



Published in final edited form as:

Health Psychol. 2019 November ; 38(11): 997–1000. doi:10.1037/hea0000779.

“Stealthing”: Factors Associated with Young Men’s Nonconsensual Condom Removal

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Abstract

Objective: The purpose of this study was to investigate the rates, predictors, and associated sexual risk indices of young men’s nonconsensual condom removal (also known as “stealthing”).

Methods: Participants were 626 male inconsistent condom users aged 21–30 recruited from an urban area in the Pacific Northwest. Participants completed survey measures assessing sexual aggression history, sexual aggression-related attitudes, sexually transmitted infection (STI) history, unplanned pregnancies, and nonconsensual condom removal experiences.

Results: Almost 10% ($n = 61$) of the participants reported engaging in nonconsensual condom removal since the age of 14, with an average of 3.62 times ($SD = 3.87$) and range of 1–21 times (maximum possible). After controlling for condom use self-efficacy, men with greater hostility towards women ($OR = 1.47$) and more severe sexual aggression history ($OR = 1.06$) had significantly higher odds of engaging in nonconsensual condom removal behavior. Chi-square analyses demonstrated that men who had a history of nonconsensual condom removal were significantly more likely to have had an STI diagnosis (29.5% v. 15.1%) or have had a partner who experienced an unplanned pregnancy (46.7% v. 25.8%).

Conclusions: Nonconsensual condom removal, which involves elements of both sexual risk and sexual aggression, confers multiple sexual risks to its recipients, thus meriting increased clinical and research attention.

Keywords

condoms; sexual aggression; sexually transmitted infections; unplanned pregnancies

Rates of sexually transmitted infections continue to climb among young adults (Centers for Disease Control, 2018). Despite prevention efforts targeted towards increasing in condom use, research has demonstrated that resistance of condom use (i.e., attempting to avoid condom use with a partner who wants to use one) is common among young adults, with men being more likely than women to engage in condom use resistance (Black, Sun, Rohrbach, & Sussman, 2011; Wegner, Lewis, Davis, Neilson, & Norris, 2018). Condom use resistance can occur through both non-coercive (e.g., risk-level reassurance, seduction) and coercive tactics (e.g., emotional manipulation, deception; Davis et al., 2014b). While non-coercive

tactics are more commonly used, coercive condom use resistance tactics are an important focus of study given that these behaviors not only elevate sexual risk outcomes but also reduce the sexual agency of their recipients (Davis & Logan-Greene, 2012). Research indicates that coercive condom use resistance behaviors are not uncommon. For example, in a national U.S. sample more than one-third (35%) of men reported using coercive tactics to obtain unprotected sex (Davis & Logan-Greene, 2012). Predictors of coercive condom use resistance include sexual aggression perpetration history and misogynistic attitudes, highlighting the interplay of sexual risk and sexual aggression in these behaviors (Davis et al., 2014b).

One form of coercive condom use resistance that has recently garnered media attention is nonconsensual condom removal, also known as “stealthing” (Colino, 2017; Glasser, 2017; Nedelman, 2017). In these situations, one partner puts on a condom, but then removes the condom either before or during sexual intercourse without his partner’s knowledge or consent. Because of the nonconsensual nature of this behavior (Brodksy, 2017), some legislators have recently introduced bills that would codify this behavior as a type of sexual assault (Assembly Democrats, 2018; Persio, 2017). Despite recent media and legal attention however, there is very little empirical research information on the potential predictors or sequelae of this behavior. The present study addresses this gap through a novel investigation of nonconsensual condom removal in a sample of young men who use condoms inconsistently. Given the nonconsensual nature of this sexual behavior and the debate surrounding the codification of stealthing as sexual assault, previously demonstrated (Pegrem, Abbey, Woerner, & Helmers, 2018) predictors of sexual assault (e.g., sexual aggression history, misogynistic attitudes) are expected to predict this behavior, such that men with more severe sexual aggression history and more misogynistic attitudes will report greater rates of stealthing. Because nonconsensual condom removal might also be related to concerns about one’s ability to use condoms effectively, condom use self-efficacy was included as a control variable. Finally, men who engage in stealthing are expected to report higher rates of sexual risk indices such as STI diagnoses and unplanned pregnancies.

Method

Participant Recruitment

Participants were single community men ($N = 626$) ages 21–30 ($M = 25.5$, $SD = 3.5$) who were interested in sexual activity with women and had unprotected sexual intercourse with a woman at least once in the past year. The larger study included an alcohol administration component; thus, exclusion criteria included: 1) history of problem drinking or negative reactions to drinking; and 2) medical contraindications of alcohol consumption (National Institute on Alcohol Abuse and Alcoholism, 2005).

Procedure

All procedures were approved by the University of Washington’s Institutional Review Board. Participants were recruited via online and print advertisements and were screened over the telephone for eligibility. The larger study consisted of: 1) an in-lab session including a survey and alcohol administration protocol and 2) two online follow-up surveys.

The current study only included in-lab survey data. A male research assistant checked the participants' identification to verify age and identity, obtained informed consent, and participants then completed the survey on a computer in a private room. Participants were paid \$15/hr for the in-lab session.

Measures

Nonconsensual Condom Removal.

The Condom Use Resistance survey assessed the number of times (0, 1, 2, 3...20, 21 or more times) since the age of 14 in which the participant successfully used 35 different tactics to obtain condomless sex when his female sex partner wanted to use a condom (α 's = .64 – .98; Davis et al., 2014b). Nonconsensual condom removal was measured with one item: *Since the age of 14, how many times have you successfully avoided using a condom with a woman who wanted to use one by agreeing to use a condom, but removing it before or during sex without telling her?*

Condom Use Self-Efficacy.

The 28-item Condom Use Self-Efficacy Scale measured average self-efficacy regarding condom use and negotiation (1 = *strongly disagree* to 5 = *strongly agree*; α = .88; Brafford & Beck, 1991).

Sexual Aggression-Related Predictors.

A revised version of the Sexual Experiences Survey assessed perpetration of nonconsensual sexual behavior, including sexual contact and attempted or completed oral, vaginal, or anal penetration since age 14 (Abbey, Parkhill, & Koss, 2005). Perpetration tactics included verbal coercion, intoxication, and force. Participants indicated the number of times they engaged in each sexual act (0 to 3 or more times). Sexual assault severity was calculated according to an index that includes assault outcome, tactic, and frequency (Davis et al., 2014a). The 10-item Hostility towards Women scale measured participants' hostile attitudes about women (α = .86; Lonsway & Fitzgerald, 1995), while the 15-item Adversarial Heterosexual Beliefs scale assessed participants' beliefs about the nature of male-female relationships (α = .86; Lonsway & Fitzgerald, 1995). A 19-item Rape Myth Attitudes scale measured endorsement of rape myths (α = .92; Lonsway & Fitzgerald, 1995). For each of these scales, response options ranged from 1 (*strongly disagree*) to 7 (*strongly agree*) and were averaged to create a scale score.

Sexual Risk Indices.

The Sexual History and Experiences questionnaire assessed sexual behavior risk indices including lifetime STI diagnoses, partners with unplanned pregnancies, and lifetime sexual partners (George et al., 2011).

Data Analysis Plan

After descriptive analyses were conducted, Chi-square analyses examined differences in STI diagnoses and unplanned pregnancies by nonconsensual condom removal experience.

Logistic regression analysis was used to examine whether sexual aggression-related factors were associated with nonconsensual condom removal behavior after controlling for condom use self-efficacy and age. All analyses were conducted in SPSS version 25 (IBM Corp, 2017).

Results

Participants reported their race/ethnicity as follows: 67% White, 15% multiracial, 9% Black/African American, 7% Asian/Pacific Islander, 1% American Indian or Alaskan Native, and 7% Hispanic/Latino (of any race). Most participants had either some college (44.2%) or were college graduates (34.0%), with 66.5% of participants earning less than \$31,000 per year. Participants reported an average of 16.75 ($SD = 18.64$) lifetime female sexual partners, with a large majority (85.3%) reporting exclusively heterosexual sexual experiences and 14.2% reporting both heterosexual and homosexual sexual experiences.

Almost ten percent of the sample (9.8%; $n = 61$) reported engaging in nonconsensual condom removal since the age of 14. Of those, 23 reported one instance of nonconsensual condom removal (37.7%), 12 (19.7%) had engaged in this behavior twice, and the remainder ($n = 26$; 42.6%) had engaged in this behavior 3 or more times. On average, these participants reported engaging in this behavior 3.62 times ($SD = 3.87$), with a range of 1 to 21 or more times (maximum possible). Over half of the sample (57.1%) reported a history of sexual aggression, with sexual aggression severity scores ranging from 0 to 63 ($M = 6.63$; $SD = 8.51$). Descriptives for other predictors were as follows: hostility towards women ($M = 2.92$; $SD = 1.05$); adversarial heterosexual beliefs ($M = 2.29$; $SD = .92$); and rape myth acceptance ($M = 1.80$; $SD = .90$).

Men who reported engaging in nonconsensual condom removal were more likely to have ever been diagnosed with an STI (29.5%) compared to men who reported never engaging in this behavior (15.1%; $\chi^2 = 8.70$, $p < .05$). Similarly, men who had engaged in nonconsensual condom removal were more likely to have had a partner with an unplanned pregnancy (46.7%) compared to other men (25.8%; $\chi^2 = 11.72$, $p < .001$).

Predictors entered into the logistic regression model had correlations ranging from $-.092$ to $.668$. As shown in Table 1, older men and men with a more severe sexual aggression history and more hostile attitudes toward women were significantly more likely to have engaged in stealthing. Every unit increase in sexual aggression history severity and hostility towards women predicted a 6% and 47% respective increase in the odds of stealthing.

Discussion

Nonconsensual condom removal has received both media and legislative attention; to date however, little to no research has specifically examined this behavior. In this novel study, almost 10% of participants reported engaging in nonconsensual condom use since the age of 14, with the majority of these engaging in the behavior more than once. Men who hold more hostile attitudes towards women and who report a more severe history of sexual aggression had higher likelihoods of engaging in nonconsensual condom removal. Perhaps not surprisingly, men who engaged in this unprotected sexual behavior reported higher rates of

lifetime STI diagnoses as well as partners with unplanned pregnancies. Taken together, these findings demonstrate that men who engage in stealthing are higher on both sexual aggression and sexual risk indices.

These findings suggest two possible prevention and intervention pathways for nonconsensual condom removal: one targeting predictors of sexual risk and one targeting predictors of sexual aggression. Moreover, because risky sexual behavior and sexual aggression are associated at both global and event-levels in U.S. and international samples of men (Davis, Neilson, Wegner, & Danube, 2018), prevention and intervention programming that considers the confluence of risk and aggression in sexual situations may hold the greatest promise for reducing the use of coercion to obtain condomless sex, particularly given that stealthing behavior itself involves the confluence of both sexual aggression (i.e., nonconsensual sexual activity) and sexual risk (i.e., condomless sex). However, there is limited empirical information on the shared mechanisms that undergird sexually risky and sexually aggressive behaviors. For example, in the current results it is unclear why hostility towards women was a stronger predictor of stealthing than adversarial heterosexual beliefs and rape myth acceptance. Additional research in this area is necessary for the development of evidence-informed prevention efforts targeting nonconsensual condom removal and other coercive condom use resistance behaviors.

Study limitations include the retrospective, cross-sectional nature of the data and sample characteristics. Because participants were asked to report retrospectively on their sexual assault perpetration and nonconsensual condom removal experiences since age 14, some events may not have been accurately recalled. The cross-sectional nature of the data precludes causal inferences about study findings; thus, higher rates of STI diagnoses and unplanned pregnancies may not be attributable to stealthing events specifically. Finally, the sample was comprised of single male inconsistent condom users, which may limit generalization of the findings to men more broadly.

Recipients of nonconsensual condom removal not only experience a violation of their sexual agency; they also are at increased risk of problematic sequelae such as STI transmission and unplanned pregnancies. Moreover, because of the surreptitious nature of this behavior, these individuals may not realize that a condom was not used correctly. As a consequence, they may not seek out early prevention measures such as post-exposure prophylaxis or Plan B, thereby further increasing their risk. Given the rates of stealthing found in this novel investigation, additional public awareness of the prevalence of nonconsensual condom removal coupled with increased clinical and research attention to this behavior are warranted.

Funding

(R01AA017608; 2R01AA025212) was provided by the National Institute on Alcohol Abuse and Alcoholism to the author.

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Table 1.
Logistic Regression of Variables Associated with Nonconsensual Condom Removal.

	B	SE B	Wald χ^2	P	OR	95% CI OR
Condom Use Self-Efficacy	-.071	.308	.054	.817	.931	.509 – 1.703
Age	.114	.053	4.635	.031	1.121	1.010 – 1.244
Hostility towards Women	.383	.179	4.549	.033	1.466	1.031 – 2.084
Sexual Aggression Severity	.061	.015	16.730	.000	1.063	1.032 – 1.095
Adversarial Heterosexual Beliefs	-.182	.212	.741	.389	.833	.550 – 1.262
Rape Myth Attitudes	.243	.152	2.535	.111	1.275	.946 – 1.718
Constant	-6.500	1.871	12.067	.001	.002	

Note. Condom use self-efficacy and age were entered as covariates.