

Non-consensual condom removal in a STI clinic population

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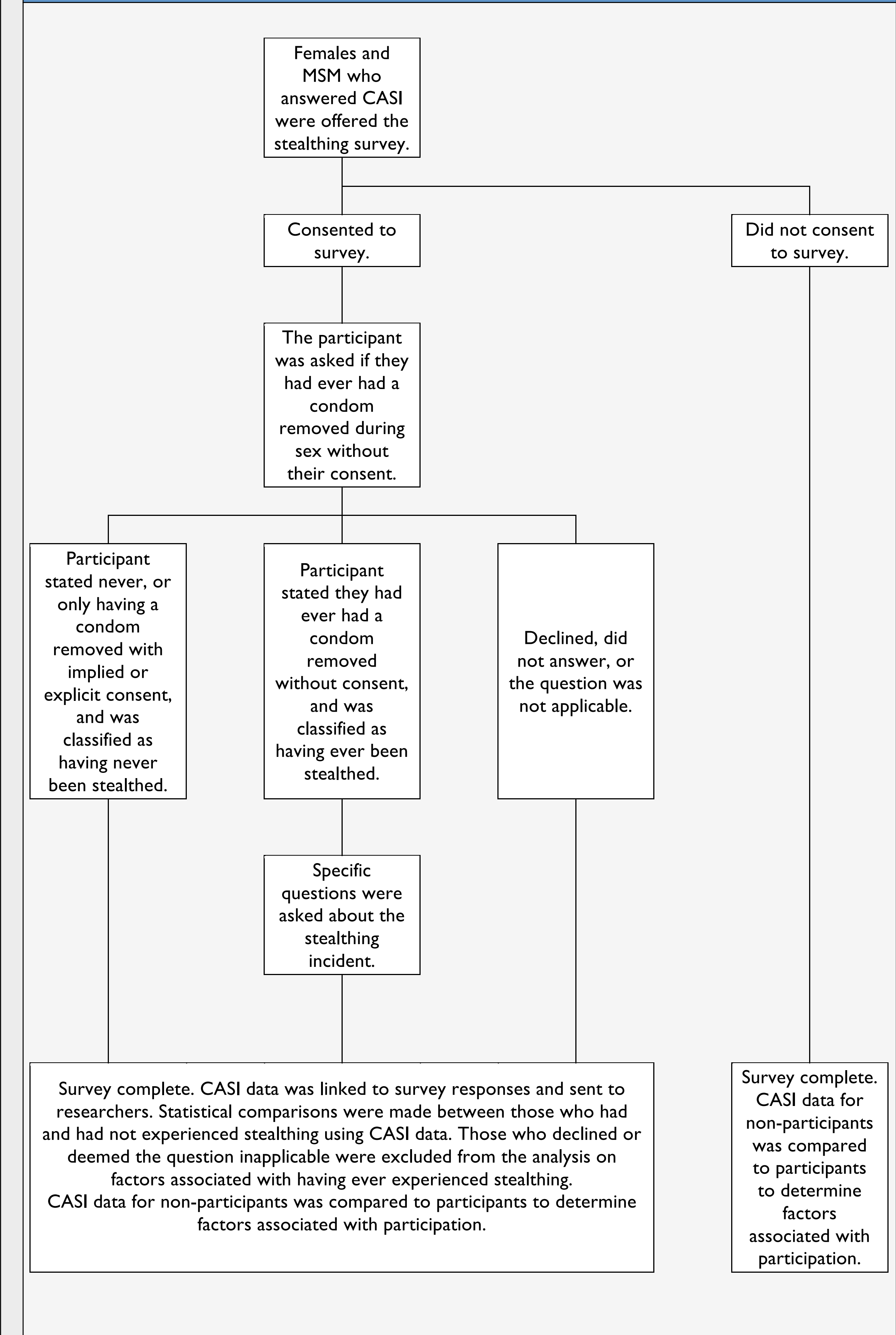
BACKGROUND

Non-consensual condom removal, or ‘stealthing’ as it is colloquially referred to, is condom removal where consent has been given for sex with a condom only. Stealthing breaches consent, and has become a topic of increasing media interest. There is no evidence-based research on the frequency and circumstances surrounding this practice. We aimed to investigate the proportion of patients presenting to Melbourne Sexual Health Centre (MSHC) reporting non-consensual removal of condoms: 1) among heterosexual females and 2) among men who have sex with men, as well as associated risk factors.

METHODS

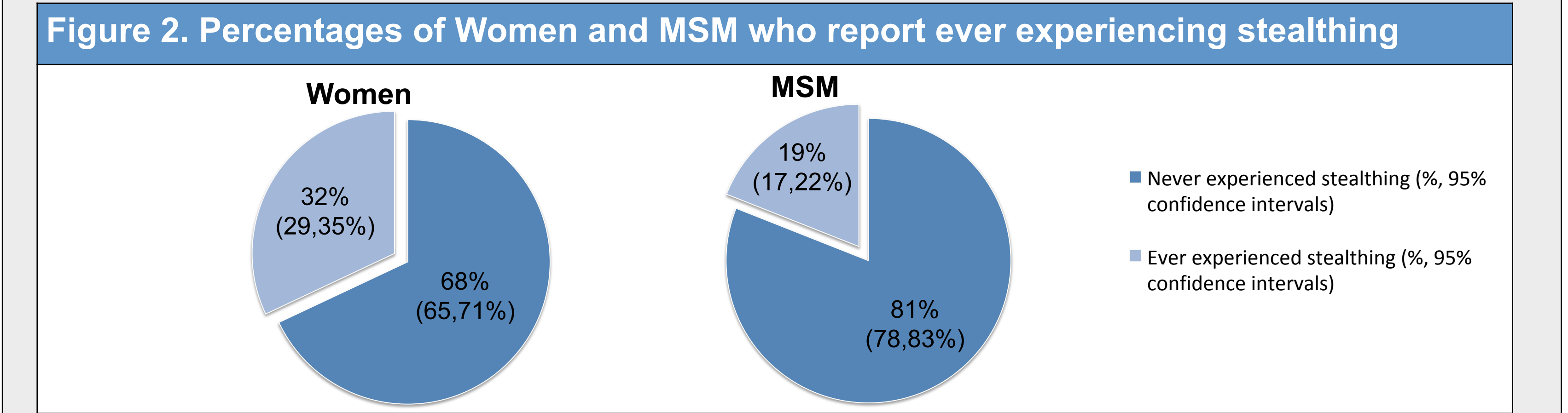
Over a period of 3 months, women and MSM presenting to MSHC, aged 18 or over, were invited to complete an electronic questionnaire containing questions about stealthing. The questionnaire followed on from a routine computer assisted self interview (CASI). It asked whether the participant had ever had a condom removed during sex with or without permission and at what point the participant noticed (Fig 1). Participants who reported stealthing were asked further questions regarding the specific event. Risk factors associated with stealthing were determined by univariable and multivariate analyses (Stata IC, 14). Women and MSM were not compared.

Figure 1. Pathways for patients offered the survey, and the classification for analysis of nonconsensual condom removal.



RESULTS

1189/2883 women (41.2%), and 1063/3439 MSM (30.9%) attending the clinic during the study period completed the survey. Female respondents were more likely than non-respondents to have had sex overseas in the last twelve months (adjusted odds ratio [AOR] 1.49, 95% CI: 1.26,1.77) and were less likely to be a current sex worker (AOR 0.78, 95% CI: 0.63,0.96). MSM respondents were more likely than non-respondents to have had sex overseas in the last twelve months (AOR 1.70, 95% CI: 1.37,2.11), and were less likely to be HIV positive (AOR 0.60, 95% CI: 0.38,0.95). 346/1084 women (32%, 95% CI: 29%,35%) and 168/872 MSM (19%, 95% CI: 17%,22%) reported having ever experienced stealthing (Fig 2).



Compared with women who had never been stealthed, those who had were more likely to be a current sex worker (AOR 2.87, 95% CI: 2.01,4.11). MSM who had experienced stealthing were more likely to report anxiety or depression , compared with MSM who had not experienced stealthing (AOR 2.13, 95% CI: 1.25,3.60). Table 1 describes the circumstances and consequences of stealthing.

Table 1. Circumstances and consequences of stealthing		
	WOMEN	MSM
	% (95%CI) or Odd ratios (OR, 95% CIs)	
Mostly met partner who stealthed them through:	Friends (29%, 24,34%) Sex work (23%, 19,28%)	Geosocial dating applications or online (67%, 59,74%)
Partner using:		
• Alcohol	68% (62,73%)	40% (31,50%)
• Other illicit drugs	19% (15,24%)	12% (7,20%)
when stealthing occurred		
Participant using:		
• Alcohol	57% (51,62%)	41% (33,49%)
• Other illicit drugs	12% (9,16%)	13% (7,18%)
when stealthing occurred		
Consequences:		
• None	25% (21,30%)	38% (30,46%)
• Emotional stress	56% (51,62%)	52% (45,60%)
• Reported STI acquisition	8% (5,11%)	5% (3,10%)
• Reported HIV acquisition	1% (0,2%)	2% (0,5%)
Consider stealthing to be sexual assault:		
• Never stealthed	85% (82,87%)	84% (81,86%)
• Ever stealthed	62% (56,67%)	61% (53,69%)
	OR 0.29 (0.22,0.4) p<0.001	OR 0.31 (0.21,0.45) p<0.001

CONCLUSION

A concerning high proportion of women and MSM attending a sexual health service reported experiencing stealthing. Clinicians should be aware of this practice and further research is required into its public health importance.