



# Culturally Embedded Community-Based Participatory Research in an Indian Refugee Camp: Lessons Learned

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## Abstract

Community-Based Participatory Research (CBPR) is a paradigm shift from traditional, hierarchical research models focusing on empowerment, collaboration, and social change. CBPR research is a highly transformative and politically engaged process of building broad knowledge to expose and overcome inequalities and injustices. This research reflects on the 13 years of extensive CBPR conducted in a Tamil refugee camp in India in collaboration with the Organization for Eelam Refugee Rehabilitation (OfERR) and the Community Advisory Board (CAB). In our CBPR project, CAB took a leadership role in designing and implementing the research along with Tamil refugees, academics, and refugee-serving organizations supporting the process as collaborators in this bottom-up transformative model of knowledge production. We introduced a thorough, and rigorous research design in the camp that led Tamil refugees to own the project collectively. Ethical principles acted as a guiding framework to ensure that research respected the dignity and rights of research participants and recognized the responsibilities of researchers. This CBPR project utilized a mixed-method approach incorporating both inductive and deductive stages. Different reviewers checked the analysis to enhance the rigor and validity of our CBPR project. The structured and sustainable dissemination plan made the information out into the community, which can ensure the project's impact continues after it terminates. We concluded the CBPR with project, process, and impact evaluations. This article ended with a few life lessons learned over a decade of Community-Based Participatory Research (CBPR) in refugee camps.

## Introduction

Community-Based Participatory Research (CBPR) is a research approach that stands out for its collaborative and transformative nature, deeply involving the community of interest (COI) not just as subjects but as equal partners and agents of change [1]. The focus on community empowerment, collaboration, and social change are all key tenets of this approach [2]. Community-Based Participatory Research (CBPR) is widely considered a paradigm shift away from traditional, hierarchical research models [3]. Conventional researchers assume that research can achieve accuracy, rigor, and richness in evidence through internal mechanisms like having a control group of study participants, doing advanced statistical analysis to measure statistical significance, and having academic publications 'peer-reviewed' by a few other academics [4]. Conventional researchers often fail to establish trusted relationships and meaningful collaboration with the Communities of Interest (COI) they are studying, leading to challenges such as lack of trust and cooperation, the potential for data inaccuracies, limited rigor, and social validation, difficulty in dissemination, which are particularly important when working with diverse populations [5]. However, a closer and critical look reveals that in failing to have trusted relationships and meaningful collaboration with COI, conventional research projects may have limited rigor and multiple data inaccuracies because of external factors, including (1) failure to identify the right target population; (2) inability to reach and recruit the appropriate study participants; (3) failure to convince study participants to share accurate and reliable information; (4) inability to accurately interpret, analyze, and validate data/findings; failure to account for cultural, linguistic, and semantic nuances; (5) failure to identify what kinds of data may be missing [5]. Further, research projects that are not community-based or collaborative may suffer from reduced rigor and accuracy because individual gains or commercial profits may drive these projects and lack adequate

social validation and accountability structures [6]. Community empowerment, collaboration, and social change are thus central to CBPR.

The primary purpose of a CBPR project is to produce knowledge that promotes equity, social justice, and capacity building [7]. This knowledge should be centered on lived experiences in public debates such as governance and policy and invite cultural tropes into the narrative process. Stakeholders (academics, policymakers, and agency staff) with access to research funding and other resources act as collaborators and mediators in this transformative knowledge-production process [7]. They ensure communities that face oppression and inequalities are empowered to take a leadership role in defining and conducting research that is important to them [8]. CBPR is also cultural; diverse stakeholders work together to generate evidence, public understanding, and policy changes to overcome root causes of inequalities and injustice faced by a community of interest (such that COI gets equitable access to rights and resources, including research resources if needed) [9].

Our CBPR experience with camp refugees highlights that with research training and opportunities, marginalized community members can become professional researchers and collaborate with interdisciplinary research teams to conduct CBPR that catalyzes social change using a rigorous and relevant evidence-based approach

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[10]. We, the research team, viewed research as a process of science that anyone can develop the capacity for with proper training on the methodological processes of research [11]. We are all knowledge producers. The key capacity for becoming knowledge producers for formal research is to make informed/planned decisions about what specific methodological steps we are going to take to collect and analyze information, to know how even a slight change in our methodological steps can affect the nature and quality of our data and analysis [12].

### **Positionality: Setting the Context**

The author was raised in the southern Indian State of Kerala, which is the next state of Tamil Nadu (where the Sri Lankan Tamil refugee camps were); she was aware of the struggles of Sri Lankan Tamil refugees. The Sri Lankan civil war between majority Sinhalese and minority Tamils began in 1984, which caused Tamil refugees to migrate to different countries across the world, including India [13]. Ninety-five percent of the Sri Lankan Tamil refugees who came to India settled in the southern Indian state of Tamil Nadu (which borders Kerala) because of the geographical, cultural, and linguistic similarities between Tamil Nadu and Sri Lanka. The Tamil refugees have escaped the violence of the Sri Lankan civil war, but their futures remain uncertain. In addition, newspapers and non-governmental agencies report that pre- and post-migration traumatic experiences cause ill health and distress among Sri Lankan Tamil refugees [14]. Based on the author's foundational knowledge about Tamil refugees, she became increasingly curious about their unique struggles and experiences, eventually identifying their family dynamics and health as the focus of her research.

Before entering the doctoral program, the author worked as a clinical social worker in Canada, where she encountered many migrants, including Sri Lankan Tamil refugees. The author's curiosity about their experiences prompted her clients to introduce her to Toronto-based social service agencies working for the welfare of Sri Lankan Tamil refugees. Knowing that she would need to establish a trusting relationship with Sri Lankan Tamil community members if she hoped to research their experiences, she began volunteering with the Sri Lankan Tamil refugee community in Toronto in 2005 [15]. There, she formed trusted relationships with many Tamil refugees. The author fully understood the complex challenges facing their community, groups, subgroups, available services, resources, and community concerns. These relationships opened doors for her to learn about the complex health challenges, unsafe environments, and lack of social, economic, and healthcare resources in Sri Lankan Tamil refugee camps in India. Trusted relationship building with the Sri Lankan Tamil community for 1 year led the community elders to introduce the author to refugee camps for Tamil refugees in India. Every summer, she traveled to India between 2006 and 2018 to volunteer (later research) at the Organization for Eelam Refugee Rehabilitation (OfERR) among Sri Lankan Tamil refugees, continue networking, and participate in community-based activities. The Sri Lankan Tamil refugees established OfERR in 1984 to coordinate support for the Tamil refugees living in the Indian camps and served as a community collaborator [16]. OfERR became the principal collaborator for her future research. The author's initial research identified that pre- and post-migration traumatic experiences cause ill health and distress among Sri Lankan Tamil refugees [17], which led her to establish Sri Lankan Tamil refugees as her area of research.

The author was the Principal Investigator (PI) of Sri Lankan Tamil refugee research between 2005-2018. As a researcher, one of the

challenges of being an outsider/insider engaging in CBPR is knowing that, at one point, she would need to gain entry into the community of peer-reviewed journals and scholars whose frame of reference is dominated by Western paradigms, English language, and Western cultural norms. Translational capacity is a key component of CBPR work, allowing the team to disseminate data among all community members [18]. For those of us engaged in culturally immersive CBPR, often abroad and in other contexts, translational dissemination is as much about reaching the particular community as it is speaking to the community of researchers within Western academic institutions [18].

During the author's CBPR project, she realized that her diverse identities - Southern Indian, female, researcher, and Canadian— influenced her social interactions with the Sri Lankan Tamil refugees. The patriarchal nature of Sri Lankan Tamils subjugates the women in their community [19]. For Tamil women, it is hard to form relationships based on their shared experiences primarily due to deeply ingrained patriarchal structures that regulate women's lives [20]. However, the author's Southern Indian origin identity made her a friend of Tamil refugees living in Southern India and an insider who knew the struggles of the Tamil refugee community in Southern India [14]. In addition, being an educated Canadian woman gave her the privilege of being an 'honorary male' in the patriarchal Tamil community. While she was aware of the power disparities, Tamil women saw her as a woman of power who could empower the Tamil community [17]. Finally, the identity of a researcher must demonstrate integrity in the CBPR. The author reflected on how these identities influenced her perception of interactions with CAB. With the help of CAB, she consciously tried to minimize these positions through self-reflection and seeking guidance from a mentor. During weekly meetings with her mentor, she discussed strategies for maintaining an 'authentic identity' during research activities [21]. Later, she realized that her decision to seek guidance from the Sri Lankan Tamil community helped her to embrace her true self. The author's ability to leave behind her familiar identities and accept new encounters motivated the Tamil refugee community to see her as a person with integrity and commitment who made uncompromising choices for their welfare. In CBPR, social acceptance is necessary to create faith between the researcher and the participant community, and the researcher can earn respect with integrity [21].

### **Why CBPR in a refugee camp?**

In CBPR, research is a highly transformative and politically engaged process of building broad knowledge to expose and overcome inequalities and injustices [22]. Tamil camp refugees were experts on disparities and inequities that affect them. In our CBPR project, refugees took a leadership role in designing and conducting the research along with academics, policymakers, and other people in positions of power supporting the process as collaborators in this bottom-up transformative model of knowledge production. In line with Paulo Freire's theories of pedagogy of the oppressed [23], the fundamental principle of CBPR in a refugee camp is to build capacity for critical reflection among refugees to transform their knowledge from acceptance of their marginalization to exposing and overcoming the causes of their marginalization. Creating a trusted relationship with Sri Lankan Tamil refugees in the camp and involving them in a leadership capacity as collaborators in knowledge production distinguishes the experience of participating in CBPR in a refugee camp from all other UNHCR humanitarian projects where they engaged only as research participants. In addition, CBPR as a transformative process stands against the lack of supportive macro environments, creating space for agentic

embodiment to emerge despite governmental or cultural norms to the contrary [24]. Therefore, when refugees engage with immersive CBPR, the result is the creation of innovative actions for their growth, which contributes to experiencing the process of empowerment and change.

Similar to many minority communities around the world, Sri Lankan Tamil refugees have a distressing, traumatic background with far-reaching consequences on their health and well-being. However, in the case of refugee camps, the host nation's status adds a background of hostility and socio-economic and political instability, in addition to restrictions imposed due to a significant lack of resource availability. In CBPR, refugees and the research team challenge these complex tiers by generating opportunities in which all members benefit: one experiences participation without feeling coerced or exploited, and the other is sensitized to cultural norms and local traditions. In addition to community empowerment, CBPR leads to (1) a more meaningful research process for all stakeholders, (2) a research process and product that is culturally ethical, as well as (3) the generation of richer and more rigorous evidence or in Western parlance, data [25]. For this PI, the social connection established with the refugees as partners brought ethical concerns and experiences not visible outside the community into focus. This newfound awareness led to a deepening of understanding along with an amplification of the voices of a population traditionally excluded from conventional recruitment and data collection processes. Additionally, the rich and textured understanding encouraged the team to engage in ongoing iterative community validation processes that enhanced the analysis and validity of the data collected [26].

### **Building Trust and Developing Partnership**

In collaboration with colleagues over the past 13 years, as PI, we have conducted extensive research within Indian refugee camps to investigate migration stressors, family functioning, and psychological well-being [27]. CBPR framework motivated the researchers to respect the Tamil refugee community's unique identity and strengths, value their collectivist nature, foster their ability for collaboration, and integrate their knowledge and experiences into action to benefit everyone involved in the research [27]. Sri Lankan Tamil elders from Toronto introduced her to the Organization for Eelam Refugee Rehabilitation (OfERR) in Chennai, India. She started working with OfERR's healthcare workers in the Sri Lankan Tamil refugee camps. Healthcare workers are Sri Lankan Tamil refugees who occasionally get training from local Indian healthcare providers. At the onset of the work, the focus was on providing training in Motivational Interviewing, Psycho-social assessment, Talking Therapy, Understanding crisis, etc. The author's sole interest is in building an honest relationship with the Sri Lankan Tamil refugee community [16] which is key to understanding its unique characteristics, which, in turn, helped the researcher to create a fair research process [28]. Over three years of volunteering in Toronto, Canada, and Chennai, India, the experiences allowed for the development of trusting relationships with the Sri Lankan Tamil refugee community.

Ongoing engagement with CAB benefitted research studies in this camp, which lasted 13 years [27]. Our CAB, composed of camp authorities, Tamil refugee elders, camp residents, OfERR, the research team, and peer researchers, ensured the operationalization of CBPR principles within cultural norms. CBPR ensures the Sri Lankan Tamil refugee community's necessities underactive guidance from CAB [27]. By forming these relationships, this PI increased her knowledge of Tamil culture and polished her Tamil

questions. Knowledge of Sri Lankan Tamil refugees' culture, history, ethnicity, values, and beliefs provided her with a starting point for understanding and interpreting their conversations and recognizing the meaning of health and family from their point of view. More so than her education and formal training, volunteer experience taught her to attend to the minor details in refugee camps, often resulting in crucial inside information. Through these experiences, she learned how to address community tensions from a grassroots level, avoiding quick 'errors in judgment, and even applying stereotypic assumptions' [28]. The CAB allowed members to raise their voices to address concerns and identify their solutions and our research process.

### **Working with the refugee community**

CBPR practitioners must engage with community members throughout the life cycle of a CBPR project (from conception to data collection to writing and dissemination) [29]. In the Sri Lankan Tamil research project, community members were involved as CAB members, advisory roles, event coordinators, transportation facilitators, peer researchers, research assistants, etc. CAB identified the number of community members directly involved in the project as full-time or part-time based on availability. CAB established strategies to recruit study participants, fixed the amount of honorarium and salaries, and identified the barriers to overcome for participation.

CAB worked vigorously to build capacity among research assistants by developing the skills, confidence, and knowledge to participate as empowered community members. All research assistants were healthcare workers from the camp. Previously, community psychiatrists, psychologists, and social workers trained healthcare workers to address healthcare needs such as counseling, case management, etc., but healthcare workers lacked training in research activities. CAB developed training that includes mentorship, confidence building, psycho-social support, and education to develop critical capacity to understand structures of marginalization and oppression better. The well-designed training helped peer researchers as professional researchers along with the principal investigator. The CAB-led capacity-building program centered on curriculum, training goals, training format, logistics, evaluation, etc. CAB started the training by providing a basic orientation to refugee camp research and CBPR, which built basic research literacy. Hence, peer researchers know what research is, what all the steps involved in refugee camp research are, and what the challenges are in CBPR research in a refugee camp. This information will, in turn, enable CAB to identify which trainings are essential for everyone to take and which ones are additional training for certain members to bring everyone to the same level. CAB also found it helpful to pair peer researchers with an academic researcher or service provider partner to facilitate co-learning and co-mentorship. Because the primary researcher planned a multi-method study, peer researchers attended long hours to prepare them for structured surveys, interviews, and focus groups. These training sessions were essential to recognizing the power relations within the researcher groups, designing and delivering open training sessions, and addressing power dynamics [23]. There were ongoing training sessions with hands-on exercises. CAB also included guest speakers such as Psychiatrists, public health nurses, etc. CAB also included opportunities to provide public and private feedback and debriefing activities throughout the training program. CAB incorporated the voices of all community members, including plans for dissemination and evaluation activities.



## Designing a CBPR

To ensure the interests and insights of community members, the primary researcher introduced a collaborative research design along with CAB members that appropriately reflected in ways that led to a more thorough and rigorous research design. Our CBPR research was process-sensitive, creating a well-thought-out and thorough research design. Collaborative research design led to a collective ownership of the project. For example, healthcare workers (who became research assistants for the research project) actively helped with outreach and recruitment because of the sense of ownership. It also enabled them to follow through the research steps and decision-making process in implementing a collaborative research design that can productively engage with diverse individuals while forging consensus on decisions. CAB worked together to identify issues faced by the Tamil refugee community, develop a research question/hypothesis, conduct a literature review process, develop/adapt research Instruments (structured survey questionnaires, interview guide, focus group guide, etc.), and methodology identifying sampling techniques and developing recruitment strategies/recruitment materials; carefully considering research logistics such as research records, interviewers, communication language; deciding data analysis, publications and dissemination plans; addressing potential ethical issues and finalizing the ongoing debriefing and evaluation process. A key indicator of success for a collaborative research design process is a good research question and corresponding research methodology/process over which everyone feels a collective sense of ownership.

From the CAB evaluation of collaborative research design processes in the Tamil refugee camp, we found that most team members felt that they had substantially contributed to developing the research question (and methods) selected for the study, even though they did not suggest it in the first place. We realized that by the end of the collaborative research design process, no one knew who created the research question since it had gone through many collaborative iterations and development.

## Ethics and CBPR

Researchers often discuss research ethics as a specific phase of the research process. However, ethics in CBPR means two things: (1) formal ethical permission from the Research Ethics Board (REB), and 2) the principles and values that guide CBPR. Sometimes, these two ethics forms are one; however, many REBs do not ask about the principles and values that matter most to CBPR.

Sri Lankan Tamil refugee research lasted 13 years. During these years, the author applied for formal ethics approval from the University of Toronto (IRB #23087, 2 October 2008) and Virginia Commonwealth University (IRB #HM15259, 24 April 2013; IRB #HM20000475, 11 March 2014). Receiving formal ethics approval also increased the project's credibility. Formal ethics applications helped the researcher think thoroughly about the harms and benefits to the research participants and the Sri Lankan Tamil refugee community we worked with.

For conducting CBPR, research ethics were a set of principles, values, and practices that acted as a guiding framework to ensure that research respected the dignity and rights of research participants and recognized the responsibilities of researchers [31]. The researcher highlighted the following principles as cornerstones of ethical practice during CBPR with Sri Lankan Tamil refugees:

(a) Respect for Human Dignity includes fundamental respect for all individuals regardless of all differences (Rausch, 2018). Within the context of Community-Based Research in refugee camps, this means ensuring that the voices of the Tamil refugee community are heard and respected. It also means providing capacity-building opportunities and support so community members can participate meaningfully in all project stages.

(b) Free and Informed Consent. Any participant engaging in a research study must freely provide consent. Informed consent means that they must be made aware of the purpose of the study, any potential harms or risks resulting from participation, and how we use the data. They must also be made aware of their right not to participate or withdraw from the study and the process of doing so. Community-based research means understanding how consent processes may look different for different communities (e.g., ensuring translation support). Sri Lankan Tamil refugees who faced traumatic experiences did not want to sign a written consent; therefore, they only provided verbal consent.

(c) Respect for Privacy and Confidentiality. Researchers informed participants prior to their agreement to participate in the study about who could access their private information. Participants' information and experiences must not be shared with anyone outside the research team, which means providing participants with a pseudonym or number to protect participants. Removing identification also includes removing any unique identifiers linked to a participant. Respect for confidentiality also consists of the responsibility to store any research materials, including data, securely. However, researchers encountered privacy and confidentiality issues while conducting CBPR in a refugee camp. However, researchers collected data from every eighth house in each subsection of a larger refugee camp. Houses are single rooms and are very close to each other; however, participants' choice of data collection area was their houses. In addition, the research assistants were females. As per the cultural practice, if females engage with males, another woman will stay nearby watching the interaction. This approach is to avoid any violence against women. This situation happened when we collected data; therefore, we used a creative idea under the guidance of CAB. Researchers were encouraged to use earphones with their favorite music while watching the research interactions. This innovative approach worked out well to keep the privacy of the participants.

(d) Respect for Vulnerable Persons. CBPR advocates for including the voices of communities that experience barriers. Although many of these communities are over-studied, Sri Lankan Tamil refugees in refugee camps are an understudied but highly sensitive population. In our CBPR, we respected the community, created meaningful, trusted relationships with the community, and encouraged the community members to participate and assist in implementing the research.

(e) Respect for Justice and Inclusiveness. Our CBPR in the camp primarily centered on refugees' migration stress and mental health; therefore, this was an essential principle for us to include Tamil refugees who were struggling with health challenges due to their migration stress and should have a say in how the research was designed, implemented, and shared. Also, we ensured that community engagement and research measures were sensitive to the needs and experiences of the Tamil refugees.

(f) Minimizing Harms and maximizing benefits to the community. Convention research projects often focus on minimizing physical,

psychological, and social harms to the individual and community while maximizing benefits to the community and individual. Our CBPR in the camp minimized harm by properly planning, receiving, and giving advice at all stages and working through many ethical issues beforehand. Our CBPR projects invested in positively impacting the Tamil refugee community. The impact included how the refugee community benefited (or was harmed) by disseminating our research findings, which covered policy changes and clinical support in the camp.

### Implementing CBPR

This section provides a brief overview of implementing CBPR research within refugee camps, mainly data collection, which is tailored by CBPR's design.

(a) *Sampling* is the first step in data collection to define the population of interest: Sri Lankan Tamil refugees living in the Gummidipoondi refugee camp in Tamil Nadu, India. Therefore, the inclusion/exclusion criteria of our project were: (1) participation limited to one parent per family, (2) participants belonging to the Sri Lankan Tamil refugee community, and (3) participants living in the Gummidipoondi refugee camp. Once we identified the population of interest through inclusion/exclusion criteria, the next step was identifying samples of Sri Lankan Tamil refugees in this camp. The next step was to identify and select the sample of participants from the larger number of refugees living in the camp. We created a representative sample of 120 families from each refugee camp subdivision; through this method, we selected every eighth house to participate in the study.

(b) The second step in data collection was *recruitment*, the most time-consuming and challenging part of the CBPR process. Our project got ethics approval from academic institutions and OfERR. CAB has already created recruitment materials as part of the Ethics Board applications. Even before our research started, researchers were actively involved in the camp through the women's health and youth help groups. Researchers were able to build a trustful and open relationship with the community. Therefore, the community members did not see us as strangers. Instead, they recognized us as 'one of them.' The research team's strategy was to train peer researchers to recruit participants. Peer researchers were Tamil refugees, and they were also health workers within the camp. They helped researchers connect with hard-to-reach communities like Sri Lankan Tamil refugees, bridge language barriers, and identify potential gaps or issues in the research. Not every CBPR project utilizes peer researchers during data collection. Both OfERR and CAB initiated the idea of training health workers to become peer researchers for this project. Peer Researchers also communicated the goals and aims of the study during weekly community events, women's health group meetings, and youth help group meetings. To recognize their subjective experience and integrate reflexive practices, peer researchers had weekly meetings with two counselors trained as Psychiatric Social Workers.

(c) The third step is conducting a *reflexive CBPR* with a strong commitment to social change. Researchers often enter this work because of the systemic injustices experienced or witnessed by themselves or their loved ones. The author grew up in another state of India while watching closely the traumatic experiences of Sri Lankan Tamil refugees. When she decided to focus her research on Tamil refugees, she knew her personal experiences could influence how we collected and analyzed the data. While she could never be 100% objective, she worked with a mentor to acknowledge and account for

how her past and present experiences and feelings might shape her interpretations of research findings. For example, her own experience as an immigrant and her experience with the immigration system might led her to hear Tamil refugee experiences that resonate with her own '*much less painful*' experience rather than experiences that contrast or provide a different understanding. The author's mentor helped her to think about integrating reflexive practices into data collection. For example, journaling daily was a powerful way to capture and process the thoughts of the author and the peer researchers. Later, the author returned to these journal entries while analyzing our data.

### Data Analysis in CBPR

Data analysis involves reviewing, organizing, linking, and categorizing data to find patterns and develop support and explanations about a particular issue. Data analysis approaches generally fall under either deductive or inductive. A deductive approach involves starting with a hypothesis/research question based on a theory or prior knowledge and then collecting data to support or refute that hypothesis/research question. An inductive approach centers on moving from specific observations or data to broader generalizations or theories. Our CBPR was a mixed methods approach, incorporating both inductive and deductive stages. This particular approach significantly affected the interpretations and the results.

While some conventional researchers believe it is possible to generate completely objective (meaning free from any bias) evidence, plenty of evidence shows that complete objectivity is impossible [32]. While it is essential to ensure rigorous data analysis, the best research practice is to discuss potential limitations, biases, and subjectivity in the research. This practice is called self-reflexivity. We followed this approach but worked towards something more objective rather than subjective.

Many CBPR projects are criticized for not involving community members/CAB/peer researchers in the analysis process. A best practice that enhanced the rigor and validity of our CBPR project was having different reviewers check and validate the analysis.

The author and the peer researchers were the first set of reviewers to engage in all phases of the research, such as recruitment, data collection, and data analysis. We could not work during extremely hot weather between 12.00 p.m. and 3.00 p.m. We utilized this time daily to reflect and evaluate the process and ensure the necessary changes for the following set of data analyses.

The second set of reviewers were CAB members. We conducted our entire data analysis with active input from CAB members. We presented up-to-date data analysis information to CAB members during our weekly meetings every Friday. CAB members had expertise in different areas, including research processes, community problems, and quantitative and qualitative analysis. Our experience showed that involving CAB members in analysis enriched the quality and rigor of analysis.

Academic mentors conducted the third set of reviews. It was a good practice to introduce the author's academic mentors to check the analysis and review the results. They provided a third set of eyes to review the analysis deeply. Academic mentors suggested many statistical analyses, including the machine learning and network system models, which were added under their guidance. After the three reviews, CAB members examined the data analysis and results

to triangulate the outcomes before presenting them to the Sri Lankan Tamil refugee community.

Data analysis is also a very political process, meaning that much power is involved in analyzing data and interpreting the results to turn it into evidence (Dommett, 2019). Therefore, instead of CAB interpreting the final research results, the Sri Lankan Tamil refugee community interpreted the study outcomes in the final phase of the research study. This process is called a community validation process. We conducted three community validation meetings that covered Maviran, Gokulam, and Old subsections of the refugee camps. These meetings reviewed research findings to accurately interpret what led to social changes in the Sri Lankan Tamil refugee community in the Gummidipoondi camp.

Working collaboratively with Tamil refugees to find interpretations of research results led to a richer and more comprehensive interpretation. Different community members noticed diverse aspects of the data and offered varied explanations that added to the richness of the overall interpretation. In particular, meaningfully involving Tamil refugees in the interpretations helped to add insights about the study results that only come from people with lived experiences of the issues of concern.

### Disseminating CBPR

In conventional research, dissemination refers to sharing research findings beyond your research team by utilizing academic journals, conferences, and books to disseminate the research findings. These dissemination activities connect the research findings to academia. CBPR projects broaden the dissemination to include the target audience, especially community members. In our CBPR, we found creative ways to get the information out into the community, which can ensure the project's impact continues after it terminates. Therefore, we built a sustainable and structured dissemination plan with time and resources.

CAB designed our dissemination plan when we developed our CBPR project. The dissemination plan was a collaborative, ongoing process with the Sri Lankan Tamil refugee community that changed as the research unfolded and the findings emerged. We implemented our dissemination plan throughout all stages of the research project.

First, the research team identified key dissemination goals and outlets. We chose these multiple outlets to efficiently conduct community outreach to the Sri Lankan Tamil refugee community. We conducted many community events inside the Gummidipoondi refugee camps and the 106 Sri Lankan Tamil refugee camps in India where the community could engage with the findings. Our dissemination tools included local news channels and mass media, magazines and peer-reviewed journal articles, websites, conferences, cultural events, and community meetings. We used arts-based dissemination methods, which increased the visibility and accessibility. OfERR has a track record of using creative means to engage with communities and share findings, such as photovoice, digital storytelling, storytelling newsletters, and street drama. After all, dissemination should be about knowledge exchange.

### Evaluating CBPR

Evaluation is a way of determining the value of undertaking a Community-Based Research project. Evaluating our CBPR project

to determine the benefits, challenges, and improvements needed. We gathered information to help reflect our work's efforts in the project. By using that information, we decided if any aspects of our plan were working or not working. Then, we continuously made necessary changes to our action plan to reach our goals. From our experiences, evaluations supported and improved our work, helped our entire research team to critically reflect on ourselves, justifying the accessibility, availability, and utilization of resources, and recognizing our research's value and social impact.

We conducted project evaluation, process evaluation, and impact evaluation. Our CBPR *project evaluation* started right away when we decided to conduct research with the Sri Lankan Tamil refugee community. Firstly, we asked questions such as What? Why? What could we do differently in the future? Secondly, we developed formal or informal methods to answer these questions. These methods include individual interviews, informal group discussions, and evaluation surveys. Thirdly, we reviewed the evaluation data to determine how we had done it. Lastly, we recorded our evaluation findings of each study (we conducted five studies in 13 years), which helped us plan the changes we needed to make in future projects.

*Process evaluation* is an ongoing dynamic process where information is added continuously, organized systematically, and analyzed periodically. From the beginning, the author journaled to critically reflect on her daily work, and it was an ongoing, continuous, committed action on her part. This kind of evaluation continued with CAB and peer researchers. The process evaluation helped us check if the project was operating well and allowed us to make changes/adjustments along the way.

*Impact evaluation* assisted us in gathering information about the results or changes in participants to determine if these did indeed occur. Impact evaluation informed us about the short- and long-term impact of the CBPR project on participants, OfERR, and the Sri Lankan Tamil refugee community. Our CBPR was a living, breathing, and dynamic approach to refugee research, and our impact evaluation process reflected this approach. The impact of our research created two policy changes: 1) the Indian Central Government increased the rations for Tamil refugees and provided more attention to refugee mental health challenges by increasing the number of times mobile clinics visit refugee camps, and 2) the United Nations High Commissioner for Refugees accepted our proposal to develop repatriation structures in Sri Lanka. The significant impact of our CBPR project was the social changes it created for Sri Lankan Tamil refugees.

### Lessons Learned from CBPR

Here are a few life lessons learned over a decade of Community-Based Participatory Research (CBPR) in refugee camps:

(a) Well-defined Research Plan: Before starting CBPR, we volunteered in the refugee camp to analyze the camp situation, define the problems, and identify the needs, challenges, and gaps in available resources. Early on, we collaborated with OfERR to form the CAB and create a detailed project plan with assigned core activities, a research process, a detailed budget, risk management plans, and a description of the nature and extent of community involvement. We carried out planned activities, including monitoring progress, addressing challenges, and maintaining open communication and collaborative



decision-making with Tamil refugees. Per our plan, we completed the project, process, and impact evaluations throughout our research. Overall, our CBPR plan was flexible enough to respect the community and adapt to the unforeseen circumstances and unexpected changes during the CBPR process.

(b) Building and Maintaining Trust: OfERR informed Tamil camp refugees about their engagement with the CBPR. Later on, many refugees became part of the CAB and, therefore, worked to develop research processes, including problem identification, research design, recruitment, data collection, data interpretation, dissemination, and evaluation. CAB meetings with Tamil refugees clarified available support, including compensation, stipends, honoraria, and childcare assistance. CAB affirmed the transparency of the CBPR process and motivated the refugees to make informed decisions and engage with the research process. Additionally, CAB's collaborative approach fostered trust and built strong partnerships with the Tamil refugee community, leading to impactful outcomes and sustainable community change.

(c) Value of Peer researchers: CBPR projects are often criticized for involving community members only for participant recruitment and community outreach. In our research, the CAB collaborated to develop adequate training and capacity building to prepare peer researchers. Our success with the CBPR project depended significantly on adequately trained and mentored peer researchers who actively participated in all aspects of the research. The CAB provided initial core training on research literacy and skills. The peer researchers received comprehensive training on the research process, including hands-on instruction in CBPR research methodologies, interviewing skills, conflict resolution, and community engagement skills. The peer researchers also got skill development training to work together to achieve mutual growth within the Tamil refugee community.

(d) Building Capacities and Resources: We coordinated resources and built capacity among academic researchers and community stakeholders such as OfERR and the CAB. The entire research team promoted accountability and effective communication, establishing collaborative decision-making. This approach prioritized trust, equitable involvement, and shared ownership of the research process, recognizing the strengths of each member. We also acknowledged the power dynamics between interviewers and participants, as well as between academic researchers and community researchers and between peer researchers and community members. Implementing these frameworks, we built a more substantial and impactful participatory and collaborative research process.

(e) Participation and Methodological Pluralism: Our team didn't prioritize any specific qualitative or quantitative methodology for conducting CBPR. Power dynamics could emerge from both of these methods. However, we ensured that our CBPR would be driven only by the Sri Lankan Tamil refugee community, with participation in research being an individual choice. We intentionally designed the CBPR to promote participation and empowerment.

(f) Knowledge exchange and social change: We prioritized knowledge exchange and social change as crucial elements for our CBPR. From the beginning, we maintained an ongoing structured plan for funding and resources for knowledge exchange. We integrated these priorities throughout the research project. Delaying knowledge sharing could have resulted in missed opportunities to engage with communities for social improvement.

(g) Cultural embeddedness: We have conducted several population health-based CBPR projects with Sri Lankan, Eritrean, Kerala, El Salvadoran, and Nigerian communities. The most important lesson we identified from these projects is that none were culturally neutral. These CBPR projects were interwoven with their cultural values, practices, beliefs, and traditions.

## Competing Interests

The authors declare that they have no competing interests.

## Author's Contributions

The sole author is responsible for the article's conception, design, and drafting.

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