

PrEP, Relationship Dynamics, and Intimate Partner Violence: Findings and Tools from the CHARISMA Project

PrEP Learning Network Webinar Series

Thank you to Elizabeth Montgomery, Miriam Hartmann, and Sarah Roberts from RTI International, Thesla Palanee-Phillips from Wits RHI and Michele Lanham from FHI 360 who presented during the November PrEP Learning Network webinar. In this webinar, we discussed the findings and tools from the CHARISMA project. In case you missed it, you can access the webinar recording [here](#).

Top Questions

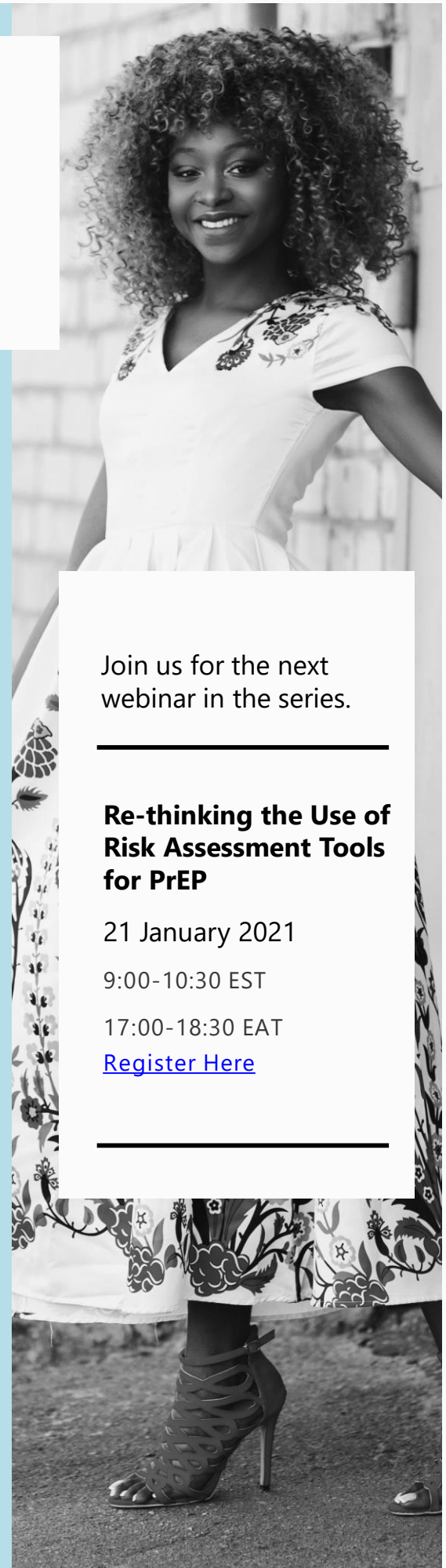
Below is a highlight from the Q&A for those seeking more information on the CHARISMA project. Learn more by viewing the webinar [recording](#), accessing complementary resources, signing up for future webinars, or visiting the [PrEP Virtual Learning Network](#) page.

1. **Were the women in the study recruited from previous clinical trial participants or were they all naïve to research at Wits RHI?**

All participants were trial naïve. Prior to enrollment, the biometric co-enrolment prevention system (BCEPS) was used to verify that participants were not enrolled in any other studies. BCEPS captures fingerprints across trials and studies in multiple sites in South Africa to prevent co-enrollment of research participants in multiple clinical studies.

2. **How were counselors trained/assessed prior to carrying out the CHARISMA intervention?**

Lay counsellors were staff on the CHARISMA team who were previously certified in finger stick HIV testing and participated in a course on routine HIV testing and counseling.



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Training for CHARISMA was originally a four-day, in-person training for lay counselors or others with some experience with gender/violence/women-centered counseling. The training materials, including a counselor observation form, are available on the toolkit site under Counselor Training Curriculum. In the CHARISMA studies, counselors were observed during their first five sessions and one in every 10 counseling sessions thereafter. Counselors obtained the client's consent for the session to be observed. Another aspect of this is counselor support. During the CHARISMA studies, informal peer-to-peer and support meetings were held weekly and as needed for urgent cases. The studies also offered on-site meetings with a social worker once per month to counselors (as a group or individually) early in the study to discuss emotional challenges, burnout, and vicarious trauma. These meetings became quarterly as counselors strengthened their coping skills.

3. What are the costs associated with implementing the CHARISMA intervention?

There are no specific costs to delivery of the intervention. Possible costs could be Human Resource costs such as salary support for counselors if counselors are not already existing, and the cost of a tablet to administer the Healthy Relationship Assessment Tool (HEART) assessment, although a paper version is available.

4. It was stated that 20% of participants disliked being asked about IPV. What were the reasons for this?

We don't know the reasons for this or whether it was associated with personal experiences, dislike of sensitive topics, time constraints, or other reasons. A qualitative analysis is currently underway, where the reasons for that dislike are being looked into further. The results of this analysis will be shared by Spring 2021.

5. Were male partners engaged? Were male partners interviewed?

Male partners of women were offered packets of resources and were invited to the research setting. Male partners were not interviewed during the RCT due to timing.

6. Was data collected on male partners' HIV status?

Male partners' HIV status was collected based on participant self-reporting, but the number reporting male partner status was small. Many participants did not know their partners' status.

7. Why continue to pursue integration of the CHARISMA intervention although it was not shown to be effective?

Through this intervention, all participants received education and support on PrEP and intimate partner violence (IPV). IPV reporting declined for participants in both arms of the research study, and this contributed to the inability to statistically measure a difference in effect. The Investigators of CHARISMA and other key advisors feel that the CHARISMA intervention, or components of the intervention, could still offer benefit in non-research settings that serve vulnerable populations.



The CHARISMA intervention provided resources and tools to participants and counselors on addressing IPV that are not directly available. These materials from CHARISMA are now publicly available through the Toolkit, with information about what is known and not known about its effectiveness. Interested partners are advised to adapt materials to their settings, and to develop appropriate mechanisms to monitor implementation.

8. Why is the CHARISMA intervention being adapted to a mobile setting?

A mobile adaptation would provide access to resources and information on IPV and relationship dynamics to a broader group of women, women who are unable to go to a clinic and receive this service in-person. It provides relationship assessment and counseling information to women in a discreet manner, in which they can access at their own time.

9. What adaptations could be made to the CHARISMA intervention prior to scaling up?

The CHARISMA intervention is just one piece in a larger effort. There is a need to target partners and the community directly. Moving forward, the intervention would include a community mobilization component that builds awareness among the community i.e., men, parents, community leaders, etc. Acknowledging that IPV not only affects women, future adaptations would also look at targeting MSM or other men who are victims of IPV.

10. How can I adapt the HEART assessment for other interventions and key populations?

Guidelines for adaptation have been included in the toolkit along with suggestions on piloting the CHARISMA intervention. The CHARISMA team is available to provide support with implementation as needed.

Additional Resources

For more further information on the CHARISMA project, please see the following resources:

- [CHARISMA Overview](#): Learn more about the CHARISMA intervention.
- [CHARISMA Counseling Manual](#): The CHARISMA counseling manual provides information for counselors to implement the steps of the CHARISMA intervention.
- [CHARISMA Counseling Job Aid](#): This job aid outlines the key steps and messages that lay counselors use during a counseling session.
- [CHARISMA Toolkit](#): Click here for a comprehensive set of tools to support integration of the CHARISMA empowerment counseling intervention into PrEP programs. All resources will be available at the end of December 2020.
- [SOP and Job Aid for Addressing Partner Relationships and IPV in PrEP Services](#): This SOP outlines procedures for identifying clients who are experiencing IPV and provide support and referrals for clients who disclose IPV.



Additional Resources (continued)

- CHARISMA Video Series: Videos developed to aid counseling and raise awareness about relationship dynamics and PrEP use.
 - [Healthy Relationships](#): Check out this video for examples of unhealthy and healthy relationships.
 - [Partner Communication](#): Check out this video of healthy approaches to talking to your partner.
 - [PrEP Disclosure](#): Check out this video for examples of how to talk to your partner about PrEP.
- [Measuring Social Harms in Research and Programs on Women-Initiated HIV Prevention Methods](#): Check out this brief summarizing how five HIV prevention trials defined and measured social harms and makes recommendations for future research and programs.
- [Social Harms and Use of the Dapivirine Vaginal Ring brief](#): Click here for an analysis of MTN-020/ASPIRE trial data, which showed that recent experience of a social harm was associated with lower adherence to dapivirine ring use.
- [Social harms in female-initiated HIV prevention method research: state of the evidence](#). AIDS, 2019.
- [Impact of Partner-Related Social Harms on Women's Adherence to the Dapivirine Vaginal Ring During a Phase III Trial](#). Journal of Acquired Immune Deficiency Syndromes, 2018.
- [Impact of male partner involvement on women's adherence to the Dapivirine vaginal ring during a phase III HIV prevention trial](#). AIDS and Behavior 2019.
- [The relationship between vaginal ring use and intimate partner violence and social harms: formative research outcomes from the CHARISMA study in Johannesburg, South Africa](#). AIDS Care, 2019.
- [Generating CHARISMA: development of an intervention to help women build agency and safety in their relationships while using HIV prevention methods](#). AIDS Educ Prev, 2019.
- [Acceptability and feasibility of the CHARISMA counseling intervention to support women's use of pre-exposure prophylaxis](#). Under Review. BMC Women's Health, 2020.

If you have any additional questions for the CHARISMA team, please contact them at info@charismaproject.org.

We hope you join us again on [21 January 2021](#)! Our next webinar will focus on the use of risk assessment for PrEP. Join us as we discuss the background and challenges associated with using risk assessments to determine PrEP readiness, and how risk assessment tools can be best used to engage in conversations around PrEP readiness and continuation.

Visit the [PrEP Virtual Learning Network](#) for more information on previous or upcoming sessions.

