

Section 5: Safety and Counseling Considerations

5.	Introduction.....	5-1
5.1	Reporting of Social Harms and Unexpected Safety Events	5-1
5.1.1	Reports of Intimate Partner Violence (IPV).....	5-2
5.2	Counseling Considerations	5-3
5.3	Early Termination of Study Participation	5-4

5. Introduction

This section contains guidance on potential social harms and unexpected safety events, as well as counseling considerations for MTN-045.

5.1 Reporting of Social Harms and Unexpected Safety Events

MTN-045 is a socio-behavioral study which does not involve a study product nor clinical, laboratory or other procedures associated with significant risk to participants. Nonetheless, it is necessary to make provisions for the identification and proper reporting of unexpected safety events (UEs) and social harms (SHs) as reported by all MTN-045 participants. Anticipated risks to result from study participation are social harms and embarrassment when discussing sensitive issues. Additionally, because the study is being conducted with couples, there is also a risk that participation may disrupt the relationship, contribute to social harms or heighten conflict between members of the couple.

If any UEs are reported by participants during study participation, MTN-045 study staff, in consultation with the IoR/Study Coordinator, should assess the UE and determine clinical management per standard of care. IoRs should use their discretion in evaluating whether an event qualifies as “unexpected” but, generally, this is considered any event that is not outlined in the “*Risks and/or Discomforts*” section of the protocol sample informed consent form. If needed, participants should be referred to available local resources for care. No safety events will be captured in the study database, but all action taken to address the UE, as well as any referrals, must be documented in visit notes. The MTN-045 Management Team should be notified promptly of any UEs that occur, and sites should follow local IRB/EC requirements for reporting UEs, as needed. Finally, UEs may in some cases be considered DAIDS critical events. Sites should reference the current [DAIDS Critical Events Manual](#) on reporting critical events and consult their OCSO Program Officer as needed regarding critical event determination/reporting.

Social harms are defined as non-medical adverse consequences experienced by a study participant. For example, participants could be treated unfairly, experience negative repercussions in their professional or community leadership positions, or could have problems being accepted by their families, partners and/or communities. Any SH reported by participants during study participation should be fully documented in the participant file by MTN-045 staff. Sites should continue to document any social harms reported for a participant through 30 days after their participation in the study. This documentation will occur if the participant reports the social harm themselves, staff observes the social harm, or if clinic staff become aware of an event from a third party (e.g., family member, local authorities). All potential social harms should be documented on the Social Harms CRF. Events determined to be related to MTN-045 study participation should be indicated as such on the Social Harms CRF and reported to the DAIDS Medical Officer (MO) and MTN-045 Management Team.

Sites are responsible for reporting SHs to IRBs/ECs per local requirements and timelines. Study staff should use as much detail as possible to describe the event, including a full description of the event, severity of the event, action taken, approximate onset and resolution dates. Every effort will be made by study staff to provide appropriate care, counseling and referrals for the safety of the participant as needed.

Site-specific procedures for care, counseling, and referrals in the event of UEs and SHs should be outlined in site SOPs for Emergency Procedures, Social Harms and IPV Management. In addition to general management and care, sites should include in this SOP procedures for handling SHs or UEs in situations requiring immediate attention, including domestic violence and suicidal ideation or behavior.

The procedures will provide clear guidelines to site staff for referring participants in these situations to the relevant institution/body and providing feedback to the MTN-045 Protocol Team.

The Manual for Expedited Reporting of Adverse Events to DAIDS will not be used for this study, for the following reasons: 1) this study does not involve a study drug and is non-invasive; and, 2) adverse events are not primary or secondary objectives of the study. Untoward clinical or medical occurrences reported by study participants to have been experienced during study participation will be recorded in participant file notes.

5.1.1 Reports of Intimate Partner Violence (IPV)

According to the World Health Organization, **Intimate Partner Violence**, or IPV, refers to any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in that relationship. It includes acts of physical aggression (slapping, hitting, kicking, or beating, for example), psychological abuse (intimidation, humiliation, and threats, for example), forced sexual intercourse or any other controlling behavior (including isolating a person from family or friends, monitoring their movements or restricting access to information or assistance, for example). Intimate partner violence also includes violence committed by former partners and individuals in dating relationships. Participants who disclose any form of violence by an intimate partner (or other family member) or sexual assault by any perpetrator should be offered immediate support, care, and referrals in accordance with all site- or study-specific SOPs. The World Health Organization (WHO) publication [Responding to intimate partner violence and sexual violence against women](#) is a useful resource that may help inform site-specific policies for responding to reports of sexual assault or other violence.

IPV may be reported directly to site staff through participants or other third-party sources or may be directly observed. If a participant mentions a social harm, study staff should actively listen to the participant's description of the problem and ask questions to obtain as much detail as possible about their perceptions of the severity of the harm, the cause of the harm, and the effects or consequences of the harm. This will include probing whether the social harm occurred as a result of study participation. If it is related to study participation, it will be reported in detail on the Social Harms CRF. IPV not related to study participation should be recorded in source documentation. Irrespective of whether IPV is related to study participation, participants should be provided the appropriate support, counseling, and referrals per site SOPs and social harm response plans to help manage any reported IPV, and steps should be taken as needed to improve participant safety.

Generally, responses to reports of IPV should include first line support – listening and offering comfort, help, and information/referrals to connect the participant to services and social support – as well as offering the participant an opportunity to provide a complete history of events, and receive relevant physical evaluations, and treatment and/or referral for any injuries. For further details on responding to IPV, sites should reference their IPV SOPs.

Given the nature of MTN-045 as a couple's study, there is a potential that social harms and/or IPV may occur during the study visit itself. Staff should use their discretion and potentially discontinue or pause study procedures if it is felt that continuing may escalate conflict and/or present risk of harm to either member of the couple. An example of how such a conversation could be framed is as follows: *"I want to pause what we are doing as I sense that something may be bothering you. We don't want the study procedures to create or increase any conflict in your relationship. Remember that your participation is voluntary, and you can choose to stop at any time. Let's take a short break and then we will check back in to see if you are both okay to continue?"*

There are no additional clinical management considerations for participants enrolled in this study. Participants who express concerns with social, psychological or clinical issues will be referred for appropriate care to services available at the CRS, or at nearby partnering facilities.

5.2 Counseling Considerations

Prior to study initiation, study staff teams at each site should discuss as a group, and with community representatives, what issues and problems are most likely to be encountered by participants at their site and should agree upon how these issues and problems should be handled if reported. Roles and responsibilities should be defined for all staff members, such that each staff member is aware of what actions s/he can appropriately take, and what actions should be referred to other members of the team. During study implementation, staff teams at each site should continue to discuss actual participant experiences, successful and unsuccessful response strategies, and other lessons learned among themselves and with community representatives. Based on these discussions and lessons learned, procedures for responding to issues and problems should be reassessed and updated as needed throughout the study.

The following are suggested strategies for responding to social harms that can be adapted and tailored to best meet participant needs at each site:

- When first responding to an issue or problem, discuss with the participant or couple referral to a site counselor. Depending on the specific issue, couple's or individual counseling may be offered. Ensure that other than information related to the social harm, no personal information will be shared with the counselor. If providing individual counseling, it should be emphasized that information discussed will not be shared with their partner. Counselors should follow procedures already established by the site when addressing and counseling for social harms. All counseling should be provided in a non-judgmental, client-centered manner that responds to current participant needs for information, education, support, motivation, skills-building, and/or referrals. The counselor should actively listen to the participant's description of the problem and ask questions to elicit as much detail as possible about the problem, including the participant's perception of the severity of the problem.
- Ask the participant for his or her thoughts on what can/should be done to address the problem, including what s/he would like study staff to do in response to the problem (if anything).
- Discuss with the participant any additional or alternative strategies that you might suggest to address the problem, and collaborate with him or her to develop a plan to try to address the problem.
- Take all possible action to try to address the problem, per the plan agreed upon with the participant.

- Provide referrals as needed/appropriate to other organizations, agencies, and service providers that may help address the problem.
- Document a summary of the reported event, action(s) taken, and outcomes thereof, and any referrals, in signed and dated visit notes. As needed, report on Social Harms CRF and notify relevant groups as outlined in Section 5.1 above.

5.3 Early Termination of Study Participation

Participants may voluntarily withdraw from the study for any reason at any time. The IoR may also withdraw participants from the study to protect their safety and/or if they are unwilling or unable to comply with required study procedures. Participants also may be withdrawn if the study sponsors, government or regulatory authorities, including the Office for Human Research Protections (OHRP) or site IRBs/ECs, terminate the study prior to its planned end date.

If participant withdrawal (voluntarily or otherwise) occurs, all study procedures should be discontinued immediately and the reason for withdrawal should be documented in the participant's record (e.g. visit notes). In addition, the MTN-045 Management Team should be informed. If the participant voluntarily withdraws consent during an individual-level study procedure (i.e., BDQ, DCE or individual IDI administration), staff should affirm the participant's right to withdraw and allow him or her to discontinue the procedure per his or her request. If, after their partner withdraws from the study, the other member of the couple is still willing to participate, staff may proceed with administering individual-level study procedures with him or her. Subsequent couple procedures should not be undertaken and both members of the couple should be withdrawn from the study. If voluntary withdrawal, by one or both members of a couple, occurs during the joint couple decision task or a couples IDI, procedures should be discontinued with both members of the couple and study withdrawal procedures undertaken. Staff should use discretion when managing involuntary withdrawals during an ongoing procedure and take the course of action that minimizes risk of social harms or other unanticipated safety events (to both the participant being withdrawn and their partner). Staff should confirm permission to maintain data already collected up until the point of participant withdrawal and document the outcome of these conversations and any other details relevant to the withdrawal in the participant's record (e.g. visit notes, debrief report). In addition, the MTN-045 Management Team should be notified.

Should participants who voluntarily withdraw from the study wish to re-join the study, they may do so if the accrual target has not yet been met, in consultation with the MTN-045 Management Team. Note that withdrawing consent and later re-joining the study requires signing a new informed consent form and is different from needing to stop and reschedule an interview based on unforeseen circumstances.