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“YOU DO IT WITHOUT THEIR KNOWLEDGE”: IS NONCONSENSUAL COMDOM REMOVAL THE NEW PUBLIC HEALTH EMERGENCY?

Marwa Awad Mohamed
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COMDOM REMOVAL THE NEW PUBLIC HEALTH EMERGENCY?

A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Public Health

by
Marwa Mohamed

June 2019

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June 2019

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ABSTRACT

Background: Sexual consent is often defined as the voluntary agreement to participate in a sexual act, though the differing definitions across and within countries make legal consensus difficult. In recent years, due to popularization through social media, nonconsensual condom removal, termed *stealth*, is becoming common, especially among young adults. Yet, little to no empirical evidence exists on this sexual behavior.

Methods: In this exploratory sequential mixed methods approach, we aimed to address the current perception of *stealth* among young adults. College students were recruited from general education courses at a medium-sized four-year public university. Focus groups were conducted to understand the current perception of *stealth*, including knowledge, perceived influence, and outcome, followed by quantitative assessment of knowledge, attitude, and self-efficacy of sexual consent.

Results: Results demonstrated central theme of health-decision making with associated themes of consent, which further included subthemes of privacy, trust, and violation, followed by consideration of *stealth* as sexual assault and social norm and acceptance of *stealth*. Quantitative assessment showed that knowledge and awareness of *stealth* remains low, though sex differences exist on the perception of *stealth* being considered sexual assault; with higher rates among males as compared to females.

Conclusion: The act of *stealth* has been popularized in social media. Our results demonstrate that there is a need for health educators to assess the prevalence of such a behavior among young adults and policy makers to assess the legal implications of nonconsensual condom removal.

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CHAPTER ONE

INTRODUCTION

Problem Statement

Sexual consent is defined as a person agreeing freely by saying “yes” to any sexual activities with other person(s). The consenting individual also has the ability to say “no” or stop sexual activity at any given time (“What is Consent? | Sexual Assault Prevention and Awareness Center,” 2018). Consent for any sexual activity is a major public health issue because failure to understand the purpose of seeking a consent for such activities may lead to sexual violence, abuse, sexually transmitted infections (STIs), and emotional/psychological distress (Brodsky, 2017). The lack of consent may lead to *stealthing*, an emerging new sex trend that is defined as the act of removing a condom during sex without the consent of a partner (“stealthing - Slang by Dictionary,” 2017)

For example, studies have noted that nonconsensual condom removal during sex put individuals at a risk for unwanted pregnancy, STIs, and survivors explain that it is a violation of trust, which can lead to emotional/psychological distress (Brodsky, 2017). After interviewing individuals who have experienced the act of *stealthing*, two common themes emerged, first individuals feared unwanted pregnancy and sexually transmitted infections (Brodsky, 2017). Second, is that individuals experienced nonconsensual condom removal as a violation of their trust and body autonomy (Brodsky, 2017). One thing that each individual who experienced *stealthing* can agree on is, that removing a condom during

intercourse without their knowledge is “disempowering and demeaning violation of sexual agreement” (Brodsky, 2017).

Interestingly, a study among college students brought to attention the role of deception to obtain consent among male sexual partners, as compared to females (Jozkowski & Peterson, 2013). Likewise, gender-specific differences have been noted by a study Hust et al. (2014) where the authors noted that men who read more men-specific magazines were less likely to ask for or adhere to consent, while the opposite was noted for women. Such empirical evidence highlight not only gender-specific understanding and practice related to sexual consent, but also the potential role of media on such behavioral practices.

In the recent years, especially in 2017, a form of consent or the lack of, which is gaining attention in the media is called “*stealthing*”. While the practice of *stealthing* is not new, the terminology has been promoted through the internet, especially social media. Specifically, corners of the internet have glamorized the practice and *stealthing* has growingly become a trending new topic. In fact, various posts on social media promote men bragging about their act of nonconsensual condom removal. This trend primarily became popular in social media upon an arrest of a Swedish man who was convicted for removing his condom without the knowledge and consent of his partner during sex (“Man who removed condom during sex in trend known as ‘stealthing’ no longer found guilty of rape | The Independent,” n.d.).

Despite being a trending topic, there is no current prevalence data on *stealthing* and there remains limited peer-reviewed articles, primarily attributed to the novelty of the terminology. In a scholarly legal article, the author noted that regardless of the gender being interviewed, males were often more likely to remove condoms without consent, as compared to females (Brodsky, 2017). Brodsky brings a clear distinction to the issue of consent. The consenting partners agreed to sexual activity based on the use of a barrier, in this case condom. As such, removal of such a barrier negates the consent.

Furthermore, as Brodsky (2017) notes, individuals who have experienced the act of *stealthing* are often fearful of STIs, unwanted pregnancy, and feeling of violation. For example, in her research, Brodsky found that a victim of *stealthing* turned to an online forum for people with HIV in the wake of her experience due to fear of having contracted the infection (Brodsky, 2017). Undoubtedly, understanding the current knowledge and attitude about *stealthing* is key to ensuring appropriately tailored sexual health education initiatives, especially among college students.

Furthermore, according to the Centers for Disease Control and Prevention (CDC), there are approximately 20 million new sexually transmitted diseases each year in the United States and half of these are young people from the age 15-24 years old (CDC, 2016). Rates of STIs are increasing significantly for both sexes in recent years, especially Chlamydia (CDC, 2016). As such, with the possible role of *stealthing* contributing to the burden of STIs, it is imperative to

understand the current literature and attitude among one of the most at-risk groups of STIs among college students.

Purpose of Study

The purpose of this study is to conduct a mixed methods analysis using exploratory sequential methods to address college students' knowledge and attitude toward *stealth*.

Research Questions

1. What is the current attitude and knowledge towards *stealth* among college students?
2. Are there gender differences in perception towards *stealth* among college students?
3. What is the current understanding of sexual consent among college students?
4. Are there gender differences in understanding sexual consent among college students?
5. Does social norm play a role in promoting *stealth*?

Significance to Public Health

Seeking consent for a sexual act is a relevant topic in the field of public health in order to prevent sexual violence, STIs, unplanned pregnancy and emotional and psychological distress. By assessing knowledge and attitude related to this trending topic glamorized by social media is critical to ensure

building awareness, provide education on the topic, and prevent the act from occurring, as well as providing victims adequate resources to understand their options related to legal and medical help.

The proposed thesis will meet several public health accreditation standards. These include: select quantitative and qualitative data collection methods appropriate for a given public health context. This outcome will be accomplished by collecting focus group data and quantitative survey data from general education courses. The second competency targeted by this research is: analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate. Using computer-based programs and software to analyze results will complete this outcome. The third competency incorporated in this study is: communicating audience-appropriate public health content, both in writing and through oral presentation. Defending the thesis to professional audience will complete this outcome as well as presenting the results at scholarly conferences, followed by writing a manuscript for peer-reviewed publication. The fourth competency is: applying systems thinking tools to a public health issue. This outcome will be achieved by integrating knowledge from multiple classes to promote health education initiatives to address the rising trend of *stealth*ing. The last competency to assess is: conduct qualitative and quantitative evaluation of health education programs and provide evidence-based recommendations. This will be accomplished by evaluating existing sexual health education materials and making

recommendations to integrate *stealth* knowledge based on the results of this study. Cumulatively, the results of this study will not only allow to address competencies for public health practice, but also contribute to the limited literature on means to improve sexual health literacy among college students.

CHAPTER TWO

LITERATURE REVIEW

Sexual consent is commonly defined as freely agreeing to participate in sexual activity; though legal definition varies by state in the U.S. For example, in California, consent is defined as free and voluntary agreement with knowledge of the act, while North Carolina has no specific definition of consent, though threat to bodily harm is considered lack of consent (“RAINN | Rape, Abuse and Incest National Network,” n.d.). Likewise, while California requires the definition of consent to include words of "freely given" or "affirmative," similar requirements are not present in Texas, or Arizona; making understanding of consent legally difficult across the nation (“RAINN | Rape, Abuse and Incest National Network,” n.d.). Coupled with the differing definition of consent, is the social norm of various sexual act that brings to question the depth and breadth at which sexual consent should be considered. One major social norm, primarily promoted by social media, has been *stealthing*, a terminology used to identify the behavior of removing the condom without consent of sexual partner.

The act of *stealthing* is abusing another individual’s trust by removing the condom without their knowledge. A person who conducts the act of *stealthing* are misusing their power and authority. When two individuals consent to having sex only with the use of a condom that means that when one person removes the condom without the other person’s knowledge a different form of sex is occurring

that they did not consent to. They gave consent to have sex with a condom, not with the skin of the penis, which are completely two different forms of sex.

The act of *stealthing* is not new, but glamorizing it on the internet and social media is considered to be new. The online community is now using many social media platforms such as online chat forums or reddit to brag about *stealthing*, advocate for individuals who have been *stealthed*, or for individuals to express their thoughts on the act of *stealthing*. According to social media platforms such as reddit, men brag about having the right to “spread their seeds” (“Stealthing’: The Disturbing New Sex Trend You Need To Know About,” n.d.). In an interview with Hack, Tom Tilley the host, interviewed an individual to understand why he stealths most of the time and why he is not phased by the risk of STI or unplanned pregnancy (“Why I stealth,” 2017). The interviewee expressed that he stealths because it feels better with no condom on (“Why I stealth,” 2017). He does not believe that removing a condom without the knowledge of his partner is breaking the law, that’d he would be more worried about getting an STI than someone pulling a lawyer on him for removing condom without their consent (“Why I stealth,” 2017).

In April 2017, a study in Columbia Journal Gender and Law looked into the act of stealthing by interviewing number of individuals who experienced this type of sexual behavior and examined the online community. (“Reproductive coercion, stealthing, and social media,” n.d.). Brodsky (2017), found that men discuss the subject of stealthing and support one another with tips and tricks

of doing such acts or encourage other men to stealth their partners. *Stealth* ideas can spread easily online, as an individual continues to browse online, they may be exposed to people encouraging each other to try to act of stealthing, but discussion of how morally wrong and the consequences of the act is also expressed (“Reproductive coercion, stealthing, and social media,” n.d.)

Legal commentary of cases demonstrates that nonconsensual condom removal during sex may increase rates of sexual transmitted infections, unwanted pregnancy, and psychological distress (Brotsky, 2017). *Stealth* was first brought to attention in the media due to arrest and conviction of a Swedish male who removed the condom during sexual act and failed to inform his partner (“Man who removed condom during sex in trend known as ‘stealth’ no longer found guilty of rape | The Independent,” n.d.)

The couple met on Tinder, a dating platform and both agreed to have sex (“Swiss court upholds sentence in ‘stealth’ condom case | Reuters,” n.d.). During intercourse, the man asked to have unprotected sex, the woman refused his request, she later discovered he had removed the condom during intercourse. (“Swiss court upholds sentence in ‘stealth’ condom case | Reuters,” n.d.). The sexual practice can transform a consensual act into a nonconsensual one. This was the first case of its kind in Switzerland, an appeal court upheld the 12-month suspended sentence to a man (“Man who removed condom during sex in trend known as ‘stealth’ no longer found guilty of rape | The Independent,” 2017). They later changed his rape conviction, to one of defilement. This was the first

hearing regarding this sexual behavior and was seen as a test case for how the legal system may handle similar charges (“Man who removed condom during sex in trend known as ‘stealthing’ no longer found guilty of rape | The Independent,” 2017).

Another case regarding the act of stealthing included a German police officer, who was found guilty of sexual assault in Berlin, Germany for removing a condom during sexual intercourse without the consent of his partner (CNN, 2018). The victim expressed that she requested the man to wear the condom and gave no consent to have sexual intercourse without protection (CNN, 2018). She realized that the man was not wearing a condom when he ejaculated. The woman was worried about contracting an STI or getting pregnant (CNN, 2018). The man received an eight-month jail sentence and was fined \$3,400, along with a fine to pay for a sexual health test for the women. This was also the first case of its kind to be prosecuted in Germany (CNN, 2018). Since then, the rise of *stealthing*, as seen in social media since 2017, brings to forefront the question: is nonconsensual condom removal an emerging public health emergency?

To-date, however, there is no empirical research on *stealthing*, knowledge and attitude towards it, its prevalence, or impact, especially among young adults who are not only influenced by social media, but also disproportionately share the burden of sexually transmitted infections (CDC, 2016). In this study, we thus provide the first empirical evidence on young adults’ perception of *stealthing* and in turn the foundation for evidence-based policy implications.

CHAPTER THREE

METHODS

Study Design

The study utilizes an exploratory sequential mixed methods design. Mixed methods research uses both qualitative and quantitative approach. Given the novelty of the research topic, exploration of topic through qualitative means followed by quantitative assessment was deemed the most effective.

This study is part of a larger study that began the year before addressing sexual health knowledge about college students, which included consent, HIV, STI prevention, etc. For the purposes of this study, only the *stealth* content is utilized.

Data Source and Collection

The data was collected from general education lectures and laboratories at a four-year university and instructors for each laboratory and course gave consent for data collection. The university is one of the most ethnically and racially diverse university system in the United States. The campus population is reflective of the diversity of the service area, with, 61% of the population as females, 81% as first-generation college students, and 62% of the undergraduates are low income students. As such, general education courses were selected for data collection to ensure a representation of the diversity of the study population.

Data collection occurred in two phases. The first phase was qualitative data collection for focus groups, which occurred through general education laboratory courses. These students were provided 5 points extra credit as an incentive for participation. During focus groups, students were given consent forms to sign and for those giving consent, data collection continued. The primary interviewer asked the key central questions (along with probe questions) to the focus group participants. All responses were digitally recorded, and an assistant took further notes on the focus group participants. Each focus group was limited to no more than 10 participants and 1 hour. Appendix A lists the questions asked in the focus groups. A total of three focus groups and 14 participants were included in the qualitative aspect of data collection.

Data collection for second phase, quantitative surveys, occurred through general education lecture courses, where students were also provided 5 points extra credit as an incentive for participation. The students who participated in the quantitative assessment were distinct from those students that participated in qualitative assessment to ensure lack of diffusion of questions and thus bias of results. Students were given consent forms and had the right to refuse to participate in the study without consequences to their grade in the course or any other academic outcomes. Students in such general education courses were given a quantitative printed survey (Appendix B). The survey was anonymous and a separate sign in sheet ensured extra credit was given. The data was then

entered into excel and transferred to SPSS for data analysis. A total of 153 participants were included in the quantitative section.

Measures

The quantitative questions were obtained from a larger sexual health survey consisting of 25 questions. Of these, two open-ended questions were related to the use of consensual removal or other birth control prevention method. This was followed by five items Likert scale questions on consent (Appendix B).

In the qualitative assessment, five questions were asked within the focus groups. The questions consisted of five open-ended questions related to stealthing, sexual health knowledge, sexual assault, and social norm. Along with each question a probe question was questioned if necessary (Appendix A). The quantitative questions varied from the qualitative questions.

Data Analysis

The qualitative results of the study were analyzed using grounded theory approach. Grounded theory encompasses inductive analysis and is a general research method concerned with the generation of a theoretical explanation for observed results (Noble & Mitchell, 2016). As a result, this method is often used to uncover social processes, including social relationships and behaviors of groups (Noble & Mitchell, 2016); thus, the most appropriate for the novel topic of *stealthing* in this research.

To conduct qualitative analysis of focus groups using this theory, all digitally recorded responses were transcribed verbatim by primary researcher and assistant. These transcripts were then analyzed using the grounded theory approach of three major types of coding: open coding, axial coding, and selective coding. Open coding was conducted by identifying texts/words that were repetitive in each of the transcripts. These words/texts were then categorized into common groups as part of axial coding. Next, selective coding was conducted to highlight the core theme and how each of the other identified categories were related, to formalize a theory.

To conduct quantitative analysis data from survey questionnaire were input into SPSS software for analyses. Descriptive statistics were conducted to assess the prevalence of variables of interest, including sexual consent related knowledge, attitude, self-efficacy. Knowledge, attitude, and self-efficacy are some constructs of behaviors-change theories that play an important role in peoples' health, behaviors and decisions. Sex differences were further assessed using bivariate analyses (chi-square test for independence), with alpha less than .05 to denote significance. Missing value was excluded from analyses.

Ethics

The Institutional Review Board of the California State University, San Bernardino has approved this study (FY2017-86).

CHAPTER FOUR

RESULTS

Qualitative Analysis Results

Based on the qualitative analysis of focus groups, several emergent themes were identified around the central construct of health-decision making (Fig. 1). These included: limited knowledge of *stealth* and lack of awareness of *stealth*. Second theme was consent with multiple sub themes, followed by the third theme of sexual assault. Finally, the last emergent theme was the perception of social norms in *stealth* behavior.

When asked whether participants heard or knew the meaning of *stealth*, participants in the focus groups universally stated that they were not aware or knew the meaning of *stealth*. However, several associated a negative connotation to the word.

“...I have no idea, never heard of it. It sounds kind of negative in a way”.

“...I don't really know how to describe it. It just sounds negative”.

“...You do it without their knowledge and... I don't know. I don't know the meaning of this.”

“...it's like they are tricking you into something.”

Once the participants were explained the meaning of *stealth*, knowledge continued to be a theme, especially around its impact on health-decision making.

“Not everybody knows what they have and not everybody gets tested so they won’t know what they are passing on to other people, you could get gonorrhea, syphilis, or HIV.”

“.I mean condoms are essentially used for prevention, you’re removing that barrier, you’re exposing yourself to a bunch of diseases now”.

“...when you wear a condom it generally means you guys are protecting each other from any diseases, once you take off the condom you are no longer protected.”

“Yeah, I feel having a condom present in the first place, sets a mutual understanding that we are trying to avoid getting any disease, so if you are willing to take it off, then essentially, you are prompting it.”

Once aware of the meaning, the second emergent theme was that of consent, with sub themes of privacy and trust. Participants felt that removal of condom without a partner’s knowledge was going against the consent for sexual act. Of particular, participants consistently noted that it violated trust between partners and the lack of communication to remove the condom.

“...basically again they took off the condom without your consent and then continued to do something that you did not agree to do, the terms changed.”

“I don’t think it’s right because you both agreed that you were going to do it with a condom, but it’s not right for either one of them to take off the condom and continue with the sexual activity without the person knowing there is no longer a condom.”

“...It goes back to communication, communication is key and not talking about it and telling them what you are doing or why you did it make me not want to do that again with that person because of trust.”

Furthermore, participants highlighted that such break of consent and trust further put the health of those impacted at risk.

“It’s a violation of their consent, they should have been told if they wanted to take off the condom that way, they have the choice weather they want to continue or not. It is a violation of their trust, privacy, and it’s a health concern as well.”

“...because if I choose to have sex with someone, I am obviously going to want to use a condom for my safety and health because not everyone is up front and honest with their past or if they’ve been tested before, and not everyone is willing to share that information with the other person.”

Additionally, a third emergent theme is consideration of *stealth* as sexual assault. Participants expressed that *stealth* should be considered sexual assault as once the condom is removed without their partner’s consent and the act of *stealth* is similar to rape. For example, participants stated:

“The second the page is split and you both are on different pages there is an issue, as soon as you step over that boundary and remove the condom without your partner's knowledge that is considered sexual assault.”

“I feel once either partners say no or stop, or I don’t want this anymore the moment the condom is removed without their knowledge that’s when it becomes sexual assault.”

On the other hand, participants also expressed that if both parties agree to take off the condom, then it would not be considered sexual assault.

“Well I mean if they both agree to take the condom off, then it wouldn’t be considered sexual assault because they both made a decision to take it off, instead of just one person making the decision and taking off the condom without having that conversation with the other person.”

Many participants agreed that *stealthing* should be against the law because of the lack of consent and harm it can cause for an individual.

“Things such as rape is against the law, I feel this goes hand in hand with stealthing because you removed the condom without their consent, without their knowledge.”

Consistent with the central theme of health-decision making, participants felt that due to negative impact on the health of those who are affected by *stealthing*, it should be considered against the law.

“If you end up with HIV, you’re stuck with it for the rest of your life and if you contracted the disease through an act like stealthing I would consider it a crime because you are hurting the other person’s health either way.”

“I feel like it is assault because if something were to happen like a pregnancy or sexual transmitted disease there is repercussions and consequences, and someone has to answer to that.”

“Yes, because maybe that one person has HIV and they give it to you, then you are stuck with it. I mean people don’t think of it as serious, but if that person is having sex with a lot of people and they do that [stealththing], then they are putting you at a higher risk of getting HIV and if you end up getting it then someone is to blame.”

Another emergent theme was the perception that if *stealththing* is perceived as a social norm, then the practice is more likely to be prevalent. For example, some participants expressed confusion because in porn, which is a social norm for young adults, there is no way to affirm if consent was asked or not prior to removal of the condom. Participants consistently stated since lack of condom is prevalent in porn, it can encourage curiosity, especially if it is normalized in porn.

“I’ve watched porn and I think it’s weird that some don’t use condoms since that’s their career and they do that a lot, but one time I saw that in a video that a guy was wearing a condom, but then he took it off, but I don’t know if he asked the girl for consent or if she was forced.”

“The first time someone sees stealththing in a porn video they might think it’s a normal thing to do and if they see it so often it can encourage them to probably try it too.”

"I feel that the viewer will see stealthing in porn and think, oh it's seems okay because the actor is doing it, then when I practice sex, it'll be okay to do the same."

"A lot of people will follow what others do or say, whoever watches porn and see that a condom was being used then removed without the consent of their partner then they will think it is okay to do the same."

"...monkey see monkey do".

Participants expressed that *stealthing* in the porn industry is the same correlation of video games and kids being violent.

"...not to stray off with video games, but it can apply to stealthing in porn as well. People see video games and say "Oh my kid is violent now", you can imply the same exact thing with porn, "oh you watch porn this way, and so you're going to have sex this way."

Participants noted that individuals who watch porn do not realize that the act of *stealthing* is wrong because of the lack of knowledge or education of risk factors that is associated with the behavior; further highlighting the emergent theme of knowledge here as well.

"If they don't know it's wrong then they are not going to see it as wrong. They are going to see it as, this is something fetishized and something that I might like so I am going to try it. But if there is educational explanation that stealthing shouldn't be fetishized and the risk factors and consequences that are associated to stealthing, they would less likely try it."

In addition, further evident of the health-decision making central theme, participants expressed how it is a hazardous work environment for individuals who work in the porn industry; further indicative of the central theme of health-decision making.

“It’s unsafe and unhealthy for the workers, if the other person is not consenting then you shouldn’t do it, regardless if it’s your profession.”

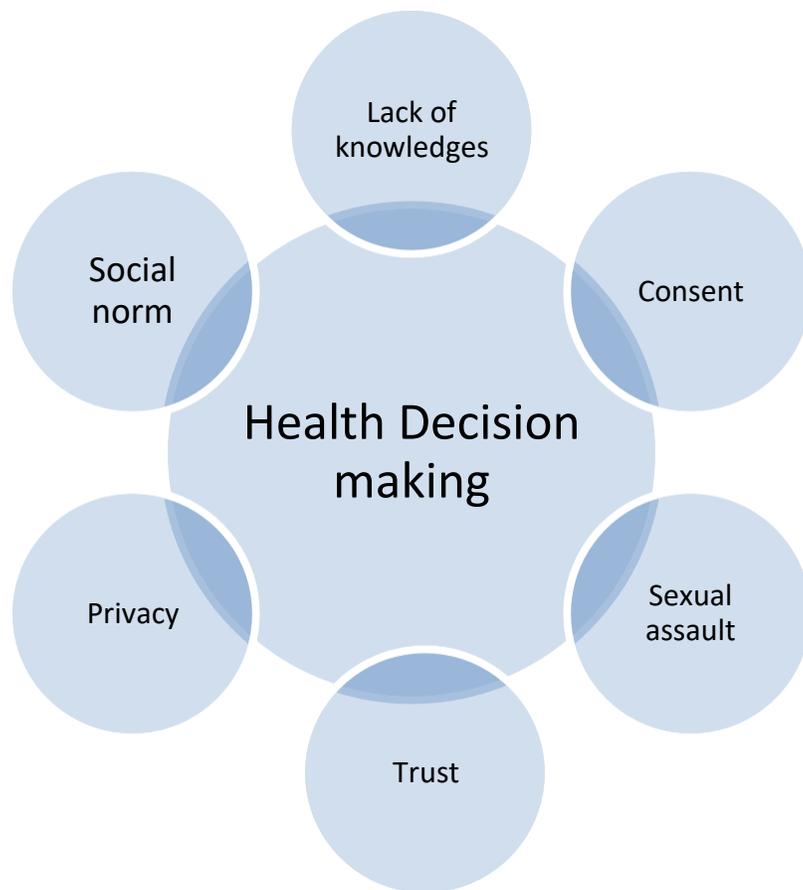


Figure 1. Emerging Themes

Quantitative Analysis Results

Based on the quantitative analysis questionnaire survey that was inputted into SPSS, descriptive statistics were conducted to assess the prevalence of variables of interest, including sexual consent related knowledge, attitude, and self-efficacy.

Participants were asked if they can define the word *stealthing*, nearly 85.6% participants reported that *they did not know the meaning of stealthing*, .7% reported it means *to have sex without consent*, 4.2% reported that it means *you are tricking, manipulating, or creeping on someone to have sex with them*, .7% reported that it means *when someone is infected with HIV and doesn't tell the other person*, and 4.2% reported that it means *to remove the condom without the knowledge or consent of your partner during intercourse*, .2.1% reported to *hide something in plain sight or do something without anyone else knowing*, .7% reported to *deceive someone to have sex with you*.

Furthermore, when asked about their confidence in asking or giving consent during sexual activity, 96% and 94.7% of participants reported *strongly agree/agree*, respectively. Likewise, 96.4% reported confidence in saying *no* during sexual activity. In addition, when participants were asked if unwanted touching, kissing, or hugging should be considered sexual assault, nearly 92% *strongly agree/agree* with a high prevalence among females (96.3%) as compared to males (89.4%). Participants also reported nearly 8% *strongly disagree/disagree*, with higher prevalence noted among males (10.5%) as

compared to females (3.6%), though statistical significance was not found. There was also a high prevalence noted among students aged from 27-29 years (22.2%) compared to students aged from 18-20 years (10.5%), 21-23 years (4.1%). When participants were asked if removal of a condom without approval of sexual partners should be considered sexual assault, 16.6% reported *strongly disagree/disagree* with a significant difference among males (17.89%) and females (14.5%). Furthermore, 83% reported *strongly agree/agree*, with a slight significant among males (82.1%) and females (85.4%).

CHAPTER FIVE

DISCUSSION

Participants in the focus group displayed the lack of knowledge when they were asked if they knew the meaning of *stealth*. Majority of the participants were unable to define the word *stealth*, but once the term was explained many of them associated a negative connotation specifically the impact of health-decision making. A participant expressed, “*Condoms are essentially used to protect an individual from STIs and HIV, when individuals agree to have consensual sex with a condom they are essentially protecting themselves from unwanted disease*”. The moment that condom is removed, both parties are no longer protected, which may impact their sexual health. Although the act of *stealth* is not new, the terminology of the act is. Participants were aware of the act, but did not know that was the term used to describe a condom removal without the consent of the partner. Among the 153 participants that were surveyed, a small percentage knew the act of *stealth*, and the majority associated a negative connotation, however there were no significant sex differences among individuals who participated. Such results on low knowledge about various sexual health related factors is similar to the literature. Several studies have examined sexual health knowledge among college students. College students tend to be very knowledgeable in HIV, but less knowledgeable in STI and general sexual health (Moore & Smith, 2012). Additionally, college students are often unconfident of how sexually transmitted infections are

transmitted or treated, which can make it challenging for college students to protect themselves (Moore & Smith, 2012). Furthermore, overall knowledge about STI among college students are reported low, which is consistent with previous studies (King, Vidourek, & Singh, 2014). Knowledge among sexual health is very important because it can prevent and reduce the risk of being infected with STIs and lead sexually active individuals to make informed decisions and practice safer sex (King et al., 2014).

Once participants were aware of the term *stealth*, the lack of consent was an emerging theme. Many participants expressed that removing a condom without the knowledge or consent of the partner was going against the sexual act that the person agreed on. The terms and sexual act changed once the condom is removed without the knowledge or consent of the partner, which led to violating trust and demonstrating the poor communication between both individuals. Communication between two individuals is very important, an individual should be told or asked if they want the condom to be removed during a sexual activity, that way they have the choice whether they want to continue or not. Not giving them the opportunity to choose violates what they intentionally consented to do and puts the individual at a risk of contracting an STI or HIV. Such results highlight the need to better target college students to understand the importance of consent and ensure a comprehensive definition of consent is established. Sexual consent research is quite limited, researchers noted that there is a lack of research to provide a clear and consistent definition of consent

(Jozkowski & Peterson, 2013). According to a study on sexual consent among college students, Male participants discussed about past sexual encounters and suggested that obtaining sex is a competition (Jozkowski, Marcantonio, & Hunt, 2017). For example, a 20-year-old male perceived that leaving a public space with a woman indicates willingness to engage in sex (Jozkowski, Marcantonio, & Hunt, 2017). College students seem to rely on nonverbal cues of sexual consent, which may cause confusion and consent mis-communication likely arise (Jozkowski & Peterson, 2013).

During the discussion of consent, the term *stealthing* was questioned whether it should be considered sexual assault or not. Many participants expressed different views regarding this specific theme. Some expressed that *stealthing* is just as equivalent to rape. The moment that individual steps over that boundary and removes the condom without the consent of their partner that's when it's considered sexual assault. The person consented to have sex with a condom, not the skin of the penis. The condom removal without the consent of the partner puts the individual at a higher risk of contracting sexually transmitted infections and HIV. Not only is the victim of *stealthing* at risk, but the individual who is committing the act of *stealthing* is also at risk of contracting a potential infection that other individual could possibly have from past partners. This brings to attention significant legal cases occurring globally related to addressing the legal implications of *stealthing*. A man in Switzerland was convicted for deliberately removing a condom without his partner's knowledge

("Swiss court upholds sentence in 'stealthing' condom case," 2017). The man and women met on a dating platform, Tinder and both agreed to have sex, during intercourse the woman refused the man's request of unprotected sex, but she discovered later on that he did remove the condom without her consent or knowledge ("Swiss court upholds sentence in 'stealthing' condom case," 2017). This appears to be the first case of its kind in Switzerland, the court changed its sentence from rape to defilement ("Swiss court upholds sentence in 'stealthing' condom case," 2017). In Germany, a German police officer was found guilty of sexual assault for removing a condom without the consent of his partner (CNN, n.d.). He was sentenced eight months in jail, fined \$3,400, and had to pay for a sexual health test for the female victim (CNN, n.d.).

When we analyzed the meaning of sexual assault among individuals, we find the biggest discrepancy between cisgender males and cisgender females. Many individuals may define sexual assault differently than one another. Some may believe that it is a form of attack such as rape, attempted rape, threats, or unwanted sexual contact. Others may believe that it is unwanted touching, kissing, or hugging. Although, some may not see unwanted touching, kissing, or hugging as a form of attack, some may believe that it is. This further affirms a comprehensive and concrete definition of consent is needed, especially in college campuses.

Many participants expressed that if *stealthing* is perceived as a social norm, then the practice is more likely to be prevalent, especially among

individuals who may lack knowledge or education of risk factors associated with the act of *stealthing*. Some participants communicated that they have watched the act of *stealthing* in porn videos, but they were unsure if consent of the condom removal was asked prior to the act. If an individual is watching porn and the act of *stealthing* is demonstrated, then they might get encouraged or curious to try it. Individuals might also think that it is a normal sex practice to engage in because it is normalized in porn videos. The next time the individual is engaging in any sexual activity, they may incorporate the condom removal without the consent of their partner. Participants correlated that the act of *stealthing* in the porn industry has the same effect as video games and makes children more likely to be violent. It is the same concept, many people have expressed in the past that violent video games will make their children violent, that is the same correlation, if an individual is watching porn and the act of *stealthing* is being demonstrated, they may be more likely to practice sex the same way. Although the act of *stealthing* is normalized in adult videos, the term associated with the act is new, therefore the lack of knowledge of *stealthing* is not emphasized in health education. Many expressed that individuals may not know that act of *stealthing* is wrong or the health risk factors associated with it because it is a social norm in videos. Present research has examined the association among social norms and consumption of alcohol-related problems among college students. Findings suggested that students who overestimate the drinking of their peers and perceive their friends or more approving of alcohol tend to have more

problems because they drink more (Neighbors, Lee, Lewis, Fossos, & Larimer, 2007).

Furthermore, studies have found exposure to Facebook profiles that contain alcohol and greater time spent on Facebook predict riskier cognitions (Litt & Stock, 2011). Findings provided evidence that social norms of alcohol use on social networking sites significantly impact the willingness to use, attitude towards use, and perceived vulnerability (Litt & Stock, 2011).

When asked about their confidence in asking or giving consent during sexual activity, more than half of participants felt confident. However, the lack of actually understanding consent is evident from the aforementioned assessment of unwanted touching, kissing, etc. Likewise, majority of participants were confident in asking or giving consent, but more than 15% disagreed that the condom removal without consent should be considered sexual assault. Furthermore, lack of confidence in giving consent were nearly similar for both females and males, as was the inability to say *no* to sexual activity. If individuals have the inability to say no to a sexual activity, then the lack of confidence in giving and asking consent should be a lot lower than what the results displayed; thus further demonstrating a disconnect among the college student population on the concept of consent versus saying no. As such, the lack of a concrete definition of consent poses a significant barrier. Rarely do college students know the legal definition of such content and thus targeted health education initiatives are needed to ensure such understanding and the legal consequences.

Strengths and Limitations

The results of this study should be interpreted in the context of its limitations. The college campus is primarily a first--generation minority serving institution, thus the results are not generalizable to other populations. Likewise, to ensure accidental identification of participants, we did not analyze data separately by major. It is highly likely that the results would vary among health science or related majors as compared to non-science-based majors, as the former may be exposed to more sexual health classes. Furthermore, self-reported data is susceptible to social desirability, especially due to the sensitive nature of the topic.

*Stealth*ing is a new and emerging sex trend in the United States and therefore is limited to no research being done or conducted on *stealth*ing. Conducting a qualitative study on *stealth*ing among college students raised more issues through broad and open-ended questions and provided more detailed information to explain complex issues. Furthermore, a strength of using a qualitative study provides an opportunity to explore a new topic such as *stealth*ing and a better understanding to behavior values, beliefs, knowledge, and attitude regarding the act of *stealth*ing that may lead public health professionals to develop future interventions among the college student population. In addition, the quantitative survey approach in this study had a significant impact(?). For example, data is relatively easy to analyze, is precise and reliable. Lastly,

quantitative data collection can be easily communicated via charts and graphs for the audience to understand.

Recommendations for Research and Practice

In recent years, *stealthing* has been an emerging sex trend in the media and there is no empirical research conducted among college students or on any other population. The results revealed that sexual consent does not have a concrete definition, especially among college students. Furthermore, there is an urgent need to address this problem by introducing a transparent definition of sexual consent. *Stealthing* has limited research, and is therefore recommended to continue exploring the new sex trend in order to prevent sexual assault, an increase of STIs and HIV, and emotional and psychological distress. Further research is needed to look at population groups such as men, women, college students, and individuals in long term relationships. who have committed the act of stealthing, understand why the act of stealthing was committed, and when the act of stealthing was committed, and any emotional or physical outcomes of stealthing. It is important to understand why stealthing occurs to address and implement future policies. In addition, further research among the LGBT community is important because they are at a higher risk of contracting HIV and limited to no research among the LGBT community.

The findings of the study show the lack of knowledge and education of stealthing among college students. It is important to implement educational and prevention programs regarding the act of stealthing and a better understanding of

sexual consent for college students. Interventions would reduce the rates of STIs and HIV, increase knowledge on stealthing, and students will have a better understanding on sexual consent that may lead to the act of stealthing.

Conclusion

The act of *stealthing* has been popularized in social media (Brotsky, 2017). Our results demonstrate that there is a need for health educators to assess the prevalence of such a behavior among young adults and policy makers to assess the legal implications of nonconsensual condom removal. Education plays a vital role when it comes to the concept of contracting STIs, unwanted pregnancies, and emotional and psychological distress. *Stealthing* has become a new emerging term, although individuals are committing this deed, they may not be aware of the consequences involved because of the lack of knowledge on stealthing. If awareness and education on *stealthing* is recognized to be harmful, individuals who are committing the act will become more aware and knowledgeable to not continue to participate in such an act. The normalization of *stealthing* may still exist in pornography, but the awareness and education may decrease the social norm of *stealthing*.

APPENDIX A
QUALITATIVE QUESTIONS

1. Do you know what stealthing is?

a. (Yes) Do you think stealthing is something that should be against the law?

b. (No) What do you think stealthing can be?

If majority says no, clarify what stealthing is

2. Do you think stealthing increase one's risk of HIV transmission?

a. (Yes) How does stealthing increase one's risk of HIV transmission?

b. (No) Why does stealthing not increase one's risk of transmission?

3. Do you think stealthing is considered a form of sexual assault?

a. (Yes) Why is stealthing considered sexual assault?

b. (No) Why is stealthing not considered sexual assault?

c. Ask regardless if yes/no: How far can someone go before it is considered sexual assault?

4. Do you think stealthing should be against the law?

a. (Yes) Why should it be against the law?

b. (No) Why should it not be against the law?

5. What are your thoughts on stealthing in the porn industry?

a. If no one has any response move on- do not explain

b. Do you think that seeing stealthing in pornography encourage people to engage in it?

c. How would seeing stealthing in porn make it more socially acceptable?

APPENDIX B
QUANTITATIVE QUESTIONS

1. What does the word **stealthing** mean? Please write in your own words. If you don't know, it is okay to say I don't know.

2. What does the word **trapping** mean? Please write in your own words. If you don't know, it is okay to say I don't know.

	Strongly Agree	Agree	Disagree	Strongly Disagree
I am confident in my ability to ask for consent during sexual activity.				
I am confident in my ability to give consent during sexual activity.				
I am confident in my ability to say no during sexual activity.				
Unwanted touching, kissing, or hugs should be considered sexual assault.				
Removal of condom without approval of sexual partner should be considered sexual assault.				

APPENDIX C
COLLABRATIVE
INSTITUTIONAL
TRAINING
INITIATIVE



Completion Date **12-Nov-2018**
Expiration Date **11-Nov-2022**
Record ID **29435492**

This is to certify that:

Marwa Mohamed

Has completed the following CITI Program course:

Human Research (Curriculum Group)
Social Behavioral Research Investigators and Key Personnel (Course Learner Group)
1-Basic Course (Stage)

Under requirements set by:

California State University, San Bernardino



Verify at www.citiprogram.org/verify/?w5a5c77c5-577f-47a7-9465-9c40721346ed-29435492

APPENDIX D
CONSENT FORM



Department of Health Science and Human Ecology

Consent Form
Sexual health knowledge

You are invited to participate in a study concerning what you know and feel about sexual health information so we can create a program to address your needs. This study is being conducted by Dr. Monideepa B. Becerra (faculty) and two Master of Public Health graduate students, Robert Avina and Marwa Mohamed, from the Department of Health Science and Human Ecology at California State University San Bernardino.

Purpose:

The project will investigate what barriers college students face when obtaining information on knowledge and attitude about sexual health, especially related to sexually transmitted infections and consent.

Procedure:

You will be given a survey with 25 questions, some questions may have multiple parts. It should take you no more than 30 minutes to take the survey and you will be given 5 points extra credit.

Risks and Benefits:

Your participation will involve minimal risk, however, during participation you may feel uncomfortable readings some questions related to sexual health. Participation is completely voluntary, and you may refuse participation at any time or refuse to answer any individual question that causes discomfort. The benefits of the study may provide insight into the barrier's students face in ensuring proper health and prevent sexually transmitted infections and implemented needed resources for promoting consent and reducing infections.

Confidentiality:

All data will be collected anonymous and no identifiable information, such as name, student ID, address, etc. will be collected. Results of this study may be published but no names or identifying information will be used. We will destroy all surveys within 5 years of reporting.

Right to Refuse:

Your participation is voluntary, and you are free to withdraw from participation at any time. Your withdrawal will not impact your academic standing and/or any other aspect of your schooling/work. Please notify the researchers if you experience distress during or after participation. If you have additional questions please contact Monideepa B. Becerra, DrPH, MPH mbecerra@csusb.edu or 909-537-5969 (faculty researcher).

I have carefully read and/or I have had the terms used in this consent form and their significance explained to me. By checking the box below, I agree that I am at least 18 years of age and agree to participate in this project and approve recording of my responses.

Yes, I have read and understood the terms and I agree to participate.

909.537.5339

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

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APPENDIX
E
INSTITUTIONAL REVIEW BOARD



October 12, 2018

CSUSB INSTITUTIONAL REVIEW BOARD

Protocol Change/Modification

IRB-FY2017-18

Status: Approved

Prof. Mondreppa Becerra
Department of CHS - Health Science
California State University, San Bernardino
mondreppa@csusb.edu

www.csusb.edu

Dear Prof. Mondreppa Becerra

The protocol change/modification to your application to use human subjects, titled "Qualitative analyses of student health barriers and perceptions" has been reviewed and approved by the Chair of the Institutional Review Board (IRB). A change in your informed consent requires resubmission of your protocol as amended. Please ensure your CITI Human Subjects Training is kept up to date and current throughout the study.

You are required to notify the IRB of the following by submitting the appropriate form (modification, unanticipated/adverse event, renewal, study closure) through the online Cayuse IRB Submission System.

1. If you need to make any changes/modifications to your protocol submit a modification form as the IRB must review all changes before implementing in your study to ensure the degree of risk has not changed.
2. If any unanticipated adverse events are experienced by subjects during your research study or project.
3. If your study has not been completed submit a renewal to the IRB.
4. If you are no longer conducting the study or project submit a study closure.

You are required to keep copies of the informed consent forms and data for at least three years.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, Research Compliance Officer. Mr. Gillespie can be reached by phone at (909) 537-7568, by fax at (909) 537-7568, by email at mgillespie@csusb.edu. Please include your application identification number (above) in all correspondence.

Best of luck with your research.

Sincerely,

Donna Garcia

Donna Garcia, Ph.D., IRB Chair
CSUSB Institutional Review Board

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