuidados (resumo: p. 15)

Divulgación no autorizada de imagen íntima: daños a la salud de la mujeres y producción de cuidados (resumen: p. 15)

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The objective was to analyze the damage to the health of women who had intimate images released without authorization, as well as the necessary health care in these situations. The starting point was the debate on violence against women in its interface with Public Health. In-depth interviews were conducted with 17 women aged between 17 and 50 years old, who had intimate images released without authorization; and with ten health and care professionals who attended women in this situation. Several damages to mental health were observed, such as aggravation of eating disorders and alcohol abuse, self-mutilation, development of phobias, depression and attempted self-extermination. The exposure of intimacy has been shown to be a recurrent violence that requires proper care, to be appropriated by the health field in the production of care in order to promote women's comprehensive health.

Keywords: Violence against women. Sexual violence. Exposure of intimacy. Care. Women's health.

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Introduction

The understanding of violence as a public health issue began in the 1970s with the emergence of the field of Collective Health in alignment with social movements. According to Schraiber and D'Oliveira[1], this integration also initiated a greater opening of the health field - traditionally autonomous and supported by the practice of medicalization as a response to mental suffering resulting from violence – towards the scientific field, especially in the areas of social sciences and humanities, and their understanding of social phenomena beyond the biomedical perspective. In the 1980s, the Program of Integral Assistance to Women's Health (PAISM) of the Ministry of Health (MS) began to bring in its formulation of health policy for women, the conception of women as subjects of rights, concurrent with the feminist perspective.

The authors[1] argue that the health field must address the issue of violence not only in the spheres of treatment and rehabilitation, but also in assistance, prevention, and health promotion. Thus, not only the impacts of violence, but violence itself are elements belonging to this field. Breaking apart with violence from a health perspective involves giving institutional visibility to the issue and implementing alternative interventions to the biomedical ones, built with women, from an integrative management with other sectors.

In this regard, the present paper seeks to analyze the experience of women who had intimate images disclosed without authorization[(c)] and of professionals who assisted women in this condition. This is a form of violence against women that has been widespread throughout the world, since the popularization of mobile internet access and social networks. Its most common occurrence has been the unauthorized dissemination of nude images of women through digital media. The most significant reflection of this practice has been the creation of laws that typify this violence as a specific crime. In Brazil, this legislation was created in 2018 (Federal Law 13.718)[4]. It is commonly understood that this practice belongs to the types of violence determined by the Maria da Penha Law[5] and can be understood as sexual violence according to the World Health Organization (WHO) definition, which covers verbal harassment and unwanted sexual innuendo[6].

Drawing on listening to the experience of women and health and social care professionals, this text will discuss the damage to women's mental health caused by this specific type of violence as well as the production of health care that has been demanded and dispensed in the institutional and professional reception and welcoming of this situation.

[(c)] We reject the term non-consensual pornography because those women who have experienced it do not feel identified with the term[2], as well as in line with the feminist debate around the term consensus and its meaning as passivity[3].

Method

The research was carried out through in-depth interviews with 17 women who had intimate images disclosed without authorization and with 10 health and social assistance professionals who assisted women in this situation.

The recruitment of the participants was done by advertising the research on social networks, and the researcher's phone number was made available for interested people to contact.

The interviews were conducted via video call during the second half of 2020. The women were asked to recount in detail how their intimate images were produced and disseminated, how this affected them, and whether they sought support, either within personal relationships or institutions, such as legal or health care. The health and social assistance professionals were asked to report in detail about the cases attended, the care given, and the challenges in caring for this situation of violence. Both groups were questioned about how should occur the welcoming of the women who were exposed. The interviews lasted on average more than 70 minutes. The narrative records of the interviews were sent to the participants for validation.

Psychologists, social workers, and students from women's shelters, legal, public safety, mental health, private care, and volunteer projects were interviewed. We encompassed five municipalities in the same Brazilian state, the capital city, a small metropolitan region municipality, and small and medium-sized countryside municipalities. The age of the interviewees ranged from 18 to 62 years old, and it was also possible to cover a racial-ethnic diversity.

Among the women who experienced violence, the age range was from 17 to 50 years. In addition to class and ethno-racial diversity, it was possible to include territorial diversity. Eighteen cities from six Brazilian states were covered (one woman was also exposed in the context of a medium-sized city abroad), being capitals, coastal cities, inland cities, and small and medium-sized metropolitan regions.

Content analysis was employed as a data analysis technique. The units and categories of analysis were defined based on issues raised by the participants and previous studies.

The Research Ethics Committee of the René Rachou Institute/Fiocruz Minas duly approved the research procedures. In the case of participation of minors, a consent form was signed by the legal guardian. The names of the participants referred to here are fictitious, in order to preserve their identities. The racial-ethnic descriptions were based on self-declaration.

Results and discussion

The ways in which women are exposed vary greatly, as do the motivations for exposure, and may involve affirmation of masculinity, control and condemnation of women's sexuality, revenge, commercialization, and extortion. There are different possibilities in the processes of producing, obtaining, and disseminating the media, and how they were produced or/and obtained may –or may not - have been initiated by those women or even known by them.

The experiences recounted in this research covered these diverse situations, and also pointed to other issues, such as the fact that exposure can be initiated by people who have different relationships with women, for example, in the family and in friendships. Moreover, the exposure does not necessarily refer to sexuality, some women were exposed in relation to moments when they were exalted, for example, under the influence of alcohol or in a fight with a partner, revealing the control not only of their sexuality, but of other behaviors, in addition to the pathologizing nature of this control.

The damage to women's health - thought from the perspective of integrality - that was caused directly by exposure or its consequences is what will be discussed next. Following this, the health care provided in this situation will also be discussed.

Damage to women's health

A variety of mental health consequences experienced by women after being exposed were reported. The intensity and permanence of the health damage corresponded mainly to the availability of emotional and material resources to cope with the situations. As may be observed, the greatest emotional harms were not related to the exposure itself, but to the consequences for their personal and professional relationships.

For some women, the exposures occurred in the midst of other forms of violence, both intra-family, perpetrated by fathers or stepfathers, and in abusive relationships involving physical, psychological, and sexual assaults. Violence such as racism and fat phobia were also added. There were both situations of aggravation of already existing emotional fragilities, and their emergence after exposure.

Eating disorders, alcoholism, self-mutilation, depression, suicidal thoughts and attempts, phobias, difficulties in social relationships, and self-esteem problems were reported as consequences of exposure, having been aggravated or initiated after the experience of violence. In addition, the feeling of shame and guilt was strongly present in the reports, as occurs in other situations of violence against women.

The association of guilt and shame to women is a historical process that contributes to the perpetuation of violence insofar as it is placed as an obstacle to seeking help[7,8]. The assistance and support to the women is presented as a necessary condition so that the situation does not develop into an even more traumatic event[7]. The exposure of nudity and other behaviors denied to women are, as observed in the social codes of gender roles, a reason for shame and, therefore, guilt, which become introjected by them. These feelings account significantly for women's suffering, as was observed in the reports within this research. Taille[9], in an analysis of the feeling of shame, states that the ashamed persons start to actively judge themselves, they become accomplices of the negative judgments directed at them. Moral judgment does not involve judging only the action or its intention, but the value of the person. In this sense, the author differentiates honor from self-esteem, since the latter does not involve morality.

Zuleica, a 62-year-old white woman who is a psychologist in a capital legal agency, said that women seek her services because they are being threatened or have already been exposed, feeling a lot of disappointment and anger, but mostly guilt. She notes that the feeling of guilt for getting involved with their aggressors is even greater than the anger for being breached. Vivian, a 39 year old white woman, psychologist in a public security agency in the capital, observed the centrality of shame and guilt as obstacles to seeking help when providing assistance to a 15 year old teenager, exposed by her ex-boyfriend's revenge, who was taken to the agency by her father, a military policeman, who discovered the situation when he noticed that his daughter was cutting herself.

Daniela, brown, 19 years old, living in a peripheral region of the capital, was first exposed by a schoolmate when she was 14, and later in her family by her father, who had already been reported twice to the Guardianship Council for physical aggression against her. Daniela moved in with her grandmother and had her condition of self-injury practices worsened - neglected by her family, which started at age 10, with the first beatings by her father. After the exposure, she stopped being expansive and became ashamed and also phobic about insects, which she didn't used to be. She said she has monthly crises in the early morning hours, when she scratches herself and hits her head on the wall. In these moments, the feeling of guilt is exacerbated, as she said:

> I keep thinking, because I did it, I took the picture, I destroyed the family, I did it.... I would talk to myself, and I put it inside, you know, of myself, as if it was me. (Daniela)

Maura, a 28-year-old black woman living in a middle-class neighborhood of a medium-sized city in the metropolitan area, was exposed at the age of 20 by two friends. She developed anxiety disorder, panic syndrome, phobias, became reclusive and insecure. Like Daniela, she did not feel supported by her mother. Her mother continued to relate normally to the friends who exposed her and questioned the fact that Maura had broken off relationships, attributing to her behavior an exaggeration and delegitimizing her suffering. As Maura described, this had a significant impact on the way she began to relate to others.

> I distanced myself from many other people and my confidence was shaken, not only in these two people, but in all the others. Because, you see, nobody made a gesture of trying to understand why I had the reaction that I had and what had happened to me. So, I think that this difficulty to trust and this reclusion has a lot to do with this, 'Oh, nobody will, nobody will trust, nobody will believe, so I won't touch this subject. (Maura)

Úrsula, black, 36, a psychologist in a public security agency in the capital, said that older adolescents can more easily associate the fact of having been exposed with the emergence of mental health issues, a connection that is clear to her.

> They have some gains, which are secondary gains, but they are much smaller gains than what it will mean, in fact, for their image and their life. I would say that these are temporary gains, a little fame, a little popularity, but it comes from something very serious that, in the long run, we don't know how it will affect their lives. The thing, what I have noticed, though, is that the number of girls who are getting hurt has grown a lot, suicidal thoughts have also been very frequent, you know. And I see a connection with this exposure, of others knowing what is happening, what happened, social isolation, and school dropout. So, I see this connection very clearly. So, while nobody knows, maybe

> you can manage it a little better, you can maintain, let's say, a secrecy in the house. But as soon as it is publicized, she feels exposed, you know. She goes out on the street thinking 'Ah, everyone knows what happened to me, you know, my family knows what happened, they saw the images. And I have noticed a lot that these cases are related to disclosure, either in the media, or disclosure among peers, or even from mothers who have received a photo as a complaint, which has made these girls much more anxious, depressed, with suicidal ideation, and this has been very noticeable in our care. (Úrsula)

Both women and professionals reported the manner in which the violence of exposure manifests itself visibly with marks on the body. Some women reported changes in the relationship with the body and sexuality, such as withdrawal. Self-mutilation practices, such as cutting, however, were significantly present, especially among the young women.

Clarice, white, 19 years old, living in a small town in the metropolitan area, was exposed at 14 years old by her then boyfriend in the context of the public school where they studied. She suffered teasing for having large breasts and had her bulimia condition - neglected by her family - worsened, as she found shelter in eating disorder culture groups on the internet. According to her, the suffering she was going through was reflected visibly in the way she started to dress, hiding her body.

> I wore a lot of cold clothes at that time, I hid as much as I could. [...] I told him [father] and he said that poor people didn't have this problem, simple as that, and that was that. [...] I had already developed bulimia at that time, so I think it got worse and I started not eating, I started punishing my own body, I did not reach self-mutilation, but I tried. [...] I am still very dissatisfied with my body, I don't know if this is related. [...] I searched a lot on the internet, so it got a little bit worse, because I ended up finding groups that loved anorexia and bulimia. [...] I saw that I was not alone, because there were other girls who hated their bodies and that it was right to do what I was doing, so I felt supported to keep doing what I was doing, because it was right. I remember a phrase that was very striking, 'Pretty girls don't eat. (Clarice)

In addition to Vivian, Tainá, white, 28 years old, also discussed the frequency of cases of association of exposed adolescents and the practices of self-mutilation. As a psychologist in a mental health facility of a small town (which was not destined to the infant-youth public except for severe cases), she attended three adolescents with similar stories. They came from very poor families, and also from absent ones, and they arrived at the center with the help of the Guardianship Council. The issue of publicizing naked pictures of girls emerged in the city, and they started cutting themselves after being exposed in the context of the school. According to Tainá, the cuts appeared as a request for help in the midst of a context of their families' negligence towards them.

As discussed in the literature, self-mutilation in adolescents is a contemporary and worldwide public health problem, which has risk factors discussed in this paper, among other issues, such as being a girl, having suffered gender violence and systematic bullying and lack of family support[10].

The family and school support, or the absence of both, proved to be determinant in the suffering condition of the exposed girls and women. Among those who were exposed at school age, the school supported only one teenager, and her experience was different from the others, since the media did not involve nudity itself and was appropriated by strangers in the publicity of a brothel.

The relationship of the experience of unauthorized disclosure of intimate images of women with education and the school institution, however, will not be further explored in this paper. The challenges and possibilities in health care for women who experience this violence will be discussed below.

Institutional specificities of welcoming

Caring for women in situation of violence is the competence of the health, social assistance and public safety services, guided by the Brazilian National Policy of Confrontation to Violence against Women[11]. The compulsory notification of cases of violence against women in health services is legally determined (Federal Law nº 10.778, de 2003)[12], being that, in the case of minors under 18 years of age, the determination was already established by the Child and Adolescent Statute[13]. The compulsory notification allows the follow-up of the records in order to support public policies for the prevention of violence.

It is known that there are several difficulties in health care for the identification of violent situations experienced by women, one of them being the difficulty of women to talk about their experience, due to shame[14].

Professionals and women who have experienced violence reported this situation. One of the professionals reported that there is an even greater difficulty on the part of women to talk about cases of exposure, since it involves intimacy, requiring greater sensitivity on the part of professionals.

The issue of (re) exposure in legal services is even more challenging. As discussed in some papers[15,16], there is no guarantee of confidentiality of the parties involved in legal proceedings involving unauthorized disclosure of intimacy. Zuleica referred to this (re) exposure experienced in person at the hearings: "This is something that ends up in a hearing, with her [exposed woman] present, judge, prosecutor, clerk, intern. You can imagine a room full of people and you standing there with your legs open in a photo".

Regarding this issue, Ursula stated that, as an ethical principle, she does not look into media that involve nudity and sexual content. According to her, this is not central to the execution of her work, which is based on the girls' speech, and thus she avoids that one more person sees what should not have been exposed.

It was observed that the different phases through which the women go through in the process of overcoming violence are manifested in the institutions of the network of assistance to women in situations of violence, which is able to accommodate the different demands, especially from the appropriation of these specificities. The care process, however, also presents a series of flaws, as will be discussed in the following section.

Flaws in the welcoming process

The paths taken by women between institutions to break with the violence they have suffered have been called critical paths. This involves the analysis of the responses obtained by the services, as well as the obstacles encountered, and the meanings given to violence by professionals[17]. Difficulty in effecting a network logic due to conflicting rationalities among the institutions[18], lack of comfort and privacy at the welcoming and during care, the need to tell the story to several professionals, self-distancing from care involving situations of violence by professionals[19] and judgments by police assistance[18-20] are some of the issues that have been debated within the scope of assistance to women in situations of violence.

Regarding the welcoming of situations of unauthorized disclosure of women's intimacy, Úrsula said that she observes a great unpreparedness of the protection network, involving lack of knowledge and negligence on the part of professionals.

> So, when going around the network, this is very noticeable, and I have seen professionals talking to the girl like this: "Ignore it, after a while it will stop circulating". Yeah, this one specifically that I remember was a guardian advisor, right [...]. It' s there forever, you know, it doesn't just disappear, so this was a very striking statement for me. (Úrsula)

Most of the professionals interviewed reiterated the centrality of respectful listening to women, not involving judgment. Tainá discussed the importance of avoiding invasive attitudes, especially because women already judge themselves too much in situations involving exposure.

> What happens a lot is that even psychologists make the mistake of asking too many questions, you know. And this leaves the person more and more closed, you know, like this. [...]. So I see that in the service, even in quicker consultations or other approaches by psychologists, they are very directive, you know, as if it were an anamnesis, I'm interviewing, and this puts people in a defensive position, in the sense of 'What will this woman think of me if I answer such a question? So I think that we have to be very careful in this situation, not only in this situation, but in several, but in this case, especially, because there is a lot of prejudice. They will judge themselves a lot, they will be afraid of what that other person will think of them, so much so that sometimes there are questions like 'Are you married?, 'Do you have a boyfriend?', before telling, you know, about life, to understand what place I am there, maybe, to try to understand. So, I see that we can't bring the question to the table. It is a question that has to emerge from them. (Tainá)

Another issue discussed regarding the service was the need to tell the story repeatedly to different professionals. Zuleica said that, in the office where she works, the listening is done, in general, with the presence of a professional responsible for the legal conduction and the one responsible for recording the information. According to him, this is a strategy to avoid the second victimization that occurs when there is a need to repeat the narrative. If it is true that repetition is a form of re-victimization, so is the lack of privacy and not having an environment conducive to qualified listening. In this sense, the issue of (re) exposure arises as a way to re-victimize women who have already been exposed and are seeking to end this form of violence. It is up to the services to mature the protocols of care considering the specificities of each type of violence experienced by women. Such protocols can be elaborated in a participatory way, with the involvement of health professionals in order to also constitute educational and training spaces[21].

Qualified listening in the services is essential to strengthen the woman's decision to leave the cycle of violence and avoid re-victimization. Welcoming, a central guideline of the National Humanization Policy (PNH), is understood as the orientation that initiates the care process. It propitiates the production of shared care, not just a passive interaction. Instead it aims for care that produces movements that allow repositioning[22]. While violence against women needs to be seen as a health issue, it cannot simply be treated from the pathologizing perspective of the biomedical model[23]. In this regard, psychosocial assistance needs to be focused on women and overcoming violence[18], as reiterated by most of the professionals. These are the issues addressed in the following.

Self-esteem and leading role of women

Some professionals discussed the relationship between low self-esteem, emotional fragility, and self-involvement with exposure, especially during adolescence, an issue that will not be further deepened in this work. The relationship between low self-esteem and involvement in abusive relationships was observed in the reports of both women and professionals.

One professional mentioned the condition of women with disabilities, who often also have difficulties in developing self-esteem. It was reported the case of a woman with hearing impairment, a professional with financial autonomy, but felt insecure to get involved affectively, related to her disability. She moved in with the first man she became involved with, with whom she had a child. Soon after, she began to be extorted by him, who threatened to show intimate photos of her to her family.

Helena, a 21-year-old white woman from a middle-class family in the capital and a student at a prestigious university course, was exposed more than once by her then-boyfriend, who showed media containing intimate images of Helena and moments of the couple to her friends. The relationship did not end after the exposures, but after his decision to have a relationship with another girl.

> I don't know, like, it's already crossed my mind that I wasn't good enough and that's why he, that he didn't restrain himself from talking to anybody, he didn't restrain himself from being with other people, because I wasn't good enough. Whereas with her, the first time, he texted me that he doesn't forget what we went through, but he controlled himself, he stopped talking to me the next day. So, then I think, gee, then she must be much better than me. But it's not right for me to think like that. I think there is a lot involved and I really hope that I have matured. I don't know, I don't expect much, but it crossed my mind. (Helena)

The centrality of self-esteem in the process of overcoming the situation of violence was discussed among the professionals. Most of the professionals said that the pillars of their work with women are self-knowledge, self-confidence and the development of life projects, highlighting their importance in the production of care in situations of violence.

The critical debate on the dichotomization between the active male aggressor and the passive female victim was initiated in Brazil by Maria Filomena Gregori, who pointed to the hindrance of political action to confront violence, for not envisioning and stimulating transformations in the relations[24]. Villela and collaborators[19], as well as Santos and Izumino[25] continued the debate, defending that violence should be understood as power relations, also pointing to the fact that it is crossed by race and class issues.

The debate about women's autonomy in the process of overcoming violence is still present, for example, in the issue of unconditioned public action in cases involving bodily injury, which determines the process regardless of the woman's wishes. It is a resource that contributes to the process being carried out even when the woman is being threatened, but at the same time it takes away her discretionary power[20].

A legal professional drew attention to the fact that many women were requesting the withdrawal of protective measures during the context of the coronavirus pandemic, due to increased financial dependence. Such issues demonstrate the dimensions involved in the possibility of women attaining autonomy.

The professionals from the women's shelters defended the importance of monitoring centered on the individual woman and not on bureaucratic processes. Understanding that each woman feels violence in her own way and has her own resources and times for overcoming it, it was affirmed that the dimension of individuality of each follow-up cannot be lost.

The value of working to overcome the situation was observed even by a woman who had experienced violence, in an evaluation of the follow-up she received in a specialized public agency. Nádia, 29 years old, white, living in a small city in the metropolitan region and a graduate student in the capital, was stalked and exposed in the family and professional sphere by her abusive ex-boyfriend. She said that discussing women's responsibilities is fundamental, even if not at first.

> I believe that warning about this is valid, you see, because one thing I noticed in the support group is that they had this kind of welcoming attitude of letting the person talk and everything, but I don't think they made it very clear that the woman is not guilty, that she is a victim, and that she shouldn't repeat the same things in the next relationships. [...] Because we know that many times it happens again, right? it happens in the next relationships, sometimes in an even worse way. And they spoke a lot, in the sense of 'Look for the police,' you know? (Nádia)

Vivian affirmed that the focus on the leading role is decisive in her work with children who have gone through situations of violence, especially when they realize that they can help other children in the same condition.

> I offer her the possibility to also take a more active position in this story. Because I tell her: 'Look, I know that these are very difficult things to say, that you don't want to tell me because you have just met me, but I wanted you to know how important your story is, because when you tell me, you help me to protect you and you help me to protect another child.' Then she has the possibility to change her position in this story: "Oh, I'm not only the victim, I can also be a protective agent for another child. This works wonders, it is a little thing like this that we think has no repercussion, but it does. It resonates with these children to feel that they can do something for another child. It is very important for them, and then they stop being just that victim. (Vivian)

Finally, by understanding care in a broader way, as a behavior that is part of women's experience and that constitutes them[26], as part of the debate on the ethics of care in women and minorities who play this role socially[27], many exposed women pointed out some attitudes related with personal relationships that have hurt them, as well as others that supported them.

Many exposed women spoke of the fragility of the support received by friends, such as the advice, soon after the violence suffered, to keep to themselves and stop that kind of exposure, tacitly making her feel guilty. Helena, for example, heard a lot of criticism from friends about her abusive boyfriend, whom she liked at the time, but those critical comments did nothing to strengthen her. On the other hand, many women and professionals reiterated the centrality of understanding and non-judgment. The support (generally from the women) of the family appeared in the reports, as a defining issue for facing the situation of violence and the main mode of initial care provided.

Other issues pointed out by women as demands in situations of unauthorized disclosure of intimacy were the therapeutic welcoming of women, individually or in groups, especially to work with the process of self-blaming, and the appropriation of the political debate. Several women stated that the feminist debate introduced by friends contributed to the understanding of the violence they suffered. The importance of women learning about technical issues of data security on the internet was also mentioned, considering that a large part of them are still excluded from the universe of technological knowledge.

Concluding remarks

The unauthorized disclosure of intimacy is a form of violence empowered by new technologies. This violence has been disseminated in different social contexts and with great potential harm, often being combined with other forms of violence against women. The main emotional damage reported by women is related to the consequences for their personal and professional relationships.

As in other situations of violence, it may be observed the different institutional specificities of the welcoming in the different organs that make up the women's protection network. For the production of health care it was evidenced the centrality of the efforts to overcome the situation of violence from the women's leading role and the appropriation of their rights.

The research revealed an even greater demand for care with regard to privacy and discretion during the intake process. The behavior that does not preserving women during the welcoming in situations in which they are already exposed and suffering judgments, is a categorical way of re-victimization.

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Conflict of interest

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Objetivou-se analisar os danos à saúde das mulheres que tiveram imagens íntimas divulgadas sem autorização, bem como os cuidados em saúde necessários nessas situações. Partiu-se do debate sobre violência contra as mulheres em sua interface com a Saúde Coletiva. Foram realizadas entrevistas em profundidade com 17 mulheres com idade entre 17 e 50 anos que tiveram imagens íntimas divulgadas sem autorização e com dez profissionais da saúde e da assistência que atenderam mulheres nessa situação. Foram observados diversos danos à Saúde Mental, como agravamento de transtorno alimentar e uso abusivo de álcool, automutilação, desenvolvimento de fobias, depressão e tentativa de autoextermínio. A exposição da intimidade tem se mostrado uma forma recorrente de violência que requer cuidados peculiares, a serem apropriados pelo campo da saúde na produção de cuidados com vistas à promoção da saúde integral das mulheres.

Palavras-chave: Violência contra a mulher. Violência sexual. Exposição da intimidade. Cuidados. Saúde das mulheres.

El objetivo fue analizar los daños a la salud de las mujeres que tuvieron imágenes íntimas divulgadas sin autorización, así como los cuidados de salud necesarios en esas situaciones. Se partió del debate sobre la violencia contra las mujeres en su interfaz con la Salud Colectiva. Se realizaron entrevistas en profundidad con 17 mujeres con edades entre los diecisiete y cincuenta años que tuvieron imágenes íntimas divulgadas sin autorización y con diez profesionales de la salud y de la asistencia que atendieron a mujeres en esa situación. Se observaron diversos daños a la salud mental, tales como agravación de trastorno alimentario y uso abusivo de alcohol, automutilación, desarrollo de fobias, depresión e intento de auto-exterminio. La exposición de la intimidad se ha mostrado como una forma recurrente de violencia que requiere cuidados propios que deben ser apropiados por el campo de la salud en la producción de cuidados con el objetivo de la promoción de la salud integral de las mujeres.

Palabras clave: Violencia contra la mujer. Violencia sexual. Exposición de la intimidad. Cuidados. Salud de las mujeres.