

Arizona State University

Association of Alcohol-Related Factors with Condom Sabotage

Weiqi Chen, BSN, RN, Julia F. Hammett, PhD, Kelly Cue Davis, PhD

Edson College of Nursing and Health Innovation, Arizona State University, Phoenix AZ, United States

Background

- Although condom use can effectively prevent sexually transmitted infections (STIs), many people do not use condoms consistently.
- Coercive Condom Use Resistance (CUR) refers to aggressive or manipulative strategies people use to avoid condom use.
- Condom sabotage is a form of coercive CUR that involves intentionally breaking or removing a condom without a partner's consent.
- Alcohol use is known to be associated with coercive CUR; however, evidence on the ways in which alcohol is associated with condom sabotage is lacking.

Research Aim

- The present study examined whether men who engage in condom sabotage and those who do not differ on:
 - Their own alcohol use
 - Their partner's alcohol use
 - Their alcohol expectancies
 - Their drinking motives



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References

Digital Poster

Methods

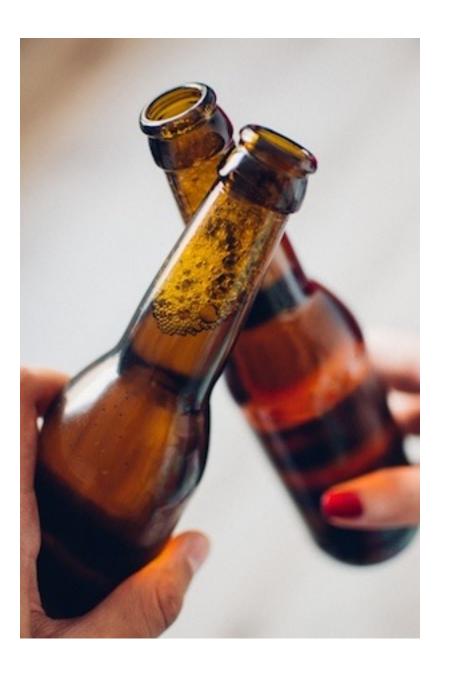
Design: Cross-sectional quantitative online survey.

Participants & Procedure:

- Inclusion criteria: (1) ages 18-30; (2) residing in the United States; (3) currently in non-monogamous relationship or monogamous relationship for less than six month; (4) has successfully engaged in coercive CUR at least once.
- Sample characteristics
- N = 104 men
- M (age) = 25.5 (SD = 3.6)
- 56.7% White, 15.4% Black/African American, 14.4% Asian/South Asian, 11.5% Multiracial
- 20.6% engaged in condom sabotage at least once since age 14

Data Analysis:

Descriptive statistics and independent samples t-tests in SPSS 27.0



Measures

Construct	Items	Scoring	
Condom Sabotage	3 items from the Condom Use Resistance Tactics scale (Davis et al., 2014)	Responses were dichotomized into Yes/No.	
Event-Level Drinking	2 items measuring number of drinks consumed at the event and partners' level of intoxication.	Participants reported number of drinks consumed and rated their partners' level of intoxication on a 7-point Likert scale.	
Alcohol Expectancies for Condom Use	3 items measuring men's expectations about the effect of alcohol to impair their ability to negotiate and use condoms (LaBrie et al., 2002).	Items were rated on a 7-point Likert scale and averaged such that higher scores indicate higher agreement.	
Sex-Related Drinking Motives	12 items (enhancement and coping subscales) measuring men's sex-related reasons for drinking (Bird et al., 2019).	Items were rated on a 5-point Likert scale and averaged such that higher scores indicate higher agreement.	

Results

Measures	Men who engaged in condom sabotage [M (SD)]		<i>t</i> (df)	p
Event-level drinking	2.53 (2.25)	1.12 (1.96)	2.65 (82)	.01
Perceived partner intoxication	3.05 (2.04)	1.31 (1.94)	3.25 (76)	< .01
Alcohol expectancies for condom use	12.40 (4.8)	8.64 (5.05)	3.41 (38.05)	< .01
Drink to enhance sex-related experiences	3.34 (1.04)	2.50 (1.16)	3.00 (92)	<.01

Conclusions

- Condom sabotage is a relatively common tactic that men engage in to obtain unprotected sex.
- Acute intoxication and having more intoxicated partners is associated with higher likelihood of engaging in condom sabotage.
- Having negative alcohol expectancies and drinking to enhance sexrelated experiences are associated with higher likelihood of engaging in condom sabotage.
- Prevention efforts should focus on decreasing acute alcohol intoxication and challenging men's beliefs about the effects of alcohol.

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Measures

Condom Sabotage

- 1. Agreeing to use a condom, but intentionally breaking the condom when putting it on
- 2. Agreeing to use a condom, but intentionally breaking the condom after it was on
- 3. Agreeing to use a condom, but removing it before or during sex without telling her

Event-Level Drinking

- 1. How many drinks did you consume on that day before having sex?
- 2. What was her highest level of intoxication while she was with you?

Alcohol Expectancies for Condom Use

- 1. When I drink, it is hard to use a condom.
- 2. Drinking makes me forget about using condoms.
- 3. After a few drinks it is more difficult for me to talk to a potential sexual partner about using a condom.

Sex-Related Drinking Motives

- 1. To feel less depressed about sexual activity
- 2. To forget your worries about sexual activity
- 3. To feel less nervous about sexual activity
- 4. To feel more self-confident and sure of yourself during sexual activity
- 5. To help you forget your problems related to sexual activity
- 6. To feel less upset about sexual activity
- 7. To make sexual activity more exciting
- 8. To make sexual activity more fun
- 9. To make you more relaxed during sexual activity

- 10. So that you will enjoy sexual activity more
- 11. To feel sexier
- 12. To increase your chances of having sexual activity

Enhancement subscale (mean of: SRDM4, SRDM7, SRDM8, SRDM9, SRDM10, SRDM11, SRDM12). Coping subscale (mean of: SRDM1, SRDM2, SRDM3, SRDM5, SRDM6)