We conducted several analyses to retrospectively validate the scales that make up the SBHT: 
1. Based on Item Response Theory (IRT), we determined that all items in 4 of 5 scales contributed unique information and should remain.
2. We developed a priori hypotheses about the direction and strength of associations between individual SBHT scales - and with other sociodemographic variables. At least one team member was correct in 40 or 46 predictions (87%). Only the Prevention Readiness scale did not perform as expected - likely due to ceiling effect of most items.

**RESULTS**

VALIDATION

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**CONCLUSIONS**

Our brief, electronically-administered tool assists providers to assess women’s perceptions of partner support or opposition to using HIV prevention products, including the risk of IPV. Beyond trial settings, such a tool could enable clinic staff to efficiently tailor risk reduction, empowerment and adherence counseling for microbicides and other services. It may provide important monitoring information about social harms and benefits of HIV prevention programs.

**AUTHOR AFFILIATIONS**

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**RESULTS (Con’t)**

**COMPARING SURVEY & INTERVENTION DATA**

- CHARISMA participants’ (n=61) baseline scores were significantly lower than survey data from former trial participants on the Traditional Values and Partner Abuse scales. Scores on the other scales were similar.
- Although preliminary, all SBHT subscale scores show favorable changes from baseline to first follow-up (n=24).

**PROSPECTIVE VALIDATION**

The strongest evidence for SBHT validity would be its ability to discriminate between women with different levels of relationship harmony, stress or violence and to reliably track changes in relationship context over their participation in the intervention.

We will conduct several analyses to prospectively validate the SBHT, including:

- Qualitative comparison of counseling notes and SBHT scores from baseline to follow-up
- Latent variable model to assess reliability and measurement invariance
- SEM to explore associations between SBHT and sociodemographic characteristics

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**INTERIM FEEDBACK FROM CHARISMA**

- Participants reported that the SBHT made them reflect on relationships in ways they had not before.
- Counselors found items informative for building a more comprehensive profile of participants’ lives.

**SCALE-UP**

- If CHARISMA is found to be feasible and acceptable, it may be adapted and implemented at additional HOPE site study locations and/or PreP demonstration projects.
- Expansion to new sites should include rapid testing to identify appropriate cut-points for locating participant on social benefit-harm tool.

**METHODS**

**TOOL DEVELOPMENT PROCESS**

We used a three-phase process to develop the SBHT:

1. Cognitive interviews with former trial and trial-naïve participants (n=25) to assess ease, comprehensibility and relevance of 135 items.
2. Survey of former microbicide trial and trial-naïve participants (n=509). Exploratory factor analysis (EFA) to identify a reduced set of constructs and items that could measure social benefits and harms. Reliability and validity assessed by examining hypothesized associations between emergent factors/constructs and other variables.
3. Automation of SBHT on tablets and pilot-testing in one site to evaluate utility to inform and monitor CHARISMA intervention.