CO-CREATED CBPR PROJECT PRINCIPLES AND AGREEMENTS

A set of CBPR Principles co-created by community members and researchers to guide research project.

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a part of

COMMUNITY BASED
PARTICIPATORY RESEARCH

Community-Based Participatory Research (CBPR) Principles and Agreements
Survivor-Centered Advocacy Project

Framework

The Survivor-Centered Advocacy project, and the principles intended to guide its research projects, are grounded in a strengths-based approach, borrow from decolonizing methodologies, and start with our "everyday knowledge and authority." We have also incorporated learnings from the Community Based Participatory Research (CBPR) approach into our work.*

The below Principles & Agreements reflect this foundation, as well as the discussion we had together at the Opening Convening in June 2016. They are rooted in the historical context of oppression, our collective lived experiences which include over 30 years in the anti-violence movement, and the context of our work, which ranges from grassroots advocates and organizations working in culturally-specific communities, to a national resource center focused on gender-based violence in Asian and Pacific Islander communities.

Principles and Agreements

1. **Transparency** in all stages of a project, including who is involved and why; the intent and purpose of a project; how resources are shared and allocated; and the apparent and hidden potential benefits and harms of a project. Information sharing at every stage and at every level of the project is critical in maintaining this value over the project's lifetime.

2. **Collaboration and decision-making.** The concerns, needs and expectations of participants and community members – their voices – are represented at every opportunity; with "opportunity" defined by participants/ community members themselves. Decision-making around all aspects of the project is a collaborative process by which participants/ community members can have control over the overall impact of the project. This includes collaboration around decisions related to research design and implementation; resource sharing; generation of products; analysis of data; dissemination of results; and follow up actions.

3. **Balancing of mutual accountability** of researchers to participants, of participants to researchers, of participants to community, etc. Clearly delineating the responsibilities and expectations of all parties involved.

4. **Community/participants as experts.** Resist the dominant culture habit of defining "expertise" in narrow ways that have historically precluded or minimized communities' lived experience, which is often the most valuable resource. As such, community members'/participants' knowledge and time should be recognized in the form of compensation that makes sense for or is of value to the particular participant/community, ideally with their involvement in choosing the form of compensation. Resist either/or thinking, which often classifies either survivors OR researchers/academics as "experts." We all bring different expertise in different areas to any given table at any given time.

5. **Center those most impacted.** Those most impacted by the research includes those individuals and communities who are research participants, as well as those who are most impacted by the issue being studied in the research project. Their interests, needs, knowledge, access to resources, power over their lives and well-being are paramount to the research process and outcomes. Research activities should be done in a participant's or community's primary language, and should be accessible to community members, particularly those who are traditionally marginalized or excluded.

6. **Center practices that are trauma-informed/trauma-mitigating.** Be flexible and able to adapt to participants' potential trauma responses. Be ready to change or drop any research tools or questions that appear to be causing harm. Communicate clearly that there is an "escape valve" that allows participants to opt-out at any time, with no loss of compensation or any other repercussions. Build in support options for those who may be triggered.

7. **Center anti-oppression principles and frameworks,** even when they butt up against individual survivor's/ participant's/community member's values or belief systems.

8. **Participants/ community members own their own data.** Raw data should be owned by the community/ participants that generated that data. That means that participants/community members have the right to access their own data if needed (while maintaining confidentiality procedures that are necessary to not do any harm); can revoke use of their data; and are part of the decision-making process about where that data is presented and how it gets used. Participants' data is protected by confidentiality procedures and secure storage. The people collecting the data are often those closest to the community, so they should also have the option of being involved in the analysis of the data. Data should be aggregated in a way that protects individuals' identities, but not so aggregated that the heterogeneity of a particular community gets lost.

9. **Build in self-reflection and consciousness-raising practices to examine our own dominant culture/ oppressive habits.** A commitment to self-reflection will allow the necessary time and space for researchers to understand and recognize when and how they may be interpreting information and assigning meaning through the lens of their own beliefs and life experiences, rather than reflecting the meaning and values of those participating in the research.