THREE DECADES OF EPIDEMIC BLACK GUN HOMICIDE VICTIMIZATION IN
TORONTO: ANALYZING CAUSES AND CONSEQUENCES OF A
CRIMINOLOGICAL APPROACH

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ABSTRACT

Violence involving the deliberate use of physical force or power (threatened or actual), between individuals or directed toward a community or group, can lead to injury, death, and mental and/or psychological harm (World Health Organization, 2010). According to one estimate, young Black men in Toronto are five times more likely to be victims of homicidal violence than the majority population (Gartner & Thompson, 2004). Whether young Black Toronto males have similar disproportions in injury, mental and/or psychological harm is indeterminate at this time due to the lack of relevant race based data. Utilizing a publication-based dissertation format, the first manuscript (Chapter 2) highlights the declining public safety of young Black men over three decades and questions why this phenomenon is not regarded as a public health crisis. It identifies some key public health considerations—related to violence prevention, early intervention, and treatment.

To gain perspective on the sources of this phenomenon, the theoretical framework (Chapter 3) contextualizes core assumptions of criminological theories with striking inequities across key social determinants of health, significant intersectionalities, and persistent patterns of systemic racism. The second manuscript (Chapter 4) applies a Critical Race Theoretical (CRT) framework to the available literature. CRT highlights the ongoing relevance of systemic racism to the current framing of "Black gun-violence" by the media, education, and criminal justice system. The third manuscript (Chapter 5) explores potential pathways from experiencing structural violence to the increased risk of homicide victimization. The implementation of the politically motivated "War on Drugs" compounds risks and vulnerabilities associated with the key determinants of socioeconomic status -- especially because of over-policing and excessive incarceration. The fourth manuscript (Chapter 6) argues that the "War on Drugs" (WOD) approach has not worked to either reduce

iii

illicit drug use, or gun violence associated with the drug trade, largely because intersections of neighbourhood poverty and systemic racism have remained peripheral to the various public responses. The WOD has instead strengthened systemic anti-Black racism across key sectors of society. The fifth manuscript (Chapter 7) analyzes an 11-year period (2004-2014) and provides evidence of a violence epidemic that properly extends over three decades. It finds Black homicide rates to be highest in neighbourhoods with intersecting socioeconomic disadvantage and a high proportion of Black residents. However, neighbourhoods of less socioeconomic disadvantage with smaller proportions of Black residents also have some of the highest Black homicide rates -- probably due to racial stigmatization.

The sixth and final manuscript (Chapter 8) describes dominant public stigmatizations, as well as health promotion potential in Afrocentric resiliency building. The chapter elucidates how public racial stigmatization drives and sustains Black homicide victimization (BHV) through self-stigmatization. BHV refers to the violence-inflicted deaths of persons socially perceived, and racialized, as Blacks in circumstances usually involving guns (Thompson, 2014). Self-stigmatization becomes much more likely to emerge as vulnerable persons adopt stigmatizing attributes as elements of their self-concept. Afrocentrism provides an alternative narrative with which to counter dominant deficit narratives and engender agency in individuals and communities.

Social policy failure, explored in in chapter 9, is the logical conclusion given the evidence of the steady increase of drug use and gun violence over the 11-year study period. I recommend a strategy of fostering Black social cohesions and resiliencies whilst striving to improve society's social welfare supports, implementing anti-racism policies and programs, and ensuring harm reduction policies and programming are readily available.

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

**CHAPTER 4: LITERATURE REVIEW: GUN VIOLENCE AND BLACK
COMMUNITIES IN TORONTO: A CRITICAL RACE ANALYSIS OF THE
REPRESENTATION OF BLACK GUN VIOLENCE IN PUBLISHED CANADIAN
RESEARCH**

CHAPTER 5: THE CANADIAN "WAR ON DRUGS": STRUCTURAL VIOLENCE AND UNEQUAL TREATMENT OF BLACK CANADIANS

CHAPTER 6: ENDURING LEGACIES: BLACK HOMICIDE VICTIMIZATION, CARDING, RACIAL PROFILING, AND MASS INCARCERATION

CHAPTER 7: RACIALIZED GUN VIOLENCE AND HOMICIDE VICTIMIZATION IN TORONTO FROM 2004-2014

CHAPTER 8: STIGMA, ANTI-BLACK RACISM, AND AFROCENTRIC RESILIENCY: AN AFROCENTRIC APPROACH TO THE CAUSES AND CONSEQUENCES OF RACIALIZED VIOLENCE, INTERNALIZED RACISM, AND SELF-STIGMATIZATION

CHAPTER 9: CONCLUSION

BIBLIOGRAPHY

APPENDICES

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1

INTRODUCTION

THREE DECADES OF EPIDEMIC BLACK GUN HOMICIDE VICTIMIZATION IN TORONTO

1.1 BACKGROUND AND CONTEXT

Global mortality due to interpersonal violence has been estimated to be about 430 per day for young people between the ages of 10 to 24; additionally, every day another 20 to 40 youth experience injury requiring medical attention because of this type of violence (Svevo et al., 2011). The racialized segment of this at-risk global population is likely to be disproportionately high within post-colonial societies with a history of racial slavery given a range of racism related risks (Beall, 2002; Caldwell et al, 2004; Garcia and Sharif, 2015). The World Health Organization (WHO) considers the estimated global homicide rate among adolescents and young adults aged 10 to 29 (approximately 41% of all homicides) to be a global public health problem (WHO, 2010; WHO, 2011). Canada is not immune to this global phenomenon.

Violence has had an exceedingly strong influence on the lives of young Canadians throughout the past two decades. Homicide has been one of the top causes of death for youth aged 10 to 24 in both the US and Canada. Indeed, homicide has been estimated to be the fourth leading cause of death among Canadian youth aged 15 to 20 (Snider & Lee, 2009;

Black, Asbridge, & Lea, 2009; Matjasko, Vivolo-Kantor, Massetti, Holland, Holt & Dela

Cruz, 2012). Over the past decade, the number of homicides per year in Toronto has been

unpredictable, with 86 homicides in 2007, 45 in 2011 and 48 in 2012 (Toronto Police Service

Annual Statistical Report 2011, 2013). On a global scale, these numbers appear to pale in

comparison to other jurisdictions. However, an examination of the demographics of victims

indicate that the racialized rates of homicide victimization are quite significant. Many of

these violent incidents involve young Black males—as perpetrators or victims, or both

(Galabuzi, 2009; Gartner & Thompson, 2004).

From 1992 to 2004, Blacks accounted for 30% of murder victims whilst making up

less than 8% of Toronto's total population. The homicide rate among Blacks in Toronto was

estimated to be approximately 10.1 per 100,000, more than quadruple the average rate of 2.4

per 100,000 (Bania, 2009; Gartner & Thompson, 2004). The proportion of Black victims

under the age of 25 also rose from an estimated 25% in the 1970s to 40% by 2004 (Galabuzi,

2009). Such disproportionate representation indicates that three political jurisdictions -

Canada, Ontario and Toronto - are facing grave unmet challenges in protecting the lives and

health of its young Black men. The scale of the health harms to the city's young Black people

may also be significantly underestimated given the absence of systematic race-based data

collection and an effective ban on race-crime data publication (Wortley & Tanner, 2006;

Owusu-Bempah & Wortley, 2013). Indeed, the problem appears to be quite pervasive if

implications are drawn from the 2006 Toronto Youth Self-Reported Delinquency Survey.

The research findings indicated that approximately 13% of students in grades 6 to 9 were

involved in violence over the past year implying a large pool of risk (Wortley & Tanner,

2006; Owusu-Bempah & Wortley, 2013).

As is the case globally, Black youth inter-violence in Toronto is seldom analyzed or addressed as a problem of health equity and systemic racism, but rather as a criminal or socioeconomic problem (Elkaim, 2012; Grant & Robinson, 2012; McMurtry & Curling, 2008). The causes, challenges, and harms of violence are usually analyzed as criminal justice issues (Elkaim, 2012; Grant & Robinson, 2012; McMurtry & Curling, 2008). Research to determine what decision-makers might do to prevent this disturbing trend is rare. To date, most research about racialized violence has been descriptive and very few studies have considered comprehensive anti-racism interventions to address the issue (Snider et al., 2010; Snider & Lee, 2007, 2009). So far, sociocultural, economic, as well as risk and protective factors have been the main focus of research in the field. The strong association of risk and protective factors with racial discrimination should place anti-racism at the centre of strategic intervention design.

The persistence and growth of the racialized violence problem implies a degree of public policy failure; perhaps due to ignoring the role of systemic racism in fueling this phenomenon. Additional evidence of a systemic anti-Black racism problem is the disproportionate high proportions of Black people that are incarcerated in Ontario and Canada: for example, from 2010 to 2011, 9.12% of the prison population was Black, even though Black people represented some 2.2% of the total Canadian population. [1] This proportion has been increasing at an alarming rate, as less than 6% of the federal prison population was Black a decade ago.[2] The majority of Black federal inmates incarcerated in Ontario are predominantly young men under the age of 30 who have been convicted of

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[1] Office of the Correctional Investigator, (2013).
[2] Office of the Correctional Investigator, (2013).

Schedule I violent offences, including assault, domestic violence, and sexual abuse (Correctional Services Canada, 2013). The huge health burden created by violence is therefore compounded by the inevitable socioeconomic consequences of incarceration for a significant segment of Canada's Black male population.

1.2 OUTLINE

The first manuscript (Chapter 2) begins with a question posed in the Canadian Journal of Public Health. Why does the public continue to rely upon criminogenic framing, which blamed the victim and held individuals and communities responsible for violent interpersonal behaviour patterns, when the phenomenon has persisted for almost three decades? This manuscript explores whether, and how, the cumulative effects of intersecting social inequalities are shaping the disproportionate Black male involvement in homicide victimization (Galabuzi, 2005; Link & Hatzenbuehler, 2016; Loury, 2003; Unnever & Gabbidon, 2011). It proposes public health, especially harm reduction strategies, as the appropriate response to the intersectional harms caused by concentrated poverty, over-scrutiny, and self-stigmatization. It provides evidence of policy and programmatic impact on this particular phenomenon in other jurisdictions. It suggests that a public health framework based on anti-racism principles and the social determinants of health is a plausible and practical policy alternative for decision-making.

A theoretical framework (Chapter 3) follows this introductory manuscript. The five main criminological explanations for Black homicide victimization are interrogated from a

Critical Race Theory (CRT)[3] perspective, namely, Social Disorganization Theory, Social Control Theory, Strain Theory, Social Learning Theory and Routine Activity Theory. Crucial gaps are shown in how criminologists account for systemic racism. Systemic racism is also shown to influence key social determinants of health, particularly education, employment and income, which reportedly have a longstanding association with the inequity of disproportionate rates of Black mortality in North America. The theoretical framework also reveals insights gained from incorporating social determinants of health and stigma perspectives. CRT proves to be especially relevant to a meaningful analysis of the criminological perspectives: first, in recognizing the obvious racialization of the phenomenon of gun homicide victimization; second, in analyzing how public racial stigma and stereotyping inform the behaviour of the main characters involved in the violence, including police, educators, media, and the young Black men themselves; and third, in understanding how the intersectional oppressions, in relation to neighbourhood/place, race, income, and age, place the young, low income Black male resident at inordinate risk.

The literature review (Chapter 4) is the second manuscript under consideration. CRT concepts are applied to contemporary analyses of Toronto gun violence in order to gain insight into the representational strategies within the discourse, and decision makers' reluctance to frame the violence as a public health issue.

The third manuscript (Chapter 5) elaborates key elements of structural violence[4] experienced by members of Toronto's Black communities. It highlights the major role

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[3] See Chapters 3 and 4 for in-depth analysis and discussion of Critical Race Theory.

[4] Circumstances in which adequate housing and security are deprived and exclusion from basic services is allowed have been characterized as forms of "structural violence" that serve as push factors (Galtung, 1991). In turn, such structural circumstances have been associated with "reactive violence," such as burglaries, murders, rape, sexual and child abuse, drug trafficking, and gang related activities that occur with and without the use of weapons (Winton, 2004). In the case of Toronto, the culmination of both forms of violence has been the unjust exposure of poor young

played by the "War on Drugs" in damaging social organization and stability within Toronto's diverse Black communities. The fourth manuscript (Chapter 6) considers the lingering consequences of the "War on Drugs" for Toronto's Black communities impacted by violence, proposing a harm reduction approach going forward. Efforts to intervene in the lives of high risk young men with meaningful educational, income and parenting support, as well as antiviolence options, can still make significant differences -- especially when accompanied by efforts to reduce the harmful systemic racism to which they are exposed. The fifth manuscript (Chapter 7) presents the evidence base for the current public health framing resulting in anti-poverty and antiracist policy and programs. It documents and analyzes patterns of Black homicide victimization over a recent 11-year period (2004–2014).

The sixth and final manuscript (Chapter 8) analyzes racial stigmatization of Black persons rooted in the media's systemic fueling of public fears, and the criminal justice system's use of pre-emptive punishments against a perceived Black male threat to public safety. Self-stigmatization is explored as a proximal influence on patterns of lateral violence. The anti-racist potential of Afrocentric frameworks for strengthening self-knowledge and developing alternative narratives and social skills to better cope with public stigmatization is elaborated.

The dissertation ends with an integrated conclusion, including a set of recommendations for future study, providing both general and specific conclusions based on the findings of the six manuscripts (Chapter 9).

Black men to very precarious situations in which they can be both victims and perpetrators of violence. It may well be that mental health distress, as a result of social isolation, is fueling the violence. In such sequelae, these health inequities would represent "biological expressions of race relations" (Krieger, 2005).

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TRANSITIONAL CONTENT

Transitional content(s) are designed to bridge the key sections. References for these sections are contained in the final bibliography. The first manuscript emerged from a striking realization. Despite extensive documentation of the potential association of poverty, social exclusion, and racial profiling practices with the higher rates of violence among young Black males (OHRC, 2003; Tanovich, 2006; Wortley & Owusu-Bempah, 2011; Wortley & Tanner, 2004), there remains a distinct dearth of Canadian research about the phenomenon of Black homicide victimization. Local public health and health equity scholarship was largely silent about core health determinants and intersectional issues driving this phenomenon; especially concentrated poverty, racial stigmatization and profiling, neighbourhood isolation, over-policing and zero tolerance policies (Khenti, 2013). This paper initiates a discussion about the increased rates of interpersonal violence and racialized victimization. It raises concern for public health considerations in proposing that the pattern of victimization is related to racial stigmatization, and related determinants of health, that amplify psychological distress (Mosher, 1998; OHRC, 2003; Smith, Allen, & Danley, 2007). Furthermore, the commentary calls upon public health scientists to prioritize research about violence and homicide among young Black men in Toronto.

This manuscript attempts to focus public attention upon the high homicide rates among young Black men in Toronto, Ontario. It is designed to draw public health academic attention to the implicit policy biases that drive these patterns. The paper highlights research that suggests that homicide among this population is a consequence of income inequality, poverty, poor quality of life, mental health risks, and sustained racism. It draws attention to the implicit relationship between disproportionate Black low-income urbanization in Canada

and the policies that impoverish public housing, and identifies the government policies that have exacerbated the shift in class composition of particular Black urban neighbourhoods. The chapter also suggests that the dismantling of employment equity and anti-racism efforts allowed for racial stigmatization[5] to thrive, thereby directly and indirectly reducing the social capital and resiliencies that had enabled Black communities to cope with historic patterns of racism. Finally, it concludes that neoliberal policies, which favour the markets and promote the assumption that societies are composed of autonomous individuals (Coburn, 2000), may have undermined racialized communities.

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[5] Racial stigmatization is a process of social representation that effectively justifies racializing practices (e.g., carding) through references to liberal egalitarianism, especially fairness and equality, before the law (Tator & Henry, 2006). Although the concept has primarily been associated with mental illness, stigmatization can emerge in all sectors of society (especially education, social welfare, criminal justice). Neighbourhoods with large populations of low-income Black men tend to be stigmatized by the media as crime-ridden communities with problems related to gangs, drugs, and guns. These representations serve to legitimize more intrusive policing within such communities; not just in the streets but in schools and public facilities as well.

CHAPTER 2

HOMICIDE AMONG YOUNG BLACK MEN IN TORONTO: AN UNRECOGNIZED PUBLIC HEALTH CRISIS?[6]

Akwatu A. Khenti.

2.1 ABSTRACT

This commentary addresses the high homicide rates among young Black men in Toronto, Ontario. It posits that homicide among this population is an unrecognized major public health crisis that should be a priority for the field. The author suggests that the dramatic rate of Black homicides in Toronto is a consequence of income inequality, poverty, poor quality of life, mental health risks, and sustained racism. The commentary calls upon public health scientists to prioritize research about violence and homicide among young Black men in Toronto. It suggests that current and future policy making would be better served by their enquiries into the nature and causes of the persisting dilemma.

Key Words: homicide; race relations; violence

La traduction du résumé se trouve à la fin de l'article.

INTRODUCTION

Could the disproportionate gang involvement of African Canadian male youth signify that Canadian society is grossly failing this segment of the population? How else can we account for estimates that the largest percentage of youth gang members in Canada are Black when they remain a small proportion of the Canadian population (NCPC, 2007)? More troubling still are the ages of the gang members. The National Crime Prevention Centre (NCPC) reported that 48% of gang members in Canada are below the age of 18, with 39% of them falling between the ages of 16-18 (NCPC, 2007). Such demographics portend a wide range of future problems for this at-risk population.

The risk of homicide draws attention to the broader mental and public health problems among poor young Black people in Toronto. Between 1992 and 2003, young Blacks were estimated to account for some 30% of murder victims and approximately 36% of offenders in Toronto area homicides (Bania, 2009). Yet, during this time, Blacks represented less than 10% of Toronto's population (Bania, 2009). According to Galabuzi (2009), the murder rate among this population in Toronto was more than quadruple that of non-Blacks, having risen from a stable 2.4 per 100,000 during the 1990s to 10.1 per 100,000 by 2004 (Galabuzi, 2009). The disproportion is even more striking given a steady overall decline in violent crime rates during this period (CCJS, 2012).

The persistent rate of violence among young Black men has elicited a fair amount of criminological analyses but little public health research (Bania, 2009; Gartner & Thompson, 2004; Wortley & Tanner, 2003). Indeed, the tentative effort of the McMurtry and Curling report on youth violence to frame the issue in terms of public health was notable for its exceptional status (McMurtry & Curling, 2008). The limited availability of Canadian

public health research, and policy recommendations, may partly explain why public policy and spending consistently focuses on hiring more police officers, and on instituting a "tough on crime" approach, rather than comprehensive intersectional health interventions (McMurtry & Curling, 2008).

Although many public commentators assume that the ongoing violence is the product of turf wars between gangs, illegal guns, and conditions in vulnerable neighbourhoods (McMurtry & Curling, 2008), such violence may be associated with child maltreatment (including childhood abuse and neglect), household anti-social behaviour (e.g., binge drinking), and stressful life events (Van Dorn et al., 2012). The highest risk of violence may well be found among those with co-morbid mental illness and substance use disorders (Van Dorn et al., 2012). An intersection of health determinants, particularly racialized status, racism-induced stress, and intensified poverty, may be generating and/or sustaining the high incidence rate of Black homicide in Toronto.

2.2 POTENTIAL SOURCES OF THE CRISIS

The public health perspective is supported by variables linking crime to social isolation, persistent high unemployment, and concentrated poverty (Shihadeh & Flynn, 1996). This line of research suggests that people's understanding of their labour and life situations shape how they respond to high levels of unemployment and poverty. These interpretations are contingent on what people believe causes their poverty and unemployment and the actual duration of these conditions (Baron & Hartnajel, 1997). It would not be a stretch to imagine an interpretation of unjust marginalization and oppression drawn from limited employment prospects. During the period 1971 to 2001, the overall

unemployment rate for Toronto youth (15–24 yrs.) was estimated to be 19.6% compared with a rate of 38% for African and Black youth (Ornstein, 2006). According to Ornstein (2006, p.78):

> Growing up poor…can be linked to poor health, lower school performance, lower pay and unemployment as adults. With the high incidence of poverty in immigrant and racialized communities, the entire community would feel the impact of extreme disadvantage

2.3 EXPERIENCING CONCENTRATED POVERTY

According to the McGill Consortium for Ethnicity and Strategic Social Planning (MCESSP), "four out of 10 Black children in Canada lived below the poverty line in 1991—a figure twice that of the Canadian population in general" (Torczyner, 2003, p.32). With 160,000 Black people (31.5% of the Black population) living in poverty during the 1990s, significant numbers of Black youth undoubtedly experienced adolescence as a period of social isolation (Torczyner, 2003).

Their perceptions of living socially unjust lives could have been engendered by experiences of concentrated poverty in highly vulnerable neighbourhoods. A reality of racialized poverty would be apparent from their neighbours' predominant racial profile (Ornstein, 2006). Robert Murdie's 1971-1991 study of housing policy and poverty confirmed the large number of poor Caribbean-born Blacks living in public housing residences and the stigma they faced (Murdie, 1994). Such stigma, coupled with persistent racial profiling common to such communities, could have fuelled a widely accepted sense of social injustice (McMurtry & Curling, 2008).

2.4 OVER-POLICED AND UNDER-SUPPORTED

Experiencing persistent discrimination, especially over-policing and expressions of hate, would have exacerbated the distress of young Blacks living in Toronto. In response to a newspaper poll conducted in 2000, 62% of Black Torontonians reported that they experienced racism; 35% reported that their children had been victims of verbal abuse; and 10% reported that their children had experienced physical abuse (Toronto Star, 2000). Race[7] was the dominant factor in the majority of hate incidents taking place in Toronto during the 1990s, with Black people being the most victimized (Toronto Star, 2000).

Contact with the criminal justice system may have reinforced these young people's perception of social injustice. According to Wortley's 1994 study, 28.1% of African Canadians reported being stopped by police, compared with 18.2% Whites, and 14.6% Chinese (Wortley, 1997). Such inequities grew as the period expanded. Also, 42.7% African-Canadian males reported being stopped by police in the previous two years, compared with 22.1% of Whites and Asians (Wortley, 1997). Wortley and Tanner would later observe that "Black people who are frequently stopped and questioned by the police

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[7] Race is a social construct that involves hierarchical categorizing of persons based on phenotypical characteristics. Physical features associated with Europeans (especially White skin, straight blonde hair, thin nose and lips) are considered signs of intellectual, moral, and aesthetic superiority. By contrast, features associated with Africans (dark Brown or Black skin, frizzy or nappy hair, flat nose and thick lips) are socially perceived as signs of intellectual, moral, and aesthetic inferiority. Such ideas became embedded in Canadian and Western culture because of efforts to rationalize the enslavement of Africans across the Western World. Through false assertions and evidence proffered by 19th to early 20th century pseudo-science, racial stigmas influenced cultural norms and values.

Racism, especially systemic racism, refers to either explicit or implicit expression and/or application of disparaging ideas, attitudes and actions (including institutional policies and practices) so as to create and/or reinforce the social inequality of members of particular racialized groups. Systemic racism underpins racializing experiences for racialized people without obvious commitment to racial superiority by members of the dominant group; it engenders disparate social outcomes across societal sectors such as education and criminal justice (Khenti, 1994; Drake, 2001).

perceive much higher levels of discrimination in the Canadian criminal justice system than blacks who have not been stopped…. being stopped by the police does not appear to increase perceptions of injustice for whites or Asians" (Wortley & Tanner, 2003, p. 388). Indeed, about 58% of Black respondents, as compared with 36% of Whites, expressed the view that judges do not treat Black people in the same way as they do Whites (Wortley & Tanner, 2003, p. 388). They were not alone in this view. One report found that 40% of defence counsel and 33% of judges surveyed perceived differential treatment of White versus Black accused in the criminal justice system (Commission on Systemic Racism, 1995).

A sense of precarious living, another potential impetus for distress, might have emerged from violent encounters, bullying, and criminal victimization. Some studies suggest that at-risk young people in the situations just described are more likely to be victimized. Notably, people in low-income households (i.e., ≤$15,000 income per year) are at greater risk of being victims of violent crimes than people in higher-income categories (Williams & Rivera, 2007).

2.5 NEGATIVE EDUCATIONAL EXPERIENCES

The perception of limited opportunities in mainstream life, another potential impetus for distress, could have been fuelled by the common tendency of educational institutions within such communities to stream Black students. Education remains a crucial determinant of quality of life and many Black students in vulnerable communities could have been distressed by their experiences. They might have experienced bullying, limited access to academic options, lower teacher expectations about their intellectual capabilities, and a wide range of stereotypes regarding the proper roles of Blacks in society as athletes

and entertainers. They might also have lost any expectation of social justice on account of experiences as targets of zero tolerance policies (McMurtry & Curling, 2008).

2.6 IDENTITY CONFUSION

The fact that during the 1990s one in four African Canadian children grew up in homes without Black adult role models is cause for concern. It points to major identity challenges for these young people (Torczyner, 2003). This lack of Black role models, amid circumstances of external indifference, could well fuel perceptions of a hopeless situation and serve as a source of tremendous distress. The resonance of powerful gangster images, fed by the media, coupled with the need to command respect from peers, would no doubt have posed deep challenges to masculine and racial identities; especially given the lack of positive, Black male figures in the lives of many Black children (McMurtry & Curling, 2008).

2.7 CONCLUSION

Given the range of assumptions and interpretations of Black life and living conditions in Canada, it would seem a small victory if readers came to understand the high African Canadian homicide rate as a direct outcome of racial discrimination in Canada. The prominent discourse on Black homicide rates continues to misinterpret the root causes of the problem, mistakenly focusing on ideas of inherent deviance and criminality, rather than preventable causes and the public health options for effective violence reduction.

Primary health care centres (PHCs) serving at-risk Black youth and their families may be able to reduce the incidence of violent injuries and deaths as well as the magnitude of violent episodes and associated harm. PHCs, in coordination with other organizations, could also deliver complementary parenting and family education and supports (Feder et al., 2011; Borowsky et al., 2004). The limited primary care evidence suggests that such interventions can reduce risks and harms associated with violence and can enhance protective factors (Borowsky et al., 2004). Psychosocial screening, and the provision of parenting education resources, for example, can reduce violent outcomes among youth (Borowsky et al., 2004). PHCs may thus be well suited to deliver interventions to at-risk Black youth with co-morbid mental illness and substance use disorders as well as a history of child maltreatment. Greater public support for such efforts may well follow emergent public health initiatives to understand the needs and perspectives of the young people at the heart of this ongoing crisis.

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2.9 RÉSUMÉ

Notre commentaire porte sur les taux élevés d'homicides chez les jeunes hommes noirs à Toronto (Ontario). Nous posons que les homicides dans cette population sont une crise de santé publique majeure non reconnue qui devrait être abordée en priorité. Nous pensons que le taux vertigineux d'homicide dans la population noire de Toronto est la conséquence de l'inégalité des revenus, de la pauvreté, de la mauvaise qualité de vie, des risques pour la santé mentale et du racisme qui perdure. Nous invitons les scientifiques en santé publique à accorder la priorité à la recherche sur la violence et les homicides chez les jeunes hommes noirs à Toronto. La formulation des politiques actuelles et futures serait mieux servie par des enquêtes sur la nature et les causes de ce dilemme persistant.

Mots Clés: homicide; relations interraciales; violence

TRANSITIONAL CONTENT

There is currently little Canadian evidence demonstrating a direct causal relationship between neighbourhood poverty, racism, and negative Black health and mortality impacts. One key reason could be the lack of comprehensive data on perceived racial discrimination in Canadian data sets (StatsCan, 2014). A second significant factor could well be the difficulty in measuring systemic discrimination on several levels -- especially individual, institutional, and structural levels (Chakraborty, King, Leavey & McKenzie, 2011). A third potential explanation could be reluctance on the part of research participants to report experiences of discrimination (Maher & Dixon, 1999). Victims of racism may simply not want to replicate, or revisit, experiences of subtle forms of racism known as micro- and meso-aggressions. These have also proven difficult to measure (Sue et al., 2007). Finally, decision makers and policy leaders may simply be unaware of the intersectionality of racism and discrimination due to intersections of discrimination based on race, gender, class, age, religion, language, citizenship, sexual orientation and disability (Hankivsky & Christoffersen, 2008). Notably, the mere perception of racial profiling has been shown to be damaging, as it leads to the internalization of feelings of suspicion and criminality which may result in isolation and negative affect (Weitzer & Tuch, 2002; Wilson, Dunham, & Alpert, 2004).

The following chapter draws Critical Race Theory (CRT) insights from an analysis of relevant criminological theories -- especially social disorganization theory, strain theory, social control theory, routine activity theory and social learning theory. These theories are usually relied upon to explain similar racialized gun violence within urban settings of the United States of America (USA). The framework provides logical pathways that explain

how strong associations occur in relationship between neighbourhood poverty, racism, and negative Black health impacts.[8] The CRT framework brings with it a lens that is very skeptical of expressed societal neutrality and decision-makers' objectivity on issues of race (Abrams & Moio, 2009). Race is given a central role in CRT analysis because of the recognition that racializing structural inequalities were built into Canadian society, and racial disparities in education, child welfare, criminal justice and homicide victimization, cannot be due to any biological or physical differences (Higginbotham & Andersen, 2012). One therefore, has to deconstruct the "racial" experiences that underpin any apparent racialized phenomenon in order to appreciate the social-structural causes and consequences that are its source (Khenti, 2014). The next chapter elaborates the historic and ongoing roles of the

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[8] Racism is associated with physical health problems and substance abuse (Karlsen & Nazroo, 2002; Ontario Human Rights Commission, 2003; Taylor & Jackson, 1990; Taylor, Henderson, & Jackson, 1991). Landrine and Klonoff (1996) found a 17.6% change in somatic symptoms such as headaches, back pains, and neck injuries accounted for due to experience with racism encountered by African Americans in the preceding year. This finding had been supported by other researchers who examined the complex relationship between race, social economic status, and health, comparing African Americans with Whites (Williams, 2006; Williams, Yu, Jackson, & Anderson, 1997). Studies on African American males have also associated racial profiling with psychological distress. For instance, Rivera (2008, p.8) found that individuals subjected to racial profiling experience "fear, anxiety, humiliation, anger, resentment, and cynicism."

Symptoms of depression and anxiety are known to be potent consequences of racial discrimination. Karlsen et al. (2005) demonstrated the detrimental relationship between mental illness and experiences of verbal abuse, physical assault, workplace discrimination, and perceptions of racism in British society among Caribbean, Indian, Pakistani, Bangladeshi, and even White Irish ethnic minorities. McKenzie (2004) found that stronger experiences of racism had worse effects on psychological well-being. Hunte et al. (2013) also found very strong direct causal links between discrimination and depressive symptoms, even after controlling for personality characteristics (hostility, anger, repression, pessimism, and self-esteem) that could confound the relationship. Burt et al. (2012) focused specifically on how Black male adolescents were affected by depression and how this may lead to violence, and demonstrated that depression can increase impatience, irritability, and self-absorption, while simultaneously reducing self-regulation, inhibitions, and empathy.

With concerted and deliberate action focused on the socioeconomic rules and political powers that generate and sustain social exclusion, Canadians can bring an end to the toxic environments that are producing such significant health inequities among poor Black Canadians (Galabuzi, 2004). The Canadian government is ultimately responsible for improving the societal conditions that marginalize so many young Black men (ACLC, 2002). Article 2.2 of the Covenant on the Elimination of all Forms of Racial Discrimination states that, "when the circumstances so warrant, to take, in the social economic, cultural and other fields, special and concrete measures to ensure the adequate development and protection of certain racial groups or individuals belonging to them, for the purpose of guaranteeing them the full and equal enjoyment of human rights and fundamental freedoms" (ACLC, 2006: 9).

media, education, and criminal justice system in constructing and sustaining racialized gun

violence among poor young Black men (Ezeonu, 2005, 2006).

CHAPTER 3

THEORETICAL FRAMEWORK

3.1 CONTEXTUALIZING CRIMINOLOGICAL EXPLANATIONS

The racialization[9] of gun violence in Toronto raises questions about how socially

constructed differences consistently lead to racially stratified violence and patterns of

victimization. The dominant narrative of guns, gangs, and drugs remains difficult to assess,

or to contradict, given the deliberate dearth of race-related statistics on the specific nature of

many acts of gun violence associated with young Black males (Owusu-Bempah, 2014). The

proposed exigency of Critical Race Theory (CRT) as a framework for analysis is based on

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[9] The terms racialized, Black, and African Canadian are used interchangeably throughout this paper. This usage reflects the reality of diverse opinions on the appropriate nomenclature for Canadians of African and Caribbean descent. Furthermore, the interchangeable usage also stems from the recognition that while the term African Canadian links Black human beings to proper geographical origins, the term Black reflects a popular historical struggle for self-naming—as opposed to being named by others, as was the case with the term Negro. Because race is recognized as a social construct, created during an earlier historic period to justify socioeconomic and cultural practices of oppression related to slavery and colonization within North America, the term racialization is used to convey its profoundly social nature as a category (Aylward, 1999). Given the historic continuum of Black experiences in the West, the paper utilizes an articulation of health that builds on the widely recognized WHO definition, in analyzing a Black American experience common to both the US and Canada. This latter definition encompassed psychological, economic, environmental, and spiritual variables directly associated with specific health outcomes. It also references key racialized social determinants: income, education, employment, and access to health resources and services (WHO, 2002). Black scholars, relating the WHO concept to the racialized experiences of slavery and second-class citizenship in North America, consider health as referring to a sense of well-being buttressed by freedom from the risk of disease and excess death. Among health's key attributes considered as priorities are anatomical integrity; an ability to fulfill major family, work, and community obligations and duties; as well as the ability to cope with life's various stressors (Braithwaite et al., 2009).

The WHO has also confirmed interpersonal violence, including child abuse, youth violence, and sexual violence, as the source of tremendous health harms worldwide (Krug et al., 2002). The WHO recognizes such violence as a source of huge health burdens and one of the leading causes of death among young people worldwide. The range of health consequences include higher risks of physical injury as well as greater propensities for high-risk behaviours and conditions, including depression, alcohol, and drug abuse (WHO, 2010). Globally, an estimated 430 young people, aged 10 to 24 years, die every day as a result of interpersonal violence (Gorman, Zhu & Horel, 2005; WHO, 2011).

its position that such racialized results (such as socially ascribed 'Black' attitudes and behaviours) are created through social and institutional constructs, rather than biological and physiological characteristics of certain groups (Aylward, 1999; Higginbotham, 2013).

In terms of research paradigms, CRT-informed inquiry is aligned with Critical Social Theory. This alignment is articulated in recognition of power imbalances, and in the effort to empower those persons and communities being researched through "dialogic and dialectical methodology" (Cresswell, 2007, p. 27). Both researchers, and the researched, strive to understand the power dynamics underlying patterns of a racialized phenomenon. This is an orientation that guides the current research. According to Kincheloe and Mclaren (2003), "A critical social theory is concerned in particular with issues of power and justice and the ways that the economy, matters of race, class and gender, ideologies, discourses, education, religion and other social institutions, and cultural dynamic interact to construct a social system" (p. 436). The knowledge, attitudes, and institutional responses to Black gun homicide constitute such a system.

3.1.1 The importance of Critical Race Theory

CRT emphasizes historical and structural processes, especially laws and policies, as the underpinning of inequitable contemporary experiences and phenomena (Aylward, 1999). This framework recognizes a deep embedding of racial oppression within societal institutions, systems, traditions, values, and practices. CRT-based research thus strives to discern the cumulative impact that longstanding social forces have on members of racialized groups -- from thought processes through to attitudes and behaviours (Abrams & Moio, 2009; Closson, 2010). The primary focus of the discussion that follows is on aspects of Black

enslavement in Canada, and the longstanding inequities in criminal justice and socio-economic opportunities that ensued. The specific dehumanizing features of certain current anti-Black stereotypes, especially with respect to morality, intelligence, and criminality, are shown to have deep roots in Canadian social structures (Aylward, 1999; Pieters, 2003).

3.1.2 The role of history

The concept of "historical race," according to critical race theorist Alex Johnson, "focus [es] on how the racial groups' history affects current issues" (1994, p. 838). Strikingly, for most of its history, Canadian courts did not consider cases of racial discrimination on the grounds that such actions were, in fact, legally permissible; racial inferiority had tremendous salience (Aylward, 1999; Walker, 1981). In the 17th century, New France (later Upper Canada) established legal precedents designed for racial control based on assumptions about intrinsic intellectual and moral deficiencies of Blacks, as well as their perceived menace to society. These views were publically accepted ideas for several hundred years (Winks, 1997). Before and after slavery's official end in all British colonies in 1834, including Canada, public attitudes compelled Blacks to attend separate schools and live in separate communities. Many were excluded from public restaurants and theatres (Walker, 1981; Winks, 1997). When faced with discrimination, Blacks had no legal recourse because anti-Black discrimination was not illegal (Aylward, 1999).

Damaging characterizations of Black people emerged during Canada's slave period (Walker, 1981). The insidious legacy of historical assumptions about "Blackness" is rooted

in implicit denial of full humanity to Black people and the social exclusion[10] that resulted

from such views (Goff et al., 2008; Haslan et al., 2008). Dehumanized groups are often

characterized as more animalistic than the group of reference, with deficits in refinement,

civility, morality, self-control, and cognition (Goff et al., 2008; Haslan et al., 2008). One of

the most dehumanizing characterizations has been the depictions of Black people, especially

men, as anti-social violent criminals. In 1849, the Toronto Globe published statistics

demonstrating that Black people did not commit more crimes than White people in order to

address the public claims of a magistrate, Robert Lachlan, that "1,600 blacks commit more

crime than 16,000 whites" (Walker, 1981, p. 79). More than 150 years later, such assertions

persist (Ezeonu, 2005).   Historical analyses confirm the deep structural roots of public

stigma, particularly the stereotypical assumptions that often inform the narratives of

journalists, educators, and police. The following section further illustrates how historic ideas

influence the way Black people are mis-perceived and mistreated by mainstream media,

school board zero tolerance policies and the criminal justice system.

3.1.3 Deconstructing media, education, and criminal justice

Dominant narratives from the media, education, and the criminal justice system

continue to provide perspectives on racialized phenomenon that exclude the lived

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[10] Social exclusion involves society's relations with particular communities, the individual's connection to society, and especially subjective factors related to a particular person's lived experience (Unnever & Gabbidon, 2011). According to Beall (2002), social exclusion involves dynamic relational and institutional forces that serve to include some segments of the population and omit others, promoting a polarized community. The increasing income disparity within and between neighbourhoods in Toronto may play a particularly strong role in the social exclusion of racialized communities (Hulchanski, 2010). The most marginalized Black group in Toronto—poor, young, Black men—appear to be socially excluded from a multitude of opportunities by a variety of factors at the same time. It is the compounding and overlapping of economic, political, and social risk factors that underlie this unjust pattern of homicide victimization (De Haan, 2000). As a result, the lives of poor Black men have been effectively devalued and removed from the type of popular opinion that would warrant deliberate preventive actions by decision makers and political leaders.

experiences and/or narratives of racialized participants; such is particularly the case with gun violence (Ezeonu, 2005). The absence of these voices precludes insights that are meaningful and balanced, and fuels racialized stigma (Coello, Casanas, & Rocco, 2004). According to Lopez (2000), race is derived from "human forces" rather than "abstract forces," and its construction involves "racial fabrication" rather than any real, authentic process. In applying CRT to deconstruct dominant framing of Toronto's Black gun homicide patterns, one can dissect the nature of interactions between diverse social, economic, and historic forces, and how they intersect to produce racialized results. The educational sector is a case in point.

Following the end of slavery, many Blacks in Ontario were not afforded either an educational or vocational path to professional employment because discrimination was institutionalized within these sectors (Walker, 1981; Winks, 1997). Access to integrated public schools were eroded in parts of Ontario as advocates for segregated education characterized Blacks as deficient in morality and intelligence and gained provincial support for setting up such a system (Winks, 1997). During the 19th and 20th centuries (both before and after Confederation in 1867), racial stereotypes informed and shaped Canada's restrictive anti-Black immigration policies, as well as legal support for educational segregation, and residential and housing discrimination toward Black citizens (Aylward, 1999; Walker, 1981; Winks, 1997).

Such stereotypes would shape the implementation of the Ontario Safe Schools Act, introduced in 2000 by the Conservative provincial government to address fears about youth violence (James, 2012). According to Ruck and Wortley (2002), Toronto's racialized students, especially Black learners, were subsequently more likely to be disciplined at school

than their White peers. The ratio of Black youth being expelled or suspended reached alarming proportions. By 2007, one in seven Black Grade 7 and 8 students, and one in five high-school students, reported having been suspended (Rankin & Winsa, 2013). Rankin and Winsa (2013) revealed that Black students in the Toronto District School Board (TDSB) were three times more likely to be suspended than their White counterparts. Despite constituting just 12% of TDSB high school students, Black youth continued to account for more than 31% of all suspensions. In contrast, White students made up nearly one-third of the entire student body and accounted for only 29% of suspensions (Rankin, Rushowy, & Brown, 2013). Although contemporary Black students are not living with levels of segregation experienced by their ancestors, they are certainly experiencing segregating practices not experienced by their non-Black peers.

CRT predicts the excessive application of the zero-tolerance school disciplinary policies to Black or racialized students based on historic perceptions of race, class, culture, or socioeconomic factors (Rankin & Winsa, 2009). Application of CRT ably sheds light on the myth of the dominant narrative of mainstream education as being designed to educate and protect the safety of all. It also reveals a bias of racialized, school-based practices that has led to loss of school connectedness for many generations of Black students. School connectedness refers to the bonds or attachments that learners form with their institutions. Such bonds generally constitute a protective factor for students of diverse cultural and socio-economic backgrounds; they also significantly reduce risks of violence involvement. The erosion of Black school connectedness through preventable systemic racism appear to diminish the human right to an education for innumerable Black youth, especially poor Black male adolescents (Bhattacharjee, 2003).

Racial stereotyping and racial profiling feature so prominently in the lives of racialized individuals, that CRT is often considered by Black scholars as a common-sense approach to addressing this issue (Aylward, 1999). Its relevance is augmented, for instance, by deliberate societal characterizations of Black males as violent, ideas which then serve to justify disproportionate disciplining of students (e.g., school expulsions). Such characterizations also lead to the over-policing of Black communities, police brutality, disparities in sentencing, as well as failure to implement equitable policies to address disparities in employment, economics, and education (African Canadian Legal Clinic, 2012).

The media's racialization of "criminal behaviour" has a longstanding tradition in Canadian society. Garland (1996) described the representation of criminals as the "Other," distinct from the dominant White "Us" in terms of values and work ethics. Esses and Medianu (2013) recently provided evidence demonstrating the dehumanizing impact of media portrayals of immigrants and refugees as potential sources of disease, a drain on the social system, and even potential terrorists, as well as how these portrayals contribute to the related lack of public empathy and support for them from the general public.

CRT effectively situates the framing of Black gun homicide involvement and victimization in Toronto within Canada's long history of racializing narratives of crime. It lends context to selective media references that sometimes create or escalate moral panic, depending on the racial identity of the victim. A young White victim is typically characterized as innocent and undeserving of the violent victimization; in contrast, a typical Black victim is reputed to be "known to police" and/or characterized as being "guns, gangs, and drugs" involved even when there is no evidence of such associations (O'Grady et al,

2010). CRT draws attention to the contrast in depictions; especially the absence of societal

concern and/or public mourning over the deaths of the generally poor, young Black men.

3.2 THE CRIMINOLOGICAL PERSPECTIVES

American criminological theories related to homicide offending have been

consistently applied to the topic of disproportionate Black homicide victimization over the

past several decades, specifically with respect to Black America (Thompson, 2014). As

Thompson (2014) noted in her case study, many of the explanatory frames for the trends in

Black (especially male) victimization literature present the "Black community" as a

monolithic entity. CRT correctly assumes that anti-Black racial bias operates at all levels of

Canada's socioeconomic and criminal justice system, and contextualizes the criminological

perspectives. It draws attention to the key historical patterns of discrimination that created a

range of systemic barriers that continue to circumscribe Black life in Canada, especially its

poorest urban communities. CRT also provides a well-developed framework for critiquing

the role that law enforcement, particularly local police forces, play in both criminalizing race

and racializing crime by drawing attention to relevant historical contexts and contemporary

racialized contradictions. In doing so, CRT allows for a counter-analysis to dominant de-

racialized narratives on racialized issues including police killing of unarmed Black men

(Aylward, 1999).

In an effort to clarify the extent to which criminological theories explain Toronto's

disproportionate Black homicide mortality rates, this section explores their main theoretical

explanations of such violence: namely, social disorganization theory, strain theory, social

control, and social learning theories. This criminological elaboration also draws attention to

the fundamental role of social inequalities in driving the phenomena above and beyond these theories' key explanatory variables of urbanization, strains, attachment, self-control, parenting, and exposure to negative influences.

3.2.1 Social Disorganization Theory

3.2.1.1 Background

Scholars from the Chicago School of Sociology observed that rapid urbanization was fueling various dimensions of social disorganization (Elliot & Merrill, 1934). Social disorganization theorists considered an increase in crime and violence to be a direct result of intersecting early 20th century migrations of African Americans from southern regions of the US as well as waves of European immigrants to Chicago. The theory emphasized how waves of rural to urban migration and general residential instability had transformed city centres into dangerous places, largely because of greater rates of social disorganization due to their fluctuating populations, ethnic diversities and above average rates of welfare dependency (Shaw & McKay, 1942; Park, 1925). Subsequent analyses incorporated immigration and age demographics into the theoretical framing (Shaw & McKay, 1942; Sampson et al., 1997). According to this theoretical perspective, the primary source of greater Black homicide victimization would be disproportionate demographic presence in highly disadvantaged neighbourhoods characterized by limited collective efficacy (Elliot & Merrill, 1934). The concept of collective efficacy refers to individual and family commitment and involvement in neighbourhood life and wellbeing. It is "social cohesion among neighbours combined with their willingness to intervene on behalf of the common

good" (Sampson, Raudenbush, & Earls, 1997, p. 918). The presence of diminished efficacy is considered to increase Black residents' (or anyone's) risks of homicide victimization.

3.2.1.2 Relevance to Toronto

Toronto, like Canada, has undergone considerable demographic transition within the past three decades, and this rapid pace of changes suggest important applicability of social disorganization theory. The diversity of Black people within Toronto has grown within the past decades as migrants arrived from a wide variety of linguistic, cultural, and religious backgrounds, and with complex immigration histories. Although Black people in Toronto originate primarily in the English-speaking Caribbean (Jamaica and Trinidad and Tobago) and the United States (Butters et al., 2011), many Black Torontonians have roots in other Caribbean and African countries, French, Spanish and Somali speaking (Bailey, Sharma & Jubin, 2013; Lawson, 2012; Lawson, 2014; Siciliano, 2010; Thompson & Gartner, 2014). In Toronto, growing numbers of Black immigrants have also been living in neighbourhoods with increasing poverty, higher proportions of younger people, and above average residential instability over the last three decades (Hulchanski, 2006). Social disorganization theory thus appears to have relevance to the Toronto's Black homicide victimization, especially in light of Thompson's demonstration that residential instability and young age are statistically significant correlates in her analysis of 15 years of homicide victimization in Toronto (1988-2003). Such research still leaves unanswered the key reasons collective efficacy and social cohesion are not lessened to the same degrees in neighbourhoods of White ethnocultural diversity as it appears to be in those with Black immigrant background.

3.2.1.3 Contradictions of social inequality

The key limitation of social disorganization theory may be its inability to fully explain why Black people in Toronto, and elsewhere, experience greater health and mortality risks than Whites at similar socioeconomic statuses and levels (Chae et al., 2015). Indeed, some higher income Blacks, living in less disadvantaged Toronto neighbourhoods, are in fact experiencing homicide victimization risks at rates comparable to some lower income areas (see Appendix A). The disproportionate presence of Blacks in the most disorganized neighbourhoods thus provides only a partial explanation of the homicide risks.

The theory also has particular limitations with respect to immigration risks, which do not appear to pose the same risks in Canada as they do in the USA (Thompson, 2014). Given Canada's greater acceptance of immigrants and social support for integration, this may not be surprising. This difference in policy environment creates challenges for interpreting US-based research and responding to Black victimization in Canada. Furthermore, there is no evidence of heightened violence risks associated with origins in any particular country or region of the world (ibid). What is clear is that racialized social inequality is a crucial health determinant in Canadian analysis.

3.2.2 Social Control Theory

3.2.2.1 Background

The creators of Social Control Theory (SCT) posed questions often raised by recent observers of Toronto's violence: why are some persons with equal risks less criminally

involved and less prone to victimization than others of similar status? Why is there such difference in institutional attachments between members of the same society (Hirschi, 1969)? One of SCT's early theorists, Travis Hirschi, elaborated major factors underlying key decision points: attachment to conventional authority figures such as parents, societally valued goals such as education and career, and conventional norms and values ensuring that individuals would be less likely to rely on violence to solve problems as a means of coping with negative emotions (Hirsch, 1972, p. 69).

Hirschi assumed a universal value system within society and suggested that the level of bonding between persons and institutions would influence their predisposition to commit crimes (Hirschi, 1972). His theory held that predisposition to violence would be equally distributed across demographic groups. Hirschi recognized the unique disadvantages of Blacks but argued nonetheless that disproportionate Black victimization would not be a consequence of anything having to do with race and racism (Hirschi, 1969). Rather, that it would result from much weaker bonds/commitments to institutions and conventions of society.

The theory later expanded from bonds with families, friends, and communities to issues of self-control. According to Gottfredson and Hirschi (1990), deficiencies in supervision constituted a foundational source of poor self-control and subsequent crime; moreover, they contended that "people who lack self-control will tend to be impulsive, insensitive, physical, risk-taking, short-sighted, and nonverbal, and they will tend therefore to engage in criminal and analogous acts" (1990; p. 90). According to this theory, lack of proper monitoring, parental criminality, lone parenting and working mothers contribute to the emergence of low self-control which then translates into impulsive criminal acts

(Gabbidon, 2007). Violent behaviours would thus emerge in a group because of such features in their family and social lives.

3.2.2.2 Relevance to Toronto

SCT is relevant to Black health and mortality inequities in Toronto because it identifies some key consequences of concentrated spatialized poverty and racialization. In Toronto, increasingly larger proportions of Black low-income earners have been living in several neighbourhoods outside the Yonge Street subway corridor and large parts of Scarborough. From 1970–2000, this area of concentrated Black poverty increased by 34% as a result of income inequity (Hulchanski, 2006). It includes disproportionately high numbers of Black youth (aged 15–29 years) without educational certification, institutional employment, or salaried income. Most importantly, this region has been identified in the public mind as having neighbourhoods with high risk for homicide victimization. As a consequence, these areas are highly stigmatized and services, such as education and policing, are rife with greater levels of bias (African Canadian Legal Clinic, 2015).

Trust and attachment to conventional figures and goals could well be eroded among residents in such areas due to their experiences of discrimination related to the low socioeconomic status of their neighbourhood. According to SCT, individuals with attachment to conventional authority figures such as parents, attachment to societally valued goals such as education and career, and attachment to conventional norms and values are less likely to rely on violence as a means of coping with negative emotions or solving problems (Hirsch, 1969). Racism, especially racialized stigmatization pertaining to Black

males and female-led households, could easily undermine the prospects of positive social control.

3.2.2.3 The role of social inequality

Single or lone female parenting is a key concern of this theory and also a major consideration for Toronto. Notably, Black women in Toronto (and Canada) have historically been at the receiving end of both socio-economic marginalization, and paternalistic stigmatization, given systemic forces of racialization that consistently undermined Black men's ability to secure meaningful, well-paying jobs and fulfill traditional male roles expectations akin to dominant White males (Winks, 1970). As a direct consequence, social forces and public stigmas have historically pushed a greater proportion of such women into single-parent family structures; notwithstanding, diverse extended family structures which emerged to sustain Black people through generations of systemic racism. A key factor related to the contemporary intensification of poverty is the particular struggles of female-led single-parent households fuelled by a trend in feminized and precarious employment-driven poverty. A 20-year study (1971–1991) revealed a significant transition from two-parent to single-parent households occurring at the same time of increasing homicide victimization and mortality. This trend was linked with a disproportionate number of poor Caribbean-born Black women whose primary opportunities lay with precarious employment. They also faced tremendous stigmatization regarding their family structures rooted in longstanding pejorative stereotypes about promiscuous Black women/mothers and irresponsible Black men/fathers (Murdie, 1994). Social Control Theory can partially explain the path from dependence on precarious jobs and limited time for parental supervision to

greater violence proclivities in certain neighbourhoods. It may thus clarify important information about scope of low self-control within these settings.

Although social inequality has long been recognized, authors of this theory do not assign a fundamental role to racial stratification as a major driver of patterns of female lone parenthood and its poverty related attributes (Hirschi, 1969). This omission is significant because perceived deficiencies in self-control may actually be rooted in stress-inducing experiences of discrimination by parents, family members, and friends living in stigmatized poverty. Social structures compelling racialized mothers to work more than one precarious job whilst still living below the poverty line with access to limited social welfare supports, may well have undermined the social support networks that are considered so essential to implementing a parenting style that fosters self-control (Murdie, 1994).

SCT is further limited by the lack of recognition accorded to the racialized agency of key institutions that hugely impact Black family life -- especially that of education, criminal justice (the police), and society at large (potential employers). Poor Black female-headed households have contended with disproportionate interventions by authorities such as Children's Aid Society (CAS). Although the evidence is scant, it's clear that a hugely disproportionate number of Black children have been taken into the care of the CAS during the past few decades. At recent count, because of investigations of alleged abuse: 41% of its children in care are Black although such children account for only 8% of Toronto's youth population (Mendhane, 2016). The duration of these children's stay also indicates something about the stigmatizing way their family life is perceived. A CAS survey in 2008 revealed that 45% of Black children taken from their parents were kept for a year or longer whilst only 20% of White and 18% of Asian children had this experience (Contenta, 2015). It may

well be that a great deal of damage to social bonds within Black families results from the pervasive racism facing Black people across the respective domains; CAS interventions seem to be a critical component given the longstanding and overarching nature of these institutions' interventions.

3.2.3 Strain Theory

3.2.3.1 Background

Strain theorists identify a wide variety of strains and stressors that fuel crime and violence. Originally formulated by Robert Merton (1938), this theory was later refined by Robert Agnew (1992) for more contemporary circumstances. The theory suggests that non-conformist behaviour involving greater criminalization and victimization risks is more likely with persons are unable to achieve "culturally defined goals, purposes and interests" through conventional means (1938, p. 672). A disconnect then emerges between aspirations and expectations which engender key strains. On the one hand, societies profess goals, purposes, and interests, as well as acceptable means to attain the benchmarks of success; on the other hand, it does not furnish all sectors of society with equitable access to the prescribed means for attaining socioeconomic success.

When socially accepted means of attaining financial success are unavailable, "strains" are anticipated according to this theory. The strains leads some to a path of "innovation", whereby others characterized as retreatists, pursue alternative means, often illicit, to attain their financial goals. Retreatists are persons who eschew traditional goals and norms in favour of alternative sources of personal identity and validation. They may well eschew all mainstream ambitions and turn to use and trafficking of illicit drugs as the most

realistic income earning option (Merton, 1938, p. 72). Strain theory evolved to include a role for positively and negatively valued stimuli in engendering strains. The proponents suggested that the loss of positive stimuli, including parents, relatives, and friends, etc., may influence some to embrace violence and delinquency. Negative stimuli, broadly speaking, could include child abuse, teacher discrimination, and poor parenting relationship. Such stimuli could lead to violent victimization because individuals may act out in an effort to escape from, avoid, terminate, or alleviate the negative stimuli or associated triggers (Merton, 1992).

3.2.3.2 Relevance to Toronto

According to this theory, Black homicide victimization could be explained by the greater likelihood of poor Toronto Black residents facing a multitude of pressures – namely, economic, familial, community, and discrimination (Kaufman et al., 2008). Disadvantaged Black individuals face intersecting and compounded strains that diminish resiliency tend increases their risks. This argument is supported by the high rates of risk in the most disadvantaged neighbourhoods (Sampson, 2012).

Strain theory recognizes that Black individuals and communities face barriers related to racism that White persons of similar socioeconomic status did not encounter (1938). Prejudice and discrimination were seen to affect social control through the diminution of individuals' attachments and commitment to institutions with which such experiences occurred (Agnew, 2001). Kaufman et al. (2008) highlighted the potential consequences of intersectionality in perpetuating violence among Blacks. They noted that

additional buens of both economic and social strains, coupled with far fewer resources due to gender and/or sexuality and/or ability made for combustible circumstances.

3.2.3.3 Role of social inequality

Although Agnew (2001) recognized the cultural limits of strain theory in application to diverse racial and ethnic groups, he did not endorse the dominant role for racialized social inequalities as historic and persistent sources of strain. These causes received secondary consideration even though racism has been a primary feature of socially constructed Blackness from the very inception of the contemporary Black experience. Indeed, White persons do not have similar risks to Blacks at similar income levels precisely because racism is not a core feature of the White experience; on the contrary, systemic racism confers protective factors on those socially constructed as 'White people' (Levitt, 1999). Black persons with fewer socioeconomic strains also tend to sustain higher risks in comparison with Whites and Latinos at similar income levels (Patillo-McCoy, 1999). One potential explanation is that upward mobility does not protect Blacks from risks related to highly disadvantaged racialized communities. They continue to experience racial discrimination as well as face greater risks from living much closer than White peers of similar income levels to higher risk communities (with dilapidated housing, high rates of social disorganization etc.) (Patillo-McCoy, 1999). Berthelot et al. (2015, p. 9) suggested that "the personal networks of Blacks, regardless of personal income, are more likely to link them to poor Blacks in disadvantaged areas".

3.2.4 Social Learning and Routine Activity Theory

3.2.4.1 Background

Social ties and networks are one of the main arguments put forward to explain the phenomenon of disparate Black homicide victimization. The acquisition of violent and criminal behaviours through relational and experiential learning was recognized by Sutherland in the 1940s. His early principle of differential association recognized that someone could "become delinquent because of an excess of definitions favourable to violations of the law over definitions unfavourable to violation of the law" (Sutherland, 1947, p. 6-7). Burgess and Akers (1966) would later expand the focus to assert that the key causes for violence were: greater individual association with violence or crime involved persons; greater exposure to criminally acceptable ways of thinking; more association with persons endorsing such behaviours; and, a reality of greater reward and less punishment for certain behaviours (Akers et al., 1986).

The key elements of Social Learning Theory (SLT) that are particularly relevant to Black homicide victimization would include differential association, differential reinforcement, and imitation in the emergence of negative behaviours. According to Akers (2009):

> The probability that persons will engage in criminal and deviant behavior is increased and the probability of their conforming to the norm is decreased when they differentially associate with others who commit criminal behavior and espouse definitions favorable to it, are relatively more exposed in-person or symbolically to salient criminal/deviant models, define it as desirable or justified in a situation discriminative for the behavior, and have received it in the past and anticipate in the current or future situations relatively greater reward than punishment for the behavior (p. 50).

Routine Activity Theory (RAT) also focuses on over-exposure to criminality and/or violence (Felson & Cohen, 1980; Pratt, Holtfreter, & Reisig, 2012). It highlights the consequence of victimization as a result of being in the wrong place at the wrong time (Peguero et al., 2015). Key considerations are the accessibility of targets, motivated perpetrators, and a lack of potential guardians or interveners to alter potential violent course of events. By virtue of being out at certain hours in circumstances involving drugs and/or alcohol use with other young people, one is more likely to be a victim than someone else who might stay indoors or seek alternative venues (Dahlberg, 1998). This argument suggests that one's risks increase significantly simply from knowing someone who is a victim or perpetrator of violence (Tracy et al., 2011). The risks are compounded by involvement in illicit drug trafficking, being a member of a gang, and/or simply carrying a firearm for self-protection (Lo et al., 2012). This theoretical perspective appears to mirror a very common assumption articulated most often through various media channels, and may extinguish empathy for many Black victims of homicide.

3.2.4.2 Relevance to Toronto

SLT and RAT consider higher, disadvantaged population demographics as providing greater opportunities for interactions with peers having negative attitudes and therefore reinforcing negative perceptions (Akers et al., 2005). Low-income persons generally tend to use public venues for socialization. By virtue of being out at certain hours and using drugs and/or alcohol with other young people, they are more likely to be victims compared with others who might stay indoors or use alternative private venues (Dahlberg, 1998).

Notably, race has been considered a proxy for sociodemographic and socioeconomic location within society (2009). Low income Black Torontonians have limited culturally relevant options for entertainment and recreation in the city from which to choose (Khenti, 2013). Limited options imply greater accessibility of encounters between motivated perpetrators and their targets. Higher rates of incarceration for the most vulnerable neighbourhoods and communities also infer the likelihood of a lack of potential guardians or interveners to alter potential violent disputes or encounters (Unnever & Gabiddon, 2011). The intersecting circumstances thus appear to support greater prospects for interpersonal violence among high risk young men.

3.2.4.3 Role of social inequalities

This theoretical perspective appears to reflect a very common assumption articulated most often through various media channels that one's activities lead to increased exposure to violent situations, persons, and places. The assumption and conclusion of observers is that individuals, not society, are to blame. These particular theories underscore an individualistic focus on lifestyle and/or behavioural orientation that characterizes contemporary media discourse on health, in addition to a well-established neoliberal agenda within global politics.

The reality of how racist educational and criminal justice decision making sets the stage for differential association gets scant attention from this theory. A society's proclivity to arrest and detain Blacks for issues such as non-violent drug possession, for which many Whites are not similarly detained, needs much greater attention than what is accorded by this theory. The relevant focus may well be society's role in constructing the learning

environments within which violence and criminal behaviour is learnt by Blacks, especially Black men. Societal structures and assumptions play a critical role in the construction of the phenomenon under scrutiny.

3.2.5 Conclusion

The limitation of criminological theories is evident in the disregard for the fundamental impact of racialization on homicide victimization risks beyond controlling for individual level risk factors (Levitt, 1999; Krueger et al., 2004). According to one study (Rogers et al., 2000), individual level risk factors only account for 35% of racial difference influences affecting victimization risk. It is also quite striking that social conformity, such as going to school, getting good grades and associating with prosocial peers, does not protect young Blacks from crime, violence, and harmful criminal justice interventions in the same way it does for members of other racial groups (Wortley & Owusu-Bempah, 2015). The strength of these racialized risks implicates anti-Black racism in constructing and maintaining Black neighbourhoods and social activity as dangerous environments for Black males in particular.

The realization that homicide victims were disproportionately Black, even in less socioeconomically disadvantaged neighbourhoods and smaller proportions of Black residents, also raises important questions about criminological theories (Khenti, 2017, see Chapter 4). The primary drivers may be the discriminatory experiences of Black residents within such environments; for instance, receiving far fewer educational rewards and positive reinforcement than would be expected given their class status. Racialized inequality experienced by Black residents within more affluent, non-Black communities may in fact be

having an equal effect on Black homicide victimization as racialized poverty and segregation (Unnever & Gabiddon, 2011). Differential association with peers with similar cultural attitudes and risk behaviours may therefore not be absolutely necessary to increase homicide victimization risks. One can readily conclude that the impacts of racialized social inequality significantly affect Black people, and are not sufficiently considered in the theoretical insights offered by criminological theorists.

3.3 SOCIAL DETERMINANTS OF HEALTH AND BLACK HOMICIDE VICTIMIZATION

Social determinants of health are the conditions in which people are born, grow, live, work, and age (CDC, 2015; WHO, 2015). The social determinants of health include social, economic, and physical environments, as well as individual characteristics and behaviours (WHO, 2015). Mikkonen and Raphael (2010) identified 14 social determinants of health that affect individual- and population-level health in Canada: Aboriginal status; disability; early childhood development; education; race; employment and working conditions; food insecurity; health services; gender; housing; income and income distribution; social exclusion; social safety net; and unemployment and job security. These factors are known to be important determinants of most diseases, deaths, and health inequalities between and within countries, especially when considered in combination with community and cultural dynamics (Bhatia & Rifkin, 2013; WHO, 2004). However, they are rarely under individual control (Guillemin, Carruthers, & Li, 2014; WHO, 2015). Socioeconomic status is a subset of social determinants of health associated with health

among socially disadvantaged populations. Socioeconomic status is established by measuring education, income, occupation, or a combination of these (Winkleby et al., 1992).

Du Bois (1899) was among the earliest academics to identify the relationship between socioeconomic status, race, and mortality in his seminal book, *The Philadelphia Negro*. He argued that social advancements, especially significantly differing group conditions for Blacks, explained the apparent racial health disparities [11] of the time. Specifically, he referred to genetics, infant neglect, housing, food, and sanitation. Researchers have since reported correlations between low socioeconomic status and major depressive disorder (Ma et al., 2015; Topuzoğlu et al., 2015), lower quality of life (Jun et

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[11] Health inequities are disparities that are considered to be preventable. This thesis makes such a case for homicide victimization. The idea that certain health outcomes are unfair and unjust follows from the recognition that they are distinctly avoidable provided that certain unjust social determinants or social structures are addressed (Fabienne, 2004; Braverman & Gruskin, 2003). According to Edwards and DiRuggiero (2011, p.43), inequities can be characterized as "differences in health status [that] stem from inequalities in the underlying social and economic conditions that are essential for health." The most commonly measured conditions include income, education, unemployment and job security, employment and working conditions, early childhood development, food insecurity, housing, social exclusion, social safety network, health services, Aboriginal status, gender, race, and disability. Notably, these conditions strongly influence health, but are seldom under the direct control of individuals (Dahlgren & Whitehead, 2015; Raphael, 2009).

The unnecessary and avoidable features of gun homicide victimization are drawn from policies and practices that could be changed if the political will and socioeconomic environment amenable to social welfare-based policies. There is considerable evidence that both concentrated poverty and social exclusion can be reduced by state policies rooted in the social welfare model. With respect to Black gun homicide victimization, one is able to associate the critical health outcomes with concentrated poverty and social exclusion (Krug et al., 2002; Kawachi et al., 2002). Concentrated poverty and social isolation among Black Torontonians is partly related to their disproportionate status as tenants in concentrated low-rent public housing (Hajnal, 1995; Walks & Bourne, 2006). For instance, during the early 1990s Blacks were twice as likely to be among the concentrated urban poor (Hajnal, 1995, p. 523). They were thus exposed to many risk factors associated with concentrated poverty (including poor health, lower school performance, lower pay, and greater psychological distress).

The manner in which concentrated spatial poverty translates into increased rates of individual level risk factors and greater interpersonal violence has been linked to marked economic and population changes that diminish community control and foster community disorganization (Mercy & Dahlberg, 2004; Sampson, 1997). International studies have also linked concentrated poverty and increased income inequity to such violence. One study of 18 high-income countries from 1950–1980 reported that greater income inequality (as reflected by the Gini coefficient) contributed to higher homicide rates (Gartner, 1990). Another examination of 45 low- and high-income countries from 1965–1995 revealed the same relationship (Fajnzylber, Lederman & Loayza, 1999). Wilkinson, Karachi, and Kennedy (1998) clearly demonstrated a link between low social cohesion, high interpersonal mistrust, greater income inequality, higher homicide rates, and greater economic inequality. Indeed, high residential mobility, family disruption, and /or weak family and community ties are results of concentrated poverty that may lead to greater surges in interpersonal violence.

al., 2015), cancer diagnosis among Hispanic women at younger ages (Rojas et al., 2015), treatment disparities in metastatic colorectal cancer (Shapiro et al., 2015), increased risk of rheumatoid arthritis and associated mortality (Ghawi et al., 2015), and immunization inequality among children (Raphael, 2009). Low socioeconomic status may also reduce use of mental health services (Sripada et al., 2015).

The persistence of racialized disease patterns and mortality rates, despite an availability of effective treatments and interventions, reflects the pervasive reach of racism (Link et al., 2015). Racialized disadvantage is strongly associated with homicide victimization in Toronto and has been since the late 1980s (Khenti, 2013). Although Blacks comprised only 8 to 8.5% of the total population in Toronto between 1988 and 2003, they made up a disproportionate share of homicide victims during this period; of 965 homicide deaths, 225 (23%) of victims were Black (Khenti, 2013; Thompson, 2014). This racialized pattern of homicide victimization is a health inequity that seldom receives public attention in Canada although it has persisted and worsened over the past three decades. Ironically, the key criminological theories focusing on patterns of social violence, including homicide victimization, do not give racialized social inequities a central role within their analyses.

This section seeks to clarify the role of social inequalities, especially key social determinants of health, in Toronto's disproportionate Black homicide mortality rates. A critique of the criminological theories is provided in the sections that follow, focusing on how social disorganization, social control and social learning theories, as well as strain and routine activity theory, place greater attention upon individual-level factors rather than social inequalities. To explicate the links with social inequalities, this section explores five of the key social determinants of health implicated in racialized health inequities: race, gender,

education, income, and unemployment. Some scholars have linked these determinants with homicide mortality in Toronto's Black community but have provided little evidence to support their conclusions (Khenti, 2013). The analysis draws upon stigmatization theory to explain how racialized societal barriers and policies could lead to violence risks for individual members of the Black community. Pervasive education, income, and employment inequities among Blacks in Toronto, especially among young males and female-led households, are arguably fueling racializing processes at the neighbourhood level that directly increase the risk of Black homicide mortality. Phelan and Link argued that "the hallmark of a fundamental cause is persistent health inequalities despite pronounced changes in disease, health risks and treatments" (2015, p. 312). The following discussion explores the persistent inequality in Black homicide victimizations, despite wider population declines in homicide mortality over the past three decades.

3.3.1 Race and gender

Racial disparities in health should be a significant public health concern in Canada. Compared to other racial groups, Black persons are known to have poorer health and higher mortality rates associated with heart disease, cancer, and stroke (Chae et al., 2015). One study assessing adolescent health in an urban context found that the prevalence of poor health varied by ethnic group, particularly for depressive symptoms, general health, and longstanding illness, suggesting differences in the distribution of social determinants of health across ethnic groups (Smith et al., 2015).

For example, racial disparities have been observed in breast cancer mortality. A higher incidence has been identified among young Black women compared with young

White women, and this disparity has widened over the past 30 years, suggesting that unique intersections of disease biology, access to prevention and treatment options, may explain persistent racial differences among young women (O'Keefe, Meltzer, & Bethea, 2015). While there have been advances in chronic disease management, racialized members of society tend to receive lower quality of care than White peers, and to have higher rates of morbidity and mortality (Egede, 2006).

Race has been strongly associated with homicide victimization in Toronto and elsewhere since 1988. The Black population has borne a disproportionate share of the victimization burden in Toronto. Although Toronto's overall Black population remained relatively stable from 1988–2003, about 8% of the city's population, Black victims accounted for 23% of all homicide deaths over this 16-year period (Thompson, 2014). Research in the field of public health has recognized excess homicide victimization as a problem of health equity largely due to the socioeconomic underpinning of most of the violence (Krug et al., 2002; Zeoli, 2015). In the United States, poor Black individuals have a significantly lower life expectancy due to homicide compared with Whites of higher socioeconomic status (CDC, 2006; Cooper & Smith, 2011). The source of this critical discrepancy has often been attributed to violent crime involvement, as well as substance use and mental illness (Silver et al., 2011). Other scholars have focused on frustrations, lack of social integration, and structural disadvantages (Nielesen & Martinez, 2009).

3.3.1.1 Strong associations with homicide victimization

Black homicide victimization in Toronto has emerged as a notable phenomenon during the last four decades (Thompson, 2014). Thompson analyzed 15 years of homicide

data, with a particular focus on the overrepresentation of Black Canadians. She collected homicide-related data from Toronto's 140 neighbourhoods from 1988–2003 to determine the generalizability of largely American data on the "social and spatial distribution of urban homicide" to the Canadian context (2014, p. 430). She found that Toronto's trends of Black victimization largely mirror the findings from the United States in that "neighbourhoods with higher levels of economic disadvantage and larger numbers of young, black, and recent immigrant residents tend to experience higher levels of black homicide victimization, whereas those characterized by residential stability typically experience lower levels of this violence" (p. 442).

The analysis in this study builds on Thompson's (2014) research with recently analyzed media data for the period 2004–2014. Reports published during this 11-year period were evaluated to identify the average annual number of homicides. The analysis revealed that the percentage of all homicides involving Black victims have more than doubled since Thompson's study—from 23% (an average number of 14 Black victims per yr.) to 50% (an average of 32 Black victims/yr.). Moreover, the distribution of Black victims by sex was more pronounced between 2004–2014 (92% males, 8% females) compared with Thompson's study period (83% males, 17% females). From this review alone, it is evident that Black homicide victimization in Toronto has steadily increased among young Black males (see Appendix 1). Indeed, the majority of the victimization burden for the Black population in Toronto, and the overall homicide victimization, is borne by Black males. Black males consist of only about 4.3% of the total population in Toronto (Census, 2013) yet Black males represented 58% of all male victims, and an astounding 46% of all victims from 2004–2014. In any given year, the proportion of Black male victims never fell below

one-third (35%) of all homicides. Although females represented a lower percentage of victims (21% of all victims), 1 in 5 female victims were disproportionately Black from 2004–2014 (see Appendix 2).

The mean age of Black victims has now fallen to 25 years (Khenti, 2018, see Chapter 7). Thompson (2014) reported a mean age of 27 years, but the median age for all Black victims from 2004–2014 was 24. Black males largely accounted for this low median age, as Black female victims had a median age of 28. Of all Black victims from 2004–2014, 54% were 24 or younger, compared to 47% from 1988–2003 (Thompson, 2014). Finally, Black victims are significantly younger than non-Black victims, suggesting a possible racialized difference in Black Torontonians' life expectancy due to the higher rate of victimization and the younger profile of Black victims (Potter, 2001).

Intersecting gender and racial differences are also implicated in the health and wellbeing of communities with larger proportions of Black female-led lone parent families. Lone-parent families are most prevalent among Black ethnic groups such as Somali (38%), Jamaican (29%), Haitian (27%) and Trinidadian/Tobagonian (20%) in contrast to European group (less than or equal to 12%). Children in lone-parent families are at increased risk for many indirect health effects such as poverty, school underachievement, behavioural problems, and/or criminal behaviour (Mata, 2013).

Five of the neighbourhoods with exceedingly high rates of gun homicides are also among the top 10 neighbourhoods with the highest proportion of lone-parent families. The top 10 lone-parent neighbourhoods have an average of 2655 lone-parent families, in contrast to the 10 neighbourhoods with the fewest lone-parent neighbourhoods, which average only

332 lone-parent families. Among the latter group, only one neighbourhood had a Black gun homicide—Player-Estates Danforth.

3.3.1.2 Drawing lessons from the stigmatization discourse

Racial stigmatization may be particularly relevant to Black homicide victimization in Toronto because of the manner in which public stigmatization about key attributes of racial identity can drive and sustain self-stigmatization. Stigma is described as "a phenomenon whereby individuals with discrediting attributes are rejected by society, thus generating devalued social identities among those individuals" (Goffman, 1963 as cited in Parker & Aggleton, 2003, p. 13).

Stigma consists of several distinct components that exist "when elements of labelling, stereotyping, separating, status loss and discrimination co-occur in a power situation that allows these processes to unfold" (Link & Phelan, 2001, p. 382). This concept was developed for persons with mental illness but can be readily applied to other socially marginalized or "othered" groups, such as those who have been racialized. Link et al. (1989) developed a modified labelling theory to explain the process used to distinguish and stigmatize designated "Others." They recognized that once vulnerable individuals learned about public perceptions about their group, for example labels such as "dangerous," "immoral," and "violent," they are susceptible to internalizing these characteristics. The authors also noted that awareness of pejorative stereotypes and labels tended to lead to anticipation of stigmatizing devaluation and discrimination by others. This kind of awareness can lead to stigmatized individuals adopting harmful coping mechanisms, whereby cognitive, emotional, and/or behavioural reactions involving internalizing or

externalizing features precipitate a deterioration of psychological indicators as well as diminished social networks. These harmful consequences can lead to many missed opportunities across the life cycle (Yang et al., 2014). Corrigan wrote, "self-stigma is the prejudice which people… turn against themselves" (2002, p. 1). Corrigan and Rao (2012) further explained that the process of self-stigma occurs in stages, from endorsement of the stereotypes to fear of self and low self-efficacy. Self-stigmatization models also take into account identity-based psychological perceptions that shape an individual's attitudes and behaviours (Yang et al., 2014). Ironically, low self-efficacy is an identified attribute of racialized communities with high rates of inter-personal violence (Unnever & Gabiddon, 2013).

The public association of dangerousness with Black masculinity could promote violent behaviours among vulnerable Black youth through the mechanism of self-stigmatization. The pervasive media coverage of young Black men is rife with labels and racial stereotypes that suggest Black males are dangerous, predatory, and prone to criminality (African Canadian Legal Clinic, 2012). Such ideas underpin the "othering"[12] and dehumanization that sustain public racial stigmatization of young Black males (Welch, 2007).

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[12] The term "othering" is used to refer to personal perceptions, attitudes and/or behaviours which imply that someone or some group is "not one of us" but rather "one of them." They are presumed to belong in a different category than one's own. Borrowing from stigma theory (Link et al., 2016), racial othering implies that persons in socially defined racialized groups (i.e. Black and Indigenous persons) are also less human than members of the dominant group (White persons of European background). Schwartz and Struch (1998) describe inferences made about the humanity of others based on perceptions of moral sensibilities and prosocial values. They note that if a group is perceived to have deficits in prosocial values (as are poor Black males), then they will be considered less human and less deserving of humane consideration (Schwarz et al., 1988; Leyens et al., 2007).

Exposure to racial stigmatization is likely a chronic source of trauma for many poor Black children, youth, and young adults. Negative health effects are also likely compounded through further exposure to other commonly expressed patterns of violence, including domestic, interpersonal, community, and institutional violence experienced by many residents of disadvantaged neighbourhoods (Sanders-Phillips, 2009). Adolescents in particular, following exposure to racial stigmatization, directly or through the experiences of their parents, have been found to express significantly higher rates of internalized coping strategies such as depression, anxiety, low self-esteem, hopelessness, and feelings of inadequacy (Caughy, O'Campo, & Muntaner, 2004; Nyborg & Curry, 2003). Moreover, male adolescents also are more likely to employ externalizing coping strategies such as substance use and violence (Brody, Kogan, & Chen, 2012; Kramer & Hogue, 2009; Simons et al., 2006). Externalized coping is more likely to be endorsed by the most marginalized and poor Black males, given the tremendous public stigmatization that normalizes violent behaviours among Blacks (Gee et al., 2007). Even moderate improvements in coping are known to be associated with reduced weapon carrying and consequent reduced violence (Tandon et al., 2013), an alarming benchmark of improvement in comparison to non-stigmatized populations.

3.3.2 Education

3.3.2.1 The role of education

Education is known to affect health and health behaviours, especially when other social determinants of health reinforce risks associated with educational limitations (OECD, 2006). Low education levels have been linked with poor health, increased stress, lower self-

confidence, higher incidence of depression (Ma et al., 2015), and lower quality of life (Jun et al., 2015). The prevalence of long-term disabilities among European men aged 80 years and over is almost 20% higher among those with lower levels of education (WHO, 2015). Higher levels of education can reduce the need for health care, as well as the cost of dependence, lost earnings, and human suffering (OECD, 2006), and may contribute to improvements in several dimensions of health such as reproductive and mental health (Fletcher, 2015). An additional year of education can reduce the risk of ill health by 18.5% (Spasojevic, 2003) and may reduce the probability of dying in the next 10 years by approximately 4% (Lleras-Muney, 2005). Any increase in the average number of years of education in the household may also reduce child mortality by approximately 10% (Breierova & Duflo, 2004).

The relationship between racialized educational differences and mortality has been explored in several international settings. In Bolivia, infant mortality for children whose mothers had no education was greater than 100 per 1000 live births, versus an infant mortality rate of 40 per 1000 for those born to mothers with at least secondary education (WHO, 2015). Life expectancy at birth among Indigenous Australians was substantially lower than that of non-Indigenous people due to both educational differences and Aboriginal status (WHO, 2015). Globally, Indigenous people tend to experience the greatest health inequities in both high- and low-income countries for compounded reasons (Raphael, 2009): they tend to be poorer, have higher mortality rates at younger ages, and to be more prone to suicide compared with the general population (WHO, 2015. Like Indigenous peoples, Blacks in both high- and low-income countries are generally poorer, less educated, and experience

disproportionately large health inequities. They also appear to be at greater risk of homicide victimization compared with the general population (Khenti, 2013).

3.3.2.2 Strong associations with homicide victimization

In Toronto, the association between neighbourhoods with high homicide rates and racialized education differences appears to be significant. Generally, neighbourhoods with a high number of homicides have a relatively high proportion (average of 25.5%) of the population aged 25 to 64 years with no educational certificates (see Appendix 3). In contrast, only an average 8.4% of those living in neighbourhoods with low homicide rates had no educational certificate. The 10 communities with the highest rate of certification (an average of 7.5% without certificates) had far fewer homicide victimizations, and only two had any Black homicides. Not surprisingly, of these 10 neighbourhoods, these were the ones with the highest proportion of low-income residents—Bay Street Corridor (31%) and Lansing-Westgate (16%).

According to Statistics Canada, residents at low income levels live well below income thresholds for the average population, spending about 20 percentage points more, for basic necessities such as food, clothing, and shelter (Statistics Canada, 2017). Low education level was also determined on the basis of highest certificate, diploma, or degrees among the total population aged 15 and above. In neighbourhoods with the most homicides, the rate of the population aged 25 to 64 with low education levels ranged from 12% in Regent Park to a high of 29% in Glenfield Jane-Heights.

3.3.2.3 Drawing lessons from stigmatization

The educational experiences of Toronto's Black population have, unsurprisingly, long been characterized by persistent racial stigmatization. Given the education system's long history of structural racism, educational stigmatization may well be contributing to the phenomenon of homicide victimization. Many Black students experience over-scrutiny, which is an institutional expression of public stigma (Link et al., 2013). It stems from stereotypes that characterize Black people as dangerous and criminal, and makes them more likely to be scrutinized by authority figures in schools and agents of social control than their non-Black peers. Because of this over-scrutiny, even minor infractions by Black students are more likely to be officially documented and punished than those committed by their non-Black peers. This reaction, in turn, reinforces negative self-stigma, which may be expressed through violence (Khenti, 2013, 2014).

School environments consistently fail to incorporate Black students' interests in curriculum content, preferred teaching styles, and empathy for their cultural experiences. Black students tend to find experiences with authority figures highly stressful because of a widely accepted perception of Black males as dangerous, violent, and intimidating (McMurtry & Curling, 2008). According to Dei, the educational concerns of Black students in the Toronto District School Board are linked with structural stigmatization issues, more so even than academic performance:

> Three primary concerns pervade student narratives about school experiences: differential treatment by race, the absence of Black/African Canadian teachers, and the absence of Black/African Canadian history in the classroom.… Many students describe encounters with authority and power structures that are perceived not to work in their interest. Students describe struggles to construct self- and group-

cultural-identities in a school environment that does not adequately highlight their cultural presence, heritage, and history in both the official and hidden school curriculum. They also describe attempts to excel in the face of unflattering teacher expectations. (1995, p. 183).

Some Black teachers within the TDSB have described similar experiences:

Black men are marginalized and treated more harshly. They are viewed as aggressive and offenders…. Other teachers are fearful and feel threatened by you…. People seem to feel that Black men are to be afraid demonstrate our competence … As a black man, it is always assumed that I am aggressive and intimidating (Turner Consulting Group, 2015, p. 35).

These widespread assumptions and perceptions lead educators to over-scrutinize and harshly punish Black students (Codgoe, 2001; Dei, 1996; Pieters, 2003). As a consequence of such school based racial profiling, disproportionate numbers of young Black males in Toronto schools have effectively been pushed out of schools. Not surprisingly, dropping out of school increases the likelihood of carrying a weapon and of incarceration. Both factors increase the risk for involvement in violence.

During the 1980s and 1990s, the high school drop-out rate for Black students in the Toronto District School Board was estimated at 40% (CLFS, 2006). Another study estimated that schools in Toronto, with large numbers of Black students, had graduation rates of about 60% compared with the Canadian average of 75% (Caledon Institute, 1999). Following human rights complaints and commitments to address the problem, the drop-out rate among Blacks is said to have declined from the high of 40% to about 23% but remains higher than the average rate of 14% for TDSB students as a whole (TDSB, 2012). Data from 2001 and 2006 reveal striking disparities in secondary and postsecondary achievement between

Blacks and Whites in Toronto. In 2001, 10.8% of Blacks had a bachelor's degree compared with 24% of Whites (JCA, 2010). By 2006, 13.7% of Blacks had achieved this level of education or above in Toronto, compared with 26.7% of the general population (Grange et al., 2012). The rates of university-bound students were 24% for Black students versus 47% of the entire student body (TDSB, 2012).

Education has been a critical source of health inequities among Black children, adolescents, and young adults, due to pervasive racial stigmatization and discrimination as well as psychological, emotional and behavioural harms such as substance abuse, violent externalizing behaviour, and teenage pregnancy (Dei, 1996; Freudenberg, 2007). Failure to obtain a high-school diploma also makes it more difficult to support a family, achieve upward mobility, and participate in various political roles and civic duties. As the next section demonstrates, these stigmatizing labels also affect employment, especially income.

3.3.3 Income

Researchers have identified associations between income and numerous health issues including injury-related mortality, developmental and psychosocial problems, and delayed development of vocabulary (Raphael, 2009). Global health statistics reveal that children born to people in higher wealth quintiles have lower rates of mortality than those in lower wealth quintiles, thereby creating a social gradient in health (CSDH, 2008; Marmot, 2006). Although income is generally used to measure poverty, it fails to capture social aspects of poverty, such as relationship issues and diminished opportunities for civic participation (Raphael, 2009). Poverty is nonetheless widely recognized as a major determinant of poor health, and this link has been extensively studied and verified (Bloch,

Rozmovits, & Giambrone, 2011). People living below an established poverty line are more likely to be exposed to greater personal and environmental health risks, be less well nourished, have less access to vital information, and be less able to access the health services they need, thereby increasing their risk for illness, disability, and death (WHO, 2015). Black people in Toronto clearly fit this profile of risk.

3.3.3.1 Strong associations with low-income neighbourhoods

Not surprisingly, most of the neighbourhoods with high rates of Black gun homicide victimization all have higher proportions of low-income residents compared to the neighbourhoods with the lowest rates. On average, the 10 neighbourhoods with the highest homicide rates had an average of 25.7% of low-income residents compared with the 10 neighbourhoods with the lowest homicide rates, at 19.2%. In contrast, among the 10 neighbourhoods with the fewest low-income residents (average 7.3%), only one had a homicide (see Appendix 4).

Strikingly however, several neighbourhoods with less economic disadvantage, and a small overall Black population, had exceedingly high rates of homicides, including Waterfront Communities-The Island, Bay Street Corridor, and High-Park Swansea. Toronto experiences less segregation than cities in the United States (Ouimet, 2008), so it is particularly interesting that the neighbourhood data show trends toward higher Black homicide rates in less disadvantaged neighbourhoods with small Black populations. This finding provides strong support for the likelihood that the interracial social inequality experienced in these neighbourhoods, and both perceived and systemic barriers, may be driving young Black males to seek alternatives for social mobility and status. Research

suggests that poverty may contribute to the development of alternative norms that condone violent means of maintaining status and of resolving conflicts (Anderson, 1999; Stewart, Schreck, & Simons, 2006). Furthermore, the criminalization of young Black males in the media creates motivations for both explicit and implicit bias. The experiences of discrimination may then be internalized and provide impetus to young Black males to seek opportunities outside of acceptable social norms—where society has already situated them (Lawson, 2012). It is also possible that Black residents within such neighbourhoods experience much more segregating experiences (i.e. carding), which may amplify the internalization of negative stereotypes.

3.3.3.2 Drawing lessons from stigmatization

High rates of stress appear to be a common feature among Black males, especially those living in low-income neighbourhoods with high crime rates. Chronic stress can result in ill health, and some scholars have argued that chronic racial stigmatization can effectively deplete proactive and positive coping resources while encouraging avoidant strategies such as substance abuse and violent externalizing behaviours. These negative behaviours harm health and compound the harms of racial stigmatization (Krieger et al., 2010). They are most likely to manifest in violent externalizing by low-income and Black male children, adolescents, and young adults living in the most disadvantaged neighbourhoods (Brody, Kogan, & Chen, 2004).

The racial stigmatization and discrimination within Toronto's poorest neighbourhoods may also be having considerable effects on individual mental health. Many Black males experience over-scrutiny from police (otherwise referred to as carding or racial

profiling), especially in public settings. Fear of being targeted is a very real fear among Black males, which is exacerbated by the intermittent nature of the interactions. This unpredictability is one factor cited by American experts, in the case they have made for race-based post-traumatic stress disorder in the United States (OHRC, 2003). Even the perception of police over-scrutiny has been shown to be damaging, because it can lead to the internalization of feelings of suspicion and criminality, which in turn can result in self-stigmatizing acts of isolation and negative affect (Weitzer & Tuch, 2002; Wilson, Dunham, & Alpert, 2004). Police over-scrutiny can engender mental health problems, given the evidence that such environmental stressors, especially "those that are uncontrollable and unpredictable, are particularly harmful to health, and these characteristics are common to discrimination experiences" (Pascoe & Richman, 2009, p. 2).

3.3.4 Unemployment and job security

Racialized disparities in employment and job security have long been defining features of the Black experience in Canada (Khenti, 1994). The intersections of disparate income, high unemployment rates, and job insecurity fuel and sustain wide-ranging Black health inequities in Toronto, including a racialized homicide victimization pattern. Long-term unemployment and perceived job insecurity are detrimental to health (Griep et al., 2015; Sverke, Hellgren, & Näswall, 2002). Meltzer et al. (2010) reported an increased likelihood of depression among the unemployed and job insecure, and Burgard et al., (2009) found under-employment to be a significant predictor of poorer self-rated health. Other researchers have also reported correlations between unemployment and suicide (Qi et al., 2015), and reduced quality of life (Passos & Souza, 2015). Job insecurity has also been

linked with increased use of prescription medicines (Latza et al., 2015). Conversely, employment has been linked with better mental health and quality of life (Rueda et al., 2012).

Even perceived job insecurity has been found to engender a wide range of psychosocial consequences. One study in Great Britain found that about one-fifth of working men and women aged 16–64 years, who perceived that they had poor job security, had an increased likelihood of depression. Perceived job insecurity, like underemployment, is also a significant predictor of poorer self-rated health (Burgerd et al., 2009). Overall, Black Canadians have long faced inequitable access to secure jobs, significant unemployment, and employment-related health risks. Canadian federal and provincial support for employment equity and related anti-racism initiatives were completely eroded in the 1990s at a time of increasing socioeconomic pressures on Black workers due to globalization (Khenti, 2014). A considerable range of potential health harms went largely unexplored.

3.3.4.1 Strong associations with homicide victimization

While it is difficult to accurately assess the level of unemployment and job insecurity for Black populations living in neighbourhoods with high rates of violent crime and homicides in Toronto, these neighbourhoods tend to have higher than average unemployment rates. From 2004–2014, the unemployment rate in these neighbourhoods was well above Toronto averages. The 10 neighbourhoods with the highest homicide rates had an average unemployment rate of 12.2%, while the 10 neighbourhoods with the lowest homicide rates had an average unemployment rate of 9.1%. Communities with the fewest low-income residents and the least violence had a low average unemployment rate of 6% (see Appendix 3). Generally, low unemployment rates are linked with fewer homicides, with

unemployment rates in Toronto ranging from 5% in Waterfront Communities-The Island to 16% in Regent Park.

3.3.4.2 Drawing lessons from stigmatization

Low income, high unemployment rates, and job insecurity are structural features that have long characterized the experience of Toronto's Black population (Walker, 2005). One demographic researcher found that Blacks in Toronto experienced prolonged risk in the 1980s and 1990s compared to Whites because they were less likely to have full-time employment; and when they did obtain full-time employment, they earned nearly 30% less than the average among all full-time employees in Toronto (Torczyner, 2003). Walker (2005) described Black national employment conditions in the late 20th century as follows:

> Throughout the 1970s and 1980s black employees consistently earned lower average wages than their white counterparts, even when figures were adjusted for education, gender, age, region, and industrial sector…. In general terms, figures from the 1980s showed blacks over-represented in the service sector by about 40 percent and in manual labour by about 30 percent, and under-represented in management by more than 60 percent.… Employment participation rates were higher for blacks than for the population as a whole, especially for black females compared to non-black females, yet black unemployment rates were higher as well. (2005, p. 2)

In 2006, Toronto's overall unemployment rate was 7%, while unemployment rates among Blacks ranged from 12–45% depending on the neighbourhood (Ornstein, 2006). Blacks in Toronto also earn significantly less than their counterparts. In 2000, Blacks aged 25 to 54 earned an average of $29,700, compared with the $37,200 average for all individuals in the same age group (Milan & Tran, 2004). In 2006, the average fulltime salary for Blacks

was $40,179, compared with the Canadian average of $51,221 (Fearon & Wale, 2013). Not surprisingly, Blacks also comprise the greatest proportion (45%) of people living below the low-income cut-off, as compared with those of European origin for whom the rate is 14% (Ornstein, 2006). The most disadvantaged group is the young segment of the Black population, those aged 15 to 24 years, as they experience greater disparities; for instance, a persistent unemployment rate of 30% compared with 20% for non-Black youth (Greater Toronto Civic Action Alliance, 2014).

3.3.4.3 Compounded harms due to stigmatization

Stigmatization also affects socioeconomic factors as Blacks navigate through various educational stages into the world of work. Comparatively lower educational achievement, income, and job-related opportunities may be the result of limitations delineated by powerful labels or stereotypes (Phelan & Link, 2014). Stigmatization is closely linked to discrimination, which in conjunction with self-stigmatization makes it less likely that Blacks will be successful in securing employment, equal pay for equal work, and job security. Research has documented that some employers consider Black male job seekers to be less educated and intelligent, inexperienced, untrustworthy, and threatening (Gibbs, 1988). Indeed, research conducted in the United States revealed that White jobseekers with criminal records were more likely to receive a callback from potential employers than Black job seekers without criminal records (Unnever & Gabiddon, 2011).

Such discriminatory experiences can damage an individual's job-seeking performance through self-stigmatization, similar to the negative reinforcements that can occur after poor performance on an IQ test (Steel, 1997). Less proficient job seeking could

result in more negative responses and further diminish the individual's chances of finding quality employment (Steel, 1997). The only path to employment might then be found in the secondary labour market where work is precarious and wages are low (Galabuzi, 2009; Reich, Gordon, & Edwards, 1973). These experiences may lead racialized job seekers to question whether it is worth pursing traditional jobs and move into illicit activities as an alternative source of support (Anderson, 1999; Gabbidon, 2007). At the very least, it is likely that racialized job seekers would lose faith in the fairness of hiring procedures.

Negative emotions may be intensified by the realization that failure to secure a decent living is largely due to one's racial identity, and is not the result of lack of effort or incompetence. Additionally, when low-income Black male adolescents and young adults share their experiences of economic hardship, feelings of anger may be compounded or aggravated. The toxic combination of past stigmatizations and negative emotions like resentment, hostility, and frustration increase the risks for interpersonal violence (Blau & Blau, 1982). High-risk individuals may become angry and disillusioned at their unjust circumstances, lashing out at similarly low-status individuals in close proximity (Agney, 1982).

3.3.5 The intersectional impacts of race, gender, and class

Is it possible that systemic racism is the fundamental cause of the disproportionately high Black homicide mortality rates in vulnerable Toronto neighbourhoods, considering the intersections of race, gender, and class? The absence of comprehensive race-related data makes all arguments tentative. The previous analysis has shown that key determinants such

as income, education, employment, and job security are strongly associated with homicide mortality. Systemic racism may thus be a potentially fundamental cause of Black health inequity because it can directly influence health, not only through social determinants of health, but also indirectly, through inequalities in power, prestige, freedom, neighbourhood context, and healthcare (Link & Phelan, 1995). The intersectional risks may in fact be much more pronounced because of the over-arching influence of systemic racism.

According to Link and Phelan (1995, 2014), socioeconomic status involves a set of "flexible resources" that can be employed to avoid a particular risk, including health risks. In other words, individuals with more flexible resources can better ameliorate the harms or consequences of a disease. The authors argued that the persistence of gaps in mortality rates is the result of differing access to resources such as money, knowledge, prestige, power, and beneficial social connections, which are all protective factors (Phelan & Link, 2004). This section explores the relationship between flexible resources and persistent Black health inequities, and shows that limited flexible resources among Toronto's Black community may diminish capacity to prevent increased risk for mortality.

3.3.5.1 Non-socioeconomic associations between racism and health inequities

Neighbourhoods are considered a primary source of positive social connections. Neighbours can provide social connections, and educational and professional opportunities, and can engender greater access to public resources (e.g., streetlights, parks, shops, etc.). According to Stewart et al., neighbourhood street culture has a direct contextual influence and a conditional influence on adolescent behaviour by shaping a "tool kit" of habits, skills, and styles that can be used to determine "strategies of action" (2010, p. 9). This argument is

supported by the fact that middle-income Black communities in the United States have lower rates of gun homicide victimization than their low-income counterparts (O'Flaherty & Sethi, 2010; Violence Policy Centre, 2014; Thompson, 2013). Given their overwhelming presence in Toronto's most disadvantaged neighbourhoods (Thompson, 2014), Blacks are also less likely to have beneficial social connections that are unrelated to socioeconomic status. Within such areas, residents have less access to influential people, as well as less collective resources or social capital. Even Blacks living in higher-income neighbourhoods may lack such resources as a result of racism. Although this argument is difficult to prove, it is supported by the higher prevalence of racial profiling by police (carding) of Black residents in more affluent neighbourhoods (Rankin et al., 2013).

3.3.5.2 Prestige and power

Prestige can be defined as honour or deference attached to a person or social status, which is distributed unequally in a social group (Gerth & Mills, 1946). It can play a role in determining the allocation of stigma, and the wielding the power of labels or stereotypes in limiting opportunities. Phelan and Link (2015) observed that Black citizens have fewer positive status labels ascribed to group members and far fewer opportunities and access to power than White peers. Two types of pervasive power were identified: occupational power and status influence. Studies in the United States and Canada have concluded that health inequalities among Blacks are linked to their lack of both kinds of power (Jamaican Canadian Association, 2015). In Toronto, Blacks are overwhelmingly overrepresented in unskilled and menial positions and underrepresented in management positions. Blacks also

tend to wield considerably less influence as individuals because of the many negative qualities associated with their racial group (Jamaican Canadian Association, 2015).

3.3.5.3 The idea of freedom

Perhaps the most intriguing flexible resource identified by Phelan and Link (2015) is freedom. Freedom allows individuals to protect their health in diverse and varying circumstances; it entails the ability to control one's own life circumstances and actions (Sen, 1999). Imprisonment is one contemporary mechanism to ensure "loss of freedom" that is inequitably distributed by race; another is racial profiling by criminal justice authorities through police interventions such as carding.

The Canadian federal correctional system has jurisdiction over adult offenders (18 years and over) serving custody sentences of two years or more, as well as offenders on conditional release in the community (Owusu-Bempah & Wortley, 2013). Black and Indigenous people have been considerably overrepresented within the Canadian federal prison population since the 1990s (Owusu-Bempah & Wortley, 2013). Over the last 10 years, the number of Black inmates in Canadian federal prisons has increased by 75%. Black inmates now account for 9.3% of the total federal prison population (up from 6.1% in 2002/03), while representing approximately just 2.9% of the Canadian population (Office of the Correctional Officer, 2013).

Carding is a form of inequality perpetuated by the criminal justice system that effectively signals the existence of limits to Black civil freedom. Restricting access to jobs and housing opportunities, as well as limiting movement and behaviours, (even clothing choices) are also widely considered barriers to full citizenship. Both social order and spatial

order are inextricably interlinked with a history of marginalization, and of keeping certain people in their "place." Carding is one obvious example of the simultaneous project of containment and dominance (Dua, Razack, & Warner, 2005). The carding that takes place in "neighbourhoods of interest" with "people of interest" reflects deeply embedded beliefs about limiting the space, movement, and identity of racialized people. Pervasive carding may result in consequences similar to those described by Structural Violence Theory. According to this theory, such discrimination can have long-term effects on the life chances of those who are targets, as these "individuals are embedded in relational structures that shape their identities, interests and interactions" (Ho, 2007, p. 2). Institutions have the power to constrain agency among some while imbuing power to others, ultimately resulting in disparate outcomes. Jones referred to the profound harm done to Black male adolescents:

> "Routine encounters typically involve young men interacting directly with institutional authority at an age when they lack the full capacity to do so. Just as importantly, these encounters with police authority send messages, both to the young men … directly involved and to bystanders, about their place in mainstream society … although not quite a prisoner, a poor, young Black man does not have command over his own world. He is a contradiction: free, but not free (2013, p. 75)."

Overall, Canadian studies have provided evidence for each of the flexible resource categories proposed by Phelan and Link (1995, 2015), including socioeconomic and other factors. The key implication is that systemic racism engenders racial inequity in access to resources with which to treat or prevent disease and death, and this results in racial disparities

in health outcomes. For any significant diminutions of racialized health inequities to occur, racism must be addressed as a fundamental cause.

3.4 CONCLUSION

Given the preponderance of racialized disparities experienced by low-income Black persons in Toronto, especially pervasive in sectors such as income, education, and employment, one would expect to find systemic anti-Black racism and particular Black health inequities. Limited collection of race-related Canadian data makes it difficult to draw solid conclusions on this point, but researchers have used the available data to develop a reliable overall picture. One might also expect to observe disproportionately higher homicide mortality risks within Black populations living in greater concentrations of disadvantage. Indeed, Thompson (2014) demonstrates the association between spatialized poverty and contemporary Black homicide mortality in her Case Study: Black Homicide Victimization in Toronto, Ontario, Canada.

Good health allows citizens to carry out essential functions: to support their families, to work and serve their communities and the wider society, to fulfill their civic duties as citizens, and to participate in political processes. The preceding analyses assume that Black Torontonians experiencing physical and mental health inequities do not fully realize this right to health; which their peers take for granted. These inequities are unjust because they affect the capacity of Black people to function effectively in Canadian society by harming health and increasing the risk of mortality. Racial stigmatization, compounded by ill health, further disadvantages Black Canadians from enjoying the full range of benefits available to Canadian citizens (Rivera, 2014). This has strong implications from a social

justice perspective, because all individuals should be able to realize their right to optimal health without being negatively affected by group identity (Braveman, 2011). Chronic and persistent stigmatization is known to shape behaviours and interpretations of interactions. Higher levels of psychological stress may be the logical outcome of chronic racial stigmatization in school and work environments. Stress can lead to health inequities in mental health, specifically with regard to depressive symptoms, substance abuse, and risk of violence (Rivera, 2014). Structural factors play a critical role in this case; Blacks have been stigmatized for several decades in ways that influence their mental and physical health, especially through over-scrutiny and the promotion of poor self-concept (Link et al., 2015). The preceding analyses highlight the need for more research about the compounded health outcomes resulting from different types of stigmatization (especially within school and work environments), and the risk factors for violence—particularly their effects on key transitions from elementary to secondary school, and from secondary school to broader society and employment (Bushman et al., 2016). The transition from adolescence to adulthood appears to be a critical time of vulnerability. Such research must be intersectional, integrating elements of race, gender, socioeconomic status, and neighbourhood and should be framed within a social justice framework to ensure that advocacy is possible. Community groups and decision-makers need to be informed, and influenced by those most affected by the inequities, when making policies to prevent violence and reduce mortality rates.

Low-income and disadvantaged Black communities will continue to experience higher risks of poor health as long as racialized social, political, economic, and cultural constraints remain unaddressed (Peters et al., 2008; WHO, 2015). Low income is linked with other major socioeconomic constraints such as substandard housing conditions, lack of

employment opportunities and low occupational status, which will continue to compound racial challenges (Thompson, 2014). In consideration of the foregoing analyses, researchers are urged to use a social justice framework to explore the insidious internal effects of racial stigmatization on low-income Black male adolescents and young adults. Given the young lives at stake, these findings should engender further investigations into the mechanisms and pathways by which public stigma serves to construct and sustain Black self-stigmatization processes as well as the extent to which socially constructed "Black-on-Black" crimes are driven and reinforced by such stigmatization.

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TRANSITIONAL CONTENT

According to the Social Determinants of Health Theory (SDH) raised in the previous chapter, a physical environment that includes safe water, clean air, healthy workplaces, and safe houses and communities, contributes to good health and has important implications for healthy behaviours. The SDH in neighbourhoods involve both the physical environment and the makeup of the inhabitants. Environmental factors that promote health include infrastructure, housing, access to food, services, green spaces, and low pollution, while poorer health is associated with poor-quality working or living conditions, and low levels of community participation, cohesion, and safety (Marmot & Bell, 2012). Perceptions of one's urban physical environment, along with the social and economic characteristics of one's household, are important factors in explaining patterns of health inequality (Marmot & Bell, 2012). Domestic or inter-personal violence is undoubtedly a major contributor to health and mortality inequity.

Researchers have confirmed the potential pathways from disadvantages in SDH to expressions of violence. Indeed, individuals who view their neighbourhoods positively have better mental health, report better health, and are more likely to exercise (Ivert & Levander, 2013). A South African study found that individual and neighbourhood trust is beneficial to self-rated physical and mental health (Lau & Ataguba, 2015). Mental health appears to increase as positive perceptions about neighbourhood safety, aesthetics, walkability, and services increase (Marmot & Bell, 2012). However, the SDH realities within most cities vary considerably for people of different socioeconomic, cultural, and racial backgrounds, most often negatively affecting the poorest, most ghettoized, and newest immigrants.

The following manuscript considers how Black gun violence in Toronto is framed in published Canadian research given the potential impact of racism on the phenomenon. It involves the review of 17 peer-reviewed Canadian publications, investigating the representational strategies purveyed within public discourses. The manuscript poses two questions: 1. Do the representational strategies provide an accurate framing of the phenomenon and affected communities? 2. Do the representational strategies reflect the critical nature of intersectionality in sustaining the racialized phenomenon within both highly disadvantaged neighbourhoods with significant Black populations, as well as low disadvantaged neighbourhoods with fewer Black residents? This chapter clarifies some of the key conceptual challenges involved in gaining meaningful insight into the fundamentally violent role of systemic racism. It highlights the applicability of key components of Critical Race Theory (CRT) to the analysis of this contemporary phenomenon: including the concept of historical race; the myths of colour-blindness and tolerance; and conducting deconstruction of societal responses to the issue (Aylward, 1999; Johnson, 1994). The representation strategies confirm the validity of intersectional analysis with respect to structure, location, and gender. This research helps to raise some important public health and political economy questions about racialized victimization in Toronto that has largely been relegated to the discipline of criminology.

CHAPTER 4

LITERATURE REVIEW –

GUN VIOLENCE AND BLACK COMMUNITIES IN TORONTO: A CRITICAL RACE ANALYSIS OF THE REPRESENTATION OF BLACK GUN VIOLENCE IN PUBLISHED CANADIAN RESEARCH

4.1 INTRODUCTION

One can reasonably infer that interpersonal gun violence is the leading cause of mortality and disability adjusted life years (DALYs) for young Black males within Toronto (Khenti, 2014). The evidence lending weight to this contention is the predominant pattern of Black gun homicide victimization in Toronto over three decades. One period, from 1992–2003, reveals an estimated homicide rate among Black Torontonians of approximately 10.1 per 100,000, more than quadruple the overall homicide rate of 2.4 per 100,000 population during the same period (Thompson & Gartner, 2014). The pattern has not only persisted to the present year, it has actually grown. More recent estimates indicate that the Black homicide victimization rate has increased from 23% of the total homicides during the period 1988-2003 to 48% of total victims for the period 2004–2014; notwithstanding a Black population that never exceeded 8% of Toronto's population (Khenti, 2018, see Chapter 7). The key social determinants of health that fueled this inequitably distributed pattern of victimization, namely disparities in income, unemployment, housing, and discriminatory policing, are all amenable to intervention; so the outcomes are thus preventable (Link & Phelan, 2013; Raphael, 2014). The incidents have spatial features that distinguish them clearly as localized phenomena amenable to targeted policy and programs (Krug et al., 2002). However, the political will to address racialized gun violence as a public health

challenge has yet to be articulated. This lack of political will may be a natural outcome of the way the violence is framed, in academic discourses and the media, as being beyond the scope of public policy (O'Grady et al., 2010).

In order to better understand how racialized gun-violence is being framed, a review of the available literature is undertaken. This review explores the media representations of gun violence in Toronto from a Critical Race Theory (CRT) perspective. It frames these representations as strategic, in that they perpetuate an implicit societal assumption of Black community blame, and responsibility for change, with respect to gun violence. This paper questions whether the representational strategies provide an accurate framing of the phenomenon and affected communities. The paper also assesses the extent to which the representational strategies correspond with intersectional realities that are a result of systemic racism. The first section outlines the methods, search strategy, and selection criteria utilized for identifying media sources to be analyzed in the research. The second section explores how CRT can be applied to apprehend the intersecting discourses on the "Black gun violence" phenomenon in Toronto. The third section uses a lens informed by critical discourse analysis (CDA) (Titscher, Meyer, Wodak, & Vetter, 2000) to investigate strategic representations of, and intersecting dialogues about, "Black gun violence" in Toronto, outlining procedural details of the qualitative analysis, and presenting an overview of the results. The fourth section concludes with observations about the meaning, and accuracy, of the strategic representations and recommendations for addressing gaps in the current research.

4.2 METHODS

4.2.1 Search strategy

A systematic literature review was conducted to search for studies on the causes and effects of gun violence on individuals, communities, and the wider society in Toronto, Canada. The methodological process for this review was based on AMSTAR's measurement tool (Shea et al., 2007). The search terms used to identify relevant literature included both "Toronto" and "violence," as well as "Black" and either "gun" or "firearm." Ten databases were searched in June, 2015, for relevant literature published between the periods from January, 2000 to December, 2014: Cochrane Database of Systematic Reviews, Directory of Open Access Journals (DOAJ), EBSCO, JSTOR, OVID, Project Muse, ProQuest, PubMed, Scholars Portal, and Social Science Research Network (SSRN). These databases were explored directly through their own websites or through the University of Toronto library catalogue, which provides access to abstracts and full articles. Subsequently, a manual search of key studies focusing on gun violence in Toronto was performed after a preliminary examination of relevant articles identified in the electronic database search.

4.2.2 Selection criteria

The results were refined to include English-language articles published in peer reviewed journals and graduate level theses. 1332 articles were initially identified, including 233 focusing on "gun violence in Toronto," and 1099 with the "firearm" variant of the search. The titles and abstracts of these 1332 articles were reviewed based on the following inclusion criteria: exclusive focus on Toronto; Toronto included as a target population for

inter-city comparisons; focus on the geographic area in close proximity to or surrounding Toronto (e.g., the Greater Toronto Area); and published in the year 2000 or later. All citations, abstracts, and full articles were reviewed using a standardized selection and abstraction form. The reviewer was not blinded to the citation of the articles under consideration because blinding has not been found to influence the outcomes of systematic reviews (Berlin, Miles, & Crigliano, 1997). Overall, 1293 publications were excluded because either the title or abstract did not satisfy the inclusion criteria. The full texts of the remaining 39 articles were obtained and reviewed. Of these, 21 were excluded because they did not meet the inclusion criteria. The bibliographies of the remaining articles were checked for relevant studies that met the inclusion criteria, but no additional articles were identified. The remaining 18 publications were retained for critical qualitative analysis.

4.3 GROUNDING THE ANALYSIS OF GUN VIOLENCE IN TORONTO IN CRITICAL RACE THEORY

A researcher's particular beliefs and assumptions can affect all aspects of the research process from how an issue is conceptualized, to study design and methods, to data analysis and interpretation (Creswell, 2007). Using a particular interpretive framework can provide specific criteria and perspective with which to examine specific problems. The phenomenon of gun violence in Toronto has many features that make it a highly suitable topic for analysis rooted in critical race theory (CRT). For one, applying a CRT perspective can unmask the extent to which historic racial stigma and unequal power relations may lead to certain community features, such as drug use practices, being demonized for political purposes (Alexander, 2014; Aylward, 1999). The critical race framework can discern

inequity in the way racialized communities are policed and the actual racialization of crime that result from biased criminal justice practices (Mosher, 1998; Owusu-Bempah, 2014). CRT can also reveal the very strong associations that exist between systemic racism and certain socio-economic and health disparities including racialized gun homicide victimization (Agger, 1991; Fay, 1987). CRT thus allows a researcher to approach specific research in a way that reveals complex and intersecting relationships that would otherwise remain hidden.

CRT emerged during efforts to transform US legal culture and practice. The early CRT theorists demonstrated the manner in which systemic racism emerged historically to rationalize socio-economic inequities and continued to engender racialized disparities both directly and indirectly (Aylward, 1999). CRT thus challenges ahistorical discourses that racializes individual attributes and behaviours without consideration of the critical role played by policies and decisions of society in circumscribing opportunities available to select communities (Matsuda, Lawrence, Delgado, & Crenshaw, 1993). It reveals contradictions in popular views about racial identities and behaviours; for example, by demystifying the idea of a Black subculture of violence and lawlessness. It effectively deconstructs popular notions about race neutrality and meritocracy in illuminating how ideas may be used as camouflage for differential racialization (Tate, 1997).

Discussions about modern law enforcement relationships with Black individuals and communities can benefit from the application of a critical race theory (CRT) to the analysis. For instance, the popular association of Black communities with criminality is effectively deconstructed by CRT as an enduring stigmatizing legacy of slavery's criminalization of Black freedom seeking; including Canadian propaganda efforts aimed at keeping Black

American migrants from gaining entry into Canada by stigmatizing them as having criminal propensities (Winks, 1997). CRT highlights the longstanding control that police have asserted over Black communities via racialization, such as, the police use of public order offences to control Toronto's Black community during the early years of the 20th century (Mosher, 1998). CRT's historical skepticism about "neutral" criminal justice practices thus draws attention to less obvious conditions that may be influencing those involved in Toronto's contemporary problem of racialized gun homicide victimization (Calmore, 1995; Aylward, 1999); indeed, indirect causes of the violence may be located in mechanisms of structural violence such as the over-policing of young Black men.

CRT also highlights the relationship between media and police reporting of crime, economic and racial inequality, and the racialization of illicit drug use (Alexander, 2014). This type of analysis illuminates the many policy contradictions evident in national drug strategies, especially the differential police response to adolescent drug use involving Black male youth and young adults compared to their White counterparts – that in turn accounts for the racial patterns of drug arrests and incarceration (ACLC, 2013). CRT recognizes that systemic racism has emerged as a key etiological factor leading to a host of inequitable health and mortality outcomes. The framework thus helps observers assess the extent to which the racialized phenomenon of gun violence in Toronto is a reflection of crime (e.g., guns, gangs, and drugs) and/or inequitable social circumstances and historic racism (Creswell, 2007; Khenti, 2013; Yosso, 2005). Jiwani (2002) notes that, "those at the bottom are considered to be the most prone to crime and the least deserving, and are often perceived by the dominant society as disposed and disposable" (p. 69). Thus it is that Black men continue to be disproportionately arrested and victimized by fatal police violence (Wasun, 2008). From

this perspective, systemic racism is seen as a function of institutional life within Canada serving to sustain White privilege at the expense of the human rights and dignity of Black "Others."

The policy objective of clarifying the current sources and scope of racialized gun violence is hugely difficult without systematic race-based data to understand trends and disparities (Khenti, 2014). Policy clarification is even more difficult because of the dominant criminological narrative emphasizing gangs, drugs, and crime (O'Grady et al., 2010). This narrative attributes implicit guilt to both the perpetrators and the victims of gun violence and delegitimizes the search for effective public health responses to the problem. A CRT-based interpretation would resist the presumed assumption of guilt accorded to both perpetrators and victims. The centralizing of race and racism becomes a core starting point in a CRT-informed analysis of this phenomenon taking place within Canadian society, expressly because of Canada's long history of racism (Parker & Lynn, 2002; Yosso, 2005). CRT's intention is explicit; its analyses are not assumed to be neutral (Aylward, 1999). Critiquing perspectives that inevitably attribute acts of gun violence homicide to substance abuse and drug trafficking, rather than poverty and social exclusion (despite no marked difference in drug use and trafficking patterns between Black and White populations) is essential to the establishment of an alternative narrative that can empower young Black men and others living in vulnerable communities (Delgado & Stefancic, 2001; Solorzano & Yosso, 2002). CRT is thus especially relevant to gun violence discussions.

4.4 INVESTIGATING STRATEGIC REPRESENTATIONS OF, AND INTERSECTING DIALOGUES ABOUT, "BLACK GUN VIOLENCE" IN TORONTO

Five strategic representations of gun violence in Toronto were distilled from the articles under review. The strategic representation that permeated every discourse was intrinsic community responsibility; this involved community characteristics being depicted as sources of risks and/or the roots of gun violence. This representation was found in all but one of the 18 articles (Bailey, Sharma, & Jubin, 2013; Buffam, 2009; Butters et al., 2011; Carter, 2011; Erickson et al., 2006; Ezeonu, 2005; Ezeonu, 2008; Ezeonu, 2010; Faucher, 2009; Hagan & Foster, 2000; Lawson, 2012; Lawson, 2014; O'Grady, Parnaby, & Schikschneit, 2010; Sheptycki, 2009; Siciliano, 2010; Thompson, 2014; Thompson & Gartner, 2014). Two sub-discourses added substance to this strategic representation: namely, the association of geographic location with gun violence (Siciliano, 2010; Thompson, 2014; Thompson & Gartner, 2014) as well as a relationship between immigration and gun violence (Sheptycki, 2009; Thompson, 2014; Thompson & Gartner, 2014). The four other strategic representations can be discerned in at least half of the articles.

The strategic representation of a neutral relationship between law enforcement and racialized gun violence emerges as another key strategic representation (Buffam, 2009; Ezeonu, 2005; Ezeonu, 2008; Ezeonu, 2010; Faucher, 2009; Hagan & Foster, 2000; Lawson, 2012; Lawson, 2014; O'Grady, Parnaby, & Schikschneit, 2010; Sheptycki, 2009; Siciliano, 2010). A related sub-discourse pertaining to gun laws and homicide lends additional perspective to this representation (Hagan & Foster, 2000; Sheptycki, 2009).

A third strategic representation draws a causal relationship between drug use and trafficking, gangs and gun violence (Butters et al., 2011; Erickson et al., 2006; Ezeonu, 2005; Ezeonu, 2008; Ezeonu, 2010; Hagan & Foster, 2000; O'Grady, Parnaby, & Schikschneit, 2010; Sheptycki, 2009; Siciliano, 2010; Thompson & Gartner, 2014). A sub-discourse of peer influences on the perpetrators of gun violence provides additional support for this particular strategic representation (Butters et al., 2011; Carter, 2011; Ezeonu, 2005; Ezeonu, 2010; Siciliano, 2010). A fourth significant representation is the intrinsic racialization in reporting and policing gun violence (Buffam, 2009; Carter, 2011; Ezeonu, 2005; Ezeonu, 2008; Ezeonu, 2010; Faucher, 2009; Lawson, 2012; Lawson, 2014; Sheptycki, 2009; Siciliano, 2010). The fifth notable representation presents a moral equivalence between perpetrators and victims (Buffam, 2009; Ezeonu, 2005; Ezeonu, 2010; Faucher, 2009; Lawson, 2012; Lawson, 2014; O'Grady, Parnaby, & Schikschneit, 2010; Sheptycki, 2009; Siciliano, 2010). A sub-discourse on "Black-on-Black" violence adds to the moral equivalence framing in three articles (Ezeonu, 2005; Ezeonu, 2008; Siciliano, 2010). Two other sub-discourses substantiate this strategic representation. One is the effects of gun violence on affected families (Bailey, Sharma, & Jubin, 2013; Lawson, 2012; Lawson, 2014). Another subdiscourse highlights bereavement in the aftermath of gun violence (Bailey, Sharma, & Jubin, 2013; Lawson, 2014). A detailed examination of each strategic representations and sub-discourses will now be undertaken.

4.4.1 Implicit Community Responsibility

The depiction of community characteristics as sources of risk, and the corollary roots of gun violence, in almost all articles under review strategically represents, and

sustains, the idea of implicit community responsibility. The features of Black communities is implicitly accorded responsibility for the gun violence. Sixteen articles (out of eighteen) discuss this topic in efforts to explain the city's ongoing problem of gun violence; establishing this subject as the most developed strategic representation in research about gun violence in Toronto. The characteristics at the heart of risks are ostensibly cultural factors related to Black culture and identity; notably, characteristics of one immigrant community, the Jamaican subculture, is singled out by media as a key driver of gun violence in Toronto. Such considerations parallel American discussions about similar risks arising from urban Black sub-cultures (Anderson, 1999; Stewart, Schreck, & Simons, 2006).

Commonly referenced criminological ideas about gun violence reflect an American framing (especially derived from social disorganization theory, social control theory, strain theory, social learning and routine activity theory) that generally characterizes the Black population as a monolithic community with a single common culture. Such framing is accepted by many Black community members who "blamed conditions existing in socially disorganized neighbourhoods in which many members of the community reside, as well as, dysfunctional families (Ezeonu, 208, p. 204)." The social construction of a singular, homogeneous Black identity is a social construct advanced by early European proponents of race-based slavery. This racializing idea, and practice, emerged in tandem with slave societies' epistemic violence: their denial and invalidation of the many African cultures, religions, languages and ways of knowing carried by the kidnapped Africans brought to North America (Khenti, 1994; King, 1997). Epistemic and structural violence was essential for both social control of enslaved Africans living in early

Canada as well as removing moral responsibility from the society for its brutal oppression of fellow human beings (Walker, 1987). Any anti-social actions of enslaved Blacks could thus be framed as irrational, intrinsic features of them and their community. The contemporary focus on intrinsic community responsibility is an extension of this historic essentializing of Blackness.

Canadian researchers resist the intrinsic over-generalization by emphasizing the considerable cultural diversity of Canada's Black communities; namely, Ezeonu (2005, 2008, 2010), Lawson (2012, 2014), Siciliano (2010), and Thompson and Gartner (2014). These researchers draw attention to variety of linguistic, cultural, and religious backgrounds, as well as diverse migration histories, reflected in Canada's many Black experiences. They point to a deeply rooted African Canadian community with 200 year old roots in Canada, more recent communities from both the English and French-speaking Caribbean (e.g., Jamaica, Trinidad and Tobago, Haiti) and the US (Butters et al., 2011), as well as recent migration from many sub-Saharan African countries (Bailey, Sharma, & Jubin, 2013; Butters et al., 2011; Ezeonu, 2005; Ezeonu, 2008; Lawson, 2012; Lawson, 2014; Siciliano, 2010; Thompson & Gartner, 2014). This tremendous geographic and cultural diversity raises many questions about what counts as the distinct elements of contemporary Black culture. As was the case during the early colonial and slavery periods, rich African and Caribbean cultural diversities appears to be completely misunderstood, and/or deliberately disregarded, by societal accounts of racialized gun violence in Toronto.

Jamaican sub-culture

Torontonians of Jamaican descent experience a unique public stigmatization in relation to gun violence (Ezeonu, 2005; Lawson, 2012; Lawson, 2014). Perhaps because

they constitute a large share of the Black immigrants to the city, this particular community has been depicted as the source community for most of Toronto's gun violence (Buffam, 2009; Butters et al., 2011; Carter, 2011; Ezeonu, 2005; Ezeonu, 2008; Ezeonu, 2010; Faucher, 2009; Lawson, 2012; Lawson, 2014; O'Grady, Parnaby, & Schikschneit, 2010; Sheptycki, 2009; Siciliano, 2010). The sub-discourse on an imaginary "Jamaican subculture of violence" appears to serve numerous political purposes. It lends moral justification to questionable policing interventions in diverse Black communities; namely, warrantless home intrusions and searches (Lawson, 2014; Sheptycki, 2009; Siciliano, 2010), the overpolicing of particular neighbourhoods and racial profiling of Black individuals in spaces both Black and presumed to be White (Buffam, 2009; Carter, 2011; Ezeonu, 2008; Lawson, 2012; Lawson, 2014; Siciliano, 2010). The sub-discourse also legitimizes the hurried deportation of Black immigrants that have no acquaintance with their countries of origin; having spent all their lives in Canada (Ezeonu, 2005; Lawson, 2012; Lawson, 2014). Emphasis on the Jamaican community's characteristics works to shift public focus away from societal involvement in systemic marginalization of all Blacks (including Jamaicans), and the many social injustices that reflect structural sources of the violence, towards more palatable individual responsibility and collective blaming. The criminalization of the Jamaican community also serves to amplify racial stigma towards all Black communities given public acceptance of racial demonization (Bailey, Sharma, & Jubin, 2013; Buffam, 2009; Butters et al., 2011; Carter, 2011; Erickson et al., 2006; Ezeonu, 2005; Ezeonu, 2008; Ezeonu, 2010; Hagan & Foster, 2000; Lawson, 2012; Lawson, 2014; Sheptycki, 2009; Siciliano, 2010; Thompson & Gartner, 2014). The social

isolation and marginalization of these racialized communities is also further strengthened by the strategic representation of community characteristics.

Immigration and neighbourhood segregation

Another sub-discourse supporting the strategic representation of implicit community responsibility is that of immigration and neighbourhood segregation (ghettoization) of racialized migrants. Toronto's demographics suggest that such consideration is well warranted given that approximately 2,537,400 individuals, or 46% of the city's population, were foreign-born by 2011; with approximately one-third of new immigrants in Canada choosing Toronto as their home (Statistics Canada, 2011). Segregated immigrant communities are considered vulnerable to gun violence because of migration related risks intersecting with a concentration of poverty, unemployment and lone parent families (Ezeonu, 2005). Baily, Sharma and Jubin's demographics of mothers of gun violence victims in their research lend evidence to this line of argument: among research participants, "92% identified themselves as immigrants in Canada and 52% were unemployed at the time of the study. Furthermore, 75% resided in neighbourhoods with higher rates of poverty, low quality housing, and limited access to community resources and supports (Bailey et al., 2013, p. 243)."

It may be that the problems of crime and violence would be much greater were state authorities and Canadian society less supportive of immigration. Three authors, Sheptycki (2009), Thompson (2014) and Thompson and Gartner (2014), argue that immigration poses much less of a problem for Toronto largely because of policies that promote the settlement and integration of new immigrants. Canadians appear to be quite supportive of immigration, tending not to associate gun violence with immigration policy, in quite the

same way as American commentators on gun violence (Chavez & Griffiths, 2009; Pearce & Sokoloff, 2013; Wright & Benson, 2010). Because of systemic racism however, White immigrants have a much easier adjustment to make and face quite fewer barriers to integrated settlement and upward mobility, than their Black or racialized peers (Ornstein, 2006). Thompson and Gartner found "Toronto's neighbourhoods [to] have become increasingly stratified into distinct areas of great wealth and great poverty" (2014, p. 93). They observed geographical and racial stratification distinguishing an affluent, predominantly White city centre from its disadvantaged inner suburbs with Black Canadians experiencing the highest level of segregation (Siciliano, 2010; Thompson, 2014; Thompson & Gartner, 2014).

Despite being better educated than their host population in Toronto, recent racialized immigrants to Toronto and Canada faced huge challenges in being settled. The healthy immigrant effect, such that migrants are generally healthier with good potential life expectancy upon arrival, could not shield them from the huge health effects of daunting socio-economic challenges and systemic racism. This protective factor was effectively undermined by racialized barriers to securing well-paying jobs and good housing; which significantly increased community members' risks of violence victimization (Siciliano, 2010; Thompson & Gartner, 2014). Siciliano (2010), Thompson (2014), and Thompson and Gartner (2014) agreed that the Canadian social safety net was insufficient to effectively protect Toronto's economically disadvantaged and racially isolated immigrants from the risks of gun crime. Huge cultural and social difference in the way that immigrants are perceived and treated in Canada was insufficient to create a substantial difference in quality of life for Black and racialized immigrants.

The patterns of gun violence and homicide victimization rates in Toronto were quite similar to American urban centres; especially with respect to concentrated poverty, larger proportion of Black and/or immigrant residents, and greater transience of residents, aged 15–24, renting their homes (Thompson, 2014; Thompson & Gartner, 2014). Anti-Black racism appears to be so deeply embedded in both societies that migrants of vastly diverse cultural persuasions and backgrounds prove equally susceptible to racial stigmas and self stigmatizing behaviours leading to greater homicide victimization.

4.4.2 Neutral law enforcement

Another significant strategic representation in the selected articles is the neutral role of law enforcement in policing racialized communities as well as framing the discourse about gun violence in such neighbourhoods. Toronto Police Services are considered to be 'authorized knowers' protecting and serving the public from exposure to risks and crime. They hold the pen on problem definition and solution recommendation pertaining to gun violence incidents involving young Black men (Ezeonu, 2008, p. 194). Despite a national decline in the crime rate over three decades, policing roles and responsibilities were not reduced by public decision makers; instead, they gained new police powers to fight drug related offences, evident in the Tackling Violent Crime Act of 2008 (Ezeonu, 2010).

Although violent crimes are a relatively small and declining portion of actual criminal activities, the sensational nature of gun violence in Toronto has consistently fueled over-reporting by the Toronto Police Services; possibly for institutional gains with respect to resources (O'Grady, Parnaby, & Schikschneit, 2010). In the aftermath of 2005's

"Year of the Gun," and subsequent moral panic in the city, Toronto Police successfully lobbied for increased surveillance of certain areas of the city, the mobilization of a larger police presence in the city, and increased funding for police departments (Buffam, 2009; Ezeonu, 2008; Ezeonu, 2010; Faucher, 2009; Siciliano, 2010). The success of such efforts is seldom acknowledged as sources of both potential conflicts of interest, as well as biased decision making, for Toronto's police; nor is racialized decision making, borne of War on Drugs Policy and/or intrusive policing practices, associated with the violence in vulnerable Black and racialized communities.

The neutrality of Toronto's police service has been called into question due to charges of anti-Black racism. McCorkle and Miete (1998) suggested that the Toronto Police Services chose to recreate its officers' images as crime busters by exaggerating the threat associated with Black gangs. According to Ezeonu, "In this image-laundering venture, the police construction of gun violence in Toronto may have ignored, trivialized or underemphasized similar violence committed by white biker gangs…and other 'gangs' often associated in the media with Asian youths" (Ezeonu, 2010, p. 157). Ezeonu (2005, 2008) interviewed different types of law enforcement officials and found that their perspectives were not neutral. Their common narratives attributed key responsibilities for gun violence to the proliferation of gangs, guns, and drugs, followed by poverty, social exclusion, the Black family itself, lenient court sentences, and legal ambiguity about parental rights to discipline children. None imagined any links between policing practices and violent racialized behaviours.

The consequence of biased law enforcement perspectives is over-policing practices and a disproportionate racialized representation in the criminal justice system. During past

decades, Black adults, especially young males, became increasingly likely to be stopped and taken to a police station than Whites, and were five times more likely to be imprisoned than White adults (Ezeonu, 2005; Ezeonu, 2010; Faucher, 2009; Hagan & Foster, 2000; Lawson, 2012; Sheptycki, 2009; Siciliano, 2010). Consequently, Lawson aptly observes, "state sanctioned and structural discriminatory practices are implicated in destabilizing Black families in Canada" (Lawson, 2010, p. 816).

Thus, the stage is set for a longstanding self-fulfilling prophecy: race becoming strongly associated with criminality and crime becoming more racialized in public opinion and public stigma (Lawson, 2012). Intrusive policing and racial profiling is still not generally perceived as potential sources of the racialied gun violence phenomenon despite research evidence indicating a relationship (Fisher et al., 2006; Unnever & Gabiddon, 2011). Not surprisingly, Black communities (including Black police) are the least inclined among all racialized groups to view the police as neutral participants in the guns violence and crime dramas taking place within their communities across North America; indeed, they are more likely to perceive police perceptions and interventions as racially biased and unjust rather than colour blind (Wortley & Owusu-Bempah, 2011; Owusu-Bempah, 2014).

Gun laws

A sub-discourse within the neutral law enforcement strategic representation pertains to gun laws effectiveness in both Canada and the USA. Hagan and Foster (2000) as well as Sheptycki (2009) provide historical and contemporary accounts of gun laws that have proven effective in reducing gun violence and gun homicides, and shifting public attitudes about guns. Neither article problematizes the racialization of gun violence; nor do they effectively explain how and why so many illegal handguns end up in the possession

of young Black men in Toronto and elsewhere. Intersections of gun laws with racial histories is not well considered by either research despite a persistent decades-old Black gun violence phenomenon in both countries. Indeed, the analytical gap regarding increased racialization of hand gun violence over several decades is more strikingly apparent in light of the overall decline of prevalence to pre-1960s levels during this period (Sheptycki, 2009; see also Ezeonu, 2005). The problematic role of media and police reporting of gun crime is evident in the juxtaposition of downward statistical trends with a popular perception of heightened crime risk in Toronto and across Canada (Hagan & Foster, 2000; Sheptycki, 2009). Neither research provides a definitive explanation for the contrasts between media reporting and social reality; especially racialized realities.

4.4.3 Drugs, gangs and gun causality

The prominent strategic representation of 'drugs, gangs and guns' frames these items as primary causes of gun violence in 10 of the 18 articles (Butters et al., 2011; Erickson et al., 2006; Ezeonu, 2005; Ezeonu, 2010; Sheptycki, 2009; Siciliano, 2010; Thompson & Gartner, 2014). In media coverage of gun violence, this framing dominates every medium and often obscures actions that are motivated purely by inter-personal conflicts or relationship disputes. A case in point being the Jordan Manners homicide which took place in a Toronto secondary school and was erroneously depicted as an incident of guns, gangs and drugs (Faucher, 2009; Lawson, 2014; O'Grady, Parnaby, & Schikschneit, 2010; Sheptycki, 2009; Siciliano, 2010). Police narratives also frame the Black homicide victimization problem as a 'three pronged' issue involving illegal drug trafficking (Ezeonu, 2008).

Diverse members of the various Black communities share this limited three-pronged view. One of Ezeonu's key informants in research on Black community perceptions of the gun violence phenomenon expressed it poignantly: "Our children are massacring one another in mayhem of gun violence. Mind you…It's our own youths, killing our own youths" (Ezeonu, 2008, p. 208). Such framing makes the gun violence problem seem irrational and unresolvable without criminal justice intervention; obscuring deeper issues of systemic racism that may be driving the significant differences in levels of violence between racialized and non-racialized illegal drug markets.

The strength of the causal link between drug use and abuse, drug trafficking, gang participation and gun violence, is called into question by several Toronto studies. These articles found gun violence to be more causally related to gun carrying and peer pressure, rather than explicit involvement in drug-trafficking activities (Butters et al., 2011; Erickson et al., 2006; Ezeonu, 2005; Ezeonu, 2008; Hagan & Foster, 2000; Thompson & Gartner, 2014). A unique cross cultural study of girls and guns by Erickson et al (2006) pointed to past experiences of victimization as a primary consideration; they noted that "Across all sites we observed a relationship between carrying a weapon as a result of violence and perpetrating various violent acts with a weapon" (Erickson et al., 2006, p. 799). Such findings suggest the need for alternative explanations and narratives about racialized gun violence in Toronto.

Although Canada's illicit drug users favour cannabis as their drug of choice across all races and classes, racialized users (especially Black men) and traffickers predominate in arrests and incarceration related to possession and trafficking (Commission on Systemic Racism, 1995). The relative lack of gun violence in White drug markets (which accounts

for the greater share of illegal market activity) is striking when compared with levels of racialized violence involving young Black males. The lack of scientific, media or public enquiry on the striking contrasts is especially noteworthy given the similarity of prevalence across racial groups and the presence of illicit trafficking in all communities (Khenti, 2018, see Chapter 5). A relevant question is whether the greater racialized violence could simply be due to the greater numbers of arrests and incarceration for illicit drug possession and trafficking rather than the activities of possession and drug selling.

Peer influence

Within this strategic representation, a sub-discourse of Black peer influences on the perpetration of gun violence is discussed in relation to gangs. The distinctive feature of the sub-discourse is the lack of any distinction between "criminal" gangs and "social" groups among Black adolescents and young adults. The discussions therefore further homogenizes and criminalizes activities of young Black persons, especially males, through a social construction that goes largely unchallenged (Ezeonu, 2005; Butters et al., 2011). This lack of distinction is important because it shapes law enforcement and social responses to the victims of gun violence and may help to account for gaps in public empathy.

Sheptycki (2009) observation, that organized crime groups (i.e., criminal gangs) in Canada tend not to use firearm-related violence for conflict resolution, is consonant with Thompson's finding (2014) that only about 15% of gun homicide victimization between 1988 and 2003 involved illicit activities. The contrary public and research beliefs about criminal responsibility for gun violence may owe more to the evolution in framing: from disorganized youth (social gangs), who have been rebranded from "delinquents" under the

Juvenile Delinquents Act (JDA) of 1908, to "young offenders" under the Young Offenders Act (YOA) of 1984, and finally as "young criminals" under the Youth Criminal Justice Act (YCJA) of 2003 (Butters et al., 2011; Carter, 2011; Siciliano, 2010). Not surprisingly, the racialized share of the youth population has grown in tandem with the emergence of this criminalization perspective.

This evolving perception of youth involvement in criminal activities, from naughty kids to evil youth (Faucher, 2009, p. 452), has also heavily influenced the North American approach to policing. Some authors argue that this evolving focus significantly influenced the framing of gun violence in Toronto, creating a moral panic about a "Black gang problem" (Ezeonu, 2010, p. 154). Sheptycki sums up the contradictions (2009, p. 323): "there has been a crime panic in Canadian media because of an apparent up-surge in gun-crime among disorganized street criminals and within some economically disadvantaged ethnic minority communities…Violence is getting worse among the most vulnerable even as most Canadians are demonstrably grown less likely to find themselves the victims of crime" (Sheptycki, 2009, p. 323). The opportunity cost of such perceptions is the lack of consideration for specific historical and sociocultural realities of affected populations in Canada, especially in Toronto (Ezeonu, 2008; Siciliano, 2010).

4.4.4 Racializing reporting and policing

The strategic representation of racialization in reporting and policing is discussed in 10 of the 18 articles, although important racial considerations are implicit in all 18 articles. To date, Canada has chosen to silence statistics on race and crime ostensibly

because such statistics can serve to stigmatize vulnerable groups (Sheptycki, 2009). Not surprisingly, the public discourse involves a range of racial evaluations that achieve similar purpose without any data to inform the discussions; Wortley and Owusu-Bempah suggest that the ban on race-based data only serves to obfuscate confidence in public policy.

Mainstream media consistently applies a racialized frame to inter-racial gun crime (particularly where the victim is White and middle-class) and intra-racial gun crime where the perpetrators and victims are both racialized persons (Faucher, 2009; Lawson, 2014; Sheptycki, 2009; Siciliano, 2010). The observed pattern is that of frequent identification of Indigenous and Black individuals involved in news stories of gun violence. By contrast, White people are only explicitly identified as either victims or co-offenders in relation to a racialized person or group (Ezeonu, 2008; Faucher, 2009; Lawson, 2012).

The historic event that confirmed the racialization forces at play was the 2005 Boxing Day shooting incident, which resulted in the death of Jane Creba, a 15-year-old White, middle-class, female bystander (Buffam, 2009; Carter, 2011; Lawson, 2014; Sheptycki, 2009; Siciliano, 2010). The racialized discourse that followed this incident demonstrated the pivotal importance of the death of a young White adolescent in eliciting differential (re)action to gun violence at the end of 2005 - the Year of the Gun. Creba's obituary described her as "[Her family's] bright light scattered into darkness" (Buffam, 2009, p. 61). In striking contrast, descriptions of many of the other gun-violence victims reflected little sense of profound loss to family and community. On the contrary, the Black male victims often were branded as "known to police" (Buffam, 2009; Lawson, 2014; Siciliano, 2010); a stigmatizing expression that implied complicity in their own victimization.

This intrinsic racialization and reporting serves to justify continued, even increase, marginalization and "othering" of socioeconomically disadvantaged communities in Toronto (Buffam, 2009; Faucher, 2009; Lawson, 2014; Siciliano, 2010). It supports oppressive policing and immigration practices (Ezeonu, 2008; Ezeonu, 2010; Lawson, 2012; Sheptycki, 2009; Siciliano, 2010) and further alienates young Black individuals and communities from society at large (Carter, 2011; Ezeonu, 2008; Faucher, 2009; Lawson, 2012; Lawson, 2014). Buffam summed it up well: "For these media of communication to be both ethically effective and affective, violence visited upon Black bodies must not be cast as predictable consequences of their imagined criminogenic difference, becoming assimilated into a racial ontology that demands the mobilization of the law" (Buffam 2009, p. 76). It seems that a catch 22 situation has been created that is well beyond the means of the average reporter and police officer to see beyond the strategic representations.

4.4.5 Moral equivalence of perpetrators and victims

A striking feature of the three-decade old gun homicide phenomenon has been the lack of significant public empathy for victims and their families as well as an implicit responsibility, or blaming, attached to most of the gun violence victims. This particular strategic representation of moral equivalence between perpetrator and victim is elaborated in nine of the 18 articles (Ezeonu, 2010; Sheptycki, 2009; Buffam, 2009; Faucher, 2009; Lawson 2012; Lawson, 2014; O'Grady, Parnaby, & Schikschneit, 2010; Siciliano, 2010). Carter (2011, p.12) provided an emblematic reflection of this strategic representation: "As 2005 ended the overriding sentiment with the rash of murders that had taken place was that

these were young (Black) "thugs" who were killing each other and the problem was not one that concerned the law abiding citizens in Toronto" (Carter, 2011, p. 12).

Evidence for this equivalence is also captured in a dissertation that comprehensively analyzed newspaper articles over an eight-year period of gun violence in Toronto (Ezeonu, 2005). Eight explanatory frames could be discerned in this research to be effectively shaping and/or reflecting public attitudes towards moral equivalence framing. These interpretations of events, and the ongoing phenomenon, effectively hold both perpetrator and victims as drivers of the violence. Whether the frame is criminal gangs, illicit drugs, illegal guns from the US, socially deprived neighbourhoods etc., the Black actors (perpetrator and victim) are both primary agents of the violence. Such an interpretation has been corroborated by other authors as being implicitly embedded in the narrative on gangs, guns, and drugs (Ezeonu, 2010; Sheptycki, 2009) and on "problems" in the Black community itself (Buffam, 2009; Faucher, 2009; Lawson 2012; Lawson, 2014; O'Grady, Parnaby, & Schikschneit, 2010; Siciliano, 2010). Notably, the articles reveal a paucity of both media and scholarly attention on how public opinion and public stigma, and particular Canadian institutions (i.e. criminal justice, education, housing), influence and shape trends in gun violence.

A media proclivity to rely on certain terms, such as "known to police" in describing both perpetrators and victims, has the racializing effect of neutralizing public concern for Black well-being. Indeed, parents of victims with this epithet are unable to access public resources for grief counselling and follow up support. They often find themselves in the same desperate situation as parents of perpetrators (Lawson, 2015). Stigmatizing media perspectives also lends moral justification to the use of excessive and intrusive policing in

racialized neighbourhoods even though legal equality and human rights are explicitly compromised (Faucher, 2009; Lawson, 2014; O'Grady, Parnaby, & Schikschneit, 2010; Sheptycki, 2009; Siciliano, 2010). This moral equivalence representational strategy thus encourages moral panic on the part of Torontonians whilst discouraging public concern and deliberate policy responses.

Buffam (2009), Ezeonu (2005) and Faucher (2009) describe the ways in which public stigma distinguishes, and segregates, young Black males from non-stigmatized men in gun crime reporting. Buffam recognizes the elements of fear and trepidation in a "phantasmic conflict between violent Blackness and civil Whiteness" (2009, p. 57). This dichotomous conflict involves protagonists at either end of a moral spectrum: at one end is peaceful, prosocial, consumerist Whiteness, at the other is violent, antisocial, encroaching Blackness (Buffam, 2009; Ezeonu, 2005).

Whiteness is also equated with the nuclear family structure and Blackness with the female-led single-parent family. Families headed by single mothers have the status of being the most excoriated type of family unit whilst a parallel hyper-importance is attached to the (absentee) father figure. Both streams of discussion serve only to undervalue the cultural and social capital of diverse family types that have sustained Black families in nurturing their children within various post-slavery societies configured to exploit Black labour without regard for Black family life (Lawson, 2012; Lawson, 2014). The ultimate consequences of this dichotomous Blackness-Whiteness conflict is evident in the media treatment of the Jordan Manners homicide, and his single parent; that response is critiqued by O'Grady et al. (2010, p.71) who note that; "We find it both interesting and disturbing

that the widespread societal outrage characteristic of media reports on other school shooting was undetected in our content analysis of the Toronto school shooting."

Black family structure and bereavement

Bailey, Sharma, and Jubin (2013), and Lawson (2012, 2014) describe two closely related sub-discourses which lend substance to this representational dichotomy. One subdiscourse covers the Black family structure and single parenting as a source of gun violence as well as the effects of gun violence on the family, particularly with regard to bereavement. Lawson (2012) demonstrates how a SNAF (Standard North American Family) serves as a 'moralistic benchmark' which Black families are inevitably unable to meet. Indeed, the 'heterosexual two parental couple and their children' becomes both a yardstick and a tool with which to pathologize Black single-parent families. These articles demonstrate the consistent consequence of societal preference for the SNAF vis a vis racialized family types in positioning the latter as "Other": unable to provide appropriate parental supervision, support and stability. In contrast to the preceding media emphasis, scant efforts is made to highlight the strengths of Black families in coping with gun violence victimization. Black mothers' ability to contextualize their loss, given the lack of wider public sympathy for their positions, is critical to their ability to properly grieve. Indeed, the fact that many such mothers find ways to engage proactive coping mechanisms, and are less likely to face long-term periods of posttraumatic stress, attests to their parental resilience (Bailey, Sharma, & Jubin, 2013).

Black families that apply an extended concept of family appear to be the most resilient such systems when dealing with the traumatic stress of gun violence and homicide victimization; they nevertheless engender little public sympathy for their efforts (Bailey,

Sharma, & Jubin, 2013). Such Black mothers tend to enjoy higher levels of essential support from friends, churches, and social service providers and benefit greatly from community support with "counselling, job loss, family breakdown, and housing needs following their loss" (Bailey, Sharma, & Jubin, 2013, p. 242). Rather than public sympathy, the families of both victims and perpetrators find themselves at the receiving end of a media driven "othering" discourse that inevitably creates a more challenging environment for their full expressions of grief. Lawson (2014) elaborates the way in which this phrase "known to police" serves to fuel public doubt about the character of Black homicide victims of gun violence. Lawson also highlights the association of this phrase with increased interpersonal tensions between the friends and families of the deceased; a process that can end with enhanced legitimacy for intrusive policing interventions. Both Bailey, Sharma, & Jubin (2013) and Lawson (2012, 2014) point to longer-term consequences, especially greater prevalence of vicarious trauma, for the families of victims of Toronto's gun violence. Adverse mental health experiences are made certain by negative media narratives about the deceased, their family, and community. The negative media focus effectively disenfranchises impacted Black families' grief and lends support to continued public neglect of other contributing factors. It also sustains the strategic representations.

'Black on Black Violence'

Within the strategic representations of moral equivalence, a sub-discourse of "Black-on-Black" violence is gleaned in three articles. Ezeonu (2005; 2008) and Siciliano (2010) point out that the act of distinguishing and isolating Black intra-racial gun violence, from other forms of intra- or inter-racial gun violence, is one of intrinsic racialization.

Such actions homogenizes and isolates Toronto's diverse residents of African descent into one monolithic community (akin to US framing)—thereby racializing moral and practical responsibility for the violence in Black communities on what is undoubtedly a societal and structural problem (Ezeonu, 2005). This kind of framing widens the social distance between the observer and those at the receiving end of such incidents and also 'others' both the victim and the perpetrator as two sides of the same coin. The isolation serves to designate blame, and the responsibility for change, to the Black communities themselves. Whenever the term "Black on Black" is thus referenced, an intrinsic racialization of wider societal responsibility is occurring. This racialization of responsibility represents an expression of epistemic violence rooted in colonization and slavery (Ezeonu, 2005; 2008; Siciliano, 2010).

4.5 LIMITATIONS OF REVIEW

One limitation of this review is its lack of two independent reviewers (Shea et al., 2007). The dependence on popular, local newspapers such as the Toronto Star, with a moderate, liberal bias, and the Toronto Sun ([13]) with a more right-wing populist bias is another limitation. Newspapers representing the full spectrum of political views are not referenced in the study. Future research should include sources from both sides of the political spectrum, as well as additional local, community-based sources, and international sources. Furthermore, in this age of increasing digital and social media use and contributions, an exclusive focus on newspapers (physical or digital) is no longer

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[13] Ezeonu (2005) also included Share, a Black community newspaper, in his analysis.

representative of the full spectrum of social discourse; social media should be included in future research.

4.6 CONCLUSION

The strategic representations explored in this paper identify key factual elements of the racialized gun violence phenomenon in Toronto without providing a fully accurate framing. There is little doubt, for instance, that community characteristics related to demographics and socio-economic disadvantage are strongly associated with Black gun violence and homicide victimization in the city. There is clear evidence of disparities in wealth between populations in Toronto that are associated with gun violence and those that have no such links. Throughout North America, correlates for high homicide rates consistently include high rates of poverty, larger proportions of Black and/or immigrant residents, and individuals aged 15–24 (Thompson & Gartner, 2014). These variables attract some research attention; however, criminalization that is occurring because of the war on drugs and related policing practices is largely ignored even though a deliberate policy choice is directly associated with greater health harms and related socio-economic hardships. The federal and provincial policy decisions which underpin structural criminalization, making race a risk factor and key health determinant in Canada, gets very little of the critical scientific attention it richly deserves. Communities are held almost responsible for their vulnerable characteristics and a fulsome and accurate framing is prevented.

The manner in which systemic racism influence school suspension and expulsions, community policing, cannabis prosecution (creating a school to prison pipeline) is not accorded the tremendous causal role that could be readily discerned from the CRT perspective. Important structural sources of the violence and victimization – war on drug policy decisions and practices of the criminal justice agents prosecuting this dubious war – are neither identified in discourses on substance abuse and gun violence nor given their due in discussions about law enforcement and policing. The representation strategies draws attention to intersectional realities involving age and peer influence, gender and lone female headed households (especially with respect to bereavement), and disability (especially substance abuse and mental illness). This review highlights society's tendency to pathologize single-parent families, demonize absentee Black fathers, and ignore community concerns that are key to resilience. It emphasizes the media's role in representing race selectively. In so doing, the media elicits or discourages empathy and public concern depending on the racial identity of the perpetrator or the victim (O'Grady, 2010). CRT explained the consistent "othering," various pathologizations and demonizations, as reflections and dimensions of dehumanization (Owusu-Bempah, 2014). A key consideration for gaining insight into the process of "othering" is psychological evidence that individuals tend to ascribe more human qualities to their in-group than to out-groups (Leyens et al., 2001). Thus, the losses of the "Other," and their disenfranchised grief, seemingly appearing to be less real and less meaningful than the loss and grief of those identified as White, is well grounded in theory. CRT adds both historical and racial contexts to this discussion, bringing to light the logical consequence of a dehumanized status, in, for example, the disfranchisement of Black mothers' grief, and the lack of moral

panic over the deaths of innocent Black adolescents (Haslam et al., 2014). One can discern how race intersects with age and socio-economic status in geographic locations to diminish protective factors and enhance risk factors for young Black persons. Uncovering the influence of racialization engenders empathy for the Black victims of gun crimes, and challenges notions of their assumed guilt and of being deserving of violent outcomes.

The findings of this review help to answer some important questions about gun violence in Toronto; most importantly, it serves as a starting point for scholarly debate and further evaluation of the causes and effects of racialized gun violence on individuals, communities, and society at large. Several potential questions for future research have been identified, most notably:

1. Are all Black communities experiencing racialization to the same extent with concomitant levels of gun-related violence?

2. Is illicit involvement in crime—gangs, guns, and drugs—the primary source of gun violence?

3. Would decriminalization of cannabis lead to significantly less gun violence?

4. Is the media-driven public discourse, especially the racial inferences, simply a reflection of structural racism across society or is it driving both the perception and the phenomenon of Black gun violence?

5. What percentage of gangs are criminal rather than social?

6. What framing could capture the racialized nature of the gun violence phenomenon as well as the wider role of "White society" in the perpetuation of the problem?

7. What is the best strategy for addressing the lack of public interest in supporting Black families and victims of gun violence? Is it a question of public education?

Interesting new directions in research could also involve comparisons of the racialized discourse in Toronto with that in other Canadian and non-Canadian cities. The next section offers key structural evidence as to why the pattern is unnecessary and avoidable. It highlights the structural violence that resulted from the imposition of a "War on Drugs" to address illicit drug consumption in Canada. This section also explains why the racialized consequence proved to be distinctly unfair and unjust across the criminal justice and correctional system.

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TRANSITIONAL CONTENT

Following the consideration of diverse representational strategies, the one conclusion that seems certain is that Black gun violence in Toronto represents a unique Canadian illustration of health inequity in that it involves a disparity in mortality that is well within the range of societal influence (Krug et al., 2002; WHO, 2010). The inequity becomes apparent in light of a steady decrease in gun crimes at the provincial and federal levels (Buffam, 2009; Carter, 2011; Lawson, 2012; Lawson, 2014); notwithstanding this wider trend, a high incidence of Black gun violence and homicide victimization has persisted for three decades in Toronto.

A disproportionate percentage of Toronto's fatal gun homicide incidents involved young Black men from both socioeconomically disadvantaged racialized neighbourhoods, as well as higher income low racialized neighbourhoods (Khenti, 2018; Sheptycki, 2009; Thompson, 2014). Relatively few studies have focused on this phenomenon, probably due to the relatively low overall figures for gun-related homicides in Toronto compared with similar-sized cities elsewhere (Hagan & Foster, 2000; Sheptycki, 2009; Thompson & Gartner, 2014). By Canadian standards however, the increasing proportions of racialized handgun related homicides in large metropolitan cities like Toronto is cause for alarm (Brennan & Dauvergne, 2011). This pattern of racialized health outcomes, preventable gun homicide victimization, stands in stark contrast to the articulated ideal of the National Collaborating Centre for Determinants of Health (2010, p.2) that "[p]eople in Canada should not be disadvantaged from reaching their full health potential because of their race, ethnicity, religion, income or other socially determined circumstance." Such disadvantages, however, exemplify health inequity as "differences in health that are not only unnecessary and

avoidable but, in addition, are considered unfair and unjust" (Whitehead, 1992, p. 430). The impact of racism on health and well-being is a critical factor in these deliberations. Some studies have found that, within North America, being an identifiable Black person may result in more overall stress (Anderson, 2013). To deal with such stress, victims of racial discrimination often engage in unhealthy coping mechanisms and behaviours, especially alcohol abuse (Brody, Kogan, & Chen, 2012; Kafele, 2004; Krieger et al., 2010; Smedley, 2012), smoking (Anderson, 2013; Brody, Kogan, & Chen, 2012), substance and drug abuse more broadly (Anderson, 2013; Brody, Kogan, & Chen, 2012; Krieger et al., 2010), and engagement in violence and crime (Brondolo et al., 2009; Caughy, O'Campo, & Muntaner, 2004; Harrell et al., 2011; Sanders-Phillips, 2009). Engaging in negative coping behaviours is damaging to health and compounds the harms of racial discrimination (Krieger et al., 2010). This tendency is more pronounced among males than females, and is particularly prominent among both incarcerated and post-incarcerated males (Burt, Simons, & Gibbons, 2012).

The following chapter confirms that the path from disadvantageous SDH to racialized gun violence, and Black homicide victimization, is paved with structural violence. In addition to factors related to the physical environment, the social conditions in which people live powerfully influence their likelihood to be healthy. Many health issues among marginalized and socially disadvantaged populations are related to the structural violence they experience as a result of the intersection of poverty and inequity, including factors such as social exclusion, discrimination, substandard housing conditions, homelessness, unhealthy early childhood conditions, low levels of community cohesion and connectedness, neighbourhood disorganization, unemployment, lack of employment opportunities, and low

occupational status (Gorman, Zhu, & Horel, 2005). These factors are important determinants of most diseases, deaths, and health inequalities between citizens, especially when considered in combination with community and cultural dynamics (WHO, 2004). People living in poverty, and facing multiple socioeconomic disadvantages, are less likely to have good health as long as social, political, economic, or cultural constraints remain unaddressed. The negative effects of these factors on health are further compounded by the legacy of WOD policies and racialized over-policing of the most vulnerable people in society; Black experiences that have become normalized in the contemporary period.

This manuscript also elaborates the intersectional factors at the root of Black Homicide Victimization (BHV) in Toronto. It describes the ways in which Black men have been stereotyped as the main enemy and how drug control efforts have served to diminish the health, well-being, and self-image of Black men via discriminatory and inequitable treatment before the law. It details how criminal justice authorities in Canada have disproportionately prosecuted racialized drug users and how Canada's drug policy has intensified Black social exclusion and inter-personal male violence. It also considers how international human rights obligations, including the Right to Health, have been violated through arbitrary stops and searches, unwarranted searches, seizures, and racialized incarceration patterns. It reveals the links between perceived racial discrimination in drug war policy, stigmatization, and damaged Black self-esteem. The current high rates of imprisonment of Black men are highlighted as a proxy indicator of systematic deprivation of significant social capital, which subsequently perpetuated socioeconomic harms and cycles of violence.

CHAPTER 5

THE CANADIAN "WAR ON DRUGS": STRUCTURAL VIOLENCE AND UNEQUAL TREATMENT OF BLACK CANADIANS[14]

Key words: war on drugs; anti-black stigma; racial incarceration; structural violence; human rights

5.1 ABSTRACT

This paper examines the impact of Canada's "War on Drugs" (WOD) on segments of the Black community, specifically with respect to the impact of structural violence, over-policing, and high incarceration rates (Khenti, 2014). It offers evidence of the systemic nature of these dynamics by examining the early context of the Canadian government's Bill C-10, growing stigma against Blacks, globalizing influences, and the punitive focus of funding and policy. The paper also explores how Black men have been identified as the main enemy and how drug control efforts have served to diminish the health, wellbeing, and self-image of Black men via discriminatory and inequitable treatment before the law. The current high rates of imprisonment of Black men are an indicator of systematic deprivation of significant social capital, which perpetuates socioeconomic harm and cycles of violence. This commentary calls for an immediate dissolution of policies regulating the "War on Drugs" as the first step in remedying the injustices experienced by Black Canadians. Due to the lack of Canadian data in this important area, the paper also emphasizes the critical need for more research to shed more light on the Canadian-specific complexities.

5.2 INTRODUCTION

Canada's Black community stands at the edge of a public health crisis. In March 2012, the Canadian government enacted Bill C-10 (Safe Streets and Communities Act) that, among other things, intensified legal consequences for minor drug offences, and further criminalized non-habitual drug use. It effectively expanded the Canadian government's "War on Drugs" (WOD) and the social and economic consequences associated with it. Bill C-10 escalated a two-decade long low-level Canadian WOD that targeted the poorest segments of Canada's Black community (Barbaree et al, 2012; Drucker, 2006; Tanovich, 2006; Wood, McKinnon, Strang, & Kendall, 2012).

Unbeknownst to many Canadians, Black communities in Canada have been the target of intensive policing since the inception of the WOD in the 1980s, especially in Ontario. The war was purportedly designed to apprehend high-level drug dealers deemed to be a risk to public safety. In reality, the war has concentrated on low-level cannabis users and dealers who present little risk to the wider community. A direct result of the inordinate police focus on Black communities has been a pattern of racialized mass incarceration, exemplified by the vast overrepresentation of Blacks within the federal offender population in prisons across Canada. A lack of systematic data on race makes it difficult to gauge the full extent of the war's impact on Canada's Black communities (Wortley & Owusu-Bempah, 2011), but the data available suggests it is far-reaching (Tanovich, 2006; Wortley & Tanner, 2004). A similarly affected but wider studied group, Canada's Aboriginal population, comprises 3.8% of the population, but accounts for 21.5% of the incarcerated population (Office of the Correctional Investigator, 2012). Estimates indicated that the national adult Aboriginal incarceration rate, both federally and provincially, was 910 per 100,000 as

compared to 109 per 100,000 for non-Aboriginal Canadians (Correctional Service of Canada, 2011). Asian and Caucasian offenders are under-represented (Trevethan & Rastin, 2004).[15]

There is a similar disproportionate representation of Blacks in correctional facilities in the United States (Ramchand, Pacula, & Iguchi, 2006; Bobo & Thompson, 2010). The incarceration rate among Black males was 6.7 times higher than that of White males (Stephan, 2001). The estimated probability of the average African American going to prison is 26% higher than that of the average White American (Mukku, Benson, Alam, Richie, & Bailey, 2012). Further, African Americans are 2.4 times more likely to be arrested for marijuana possession (Sutton, 2013).

Currently, the actions of Canadian police and the legal system seem to be fuelling a double standard by imprisoning Blacks for drug-related activities largely ignored when committed by Whites (CAMH, 2007; Wortley & Owusu-Bempah, 2011). This is true also in the United States where Blacks are more likely to be stopped, searched, arrested, convicted, harshly sentenced, and saddled with a lifelong criminal record. Blacks comprise 13% of the U.S. population and are consistently documented by the U.S. government to use drugs at similar rates to people of other races (Rastogi et al., 2010). By contrast, Blacks comprise roughly 45% of those incarcerated in US state or federal prison for drug law

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[15] The majority of the racialized population resides in Ontario and British Columbia. The three largest groups are South Asians (24.9%), Chinese (24.0%), and Blacks (15.5%). Fifty-two percent of the Black racialized group reported Caribbean origins, while another 42.4% reported African origins; Black visible minorities also reported British Isles origins (11.6%), Canadian origin (10.9%) and French origins (4.1%) (Statistics Canada, 2008). The Province of Ontario has the highest proportion of Black Canadians due largely in part to historical migration patterns. There is little disaggregation of data for Canada's Black population that is routinely collected in other provinces. For example, the category for Canadians of Caribbean origin does not exist in the data for provinces other than Ontario.

violations. From 1980 to 2007, US Blacks were arrested for drug law violations nationwide at rates three to nearly six times higher than Whites (Human Rights Watch, 2009).

This commentary argues that the WOD has intensified the structural violence towards Blacks that existed at more muted levels following the civil and human rights achievements of the 1960s, and offers a compelling rationale to terminate current tactics. First, it is argued that the Black Canadian incarceration rate is a result of the structural violence exerted systematically and indirectly by a certain social order that blames the individual for their circumstances and leads to oppression and social inequalities. Second, it is argued that authorities and public figures have painted Black men as the enemy in the WOD, regardless of the involvement of other communities. Consequently, Black people across Canada face significant human rights violations by police such as arbitrary stops, searches and seizures, arrests, extended periods of incarceration, and poor legal support leading to a publicly excoriated view of Black men and internalized negativity within the Black community itself.

The final section of the chapter points to the health effects of the WOD, which has had a profound impact on the mental health and well-being of Black communities, specifically young Black men, as they are threatened by discriminatory and inequitable treatment under the law. Due to the lack of essential race-related statistics in Canada, generalizations are drawn from international data (Owusu-Bempah & Miller, 2010).

5.3 STRUCTURAL VIOLENCE: STIGMA, GLOBALIZATION, AND FUNDING POLICY

5.3.1 The beginnings

The last three decades have been instructive. People have used creativity and determination to find innovative ways of maintaining their recreational drug use despite the billions spent worldwide to eliminate illegal drug use. It appears that despite the best efforts of modern drug warriors, "the ubiquity of drug use is so striking that it must represent a basic human appetite" (Weil, 1986, p. 17). Prevalence patterns and rates of harm have largely remained steady. When usage statistics have decreased, it has been mostly due to reasons unrelated to the WOD, and likely a result of demographic transitions associated with aging, and decreased sample population that can be attributed to the large number of incarcerated male drug users (Erickson, 1999; Fischer et al., 2006; Riley, 1998).

The pursuit of an American-style WOD was initiated in July 1982 by Brian Mulroney, culminating in a national drug strategy. Legislation was enacted in Canada in 1988 and 1989 banning the sale of drug paraphernalia and strengthening the police's power to seize the assets of arrested drug offenders (Erickson, 1992). However, Mulroney's claim of an epidemic did not stand up to scrutiny. Cannabis, heroin, and cocaine use had been steadily declining since its peak in 1979. By 1991, rates were the lowest in a generation (Adlaf, Smart, & Canale, 1991). Annual numbers of deaths caused by illicit drugs varied little throughout the 1980s (Jensen & Gerber, 1993). Given the declining use of illicit drugs at the time, there existed little reasonable cause to begin a WOD.

5.3.2 Historical and modern racial stigma

The WOD disproportionately targeted Black communities, although large segments of the White population were also using drugs at similar rates. Police and governments chose a publicly neglected enemy with a weak voice—poor Black men (Tanovich, 2006; Mosher, 1998). This focus on poor Black communities was buttressed by existing racial stigma within the criminal justice system and society as a whole (Mosher, 1998).

Just as the drug war does not focus on drug users and traffickers of all ethnicities, neither does it focus on the most harmful drugs, many of which are legal. The vast majority of drug-related deaths and health harms stem from legal drugs such as alcohol, tobacco, and prescription drugs, which are responsible for thirty times more deaths than illicit substances (Mokdad, Marks, Stroup, & Gerberding, 2004). Cannabis, one of the main targets of the drug war, and said to be used recreationally by between one-quarter to one-half of Canadians, has never been reported to cause any fatalities (Mokdad et al., 2004; Tanovich, 2006).

Historically, law enforcement officials have often considered Blacks to be responsible for the spread of illicit drug use in Canada. During the term of US President Ronald Regan, blatant public condemnation of poor Blacks as "welfare queens" and "criminal predators" fuelled negative stereotypes. US media images featuring Black "crack whores" and "gangbangers" strengthened and magnified public fear. Canadian media fanned these flames with suggestions that Jamaican crime and criminal subculture has spilled over to Canada (Alexander, 2012; Roberts, 2004). The direct consequence of such propaganda was a well-established association of Blackness with criminal tendencies (Alexander, 2012; Tanovich, 2006; Welch, 2007).

Vulnerable Black communities suffered shame and disdain for the drug-related activities of its youngest members, despite the fact that the comparable levels of use and sale appear across all levels of society. Not surprisingly, the WOD has eroded the value of social capital, and investment in social relations with expectations of reciprocity (Dekker & Uslaner, 2001) in poor Black communities. Parents and elders in these communities have come to fear young Black men in much the same way, and feel unmotivated to take action because of the questionable pasts of many youth who have been victimized by police (Alexander, 2012; Flynn, 2012).

The criminalization and demonization of Black men has turned the Black community against itself, unraveling community and family relationships, decimating networks of mutual support, and intensifying feelings of shame and self-hate (Alexander, 2012). In this weakened position, a prohibitionist policy with harmful consequences for the Black community could be aggressively pursued without vehement opposition. Simultaneously, globalization and attendant job losses in the North American economy provided the ideal setting for heightened racialization of the declared "War on Drugs" (Wortley & Tanner, 2005).

5.3.3 The impact of globalization

By the 1980s, public concerns about racism directed toward Blacks led to several anti-racism initiatives in response to civil and human rights demands by the Black community, generating some optimism about interracial relations (Walker, 2005). However, as economic competition intensified due to labour exportation, Blacks were blamed for increased social problems in fact caused by globalization (Johnson, Burthey, & Ghorm,

2008). Across Canada, the economic force of globalization translated into the loss of 276,000 manufacturing jobs by 1997 (Mackenzie and Stanford, 2008), a significant number of which were held by Black labourers. Black employment rates dropped by 20% (Hajnal, 1995; Walks & Bourne, 2006) and young Black workers faced greater hour reductions, rates of job loss, and more difficulty finding employment (Farber, 1993; Yeung & Hofferth, 1998).

There was a rise in poverty in major urban areas, where the majority of racialized communities resided. Forty-six percent of people in Toronto belong to a racialized group where poverty increased from 20% in 1981 to 29% in 2001, with no change in the White population (12%) over the same time period. The size of the poor racialized family population increased 362%, while the size of the poor White family population decreased by 28% (United Way, 2004). The poverty rate for Black communities soared above 50% as compared to 21% for the general Canadian population (Jackson, 2001).

The attrition of economic opportunities for young Black men in the late 1980s and 1990s incentivized involvement in illicit drug trade, particularly of cannabis, as many poor young Black men were unable to find employment (Tanovich, 2006). "An alarming 40% of black youth [did] not finish high school, and turned to the drug trade as a means of survival" (Celestine, 2008, p. 1). Although young working-class men of all backgrounds faced similar economic challenges, they did not do so in an over-policed environment.

5.3.4 Funding and policy in the "War on Drugs"

The WOD underscored and supported political preferences for funding policing and prisons rather than housing and social welfare. By 1992, enhanced law enforcement at both federal and provincial levels required $400 million; in contrast, funding for addiction

treatment was set at only $88 million (Single, Robson, Xie, & Rehm, 1996). Funds for prevention and public education were cut to sustain the criminal justice focus, as were funds for social supports such as public housing (Prince, 1998). By 2008, 70% of funding for the national drug strategy was still being directed to law enforcement initiatives despite public demand for more treatment, education, and prevention efforts (DeBeck, 2008; Riley, 1998). A policy commitment of two billion dollars annually for spending on the Canadian correction system, approximately $40,000 to $70,000 to house every offender, could well be considered wasteful spending given the alternative health and social spending possibilities (National Crime Prevention Centre, 1998).

The criminal justice focus of the WOD was in part powered by legislation like the Controlled Drugs and Substances Act (CDSA), which enabled sweeping new police powers of arrest, search and seizure, and tough new maximum sentences for drug offences. The addition of Khat, amphetamines, and hallucinogens to the list of prohibited substances also ensured that more youth were susceptible to criminalization (CDSA, 2012). The greatest damage was caused by the continued inclusion of cannabis as an illicit substance, resulting in criminal records for over 600,000 Canadians including a large proportion of Blacks (Ciuriak, 2010). The Quebec Bar Association indicated that it was considering a Charter of Human Rights challenge given the apparent threat to human rights (Riley, 1998).

The Canadian government continues to support a punitive approach, pursuing a "tough on crime" policy despite overwhelming evidence supporting other methods. For example, mandatory minimum sentences (MMS) were introduced in 2012, imposing a minimum one-year sentence for trafficking cannabis, even though "social science research … has consistently demonstrated that MMS are ineffective, expensive and at times, unjust"

(Barbaree et al, 2012). In Canada, drug offenders without violent histories were receiving long prison sentences; in most progressive jurisdictions worldwide, similar sentencing policies are recognized as fueling further crime (Alexander, 2012; National Council of Welfare, 1995).

5.4 UNEQUAL BEFORE THE LAW

Article 7 of the Universal Declaration of Human Rights provides that "all are equal before the law and are entitled without any discrimination to equal protection of the law" (United Nations, 1948). The inequitable incarceration of Blacks does not meet this stipulation. According to a wide range of international obligations, Black Canadians are legally entitled to the same treatment as White Canadians before the law. Various international conventions and charters oblige Canada to "pursue by all appropriate means and without delay a policy of eliminating racial discrimination in all its forms" (ICERD, 1965, Article 2.1) and to ensure that every individual has the right to equal protection and benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, age, gender or mental or physical ability. This includes protection from arbitrary detention and a framework for thinking about Black inequality before the law (Tanovich, 2006). Despite these legal rights, Blacks face disproportionate criminal intrusion for drug-related practices, particularly regarding cannabis, that often go unpunished amongst Whites despite similar rates of cannabis use.

5.4.1 From racial profiling to racial incarceration

In 2010, Statistics Canada recorded 25.1% of young people aged 15 to 24 years who used cannabis during the previous year, compared with 7.9% of adults. A much smaller segment of the Canadian population used at least one of five illicit drugs: cocaine or crack, speed, hallucinogens, ecstasy, and/or heroin. Among people aged 15 to 24, 1.2% used cocaine, 0.5% used speed, and 0.9% used hallucinogens. Since 2004, the prevalence of most illicit drug use has remained steady, while crack and cannabis use has declined concurrently with a decline in the seriousness of youth crime (Statistics Canada, 2012).

Nonetheless, unequal treatment before the law has become a pervasive reality because of the drug war's focus on Black communities. The first contemporary reports of officially sanctioned discrimination surfaced in the 1990s. Police officers were trained to explicitly profile certain ethnic and/or racial groups for law enforcement purposes (Bobo & Thompson, 2006; Operation Pipeline and Racial Profiling, 2002; Tanovich, 2006). Canadian law does not explicitly permit this behaviour; arbitrary stops and searches are specifically prohibited by the Canadian Charter of Rights and Freedoms (ACLC, 2012; Commission on systemic racism, 1995). However, such unwarranted searches, seizures, and arrests happen frequently (Ontario Human Rights Commission, 2003).

Blacks in Toronto experience ongoing racial profiling—being stopped, questioned and having their personal details recorded on cards known as "208s" between 2 and 17 times more frequently than Whites (Rankin, 2011). It has been argued that Blacks are effectively circumscribed in both being able to drive or walk without prospects of unwarranted stops, sometimes referred to as "driving whilst Black" and/or "no walk lists" (ACLC, 2012). Without reasonable cause, police stop Blacks on the pretext of enforcing traffic laws but

actually in search of illegal drugs (Rankin, 2002a). African Canadian Legal Clinic (ACLC) lawyers have argued that, "our young men are being profiled, monitored, over-scrutinized, and (no matter how politely it is done) treated like criminals" (2012, p. 3). Unreasonable dominance and submission are common features of such encounters (ACLC, 2012; Commission on Systemic Racism, 1995).

Disproportionate levels of remands, arrests, and incarceration have all been recorded, and continue two decades into the WOD. Toronto Star studies (Rankin et al., 2002) on race and crime reported:

Blacks are treated more harshly after arrest than their White counterparts … [with] White offenders more likely to be released at the scene, while Black offenders are more likely to be detained, taken to the station for processing, held in custody until their bail hearing (Wortley & Tanner, 2004, p. 197).

5.4.2 Incarceration

Such policing has led to disproportionate numbers of Blacks being incarcerated, especially for non-violent crimes involving drug possession. Extreme difference in admission rates, running along racial lines, is another stark indicator of the unequal treatment of Blacks before the law (Alexander, 2012; Commission on Systemic Racism, 1995). The available provincial data indicates that by 1993, Black males were admitted at about five times the rate of White males (Brennan, 2011; Commission on Systemic Racism, 1995). Effectively, Canada practices segregation in a socially acceptable form of long-term punishment for criminals (Alexander, 2012). In Ontario in the 1990s, 15% of admissions to prison were Black offenders, although Blacks made up only 3% of the province's population

(Roach, 1996). According to the earlier findings of the Ontario Commission on Systemic Racism (1995), "one effect of the war on drugs, intended or not, has been the increase in imprisonment of black people…[because] of the intensive policing of low income areas in which black people live" (p. 82-83). By 2011, the federal incarceration rate for Blacks, who account for about 2.5% of the population, was over 9%—a 52% increase in a single decade (CBC News, Dec. 15, 2011). In Ontario, the Black incarceration rate reached approximately 20% (Brennan, 2011).

5.5 EFFECTS

The burdens that follow from violations of the right to equal treatment before the law are extensive, resulting in damaged individual and family lives, and devastated Black communities forced to cope with increasing violence over generations of incarceration. They also suffer discrimination and poor access to health services. The mental health and well-being of poor Blacks is being undermined by the WOD. The pejorative associations of Blacks and crime have intensified levels of stigma that have existed for decades but remained tangential to the lives of Black Canadians. Diminished self-esteem, perceived discrimination, and internalized stigma are likely the biggest health risk factors borne by Black men and youth (Caldwell et al., 2004; Seaton, Caldwell, Sellers, & Jackson, 2009).

More than one out of ten (13%) male offenders in federal custody have been identified with mental health problems at admission; this proportion has almost doubled since 1996/97, increasing from 7% to 13% (Correctional Service of Canada, 2010). An Ontario Human Rights Report, Paying the price: The human cost of racial profiling (2002), reported that the harms caused by racial profiling include increased fear, a sense of

intimidation, reinforced anxieties, and enhanced feelings of helplessness and hopelessness that can lead to suicidal thinking, depression, and drug abuse (Caldwell et al., 2004; CAMH, 2007). Although Canadian data is not available to quantify the harmful health effects of everyday encounters with the police, studies conducted in the UK and the US have reported that Blacks have more anxiety disorders involving unreasonable fear of persecution (Annoual, Bibeau, Marshall, & Sterlin, 2009).

The Black health burden includes a disproportionate share of addictions mental health problems that go unaddressed due to a lack of documented research, lack of services, and delayed help-seeking. Addictive behaviours are criminalized early, rather than treated early. Of all Black inmates, between 40% and 60% have substance use disorders. Their untreated disorders have contributed to their criminal involvement and exposed them to disproportionate police attention (Alexander, 2012; Drucker, 2006). Many young Black men have also been traumatized by their interactions with militarized police units enforcing the WOD (Kerr, Small, & Wood, 2005). Drug sweeps involving violent forceful interventions at gun point in the middle of the night, with doors being broken down and family members handcuffed and verbally abused, have taken place below the public radar. The effect of experiencing such trauma on mental and physical well-being can contribute to decreased functioning, isolation, and increased dependence on drugs for relief (Small & Rankin, 2012).

5.6 A MORAL IMPERATIVE

The net result of the WOD has been an intensification of racial stigma and structural violence. The need to create public justification for the war meant that Black men were demonized across North America along with their drugs of choice, cannabis and crack,

despite equivalent use across most levels of society (Tanovich, 2006; Wortley, 2007). Current high rates of imprisonment mean that Black communities are being systematically deprived of significant social capital, resulting in ongoing socioeconomic harm and cycles of violence (ACLC, 2012; Alexander, 2012). Discrimination is also apparent in schools where Black youth experience different treatment than their White peers (Alexander, 2012; Wortley & Tanner, 2004). Promoting such conditions that prevent Black people from fulfilling their human potential, violates their human dignity (Roberts, 2012).

The criminal justice system has gone from a tangential institution in the lives of most Blacks, pre-drug war, to one that is now shaping and sustaining modern Black identity in Canada (Galabuzi, 2001). Blacks with criminal records and no qualifications are as systematically segregated from mainstream Canadian life as their early 20th century ancestors (Erickson & Goodstadt, 1979; Walker, 2005). These men and women face inordinate discrimination and have few resources available to them with which to advocate and overcome obstacles (Alexander, 2012). The WOD, purportedly aimed at reducing the harms associated with illicit drug use, has become a source of multiple harms undermining the fabric of life for many of Canada's most vulnerable Black communities. The WOD must be stopped, especially the sub-campaign against cannabis. Criminalization has proven ineffective in eliminating and/or reducing drug use and has instead resulted in much health-related harm to drug offenders. We know that the decriminalization of drug use does not necessarily lead to any increases in drug-related harms (e.g., Portugal) (Alexander, 2012; Wood, McKinnon, Strang & Kendall, 2012). Ending the WOD will not be easy; a new global social movement, akin to and aligned with the prison abolition movement, is needed to move

this agenda forward given the various laws and international agreements that the WOD violates.

It is essential that Black communities make greater efforts to take control of the "Black Experience." Data gathering is critical, as without such basic information, the police and criminal justice authorities can ignore political and legal challenges. This is especially true in the Canadian context where data on the unintended consequences impact of the WOD on Black communities in Canada is scant. Black communities must challenge the persistent media bias (Henry & Tator, 2000) and the patterns of policing that sustain it, in part by demanding a pro-Black public relations campaign, given the decades of negative messaging. Most importantly, however, Black communities must recognize the important role played by poverty and class discrimination in creating the current set of circumstances, and how they have internalized racial stigma (Alexander, 2012; Wortley & Tanner, 2004).

Educational7 authorities must be challenged to fulfill their obligation to develop rather than mis-educate Black youth. There are numerous strategies available to achieve such ends: from mandatory anti-Black racism training for educators, nursing home visits during early elementary school years, enriched and revised culturally-relevant curriculum to after school programs.

The criminal justice system should also address the consequences of its decades old implementation of a flawed "War on Drugs" policy. Social justice considerations demand systemic efforts to rectify the thousands of unnecessary criminal records and damaged lives and careers for non-violent drug possession offences through automatic pardons, alternative diversion programs, rehabilitative education and career support etc. Decision makers should also consider giving public acknowledgement, and apology, to the Black communities that

have been consistently harmed by this demonstrable policy failure and unequal treatment before the law.

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TRANSITIONAL CONTENT

The previous chapter explored how structural violence, justified by the WOD, has also had devastating effects on individual mental health as well as collective racial identity. It has been argued that the disempowering and traumatizing relationships with those in power, especially the police, are among the major structural factors affecting mental health of youth of colour in Canada (Nestel, 2012). According to the Ontario Human Rights Commission (OHRC), those who have experienced racial profiling, activities that have multiplied precipitously on account of the WOD, reported feelings of embarrassment and profound shame in their identity. This was echoed in common description of their reactions to such experience as feeling "powerless, helpless, and emasculated" (OHRC, 2003, p. 33). Rivera (2008) acknowledged the Black community's deep suspicion and apprehension due to years of negative interaction with the police. Rivera also reported that individuals subjected to racial profiling experience "fear, anxiety, humiliation, anger, resentment, and cynicism" (p.8). These feelings have been linked to development of mental distress such as depression and anxiety (Morad & Hassan, 2004; Rousseau et al., 2011). Low self-esteem has also been a serious consequence of racial profiling with particular implications for positive cultural identity.

The following chapter highlights the central role of systemic racism in the development and implementation of the WOD. Systemic racism is one issue that is seldom brought to the fore as a dominant and determining feature of the WOD, but it is experiences of systemic racism across the society, especially in the domains of education, criminal justice, and the media, that translate risks into racialized violent realities. The WOD has

implicated two systems in the construction of "Black criminality"—education and criminal justice. Both treat misbehaviours by young Black adolescents much more punitively than they do White adolescents for similar type activities. Compounding the educational harms is the direct involvement of police intervening in educational misbehaving that was previously dealt with internally. Ostensibly designed to protect the safety of all, the policy has increased police contact with many at risk Black adolescent males which then fuelled further involvement with the criminal justice system -- creating what has been called the school to prison pipeline.

Residents of disadvantage communities have considerable intersectional risks of experiencing direct and indirect contact with police resulting from aggressive WOD strategies (Brunson, 2007; Mastrofski et al., 2002; Tyler & Wakslak, 2004). A body of research has also reported a strong association between legal distrust and dissatisfaction with the police and neighborhood poverty (Anderson, 1999; Sampson & Bartusch's, 1998; Tanovich, 2006). Not surprisingly, the criminal justice system, beginning at the stage of initial police contact, detains Black adolescent males at four times the rate of Whites for comparable offences. In one study, Wortley (1997) found that Black male respondents are more likely than their White and Asian counterparts to be stopped and questioned by the police regardless of their social class and/or age. The WOD has thus created new systemically racist barriers to the attainment of health, of a sense of belonging, and the achievement goals associated with dominant society. Jones's research on Black male youth's experience with intensive policing practices contrasts "the world is your oyster" messaging sent by society to young White adolescents who are encouraged to move freely in the world. Young Black men learn that such free movement is not theirs to experience, nor are the full

entitlements and obligations of adult life. The observation made by Jones (2014, p.52), following research on young Black men within a US, low income, racialized context seems fully applicable to the Toronto Black experience and bears repeating:

> Routine encounters typically involve young men interacting directly with institutional authority at an age when they lack the full capacity to do so. Just as importantly, these encounters with police authority send messages, both to the young men directly involved and to bystanders, about their place in mainstream society … although not quite a prisoner, a poor, young Black man does not have command over his own world. He is a contradiction: free, but not free.

Are there degrading effects and implications, given the obvious disparity in WOD targeting? The extensive efforts that young Black residents of vulnerable communities make to avoid the police contact certainly reinforces the idea that such contacts have a negative impact. The healthy process, whereby Black adolescents can forge a cultural identity on the foundations of their parents and family background, as well as on the dominant culture and local socioeconomic contexts, seems also to be fundamentally compromised by the WOD (Berry et al, 2006, Jones, 2014). This latter experience being a clear manifestation of structural violence.

This next manuscript demonstrates the continuing ineffectiveness of certain types of policy responses (i.e., tougher policing), and of appeals from community leaders, decision-makers, and community leaders (i.e., for Black youth to stop killing each other). It argues for the necessity of Toronto's Black communities and public health decision-makers to recognize that the "War on Drugs" and the concomitant racial stigmatization are key social

determinants of health that have had dramatically negative effects on the lives of poor young Black men. It discusses harm reduction options, and for communities to take control of the situation by gathering data, for example, to advance political and human rights-based challenges to the social injustices that are caused directly by the "War on Drugs."

CHAPTER 6

ENDURING LEGACIES: BLACK HOMICIDE VICTIMIZATION, CARDING, RACIAL PROFILING, AND MASS INCARCERATION

6.1 ABSTRACT

This paper examines how Canada's "War on Drugs" (WOD) approach continues to affect segments of the Black community, specifically through the impacts of carding, racial profiling, and disproportionate incarceration rates. It explores how drug control efforts have served to diminish the physical and mental health of Black men and strengthened systemic anti-Black racism. An extensive literature review was conducted on the practices and legacy of the Canadian WOD, as well as on the social, physical, and mental health effects of the WOD on young Black Canadian men. The current high rates of imprisonment of Black men are an indicator of systemic deprivation of significant social capital, which perpetuates socioeconomic hardship, and cycles of violence. Inequitable Black homicide victimization, and disproportionate carding, racial profiling, carding, and mass incarceration of Black people in Canada are major social, physical, and mental health concerns. Furthermore, the disproportionate targeting of Black Canadians is in direct violation of Canadian ideals and international commitments to universal human rights. The paper calls for an immediate dissolution of policies regulating the WOD as the first step in remedying the injustices experienced by Black Canadians. Due to the lack of Canadian data in this important area of research, it also emphasizes the critical need for more research to shed more light on the Canadian-specific complexities.

6.2 INTRODUCTION

The primary legacy of the contemporary "War on Drugs" (WOD) is renewed and intensified systemic anti-Black racism across many sectors of Canadian society—especially education, child welfare, criminal justice and correction, and health. The racialized disparity rates within these sectors are difficult to reliably estimate due to the lack of Canadian data on this important area of research, but longstanding observers recognize surging rates in recent years (Wortley, 2017; Rankin, 2017). Many of the current inequities in health and social structures within Black communities are direct, or indirect, results of the legacy of the WOD (Bryant, 2009). These legacies persist even though the WOD approach is no longer the accepted approach of the Liberal government, and the associated policies regarding policing, carding, and mass incarceration have yet to be thoroughly evaluated and dismantled. A "school to prison pipeline" has effectively been mobilized by huge racialized disparities in school suspensions, expulsion, and dropouts that parallel incarceration rates (Khenti, 2014). These discriminatory and harsh enforcement practices disproportionately affect Black people and communities and have traumatizing effects, increasing their vulnerability to various health and social ills (Erickson & Hyshka, 2010).

The contemporary policies associated with the WOD have been globally condemned by several UN conventions, widely regarded as violating critical human rights provisions and upholding the most demonizing policies and stigmatization imaginable in international jurisprudence. Chief among them were the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances, and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (Dupras, 1998). By the 1990s, Canada had ratified these conventions and passed the Controlled Drugs and Substances Act

1995, which authorized the police to expand drug control efforts including new and harsher sentencing for drug offences (Erickson & Hyshka, 2010). The National Anti-Drug Strategy was implemented in 2007, purporting to balance a "tough-on-crime" approach with appropriate community and health interventions. In actuality, law enforcement initiatives received 70% of the funding (Debeck et al., 2009). Following a five-year review, law enforcement was granted an increase in funding under this scheme at the expense of health funding.

The net effect of such commitments has been greater agency for a criminal justice framing of the problem, which vilified both illicit drug use as well as the racialized groups that were publicly perceived to occupy the epicentre of society's contemporary drug problems. This paper first highlights the link between historically rooted racial stigma and the current racialization of drug policies, especially the "War on Drugs." It further explores the harmful health and social outcomes for Black communities, not the least of which are the intensifying of systemic anti-Black racism and the alarming increase in Black homicide victimization. This paper argues that ineffective and racializing policies demonstrate the need for policymakers and public health advocates to dismantle the systemic structures that resulted from the WOD, and to implement harm reduction policies for drug use and racialized gun violence in order to significantly curb Black homicide victimization.

6.3 ORIGINS OF A PUNITIVE RACIALIZING APPROACH

Systemic racism and enduring racial stigma lie at the root of Canadian drug policy. From their inception, anti-immigrant and anti-Black sentiments across North America have offered an avenue for approval of racialized anti-drug laws. In Canada, anti-opiate policies

were enacted in the early 20th century as a direct response to anti-Chinese immigrant sentiments. Although Chinese immigrants were invaluable for cheap labour, the growth of a Chinese community was seen as a threat to White British society (Gordon, 2006). By associating immigrants with drugs, it became easier to enact policies against both. Early drug policy legislation was led by the Minister of Labour, Mackenzie King, in response to the Vancouver Race Riot of January 1907 (Gordon, 2006; Hathaway & Erickson, 2003).

Like many other countries at the time, the prohibition of opium as a psychoactive and dangerous drug was the first step in the sequence of substance control legislation founded on false racialized premises, especially given the focus on protecting the White population from the perils of activities associated largely with non-White immigrants (Blackman, 2010; Gould, 1997; Joseph & Pearson, 2002; Kohn, 1992; Maris, 1999). The criminalization discourse emphasized the purportedly negative effects of opium and its derivatives on the morality, prosocial behaviours, and work ethic, of the largely male Asian immigrant population in relation to White Canadian society, to which they had been brought primarily as labourers (Gordon, 2006; Hathaway & Erickson, 2003). By 1911, the Opium Drug Act included cocaine and by 1923 cannabis was prohibited in Canada, setting the stage for "illegal drug possession" charges to be used by law enforcement officials to protect the (White) Canadian public from "black men using cocaine and the Oriental opium smoker seeking to seduce white women and bring down the 'bright browed races of the world'", according to Edmonton magistrate, Emily Murphy (Hathaway & Erickson, 2003).

The emphasis on drug enforcement was further used to justify a continuous police presence in poor, racialized communities, even in the absence of drug violation charges or arrests. In the following decades, the Opium and Narcotic Drug Act was renamed to reflect

the restrictions on the sale of any medications containing the illicit substances or their derivatives. Further amendments to the Act seeking to increase minimum sentences and deport convicted drug users characterize the most recent efforts, reflecting the current zeitgeist of racialization of the drug user and the moral panic of the prohibitionist era in the US (Canadian Drug Policy Coalition, 2011).

By contrast, the approach to cannabis use and trafficking is tinged with irony. Canada is among the most supportive harm reductionist nations. This orientation is evidenced in the medicalization of cannabis in 2001 and a brief flirtation with decriminalization of small and intermediate amounts of cannabis possession following the introduction of Bill C-17 by the Liberal government in 2004 (Cosh, 2000; Graham, 2004; Raaflaub, 2004). Canada is also considering legalization of cannabis in 2018; however, Canada still has the second highest drug-related incarceration rate in the world, with over half of all drug arrests attributed to cannabis possession. Despite the public health and scientific recognition of the medical benefits of cannabis and of its relatively innocuous health effects there is still considerable demonization of use and users (Grant, 2009). Further, the WOD approach to drug policy has failed to decrease the rates of use or to prevent trafficking in any significant way for over four decades despite significant Canadian and global implementation of similar tactics (Bollinger, 2002; Dean, 1989; Dorn, 2006; Nadelmann, 2007).

Since the 1970s, a third of the growth in Canada's prison population was due to drug offences, with drug arrests increasing 1000% since the 1980s (Grant, 2009), primarily due to cannabis possession charges (Gordon, 2006). Currently, Canada is second only to the United States in the number of drug arrests per capita, with 116 per 100,000 Canadian

citizens in prison compared to 730 per 100,000 of US citizens, despite the official adoption

of the harm reduction framework as Canada's Drug Strategy from 1987 to 1997 (Grant,

2009; Odeh, 2013).

As with all prohibitionist drug laws and practices of the past, contemporary drug-

related law enforcement disproportionately targets new immigrants, Indigenous, Black and

other racialized populations. Such racial profiling occurs despite contrary evidence of similar

rates of drug use among their White peers (Butts et al., 1995; Defeis, 1995; Gordon, 2006;

Joseph & Pearson, 2002; Khenti, 2014; Polak, 2001; Room et al., 2008; and Stuart, 1996).

In Canada, this is especially true for Black and Indigenous people: Black people comprise

2.5% of the population, but 9% of the federal prison population; Indigenous people comprise

3.8% of the population, but 21.5% of the incarcerated population (Khenti, 2014). However,

other research suggests that the rates of drug use, specifically cannabis and crack-cocaine,

and the rates of lifetime selling of illicit drugs is fairly comparable between Black and White

students if not slightly lower for Black students (Owusu-Bempah & Wortley, 2014; Wortley

& Tanner, 2006).

6.3.1 "Carding," racial profiling, and incarceration

With public support for "tough-on-crime" WOD policies, Toronto Police practices

such as carding have focused disproportionately on Black communities and have

consequently ignited systemic anti-Black racism (Siciliano, 2011). These practices

inevitably lead to racial profiling, which infringe upon Canada's Charter of Rights and

Freedoms (Khenti, 2014; Cseste, 2016). A survey of Toronto high-school students revealed

that Black youth are much more likely to be stopped and searched by the police than youth

from other racial backgrounds (Wortley & Tanner, 2003). Almost half (44%) of the Black male respondents reported that they had been stopped and questioned by the police at least once in the past two years, and one-third (33%) reported that they had been stopped on two or more occasions. In contrast, only 12% of White males and 7% of Asian males reported multiple police stops (Wortley & Tanner, 2003). These results demonstrate that racial profiling targets Black Canadian males, and thus provide evidence of institutionalized and systemic racial discrimination.

Due to this kind of systemic racial profiling, Black people are more likely to be arrested and charged when they break the law than White people who engage in similar forms of criminal activity (Gordon, 2006). The natural consequence is a pattern of racialized mass incarceration, exemplified by the vast overrepresentation of Blacks within the federal offender population in prisons across Canada (Khenti, 2014). Yet, according to the 2004 Canadian Addiction Survey, almost 70% of young people aged 18 to 24 years, regardless of race, have tried cannabis (Canadian Nurses Association, 2011).

Similar to the youth population, Black adults are five times more likely to be imprisoned than White adults; they are also are more likely to be stopped and taken to the police station than their White counterparts (Siciliano, 2011). During the last decade, the absolute number of Black inmates in federal prisons has increased by 80%, and the proportion of Black inmates has increased by 3.2%. As of 2011, Black males composed 20% of the provincial prison population in Ontario, although they composed only 1.25% of the national population (Statistics Canada, 2011). Black males are the fastest-growing population in the federal prison system, triggering an evaluation by the independent prison ombudsman (Office of the Correctional Officer, 2013).

. Civil rights activists have long argued that the increases in Black males within the prison complex are the result of targeted racialized police practices.

Black males in the Canadian prison system have a disproportionately low average age -- 50% under 30 years of age compared to 30% for non-Blacks. Only 10% of Black male inmates are incarcerated for sexual offences, compared to 15.5% of other inmates. Violent crime is the largest cause of incarceration (50%) among federally incarcerated Black males, but a significant percentage (18%) of this population was charged with drug offences (OCI, 2012). Canada's drug policy relies heavily on law enforcement and has produced record incarceration rates of non-violent people who use drugs, via mandatory minimum sentences (Chu, 2006).

Consequently, Black populations have been placed at risk for mental and physical illness including HIV/AIDS, Hepatitis C, substance use issues, and depression (Chu, 2006). These health effects are long-lasting and shorten lifespans. For example, the high prevalence of HIV/AIDS among Black Canadians has been linked with injection drug use habits acquired in prison, among prisoners who did not previously use illegal drugs (Chu, 2006). A recent study found that the number of known HIV/AIDS cases in Canadian prisons rose by 35% between 2000 and 2006, and this is a driving factor of Canada's worsening HIV/AIDS epidemic and increasing hepatitis C infection in this population (Chu, 2006).

According to the Law Union of Ontario (2014), systemic discrimination arising from carding, racial profiling, and mass incarceration is part of a larger system of inequalities in employment, infrastructure, housing, training opportunities, access to medical care, and other governmental services. The social consequences of incarceration are severe for individuals and their families. For example, a criminal record prevents individuals from fully

participating in society after their release, as a result of stigma and discrimination (Ontario Human Rights Commission 2003). Bill C-10 makes it likely that a young Black male with a few petty offences will have a record for life, making it difficult for him to acquire gainful employment. Diminished capacity to obtain good quality of life with meaningful employment and healthy self-esteem also has devastating effects on physical and mental health, perpetuating a cycle of poverty and crime.

6.3.2 Physical and mental health effects

Mental illness is a serious challenge in Canada. In 2002, approximately 2.6 million individuals (10% of the Canadian population) reported symptoms consistent with mental health disorders, including major depression, bipolar, panic disorder, social phobia, and agoraphobia, as well as alcohol and illicit drug dependence (Canadian Mental Health Association, Ontario, 2014). This number has increased almost threefold: in 2014, more than 6.7 million people in Canada reportedly lived with a mental health condition (Canadian Mental Health Association, Ontario, 2014). Mental illness indirectly affects all

Canadians at some point, through a family member, friend, or colleague, and one in five Canadians will personally experience a mental illness in their lifetime (Canadian Mental Health Association, 2014).

Systemic racial discrimination, institutionalized in carding and mass incarceration as a result of Canada's WOD, has had devastating effects on the mental health of racialized youth and young adults. Disempowering and traumatizing relationships with those in power, including the criminal justice system, are arguably among the major social factors affecting mental health among youth of colour in Canada (Rankin & Winsa, 2013). According to the

Canadian Institute for Health Information, Black youth in custody from Ontario and British Columbia tend to suffer from conduct disorders, depression, schizophrenia, fetal alcohol syndrome, or to abuse alcohol and drugs (Rankin & Winsa, 2013). Despite efforts to deliver effective programming to inmates, jail stays are often too short to perform assessments and deliver educational and therapeutic programs (Rankin & Winsa, 2013). This means that many marginalized youth return to their communities after incarceration without any help; the consequences of this system failure are grave because most of them live in poverty and cannot access expedient health care on a private basis (ACLC, 2014).

Young people aged 15 to 24 are more likely to report mental illness and/or substance use disorders than other age groups, and those in the lowest income group are 3 to 4 times more likely than those in the highest income group to report fair to poor mental health (Canadian Mental Health Association, 2014). The mental health of marginalized and racialized youth is compromised early in life by exposure to, and experiences with violence, poverty, racism, street crime, and gangs (Caughy, O'Campo, & Muntaner, 2004; Sanders-Phillips, 2009; Simons et al., 2006). The most frequently explored unhealthy mental health consequences of racial discrimination are alcohol abuse (Kafele, 2004; Krieger et al., 2010; Kwate et al., 2003), smoking (Krieger et al., 2010; Kwate et al., 2003), substance and drug abuse more broadly (Kafele, 2004; Krieger et al., 2010), and engagement in violence and crime (Caughy, O'Campo, & Muntaner, 2004; Kafele, 2004; Krieger, 1999; Nyborg & Curry, 2003; Sanders-Phillips, 2009). Higher rates of all these maladaptive coping strategies have been documented among racialized boys (Nyborg & Curry, 2003). Experiences of racial discrimination, compounded by harsh policing practices, can become a chronic source of trauma among Black and Indigenous populations in North America (Sanders-Phillips,

2009). Among teenage Black boys, watching parents being stopped and arrested by the police, or being carded themselves, can result in higher rates of depression, anxiety, low self-esteem, hopelessness, or other internalizing coping mechanisms from a young age (Caughy et al., 2004; Nyborg & Curry, 2003).

In terms of access to mental health services for marginalized populations, only a third of those who need mental health services in Canada actually receive them, and this figure drops to one in four for marginalized youth (Kirby, 2013). The limited number of youth receiving mental health care is due to the fact that government-funded health care only covers the cost of psychological support services provided by psychiatrists for whom there is typically a one-year waiting period for a first appointment, with some children waiting up to four years. Thus, only families with financial means can secure timely mental health services provided by a psychologist or a social worker in the private sector, leaving most of the socially disadvantaged racialized youth without access (Kirby, 2013).

The ultimate consequence of unhealthy psychological and behavioural coping appears to be higher rates of homicide victimization among poor and young Black men living in vulnerable neighbourhoods. WOD practices have not only been ineffective in reducing drug use, they have inadvertently reinforced reliance on interpersonal violence through the pathway of incarceration. A recent analysis of homicide victims in Toronto from 2004–2014 revealed a trend toward disproportionate victimization from homicide among Black men compared to their White counterparts. On average, 1 in 2 homicide victims was a Black man (Khenti, 2018). From 1988–2003, Black male homicide rates represented 23% of all annual homicide victims in Toronto were Black males (Thompson & Gartner, 2014). According to a Lancet Commission report on global policing and criminal justice, drug control policies

are paradoxical: they result in "lethal violence, communicable disease transmission, discrimination, forced displacement, unnecessary physical pain, and the undermining of people's right to health" while claiming to protect the safety of the population (Cseste et al., 2016, p. 1429). Studies conducted in the US (ACLU, 2013), Britain (Bowling & Phillips, 2007), and Canada (Tanovich, 2006) have demonstrated that the disproportionate policing of specific racial groups is not founded upon statistical rates of crime (Hyle, Wortley, & Tanner, 2016).

Thus, in perpetuating stigmatization and racial discrimination, the Canadian WOD has not only failed to reduce violence or substance use -- it has actually contributed to violence and physical and mental illness in the community by traumatizing Black Canadians of all ages. The WOD, with its focus on law enforcement and incarceration, has also usurped public funds that would have been better spent on public health and prevention strategies to address the social determinants of health (SDH) that affect many of Canada's racialized communities. Systemic racism appears to have gained considerable new ground on account of the WOD.

Furthermore, the WOD has directly compounded the health burden borne by Toronto's Black communities. It has effectively caused a drastic increase in rates of incarceration and criminal records for many Black people who would otherwise not have them. It has penalized racialized individuals for choices made about their own lives and bodies, which have no detrimental impacts upon society. It has decreased future opportunities for employment and a productive life for many young Black people. It has strengthened systemic racism and stigmatization in many poor and predominantly Black and new immigrant communities in Canada by maintaining a disproportionately high number of

police in these communities (Gordon, 2006; Hathaway & Erickson, 2003; Khenti, 2014; Wood et al., 2010). Not surprisingly, such communities have also been plagued by numerous acts of racialized gun violence and Black homicide victimization (Thompson & Gartner, 2014). Based on these correlates, it can be argued that greater rates of criminalization have contributed to the spread of violent norms for dispute resolution, especially given the lack of respect and confidence in criminal justice authorities that characterizes the relationship between the Black communities and police forces across Canada. The punitive approach remains in force despite changes in government partisanship, and the move to legalize cannabis.

6.4 THE WOD AND THE OPIOID CRISIS

One particular sign of failure in the WOD has been the persistent increase of narcotic use and related drug overdose deaths across North America, especially with respect to opioids (Rudd et al, 2016). Despite intensified policing efforts focused on restricting opioids such as fentanyl, there has been no decrease in availability within the past few years. Instead, drug availability and prevalent use has been growing steadily in both Canada and the USA (Fisher et al, 2014).

The USA drug use statistics are telling. There were an estimated 92 million prescription opioid users in 2015. Among them, some 12 million were estimated to be problem users and 2 million were in the throes of addictive disorders. Indeed, 142 Americans were estimated to die daily from drug overdoses (Lipari et al, 2017).

Common to earlier drug war demonization, current opinion/media leaders characterize opioids as a foreign scourge inflicted upon the USA by foreign powers, from

Mexico to Afghanistan. Canadian writers point to nefarious Chinese drug producers (Canadian Drug Policy Coalition, 2011; Fisher et al, 2017). The US response has been ambivalent with President Trump declaring a public health emergency even as zero tolerance is urged by his Attorney General Sessions as the ideal option.

The reality of surging substance use disorders among North America's White population has given the opioid crises a sense of urgency and public empathy that the crack cocaine and heroin epidemics failed to elicit (Kerrison, 2015; Netherland & Hansen, 2016). Public health practitioners have consistently appealed for emergencies to be declared, harm reduction efforts to be ramped up, and treatment made widely available and accessible (McLean, 2017). A notable difference is the public empathy afforded this addiction problem and the users who are predominantly White residents of economically deprived areas (compared to Black, Latino, and Indigenous residents of economically deprived areas) (Netherland & Hansen, 2016). White problem opioid use is also more likely to have grown out of legal use engendered by over prescription. This critical driver of the problem has also lent question to the association of criminality with drug use epidemics (Fisher et al., 2006; Kerrison, 2015).

Notwithstanding the new levels of public empathy, policy leaders, and decision makers cling to failed policy levers such as mandatory minimums; continued war on cannabis and summer job programming (Kerrison, 2015; Khenti, 2014). The influence of the WOD approach is unmistakable. Because of the criminal justice preeminence in the approach to drug use problems, the lion share of public resources remains with law enforcement on the mistaken assumption that the drug use problem is a result of uncontrolled criminal traffickers. Purveyors of the WOD have long argued that public health efforts to

reduce harms are inadequate to the moral and criminogenic nature of such epidemics; and that supply reduction efforts targeting illicit supply are the best use of resources (Netherland & Hansen, 2016).

Indeed, public health strategies to reduce illicit users' harms are still pilloried by drug war warriors as "softness on crime." Illustrations range from President Reagan's "Just say no" approach and President Clinton's "Three Strikes," to Canadian Prime Minister Harper's more recent Mandatory Minimums. Despite tough laws however, the problems continue to grow in size and scope (Kerrison, 2015; Khenti, 2014).

6.5 STRENGTHENING OF ANTI-BLACK RACISM IN CANADA

For generations, the Black experience in Canada has been characterized, and informed, by stereotypes of laziness, cultural incompatibility, and criminality. Such depictions were often used to support wide-ranging stigmatization and discrimination in education, employment, housing, and criminal justice (Galabuzi, 2010; Winks, 1997). The WOD has given new life to racist stereotypes and stigmas that had disappeared from public discourse. One critical stereotype, the stigmatizing perception that Black persons commit more crimes than White individuals, was a matter of public debate in 19th century Ontario (Winks, 1997). The dehumanizing historical stereotype of an immoral Black male associated with illicit drugs has re-emerged into contemporary Canadian society, often taking the form of the dangerous young, hooded, gangster archetype (Gordon, 2006). Such deeply rooted misrepresentations of a specific marginalized group allow for enhanced popular societal approval for "tough-on-crime" laws. They also bolster systemic anti-Black racism and contribute to self-stigmatization (Bryant, 2009).

Anti-Black racism has been strengthened in Canada because the WOD has contravened the basic human and charter rights guarantees. International Human Rights Law (IHRL) guarantees freedom from discrimination and torture among other human rights violations. Moreover, Section 7 of the Canadian Charter of Rights and Freedoms guarantees the right to life, liberty and security of the person "and the right not to be deprived thereof except in accordance with the principles of fundamental justice" (ACLU, 2013). In order to sustain consistent violations of its own legal precepts, systemic disregard for Black human rights is required. Racial stigmatization provides both explicit and implicit rationale and justifications.

It is difficult to dispute that targeting Black communities violates the human rights principles of equality and non-discrimination. Drug users are generally prone to discrimination due to high social stigma associated with drug use (Riley, 1998). Canada is a signatory to the International Convention on the Elimination of all forms of Racial Discrimination. The discrimination of Black males in Canada violates this convention and other conventions like the International Convention on Civil and Political Rights and the Convention on the Rights of the Child. Black males were on average over six times more likely to be arrested for marijuana possession than Whites (ACLU, 2013), despite similar rates of marijuana use among Blacks and Whites (ACLU, 2013). In Ontario, Blacks make up 3% of the provincial population but 15% of prison admissions (Kerr, 1996). These numbers are directly associated with drug-related arrests. Racialized profiling due to the WOD also trickled down and affected other human rights for Black communities. Black individuals stood a shockingly disproportionate chance of being charged and imprisoned in Ontario compared with Whites (Kerr, 1996). Blacks were also 27 times more likely to be

imprisoned before their trials on charges of drug trafficking and importing charges and about 20 times as likely to be imprisoned for drug possession charges (Kerr, 1996). There are other consequences that arose from improper arrests. Black males were also subjected to cruel, inhuman, or degrading treatment or punishment in the process. This violated the Convention against Torture and the Canadian Charter of Rights and Freedoms that guarantee against any cruel and unusual treatment or punishment (Riley, 1998). Many drug users in prisons and compulsory drug treatment centres have reported being subject to beatings, sexual assaults, starvation, and humiliation (Riley, 1998).

The right to health for Black males has thus been exponentially violated during enforcement of drug control. IHRL and the Canadian Charter of Rights and Freedoms guarantee the right to available, accessible, acceptable, and sufficient quality health services (Elliott, 2008). Under Article 12 of the International Covenant on Economic, Social, and Cultural Rights (ICESCR), State parties have the obligation to prevent epidemics and to progressively realize the right to the highest attainable standard of health for their populations. UN human rights bodies, including the Committee on Economic, Social and Cultural Rights and two UN Special Rapporteurs on the Right to Health, have interpreted the provisions of Article 12 as creating an obligation under international law to provide harm reduction services (IHRA & HRW, 2009). From another perspective, people arrested are more likely to adopt unsafe drug use behaviours like sharing syringes while in prison. This may be one of the main factors explaining the high prevalence levels of HIV/AIDS among Blacks. Among the 396 HIV positive cases in the HIV-endemic subcategory reported by the National HIV and AIDS Surveillance System for 1998 to 2006 (which included information

on ethnicity), more than 90% of cases were among individuals identifying as Black (Nestel, 2012).

Drug control remains a major challenge for the Canadian government while trying to meet its obligations under the international human rights regime. In practice however, Black male Canadians have been one of the country's main casualties of its WOD, primarily due to the condoned application of racial profiling. This stigmatizing disparity of treatment reinforces the public view that Black males deserve to have their human rights abused. In particular, the principle of non-discrimination, equality, and impartiality are thus violated often by law enforcement officials. In addition, the right to health, freedom from torture, and right to due process of law are systematically abused during enforcement of drug control. As a policy prescription, it has been argued that legalization is the smartest and surest way to end targeted enforcement of marijuana laws in communities of color (ACLU, 2013), and alleviate the harms that have befallen Black individuals and communities through racialized enforcement.

Stereotypes of dangerousness have gained considerable ground due to the WOD. It has influenced both educators and police officers to use their discretionary powers in much harsher ways when dealing with Black persons due to their biased interpretations of assertiveness as defiance and threat. The US data on this point is abundant: 58% of expulsions and suspensions for defiance related infractions were given to Black students who accounted for 30% of student population whilst only 5% were given to Whites accounting for some 37% of the population (Rossiter, 2008). Racial stereotypes that characterize Black males as overly aggressive and prone to illicit drug activities, anti-social or criminal behaviour have thus both resulted from, and strengthened, the subjective

application of drug laws and enforcement policies in ways that perpetuate the stereotypes (ACLC, 2012). One is reminded of the report of the Commission on Systemic Racism in the Ontario criminal justice system finding that "the practice of the criminal justice system tolerates racially stereotypes" (1995, p. 410).

As a direct result of the contemporary WOD, there has been an intensification of discriminatory policies and practices, especially over-policing of African Canadian communities, disparities in sentencing of Black persons, disproportionate discipline of African Canadian students, and failure to implement equitable policies to address disparities in employment, economics, and education (ACLC, 2012). Anti-Black racial bias has re-emerged at all levels of the criminal justice system from racial profiling, to the exercise of prosecutorial discretion, to the imposition of pre-trial incarceration, and to disparities in sentencing (ACLC, 2012). Most disturbingly, young Black men involved in crime have been found to ascribe to many dominant stereotypes about Blackness, and to embody the negative stereotypes in their thinking and attitudes.

6.6 THE CASE FOR HARM REDUCTION

The literature on harm reduction and treatment-based policies and practices is vast, and consistently demonstrates more beneficial individual, social, health, and even law enforcement results (Cohen & Cseste, 2006; Grant, 2009; Hyshka et al., 2012; Jones, 2010; Khenti, 2014). The harm reduction approach contends that "no one should be denied services, such as healthcare and social security, merely because they take certain risks or exhibit certain behaviours that are generally disapproved of by society as a whole, or its laws" (Grant, 2009); it takes a non-moralistic, health promotion and treatment-based stance

towards existing individual and societal issues. Research has consistently demonstrated the efficacy of harm reduction efforts in reducing the physical, medical, and legal harms, including HIV/AIDS among injection drug users (Hyshka et al., 2012; Wood et al., 2010), risky health-related behaviours (Small et al., 2006), and commission of crimes related to drug procurement (Boekhout van Solinge, 1999; Fitzgerald, 2005). The lack of health-related harm reducing services for at-risk violence-involved Black youth and young adults over three decades of this phenomenon suggest dereliction of duty and/or professional neglect for specific risks that are localized to racialized groups.

Not surprisingly, the criminal justice approach appears to have compounded health and social harms for Black individuals and communities. This is akin to other areas where vigorous policing efforts have systematically undermined public health endeavours by: confiscating syringes and other paraphernalia provided by the safe-injection centres (Kerr, Small, & Wood, 2005; Small et al., 2006; Werb et al., 2008; Wood, 2010); increasing negative emotional effects through stop, search, and detain procedures (Werb et al., 2008); increasing risk behaviours associated with disease transmission and overdose (Kerr, Small & Wood, 2005; Small et al., 2006); and encouraging migration of drug users into new neighbourhoods to escape police detection (Fitzgerald, 2005; Small et al., 2006). Increased policing of small-time drug users also reflects direct disregard for the fundamental human rights that are supported by the harm reduction approach (Hathaway & Erickson, 2003; Wood, 2010). An immediate moratorium on racial profiling and related carding activities is eminently sensible, given the costs to community and society at large.

Furthermore, the inherent militarization of the criminal justice approach to drug policy promotes systemic violence among police forces, gangs, and users (Goldstein, 1985;

Pruder, 1998). Law enforcement officers are championed for the virtues of "cleaning up" the streets of deviant users, and pandering to misguided fears of violent crime related to drug use itself, while they effectively fuel the system of prohibition that perpetuates violence driven by financial incentive. Modern police culture increasingly prioritizes evidence of enforcement (e.g., number of arrests, high profile court cases), having long abandoned fundamental policing principles to "recognize always that the test of police efficiency is the absence of crime and disorder" (Lentz & Chaires, 2007). By this core measure, the WOD has been a failure (Pruder, 1998), having: swelled the prison population in Canada; failed to decrease the prevalence of drug use; caused an increase in drug-related violence locally, national and internationally; and, stoked racialization of drug crimes and policing practices. Despite these clear harms of WOD policies, they continue to be supported and implemented in opposition to the overwhelming scientific evidence of its ineffectiveness and negative health and social consequences (Bright & Ritter, 2010; Jones, 2010; Khenti, 2014; MacCoun, 2001; Miron & Zwiebel, 1995; Poret, 2003; Werb et al., 2011; Wood et al., 2010). Rather than perpetuating faulty prohibitionist and moralistic WOD policies, officials, decision and policy makers should look to improving implementation of successful harm reduction approaches.

Yet Canada's investment in harm reduction has been limited. An evidence-based approach to drug policy based on a harm reduction model accepts a variety of strategies to address the spectrum of problematic drug use. More well-known initiatives focused on reducing the health consequences of drug use include: methadone and other replacement therapies; safe or tolerance zones where drugs can be used in a hygienic environment free from arrest; exchange programs for drug paraphernalia (e.g., syringes) (Cheng, 2000);

prescription of heroin (Snodgrass, 2016); and the distribution of naloxone to prevent opioid overdose (Leece et al., 2013). Over the past decade, harm reduction has transformed into a social justice movement, building on successes in addressing health inequities among drug users to advocating for the elimination of inequalities in access to health care for people who use drugs. Such initiatives could well include capacity building efforts to reduce violence involvement through primary care centres where many at-risk persons go to secure health care (Khenti et al., 2011). When integrated with forward-thinking prevention efforts such as community outreach (e.g., for street involved people), therapeutic treatment (e.g., motivational interviewing) for individuals interested in reducing their drug behaviours and violent reactions, and various approaches to depenalization (e.g., Good Samaritan Drug Overdose Act), the harm reduction framework has offered promising results (Pates & Riley, 2012). Thus, the legacy of Canada's WOD policies stands in stark contrast to the overwhelming scientific evidence for a treatment-based harm reduction approach to both drug use and the many harms resulting from a WOD policy response (including Black gun violence), and to public demand for an increased emphasis on education, treatment, and prevention (Khenti, 2014).

6.7 LIMITATIONS

Despite the critical importance of the issues discussed in this paper, the literature on the socioeconomic, and physical and mental health effects of the Canadian WOD remains scarce. To overcome these shortcomings, Canadian scholars are forced to rely heavily on analyses produced by scholars studying the WOD in the US, which differs markedly from Canada in terms of its history, socioeconomic outlook, juridical and policing practices,

healthcare system measures, and immigration patterns. Until the Canadian field of research becomes more robust, this overview paper and others will have to rely primarily on supporting data from the US as the closest comparable jurisdiction.

6.8 CONCLUSION

Decision makers in Toronto, especially police chiefs and politicians, must be accountable to their citizens and lend a critical eye toward violence in the Black community. What can be done to counter the common assumptions, stereotypes, and attitudes that maintain the stigmatized status of young Black men? The strongest tool is data. Over the last three decades, there has been an increase in the rate of homicides among young Black men in stark contrast with wider reductions in Canadian rates of crime. Clearly, policies and programs intended to make communities safer for Black people are failing. The superficial response to violence, increasing enforcement and policing, has exacerbated violence among Black people and by the police and has led to increased imprisonment and criminalization of Black youth. There is no shortage of evidence on the ineffective and harmful effects of "tough on crime" and "mandatory minimums" approaches in Canada; such enforcement practices need to change.

Building on public health approaches involving harm reduction is a critical priority. Such initiatives as the 1998 Toronto Task Force on Community Safety report focusing on the social and environmental causes of crime and Mayor Miller's 2004 Community Safety Plan are exemplar. Multi-agency comprehensive approaches incorporating elements of social development and environmental design, like Mayor Miller's plan, go a long way in establishing such social structures as community safety investment programs, community

crisis response programs, and safety audits. Still, more than 10 years later, Black youth are not safe in Toronto. Why?

Many of these programs are underfunded and cannot meet the needs of the community. Also, local programs cannot be expected to change the systemic patterns of poverty, one of the root causes of the violence. Marginalized communities, specifically Black and Indigenous communities, are most affected by these limited resources. The erroneous prioritization of increased enforcement over long-term commitment to sustained funding for effective programs in Black communities has produced the unsurprising outcomes of racialized criminalization, disenfranchisement, and violence.

Anti-racist analysis of homicide within Toronto in the past decade highlights the persistent loss of Black life resulting from poverty and racism, and recognizes this as a public health crisis. A focus on utilizing CRT as an analytic framework to address systemic racism is a requirement to reduce the disproportionately high rates of Black homicide victimization. The city and the province must listen to directives of Black community leaders, human rights advocates, scholars, and organizations such as Black Lives Matter Toronto. Specific policy changes including remedying the harmful impacts of "zero-tolerance" policies within schools, making racial profiling by the police a criminal act, and improving care for Black and Indigenous children in the Child Welfare system must be implemented.

In addition, adoption of an anti-racist framework within public health, education, urban planning, and social services will change how these services are structured and funded. We must be willing to engage in difficult conversations about race within our communities and institutions. Policies and programs within the criminal justice system and police services causing harm must be eradicated, while preventative approaches with anti-Black racism foci

must be instituted to address the needs of Black Canadians in Toronto. Toronto, with its unparalleled diversity, can be at the forefront of transformative change in how we address racism. Adapting explicit anti-racist policies and redirecting resources will contribute greatly to tackling the root causes of violence inflicted on Black youth, and make our city safer and more equitable for Black people.

Racism, discrimination, and prejudice persist in Western societies at the individual, community, societal, and institutional levels, and their negative social, mental, and physical health effects are profound for all victims including adults, adolescents, and children from a variety of racial and ethnic backgrounds. An examination of Canada's WOD, particularly in terms of its effects on Black Canadians in Toronto, confronts the national narrative of multicultural equality and equity for all its citizens. It calls into question the values espoused in the Canadian Charter of Rights and Freedoms (CCRF), and in the numerous international conventions to which Canada is a signatory. Through the disproportionate targeting of Black Canadians through carding, racial profiling, and mass incarceration, Canada is in direct violation of its ideals and its international commitments to universal human rights. To end the legacy of the Canadian WOD, policymakers must recognize that cruel and inhumane policing practices must be eradicated.

Future research endeavours focused on clarifying the complex relationships between racialized policing and SDH, and on addressing the negative health effects this kind of policing has on the most vulnerable populations in Canadian society will lead the way. Future policy directions focused on addressing the SDH among vulnerable populations and promoting public health measures will lay the foundation for change. Especially within the context of the US election of Donald Trump, and his campaign promises of "law and order"

(Alcindor, 2016), it is particularly important that the public health, education, urban planning, and social service sectors in Canada remain vigilant, and advocate for the adoption of anti-racist frameworks to transform Canadian society.

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TRANSITIONAL CONTENT

The following chapter highlights three decades of findings of violence associated with neighbourhoods of low socioeconomic status (SES), as well as higher socioeconomic status than one would expect. Why such findings have persisted for so long remains an open question. Racial discrimination has a broad range of effects and can result in various physical health consequences including increased stress (Anderson, 2013), hypertension, and cardiovascular diseases (Kafele, 2004), cancer, and other causes of mortality (Dovidio & Fiske, 2012). The effects of racism are also intergenerational, and parental experiences can lead to negative outcomes for children (Caughy et al., 2004; Nyborg & Curry, 2003). Can the pathway from experiences of systemic racism directly lead to Black gun homicide victimization? Stress may be a bridge between racist experiences and propensity for violence.

Researchers have found that due to the prevalence of racial discrimination in society, simply being an identifiable racialized person leads to greater overall stress (Anderson, 2013). Stress-related diseases are among the leading causes of death for Blacks in the US (Dobbins & Skillings, 2000). The literature on stress demonstrates that the health effects of stress are stronger when the stress is chronic (e.g., living with ongoing micro-aggressions of racial discrimination) than when the stress episode is acute (e.g., experiencing isolated incidents of discrimination; Dobbins & Skillings, 2000). Being part of a racialized group exposes an individual to repeated episodes of interpersonal, social, and institutional discrimination, which leads to stress proliferation. Stress is also responsible for accelerating cellular aging, which further damages the body, producing a variety of illnesses, and increasing overall mortality (Anderson, 2013). Even the anticipation or fear of racism has negative effects on the body's stress response (Sawyer et al., 2012). Sawyer and colleagues'

findings demonstrate that chronic vigilance about discrimination and the anticipation of prejudice can be as damaging as the actual experiences, thereby increasing the frequency of antecedents for unhealthy psychological and behavioural coping mechanisms that are strongly correlated with experiences of racial discrimination. It may well be that the 11 years of racialized gun homicide and Black homicide victimization described in the next chapter rested on exacerbated stress levels for Black communities and Black individuals mainly due to intersectional experiences of oppression fuelled by the WOD.

This fifth manuscript explores the social determinants of health, especially education, employment, and income, to determine whether homicide victimization is strongly associated with social disadvantage. The discussion is informed by stigma theory and social exclusion theory and guided throughout by CRT. It reveals how BHV is a largely unaddressed public health epidemic, with disproportionate fatality rates among Black male youth and young Black men.

The patterns of Black homicide victimization are analyzed through qualitative and quantitative analyses of homicide data collected exclusively through media sources. It applies similar techniques to those used in a study conducted by Thompson (2014), which took nearly four years to complete due to delays associated with obtaining permissions for police and coroners' reports (police in Canada are prevented from collecting race data). Eventually, Thompson decided to collect victim race data from electronic and print news. This manuscript focuses exclusively on data from mass media sources.

Demographic data was collected (victim name, age, sex, and race), as well as crime-related data (method, year, and location of homicide, employment and/or criminal history), for every homicide victim reported by the media from 2004–2014. With the exception of

employment and/or criminal history, most reports included this data. Of the 351 victims identified as Black, data is available for name, age, sex, year, and location of homicide; the method of homicide was not specified for six victims. In many cases, perpetrator data were undisclosed, unknown, or speculative; these cases are excluded from analysis. Carding and school suspension data for the periods 2008–2013 and 2007–08, respectively, were obtained from a journalist from the Toronto Star (Rankin, 2013). Homicides are coded by race, based on news and police releases. As with Thompson's research, this classification of victims into a "crude and over aggregated 'black/nonblack' classification scheme" (2014, p. 436) is less than ideal, but necessary, given the Canadian ban on race-related demographic data. Sixty-three victims who could not be explicitly identified by race (males, n=25; females, n=38) were treated as non-Black. Homicide locations were based on the 140 Toronto neighbourhoods and identified using demographic analysis offered by the Social Policy Analysis and Research unit of the City of Toronto (City of Toronto, 2015). Victim data were coded based on the location of homicides to explore the potential role of neighbourhood context. For all measures, neighbourhood data was averaged between the 2006 Census and the 2011 National Household Survey (City of Toronto, c2015).

CHAPTER 7

RACIALIZED GUN VIOLENCE AND HOMICIDE VICTIMIZATION IN TORONTO FROM 2004-2014

7.1 ABSTRACT

Over the last decade, Toronto has experienced an increase in Black homicide victimization and gun-related deaths. Between 2004 and 2014, annual homicides averaged 63, where roughly half of the victims were Black and predominantly young males. Seventy-eight percent of all Black homicides during this time were gun-related. The research presented here examines the intersection of social determinants of health that create the conditions of violence in Toronto neighbourhoods. Homicide data was collected exclusively through media sources; race was identified via visual classification. Homicides were geo-coded within Toronto's 140 neighbourhoods and neighbourhood characteristics were accessed through the Social Policy Analysis and Research Unit of the City of Toronto. In keeping with existing research, Black homicide rates were found to be among the highest in neighbourhoods with more socioeconomic disadvantage and a high proportion of Black residents. However, the data revealed that some neighbourhoods with far less socioeconomic disadvantage with smaller proportions of Black residents also had some of the highest Black homicide rates.

Internalized racism among Black residents within less disadvantaged, non-Black communities appears to have a similar effect on Black homicide victimization as poverty and segregation. Based on these findings, the paper calls upon public health professionals to

shift the current characterization of urban youth violence as criminal acts perpetrated primarily by delinquent Black males to more accurately identifying systemic racism as a largely unaddressed public health matter with a disproportionate fatality rate among Black youth and young Black men.

7.2 INTRODUCTION

Canadian homicide statistics have been marked by an outlier of racialized violence, particularly gun violence, among its urban youth population in recent decades (Dauvergne, 2011; Muggah, 2012; Thompson, 2014). The average annual homicide rate of approximately 2% within recent years has masked the predominance of gun violence within racialized, low-income neighbourhoods, and among young, Black men (aged 18 to 24) in particular (Toronto Police Service, 2012; Faucher, 2009). Few studies have focused on this pattern of racialized gun violence in Toronto, likely due to the city's scant data on gun violence and gun-related homicides compared to similar-sized cities in the United States (Hagan & Foster, 2000; Sheptycki, 2009; Thompson & Gartner, 2014).

Even in 2005, Toronto's prolific year of gun violence, only 80 homicides were recorded, 52 of which involved firearms (Buffam, 2009; Carter, 2011). However, by Canadian standards, the persistence of this gun violence and the increased presence of handguns (as opposed to rifles and shotguns) suggests a significant pattern. This trend has spurred a small but growing body of research in the past decade, including a case study by Thompson (2014) analyzing more than a decade of homicide data in Toronto between 1988-2003, with a particular focus on the overrepresentation of Black Canadians.

Perhaps the most striking aspect of the public's understanding of this phenomenon is the superficial consideration given to the underlying social mechanisms and the lack of significant public policy addressing the steady loss of young Black lives. Thompson's (2014) article, Case Study: Black Homicide Victimization in Toronto, Ontario, Canada, showed that this disparity has been discernible during the 1980s and may have begun even earlier. Her homicide-related data from Toronto's 140 neighbourhoods between 1988–2003 indicated that Black gun victimization impacted mostly socioeconomically disadvantaged communities with higher numbers of Black people and new immigrants.

7.2.1 Social determinants of health and intersectionality

Inequitable social determinants of health are plausibly the primary factors driving the chronicity of racialized gun violence and homicide victimization. Social determinants of health are the conditions in which people are born, grow, live, work, and age (CDC, 2015; WHO, 2015); they include social, economic, and physical environments as well as individual characteristics and behaviours (WHO, 2015). Globally, these factors are known to be important predictors of most diseases, deaths, and health inequalities between and within countries, especially when considered in combination with community and cultural dynamics (Bhatia & Rifkin, 2013; Raphael, 2009; WHO, 2004).

Although useful as explanatory frameworks, dominant discourses on the issue of gun violence and related homicides do not accord racialized social inequities or health determinants a central role within their analyses and tend to focus at the level of the individual or the community (Khenti, 2013). This gap in the discourse is particularly evident in media coverage which consistently differentiates Black intra-racial gun violence from

other forms of violence, homogenizing urban populations of Blacks while reconstructing the wider social problem of disproportionate homicides as a specifically Black phenomenon (Ezeonu, 2010; Faucher, 2009; Lawson, 2012; O'Grady, Parnaby & Schikschneit, 2010). Such public representations allow both the blame and responsibility for change to fall on Black communities while ignoring the sociocultural, economic, and structural aspects of racial marginalization (Ezeonu, 2008; Siciliano, 2010).

Further, a public health approach that focuses on discrete social determinants of health limits the analysis of intersectionality, which more appropriately represents lived experience of multiple social inequities that impact health. The intersectional perspective captures the cumulative impacts of oppression at a systemic level, accommodating the complexities of economics and politics in shaping the status quo (Hankivsky & Christofferson, 2008). By highlighting shared dynamics of power and privilege therein, parallel mechanisms of oppression can be reframed in a manner that acknowledges they are interdependent and mutually reinforcing. The present research aims to utilize intersectionality as an overarching framework for the analysis of racialized patterns of violence in Toronto neighbourhoods to transform the prevailing discourse that perpetuates a singular focus on race in understanding the violence. This approach seeks to highlight the interplay between social identities and systems, and assumes that multiple social determinants are always impacting health outcomes.

7.2.2 Intersections of socioeconomic inequality, race, and violence

Segregation along racial and economic lines is evident, to varying degrees, in all of the communities most affected by violence (Thompson & Gartner, 2014). Concentrated

poverty and social isolation in Toronto's most vulnerable neighbourhoods are features of many Black Torontonians' lives, partially attributed to their disproportionate status as tenants in high density, low-rent public housing communities (Hajnal, 1995; Walks & Bourne, 2006). Geographical stratification reflects racism-rooted intersectionalities[16] of gendered poverty, under-resourced educational opportunities, neighbourhood deprivation, and racial profiling by police which together concentrate risks and drive violent interactions. The manner in which concentrated spatial poverty translates into increased rates of individual level risk factors and greater interpersonal violence has been linked to residential instability that, in turn, diminishes community control and fosters community disorganization (Mercy & Dahlberg, 2004; Sampson, 1997). Low social cohesion is strongly associated with high interpersonal mistrust, greater income inequality and higher homicide rates neighbourhoods (Wilkinson, Karachi, & Kennedy, 1998). Such neighbourhoods also tend to be policed differently than those with smaller racialized populations and higher socioeconomic status. More intrusive racial profiling and policing, such as "Stop and Frisk" in New York or "Carding" in Toronto, are considered by some to be a key driver of disparate Black homicide victimization (Unnever & Gabbidon, 2011). The consequences of

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[16] The persistent scale of racialized violence within low income neighbourhoods with huge gendered inequities suggests a critical need for an intersectional analysis. Disparities that are preventable occur due to practices which discriminate along lines of race, gender, sexuality, and socioeconomic status. One key concern is exceedingly high rates of poverty among racialized lone parent mothers coinciding with high mortality rates associated with a wide range of addiction and mental health problems. Such communities also experience higher levels of public stigma and tend to be over-policed and educationally under-resourced. Although many public commentators assume that the ongoing violence is related to criminal conflicts in dangerous neighbourhoods, such violence is often associated with alcohol and drugs use as well as mental health problems (Ezeonu, 2008; Orwin, Maranda, & Ellis, 2000). Boles & Miotto (2003, p.160) note that the "prevalence of violence among persons who meet the criteria for being diagnosed as abusing drugs was 16 times that of persons who receive no diagnosis." It is thus being asserted that an intersection of social, political and economic forces, particularly racialized and gendered status, racism-induced stress, and intensified poverty, may be generating and/or sustaining the high incidence rate of Black homicide in Toronto.

concentrated poverty, such as high residential mobility, family disruption, and/or weak family and community ties, intersected with racialized policing is likely contributing to interpersonal violence in these communities.

Despite these established links, the mediating role of income inequality (Daly, Wilson, & Vasdev, 2003; Hsieh & Pugh, 1993) attracts limited consideration in discussions and analyses of the gun violence phenomenon, even though it is independently associated with numerous health and mortality issues such as injury-related mortality, developmental, and psychosocial problems (Bloch, Rozmovits, & Giambrone, 2011; Raphael, 2009). Racialized policing also gets limited academic attention (Owusu-Bempah, 2011; Unnever & Gabbidon, 2011). Black people living below established poverty lines are thus much more likely to be exposed to more personal and environmental health risks including the risks of gun violence, thereby increasing their risk for disability and homicide victimization (WHO, 2015. Income inequality, as a key factor, should be a prominent element in any intersectional analyses.

Similarly, while unemployment is widely recognized as being detrimental to health (Griep et al., 2015; Sverke, Hellgren, & Näswall, 2002), its role in driving gun violence attracts limited academic consideration. There are numerous potential pathways the causal role of unemployment could take including depression, anxiety, and substance abuse, as well as conduct disorders (Khenti, 2014). Burgard et al. (2009) found under-employment to be a significant predictor of poorer self-rated health. Other researchers have also reported correlations between unemployment and suicide (Qi et al., 2015), and reduced quality of life (Passos & Souza, 2015). Meltzer et al. (2010) reported an increased likelihood of depression among the unemployed. Poorer self-rated health, diminished quality of life and depression

has been found to be highly prevalent among violence involved young Black men (Khenti, 2014).

Intersecting gender and geographic considerations are also implicated in the health and wellbeing of impoverished neighbourhoods. High proportions of lone-parent households, primarily led by single mothers (Statistics Canada, 2006) in neighbourhoods with concentrated poverty, consistently present poor health and well-being indicators which affect a lack of financial resources relative to other communities. These households are most prevalent among Black ethnic groups such as Somali (38%), Jamaican (29%), Haitian (27%) and Trinidadian/Tobagonian (20%) in contrast to European groups (less than or equal to 12%) (Mata, 2011). From an economic perspective, marriage protects against material hardship and poverty even among low-income families (Lerman, 2002), and thereby limits indirect health consequences via school underachievement, behavioural problems, and criminal behaviour (Mata, 2013). As such, Black single-mother households are spuriously connected to violence on account of intersecting impacts of key social determinants of health, structural violence, and neighbourhood stigmatization. (Sampson, Morenoff, & Raudenbush, 2005; Lawson, 2012). In the absence of data that includes proximal variables (e.g., processes of care, access, health behaviours) which influence the relationship between socioeconomic position and gun violence, family structure has been utilized as a proxy for these impacts within the identified neighbourhoods (e.g., Thompson, 2014). Police "carding" practices are also harnessed as a proxy for structural violence given the established linkages between intrusive policing practices in the USA with higher rates of Black crime and violence (Unnever & Gabbidon, 2011).

The present research aims to provide unique insights into the persistent socioeconomic inequality underpinning Black gun violence and homicide victimization in Toronto. The objective is to determine whether the pattern of gun violence and homicide victimization over an 11-year period correlates strongly with key social determinants of health—income inequality, unemployment, and gender. The research questions are as follows:

1. What are the homicide trends in the Greater Toronto Area since Thompson's (2014) study that examined the data from 1988 to 2003?

2. How do axes of socioeconomic disadvantage intersect to create the conditions associated with Black gun violence and homicide victimization?

7.3 METHODS

Homicide locations were selected based on Toronto's 140 neighbourhoods and identified using demographic analysis offered by the Social Policy Analysis and Research unit of the City of Toronto (City of Toronto, 2015). Victim data was geo-coded based on the location of homicides in order to analyze the potential role of neighbourhood context. Neighbourhood data for all measures (Table 1) was calculated as an average between 2006 Census Data and 2011 National Household Survey Data (City of Toronto, 2015).

A sociodemographic index (SDI) was recreated for this inquiry, comprised of five measures used in Thompson's (2014) seminal study. The SDI includes: 1) median family income; 2) percentage of total household income made up of government transfer payments; 3) percentage of low income residents; 4) percentage unemployed at the age of 15 or older; and 5) percentage of households headed by a single parent. The SDI was calculated in much

the same way as Thompson's—a composite average of the sum of standardized scores for all variables. She loaded the variables on a single factor and found that their factor loadings were each .9 with high correlation between her index and the homicide rate at .44 (Gartner & Thompson, 2014).

A residential stability index (RSI) was also created with two variables: the percentage of residents who had not moved in 5 years, and the percentage of homes lived in by their owners. Residential stability was utilized as a proxy for neighbourhood cohesion. A principle components factor analysis was performed in which the SDI metrics load in the same factor, with loadings varying from 0.5 to 1.09; and RSI metrics load in the same factor with a variability from 0.87 to 0.95.

Homicide data gathered for this study was collected exclusively through media sources, replicating Thompson's (2014) strategy. Within Canada, an institutional ban prohibits the release of race-based crime statistics; the notable exception to this trend is the systematic categorization and collection of data on crimes involving First Nations people. Homicide victim data (i.e., race of homicide victims) from major media outlets were collected and cross examined with reports on total annual homicides across sources including but not limited to, the Toronto Star, The Globe and Mail, and CP24. These were reliable public sources of information on incidents of homicide in Toronto. Thompson had used freedom of information requests to secure data from the police but the process took years.

Demographic (i.e., victim's name, age, sex, race) and crime-related data (i.e., method of murder, year of murder, location of murder, employment and/or criminal history), where available, was gathered for every homicide victim reported by the media from 2004–

2014. The method of murder was unknown among six Black victims and identified as "other." In many cases, perpetrator information was undisclosed, unknown, or speculative, and was excluded from the analysis.

Data pertaining to "carding"—the police practice of stopping, questioning, and documenting persons, a practice that disproportionality affects young Black men (Goldsbie, 2015)—was obtained from 2008 to 2013 by a journalist from the Toronto Star (Rankin, 2013). "Carding" is a proxy for structural violence that may be intersecting with the key determinants of health to drive the patterns of violence (Unnever & Gabbidon, 2011).

To code for socially constructed racial identity, news and police descriptions were reviewed along with photographs of victims available online. Conclusions were verified by two independent observers. This papers' limitations are the same as Thompson's (2014) in that racial categories remain within a "crude and overaggregated 'black/nonblack' classification scheme" (p. 436) which fails to account for intersectional risks. Any victim whose racial identity was indeterminate (males, n=25; females, n=38) was coded non-Black.

7.4 ANALYSIS

In seeking to answer question one—What are the homicide trends in the Greater Toronto Area since Thompson's (2014) study that examined the data from 1988 to 2003? — a calculation of Black homicide rates was conducted based on Black populations per neighbourhood, as well as total neighbourhood population. Thompson (2014) calculated Black homicide rates using total neighbourhood population data. For greater statistical accuracy, Black population denominators were also calculated for all 140 neighbourhoods. Rates were measured per 100,000. The data was tabulated (Tables 1–9) to identify

significant patterns in the data, including: 1. An overview for homicide victims from 2004–2014; 2. The mean and median ages of Black victims 2004–2014; 3. Age distribution comparison of homicide victims; 4. Primary modes of homicide over three decades; 5. Modes of homicide of Black victims 2004-2014; 6. Comparison of 1988-2003 data and 2004-2014 data; 7. Comparison of homicide rates involving Black victims; 8. Rates in 140 neighbourhoods.

In order to answer question two - How do axes of socioeconomic disadvantage intersect to create the conditions associated with Black gun violence and homicide victimization? - two tables were constructed with critical evidence. Table 9 shows the final model coefficients. This table relates the percentage of Black population to the homicide rates per neighbourhood. Table 10 highlights the bivariate relationship between neighbourhood characteristics (including indices) and Black homicide rate. In order to eliminate problems with multicollinearity, composite indices were created for some measures.

To model the homicide rate, a zero-inflated negative binomial model was chosen instead of the Poisson model because the data showed over-dispersion and a large number of neighbourhoods had no homicides (n=49), creating inconsistencies with the negative binomial distribution. The zero-inflation model can be interpreted as two separate models estimated together: a model for the excess of zeroes, which is a logistic regression model with logit link; and a model for the rest of the neighbourhoods, which is a negative binomial model with log link.

All variables were first entered into the model and those that were not significant ($p \leq 0.05$) were excluded individually from both parts of the model in a backwards selection.

Initial exploratory analysis revealed possible non-linear relationships, so quadratic versions of each predictor were also tested. The model was adjusted using GENMOD procedure in SAS/STAT Software, Version 9.4, Copyright (c) 2002-2012 by SAS Institute Inc., Cary, NC, USA.

7.5 RESULTS: HOMICIDE TRENDS IN THE GREATER TORONTO AREA

7.5.1 Continuities and Discontinuities since Thompson's (2014) 1988-2003 study

Table 1 below provides an overview of the data obtained for homicide victims from 2004–2014. The number of homicides per year varied from a low of 48 in 2011 to a high of 83 in 2007 -- the latter surpassing even Toronto's infamous 2005 "Year of the Gun" with a total of 80 homicides. Black victims made up 50% of all homicides from 2004–2014, ranging from a high of 60% in 2012 to a low of 39% just one year later. Black females made up a small number, but still a significant proportion, of the total victims during this time -- 3.5% of all victims, and 20% of all female victims. During the period of study, the mean Black victim age fell to 25 from 27 reported in Thompson's (2014) study. Fifty-four percent of victims were 24 or younger, an increase of 7% since her study (Thompson, 2014). This highlights a marked shift toward a younger victim demographic in recent years.

Most victims of violence within the Black population of Toronto, including victims of homicide, are Black males. Toronto's overall Black population is only 8.5% (Census, 2013), yet Black males make up 79% of all homicide victims, representing 58% of all males, and an astounding 46% of all victims (all races and both genders) over the 11 years. The fraction of Black male homicide victims never fell below approximately one-third (31%) of

all homicide victims, and was almost, or just over half of homicide victims in 5 of the 11

years. Although females represented a lower percentage of total victims (21%), 1 in 5 female

victims was Black.

Table 1 - Toronto Black homicide victims, 2004-2014

Year	Total homicide (#)	Total Black victims	% of total	Males	%	Females	%	Black males	% of total males	% of total homicides	Black females	% of total females
2004	64	27	42%	49	77%	15	23%	26	53%	41%	1	7%
2005	80	42	53%	64	80%	16	20%	38	59%	48%	4	25%
2006	69	29	42%	52	75%	17	25%	26	50%	38%	3	18%
2007	83	42	51%	67	81%	16	19%	39	58%	47%	3	19%
2008	70	31	44%	50	71%	20	29%	30	60%	43%	1	5%
2009	61	33	54%	52	85%	9	15%	30	58%	49%	3	33%
2010	60	36	60%	51	85%	9	15%	33	65%	55%	3	33%
2011	48	25	52%	38	79%	10	21%	24	63%	50%	1	10%
2012	55	33	60%	43	78%	12	22%	30	70%	55%	3	25%
2013	54	23	39%	39	72%	15	28%	19	49%	35%	4	27%
2014	53	30	57%	46	87%	7	13%	27	59%	51%	3	43%
Total	**697**	**351**	**50%**	**551**	**79%**	**146**	**21%**	**322**	**58%**	**46%**	**29**	**20%**

7.5.2 Age distribution

The overall trends in age distributions of Black victims did not differ significantly

between the two periods of data collection. At a mean age of 27, Thompson's sample was

slightly younger than the overall sample for 2004–2014, with a mean of 31.9 years. Black

females in the current sample had a mean age of 32.7, consistent with the overall mean, but

Black male victims tended to be significantly younger, with a mean age of 25 (Table 2). The

consistency among Black males is evidenced by the virtually insignificant median age

variation across the years, from a low of 20 to a high of 26, in comparison to the large disparity between the ages of Black females, which ranged from 6 to 59.

Table 2 - Mean and median ages of Black victims 2004–2014

Year	Number of Black males	Mean victim age (male)	Median victim age (male)	Age range (male)	Number of Black females	Mean victim age (female)	Median victim age (female)	Age range (female)
2004	26	25.2	24	16–37	1	25	25	25
2005	38	25.43	24	17–60	4	31.75	24.5	24–52
2006	26	26.4	22	17–50	3	28	29	20–35
2007	39	25.13	24	9–44	3	16.6	16.6	3–30
2008	30	23.17	21	16–40	1	-	-	-
2009	30	23.9	23.5	14–35	3	47.5	47.5	33–62
2010	33	24.85	23	15–49	3	28	28	28
2011	24	27.71	23.5	15–55	1	59	59	59
2012	30	26.5	26	18–42	3	36.33	40	14–55
2013	19	19.53	20	15–31	4	37.5	27.5	23–72
2014	27	27.73	24.5	8–57	3	17.23	6	2.7–43
Total	**322**	**25.05**	**23.23**	**8–60**	**29**	**32.69**	**30.31**	**2.7–72**

The age distribution data in Table 3 reveals some concerning trends. The age distribution of all homicide victims shifted away from the overrepresentation of the 16–34 range, falling from 79% in 1988–2003 to 62% in 2004–2014. Conversely, the proportion of victims 35 and older rose sharply from only 14% to 32% in the present sample; the most notable increase in the overall sample was for the 45 and older category, which rose from only 6% to 20% in 2004–2014.

Findings for Black male victims did not mirror these broader trends. Approximately 90% of the Black male victims in Thompson's sample were under the age of 34 (2014, p.

438), similar to 90% in the same age range in 2004–2014 data. Despite these similarities, there has been a marked shift toward a younger victim demographic in recent years -- 47% of victims in Thompson's study were aged 24 and younger, while 56% in the 2004–2014 sample were in this range.

Table 3 - Age distribution comparison of homicide victims

	Thompson (2014) 1988–2003	2004–2014			
Age range	Percent of total	Number (all victims)	Percent (all victims)	Number (Black males)	Percent (Black males)
1–15	7%	39	6%	15	5%
16–24	40%	240	34%	159	51%
25–34	39%	195	28%	106	34%
35–44	8%	82	12%	23	7%
45+	6%	140	20%	11	3%

7.5.3 Modes of homicide

Table 4 summarizes critical modes of homicide over the past three decades. The most notable change across the two samples is the dramatic increase in the prominence of guns used in Toronto homicides, from two-thirds in Thompson's sample to 4 out of 5 murders from 2004–2014.

Table 4 - Comparison of modes of homicide involving Black victims

Mode	Thompson (2014) 1988–2003	2004–2014
Shot	64%	78%
Stabbed	24%	14%
Beaten	7%	3%
Strangled/Suffocated	2%	1%
Other*	3%	4%

* This category contains all other modes of homicide not specified in
the first 4 categories.

A disaggregation of data for Black victims (Table 5) reveals that it is largely Black males, not females that die from gunshot wounds. Between 2004 and 2014, 85% of all Black male victims were killed by shooting, compared with only 20% of Black females and 27% of all other homicide victims. In contrast, knife stabbing incidents were responsible for 29% of all non-Black victim deaths, 36% of Black female deaths, and 11% of Black male deaths. Gun violence of this type is therefore a strikingly male gendered risk. While guns and knives each represent more than one-quarter of all modes of homicide involving non-Black victims in Toronto from 2004–2014, stabbings are the primary mode of death among Black female victims whilst guns are overwhelmingly responsible for the deaths of Black male victims.

Table 5 - Mode of homicide of Black victims 2004–2014

	Males			Females		
Year	Gunshot	Stabbing	Multiple/Other	Gunshot	Stabbing	Multiple/Other
2004	23	2	3	-	1	-
2005	35	2	-	2	1	1
2006	18	4	4	-	2	1
2007	31	5	2	1	-	1
2008	25	3	1	-	-	-
2009	25	5	-	-	2	-
2010	29	2	3	-	1	1
2011	20	3	1	-	1	-
2012	28	2	-	2	1	-
2013	15	2	-	-	-	4
2014	17	5	4	-	-	3
Total	**266**	**35**	**18**	**5**	**9**	**11**

*Includes victims who were beaten, strangled, burned, dismembered, domestic violence incidents, blunt force trauma, vehicle-related deaths, death from injuries, falling from heights, and unknown/unreported modes of death.

The findings clearly reveal a persistent trend towards greater use of handguns in racialized homicides; notwithstanding, an overall decline in gun homicide over recent decades to prior 1960s levels (Sheptycki, 2009). Many of these weapons are found to have been illegally smuggled into the country from the US (Ezeonu, 2005; Sheptycki, 2009).

Increased access to such weapons by largely poor, young Black men have resulted in the phenomenon of racialized homicide victimization in Toronto.

Table 6 summarizes some of the main points of comparison between the present study and Thompson's findings. During the 11 years included in the present research, a total of 697 homicides were reported in Toronto, 351 (50%) of which involved a Black victim. Thompson's 16 years of data included significantly more homicides (n=965) but markedly fewer Black victims (n=225, or 23% of the total). The gender distribution of Black victims also differed significantly between the two datasets: 92% males and 8% females in the present dataset, versus 83% males and 17% females in Thompson's dataset.

Table 6 - Data comparison: 1988–2003 versus 2004–2014

Category	Thompson (2014) 1988–2003	2004–2014	Difference
Average number - homicides	60	63	3
Average number - Black victims	14	32	18
% Black victims	23%	50%	27%
% Male of total Black victims	83%	92%	9%
% Female of total Black victims	17%	8%	-9%
Mean age of Black victims	27	25	-3

Though the current research used a specific Black population denominator for this study, a separate neighbourhood rate was initially created following Thompson's (2014) model to directly compare changes (for neighbourhood details see Appendix 1). This data, shown in Table 7, reveals that homicides involving Black victims in Toronto have become

increasingly more concentrated in certain neighbourhoods. In the 11 years following

Thompson's research, the number of neighbourhoods experiencing no Black victimization

decreased to 50, along with a more dramatic decrease to 38 neighbourhoods for those areas

with up to 1.2 Black victims per 100,000. At the same time, neighbourhoods with a rate of

1.2–2.4 Black victims per 100,000 increased from 20 (14%) to 33 (24%). The number of

neighbourhoods that had a rate of 2.41–3.6 Black victims went from 5 (4%) to 9 (6%), and

neighbourhoods with a rate of 3.61–6.02 Black victims doubled from 4 (3%) to 8 (6%).

Table 7 - Comparison of homicide rates involving Black victims

Homicide rate per year (per 100,000 population)	Thompson (2014) 1988–2003		2004–2014	
	Number of neighbourhoods	Percent	Number of neighbourhoods	Percent
0–1.2	111	79%	88	63%
1.2–2.4	20	14%	33	24%
2.41–3.6	5	4%	9	6%
3.61–6.02	4	3%	8	6%
6.02 +	0	0%	2	1%
No Black victims	59	42%	50	36%

The highest rate category (3.61–6.02) from Thompson's research fluctuated

somewhat in its membership. From 1988–2003, the greatest concentrations of Black victims

were in the north-western neighbourhoods of West Humber-Clairville, Thistletown-

Beaumond Heights, Black Creek, and the more central neighbourhood of Flemingdon Park. However, from 2004–2014, all of these except Black Creek experienced a reduction in crime rates to the 1.2–2.4 category, and were replaced by twice as many different neighbourhoods: Rustic, Downsview-Roding-CFB, Cabbagetown South St James Town, Beechborough-Greenbrook, Glenfield-Jane Heights, Elms-Old Rexdale, Mount Dennis, and Lambton Baby Point.

The increasing concentration of Black victimization in Toronto neighbourhoods is also illustrated by the need to introduce a new, higher rate category than was required by Thompson's data. At rates of 6.18 and 8.17, Black Creek and Regent Park, respectively, had the highest concentrations of Black victims from 2004–2014. A decade later, Thompson's observation that the "majority of neighbourhoods that experience the highest rates of black homicide (i.e. 3.6-6.2 per 100,000) are located on the western fringe of the city" (p. 440; see Figure 1) is no longer exclusively true. Areas with high rates of Black victimization now encompass the entire north-western corner of the city, along with a pocket of the downtown core centred at Regent Park. Furthermore, the north-western and north-eastern corners of the city are similarly prominent in terms of the overall number of Black victims throughout the recent decade.

Table 8 is based on the Black population as the denominator in rate calculation. Details for all the neighbourhoods can be found in Appendix 2. Black homicide rates per 100,000, ranged from a low of 2.1 in Brookhaven-Amesbury to 101.6 in Cabbagetown South St. James Town. Table 8 shows the distribution of homicide rates among Toronto's 140 neighbourhoods from 2004–2014.

Table 8 - Black homicide rates in 140 neighbourhoods

Black homicide rate (per 100,000)	Number of neighbourhoods	Percentage of all neighbourhoods
Zero	49	35%
Less than 10	16	11%
10-19.9	40	29%
20-29.9	16	11%
30-39.9	9	6%
40-59.9	8	6%
60+	2	1%
Toronto rate = 13.9	140	100%

7.6 2004–2014 RESULTS: HOW AXES OF SOCIOECONOMIC DISADVANTAGE INTERSECT

Table 9 shows the final model coefficients. The Percentage Black Population was inversely and significantly associated with the homicide rate when modelling for zero-homicide neighbourhoods. As Percent Black Population increased, the probability that the neighbourhood would have no homicides decreased, implying that a threshold percentage of Black population had to be met before a Black homicide was likely to occur in any neighbourhood (Figure 1(L)).

When modelling for neighbourhoods with at least one homicide, Percent Black Population shared a quadratic relationship with Black homicide rate. As Percent Black Population linear increased, the homicide rate decreased; but as Percent Black Population squared increased, the homicide rate increased. Thus, neighbourhoods that experienced the

highest levels of Black homicide were those with the lowest percent of Black residents (upon reaching the initial threshold), and those with the highest percent of Black residents. Figure 1(R), illustrates this relationship.

The Index of socioeconomic disadvantage (SDI) also had a quadratic effect in the logarithm of the Black homicide rate (Figure 2). The quadratic nature of the SDI illustrated that the highest Black homicide rates were found either within neighbourhoods with some of the lowest socioeconomic disadvantage, or neighbourhoods with the highest socioeconomic disadvantage. For neighbourhoods with a positive homicide rate, both the youth variable (15–24) and number of cardings were inversely proportional to the Black homicide rate (Figure 3 and 4). Where 50% (n=177) of all Black victims were aged 15 to 24, a positive correlation was expected based on the compositional logic that a neighbourhood with a higher youth population would have a larger concentration of potential victims. However, empirical evidence has been weak, with varying results on the relationship between adolescent population and homicide rates (Thompson & Gartner, 2014). The association between proportion of youth and new immigration may explain the counterintuitive effect of age. The carding data implies that relative to Black homicide, carding is missing the target and supports Toronto carding statistics that show less than effective results for the practice (Rankin, 2013; Balca, 2015). Carding is statistically correlated to percent Black population, which offers more support to the reality of disproportionate carding among Blacks.

Table 9 - Final model coefficients

Parameter	DF	Estimate	SE	P-value	Chi-Square	Exp (B)
Model for homicide rate						
Intercept		-4.140	0.099	<.0001		0.016
SDI (linear)	1	-0.099	0.041	0.0157	1758.99 / 5.84	0.906
SDI (quadratic)	1	0.014	0.004	0.0005	12.05	1.015
% Age 15 to 24	1	-0.130	0.048	0.0071	7.25	0.878
% Black population (linear)	1	-0.164	0.026	<.0001	39.77	0.848
% Black population (quadratic)	1	0.0053	0.001	0.0001	14.38	1.005
Carding # (in 1000s)	1	-0.042	0.017	0.0147	5.95	0.959
Dispersion		0.491	0.080			
Model for zero rate neighbourhoods						
Intercept	1	-1.939	0.491	<.0001	15.55	0.144
% Black population	1	-0.486	0.109	<.0001	19.9	0.615

Figure 1: Predicted effect of Percent Black Population on: probability of the neighborhood having zero homicides (L); homicide rates for neighborhoods with at least one homicide (R).
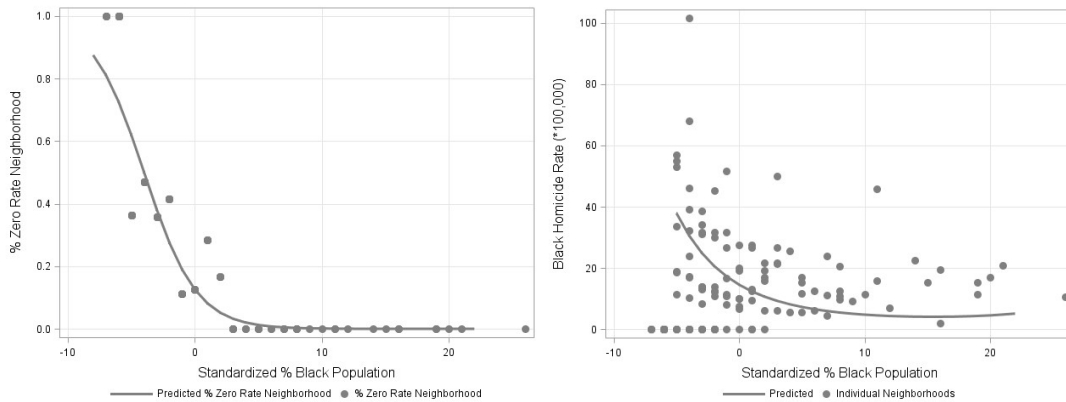
Figure 2: Predicted SDI effect and Black **h**omicide **r**ates
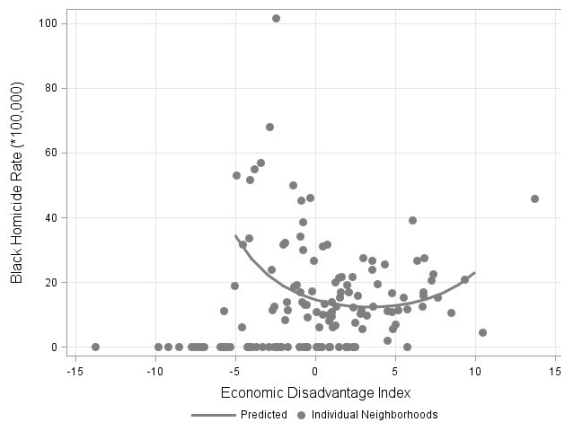
Figure 3: Predicted age effect and Black homicide rates

Table 10 – Mean, standard deviation and Pearson product moment correlation (**=p<0.01; *=p<0.05)

	Mean	SD	1	2	3	4	5	6	7	8	9	10
Homicide rate (per 100,000)	13.86	16.45	1.000	.142	-.25*	.028	.046	.135	-.099	.121	.096	-.217
SDI	0.00	4.35		1.000	-.387*	.68*	.877*	-.498*	.304*	.679*	.559*	-.821*
RSI	0.00	1.84			1.000	.077	-.277*	-.25*	.056	-.123	-.394*	.548*
% Pop 25-64 no edu cert	11.62	7.38				1.000	.516*	-.389*	.227*	.42*	.116	-.493*
Rate of unemployment age 15+	8.47	2.15					1.000	-.563*	.464*	.765*	.643*	-.55*
Participation rate[1]	64.85	5.27						1.000	-.416*	-.527*	-.454*	.156
% Age 15-24	12.53	2.02							1.000	.56*	.35*	-.007
% Visible minorities	42.85	21.82								1.000	.724*	-.419*
% Population new immigrants	7.37	3.97									1.000	-.424*
Median income	56982.78	18611.06										1.000
Government transfer (as % of income)	12.48	5.84										
% Population in low income	21.31	8.37										
Number of cardings	7543.28	4652.76										
% Lone parent families	20.60	6.05										

% Black population	7.97	6.95
% Non-movers	57.60	8.91
% Homeowners	55.86	16.81

[1]Participation rate = Labour force/Population 15 and over x 100

7.7.1 Significant scale and a direct relationship

Overall, the results confirm a trend of increasing Black homicide victimization. The annual percentage of homicides involving Black victims has more than doubled since the period of Thompson's (2014) study (1998–2003), from 23% (n≈14 per yr.) to 50% (n≈32 per yr.). The distribution of Black victims by sex was also more pronounced in the current sample (92% males, 8% females) as compared with Thompson's (2014) sample (83% males, 17% females).

The findings of the multivariate analysis also indicate that both the Socioeconomic Disadvantage Index (SDI) and Percent Black Population held significant quadratic relationships to the Black homicide rate. A strong, positive correlation between SDI and Percent Black Population was also demonstrated. Accordingly, the SDI and Percent Black Population appear to affect the Black homicide rate in Toronto neighbourhoods on either end of a spectrum: at one end, with less economic disadvantage coupled with a small overall Black population; and at the other, with greater economic disadvantage and a larger percentage of Black residents. The impact these vastly different environments have on Black homicide might be explained by the impact of interracial social and economic inequality, and segregation (Krivo & Peterson, 2000).

7.7.2 Intersectionality

Intersectionality, with its origins in Black feminism, asserted that matters of racism, oppression, and privilege could not be fully understood without considering the influence of female gender (Crenshaw, 1991). Contemporary analyses of this social justice framework have further deconstructed unique vulnerabilities associated with multiple social categories. An emerging intersectional consciousness began to emerge from the conventional singular focus of inquiry that offered skewed solutions to address distorted understandings of social problems (Luft & Ward, 2009). Despite widespread acceptance of the social determinants of health disparities at a structural level, the public health perspective has typically offered limited consideration of how these forces interact at the level of the individual (Bowleg, 2012). In doing so, there has been a failure to address public health issues that continue to plague the marginalized. Black gun homicide is a public health issue that has remained largely unchecked in major Canadian metropolises such as the Greater Toronto Area, and has been identified as a crisis by the public at large (Gee, 2017; Wright & March, 2017). Understanding the intersectional complexities of Black gun violence is key to developing a public health policy that addresses this multifaceted problem.

The aforementioned findings strongly suggest that income inequality, high unemployment, gender (e.g., economic challenges faced by families headed by a single-parent mother), and residential instability within particular neighbourhoods undoubtedly fuel and sustain wide-ranging disparities between White and Black residents of Toronto, including this pattern of racialized homicide victimization. Five of the neighbourhoods with the most gun homicides are also among the top 10 Toronto neighbourhoods where lone-parent families reside. The top 10 lone-parent neighbourhoods have an average of 2655 lone-

parent families, in contrast to the 10 neighbourhoods with the fewest lone-parent neighbourhoods, which have an average of only 332 lone-parent families.

Criminologists have consistently concluded that high levels of lone parenting, unemployment and job insecurity among Black residents living in target neighbourhoods are driving high rates of violent crime and homicides (Unnever & Gabbidon, 2011). However, this argument is limited in its ability to explain neighbourhoods characterized by high unemployment rates and lone parenting in strong welfare states where such violence simply does not occur. Criminological arguments also fail to consider the fundamental role racism plays through the various social determinants of health (especially education, income, and housing) as well as independent of the determinants (i.e. street checking/carding). This paper demonstrates the fundamental relevance of both in driving inequitable homicide mortality within Toronto's Black communities.

7.7.3 Racism

While the extent of racial segregation is higher in the United States (Ouimet, 2008), Black Canadians are still the most segregated of all Canadian racial/ethnic groups (Siciliano, 2010; Walks & Borne, 2006). These results support existing research on the effect that high rates of income inequality combined with high levels of racial segregation have on Black homicide rates (Krivo & Peterson, 2000; Thompson & Gartner, 2014). Racial segregation may contribute to the development of alternative norms among youth that condone violent means of maintaining status (Anderson, 1999; Stewart, Screck, & Simons, 2006). More specifically, marginalized men may not be able to fully identify with or participate in the mechanisms of capitalism due to their membership in a devalued racial group or low

socioeconomic status (Matlon, 2016). Expressions of masculinity from this position reinforces the assertion of agency in the face of systemic barriers of unemployment, poverty, and institutional racism with acts of domination including irresponsible and destructive behaviours, such as the use of weapons and violence (Collins, 2004; Connell, 1998).

The high Black homicide rates in less disadvantaged neighbourhoods with small Black populations is likely a manifestation of insidious interracial social inequalities and racial discrimination. It can be argued that, even when poverty is taken out of the equation, the acquisition of positive racial identities may be undermined by the lower value accorded to Black culture in such neighbourhoods (Steele & Aronson, 1998; Byrd & Chavous, 2009) and Black residents' social distance from "Blackness" as a prominent aspect of their identity (Kelley, 1996). The strain of this social reality may engender high levels of gender role conflict arising from barriers to fulfilling traditional male role expectations due to obstacles of racism and discrimination, and the competing masculinities of different socializing influences (European tradition versus African tradition influenced by racial oppression) (Wade & Rochlan, 2013). In order to resolve this cognitive and emotional dissonance, they may retreat to structural tropes of the Black male characterized by "sexist attitudes, anti-femininity, aggressive solutions to disputes, antagonism toward other Black men, and contempt for nonmaterial culture" (Wade & Rochlan, 2013, p. 2).

Systemic racism appears to have grave effects on Black self-identity, particularly among male youth. This internalization of racism can lead to poor mental health, manifested as nihilistic tendencies, self-esteem issues, suppressed anger expression, delusional denial tendencies, and extreme racial paranoia (Brown, 2003), which increases the risk of aggressive and violent behaviours (Rivera, 2014). For example, among African American

boys aged 14-19 in Philadelphia, Bryant (2009) found that internalized racism was a significant predictor of aggressive behaviour, attitudes toward guns and violence and overall propensity for violence. Compared to the predictive factors of impulsive behaviour, delinquent friends, drug use and response to shame, internalized racism was the highest predictor for aggressive behaviours (Bryant, 2009). The findings of these studies help to explain the less intuitive half of the quadratic relationship emerging from the current research.

The resulting impacts of systemic racism on individual and community health are many, though Black homicide victimization has typically been framed as a criminological problem—not a health problem. Based on historical contexts and contemporary research demonstrating that structural racism contributes to high levels of self-stigma, it is highly probable that racial stigmatization has helped to create and sustain the gun violence and homicide problem. Black residents in the low SDI, low Black population neighbourhoods may indeed have heightened experiences of racism due to higher marginalization. From a public health perspective, this means that social determinants of health, such as poverty, unemployment, and gender (Ford & Airhihenbuwa, 2010), intersecting with racial discrimination, are thus "influenc[ing] individual behaviour, disease, health status" (Gehlert et al., 2008, p. 340) and community health. As Garcia and Sharif (2015) commented, "Racism [is] a powerful structural force that restricts the attainment of optimal health for all" (p. e28). Identifying social determinants of health as major contributing factors to Black homicide victimization offers public health practitioners greater impetus to tackle the impacts of the determinants and racial stigma among young Black males as a means to address Black homicide victimization.

7.7.4 Health equity

Black gun homicide in Toronto represents a unique Canadian illustration of health inequity as it involves a disparity in mortality that is well within the range of societal influence (Krug et al., 2002; WHO, 2010a, 2010b). Whilst it is impossible to quantify the Black community's exact burden of both mortality and morbidity resulting from gun violence with certainty (due partly to the lack of statistics disaggregated by race), one can reasonably infer that interpersonal gun-violence may well be the leading cause of excess death for young Black males and disability adjusted life years (DALYs) within Toronto (Khenti, 2013).

The pattern of racialized health outcomes, avoidable deaths by gun homicide stands in stark contrast to the articulated ideal of the National Collaborating Centre for Determinants of Health (2010, p.2) that "People in Canada should not be disadvantaged from reaching their full health potential because of their race, ethnicity, religion, income or other socially determined circumstance." The presence of this disadvantage, however, underscores Margaret Whitehead's (1992) original definition of health inequity as "differences in health that are not only unnecessary and avoidable but, in addition, are considered unfair and unjust" (p.430).

7.7.4.1 Unnecessary and avoidable

The unnecessary and avoidable features of gun-homicide victimization are drawn from policies and practices that could be changed were the political will and socioeconomic

environment amenable to social welfare based policies. There is considerable evidence that both concentrated poverty and social exclusion can be reduced by state policies rooted in the social welfare model.

According to Edwards and DiRuggiero (2011, p. 43), inequities can be characterized as "differences in health status [that] stem from inequalities in the underlying social and economic conditions that are essential for health." The most commonly measured conditions include income, education, unemployment and job security, employment and working conditions, early childhood development, food insecurity, housing, social exclusion, social safety network, health services, Aboriginal status, gender, race, and disability. Notably, these conditions strongly influence health, but are seldom under the direct control of individuals (Dahlgren & Whitehead, 2015; Raphael, 2009).

7.7.4.2 Unfair and unjust

Social exclusion provides a framework that involves relational and institutional dynamic forces that work to include some and omit other segments of the population in order to maintain a polarized community (Beall, 2002). The most marginalized Black group in Toronto, poor, young Black men, are socially excluded from a multitude of opportunities by a variety of forces at the same time. It is the compounding and overlapping of economic, political, and social risk factors that underlie this unjust pattern of homicide victimization (De Haan, 2000).

The idea that certain health outcomes are unfair and unjust follows from the recognition that they are distinctly avoidable provided that certain unjust social determinants or social structures are addressed (Fabienne, 2004; Braveman & Gruskin, 2003).

Circumstances in which adequate housing and security are deprived, and exclusion from basic services are typical, have been characterized as forms of "structural violence" that serve as push factors (Galtung, 1991). In turn, such structural violence has been associated with "reactive violence," such as burglaries, murders, rape, sexual and child abuse, drug trafficking, and gang related activities that occur with and without the use of weapons (Winton, 2004). In the case of Toronto, the culmination of both forms of violence has been the disproportionate exposure of poor young Black men to very precarious situations in which they can be both victims as well as perpetrators of violence. Such over-exposure would not be occurring if systemic anti-Black racism were not engendering racialized outcomes in education, child welfare, criminal justice, and housing (Khenti, 2015). In this sequelae, the inequitable homicide mortality rates would represent health consequence of anti-Black racism or as Krieger termed it, "biological expressions of race relations" (Krieger, 2005). Such expressions linked social exposures, as well as subsequent individuals' responses, to racialized inequities in mental and physical health.

7.8 LIMITATIONS

One of the limitations of this work is its basis in secondary analysis of newspaper reporting. There are certain to have been errors in reporting. However, due diligence has been exercised to confirm key details of each homicide incident; including confirmation of racial identity. If there was any doubt about particular circumstances of an event, individuals were not included in the study. "Carding" data was also over-aggregated and the mapping was subject to error because neighbourhoods and police zones did not always align. Additional research and nuanced details of race and gender will certainly help to further

ascertain the relationship between "carding" and Black homicide rates. The use of the 2011 National Household Survey for demographic neighbourhood data is also a limitation due to methodological issues with the collection of the data. More particularly, a non-response bias may have been expressed if persons that chose not to respond to survey questions were distinctly different from those who did (Statistics Canada, 2011). Additional research can help to substantiate the preceding results.

7.9 CONCLUSIONS

Canada has a reputation as one of the most peaceful and violence-free countries in the world. Its declining rates of violence lend evidence to bolster this claim; and yet, its racialized Black communities in Toronto have experienced unprecedented gun-fuelled violence over almost three decades – particularly young Black males. Although the numbers of Black women victimized by this phenomenon were smaller numerically vis-à-vis the numbers of male victims, a significant disparity was nonetheless evident vis-à-vis non-Black women. This inequity is thus deserving of much closer academic and health equity scrutiny. In looking for potential causal and driving factors behind this phenomenon, many researchers have focused on sociocultural and structural forces that had previously been identified by American researchers studying US Black youth gun violence. These broad themes include: immigration and neighbourhood segregation; community characteristics; race and racism; and gangs, drugs, and the law.

The findings of the current study clearly demonstrate that social determinants of health significantly affect Toronto's Black communities, as seen through rates of Black homicide victimization. This study also offers statistical support for a racializing process

that may be experienced by non-White youth, especially Black males, in which experiences of systemic racial discrimination leads to self-stigmatization and the forging of alternative spheres of social existence. These spheres can often be characterized by violence.

Healthy Cities are a part of the WHO's Healthy Settings initiative (Ashton, 2002), which claims to take a "whole systems approach" to public health. However, the negative health outcomes of systemic racism, including depression, self-stigma, and Black homicide victimization, are within neither the realm of thought nor action for most health practitioners. Advocacy for a race-conscious approach to public health, allowing practitioners to examine how racism operates and affects health within various levels of society seems as relevant today as ever (Ford & Airhihenbuwa, 2010; Garcia & Sharif, 2015).

Interracial socioeconomic inequality is a product of systemic racism. Public health professionals should be engaging in race-conscious work in policy planning, research, and service provision in order to address these particular effects of racial disparity, discrimination, and marginalization. More resources should be allotted both to key determinants, as well as primary care and specialized mental health programs for Black youth, rather than enforcement and incarceration. If understood as a public health crisis,

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TRANSITIONAL CONTENT

The previous chapter suggested that racial stigmatization may well provide further explanation of what might be driving the violence. It seems likely that Black males are being over-exposed to racial stigmatization and discrimination within both poor and middle-income settings; and are experiencing a great deal of stress as a result. Link and Phelan (2014) highlighted the importance of social stress in diminishing health and impacting mortality. They pointed to experiences of stigmatization related to racial stigma and education. It seems entirely plausible that within schools serving Black populations, educators are both over-scrutinizing and over-punishing Black misbehaviours, and that these experiences are fueling self-stigmating attitudes and behaviours, especially damaged self-concepts and possible acceptance of violent stereotypes. Such social learning is also being reinforced by other sectors of society as young Black men find themselves over-scrutinized on public transit, within stores and restaurants ect. Such reinforced learngin may engender or intensify the internalizing of racial stigma and/or adaptation of self-stigmatizing behaviours. The key idea is that vulnerable individuals subjected to stigmatizing experiences – with harmful consequences that could be amplified due to prior mental health problems such as anger, anxiety, and/or depression—may then accept, and/or rely upon, violence as a 'racialized'means for self-protection/dispute resolution.

The forthcoming manuscript argues that the WOD-based law enforcement practices have intensified racial stigmatization and the devaluing of Black people, and their sociocultural contributions to society (Carter, 2004). This, in turn, has contributed to intensification of self-stigmatizing attitudes and behaviours. Carter (2004) demonstrated that racial profiling involved not just denial of equal treatment, but also the continuation of racial stigmatization -- for instance, images and discourses that sustained the stereotype that Black

men are prone to criminal tendencies. This chain of stigmatization has been supported by research showing that victims of racial stigmatization may give up "identity resistance" and come to accept racialized identities as part of their lives. They often cope with such experiences by changing their location of residence, work, and even their style of dress. Some cope by adopting the very harsh language and aggressive attitudes directed at them, which reflect deeply embedded racial stigmatization (Jernigan, 2004; Harris, 1997).

Over-scrutiny follows from the negative social reaction to certain damning stereotypes of Black men as violent and criminal, ensuring that they are more likely to be scrutinized by authority figures in schools and social control agents in general. Because of over-scrutiny, every minor and major infraction of rules and laws by Black males are disparately interpreted and unjustly punished, in stark contrast to their non-Black peers. Stigmatization is then shaped by the repeated disproportionate punishment of the same infraction, thereby cementing the demonized status of Black men. Rankin et al. (2013) reported that Black students in the TDSB were three times more likely to be suspended than their White counterparts. Despite constituting just 12% of TDSB high school students, Black students account for more than 31% of all suspensions. White students on the other hand, made up nearly one-third of the entire student body but accounted for a more representative figure of 29% of suspensions (Rankin, Rushowy, & Brown, 2013).

The over-scrutiny by the police may also be gravely damaging to Black males' psyche. A Toronto Star investigation found that the number of young Black men "carded" by police was 3.4 times higher than the entire young Black male population in the city of Toronto. The sheer number of stops indicated repeated and systematic targeting of young Black males for questioning. Both acute and chronic stress are likely to be outcomes of such

over-policing. Researchers have also posited potential pathways for affective responses to such systemic discrimination that lead to the internalization and externalization of negative beliefs, which in turn result in clinically significant disturbances in cognition, emotion regulation, and behaviour (Gee, Spencer, Chen, Yip & Takeuchi, 2007).

Black self-concepts and stereotypical violent behaviours may well become amplified and more problematic on account of labelling (Cooley, 1902; Fleming et al., 2012). When a community or society expects certain people to possess certain negative attributes, such as being violent, their interactions with group members are informed by such perceptions. The labeled individual is likely to adopt the attributes and behaviour as elements of their self-concept; constituting a self-fulfilling prophecy. In this way, labels, or association of violence and dangerousness with Black masculinity, actually promote and stabilize such behaviours. Literature describing the internalization of racial stereotypes by vulnerable young Black men is explored, as well as debates about the unconscious adoption of dominant Eurocentric ideas, proposing that these serve as sources of innumerable harms. Self-stigmatization is explored as a proximal influence on patterns of lateral violence: gun homicide victimization patterns resulting from the adoption of negative stereotypical attitudes, behaviours, and self-concept of a critical mass of poor, young Black men.

This manuscript also argues that Afrocentric agency can shield people from psychological harms due to racial stigmatization. The empowering potential of Afrocentric interventions for strengthening self-knowledge and skills development to better cope with public stigmatization is elaborated. This manuscript suggests that Black self-stigmatization and lateral violence are concepts warranting empirical exploration in Canada.

CHAPTER 8

STIGMA, ANTI-BLACK RACISM, AND AFROCENTRIC RESILIENCY: AN AFROCENTRIC APPROACH TO THE CAUSES AND CONSEQUENCES OF RACIALIZED VIOLENCE, INTERNALIZED RACISM, AND SELF-STIGMATIZATION

8.1. ABSTRACT

This paper examines various public stigmas used to justify acts of anti-Black racism from colonial through to contemporary periods. It analyzes the contemporary isolation of Black intra-racial gun violence from other forms of violence within this wider historical perspective. Also examined are the beneficial effects of Afrocentric frameworks for coping and resiliency within Black communities in Canada. An extensive literature review is conducted on the sociocultural and mental health effects of physical segregation, psychological self-stigmatization, and media stereotyping of the Black community. Racial stereotypes are shown to have justified discriminatory policies and practices such as over-policing of African Canadian communities, disparities in sentencing, disproportionate disciplining of African Canadian students, and failure to implement equitable policies to address disparities in employment, child welfare, criminal justice and education. Literature describing the internalization of racial stereotypes by Black youth elaborates pathways within which the unconscious adoption of dominant Eurocentric social norms engender innumerable harms. This manuscript suggests that Black self-stigmatization and lateral violence are concepts warranting empirical exploration in Canada, and argues that Afrocentric agency is an evidence-based means of shielding Black people from psychological harms caused by racial stigmatization.

8.2 INTRODUCTION

Racism and stigmatization are a daily reality for many racialized groups living in Western countries where the dominant group has historically been people from Northern and Western Europe. With the increasing racial/ethnic diversification of countries once predominantly "White" and "European" (e.g. Canada, United States, Australia, United Kingdom), there has been a marked increase in racial discrimination as well as public awareness of such trends. Researchers have also begun to discern the mental health and socio-economic effects that discrimination and stigmatization have on those subjected to both implicit bias and explicit prejudice (Kaika, 2017).

The concepts of racial differences based on phenotypic differences between humans gained scientific credence in the 18th century through the work of Johann Friedrich Blumenbach (1752-1840) and his contemporaries. They provided pseudo-scientific credibility for a hierarchy of racial types with White Europeans at the top and Black Africans at the bottom (Dobbins & Skillings, 2000; Khenti, 1994). These historical imaginaries of race have shaped institutional structures and practices and socially excluded Black people over generations. Prevalent racial stigmatization, rooted in dormant Eurocentric stereotypes of African men as "menacing Black brutes", inform contemporary Western attitudes and behaviours without any explicit racial intent (Fishman, 2006). Canada is not immune to this stigmatizing phenomenon as stereotypes of Blacks being more criminally inclined than Whites were part of 19th and early 20th century public discourses (Winks, 1997; Walker, 1985). These representations emerged as rationalization for various forms of anti-Black oppression and affected both Black self-concepts, their interactions with each other as well

as with non-Black persons (Mbembe, 2002; Unnever & Gabbidon, 2011). A range of problematic behaviours emerged which have been characterized as anti-self disorder and alien-self disorder (Karenga, 2001). Today, a constant bombardment of public stigma, institutionalized in systemic racism, permeates everyday experiences of Black children and youth, often leading to self-stigma or internalized racism (Khenti, 2013).

Racial categories, and institutionalization of racial dogmas, were vociferously challenged by Black thinkers and 'vindicationists' determined to deconstruct and dismantle the rationalizations that sustained limits to Black people's basic freedoms as well as limited access to socioeconomic opportunities. In his seminal sociological work, The Souls of Black Folk, W.E.B. Du Bois (1868-1963) proposed that the oppressive social conditions faced by Black Americans contributed significantly to poor health and premature death (Du Bois, 1968). Frantz Fanon's works - *Black Skin, White Masks* (2008) and *The Wretched of the Earth* (2007) - argued that an individual's behavioural and health outcomes depend not only on individual factors but also on the political, social, and cultural order in which the individual lived (Harrell et al, 2011). St. Clare Drakes's Black Folk here and there revealed many dimensions of anti-Black racism that have evolved within Western society to justify poor conditions, and Black "vindicationist" responses to the negative public stigmas regarding Black intellectual capability, esthetic qualities and morality (Drake, 1987). Despite such intellectual resistance, the sociocultural issues and racial stigma became embedded in the culture and continues to shape the lives of racialized individuals and communities across Western societies.

This paper examines the physical, psychological, and social forces that shape the racializing conditions of one racialized group, Black people in the West. These racializing

forces reinforce segregating and stigmatizing experiences, that many young Black males are forced to navigate at great interpersonal cost. The focus is on the Canadian context due to some persistent racialized phenomenon in Toronto, especially Black gun homicide victimization, and the relative lack of literature on such topics. This paper recommends an Afrocentric framework for the study of the root causes and health effects of stigmatization as well as best health promotion and harm reduction practices to address ill effects. It identifies the agency and efficacy of Afrocentric coping mechanisms and cultural approaches to resiliency utilized within diverse Black Canadian and American communities. As a direct consequence of Afrocentric programming, Black individuals and families of diverse African and Caribbean backgrounds have been better able to surmount barriers of systemic racism that drive some to crime and violence (Unnever & Gabiddon, 2011).

8.3 SEGREGATION: THE GEOGRAPHY OF RACISM

Geographical stratification, or segregation, are powerful manifestations of systemic racism in Western countries with dominant White populations and significant racialized communities. Racializing experiences are also an expression of social segregation that directly and indirectly lead to socio-economic disparities in varied sectors. It sustains various facets of poverty, lack of opportunity, and exclusion across diverse countries and jurisdictions. Despite smaller percentages of racialized populations and less intense segregation in Canada compared to the United States, Toronto's neighbourhoods are increasingly stratified into distinct areas of "great wealth and great poverty" (Thompson and Gartner, 2014, p.93). The difference is particularly noticeable when comparing Toronto's affluent, predominantly White city centre with its racialized and underserved suburban

communities, with Black Canadians constituting the most segregated of Canadian racialized groups (Thompson & Gartners, 2014). Although Canadian patterns of residential segregation are not as stark as its American counterpart, race is the first and dominant factor shaping residential patterns for the city of Toronto (Driedger, 1999). According to Driedger, "Toronto is different from Montreal and Vancouver, in that recent immigrant visible minorities appear as the first factor in residential segregation. Residents who are white middle class, those who are non-immigrant North Europeans live in newer areas, residentially segregated from recent immigrant visible minorities who live in more affordable older areas" (2003, p. 6).   Such racialized patterns feature in all post-colonial, post-slavery societies and are an established reflection of historic racism and give rise to a range of health and mortality inequities (Aylward, 1999); as Garcia and Sharif note, "racism [is] a powerful structural force that restricts the attainment of optimal health for all" (Garcia & Sharif, 2015).

In Brazil, more than 22 percent of the population lives in favelas, or shantytowns, where more than half of the residents are Afro-Brazilian (Garcia-Navarro, 2014). South Africa's apartheid system has left a traumatizing legacy of racially segregated townships, which disproportionately affects Black Africans, and those of mixed Black, European, and Asian heritage.   Segregation along racial and economic lines is pervasive, to varying degrees, in all such post-colonial, post-slavery societies -- exacerbating the social determinants of health such as poverty, education and unemployment, which in turn "influence individual behaviour, disease, health status" and community health (Gehlert, Sohmer, Sacks, Mininger, McClintock & Olopade, 2008; Hawkins et al., 2000).   These racialized socio-economic determinants engender greater neighbourhood disorganization

that then increases the risks of crime and violence (Blum & Rinehart, 1997); especially with respect to drug use and abuse issues (Gorman, Zhu, & Horel, 2005) and illegal guns (Stolzenberg & D'Alessio, 2000). This kind of racism is systemic and embedded in traditions, established decision making and exclusionary practices. Systemic racism can also contribute to a diminished sense of well-being that fosters nihilistic tendencies, self-stigmatization issues, suppressed anger, delusional denial tendencies, and extreme racial paranoia, which in turn can inform aggressive and violent behaviours (Brown, 2003).

Not surprisingly, communities that feature greater levels of segregation are characterized by more concentrated health inequity. Such communities have been found to carry greater burdens of chronic disease, including diabetes, heart disease, addiction, and mental health problems as well as excess deaths. These communities are also more likely to endure higher rates of racialized victimization, especially interpersonal gun violence and Black gun homicide victimization (Thompson and Gartner, 2014).

There is a misleading perception that Canadian attitudes towards racialized communities are more inclusive based on its official policy of multiculturalism, which sits in striking contrast to the assimilationist approach of the United States (Alagraa, 2015; Thompson, 2014). This misconception is sustained by systematic historical erasure of the structural violence intrinsic to settler colonialization, the residential school system, and the enslavement of Africans (Alagraa, 2015).

They reality is that Canadian multiculturalism has created safe spaces for cultural diversity in cities like Toronto, but has not eliminated systemic racial discrimination; indeed, the Toronto media's complicity in perpetuating racial stereotypes of Black males, coupled with the Toronto police force's prosecution of the War on Drugs, are key factors sustaining

race-based stigmatization and social stratification. Both represent stigmas engendered by a dominant Eurocentric world view that has either ignored or mis-interpreted the lived reality of Canadians of African descent. Segregated lived experiences, especially inequality before the law, has also been strengthened considerably by the war on drugs (Khenti, 2014)

8.4 PUBLIC HEALTH AND YOUTH CRIME

Canada's "War on Drugs" has intensified intersectional risks as criminal justice pursuits interact with individual and family risk factors to critically increase Black individuals exposure to structural determinants of violence (Krivo & Peterson, 2000; Land, McCall, & Cohen, 1990). One key driver of such intersectional risks has been the diffusion of "zero tolerance" initiatives, from its origins in US drug war policy, to other major social institutions such as education, child welfare, and policing. Such policies prescribe mandatory punishment with little consideration for the nature of the offence or other mitigating factors, including structural racism. Deviant behaviour is inherent to the life phase of adolescence and young adulthood, yet Black and racialized adolescents are disproportionately penalized by zero tolerance approaches (Kerrison, 2015; Khenti, 2014).

Racialized adolescents in particular are disproportionately perceived as endangering the social order (e.g., lack of respect for the law and authorities) or possessing deficiencies that delay integration into adulthood (e.g., gainful employment, financial stability) (Dei, 1996). Under-appreciated developmental features associated with this life stage become conflated with social "problems" that need to be remedied with supervision, education, surveillance, and punishment. More concerning, however, is the internalization of presumptive suspicion and its insidious reinforcement of the deviant role. Young Black

males are especially vulnerable to the constraints of social expectations reflected in such self-stigmatization (Monahan, Steinberg, Cauffman & Mulvey, 2009).

The influence of internalized negative self-perceptions on racialized adolescent and young adult deviant behaviours has been widely recognized (Caldwell, Kohn-Wood, Schmeelk-Cone, Zimmerman & Chavous, 2004; Seaton, Caldwell, Sellers & Jackson, 2009). One type of support for this particular problem recognition comes from the labelling theory of deviance (Berker, 1963). This theory posits that deviant behaviour is itself a reaction to social controls for deviance. Although deviance in adolescence is a recognized part of a developmental process, society accords less space and/or tolerance for Black adolescents to deviate accordingly; indeed, harsh societal reactions to such behaviour on the part of Black adolescents, especially criminalized labelling, undoubtedly amplifies negative self-perception and potential self-stigmatization. In other words, such labels can readily become self-fulfilling prophecies. Initial deviant acts result in labels that promote exclusion from conventional social groups and strengthens affiliation with deviant groups or subcultures, increasing the likelihood of engaging in further deviant behaviour (Bernberg, Krohn, & Rivera, 2006). Anti-Black public stigma therefore translates expected 'normal deviance' into self-stigmatizing cycles of shame and exclusion.

In Canada, the federal and provincial drug policies rely heavily on law enforcement rather than treatment, health promotion and harms reduction. Moreover, compulsory minimum sentences enshrined in the 2012 Safe Streets and Communities Act (Bill C-10) amplified human rights issues associated with disparities in the application of criminal justice policies and penalties and further harmed the health of detainees (Chu, 2006; Khenti, 2014). Black Canadians were more likely to be convicted and sentenced for drug possession

than the fellow White Canadian counterparts (Sapers, 2013). Not surprisingly, the country witnessed a 50 percent increase in the incarceration rates of Black Canadians over the course of a single decade (2002 - 2013).

Compounding the harms of incarceration are the health risks of confinement. For example, there is a high prevalence of HIV/AIDS among Black Canadians, which is linked to injection drug use habits acquired in prison among prisoners who did not previously use illegal drugs (Chu, 2006). A recent study found that the number of known HIV cases in Canadian prisons has risen by 35 percent between 2000 and 2006, and it is a driving factor in Canada's worsening HIV epidemic and increasing Hepatitis C infection in this Black sub-population (Chu, 2006). Consequently, Canada is a global leader in its incarceration rates of non-violent people who use drugs; young Black male drug users in Toronto have been particularly hard hit by these policies and related practices (Prison Reform Trust, 2016). Racialized adolescents, especially young Black men, are thus more likely to be subject to public health risks that lie at the intersections of race, poverty, gender, neighbourhood and drug war activities, which further amplify risk taking behaviours (Trevino, Harris & Wallace, 2008; Khenti, 2014).

8.5 VIOLENT CONSEQUENCES OF RACIALIZED SELF-STIGMA

The exacerbation of Black male adolescent and young adult risk taking, including illicit drug abuse and the adaptation of violence as a preferred mechanism for dispute resolution, only entrenches negative societal perceptions of Black people and strengthens social exclusion (Khenti, 2014; Rios, 2007). Health harms, including homicide victimization risks, are the ultimate results of this intersectionality of racialized risks.

Indeed, Black homicide victimization occurs disproportionately across many of the postcolonial countries with a history of African enslavement and contemporary racialized incarceration practices, including Canada, the United Kingdom, Brazil and the United States, as well as in South Africa (WHO, 2011).

Link and colleagues developed a theory to explain the process of self-stigmatization among those who are excluded and made to feel "othered" within the context of mainstream society (Link, Cullen, Struening, Shrout, & Dohrenwend, 1989). This term refers to the sense of "not belonging," and to socially construed notions of "deficient humanity" often experienced by members of stigmatized communities. Link and colleagues recognized that once vulnerable individuals learn about public perceptions of their demographic group (e.g. labels such as "dangerous," "immoral," and "violent") they often internalize these concepts. The awareness of pejorative racoa; stereotypes and labels lead to the anticipation of stigmatizing devaluation and discrimination by others. Some stigmatized individuals adopt harmful coping mechanisms. Cognitive, emotional, and/or behavioural reactions may involve internalizing or externalizing factors that harm psychological well-being, and diminish social networks. These harmful consequences can result in many missed opportunities across the life cycle and lead to anti-social behaviours (Yang, Thornicroft, Alvarado, Vega, & Link, 2014).

The role of racialized self-stigmatization helps to explain differences between Black offending behaviours and those of other racial groups. Such self-stigmatization may occur due to constant over-scrutiny by police and other criminal justice authorities that has been recognized as a source of stigmatization (Link, Wells, Phelan & Yang, 2015). Unnever and Gabbidon argue that most general criminological theories either actively or passively

disregard the significant impact of race and racism (Unnever & Gabbidon, 2011). In their seminal text, The Theory of African American Offending: Race, Racism and Crime, Unnever and Gabbidon posit that experiences of racism among Black offenders account for a large part of the social conditions that necessarily precede criminal activity (Unnever & Gabbidon, 2011). It is only within the last few decades that theories on Black crime are beginning to adopt the ideas about the impact of racialized self-stigma.

A 2003 Ontario Human Rights Report entitled, Paying the price: The Human Cost of Racial Profiling, outlines various harms caused by racial profiling, including, increased fear, intimidation, and reinforced anxieties. They affirm that feelings of helplessness and hopelessness can lead to depression, drug use, and suicidal ideation (OHRC, 2003). Other mental health impacts include diminished self-esteem, perceived discrimination and internalized stigma (Caldwell, Kohn-Wood, Schmeelk-Cone, Zimmerman & Chavous, 2004; Seaton, Caldwell, Sellers & Jackson, 2009). The self-stigmatization can become so entrenched that it leads to psychologically and physically detrimental behaviours more damaging to health and quality of life than the original stigma (Schiele, 2000).

Chronic and persistent racial stigmatization shapes perceptions and interpretations, of interactions and may cause stress and suppressed anger expression (Stolzenberg & D'Alessio, 2000; Rivera, 2014). The stress and suppressed anger could diminish mental health and increase the risk of violent behaviour (Rivera, 2014). One study of African American youth showed that adolescents with chronic levels of stress reported higher levels of anxiety and depression, engaged in anti-social behaviours and had less developed coping mechanisms than youth with lower levels of stress (Schmeelk-Cone & Zimmerman, 2003). The impact of internalized racism on violent behaviour has also been shown to be highly

significant and helps to explain previously unexplained variance within research that only considered traditional risk factors, such as poverty (Bryant, 2009). Among African American boys aged 14-19 in Philadelphia, Bryant found that internalized racism was a significant predictor of aggressive behaviour, attitudes toward guns and violence, and overall propensity for violence (Bryant, 2009). Compared to the predictive factors of impulsive behaviour, delinquent friends, drug use, and response to shame, internalized racism was the highest predictor for aggressive behaviours (Bryant, 2009).

Global implications

Sub-population trends confirm the global scope of the problem of racial stigma, self-stigmatization and violence problems. According to the 2013 Census, 8.5 percent of Toronto's population was of African descent (Alagraa, 2015), but between 2004 and 2014, Black people made up 50 percent of all homicide victims, with Black males alone accounting for 46 percent (Khenti, 2018). Furthermore, Black homicide victimization is on the rise in Toronto. Where Black victims made up 23 percent of all homicides from 1988-2003 (Hawkins et al., 2000), this percentage has more than doubled within the last decade. Young Black males consistently represent the highest victim demographic. Analyzing statistical trends of Black male homicides comparatively, according to varying Toronto neighbourhoods, there is no question that racialization plays as significant a role as poverty, given an association of the violence with neighbourhoods without socio-economic risk and small Black populations; supporting the emergent theories of Black criminology (Khenti, 2018).

Similarly, harrowing trends of Black homicide victimization can be found throughout the Americas, the UK, and South Africa. In the United States between 1970 and

2014, an annual average of 39.4 Black males per 100,000 people within the Black population were killed by firearms alone, while the annual average among White males was 17.1 per 100,000 within the White population (Statista, 2016). In 2009 in Brazil, the homicide rate for Black residents was 34.6 per 100,000; 32.5 for Indigenous populations; and 16.3 for Whites. Young Black males are the most disproportionately affected by homicide victimization (Murray, 2013). In England and Wales between 2010 and 2013, for every million White residents there were 9 homicides, for every million Asian residents, 11 homicides, and for every million Black residents, there were 33 homicides (Statista, 2015). Due to a lack of race-based data in South Africa from 1990 onward, Thomson (2004) made projections using Stats SA figures and those provided by the National Injury Mortality Surveillance System. In 2002, the homicide rate in South Africa was 48 per 100,000 of the total population; however, among Whites, it was close to 30 per 100,000 (Thomson, 2004). For Blacks the homicide rate was closer to 50 per 100,000; of those socially constructed as Coloureds or mixed race, it was closer to 130 per 100,000.

8.6 MEDIA REPRESENTATIONS AND SELF-STIGMA

The mainstream media's reporting of violent crimes plays a critical role in sustaining the deeply traumatizing histories of objectification and animalization of Black humanity. Through its role as the primary vehicle for the social construction of problems, and shaping of public opinion on the actors, causes, and effects of gun violence, the media assigns Black communities with singular responsibility for the gun violence phenomenon (Ezeonu, 2010; Buffam, 2009; Jahoda, 1999; Khenti, 2018). Within the context of Black homicide victimization, the media plays a direct role in painting culturally and socio-economically

diverse Black males as homogenous entities. In Canada, and beyond, Black victims are labelled with the epithet "known to police," inciting indifference to the death of a "criminal" rather than empathy for the loss of a young life (Sheptycki, 2009; Siciliano, 2010). The strategic stigmatization of young Black males as anti-social and criminal is further entrenched in contemporary, post-colonial issues of poverty, exclusion, and biased policing (Jahoda, 1999; Khenti, 2018).

The normalization of language related to guns, gang and drug involvement justifies and normalizes the over-policing of racialized individuals (Sheptycki, 2009; Siciliano, 2010; Ezeonu, 2008). In Canada, the media and academic literature seldom distinguish between "criminal" and "social" gangs; thus criminalizing the perception of all Black youth groups, whether real or imagined (Ezeonu, 2005; Butters, Sheptycki, Brochu, & Erickson, 2011). Black youth are indiscriminately branded as "young criminals;" a label introduced in the Youth Criminal Justice Act (YCJA) of 2003, thereby prioritizing criminality over any other aspect of identity (Butters, Sheptycki, Brochu, & Erickson, 2011). Toronto's gun violence is therefore assumed to have only one core cause, "criminal" youth gangs (Sheptycki, 2009; Butters, Sheptycki, Brochu & Erickson, 2011).

The alternative reality, that many young Black men may have no intention to engage in criminal activity, gains scant attention given the dominant narratives. Few Canadian research contemplate the likelihood that Black male experiences of racial discrimination, fuelled in part by negative Eurocentric ideas about Blacknes, is leading to self-stigmatization by which guns give meaning and power to lives that are otherwise meaningless and powerless within dominant social structures (Brown, 2003; Khenti, 2013). Indeed, lacking confidence that criminal justice authorities provide a mechanism for dispute resolution or

protection from interpersonal violence, an emergent norm in vulnerable communities may also be that young Black men need to carry weapons for self-protection rather than for criminal activity.

Media sources across the Americas distinguish Black intra-racial gun violence apart from other forms of gun violence, creating moral equivalence between perpetrators and victims, while constructing the wider social problem as a specifically Black phenomenon (Ezeonu, 2010). They do this by constructing and sustaining the idea of "Black on Black" violence as a distinct phenomenon apart from wider patterns of criminal behaviour. The media narrative does not acknowledge that homicide patterns have become racialized because poverty and segregation have intensified in Black communities over the past three decades; rather, it amplifies embedded stigma about intrinsic cultural qualities associated with Jamaican, Somalian, or Black attributes, that drives more aberrant and violent behaviours. This misrepresentation allows both the blame and responsibility for change to fall on the Black community, while ignoring the sociocultural, economic, and structural elements of systemic racism that marginalize racialized groups and construct the dichotomy that promotes this violence (Siciliano, 2010; Ezeonu, 2008).

8.7 AN AFROCENTRIC FRAMEWORK TO UNDERSTANDING "BLACK VIOLENCE"

The 365 years of African enslavement in the Americas affected an estimated 40-150 million African men, women, and children across North, Central, and South America as well as the islands of the Caribbean (King, 1997; Khenti, 1996). In order to maintain and perpetuate brutal systems of plantation race-based slavery, diverse racial control strategies

were applied; often dependent upon population size. One common element of the various strategies involved repudiation of African humanity, cultures, spiritualties, and languages, in order to maximize docility and acceptance of servitude (Drake, 1971; Karenga, 2001). Writing about the African American diaspora, Anthony King emphasizes the structural violence that is embedded within the slave holding states. He notes that Black violence did not originate with the birth of rap, drug culture, or broken homes, but rather "the seeds of violence were planted into the moral and social character of this nation with the brutal and inhumane enslavement of millions of Africans on land that was violently and maliciously stolen from Native Americans" (King, 1997). King (1998) also argues that slavery has been replaced by subtler forms of racialized social exclusion, including un- or under-employment, ghettoization, mass incarceration, police brutality, lack of appropriate educational opportunities, and poor health outcomes. Critical Race Theory (CRT) affirms this perspective in its critique of racialized criminal justice practices, including mass incarceration (Khenti, 2018).

In order to fully understand contemporary Black community and individual responses to both macro- and micro-level drivers of violence in Canada, especially the self-stigmatizing violence, it becomes necessary to consider a framework entirely different from the Eurocentric worldview prevailing in academia. The Afrocentric framework, first expounded by Molefi Kete Asante in the 1970s, is uniquely positioned in this regard. It is a framework based on the vindicationist, pan-Africanist cultural ideology set in opposition to the racist Eurocentric epistemological system prevailing in the West (Bay, 2000). The Afrocentric perspective is based on the philosophy of *Ntu* (pronounced "into"), a Bantu concept of a universal unifying force that pervades all aspects of existence (Bay, 2000). This

philosophical grounding is a direct response to the epistemic violence reflected in Eurocentric denials of Black equality in all sectors of humanity; especially arts and culture, science, law etc.   The four principles of *Ntu* emphasize the "interrelatedness between the intrinsic and the extrinsic factors involved in one's ability to respond to the problems of daily living" and include harmony, interconnectedness, authenticity, and balance (Bay, 2000). Harmony is the spiritual aspect of *Ntu*, the belief that spiritual forces connect all aspects of life. Interconnectedness is the central aspect of *Ntu*, viewing the individual, family, group, and community as parts of a greater, interdependent system. Authenticity is the moral aspect of *Ntu*, the highest value being placed on interpersonal relationships and genuine interactions. Lastly, balance is the unifying aspect of *Ntu*, the idea that equilibrium is achieved by mediating opposing forces between and within individuals (Jones, 2007).

Therefore, the Afrocentric worldview offers a means through which to challenge the current hegemony and epistemic violence privileging Eurocentric ideas and heritage, physically segregating and marginalizing the contributions of all other cultural groups (Asante, 1980). Afrocentrism views "control, materialism and individualism" as Eurocentric foci that should be rejected in favour of African values emphasizing humankind's "oneness with nature, spirituality, and collectivism" (Mbiti, 1969).

Improved appreciation for the meaning and full impact of inter-personal violence in Black communities across North America can be gleaned through historically contextualizing this phenomenon with an Afrocentric lens. According to Oliver (1989), one of the first criminologists to incorporate Afrocentrism into theories of Black male criminality, some Black persons develop dysfunctional cultural adaptations in the face of racist structures of inequality and exclusion (Unnever and Gabbidon, 2011). To a significant

extent, many of the dysfunctions appear to confirm the racial stigmas being purveyed by the dominant culture. Fear of the violent Black male thus gains acceptance across all levels of society and community.

Oliver (1989, p.18) maintained that one of the most problematic dysfunctional cultural adaptations is "the failure of Blacks to develop an Afrocentric cultural ideology" which repudiates all stereotyping and stigmatizing of African phenotypes and cultural traits; including gendered racist depictions. Instead, at risk persons with vulnerable identities can readily adopt stereotypes to conform to low intellectual, moral and behavioural expectations that follow from the wider society's ideology. Thus, Oliver persuasively argues, the "Americanization of Africans in America has resulted in Blacks being locked into the role of America's permanent outsiders" (Oliver, 1989, p.19).

While there are some criticisms of the Afrocentric framework, including that it is heterosexist, male-centred, presents an essentialist and monolithic view of African culture, and disregards dual or multiple consciousness of those who identify both as African and American or Canadian, etc., these considerations are being addressed within Afrocentrism's evolving theoretical discourse (Adeleke, 2009; Marable, 2009; Schreiber, 2000),. Some critics describe Afrocentrism as "a world-view designed to discuss the world but never really to change it" (Marable, 2009). Others claim that it is little more than "a psychological and therapeutic feel-good-together philosophy" (Adeleke, 2009). As with any canon of academic thought, or social movement, there is a need for active examination and rigorous debate of its tenets, ideas, and practitioners in order to promote the deepening and broadening of its varied discourses.

What the critiques fail to appreciate is the scale of individual and collective harms resulting from public racialized stigmatization of socially constructed Blackness in Western societies. Persons of African ancestry, whether recent migrants to Canada, or descendants of Black Loyalists that arrived in the late 18th century, find a constructed racialized social identity that sustains ideas of intellectual, moral, or aesthetic inferiority across all levels of society, from early childhood education to recreation and employment sectors (Drake, 1971). Both children and adults are at risk of having psychological confidence and/or individual self-esteem undermined, with elementary age children being quite vulnerable to low educator expectations and lack of positive affirmation (Khenti, 2013). Many are ill prepared to respond to systemic racism. Despite some valid criticism, Afrocentrism offers numerous practical applications, which include contributions to understanding the role of cultural oppression in relation to Black offending, relevant educational pedagogy for school age learners, and the resilience needed to maintain a sense of cultural agency within racist societal institutions (Unnever and Gabbidon, 2011; Oliver, 1989). There are few evidence-based anti-racism alternatives with demonstrable efficacy vis-a-vis systemic racism.

Cultural oppression is described as the process through which one group "imposes the traditions, history, and interpretations of the dominant group onto less powerful cultural groups in a manner that suppresses and marginalizes the traditions, history, and interpretations of these less powerful groups" (Schiele, 2000). For people of African descent, cultural disorientation occurs when cultural oppression causes individuals to adopt Eurocentric definitions of reality that invalidate African norms, values and standards and prevents consideration of an African-centred concept of reality (Kambon, 1992). The cultural alienation may be expressed as denial of identity and/or heritage as well as self-

stigmatizing attitudes and behaviours. (Schiele, 2000). Welsing posits that low racial and cultural self-worth is a result of an inferiorization process, in which people of African descent experience psychological stress from the historical, intergenerational, and institutional effects of a racist society (Welsing, 1994). This self-stigma can lead to dysfunctional cultural adaptations, as evidenced in the proliferation of (particularly youth-perpetrated) violence in Black communities.

Attempts to overcome the lived reality of systemic racialized disadvantages, including poverty, un(der)employment, overburdened female-headed households, and institutionalized racism is much more difficult because of the examplars of success promoted by media (King 1997; Khenti, 2013). Uoung African Americans and African Canadians, especially males, are continuously bombarded with Eurocentric concepts of masculinity, success, and power that stand in stark opposition to Afrocentrism (ibid). Western masculine standards of wealth, materialism, conspicuous consumption, irresponsible sexual behaviours, and a glorified violent and physically aggressive mentality is routinely propagated through mainstream media. Such ideals undermine the development of a positive value system by many of the most disadvantaged youth. Ironically, behaviours glorified in White men are often vilified when embraced and performed by Black men. In the absence of robust family, community, and societal supports to bolster the development of prosocial coping mechanisms, many Black youth resort to violent and illegal avenues as the only readily available means of attaining these masculine status symbols.

8.8 AFROCENTRIC CULTURAL APPROACHES TO RESILIENCY AND COPING

African Canadians are exposed to significant levels of racial discrimination, both explicit and implicit, that increase their risk of depression, anger, anxiety, self-stigmatization and internalized racism, as well as loss of hope, not all are equally susceptible to the public stigma of violence and anti-social behaviours. In fact, most Black Canadians demonstrate substantial resiliency in the face of systemic racism and inter-personal discrimination, and manage to thrive in a multitude of prosocial ways. This section will employ the Afrocentric framework to examine some of the most salient coping mechanisms exhibited by Black youth and young adults. Afrocentrism provides both a world view, and a pragmatic methodology, through which Black communities can acquire essential knowledge and nurture an identity that effectively empowers one to cope with systemic racism: including how to problematize the real, detrimental manifestations of current and historic racial stigmas; process these through a critical analysis of related stereotypes and self-stigmatizing behaviours; and build resiliency, through culturally rooted self-affirmation, in response to unfounded representations and ongoing oppressions.

Caldwell and colleagues (2004) found that experiencing racial discrimination was the strongest risk factor for youth violence, while the internalization or a strong sense of racial centrality and group affiliation (interconnectedness) acted as a buffer for stigmatization and marginalization. Other studies demonstrated that the reinforcement of cultural pride significantly decreased the outward anger expression of young Black males, leading them to better understand societal forces underpinning discrimination, and to replace angry socialized behaviour patterns with positive responses (Stevenson, Reed, Bodison, & Bishop, 1997).

In order to counter the negative psychosocial effects of inevitable systemic racial discrimination and social disadvantage, several programs have been developed based on seven core Afrocentric principles called the *Nguzo Saba*, developed in 1966-67 by Dr. Maulana Karenga (Karenga, 2001). The *Nguzo Saba* form the guiding principles of Kwanzaa, an African cultural celebration he founded, now observed widely throughout the African diaspora. The *Nguzo Saba* are analogous to *Ntu*, and include unity, self-determination, collective work and responsibility, cooperative economics, purpose, creativity, and faith (Greene, Smith, & Peters, 1995; King, 1994). These principles have served as core foundations for resiliency building in programs dealing with wide ranging social issues and problems including drug prevention, school dropout and anger management.

One example of such a program is the I Have a Future (IHAF) Comprehensive Adolescent Health Promotion Program from Nashville, Tennessee. An evaluation of the program showed that youth in neighbourhoods where IHAF operated had higher levels of acceptance for values related to a sense of community, cooperation, self-respect, and self-determination, compared to control neighbourhoods. Such findings represent gold standard randomized control research involving both control and experimental sites. There were positive relationships between the acceptance of the values of the *Nguzo Saba* and psycho-social maturity, positive self-concept, clarity of future goals, and low self-reporting of delinquent acts (Greene, Smith, & Peters, 1995). Another such program is the Manning Cultural Awareness Program (MCAP) from Columbia, South Carolina, implemented in the Manning Correctional Institution to enhance the social and cultural identity of incarcerated African-American males. The program has proven very important to Black inmates, as it

increased their knowledge and pride in their culture and history, and helped them gain insight on pro-social coping mechanisms when facing institutional racism (King, 1994). Toronto's African Canadian Heritage Association (ACHA) has, for the past three decades, fostered resilient identities for the children and families through cultural socialization, and historical educational programming, for youth of all ages; also embracing the Nguzo Saba as foundational principles (Thompson & Khenti, 2011).

Similarly, a study of Afrocentric approaches to community policing has posited that the strained relationship between law enforcement and the Black community can be significantly improved once key barriers have been addressed including: mistrust on both sides of the law; the racial bias of police towards the Black community; and, the perceptions of police within the Black community (Bent-Goodley & Smith, 2017). These researchers suggest that Afrocentric principles can be effectively employed by both the Black community and particular police forces: to emphasize the interconnectedness between the police and the community; promote self-reliance of citizens in community policing; and encourage officers to challenge negative stereotypes about Black people. Afrocentric principles could also help to create better inter-cultural understanding in terms of relevant language, traditions, and practices as well as encourage spirituality as a deterrent to criminal behaviour; and, to recognize that police officers and Black citizens are members of the same broader community. The preceding recommendations are essential given that Afrocentric criminologists see police and criminal justice authorities as drivers of racialized violence through longstanding racial profiling as well as more recent war on drugs tactics (Unnever and Gabiddon, 2011; Khenti, 2014).

8.8.1 Protective and risk factors

Afrocentric programming provides effective experiential learning tools for building the resiliency of high-risk youth, and families, as well as enhancing the social capital of vulnerable communities (Karenga, 2001; Oliver, 1989). This approach builds on the Black experience of extended families that emerged in the face of unrelenting racism; it takes into account individual identity, the role of the family and community, as well as that of the wider society (Botvin et al., 2006; Caldwell et al., 2004; Etienne et al., 2002).

Protective factors refer to individual characteristics, environmental features, and situational circumstances that reduce or diminish the prospects of violence involvement. Some relevant protective factors are individual temperament, religious involvement, family attachment, low parental conflicts, and effective parent-child communication. A well-managed and supportive community environment is also considered to be protective (Etienne et al., 2002; Stockwell, 2005). Risk factors include individual characteristics, environmental variables, and situational circumstances that increase the prospect of violence involvement. Some relevant risk factors are educational underachievement, difficulties in family life, social inequity, and poverty (Youngstrom, Weist, & Albus, 2003; Caldwell et al., 2004). It has been persuasively argued that public health crises, such as the current epidemic of Black gun homicides in Toronto, could be prevented by Afrocentric programs that promote individual Black self-esteem, effective parenting of resilient Black children, Afrocentric-based parent-child communication, community values and improved school engagement (Nobles, 1971; Akbar, 1991). These have been shown to have some impact on vulnerable family and community environments when they were properly planned and implemented (Caldwell et al., 2004; Tinsley, 2007). Strategies are traditionally developed

along three lines: primary (level of the individual and environmental risk), secondary (early risk detection and interventions); and, tertiary (treatment-oriented services) (Botvin et al., 2006, Fraser, 1996; Resnick, 2000).

The key assumption of Afrocentrism perspectives is that the effectiveness of public health and public education efforts - in addressing Black homicide victimization - could be strengthened with cultural insights from African traditions of resistance to slavery and systemic racism, as well as experiential insights from the family and friends of violence-involved young men (Oliver, 1989). Such knowledge, especially Afrocentric perspectives of the systemic racism that is pushing the violence-involved young men towards gun homicides, should allow for development of more effective interventions to halt the violence.

A second major assumption is that in order for Toronto's Black community—as well as the city, province, and country—to address the underlying causes of the current violence effectively, as well as prevent future incidents, a better understanding of systemic racism issues and stigmatization challenges facing young Black men in Toronto is needed. Their perspectives should inform efforts to promote Black youths' well-being, growth, and optimal development at the individual, family, and community levels.

8.8.2 Individual considerations

The literature on protective and risk factors consistently point to high self-esteem, self-efficacy, high degrees of motivation, positive moral values and social abilities such as verbal skills, as significant protective factors at the individual level. Conversely, the risk factors, at the individual level have been identified as low self-esteem, low self-control, poor motivation, sensation seeking, moral ambiguity, and inadequate social coping skills. In

addition, stressful life events, depression, and anxiety fuel ndividual risk factors (Tinsley, 2007; Botvin et al., 2006). The role that systemic racism and inter-personal racial discrimination plays within key sectors - especially education, child welfare and criminal justice – in undermining protective factors and enhancing risks is under-studied but hugely consequential (Dei, 1996; McMurtry and Curling, 2008). For Black youth, Afrocentrism-based socialization is both a health promoting and harms reduction approach. Afrocentric ideas can equip individual with perspectives grounded in Black Canadian experiences and African traditions (on family and friendship, community, society and systemic racism) that counter public stereotypes and stigmas which demean various aspects of Black life (Harris-Britt, Valrie, & Kurtz-Costes, 2007).

8.8.3 Family and friends

Family protective factors seem to be particularly relevant for young Black Toronto men, given the public stigmatization directed towards the Black female led families within which many are raised (Buffam, 2009; Ezeonu, 2005; Faucher, 2009). The literature consistently highlights the significant protective role of family attachments, family support, and consistent parental supervision. It also points to common family risk factors of disruption in family life, criminality and drug abuse, and inconsistent parental supervision and support. There is little research on the role that child welfare, education and criminal justice have played in fostering Toronto's huge disparities in numbers of Black children in care, disparities in graduation rates and incarceration. Afrocentrism prioritizes community traditions and lessons from Black experiences that strengthens family life (Asante, 2009). Afrocentrism can also provide Black youth, and young adults, with African traditions of

family life, principles of individual and parental responsibility, which counter the negative stigmas about absentee Black fathers and Black female led households. In vulnerable communities, where poverty, high unemployment, and inadequate housing combine to enhance risks, the strength of all Black families deserve greater support from the society, rather than to have risks accentuated; enhanced social capital is one way that wider Toronto and Canada society can lend support to these families (Fraser, 1996, Resnick, 2000).

8.8.4 The community

Enhancing social capital of local schools – through capacity building efforts to eliminate systemic racism and support parents and families – is one way to enhance protective factors and reduce risks. The school is a prominent community institution that can significantly reduce the prospect of violence involvement and related risks such as gun carrying (Erickson et al, 2006). School-related protective factors include positive teacher-student relations and institutional connectedness. In contrast, poor attendance, poor performance, and early drop out pose considerable risks for adolescent mis-conduct including violence involvement (Botvin et al., 2006; Tinsley, 2007).

Black students in both highly vulnerable communities, as well as some without socio-economic risks, face limited graduation prospects on account of low teacher expectations, dis-empowering content and streaming into low status occupations (Galabuzi, 2001; Khenti, 2013). Within such educational context, Black male adolescents may also face identity confusion because of powerful gangster images fed by movies and music videos as well as the lack of positive Black male figures as role models in their lives. In addition,

young Black men in Toronto also face over-policing, racial profiling, expressions of hate (Galabuzi, 2009), and social injustices that can exacerbate their distress.

Afrocentric curriculum and pedagogy are oriented to the challenges Black learners face when immersed in culturally and socially irrelevant pedagogy, educated by deficit-oriented teachers and positioned for school to prison pipelines through racialized disciplinary practices (Dei, 1996). Afrocentrism provides principle based learning that addresses anti-Black racism directly as well as structures the advanced learning Black students are advised to undertake within educational setting (Thompson and Khenti, 2011). Afrocentrism also directly repudiates stereotypes and stigmas borne of Eurocentric ideas about Blackness (Kunjufu, 1986; Thompson and Khenti, 2011).

The community's role as a protective factor has also been related to its advocacy role regarding racialized disciplinary practices by schools and boards. The human right to an education for all Black learners compels Black community and educator bodies to maintain advocacy in this regard. Without such efforts, suspensions and expulsions will continue to be racialized in nature. Community school activities can also help to sustain active engagement of male youth through their most risky adolescent periods; with recreational and employment activities that reduce violence risks by keeping youth busy with positive empowering activities during periods of greatest adolescent risk (Caldwell et al., 2004; Khenti, 2013).

8.8.5 The society

Societal institutions serving Black Toronto communities, including businesses schools, media, primary health care facilities etc., are often under-resourced and ill equipped

to address challenges associated with deprived social determinants of health and systemic racism (McMurtry and Curling, 2008). Systemic racism is also at the root of many societal inequities and the racial profiling experienced by Black citizens and racialized immigrants living in disadvantaged neighbourhoods with difficult physical environments. Inter-personal racial mico-agressors also add to daily stress experiences of Black people (Mckenzie and Stanford, 2008). The dismantling and/or reduction of social supports for individuals and their families living in vulnerable circumstances appear to have significantly increased prospects of risky behaviours such as substance abuse and inter-personal violence (Galabuzi, 2005; 2009). Growing income disparity and diminished opportunities for educational and vocational advancements would also have enhanced these risk factors. Afrocentric philosophy offers a critique of racialized disparities and inequities that result from certain policy choices. Anti-racist policies and practices that tap into Afrocentism are viewed as protective vis-à-vis vulnerable communities. (Quaye, 2005, Braithwaite & Taylor, 2002, Galabuzi, 2001).

Afrocentrism is a framework founded on both agency and reciprocal socialization. It highlights the roles and responsibilities of Black communities in creating community health and wellness while recognizing the need for wider non-Black society to actively eliminate biased public decision making that engenders and sustains racialized health inequities (Asante, 2009; Khenti, 2013). The Afrocentric perspective on healthy male identities provides alternative ways of deconstructing dominant forms of masculinity that lend support for violent behaviours; especially societal promotion of strength and power as preferred male norms rather than displays of emotion and vulnerability (Oliver, 1989). Societal institutions can help to build community capacity or social capital that strengthens

individual cultural resiliency fostered by Afrocentric ideas and programming. Key institutions include churches, local schools and labour union as well as community groups.

Afrocentrists place emphasis however, on the roles and responsibility of Black individuals, families and communities in protecting public health, promoting protective factors and reducing risk-taking behaviours (Kambon, 1992; Unnever and Gabiddon, 2009). Some of the most profound contemporary manifestations of Afrocentric efforts to promote positive behaviours are evidenced in social movements and media phenomenon, including Black Lives Matter, and alternative media outlets such as The Root, For Harriet, and Black Girl Dangerous. These movements subscribe to the tenets of Afrocentrism—harmony, interconnectedness, authenticity, and balance - and promote African principle-based efforts to repudiate public stigmatization circumscribing the lives of Black communities in school-to-prison pipelines, as well as in systemic criminal justice injustices, ranging from harsher sentencing to police killings. In addition to such movments, there are traditional types of heritage and racial identity programming rooted in Afrocentric ideals, such as Toronto's African Canadian Heritage Association (ACHA). These programs educate community members and equip children and youth with knowledge about African history, Black experiences and cultures. Their pedagogy is empowering; providing learners with strategic responses to contemporary racial microaggressors, stereotypes and stigmas (Thompson and Khenti, 2011).

Its worth noting that there is also a significant role for mainstream media in countering the public stigmatization which fuels stereotypes as well as self-stigmatization (Thompson and Khenti, 2011). Mainstream media can effectively deconstruct and demystify ideas that mask implicit bias as well as those that are explicitly racist. As Black

sociocultural experiences are asserted as equally worthy of study, attention, and examination, the hegemonic pathologizing lens now focussed intently upon Toronto's many Black communities may well be replaced by historically and culturally appropriate, and affirming, Afrocentric frameworks and constructs.

8.9 LIMITATIONS

The discussions and framing of Afrocentrism used in this paper rely heavily on theories developed for the African American population of the United States. The historical and lived reality of Black people in the US is quite different from that of the Canada given very different political and socio- economic systems; although there are many parallels rooted in shared slavery and colonial origins the role of the state is strikingly different across the generations. Further sociological and theoretical research is needed to clarify the differential exposures to systemic racism facing each population. Additional research is also needed to foster understanding of the diverse Black communities in Canada and their relative cultural strengths. Some African Canadians are descendants of people living in Canada for generations; others are first-generation Canadians who identify as being of African and/or Caribbean descent. Members of the different communities may interpret racist experiences quite differently

8.10 LINES OF FURTHER ENQUIRY

Racial stigmatization has been analyzed as a discursive process of social representation and social control that effectively justifies racializing practices (e.g., carding)

through references to liberal egalitarianism, especially fairness and equality before the law (Tator & Henry, 2006). One particular instance, with concrete implications for the homicide victimization phenomenon, involves neighbourhoods with large populations of low income Black men being portrayed by the media as crime-ridden communities with problems related to gangs, drugs, and guns. These representations serve to legitimize more intrusive policing within such communities. The role of media in public racial stigmatization is deserving of additional research. Research is also needed on how cumulative effects of intersecting social inequalities are shaping the disproportionate Black male involvement in homicide victimization and alternative ways to support vulnerable individuals and communities. Public education research is also needed to address issues of collective Black self-esteem that have been undermined by exposure to public stigmas over generations; as well as strategies for boosting the empathy of non-Black populations towards this stigmatized racial group (Galabuzi, 2005; Unnever & Gabbidon, 2011; Link & Hatzenbuehler, 2016; Loury, 2003).

Despite extensive documentation of the potential association of poverty, social exclusion, and racial profiling practices with the higher rates of violence among young Black males (OHRC, 2003; Tanovich, 2006; Wortley & Owusu-Bempah, 2011; Wortley & Tanner, 2004), there is still insufficient Canadian research on key topics. Essential research is needed on critical intersectionalities such as concentrated poverty, racial stigmatization and profiling, coupled with neighbourhood isolation and risk factors related to exposure to violent trauma, neglect and limited adult supervision; as well as potential policy and/or program responses (Thompson, 2014). Few researchers have explored the extent to which the increased rates of interpersonal violence and victimization may be related to racial

stigmatization and psychological distress engendered by inequitable access to the determinants of health (Mosher, 1998; OHRC, 2003; Smith, Allen, & Danley, 2007).

Racial discrimination is known to cause depression and anxiety so targeted research in this area is needed; an enhanced focus on how Black male adolescents can be nurtured with Afrocentric education and socialization to cope with risk factors for depression and violence would be extremely helpful for health professionals. The effective roles for primary health care interventions in this regard is also essential research. Alternative ways of educating and counselling persons across the life cycle about the different types of intersectional risks due to systemic racism, and relevant Afrocentric sources of resiliency, are also vital areas for further research. This manuscript should contribute to stimulating debate, and scholarship, on the related victimization risks and health protective factors of diverse Black communities.

8.11 CONCLUSION

Anti-Black racism, discrimination, and prejudice persist in Canadian society at the individual, community, societal, and institutional levels and their negative social and psychological effects are profound for all. Persons living the "Black experience" must negotiate systemic oppressions that range from low expectations in school to employment barriers to over-policing. However, these oppressions also affect those persons involved in perpetrating racism, imbuing them with a false sense of superiority and blamelessness for inequities pertaining to racialized people. They are falsely disconnected from their Black peers, some of whom may even be family members, or children from mixed race

relationships. Though speaking about colonialism in 1955, Aimé Césaire's words on this topic are still relevant today (cited in Williams & Chrisman, 1994, p. 173):

> First, we must study how colonization works to decivilize the colonizer, to brutalize him in the true sense of the word, to degrade him, to awaken him to buried instincts, to covetousness, violence, race hatred, and moral relativism.

In order to achieve true equality in Toronto, in terms of equal opportunities and life circumstances for all citizens, it is time for institutions to start actively tackling the major structural, sociological, and cultural barriers affecting the neighbourhoods in which many of Toronto's most vulnerable people live. Education, economic opportunities, and structural reform are important steps towards stemming further racialized violence. Our society can only hope to address racism, and its negative sociocultural and psychological effects, once we collectively acknowledge and confront its existence and work on eradicating its root causes. As a Black, Afrocentric scholar, I articulate an anti-racist politic with the objective of preventing harm to Black youth and children, including my own. I confront the range of stereotypes and stigmas with which Black people must contend in order to contribute to dismantling the structures that perpetuate them. Just as better treatments like improved surgical methods and stronger chemotherapy will not prevent individuals from contracting lung cancer, so incarceration and tougher sentencing laws will not stop racialized youth violence. Policymakers, officials, and academics addressing the consequences of anti-Black racism in education, child welfare, and the criminal justice systems must consider the demonstrated benefits of an Afrocentric framework to inform an understanding of the root causes of so-called "Black on Black violence," and guide the creation of culturally appropriate approaches that meaningfully strengthen Black Canadian resiliency.

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CHAPTER 9

CONCLUSION

9.1 THE OBJECTIVES OF THE DISSERTATION

Despite persistent patterns of racialized gun violence and the related phenomenon of Black homicide victimization in Toronto, relatively few Canadian studies have focused on these topics. The proposed dissertation consists of six manuscripts designed to illuminate the critical health equity dimensions of Toronto's pattern of Black gun homicide victimization. A comprehensive theoretical framework also provides an overview of key conceptual challenges within the context of Critical Race Theory.

The first manuscript (Chapter 2), entitled "Homicide among Young Black Men in Toronto: An Unrecognized Public Health Crisis?" analysed the declining public safety of young Black men over three decades, and questions why this phenomenon was not regarded as a public health crisis. It identified some key public health considerations related to violence prevention, early intervention, and treatment. To deepen perspective on the sources of this phenomenon, the theoretical framework (Chapter 3) then contextualized core assumptions of criminological theories. It interrogated the predominant assumptions that Black males and single mothers were primarily responsible for Black homicide victimization, deconstructing striking inequities across key social determinants of health, significant intersectionalities, and persistent patterns of systemic racism. Manuscript two (Chapter 4), entitled "Literature Review: Black Gun Homicide Victimization in Published Canadian Research," then considered how Black Gun Homicide Victimization (GHV) in Toronto was framed in published Canadian research. This manuscript sought to determine

whether the representational strategies provide an accurate framing of the phenomenon and affected communities. It also analysed the representational strategies to determine if they correspond with intersectional realities involving systemic racism in key sectors of education, child welfare, health, corrections and criminal justice structures.

The third manuscript (Chapter 5), entitled "The Canadian 'War on Drugs': Structural Violence and Unequal Treatment of Black Canadians," examined the impact of Canada's "War on Drugs" on segments of the Black community. It described the ways in which Black men were stereotyped as the drug war's main enemy and how drug control efforts had served to diminish the health, well-being, and self-image of Black men via discriminatory and inequitable treatment before the law. Manuscript four (Chapter 6), entitled "The Enduring Legacy of the 'War on Drugs' in Canada: Black Homicide Victimization, Carding, Racial Profiling, and Mass Incarceration," argued that the WOD was responsible for a renewal of systemic anti-Black racism. It suggests that human rights advocacy as well as harm reduction strategies were needed to remedy the intersectional harms caused by concentrated poverty, racialized over-scrutiny, and self-stigmatization.

Manuscript Five (Chapter 7), entitled "Racialized Gun-Violence and Black Homicide Victimization in Toronto from 2004-2014," examined the racialized pattern of gun violence and victimization within Toronto neighbourhoods over an 11-year period to clarify the role of intersecting social determinants of health (SDH) and racism in driving the violence. Manuscript Six (Chapter 8), entitled "Stigma, Anti-Black Racism, and Afrocentric Resiliency," analyzed the racial stigmatization of Blackness, especially with respect to males, and self-stigmatizing behaviours which emerged in response to the stigma. The anti-

racist potential of Afrocentrism for strengthening self-knowledge and developing skills to better cope with public stigmatization was also elaborated in this paper.

9.2 PRIORITY THEMES

9.2.1 Necropolitics

Necropolitics, or the politics of death, was coined by Achille Mbembe (2003) in reference to government representatives' use of social and political power to dictate who lives and dies. The term referenced efforts made to fictionalize an enemy who are the targets of a siege and therefore subject to social disposability. In serving a similarly subversive function, Canada's racialized drug policies have recently come under human rights scrutiny and been denounced by the United Nations Committee on the Elimination of Racial Discrimination (Caviano, 2017). The staggering numbers of Black and Indigenous men and women incarcerated for drug-related crimes are in stark contrast to the rhetoric of racial harmony and exemplary human rights proffered by the Canadian state. Heavy reliance on the criminalization of Blackness, and a corollary decriminalization of Whiteness, underlies the social privilege that drove the country's differential response to public health issues affecting racialized communities.

The phenomenon of Black gun violence in Canada is similarly impacted by these systemic conditions. Both the public, as well as government responses, continue to rely upon criminogenic framing that blames the victim and holds individuals and community responsible for violent interpersonal behaviour patterns when the phenomenon has, in fact, persisted and grown over almost three decades. Chapter 2 suggested that homicide among this population was the intersectional consequence of income inequality, poverty, poor

quality of life, mental health risks, and sustained systemic racism. It drew attention to the intersections between disproportionate Black urbanization in Canada, and the policies that impoverished public housing and undermined anti-racism and employment equity. The conclusion stands -- that it is vital for Toronto, and Canada more broadly, actively address the major sociocultural issues affecting the disadvantaged neighbourhoods where many of Toronto's racialized people live and die. The paper's primary contestation continues to resonate: that the positioning of Black Canadians as individuals who deserve death is inequitable and fundamentally unjust (Threadcraft, 2017).

9.2.2 Advancing Public Health Policy

These papers aim to move the issue of Black gun homicide from the margins to the centre of public health debate. Towards this end, Critical Race Theory (CRT) concepts were applied to the contemporary analyses of Toronto gun violence. The papers articulated insight into the representational strategies within the discourse, and into decision makers' reluctance to frame the violence as a public health issue. CRT highlights: the obvious racialization of the phenomenon of gun homicide victimization; how public racial stigma and stereotyping informs the representation of the main characters involved in the violence drama, including police, educators, media, and the young Black men themselves; and lastly, how intersectionality, related to neighbourhood/place, race, gender, income, and age, places the young, low income Black male resident at inordinate risk.

The absence of a unified public health response to the Black gun homicide crisis raises serious questions as to why this perspective, which focuses on prevention instead of

blame, cannot be utilized in a manner that is similarly being done for the opioid epidemic (Nierengarten, 2016). Public, media, and policy responses to these societal challenges diverge along racial lines. This is readily apparent in how the white, middle class prescription and substitution opioid addiction has been decriminalized by conceptualizing addiction as a 'brain disease' that can be treated with clinical interventions.

Medicalization under the auspices of public health efforts has afforded white opioid users protection from insults to their privilege by reinforcing a narrative that exempts them from stigmatizing assumptions about character flaws (Netherland & Hansen, 2017). In contrast, racialized public issues such as Black gun homicide remain relegated to considerations and conversations about punitive incarceration. This punishment imperative erodes efforts to reintegrate at-risk young Black men into society and increases risk of lifetime exposure to disadvantaged social determinants of health. The papers speak to the potential of public health interventions, especially harm reduction, coupled with meaningful respect for Black human rights, to serve as the appropriate responses to the intersectional harms caused by concentrated poverty, over-scrutiny, and self-stigmatization. Further, they fully endorse a public health framework based on anti-racism principles and the social determinants of health as a plausible and practical policy alternative for decision makers.

9.2.3 Intersectional Harms and Resilience: Focus on Toronto, Ontario, Canada

The manuscripts employed an intersectionality framework to effectively describe how intersections of race, gender and class, especially inequitable social determinants of health for young Black men in Toronto, reflected coalescing systems of oppression at macro

social-structural levels. Between 2004 and 2014, annual homicide numbers averaged about 63 in Toronto, with roughly half of the victims being Black and predominantly young males. This stood in stark contrast to an earlier 15-year period (1988 to 2003) with an average of 60 annual homicides and 23% being Black and largely male. Seventy-eight percent of all Black homicides during this time were also gun-related; up from 69% during earlier decades. Neighbourhoods of less socioeconomic disadvantage, and with smaller proportions of Black residents, also had some of the highest Black homicide rates. Racial discrimination experienced by Black residents within less-disadvantaged, non-Black communities thus appeared to have a similar effect on Black homicide victimization as intersecting SDH.

Abundant evidence of young Black males in Toronto experiencing a wide range of micro-level racial[17] aggressions, including assumptions about low socio-economic status, new immigrant status (despite birth in Canada), athleticism, lesser intelligence, dangerousness and criminality, have been drawn from reported interactions with non-Black co-workers, bosses, fellow students, store security etc. and extensively described in the various enquiries into Black violence such as the Stephen Lewis Report (1992) and the more recent Roots of Violence Report (2008). These reports have highlighted inequitable suspensions and expulsions, police over-scrutiny, detention and over-incarceration at higher rates for Black men than for their Black female counterparts as well as non-Black men. Black male Torontonians inevitably referenced racial discrimination in the descriptions of their common Black experience that individuals faced (Stephen Lewis, Report, 1992; Roots of Violence Report, 2008). This overwhelming commonality of references to racial

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[17] Racial micro-aggressions refer to "brief and commonplace verbal, behavioral, or environmental indignities, whether internal or unintentional, that communicate hostile derogation, or negative racial slights and insults toward people of color (Sue et al, 2007, p.271).

discrimination, as a core element of Black male experiences, lends credence to intersectionality's assertion that racialized identities are influenced directly by social processes and social structural-forces reinforcing oppression at individual micro levels. Such experiences, in tandem with the macro level social structural determinants related to education, income, unemployment and poor housing, are likely to significantly shape assumptions about attitudinal and behavioural expectations related to Black masculinity.

Several researchers have argued that Black perceptions of manhood, shaped in poor urban neighbourhoods characterized by limited socioeconomic opportunities, may feature ideas of aggression and violence, especially when issues of respect are at stake (Anderson, 1999; Whitehead, 1997). What Anderson referred to as "cool poses" may be a situational cue for violent responses to any perception of disrespect. Indeed, the evidence on Black homicide victimization, indicating the greater risks of death faced by young Black Toronto males because of intersections of gender (male), race (Black), space (neighbourhood) and class or status (low income, high unemployment), warrants further investigation into such ideas and behaviours.

The manuscripts further examined stigmatization of Black people rooted in the systemic fueling of public fears by the media, and in the criminal justice system's use of pre-emptive punishments against a perceived Black male threat to public safety. Self-stigmatization emerged as a significant proximal influence on patterns of lateral violence. Afrocentrism was identified as the source of a critically important narrative for countering dominant public stigma. Afrocentric education and social support programs could readily be applied to strengthening resiliency within Black communities and addressing social stigma and self-stigmatizing behaviour (Oliver, 1989; Unnever & Gabiddon, 2011). Although it is

understood that "race" has no biological basis, the construct continued to engender racial inequalities and institutional oppression. A hegemonic shift was possible however, within the social context of race, to empower Black youth and young adults to redefine their humanity as intrinsically valuable and worthwhile, while understanding the deep racial inequalities on which historic and contemporary societies are premised.

9.3 ORIGINAL CONTRIBUTIONS

9.3.1 Manuscript One

This manuscript is the first Canadian publication to frame the ongoing racialized gun violence in Toronto as a public health crisis. It provides the first public argument that unremitting systemic racism and mental health risks are key contributing factors to the pattern of gun violence in Toronto. The idea that public health initiatives are urgently needed had received scant recognition, and in-depth consideration, by Canada's health leaders. Indeed, US jurisdictions were already focusing on primary prevention strategies targeting education equality, economic opportunities, and structural reform. This paper is unique in recognizing that Toronto's most disadvantaged neighbourhoods deserve similar such interventions and that "Black gun violence" and "Black homicide victimization" would benefit from public health analyses and responses rather than criminiological framing.

9.3.2 Manuscript Two

"Black Gun Homicide Victimization in Published Research" involved the review of some 17 published peer-reviewed Canadian literature with a focus on the representational

strategies purveyed within public discourses. The representation strategies identified confirm the validity of intersectional analysis with respect to structural violence (i.e. law enforcement), political framing (i.e. drugs and drug abuse) and racialized representations (i.e. socially constructed Black on Black violence). This research helps to answer some important questions about racialized victimization in Toronto and creates a starting point for scholarly debate by posing key questions about the causes and effects of Black gun homicide victimization, on diverse Toronto communities, and the wider Canadian society.

9.3.3 Manuscript Three

This paper establishes a strong association between structural violence and patterns of Black gun homicide victimization in Toronto. The manuscript draws attention to the intersectional nature of structural violence fuelled by the WOD, especially racializing practices within education, housing and social welfare services, employment sectors, and criminal justice system across Canada. The resulting patterns of Black homicide victimization and gun violence are determined to be intersectional consequences of neo-liberal policies and systemic human rights and health inequities associated with the drug war. This paper is the first Canadian publication to call for an immediate dissolution of policies regulating the WOD as the first step in remedying the injustices experienced by Black Canadians.

9.3.4 Manuscript Four

This manuscript is the first Canadian publication to draw a critical pathway from the "War on Drugs" to the surging racial disparities indicative of systemic anti-Black racism. It argues that the WOD has contributed greatly to the proliferation of racial stigmatization and human rights violations of Black Torontonians, including violation of the right to health. It is the first to suggest the need for a public health and harms reduction response to Toronto gun violence.

9.3.5 Manuscript Five

This manuscript is the first Canadian study of Black population denominators to obtain more accurate Black homicide rates when assessing neighbourhood-specific Black homicide data in Toronto, Canada. It reveals the disproportionate representation of Black homicide victims, particularly young Black males, in gun-related incidents of violence; it also explores the recent increase in Black homicide victimization and gun-related deaths (over an 11-year period, as compared to an earlier period of 1988–2003). Finally, it explores how Black homicide victimization is related to five key social determinants of health (Mikkonen & Raphael, 2010), and factors that are globally recognized as important determinants of death and health inequalities between and within countries, especially when considered in combination with community and cultural dynamics (Raphael, 2009; WHO, 2010).

9.3.6 Manuscript Six

This manuscript is the first to suggest that public racial stigma and self-stigmatization play significant roles in the gun violence in Toronto. The WOD has sustained a three-decade public health crisis in Toronto, especially affecting Black communities, which includes the gun homicide victimization phenomenon. Due to public stigmatization and distinctly racialized experiences, the lives of the Black adolescents and young men have been socially devalued by Canadian society. This paper confirms the role that intersections of disproportionate rates of racialized suspensions, expulsions and school drop outs, criminalization by authorities, and self-stigmatization are playing in leading young males into interpersonal encounters in which homicidal anger and violence became inevitable. This publication is also the first to recommend Afrocentrism as an appropriate tool with which Black individuals and communities can respond to the oppression of stigmatization.

9.4 ISSUES FOR FUTURE RESEARCH

Due to the lack of consistent race-based Canadian data across many public sectors including education, child welfare, criminal justice and corrections, and key social determinants of health, there remains a critical need for more research to articulate the Canadian-specific complexities. Manuscript six calls for a government response rooted in health equity, public health, and primary health care responses to the Black homicide victimization crisis. Further research is certainly warranted given an absolute dearth of peer-reviewed scholarship on the phenomenon.

Further study is needed to uncover the disproportionate impacts of racialized violence on particular communities/neighbourhoods. Additional research should also elaborate the pathways by which key social determinants of health (SDH) intersect and compound disadvantages for gun violence risks. Further study is certainly needed on policy responses to the role being played by institutional racism with respect to the SDH.

9.5 DISSERTATION LIMITATIONS

Despite tremendous public discussion of racialized gun violence across many media platforms, the literature on the intersecting social determinants of health and mortality, as well as compounded health effects of the Canadian WOD, is still scant. To mitigate this evidence gap, Canadian scholars depend on analyses and framing of American academics. There are many similarities in the Black Experiences across both countries which lend credence to the analysis (especially socioeconomic disparities in education, child welfare, criminal justice and corrections); however, there are many differences related to levels of segregation, legal traditions and health care environments. The US and Canada also have some fundamental difference regarding gun possession and use, immigration and human rights entitlements. Until Canadian research on 'Black gun violence' and 'Black homicide victimization' attains significantly more robust levels, this dissertation and others will still rely heavily on analyses drawn from an American context, especially given the many parallels in systemic anti-Black racism. Given the scale of the persistent crises, however, one has no alternative but to pursue these circumscribed academic endeavors and draw out relevant implications for local policies and decision making.

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APPENDICES

Appendix 1: Distribution and rate of Black (M and F) homicide victims by neighbourhood 2004-2014. As per Thompson, 2014.

Neighbourhood	Number of Homicides	Rate (per 100,000 population)
Agincourt North	1	0.30
Annex	1	0.32
Don Valley Village	1	0.34
Mimico	1	0.35
West Hill	1	0.35
Westminster-Branson	1	0.36
Willowdale East	2	0.42
Willowridge-Martingrove-Richview	1	0.43
O'Connor-Parkview	1	0.47
St. Andrew-Windfields	1	0.51
Brookhaven-Amesbury	1	0.52
Dovercourt-Wallace Emerson-Junction	2	0.52
Danforth	1	0.55
Pleasant View	1	0.56
Oakridge	1	0.57
Bathurst Manor	1	0.60
Cliffcrest	1	0.60
L'Amoreaux	3	0.60
Briar Hill-Belgravia	1	0.64
Clanton Park	1	0.64
Wychwood	1	0.65
Junction Area	1	0.67
Tam O'Shanter Sullivan	2	0.67
Bendale	2	0.68
Wexford-Maryvale	2	0.68
Ionview	1	0.70
Centennial Scarborough	1	0.71
Forest Hill North	1	0.73
Weston-Pellam Park	1	0.75
Woodbine Corridor	1	0.78

Dufferin Grove	1	0.78
Clairlea-Birchmount	2	0.81
Agincourt South-Malvern West	2	0.83
Humber Heights Westmount	1	0.86
High Park Swansea	2	0.88
Caledonia Fairbank	1	0.90
Thistletown-Beaumond Heights	1	0.91
Thorncliffe Park	2	0.98
Kennedy Park	2	1.07
Playter Estates Danforth	1	1.19
Woburn	7	1.20
Lansing-Westgate	2	1.25
Bayview Woods-Steeles	2	1.36
Church Yonge Corridor	4	1.38
Humber Summit	2	1.44
South Riverdale	4	1.45
North Riverdale	2	1.48
Dorset Park	4	1.49
Niagara	3	1.52
Bay Street Corridor	3	1.57
Morningside	3	1.57
Rouge	8	1.63
West Humber-Clairville	6	1.64
Flemingdon Park	4	1.67
Etobicoke West Mall	2	1.68
Kingsview Village-The Westway	4	1.69
York University Heights	5	1.69
Rexdale Kipling	2	1.71
Moss Park	3	1.72
Maple Leaf	2	1.78
Humbermede	3	1.78
Islington-City Centre West	7	1.79
Yorkdale-Glen Park	3	1.85
Old East York	2	2.00
Eglinton East	5	2.01
Pelmo Park-Humberlea	2	2.09
South Parkdale	5	2.15
East End-Danforth	5	2.22

Keelesdale-Eglinton West	3	2.49
Englemount-Lawrence	6	2.53
North St James Town	5	2.60
Oakwood Village	5	2.60
Victoria Village	5	2.66
Malvern	14	2.85
Waterfront Communities-The Island	11	2.88
Cabbagetown-South St. James Town	4	3.14
Weston	6	3.15
Rockcliffe-Smythe	8	3.26
Mount Olive Silverstone Jamestown	12	3.36
Scarborough Village	6	3.39
Downsview-Roding-CFB	13	3.55
Rustic	4	3.64
Beechborough Greenbrook	3	4.19
Glenfield-Jane Heights	15	4.38
Lambton Baby Point	4	4.63
Elms-Old Rexdale	5	4.79
Mount Dennis	7	4.90
Black Creek	15	6.23
Regent Park	9	8.02

Appendix 2   Distribution and rate of Black (M and F) homicide victims by neighbourhood, per Black population only, 2004-2014

Neighbourhood	Number of Homicides	Rates per average Black population (per 100,000 population)
West Hill	1	1.7
Brookhaven Amesbury	1	2.1
Willowridge-Martingrove Richview	1	4.4
O'Connor-Parkview	1	4.6

Oakridge	1	5.2
Weston-Pelham Park	1	5.6
Ionview	1	5.7
Briar Hill-Belgravia	1	6.1
Thistletown-Beaumond Heights	1	6.1
Agincourt North	1	6.6
L'Amoreaux	3	7.6
Kennedy Park	2	7.8
Don Valley Village	1	7.9
Dovercourt-Wallace Emerson Junction	2	8.0
Mimico	1	8.4
Kingsview Village The Westway	4	9.1
West Humber-Clairville	6	9.2
Humber Heights Westmount	1	9.4
Morningside	3	9.8
Clairlea-Birchmount	2	9.9
Caledonia Fairbank	1	10.1
Westminster Branson	1	10.3
Rustic	4	10.7
Humbermede	3	10.8
Wexford-Maryvale	2	10.9
Rouge	8	11.0
Wychwood	1	11.0
Centennial Scarborough	1	11.1
York University Heights	5	11.1
Weston	6	11.4
Woodbine Corridor	1	11.4
Annex	1	11.5
Tam O'Shanter Sullivan	2	12.2
Eglinton East	5	12.4
Woburn	7	12.4
Bendale	2	12.5
Moss Park	3	12.8
Cliffcrest	1	13.1
Junction Area	1	13.8
Agincourt South Malvern West	2	14.0
Clanton Park	1	14.0

Mount Olive-Silverstone Jamestown	12	14.1
Humber Summit	2	14.4
Malvern	14	14.9
Beechborough Greenbrook	3	15.3
Flemingdon Park	4	15.9
Kensington Chinatown	2	16.8
Yorkdale-Glen Park	3	17.0
Bathurst Manor	1	17.1
Mount Dennis	7	17.1
Oakwood Village	5	17.1
Pleasant View	1	17.3
Danforth	1	17.8
Dorset Park	4	18.3
Willowdale East	2	18.7
St. Andrew-Windfields	1	18.9
Pelmo Park-Humberlea	2	19.2
Rexdale-Kipling	2	19.2
Elms-Old Rexdale	5	19.6
Glenfield-Jane Heights	15	19.8
Etobicoke West Mall	2	20.0
Scarborough Village	6	20.7
Black Creek	15	20.8
Englemount Lawrence	6	21.5
Keelesdale-Eglinton West	3	21.7
Downsview-Roding-CFB	13	22.3
North St James Town	5	22.3
South Parkdale	5	22.8
Dufferin Grove	1	23.0
Forest Hill North	1	23.9
Niagara	3	23.9
Church-Yonge Corridor	4	24.0
Rockcliffe-Smythe	8	25.7
Thorncliffe Park	2	26.2
Maple Leaf	2	26.8
Victoria Village	5	26.8
South Riverdale	4	31.2
Islington-City Centre West	7	31.7
High Park-Swansea	2	32.2
Bayview Woods Steeles	2	34.3

East End-Danforth	5	37.7
Bay Street Corridor	3	38.7
Lambton Baby Point	4	40.0
Regent Park	9	41.3
Waterfront Communities-The Island	11	47.4
North Riverdale	2	53.1
Playter Estates Danforth	1	55.1
Lansing-Westgate	2	56.8
Old East York	2	68.0
Cabbagetown-South St. James Town	4	81.3