

# EDITORIAL

## Image-based sexual abuse – A priority for nurses

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### INTRODUCTION

Image-based sexual abuse (IBSA) is an escalating national and international problem that has evolved rapidly. In addition to recorded images, the emergence of artificial intelligence (AI) has enabled sophisticated image manipulation. As technology enables new forms of exploitation, IBSA must be recognised as a critical nursing issue that impacts professional conduct, public safety, and therapeutic trust. This editorial aims to raise awareness among all nurses about creating intimate digital images, the expanding forms of IBSA, its impacts on survivors, and the practical actions nurses and nursing leaders can take, grounded in trauma-informed care, moral courage, and professional accountability.<sup>1,2</sup>

### WHAT COUNTS AS IBSA?

The terminology ‘image-based sexual abuse’ refers to all forms of the nonconsensual creation, sharing, or threats to share, nude or sexual images, including altered images, deepfakes, and other AI-generated sexual images.<sup>3</sup> These images are sexual or intimate and may include an image of the person’s genital or anal area (bare or covered by underwear) or breasts if the person is female, transgender, or an intersex person identifying as female, when most people would expect privacy.<sup>4</sup> Image-based sexual abuse is one example of sexual violence that has rapidly evolved with technological advances.<sup>5</sup> While smartphones and covert

cameras remain relevant, nurses must also understand risks posed by synthetic imagery and the ease with which images can be generated or manipulated.

### WHY IS THIS URGENT FOR NURSES?

Evidence indicates IBSA is widespread and underreported. A multinational study surveyed over 16,000 adults in 10 countries found that 1 in 5 adults (22.6%) have experienced IBSA, however, one-third (30.9%) of them did not disclose this to anyone, highlighting significant barriers to help-seeking.<sup>6</sup> Gender based violence has continued, with males accounting for 91% of perpetrators of IBSA, who primarily target their former or current intimate partners.<sup>6</sup> Consistent with international data, 23% of people in Australia aged 16-49 have experienced some form of image-based sexual abuse.<sup>7</sup> Over half (54%) of image-based offences have occurred in a context suggestive of family violence, as noted by the courts,<sup>8</sup> however, the frequency is likely to be much higher as family violence is not always reported, nor is IBSA. Nurses are likely to encounter the downstream effects of IBSA across settings, including emergency, primary care, mental health, community, and specialist services.<sup>1</sup> Given the high prevalence of IBSA<sup>6,7</sup> and other sexual violence, nurses are likely to provide care for survivors, however, their history of trauma may not be disclosed.<sup>9</sup> Therefore, we don’t actually know how often nurses are caring for survivors, and further research could explore help-seeking, disclosure, and the role of nurses.

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### THE LEGAL CONTEXT IS EVOLVING – BUT SLOWLY

Several Australian jurisdictions have strengthened laws to address imagebased abuse and are moving to explicitly prohibit AI-generated sexual images.<sup>10</sup> Every state and territory has criminalised the distribution of intimate images, however, Tasmania is the only jurisdiction to criminalise possessing a prohibited visual recording. Nonetheless, the pace of legal reform often lags behind technological change, and legislation may have developed before there was a consistent understanding of IBSA.<sup>10</sup> For survivors, the justice journey can be retraumatising: intimate images may be repeatedly scrutinised, cross-examination can be distressing, and proceedings are lengthy. In Victoria, most sentences consist of a fine, an undertaking, or a community corrections order, with only 22% of perpetrators imprisoned.<sup>8</sup> Although the court may be closed to the public, the alleged perpetrator can be present during the cross-examination, consequently adding to the traumatisation of the affected person, while they witness the person's distress and humiliation when questioned about their recollection of the experience.

### PROFESSIONAL CONDUCT AND PUBLIC TRUST

IBSA arises among health professionals and within health settings. Nurses will be providing care for survivors but also need to be aware of their own behaviour. Health professionals in Australia have been found guilty of IBSA in their personal lives, including a mental health nurse found guilty of creating an intimate digital image.<sup>11</sup> Allegations and convictions against health professionals for creating or distributing intimate images demonstrate the need for regulators to act decisively and protect the public. Such behaviours violate the Code of Conduct for Nurses, erode public trust, and conflict with core values of dignity, consent, and integrity.<sup>12</sup> While regulators such as AHPRA and the NMBA must ensure procedural fairness and therefore may move cautiously, professional peak bodies can often act rapidly to update codes of ethics, credentialling, membership standards, and public statements that set clear expectations for safe, respectful conduct. In Victoria, Australia, an extensive investigation is in progress where a medical officer is facing 908 charges for stalking, installing optical surveillance, and producing digital images over a 4-year period at 3 major hospitals. These images were allegedly obtained in staff showers and toilets, creating over 10,000 intimate files, including 4500 videos of mostly women.<sup>13</sup>

### TRAUMA-INFORMED CARE AS OUR LENS

Trauma-informed care (TIC) provides a framework for nursing responses to IBSA. TIC emphasises safety, trustworthiness, choice, collaboration, and empowerment; it recognises the neurobiological and psychosocial impacts of trauma and seeks to avoid retraumatisation.<sup>14,15</sup> Survivors of IBSA describe wide-ranging impacts on their daily lives.

This includes relationships, activities, feeling degraded and shameful, needing to be perpetually vigilant, and social isolation.<sup>16</sup> Trauma-informed care requires nurses to do no harm, understand the effect of stress on the brain and body, and consider what “happened to them” rather than what “is wrong with them?”<sup>15</sup> Integrating TIC principles into undergraduate curricula and ongoing professional development for nurses builds readiness to identify IBSA, respond sensitively to disclosures, and advocate for safer systems.<sup>17</sup> TIC should be practiced by all nurses regardless if the persons history of IBSA is known or not.<sup>9</sup>

### CALL TO ACTION FOR NURSES AND NURSING LEADERS

Nursing's response to IBSA should be practical, values-driven, and system-aware. The following actions align with our professional obligations to safeguard the public and uphold trust. This is a responsibility for all nurses, through leadership, education, and professionalism.

*Clinical practice:* Create psychologically safe spaces for disclosure; use sensitive, nonjudgemental language; assess immediate safety risks; and provide clear information about supports, reporting options, and digital evidence preservation. Document objectively and avoid unnecessary image handling.<sup>17,18</sup>

*Education across the career span:* Include IBSA and technology-facilitated abuse in preregistration curricula and mandate continuing professional development coverage, including AI-generated imagery, basic digital forensics literacy, and referral pathways.<sup>1,17</sup>

*Workplace governance:* Ensure policies address IBSA explicitly, including prohibited conduct, secure change facilities, clear reporting pathways, bystander responsibilities, and rapid managerial responses. Embed TIC in procedures for managing complaints and supporting staff and patients.<sup>12,15</sup>

*Professional leadership:* Leverage peak bodies to set expectations through codes of ethics, credentialling standards, and timely disciplinary processes where permitted. Publicly affirm zero tolerance for IBSA by health professionals and support members to meet standards.<sup>12</sup>

*Legal literacy and advocacy:* Maintain up-to-date knowledge of jurisdictional laws regarding imagebased abuse, including AI-generated images. Advocate for processes that reduce retraumatisation and for sentencing that reflects community expectations and survivor harms.<sup>8,19</sup>

*Digital professionalism and self-protection:* Model safe digital behaviours; discuss image consent and privacy with students and colleagues; and be prepared to challenge normalised practices that trivialise IBSA. Moral courage and ethical agency are central to speaking up early and reporting concerns when they arise.<sup>1</sup>

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### CONCLUSION: TRUST, MORAL COURAGE, AND SAFEGUARDING

As technology evolves, so does the landscape of IBSA. For nursing, the cornerstone remains trust: the therapeutic space must be safe for disclosure, care, and recovery. A trauma-informed, valued approach combined with moral courage, strong governance, and legal literacy will better safeguard patients, the public, and the profession. IBSA should remain a priority for nursing education, practice, and leadership so that we can prevent harm, respond compassionately, and uphold the integrity on which our profession depends.

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