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FULL-LENGTH ARTICLES

Community Harm Risk Assessment Review Board and a Reflective Praxis Guide as a Radical Participatory Process for Harm Reduction in Participatory Action Research and Evaluation

Elizabeth McGee[1], Kaylyn Garcia[2], Ari Lord[1], Arielle Marinduque[3]

[1] LEAP Consulting , [2] University of South Carolina, [3] LEAP Consulting

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This paper calls for the critical and ongoing examination of the often invisible harm that occurs in traditional participatory research (and evaluation) efforts. The authors argue that this harm is caused by and must be understood within the context of white supremacist and colonial systems that inform practice standards and norms. In response, we introduce a Community Harm Risk Assessment (CHRA) Reflective Praxis Guide grounded in principles of Diversity, Equity, Inclusion, and Justice (DEIJ) and trauma-informed practices as a radical participatory process for harm reduction in evaluation and participatory research. This new approach is explored in the context of opening a Center to support the implementation of the CHRA and a Community Harm Risk Assessment Review Board (CHRARB), an initiative motivated by the lead author's nearly two decades of experience in conventional participatory research (and evaluation) methods and observing how these methods and the misuse of these methods, can cause more harm than healing to individuals and communities intended to benefit through our work. This paper will provide an overview of the literature that speaks to observed limitations currently present in participatory research methods, share harmful practices present in participatory research (and evaluation) work, and introduce the Center, CHRARB, and CHRA reflective praxis guide for practitioners, applied researchers, and evaluators to address harm with more intentionality in their work, as well as strategically shift research and evaluation practices away from colonial and white supremacist norms.

Positionality Statement

We believe it is important to begin by reflecting on how our identities may shape our worldviews, and thus our opinions and experiences presented in this paper. The primary author is an independent consultant whose areas of interest include systems change and the disruption of traditional evaluation and applied research methodologies through the radical implementation of DEIJ practices in evaluation and research practices. She identifies as white, a first-generation college graduate, disabled, neurodiverse, queer, and genderqueer. The second author is a graduate student whose work and passion is centered on partnering with communities utilizing community-based participatory research to address health disparities and promote systems change. She identifies as a white, married, cisgender woman who is a first-generation college graduate from a low-income background. The third author is a writing consultant who is particularly interested in writing projects that advance the goals of DEIJ. They are white, non-binary, and queer. The fourth author is a junior evaluation associate whose passion includes data analytics in the human service fields. They are Southeast Asian, non-binary, and queer.

Our authors all have lived experiences with systemic oppression due to their identities as women, nonbinary/queer, and/or BIPOC. This experience informs our work, which tries to address deeply rooted (systemic) societal issues. Our paper delves into colonialism and white supremacy and its relationship to community-based research and evaluation, and we understand that our perspectives have limits due to the positionality of three of our authors as white/settlers. As a result, we have approached this paper thoughtfully, remaining critically aware of the limitations of our positionalities.

The Limits of Participatory Research Methods

Participatory research methodologies[1] have a community-centric philosophical orientation dedicated to improving the lives of individuals and their communities (Noffke, 1995). Participatory research first emerged to counter "exploitative research practices of outsiders who have used communities as laboratories" (Cahill, 2007, p. 362). Instead, participatory research methodologies are centered on a collaborative research approach that involves community members throughout all aspects of the research and evaluative process and aims to co-create knowledge and action while empowering communities to address community needs. Although participatory research methodologies are seen as bringing an added level of community centricity and social justice to research and evaluative practices, employing these methods does not make practitioners immune from causing harm. As such, the misuse of participatory research methodologies by researchers—for example, claiming to use participatory research methodologies but failing to include community members meaningfully in the research and evaluative process, as well as the institutional systems and norms that house participatory research methodologies—all have the potential to cause community harm.

Prior literature has documented the shortcomings of participatory research across all stages of the research and evaluative process. For example, at the project conceptualization stage of research, Openjuru and colleagues (2015) noted how community members are often not provided the opportunity to define the problem that is the project's focus. Despite being rooted in a particular participatory research methodology, how issues are selected to be addressed and how they are addressed is often pre-defined by institutions and researchers. Relatedly, communities are expected to work within the constraints of the researcher's work (i.e., grant funding), which can also set preconditions or increase the potential for community harm. Community members are often brought into the research or evaluative process, as needed, to suit researcher and institutional goals, thus perpetuating the status quo of both institutions and communities. At the data collection stage, community partners are typically not involved in selecting data collection methodologies

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[1] In the text, the term "participatory research methods" encompasses Participatory Action Research (PAR), Community-Based Participatory Research (CBPR), and Community Engaged Research (CEnR).

that they feel are best suited for the community in question, preventing the integration of community partner perspective and voice into all aspects of the research process as intended by participatory research models (Minkler, 2004). During data analysis, the interpretation of results can center researchers' perspectives even within participatory research projects, despite their intentions to center communities' perspectives (Minkler, 2004). Echoing a similar sentiment, Lake and Wendland (2018) postulate that researchers must "negotiate the analysis and meaning of any findings produced" to ensure that community voice is integrated (p. 18). Lastly, at the dissemination stage, despite the intent of participatory research methodologies to ensure community member involvement in every aspect of the research or evaluative process, community members are commonly excluded from presentations and authorship opportunities in publications.

These described limitations of participatory research exist and persist because researchers, evaluators, practitioners, and communities at the center of projects operate within and are affected by broader societal systems that impact every aspect of this work. Systems like white supremacy, racism, and ongoing colonization, are so powerful and deeply entrenched and despite the best intentions of researchers and evaluators, this research can inadvertently cause harm. Colonialism, although some may see it as a historical occurrence, is an ongoing process that affects every aspect of society: "Colonialism is a form of temporally extended domination by people over other people and as such part of the historical universe of forms of intergroup domination, subjugation, oppression, and exploitation" (Ziltener & Künzler, 2013, p. 291). Intrinsically tied to colonialism, whiteness and its positionality of primacy in our social order impacts everything we do as researchers and evaluators. Whiteness is not simply an identity marker but is rooted in power, both historically and presently:

> Whiteness is a metaphor for power, a proxy for racially distributed material benefits, a synonym for 'white supremacy,' an epistemological stance defined by power, position of invisibility or ignorance, and a set of beliefs about racial 'Others' and oneself that can be rejected through 'treason' to a racial category. (Wildman, 2005, p. 246)

Despite researchers and evaluators being uniquely positioned to conduct healing and restorative work in partnership with communities, harm can instead be perpetuated by upholding conventional colonial and white supremacist norms in evaluation and research methodologies.

The harm inflicted by these systems extends to the field of community psychology (CP) itself, from which participatory research methodologies were derived (Wallerstein, 2021). Beals et al. (2021) explain that "...community psychology, as it was established, is a part of the imperialist empire–a mainstream academic discipline" (p. 6) This view is supported by Tran (2023), who states that CP "has a flawed history where notions of Euro-centrism and white supremacy was not interrogated sufficiently and thereby launched CP into many decades of reproducing a masked version of White privilege and Eurocentric epistemologies and general ways of being" (p. 2). Beals et al. (2021) postulate that although the field is deeply embedded in white supremacist values, through acknowledgment and action, it is possible for CP to "align with current sovereignty and liberation movements" (pp. 5–6).

Further complicating the decolonization and democratization of participatory research is its failure to address systemic issues affecting communities, which are not given the much-needed attention they demand. Brydon-Miller and colleagues (2003) speak to the tenuous relationship between action research and social change, given the localism inherent in participatory research methodologies. This localism results in action research that often takes place on a case-by-case basis, attuning itself to local contexts but ultimately failing to extend beyond that local context to address more systemic issues and evoke large-scale social change. Lykes and Mallona (2008) have also noted that despite the efforts of participatory research projects, it is not often that participatory research methodologies result in sustained systems change (e.g., policy and organizational change) given that said issues are often deeply entrenched in colonization and white supremacist ideologies. As such, the common dismissal of systems change within participatory research practices inadvertently creates community harm as it avoids the reality that social issues not systematically addressed often endure. As Burns (2007) puts it, action research must interact with broader ethics and "get to grips with complex dynamics of 'messy reality' in order to impact real, intractable social injustices" (pp. 17–18). Thus, while many researchers and evaluators believe participatory research methodologies hold the potential to both democratize and decolonize the production of knowledge by engaging communities in research projects, there are colonial and white supremacy-driven power dynamics at play between researchers, evaluators, institutions, and community members that can go unacknowledged and result in community harm.

It is also important to understand how harm is typically assessed within community-based research. Traditionally, in higher education institutions, the accountability for harm lies within the responsibility of Institutional Review Boards (IRBs). IRBs were historically put in place because of harm inflicted through research practices and were designed to protect the human rights of research participants (Maxwell, 2019). However, the IRB process has been critiqued as being top-down in assessing harm. Cahill (2007) describes how the ethics of IRBs are subject to debate and critique, with some researchers suggesting that IRBs' priorities have shifted to prioritizing institutions from liability and risk. Additionally, because IRBs are grounded in the medical model, they are not well-suited to evaluate participatory research methodologies. The medical model describes health as the absence of disease and positions the treatment of symptoms through medical interventions and procedures. At its core, the model centers causation and remediation in a medical context, originating from rationalism and our scientifically situated

Western society (Veatch, 1973). While IRBs are diagnostic tools used in research to protect "subjects," they do not capture the nuance of the power relationships between "researcher" and "subject," nor how broader systemic issues affect research (e.g., researcher bias rooted in racism) and thus IRBs miss many layers of harm that can occur in research (and evaluation). Particularly, IRBs may lack an understanding of community-based research and evaluation practices, which can be especially challenging for participatory research projects given their situation in a community context (Cahill, 2007). IRBs can be extremely limited in assessing non-medical, community-based harm, which places researchers and evaluators in positions of being unaware or ignoring harm, feeling unequipped to address harm, or attempting to address harm with little support or instruction.

The inherent harmful practices that exist within IRB practices and participatory research methodologies, in conjunction with participatory research's common failure to address systemic issues, pose challenges for researchers and evaluators who want to conduct participatory research rooted in diversity, equity, inclusion, and justice (Garcia & McGee, 2023; McGee, 2022). Thus, researchers and evaluators need to identify and challenge how participatory research methodologies are inherently harmful and how the misuse of participatory research methodologies may also perpetuate harm. The first and second authors of this paper led a Town Hall at the 2022 American Evaluation Association Annual Conference (facilitated by McGee) and the 2023 Society for Community Research and Action Biennial Conference (facilitated by McGee and Garcia). Both conferences convened researchers, educators, evaluators, students, and practitioners with lived experience implementing or engaging in participatory research across various sectors and fields to discuss the inherent harm in participatory research and evaluation, as well as the identification of opportunities for healing and restorative practices in this work (Garcia & McGee, 2023; McGee, 2022). A Town Hall process involves one or more facilitators who lead a dialogue on a particular topic or issue. Attendees identified examples of harm that can be inherent in participatory research and community-based evaluation. Examples included individual-level harm (e.g., failure to compensate or adequately compensate project participants for their time and expertise as part of a project) as well as systemic harm (e.g., not acknowledging the harm that researchers can do and have done in communities, for example, the Tuskegee study). Challenges to implementing DEIJ, trauma-informed participatory research, and community-based evaluation were identified across all stages of the research and evaluation process. Attendees were also asked to brainstorm opportunities for healing and restorative work within the participatory research and community-based evaluation process. Discussion notes were taken in real time on poster paper and displayed around the room so that responses were visible to participants. Each paper represented a different component (or element) of the research or evaluative process (i.e., project conceptualization, data collection, data analysis, report writing, and data dissemination). The Town Hall was facilitated so that unstructured dialogue was encouraged, especially as participants purported that many examples of harm and ideas for healing and restorative work were not unique to any one specific component of the research (or evaluative) process, but rather represented broad ideas relevant to all components of the research and evaluation process. At the end of each session, facilitators shared details of their process with session attendees, which involved cleaning up and analyzing the poster paper notes. Participants interested in receiving a summary of the clean and analyzed chart paper notes were asked to share their email addresses with facilitators. Subsequently, summaries of the identified themes were shared through email with all participants who provided email addresses to session facilitators.

Poster paper notes were analyzed after the sessions using an open coding approach (Williams & Moser, 2019), which involves examining responses and "identifying distinct concepts and themes for categorization" (p. 48). Participants' responses and, by extension, the creation of themes, were considered under each component of the research or evaluative process. Additionally, responses not unique to any specific component of the research (or evaluative) process were labeled "overarching" as they were thematically cross-cutting. This resulted in five broad categorizations: 1) project conceptualization; 2) data collection; 3) data analysis; 4) report writing; and 5) data dissemination. Next, themes related to harm were identified and concrete examples were provided for each theme. These research-specific themes included prioritization of research goals over community needs (conceptualization); intrusive methods of collecting data that are not DEIJ or trauma-informed in nature (data collection); lack of community-centricity in data analysis processes (data analysis); and failure to utilize findings to achieve community betterment (data dissemination and use). Additionally, the following themes related to harm were identified as being overarching: a lack of researcher awareness and acknowledgement of inherent harm, existing research systems, practices and norms, restrictive funding requirements and norms (Garcia & McGee, 2023; McGee, 2022). Table 1 summarizes the themes by categorizations: project conceptualization, data collection, data analysis, report writing, data dissemination, and overarching. This summary reflects the data around harm from both sessions.

Strategies to Address Applied Research (and Evaluation) Generated Harm

Given the inherent harm that exists in the work of applied research and evaluation, we believe a different approach to participatory research is required if we want to truly operate in a DEIJ-informed manner that reduces harm to communities. The authors have engaged in community-based research projects and observed the harm inflicted by the misuse of conventional participatory research methods when partnering with communities. Although participatory research methodologies are gradually changing from a "tool for colonization and oppression" to a tool to restore cultures, overcome the impacts of colonialism, and provide a spotlight on different perspectives (Smith, 2005, p.

Table 1. Identified Barriers to Harm Reduction Practices in Participatory Research

Research (or Evaluation) Conceptualization
Prioritization of research goals over community needs Examples: • Request for research participation from community members whose basic needs are currently unmet. • Excessive focus on the goals of the project over the goals of the community. • Failure to involve the community in the selection of the methodology. In doing so, we extend our expertise in methodology to expertise in the implementation of methodologies within community contexts. It is ultimately not an expertise to be held by us but rather with communities who are best positioned to know which methodologies work well for their own community's socio-political and cultural contexts.
Data Collection
Intrusive methods of collecting data that are not DEIJ or trauma-informed Examples: • Failure to acknowledge that the act of data collection is inherently an extraction, a withdrawal, and a cost to the community. It takes community data, insights, and perspectives from a place of community ownership to one of researcher ownership. • Narrow data collection focus that does not allow community opportunities to speak to the complexity of their experience; this also centers the researcher/evaluator's needs/goals over community needs. • Use of data collection inquiries that are insensitive, triggering, and/or retraumatizing. • Mandating data collection to receive service/benefit.
Data Analysis
Lack of community centricity in data analysis processes Examples: • Lack of researchers' awareness and acknowledgement of personal bias in analysis of data. • Lack of community involvement in data analysis processes. • Lack of attention to root causes and systemic factors at play in data analysis. • Decontextualized and/or overly aggregated data that results in the absence of community nuance. • Limited community input on the production of collateral reporting materials.
Data Dissemination and Use
Failure to utilize findings to achieve community betterment Examples: • Completion and success defined as report or publication completion. • Lack of communication for if/when/how evaluation findings/reports will be available to the community. • Failure to provide access to published reports for the community members involved. • Lack of consideration of the sustainability of the impact in the community when closing an evaluation. • Lack of assessment measuring if the evaluation caused harm in the community.
Overarching
Lack of researcher awareness and acknowledgement of inherent harm Examples: • Lack of acknowledgement of potential for research to cause harm, and lack of assessment of harm after completion of research within a given community. • Lack of acknowledgement of past research harm that may have occurred within a given community. • Lack of awareness of researcher bias that may impact (or perpetuate) harm. • Lack of acknowledgement of structural barriers (i.e., colonialism, racism, etc.) that may impact (or perpetuate) community harm during research. • Use of harmful language within the evaluation process. • Failure to integrate systemically driven approaches (i.e., DEIJ) into research practices.
Research systems, practices and norms Examples: • Traditional notions of research rigor; e.g. data analysis that defines success by statistical significance alone or notion that data analysis can only be performed by an "expert." • Use of rigid informed consent language/process; bureaucratic nature doesn't resonate with the community and doesn't offer enough transparency. • Use of highly bureaucratic informed consent process that doesn't resonate with the community or provide enough transparency. • Lack of community ownership over data; data owned by researchers or institutions. • Funders and organizations ascribe the report format, often to suit funder/institutional agendas or efficiencies rather than the needs of community-based agencies or community. • Exiting the community (i.e., ending community engagement) after data has been "extracted."
Restrictive funding requirements and norms Examples: • Lack of time to build meaningful community connections. • Lack of considerations for community data needs (or use) in turnaround times for sharing research findings/reports with the community. • Lack of compensation for communities' time and expertise. • Lack of consideration on the sustainability of impact before research is closed.

91), there is still critical work that is needed to make fundamental systemic changes to participatory research methods and facilitate harm reduction in our work. Tran (2023) proposes the following to address the harm inherent in the field of community psychology and to facilitate related healing and restorative work:

> We return to the community. To restore humanity to all parties in this interaction, those who inherently hold power must acknowledge the power and privileges they hold, reject the power, and return to the community to truly and honestly work together side-by-side... White CPs must allow this healing and acknowledgment process to occur in a meaningful way that prioritizes the suffering of Black and non-Black CPs of Color. (p. 6)

Lake & Wendland (2018) stress the importance of applied researchers (and evaluators) exploring their positionality and power and how both intersect with their work, and importantly, pose the following question about power and community engagement in research practices: "Are engaged researchers yielding control, delegating power, and partnering, or placating, consulting, informing, or even manipulating?" (p. 23). Furthermore, according to Gergen et al. (2015), the process and goals of applied research should simultaneously improve the community, distribute power, and subvert harmful norms. Levitt et al. (2017) introduce the concept of "methodological integrity," which posits that research should center the goals of promoting social justice or social transformation by integrating these specific goals into a study's research design. These notions challenge traditional processes of community-based research conceptualization, even participatory research, where the topic and scope of the research are often pre-defined and pre-determined by the researchers and the institutions in which they operate.

To make these changes, applied researchers (and evaluators) need to meaningfully place the voices of marginalized people and communities at the forefront of the work while concurrently challenging the systems founded on colonial and white supremacist ideologies that are responsible for continued marginalization and social injustice. Applied researchers (and evaluators) must understand that participatory processes do not involve superficial interactions with the community that give a fleeting feeling of collaboration, but instead interactions that facilitate meaningful participation, power, and partnership (Jackson, 2013). Jackson coined the term "Indigenous Research," which involves the study of local context using "local language, local subjects, and locally meaningful constructs," to test or build theories in a given community or "local social cultural context," stressing the importance of engaging and centering community in defining research work, and argues that the most important voice in deciding the direction of the research are the desires of the community (pp. 16, 34).

Institution to Address Harm, Community Harm Risk Assessment (CHRA), and Community Harm Risk Assessment Review Board

The journey to create a more thoughtful paradigm for participatory research (and evaluative) practices began with a series of questions: 1) How are we holding ourselves accountable as community-based practitioners, researchers, and evaluators in our perpetuation of harm?; 2) How can we engage with communities in ways that do not cause harm at the individual or systemic level?; 3) How do we center community needs and benefits in our work?; 4) How do we thoughtfully approach our work knowing that communities have already experienced both research-related harm and non-research related harm?

In considering these questions over the last several years, four central needs to support harm reduction in participatory research practice, as well as other forms of community-based research and evaluation, were developed. In participatory research and evaluative practices, these include the need for:

- **Harm Acknowledgement**: Recognizing harm potential within the evaluation and research process (including practices and norms) from the outset and acknowledging our complicity in perpetuating harm on both individual and systemic levels. Acknowledge that leaving communities as we found them (i.e., status quo) may perpetuate existing inequities and should not be automatically classified as harm neutral.

- **Harm Identification:** Pinpointing specific instances or areas where harm may arise within projects (past, present, anticipated future) and should involve a clear recognition of the costs to communities, power imbalances, and inherent biases at play.

- **Harm Reduction:** Implementing greater structural accountability mechanisms and strategies to reduce or prevent harm, addressing root causes and proactively mitigating potential harm. Should include intentional reflective practice to learn from past and present harm occurrences to prevent harm recurrence proactively. Incorporate and elevate diverse areas of expertise (e.g., advocates, local community knowledge holders). Should prioritize community needs, foster trust, and integrate trauma- and DEIJ-informed approaches directly into harm reduction strategies.

- **Harm Healing and Restorative Work:** Engage in healing and restorative work where harm has transpired. Centering community needs and healing as they relate to the research, deprioritized institutional need, and neutralizing power dynamics to address identified insistences of harm occurrence (past, present, anticipated future) to individuals and communities.

- **Harm Accountability:** Involves personal and structural mechanisms for reflection and accountability and should involve concrete plans for change regarding harm reduction moving forward. Harm reduction accountability plans should be comprehensive in nature, including plans for harm reduction infrastructure (e.g., policy, processes, tools, training), and should be guided by a commitment to equity.

In response to the need for further harm acknowledgement, harm identification, harm reduction, and harm accountability in the field, the first author seeks to develop a Center focused on elevating the need for harm acknowledgment, harm identification, harm reduction and harm accountability in community-based research and evaluation. The Center will provide consultation support to research and evaluation teams wishing to prioritize harm reduction in their community-based work.

The development of the community-harm risk assessment (CHRA) tool is grounded in the aforementioned need for greater harm acknowledgment, harm identification, harm reduction, and harm accountability in participatory research and evaluative practice, as well as the perspective that harm can be inherent in our research (and evaluative) practices and norms, and can be inflicted directly on individuals and communities through our engagement with them in the research and evaluation process. As such, two key categorizations of harm were identified. Category one is Research and Evaluation Practice Norms, which considers individual and community harm experienced through the research (or evaluation), and acknowledges the role of systemic forces, such as colonial and white-supremacist-oriented systems and institutions that define applied research focus and scope, methodologies, outcomes, and practice norms. Category two is Community Engagement Practice Norms, which considers individual and community harm experienced through engagements with the community in the research (or evaluation) project and acknowledges the role of systemic forces, such as colonial and white-supremacist-oriented systems and institutions the define notions of power, expertise, professionalism, value, health, and wellness. Table 2 provides an overview of the CHRA reflective praxis guide. This tool is recommended for use before the commencement of a project and informs recommendations that will support the development of a Harm Reduction Plan for a given evaluation (or research) project.

Implementation of the Community Harm Risk Assessment (CHRA) Reflective Praxis Guide and Community Harm Risk Assessment Review Board (CHRARB)

The CHRA and CHRARB are resources that will be offered by the Center for use by research and evaluation teams to ensure harm reduction rooted in DEIJ- and trauma-informed practices. The CHRARB will be virtually based and as such will have the flexibility to offer services to practitioners, researchers, and evaluators (i.e., clients) throughout the United States and Canada.

Table 2. Community Harm Risk Assessment (CHRA) Reflective Praxis Guide

	Considerations	Guiding Questions
Harm Acknowledgement		
Category 1: Research and Evaluation Practice Norm Harm	Ensure the involved community, practitioners, researchers and/or evaluators acknowledge the potential for individual and community harm that could be caused through research (and evaluation) and communicate potential harm before the commencement of the project. Ensure the involved practitioners, researchers and/or evaluators acknowledge systemic factors (e.g., colonial and white-supremacist-oriented systems and institutions that define applied research focus and scope, methodologies, outcomes, and practices and norms) that could be causing (or enabling) potential harm caused through research (and evaluation), and communicate potential harm before the commencement of the project.	• In collaboration with the community, what will the Project Team and the community's acknowledgement of harm look like in the context of this project? • In collaboration with the community, have the Project Team and the community acknowledged both the harm inherent in the project research (and evaluation) practices, as well as the potential for harm in the Project Team's engagement of the community? • Have the Project Team and the community explored the potential systemic factors causing (or enabling) both types of harm? • In collaboration with the community, identify how the community will be engaged in this process of harm acknowledgment. Who will the Project Team communicate this harm acknowledgement to, when, where, and in what manner? • In collaboration with the community, in the responses to the above, where is the Project Team's thinking in alignment with the community, and where are there points of divergence? • How will the Project Team and the community collaboratively address this divergence?
Category 2: Community Engagement Practice Norm Harm	Ensure the involved community, practitioners, researchers and/or evaluators acknowledge potential harm that could be caused through engaging the community as part of the research or evaluation process and communicate potential harm before the commencement of the project. Ensure the involved community, practitioners, researchers and/or evaluators acknowledge systemic factors (e.g., colonial and white-supremacist-oriented systems and institutions that define notions of power, expertise, professionalism, value, health, wellness, etc.) and could be driving potential harm caused through engaging the community and communicate potential harm before the commencement of the project.	
Harm Identification		
Category 1: Research and Evaluation Practice Norm Harm	Ensure the involved community, practitioners, researchers, and/or evaluators identify individual and community harm that could be caused through research (and evaluation). This identification of harm should be specific and comprehensive, and include harm that is both within and outside of the control of the project. Ensure the involved community, practitioners, researchers and/or evaluators identify systemic factors (e.g., colonial and white supremacist-oriented systems and institutions and define focus and scope, methodologies, outcomes, and practices and norms) that are likely causing (or enabling) the harm caused by the research (and evaluation).	• In collaboration with the community, what past (or current) research or evaluation projects have caused (or cause) harm to the community? ◦ What specific harm occurred/is occurring, when did it occur, how was the harm inflicted, and what was the impact on the community? ◦ Are the aftermaths of this harm still present in the community? • In collaboration with the community, what non-research (or evaluation) events have occurred that have caused past or present harm to the community (e.g., failed municipal community engagement initiative, death of a trusted community leader, war, natural disasters, etc.)? ◦ What harm occurred/is occurring, when did it occur, how was the harm inflicted, and what was the impact on the community? ◦ Is the aftermath of this harm still present in the community? • In collaboration with the community, given the context explored (above), what could potential harm look like in the context of this project? ◦ What potential harm could be caused via the project's research and evaluative processes (e.g., intrusive methods of collecting data that are not DEIJ- or trauma-informed in nature, lack of community centricity in data analysis process, and findings not utilized to achieve community betterment as defined by the community)? ◦ What harm could be caused through the project's engagement (or lack thereof) with the community (e.g., presence of restrictive funding requirements and norms that are not conducive to community engagement, scope and topic area are not respective to a community-identified need, community not adequately engaged throughout all phases of the research (or evaluation process)?
Category 2: Community Engagement Practice Norm Harm	Ensure the involved community, practitioners, researchers, and/or evaluators identify individual and community harm that could be caused through processes that engage the community. This identification of harm should be specific and comprehensive, and include harm that is both within and outside of the control of the project. Ensure the involved community, practitioners, researchers and/or evaluators identify systemic factors (e.g., colonial and white-supremacist-oriented systems and institutions that define notions of power, expertise, professionalism, value, health, wellness, etc.) likely to be causing (or enabling) harm resulting from engagement within the community.	

	Considerations	Guiding Questions
		• In collaboration with the community, what potential harm is within the project's control and outside of control? ◦ Are the Project Team and the community comfortable proceeding knowing there is a potential for harm that is outside of our control? • In collaboration with the community, in the responses to the above, where is the Project Team's thinking in alignment with the community, and where are there points of divergence? ◦ How will the Project Team and the community collaboratively address this divergence?
Harm Reduction		
Category 1: Research and Evaluation Practice Norm Harm	Ensure the involved community, practitioners, researchers and/or evaluators identify harm reduction strategies rooted in DEIJ and trauma-informed principles that will work to reduce individual and community harm that could be caused through research (and evaluation). Strategies should be specific and in direct response to harm identified in the previous section. Ensure the involved community, practitioners, researchers and/or evaluators identify harm reduction strategies rooted in DEIJ- and trauma-informed principles that will work to target systemic factors (e.g., colonial and white-supremacist-oriented systems and institutions that define focus and scope, methodologies, outcomes, and practices and norms) causing or enabling harm. Strategies should be specific and in direct response to the harm identified in the previous section.	• In collaboration with the community, has the Project Team created specific harm reduction strategies rooted in DEIJ and trauma-informed principles that directly respond to the harm identified (in the previous section)? ◦ Do meaningful relationships exist, or have they been built, to support this project without risk of harm? Describe these relationships, how they were or will be formed, and how the Project Team plans to maintain or improve these relationships. ◦ Do the project's harm reduction strategies take into consideration past (and current) harm resulting from research (or evaluations) or non-research (or evaluation) factors? ◦ Do the project's harm reduction strategies target systemic past and/or current harm resulting from research (or evaluations) or non-research (or evaluation) factors at play? • In collaboration with the community, has the Project Team identified specific harm reduction strategies rooted in DEIJ- and trauma-informed principles to integrate into all research (or evaluation) practices? Consider: ◦ Have community needs been identified before the commencement of this project? How will these needs be centered in the context of this project? ◦ Has the Project Team created plans that detail how the Project Team and community will be communicated and collaborated with? ◦ Has the Project Team had transparent conversations about the benefits (i.e., monetary and non-monetary) the project is receiving, and identified how community members will be compensated and if it is on par with the benefits (i.e., monetary and non-monetary) that the Project Team are receiving? ◦ Has the Project Team created plans to address intrusive methods of collecting data that are not DEIJ or trauma-informed in nature, where relevant? ◦ Has the project created plans to address lack of community centricity in the data analysis process, where relevant? ◦ Has the project created plans to ensure that findings will be used to achieve community betterment, as defined by the community?
Category 2: Community Engagement Practice Norm Harm	Ensure the involved community, practitioners, researchers and/or evaluators identify harm reduction strategies rooted in DEIJ- and trauma-informed principles that will work to reduce individual and community harm that could be caused through engagement with the community. Ensure the involved community, practitioners, researchers and/or evaluators identify harm reduction strategies rooted in DEIJ- and trauma-informed principles that will work to target systemic factors (e.g., colonial and white supremacist-oriented systems and institutions that define notions of power, expertise, professionalism, value, health, wellness, etc.) likely to be causing the harm from engagement within the community.	

	Considerations	Guiding Questions
		◦ How will the project ensure the community has access to the findings and the ability to use this data for their own use? Will a data co-ownership model be put into place? If not, will this be communicated to the community? ◦ Has the project collaborated with funders to address restrictive funding requirements and norms that may facilitate harm? • In collaboration with the community and in the responses to the above, where is the Project Team's thinking in alignment with the community and where are there points of divergence? ◦ How will the Project Team and the community collaboratively address this divergence? What will the plans be to ensure the community has access to the findings and can use this data for their own use?
Healing & Restorative Work		
Category 1: Community Engagement Practice Norm Harm	Ensure the involved community, practitioners, researchers and/or evaluators identify required healing and restorative strategies rooted in DEIJ- and trauma-informed principles that are required given past, current, or foreseeable individual and community harm caused by research and evaluation. Strategies should be specific and in direct response to harm identified in the previous section. Ensure the involved community, practitioners, researchers and/or evaluators identify required healing and restorative strategies rooted in DEIJ- and trauma-informed principles that will work to target systemic factors (e.g., colonial and white-supremacist-oriented systems and institutions and define focus and scope, methodologies, outcomes, and practices and norms) causing or enabling harm. Strategies should be specific and in direct response to harm identified in the previous sections.	• In collaboration with the community, has the Project Team identified specific healing and restorative strategies rooted in DEIJ- and trauma-informed principles that are in direct response to the harm identified in the previous section? Consider: ◦ Do meaningful relationships exist (or have they been built) to support meaningful healing ,and restorative work for this project without risk of more harm? Describe these relationships, how they were formed (or will be formed), and how the Project Team plans to maintain or improve these relationships. ◦ Do the project's healing and restorative strategies take into consideration past and current harm resulting from research (or evaluations) or non-research (or evaluation) factors? ◦ Do the project's healing and restorative strategies target systemic past and current harm resulting from research (or evaluations) or non-research (or evaluation) factors at play? ◦ Has the Project Team created plans that detail how the Project Team and community will be communicated and collaborated with? ◦ Has the project collaborated with funders to address restrictive funding requirements and norms that may impact the ability to do healing and restorative work? • In collaboration with the community, in the responses above, where is the Project Team's thinking in alignment with the community, and where are there points of divergence? ◦ How will the Project Team and the community collaboratively address points of divergence?
Category 2: Community Engagement Practice Norm Harm	Ensure the involved community, practitioners, researchers and/or evaluators identify required healing and restorative strategies rooted in DEIJ- and trauma-informed principles that will work to reduce individual and community harm that could be caused through engagement with the community. Ensure involved community, practitioners, researchers and/or evaluators identify required healing and restorative strategies rooted in DEIJ- and trauma-informed principles that will work to target systemic factors (e.g., colonial and white-supremacist-oriented systems and institutions the define notions of power, expertise, professionalism, value, health, wellness, etc.) likely to cause harm through engagement within the community.	
Harm Accountability		
Category 1: Research and Evaluation Practice	Ensure the involved community, practitioners, researchers and/or evaluators develop processes and systems for accountability to any commitments made to address harm given any past, current, or foreseeable individual and community harm caused through research (and evaluation). Processes and systems for accountability should be specific and work to hold teams accountable to all commitments made in the previous Harm Reduction Categories of work.	• In collaboration with the community, have you developed a Harm Reduction Plan that articulates all planned strategies to reduce harm in the community, as well as articulating the processes and system that will be put in place to ensure accountability to this plan?

	Considerations	Guiding Questions
Norm Harm		◦ Does the project plan consider what will happen if plans for Harm Reduction are not followed? ◦ Does the project plan consider what will happen if unexpected harm occurs as part of the project? ◦ Does the project plan have contingency plans in place for if the Project Team receives institution, leadership, or funder feedback in relation to the Harm Reduction Plan?
Category 2: Community Engagement Practice Norm Harm	Ensure the involved community, practitioners, researchers and/or evaluators develop processes and systems for accountability to commitments made to address harm given past, current, or foreseeable harm caused through engagement with the community. Processes and systems for accountability should be specific and work to hold teams accountable to all commitments made in the previous Harm Reduction Categories of work.	

CHRARB Composition

CHRARB membership is not static but is instead project dependent. Membership of the Board is tailored to the specific research or evaluation project in question. Broadly, CHRARB members for each project will be selected based on their expertise in the topic areas of the project, geographic location, and/or demographics of participants in the research or evaluation project. Their selection will be a collaboration between the Board and the Project Team. There may be instances where members of the research or evaluation team are from or identify with the target community, which offer extra checks and balances for the project as these individuals will have direct knowledge of community needs and goals. However, the CHRARB may actually be most beneficial when a researcher/research team is not from that community and thus bringing in the voices and perspectives of that community acts as a guiding force for the project. CHRARB tailoring is instituted to ensure that Board members are representative of the identities and experiences of the research or evaluation project's participants and topic area. Because the CHRARB will be virtually based, the ability to tailor the Board in this way will be a feasible endeavor for the Center.

Board Selection and Expectations

In recognition that members of a community are not monolithic, the Center will conscientiously and strategically consider who decides—and ultimately gets to provide—commentary on a community's needs, preferences, and strengths as well as identifying individual and community harm risks for a given research (or evaluation) project. Board members will be compensated and expectations for prospective CHRARB members will be clearly set, ensuring individuals asked to serve on the Board are both comfortable and confident to serve as an expert for a project. It is important to state that in the context of our Center we identify experts as (but not limited to): advocates, community knowledge holders, historical community knowledge holders (or social historians), and individuals with lived experience of relevance to a given project. Including advocates and individuals with lived experience is intentional as their experiences translate to expertise in understanding community needs and potential for harm and adamantly advocating for community needs and against harm.

The Center will also require that projects include at least one representative from the research or evaluation team to serve as the liaison with the Board throughout the project. However, it will be encouraged that the entire research or evaluation team be involved in the Center process. Additionally, the Center will set norms for CHRARB membership, requesting additional perspectives or insights outside of the membership when current members do not have the knowledge or experience to speak to a particular issue or identity. If there are circumstances where the need for a particular expertise arises during a project that is not well represented on the CHRARB, the Board may decide to recruit additional members or elect to have current Board members conduct outreach to other experts in order to bridge the identified gap.

CHRA Use and Implementation

It is recommended that teams engage with the CHRA before the commencement of a community-based research and/or evaluation project. The use of the CHRA will help to ensure harm acknowledgement, harm identification, harm reduction, healing and restorative work, and harm accountability practices are in place within a given participatory research (and evaluative) project, as well as ensure that harm is explored across two different categories. These areas of harm include the aforementioned: Category One: Research and Evaluation Practice Norm Harm, which is considered individual and community harm experienced through the research (or evaluation) and acknowledges the role of systemic forces from systems and institutions that define the applied research processes and norms and Category Two: Community Engagement Practice Norm Harm, which is the consideration of individual and community harm experienced through engagements with the community in the research (or evaluation) project and acknowledges the role of systems and institutions that define social and health norms. Research and/or evaluation teams will be encouraged to complete the CHRA (see Table 2) collaboratively as a group, and to use the questions as guidelines for exploration. It is important to note that the questions posed in the CHRA are not limiting, and that exploring other questions and methods that reduce harm are fully encouraged. The completion of this assessment will identify gaps in the project addressing needs related to: harm acknowledgment, harm identification, harm reduction, and harm accountability, as well as attention paid to both categorizations of harm.

CHRA Review and Recommendation Generation

When the research and/or evaluation team completes the CHRA, the CHRARB will review the CHRA results and provide recommendations for the project's Harm Reduction Plan, which includes mechanisms for accountability to the plans for harm reduction. Research (and evaluation) teams will also be instructed to generate their own ideas for recommendations to bring to a preliminary meeting with the CHRARB. Project Teams will be provided with a Barriers to Harm Reduction and Strategies to Address Harm handout that will offer practical guidance and examples to support their generation of recommendations.

The preliminary meeting will be facilitated as a collaborative discussion between the Project Team and the CHRARB in which they will collaboratively share and generate recommendations for the Harm Reduction Plan. Discussion will take place to determine how the Project Team will move the Harm Reduction Plan forward, and if they need to fundamentally change research or evaluation plans based on the recommendations discussed as a group.

Facilitated Check-Ins

Additional check-in points throughout the project will also be required, as harm potential and risk can change throughout the course of a project. Specifically, the Board will recommend three check-ins throughout the research and/or evaluative process, which may vary depending on the research scope and length. At these times, the Board will ask for progress on how the Project Team is implementing, adhering to, and holding the Project Team accountable to the Harm Reduction Plan, as well as any related challenges or barriers to the work. Successes in implementation, adherence, and accountability as it relates to the Harm Reduction Plan will also be discussed. During these check-ins, it will be critical to assess new risks for harm that have emerged in the work, based on changes in scope, timelines, or general observations observed in the implementation of the work, and to update the Harm Reduction Plan, accordingly. These check-ins are designed to be highly participatory and collaborative in nature, non-punitive, and ultimately aimed at generating harm reduction strategies that are both important and feasible for the team.

Knowledge Development and Sharing

The final of the three check-ins will be for close-out and focus on the Board and research and/or evaluation team sharing lessons learned, what they would do the same, and what they would do differently. This collection of lessons learned will be documented by the Center to continue to support the development of a knowledge base for how to best facilitate harm reduction work. The Center is committed to continuously sharing lessons learned from this process to support others doing this work, whether through the Center or independently of the Center.

Fee for Service

Clients will pay a fee to use the service; this fee will ensure the Center staff and members of the CHRARB are compensated for the time they serve on the CHRARB. Potential practitioners, researchers, and evaluation teams will be encouraged to account for this fee in their budget during the project budgeting or grant application process in order to gain support for the CHRA at the onset of their project.

Limitations and Potential Challenges

It is important to note that harm reduction is an iterative and ongoing process. The CHRA guide is emphatically not signaling the end of this journey, rather it is just one step towards reducing the harm of research and evaluation practices. That is, through the application of the CHRA guided by the CHRARB, research and evaluation teams have the opportunity to receive feedback from representative Board members on the ways their project may cause community harm and recommendations for how to prevent such harm while still acknowledging the reality of institutional politics, budgets, and much more. As such, the intention is more to give the research and/or evaluation teams a thought partner (or critical friend) to think through harm reduction strategies with more intentionality and rigor. Altogether, the CHRA guide and related participatory process will encourage more radical participatory research in the following ways: 1) providing a structured process to acknowledge the existence of harm (or potential for harm) in participatory research (and evaluative) practice; 2) providing a structure to hold research teams accountable to harm reduction rooted in DEIJ and trauma-informed practices in participatory research (and evaluative) practices; and 3) serve as a space to collectively troubleshoot and address harm through the use of the CHRA guide and the CHRARB.

Practitioners and researchers (or evaluators) will face challenges when implementing the CHRA and the CHRARB. Monetary constraints will likely represent a primary challenge to implementing the CHRA tool with the support of the CHRARB. Costs will not only be associated with those involved in engaging the diverse membership of the CHRARB and their support, but also the time and personnel costs associated with pre-work recommended through the CHRA tool, including engaging community in the CHRA process, and relationship building in the community before the commencement of the project. The CHRA will also be made available as a free, standalone tool that teams can use to help identify harm in their work. This may alleviate some costs, but may also result in challenges related to Project Teams being able to convene the diverse perspectives and positionalities required for harm reduction work. It is also important to acknowledge that in implementing a new practice, a lack of buy-in from institutions, leadership, or funders may represent an inherent challenge. Institutions, leaders, and funders may not be inclined to pay for costs associated with this process and may not be receptive to the deeply community-centered approach of the CHRA, which positions community needs and interests over institutional interests. This centering of community may result in the research (or evaluation) project changing their focus and scope significantly, which may represent a significant paradigm shift for institutions, leaders, and funders.

Conclusion

A lack of acknowledgement of the harm caused through participatory research has created the urgency for a deep reckoning within our field, both personally and professionally. Whether harm is caused by malpractice or deeply entrenched systems rooted in colonialism and white supremacy, it is our obligation as the purveyors of community good to change how we do our work, perhaps fundamentally. Thus, this paper proposed the creation of a Community Harm Risk Assessment Review Board (CHRARB) with an accompanying Community Harm Risk Assessment (CHRA) reflective praxis guide, providing practitioners and applied researchers with practical steps in utilizing this radical participatory process aimed at reducing harm in community-based research and evaluation. The new structured practice we have proposed represents just one effort towards supporting more radical, participatory applied research and evaluation approaches. It is the hope that this approach will facilitate more conversations around harm

acknowledgement, harm reduction, and restorative healing practices, which will in turn create more intentionality around harm reduction and healing in practices within the community-based research and evaluation field.

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Appendix

Appendix A. Strategies to Address Harm, by Harm Risk Categories

Harm Category	Strategies to Address Harm
Category One: Research and Evaluation Practice Norms This category includes harm risk and reduction related to applied research inception, methodologies, implementation, outcomes, practices, and norms.	*Incorporate flexibility into the research process* • Utilize qualitative approaches that allow for rich descriptions, greater community engagement, and use storytelling to better establish community truths and realities. • Flexibility in defining and establishing rigor and evidence; in collaboration with the community.
	Respond to harm as it arises • Consider the community's past with research harm; incorporate healing practices if harm occurred before the research begins. • Give attention to research's potential for harm and explicitly design harm-reduction strategies. • In instances where harm does occur, address harm as part of the research process.
	Give back to the community • Explore ways to give back to the community at the time of the research in concrete ways (reports and publications do not count!), to avoid merely taking from community members; in particular, the most marginalized community members/individuals whose basic needs are unmet.
	Apply DEIJ principles in the research • Continue to push research practices to incorporate DEIJ principles into how work is performed; gather community input on how to best do this work. • Use non-violent language throughout the research process and recognize the continuous evolution of language.
	Challenge unfair practices/constructs • Challenge constructs of professional practice that create a false urgency around meeting timelines and outcome achievement over genuinely building community trust, capacity, and partnerships. • Challenging quantitative-centric notions of research rigor that may value numeric representations of community over qualitative approaches.
Category Two: Community Engagement Practice Norms This category considers individual and community harm risk and reduction related to the community's engagement in the applied research project. This tool will be used to review community-based applied research projects at the conception stage (i.e., proposal), as well as at various project checkpoints, in order to provide a more comprehensive assessment of harm than traditional IRBs, which largely assess harm at the individual level, immediate harm, as well as an individual's legal rights as they relate to potential harm.	*Ascertain community-defined outcomes* • Identify community outcomes explicitly as they relate to the research (not just research outcomes), and ensure community has a say in the establishment of both
	Strengthen communications with the community • Ensure that all research-related materials can be understood by all community members involved; and that opportunities for community engagement consider all community members not just English speakers.
	Appreciate & compensate community time and effort • Identify community time and knowledge as expertise; always compensate community members for any time related to the research. • Challenge practices that exclusively use gift cards as compensation (researchers are not paid through gift cards); instead, compensating community members as independent consultants is one great practice in this area.
	Practice non-extractive data collection techniques • Acknowledge that data collection is inherently an extraction, a withdrawal, a cost to the community. Engage in participatory data collection strategies that allow for community data, insights, and perspectives to be "co-owned" by the researcher and the community. • Use trauma- and DEIJ-informed research practices that inform how to best collect data in ways that avoids harm, triggers, and/or traumatizes. • Create data collection processes that allow community needs to share experiences more comprehensively in ways that feel good to them rather than narrowly collecting what is necessary to fit the research goals.
	Center community safety • Acknowledge that self-disclosure can sometimes be dangerous depending on an individual's location, life circumstances, etc. Acknowledge this danger in working with the community and always provide opportunities to opt out. • Spend time and be clear about the option of opting out during the Informed Consent process, as well as the ethics and legalities around data use. Do not rush this process for the sake of efficiency; instead, build community understanding and empowerment. • Avoid creating requirements that dictate that data must be collected in order to receive services/benefits.
	Establish community ownership for data/results • Explicit conversations about notions of data ownership with the community and determine how they would like to "own" the data.