INYI JOURNAL

International Network on Youth Integration

The International Network on Youth Integration (INYI) is an international network for knowledge exchange and collaboration.

Activities of the INYI Network include:

1. An exchange of information about members' and other's publications.
2. Organization of Visiting Scholar/Post-doctoral exchanges between members' institutions.
3. Collaboration on new proposals (with different members of the INYI taking the lead, depending upon source of funding and research focus).
4. Collaboration on workshops, and presentations at international conferences.

EDITOR-IN-CHIEF
Nazilla Khanlou

Volume 14
Issue 1 2025

Impacts of Human and Natural Disasters: Experiences of Trauma by Individuals, Families, and Communities

INYI JOURNAL: International Network on Youth Integration

York University, 4700 Keele Street
Toronto, ON, Canada, M3J 1P3
E-mail: owhchair@yorku.ca
Website: https://nkhanlou.info.yorku.ca/
Follow us at X-Twitter: https://x.com/YorkUOWHC
ISSN 1929-8471

CONTENTS

EDITORIAL

Impacts of Human and Natural Disasters: Experiences of Trauma by Individuals, Families, and Communities

Meaghan Hall **Lojain Hamwi**

We are pleased to contribute to this editorial as the Graduate Student Co-Chairs, and former Graduate Scholars, of the Lillian Meighen Wright Maternal-Child Health Scholars Program at York University. As passionate advocates for maternal-child health and researchers committed to advancing the field, our respective doctoral work investigates critical early-life influences on children's health and developmental outcomes. Specifically, we examine the effects of prenatal and early childhood exposure to environmental chemicals on maternal health and neurodevelopmental trajectories in children (Hall) and explore maternal-infant interactions in the Neonatal Intensive Care Unit, with a particular focus on responses to painful procedures in preterm infants (Hamwi).

This special issue of the INYI Journal features Attia Khan's commentary on the 7th Lillian Meighen Wright Maternal-Child Health Learning Academy: Impacts of Natural Disasters on Maternal-Child Health, held on July 15 and 17, 2024. We had the privilege of serving on the event's planning committee. The primary aim of this two-day academy was to foster collaborative learning and critical dialogue on maternal-child health and well-being in the context of natural disasters, a pressing and increasingly relevant issue. The event brought together scholars, students, practitioners, and community members to explore the intersections of research, practice, and policy. The program featured panel discussions, poster presentations, and expert commentary, with contributions from both international and local participants. Topics addressed included the impacts of natural and human-made disasters on child development, youth and families, racialized populations, and rural and coastal communities. Attia Khan, a post-doctoral fellow at York University, provides a rich overview of this Learning Academy in her commentary, discussing how the event underscored the urgent need for intersectional, community-informed, and climate-resilient maternal-child health strategies.

For further details, including the biographies, abstracts, and a video summary of the 7th Annual Lillian Meighen Wright Maternal-Child Health Learning Academy, please visit the following websites:

Handbook: https://nkhanlou.info.yorku.ca/files/2024/07/Booklet-LMW-7th-Learning-Academy-July-2024.pdf?x11491

Video: https://youtu.be/XX-cFyiAG6c

Other works in this special issue include four articles. The first research article featured is by Ayuk Nyakpo Orock from the Department of Social Work from Czech Republic, and colleagues from Sri Lanka, Switzerland and the United States. Orock and colleagues present a comparative literature review of child protection systems in four sub-Saharan African countries: Seychelles, Ghana, Kenya, and Sierra Leone. The study explored how colonial legacies and inherited Anglo-Saxon child welfare models shape current child protection practices. While all four countries have established legal frameworks and centralized, state-led approaches to child protection, the authors highlight key systemic challenges including the limited discretion, flexibility, and autonomy for social workers. The findings underscore the need for policy changes that empower

practitioners to exercise professional judgment and adapt services to the local context and the best interests of the child.

The second research article featured in the issue is from Fiona Edwards, of the School of Social Work at MacEwan University. Edwards investigated the mental health impacts of the COVID-19 pandemic on Afro-Caribbean Canadian youth (ACCY) aged 16 to 18 in urban southern Ontario. Using interpretative phenomenological analysis, based on interviews with six youth, the study identified three key themes: loneliness and isolation, growing self-awareness, and heightened awareness of systemic anti-Black racism. The findings underscore how the pandemic, combined with ongoing racial inequities, shaped ACCY's mental health experiences, and highlight the need for more responsive and equitable mental health services.

The third research article featured in the issue is from Joyce Kamanzi and colleagues from York University and "Africans in Partnership Against AIDS," a community-based, AIDS service organization serving African communities in Toronto. They conducted a qualitative study to explore the mental health experiences of African, Caribbean, and Black immigrant families living with HIV in the Greater Toronto Area. Through semi-structured interviews with 20 participants, the authors identified three key themes: HIV-related struggles (including stigma, shame, and neurocognitive impairment), systemic barriers (such as racism, discrimination, and housing challenges), and social network dynamics (including isolation and the dilemma of disclosure). The findings highlight how intersecting structural and social factors exacerbate mental health challenges in this population, underscoring the need to integrate mental health services into HIV care to improve health outcomes and reduce inequities.

The fourth research article is by Fiona Edwards of MacEwan University and colleague Amy Barlow from the Department of Politics at York University. The authors critically examined Ontario's "Ready, Set, Go" program, which aims to support youth transitioning out of care, where they may no longer have access to much needed services. While acknowledging the program's intent, the authors describe the current approach as being rooted in Eurocentric, neoliberal frameworks and that it fails to address the structural inequities and mental health challenges faced by youth leaving care, particularly in the context of Toronto's housing crisis. Through a Social Justice and Health Equity lens, they advocate for an individualized, needs-based model of support that accounts for external factors (e.g., housing instability) and better reflects youth readiness to transition out of care.

The fifth article in this issue of INYI Journal features a thought-provoking commentary that expands our understanding of human-made and environmental crises as they intersect with racial justice and maternal-child health. The Authors, Donna Richards from the School of Social Work, Trent University, and Paul Adjei, from Indigenous Research-Bruneau Centre for Research and Innovation, Memorial University, reflect on the traumatic impact of witnessing George Floyd's murder. The authors describe how the event was not only as a moment of cultural awakening for many White observers but as a profoundly re-traumatizing experience for Black communities. Through personal narratives and professional insights, Richards and Adjei explore the emotional, psychological, and existential tolls of anti-Black racism and racialized state violence, particularly on Black youth. Their commentary calls for shifts in clinical and educational practice, grounded in racial Trauma-informed care and Black-led resistance.

Together, the articles in this issue illustrate how natural and human-made disasters, such as climate change, intersect with systemic racism and colonial legacies to disproportionately impact marginalized children, youth, and families. They call for equity-driven, community-informed approaches across research, practice, and policy to better support those most affected by crisis.

Guest Editors, INYI Journal

Meaghan Hall, M.A.
PhD Student
Clinical-Developmental Psychology
York University

Lojain Hamwi, M.A.
PhD Student
Clinical-Developmental Psychology
York University

References

Adil, M., Galli Francis, A., Khan, A., Maria Vazquez, L., & Khanlou, N. (2024). Implementing Readers Theatre as an arts-based participatory research method in exploring Asian-Canadian youth identities. *INYI Journal*. https://doi.org/10.25071/1929-8471.155

Barlow, A., & Edwards, F. (2024). A Place Called Home? "Aging out" of Care in the Housing Crisis in Toronto. *INYI Journal*. https://doi.org/10.25071/1929-8471.140

Edwards, F. C. (2025). The Effects of the Covid-19 Pandemic on Afro-Caribbean Canadian Youth's Mental Health and Well-being. *INYI Journal*. https://doi.org/10.25071/1929-8471.138

Kamanzi, J., Khanlou, N., Ongoiba, F., & Khan, A. (2024). Mental health related experiences among African Caribbean, and Black immigrant and refugee families living with HIV/ AIDS in Greater Toronto Area, Canada. *INYI Journal*. https://doi.org/10.25071/1929-8471.137

Khan, A. (2024). York University's 7th Lillian Meighen Wright Maternal-Child Health Learning Academy: Impacts of Natural Disasters on Maternal-Child Health: Commentary. *INYI Journal*. https://doi.org/10.25071/1929-8471.153

Orock, A. N., Navratil, P., Rasnayake, S., Koh, E., & Gakuba, T.-O. (2025). Comparative Analysis of Child Protection Systems in Sub-Saharan Africa: Review of Four Countries with Implications for the Practice of Social Workers. *INYI Journal*. Retrieved from https://inyi.journals.yorku.ca/index.php/default/article/view/160

Richards, D., & Adjei, P. B. (2024). Racial Trauma Unfolds: The Spectacle of Witnessing George Floyd's Murder. INYI Journal. https://doi.org/10.25071/1929-8471.141

RESEARCH ARTICLE

Comparative Analysis of Child Protection Systems in Sub-Saharan Africa: Review of Four Countries with Implications for the Practice of Social Workers

Ayuk Nyakpo Orock[1], Pavel Navratil[1], Susantha Rasnayake[2], Eun Koh[3], Theogene-Octave Gakuba[4]

[1]*Department of Social Policy and Social Work, Masaryk University, Brno, Czech Republic*
[2] *Department of Sociology, University of Peradeniya, Sri Lanka*
[3]*Center for the Advancement of Children, Youth, and Families, National Catholic School of Social Service, The Catholic University of America, Washington, D.C., USA*
[4]*School* of Social Work *Geneva, University of Applied Science Western Switzerland (HES-SO)*

This is a peer-reviewed (double-anonymized) article
Published online: 2 July 2025
INYI Journal **14**, 6-22(2025)

ISSN: 1929-8471
DOI: https://doi.org/10.25071/1929-8471.160

Abstract: *Introduction:* Child protection, a persistent and urgent problem in sub-Saharan Africa, is heavily influenced by a colonial history that has shaped the region's social structures and policies, according to recent studies. This literature review compares the child protection systems of Seychelles, Ghana, Kenya, and Sierra Leone with a shared colonial history under Britain to identify similarities and differences and to understand the implications of the operating child protection system on child protection social workers. *Methods:* A computerized search of electronic databases, such as Social Work Abstract and Google Scholar, was undertaken from 2005 to 2024. Published, non-published, peer-reviewed, and non-peer-reviewed articles, policies, and reports were analyzed using the comparative case study method. *Findings:* Results from comparative analysis of policy documents, articles, and reports reveal that all four countries have legal frameworks and principles guiding the child protection system. Additionally, in all four countries, the institutional setup for child protection is a top-down approach. Findings also show one difference and more similarities. There is a difference in child protection issues and children's socioeconomic status, as countries have different Human Development Indexes. However, there are significant similarities in service approach, state control, and legislative frameworks rooted in the Anglo-Saxon child welfare model typical of the United Kingdom. The similarities indicate implications for practice as child protection social workers lack agency, flexibility/and reflexivity. *Discussion:* Given the implications of the child protection systems on child protection social workers, the paper argues for a system that empowers child protection social workers to work with discretion in the child's best interest rather than within a restrictive, controlled system. *Conclusion:* The study underscores the potential for positive change in child protection systems in sub-Saharan Africa, where child protection social workers will be empowered and provided with greater flexibility and innovation that can drive and promote a child-centered approach, potentially making child protection more effective.

Keywords: Child Protection Systems, Social Workers, Sub-Saharan Africa.

Résumé : *Introduction:* La protection de l'enfance, un problème persistant et urgent en Afrique subsaharienne, est fortement influencée par une histoire coloniale qui a façonné les structures sociales et les politiques de la région, selon des études récentes. Cette revue de la littérature compare les systèmes de protection de l'enfance des Seychelles, du Ghana, du Kenya et de la Sierra Leone, qui partagent une histoire coloniale sous la domination britannique, afin d'identifier les similitudes et les différences et de comprendre les implications du système de protection de l'enfance en vigueur sur les travailleurs sociaux chargés de la protection de l'enfance. *Méthodes:* Une recherche informatisée dans des bases de données électroniques, telles que Social Work Abstract et Google Scholar, a été effectuée entre 2005 et 2024. Des articles, des politiques et des rapports publiés, non publiés, évalués par des pairs et non évalués par des pairs ont été analysés à l'aide de la méthode d'étude de cas comparative. *Résultats:* Les résultats de l'analyse comparative des documents politiques, des articles et des rapports révèlent que les quatre pays disposent de cadres juridiques et de principes guidant le système de protection de l'enfance. En outre, dans les quatre pays, la structure institutionnelle de la protection de l'enfance est une approche descendante. Les résultats montrent également une différence et davantage de similitudes. Il existe une différence dans les questions de protection de l'enfance et le statut socio-économique des enfants, car les pays ont des indices de développement humain différents. Cependant, il existe des similitudes significatives dans l'approche des services, le contrôle de l'État et les cadres législatifs, qui trouvent leur origine dans le modèle anglo-saxon de protection de l'enfance typique du Royaume-Uni. Ces similitudes ont des implications pour la pratique, car les travailleurs sociaux chargés de la protection de l'enfance manquent d'autonomie, de flexibilité et de réflexivité. *Discussion:* Compte tenu des implications des systèmes de protection de l'enfance sur les travailleurs sociaux chargés de la protection de l'enfance, l'article plaide en faveur d'un système qui leur permette d'agir avec discrétion dans l'intérêt supérieur de l'enfant plutôt que dans le cadre d'un système restrictif et contrôlé. *Conclusion:* L'étude souligne le potentiel de changement positif dans les systèmes de protection de l'enfance en Afrique subsaharienne, où les travailleurs sociaux chargés de la protection de l'enfance seront autonomisés et bénéficieront d'une plus grande flexibilité et d'une plus grande innovation, ce qui pourra favoriser et promouvoir une approche centrée sur l'enfant et rendre la protection de l'enfance plus efficace.

Mots-clés : Systèmes de protection de l'enfance ; Travailleurs sociaux ; Afrique Subsaharienne.

Corresponding author: Ayuk Nyakpo Orock (Ph.D. Researcher)
Department of Social Policy and Social Work at Masaryk University (Czech Republic)
Email: 540765@mail.muni.cz
https://orcid.org/0000-0001-7204-0982

Introduction

Although the 1989 UN Declaration on the Rights of the Child set out basic principles for protecting children, its implementation is problematic in sub-Saharan Africa. Sub-Saharan Africa includes the entire African continent except for countries like Egypt, Libya, Morocco, Sudan, Tunisia, and Western Sahara. Colonial legacies have shaped child protection systems (CPS) in countries such as Seychelles, Ghana, Kenya, and Sierra Leone and have also influenced the effectiveness of social work practice and policy. While there is vast research on child protection systems in sub-Saharan Africa (SSA), little is known about the implications of these CPS on child protection social workers (CPSWs). This article uniquely addresses how child protection systems in some countries in the region influence practitioners. The study explores how these CPS, characterized by an Anglo-Saxon child protection orientation, have influenced the work of CPSWs. The following research question guides this study: "How do child protection systems with Anglo-Saxon traditions influence the practice of child protection social workers in countries in sub-Saharan Africa?"

Parton (2020) identifies two main approaches to child welfare: the child protection approach (also called the Anglo-Saxon/American tradition) and the family service approach (known as the Northern European tradition of child welfare). Child protection is more legalistic and adversarial with standardized procedures, while family service is flexible to client needs, supportive, and works in partnership with families (Parton, 2020).

Due to colonial influence, some African countries had child welfare models related to the British model (i.e., Anglo-Saxon model-child protection approach) before independence. These have remained, although they have tried to adapt them over the years. The child protection system consists of the full range of activities and processes that are in place in a jurisdiction to prevent abuse and neglect, respond to concerns or allegations regarding the abuse and neglect of children, protect and support children and families where abuse has occurred, and punish perpetrators of abuse. (Connolly & Katz, 2019). It is important to note that social work processes related to child protection are built around legislative and investigatory concerns (Spratt, 2001), as CPSWs must investigate child abuse cases. Spratt (2001) highlights that these concerns have caused the relationship between social workers, parents, and perpetrators of abuse to be adversarial. In addition, child protection systems include laws, policies, regulations, and procedures to support prevention and response to protection-related risks. This entails some bureaucracy, the need for standard practice, and less discretion during practice. As such, legislative procedures surrounding child protection have other implications for CPSWs.

Background and Literature: Frameworks and Realities of Child Protection in Sub-Saharan Africa

Research identifies that child protection remains a pertinent problem in Africa, specifically sub-Saharan Africa (Abdullah et al., 2022). According to statistics, Africa had the highest rates of child neglect in the world in 2021, with 41.8 percent of girls and 39.1 percent of boys being neglected by their caregivers (Ikusika, 2023). Besides, abuse cases have been reported, particularly in sub-Saharan Africa. For example, sexual violence (sexual abuse) against children with disabilities was identified in two countries in SSA, with two incidents in Senegal and four in Cameroon, respectively (Ikusika, 2023). According to Ikusika (2023), in the case of Nigeria, 66 percent of girls and 58 percent of boys under the age of 18 witness domestic violence in their homes. On the other hand, over half of the adolescent students between the ages of thirteen and fifteen in West and Central Africa are harassed in schools, with one in every four girls below the age of 15 reported to have experienced sexual violence (Ikusika, 2023).

Violence, child abuse, and neglect all have consequences for children and long-term impacts on national development. A study by UNICEF reveals that violence and neglect can physiologically affect the development of a child's brain (UNICEF, 2017). Children affected by violence experience lifelong adverse health, social, and economic consequences, including mental and physical health conditions; increased health and other risk behaviors; exposure to further violence; disability from physical injury; reduced health-related quality of life;

lower educational attainment; and lower levels of adult economic well-being (Ikusika, 2023). Hence, it is imperative to protect children from experiencing such consequences.

The African Charter on the Rights and Welfare of the Child was adopted as early as 11 July 1990 in Addis Ababa, Ethiopia (Barry, 2021). However, implementing these principles has been slow (Ofodile, 2009), limiting the provision of effective and efficient child protection services. Even though existing child protection systems in terms of structures and institutions dealing with child protection issues have been put in place in Africa, as in other continents, research also identifies that their effectiveness is inadequate (Abdullah et al., 2022). Some authors remark that the colonial history of countries in the SSA region has influenced child welfare orientations (Nyamu & Wamahiu, 2022).

The study focuses on uncovering the domesticated Anglo-Saxon child protection orientation in these English-speaking countries in SSA. The countries selected for this study are Seychelles, Ghana, Kenya, and Sierra Leone because of their common colonial history under the British. By examining legislative frameworks and approaches to services in this paper, we seek to uncover implications for social work practice and provide recommendations that will empower practitioners, giving them space for flexibility and reflexivity during practice. In addition, we argue for a system and policies that allow child protection social workers to work at their discretion in the child's best interest in these sub-Saharan African countries.

To comprehensively address this paper's central research question, we explore key features of child protection systems and how they align with the Anglo-Saxon traditions in all four countries, highlighting similarities and differences. Furthermore, we examine how legislative frameworks shape child protection social workers' roles, responsibilities, and actions in all four countries. Finally, we argue for Eileen Munro's (Munro, 2011b) "discretionary spaces" for child protection social workers to improve their flexibility and effectiveness in service delivery.

Methods

This paper uses a comparative case study design to analyze similarities and differences in child protection systems in the selected countries. In comparative case study methods, it is advisable to pick geographically similar cases with similar histories (Diesing, 1971), which is the reasoning that guided the current study. Thus, the commonality of being countries in SSA, having similar colonial history under the British, and operating the Anglo-Saxon child welfare model, which is the child protection approach, allows for the selection of Seychelles, Ghana, Kenya, and Sierra Leone for the comparative case study. The inclusion criteria of countries in SSA are consistent with the research question. Furthermore, in line with Yin (2018), if a proposed pattern is replicated across different cases or countries, as in this paper, it provides a valid explanation for the investigated phenomenon. For example, in our study, if standard features of child protection systems are detected in the countries, this may have a broader resonance in informing the practice of child protection social workers' challenges with the system.

Sampling and Data Collection

As mentioned above, the countries selected for this study have a common characteristic of having a common colonial history under the British and have adopted and adjusted to the child protection system, like the Anglo-Saxon tradition. For data collection, we use electronic databases like Google Scholar and Social Work Abstracts to select text for this study. A computerized database search showed several studies on child protection systems in four countries in sub-Saharan Africa. However, given that case studies are in-depth, sampling is necessary (Priya, 2021). Sampling occurs whenever data is gathered from a fraction of a studied population, allowing the researcher to make probable inferences about the larger universe without studying every member (Cargan, 2007). Therefore, we had to delineate our study by focusing on specific articles, legislative documents, and reports addressing our research questions in this study. Scholars like Miles and Huberman (1994, p.27) say, '*You cannot study everyone everywhere doing everything*.' These authors posit that

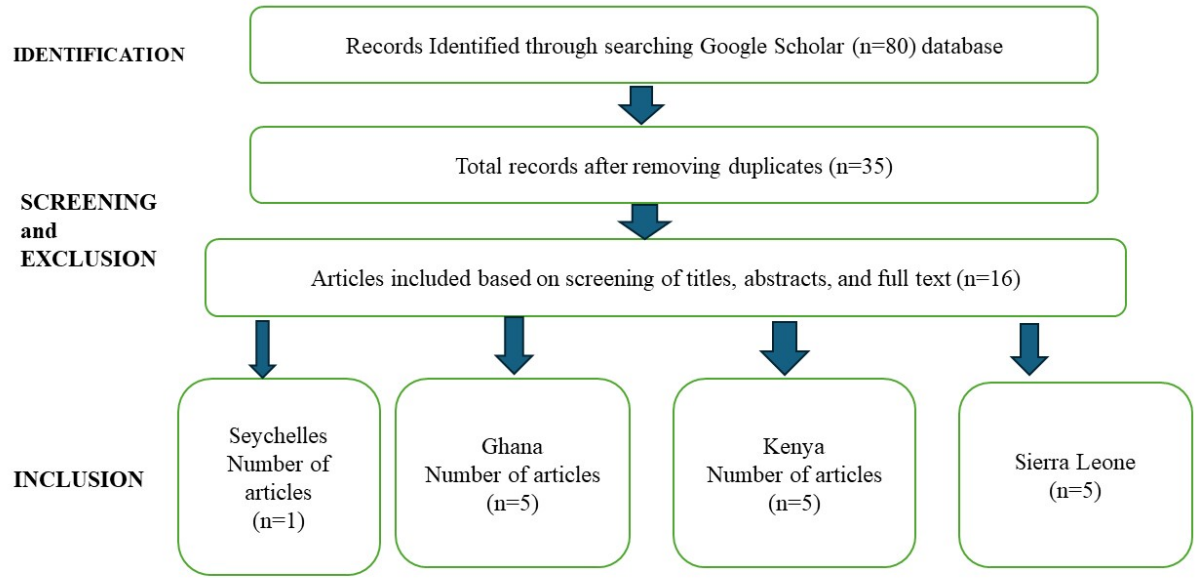
the following factors should be considered in a qualitative sample plan:

a) Is the sampling relevant to one's conceptual frame and research questions?
b) Can reliable descriptions or explanations be produced using the sampling plan selected?
c) Is the sampling plan feasible regarding time, money, workforce, and access to people under study?
d) Is the sampling plan effective enough for its findings to be generalizable to the entire universe of the population from which the sample is obtained?

In line with Miles and Huberman (1994), our search had to derive the inclusion and exclusion criteria. Our inclusion criteria entail articles focusing on child protection in all four countries. Another inclusion criterion is that articles could be peer-reviewed or non-peer-reviewed, published or unpublished. Additionally, only articles between 2005 and 2024 were added. The following keywords were used to search in the above databases: "child protection AND welfare AND social workers AND country."

A total of 80 articles, in general, were identified across the case study countries, as shown in Figure 1. After duplicates were removed, we were left with 35 articles. Inspired by Priya (2021), who says sampling is essential in the case study method, 35 articles were screened using the abovementioned inclusion criteria and reduced to five per case study country. It is worth mentioning that this study of child welfare in Seychelles serves as a foundation study in this field, as not much research is found in this regard. Our research questions provided further guidance in reducing the articles from 35 to 16 studies. In closing the gap for the Seychelles case study, observations from the practice of one of the authors were incorporated. This was complemented by consultation with social workers in the Seychelles to gain insights into the country's child protection services. We read the titles, abstracts, and full text, which enabled us to include the selected 16 articles (Ghana n=5, Kenya n=5, Sierra Leone n=5, and Seychelles n=1) as presented in Figure 1.

Figure 1. The procedure used in the identification of relevant articles for the study



Source: Authors' conceptualization

Table 1: Summary of Main Child Protection Documents consulted in four sub-Saharan African countries

Country	Title	Author and year of publication
Seychelles	Enhancing Child Protection in Seychelles by the Child Law Reform Committee (CLRC), Seychelles	Child Reform Law Committee Seychelles, 2021
Ghana	"Child and Family Welfare Policy" was drafted by the government of Ghana, Ministry of Gender, Children and Social Protection, with the support of UNICEF.	Ministry of Gender, Children, and Social Protection, 2015
Kenya	The Framework for the National Child Protection System for Kenya	Waweru & Hussein, 2011
Sierra Leone	Dealing with Child Abuse: A Handbook for Child Welfare Workers in Sierra Leone	Ministry of Social Welfare, Gender, and Children's Affairs, 2009 (Government of Sierra Leone)
	Mapping and Analysis of Child Protection within Sierra Leone	Thompstone & Crispin, 2010

In addition to the literature above, policy documents and reports of the selected countries served as the entry point for this study, which provided access to the primary child protection document, as presented in Table 1 above. These documents guide child protection in the case study countries. These documents were accessed online through the Google Scholar database search. We read through these documents, reviewed them, and analyzed them using some of Helland and Luhamaa's (2020) key features used to study the CPS. Consultations were done with focal persons, like social workers, in the case of Seychelles, where not much is known in this line. The purpose of a case study is to provide an in-depth exploration of a particular phenomenon (Lee et al., 2010); therefore, it was essential to choose the specific policy documents and reports (see Table 1) and relevant studies for each of the case study countries as presented in Figure 1. To analyze and compare the CPS in the SSA countries, focusing on the reports and policy documents, we used some key features (see below in the overview of countries) that Helland and Luhamaa (2020) developed to study CPS. The authors propose five key features they used to study the CPS of six countries (the Czech Republic, Lithuania, Norway, Poland, Romania, and Russia). These key features highlight characteristics, guiding principles, institutional setup, and interventions of CPS in each country. Helland and Luhamaa's key features provided a guide for an overview of CPSs in each country for analysis and comparison, as seen in the findings below. A thematic analysis of the data was done using key features of CPS of Helland and Luhamaa (2020), which enabled us to identify each country's key functions and child protection systems.

Furthermore, by selecting nations between 67 and 184 on the Human Development Index (HDI), the study reflected the variations and range of socio-economic conditions, which vary considerably across the SSA region (UNDP 2021/2022 Human Development Index) and, by extension, the case study countries (see Table 2 below). The selected countries included two from West Africa (Ghana and Sierra Leone) and two from East Africa (Kenya and Seychelles), with Seychelles also a member state of the Southern African Development Community (SADC).

Ethical approval was guaranteed by the project that supported this study from Masaryk University. This study was part of a greater project covered by the specific research scheme at the Department of Social Policy and Social Work, Masaryk University. The researchers sought

permission from the Director of Social Services at the Ministry of Employment and Social Affairs, Seychelles (as we needed to corroborate the literature), for consultations with focal persons at the child protection unit.

Findings

Overview of Child Protection Systems in Seychelles, Ghana, Kenya, and Sierra Leone

Several authors studying child protection systems have proposed various criteria or essential features to understand the systems in different countries. For example, Helland and Luhamaa (2020) propose five key features they used to study the CPS of six countries (the Czech Republic, Lithuania, Norway, Poland, Romania, and Russia). These key features unveil and provide insights into CPS practices in various countries. The authors' five key features include: a) General country overview; b) General child protection characteristics and principles (Constitutional protection of children's rights, position of the CRC, guiding principles); c) Institutional setup of the CPS; d) CPS interventions – principles and types; e) International criticism of the CPS. Along the same line, to understand the child protection systems in Ghana, Kenya, and Sierra Leone (former British colonies), we use four of Helland and Luhamaa's (2020) key features to provide an overview of CPSs in the four SSA countries, specifically: a) Country Overview; b) General child protection characteristics and principles; c) Institutional setup of the child protection system; and d) Child protection interventions and types.

a. Country Overview of all Four Countries

All four countries, Seychelles, Ghana, Kenya, and Sierra Leone, have varying population sizes and Human Development Indexes global rankings (UNDP, 2024). Seychelles has a population of about 132,799 people. Although classified as a country with a very high human development index, with a global ranking of 67, Seychelles faces socio-economic, cultural, and political issues common in the SSA region. On the other hand, Ghana and Kenya are ranked with a medium HDI set at 145 and 146, respectively. Though Ghana and Kenya have varying population sizes, with Kenya's (estimated 56 million people) population higher than Ghana's (35 million people), they also have quite a youthful population (less than 18 years), which is 24 million for Kenya and 12.4 million for Ghana. The fourth country is Sierra Leone. Its population comprises about 9 million people and is one of the youngest populations in Africa (about 7 million of its population is under 18 years old). Sierra Leone has a low human development index and is ranked in the world 184 (UNDP, 2022).

b. General Child Protection Characteristics, Legal Frameworks and Principles

Seychelles has ratified the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC), which are enshrined in its national legal framework for child protection. The Children's Act of 1982 in Seychelles, which has been amended several times, with the latest in 2021, is one of the significant documents that addresses child protection issues in the country. Besides the Children's Act, the Constitution of Seychelles also makes provisions for matters related to child abuse. Seychelles has a child protection policy as a legal guide to keeping children safe.

Table 2: Summary of Country Overview

Country	Population Size	Youthful Population Size	Human Development Index (HDI) Rank of the Country in 2022
Seychelles	131,779	25,228	67
Ghana	35 million	12.4 million	145
Kenya	56 million	24 million	146
Sierra Leone	9 million	7 million	184

The child protection system in Ghana was instituted according to Anglo-Saxon traditions and models (Ministry of Gender, Children and Social Protection, 2015). Ghana has a single central legal framework that systematically guides child protection services (Canavera, 2011), and the government leads the system. A comprehensive legal framework for child protection, guided by the Constitution and the Children's Act 1998 (Act 560), was established to address specific issues related to national child protection plans.

Child protection is executed through the legal framework and guiding procedures in Kenya. The 2001 Children's Act and the reformed constitution of 2010 express language mandating the protection of children from abuse and neglect (Goitom, 2019). These frameworks support the country's functional child protection system, which aligns with Kenya's commitment to the UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. The 2010 Kenyan Constitution states that "every child has the right... to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment, and hazardous or exploitative labor" (Kenyan Const. art. IV, pt. 3, § 53). On the other hand, the 2001 Children's Act includes numerous provisions designed to protect children from abuse and neglect. Specifically, it defines the term "child abuse" to include physical, sexual, psychological, and mental injury (Goitom, 2019). Underlying the Children's Act of 2001 is that the child's best interest drives all decisions and actions involving children. All actions in private or public institutions or legislative bodies should be considered in the child's best interest, and issues of child labor and trafficking are all addressed in the Act. Kenya also has an 'Evidence Act,' which was amended in 2006, allowing courts to convict defendants in child sexual offense cases without corroboration if the court is satisfied that the child victim/witness is telling the truth.

The government of Sierra Leone enacted the Child Rights Act of 2007, which provides a legal framework to address the rights and well-being of children (Ministry of Social Welfare, Gender, and Children's Affairs, 2009). The Child Rights Act 2007, which contains most of the rights provided by the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child, outlines provisions for safeguarding children in the country. In addition, the Child Welfare Policy 2013 was developed by the Ministry of Social Welfare, Gender, and Children's Affairs (Ministry of Social Welfare, Gender, and Children's Affairs, 2013). The policy highlights that issues of child exploitation, violence, neglect, and welfare abuses happen because families are experiencing chronic poverty, and this has caused a significant shift in the child protection approach in Sierra Leone by situating child protection into a broader child welfare system through providing practical support to families and communities. Furthermore, in 2015, the National Draft Framework for Child Protection Case Management for Sierra Leone was set up by the Ministry of Social Welfare and other partnering international organizations to protect and monitor the well-being of children at heightened vulnerability and protection risk during the Ebola response and post-Ebola recovery periods (Thompstone & Crispin, 2010).

b. Institutional Setup of the Child Protection System

In Seychelles, the Child Protection policy or legislation sets forth the principles, values, and beliefs that are adhered to in the fight to keep children safe from all forms of abuse (Social Service Seychelles, 1989). The main elements of the policy include the following: a) raise awareness at all levels on child protection matters; b) provide children with skills to protect themselves and stay safe from abuse; c) support children who have been abused through effective intervention plans; and d) respond effectively to any concern of abuse (Social Services Seychelles, 1989). The policy acknowledges that identifying child abuse might be difficult, so social and medical assessments must be carried out. This policy has been reviewed over the years and serves as the defining parameter for child protection practices on this small island.

In Ghana, the legal framework for child protection guides the role of specialized services, especially the expectations of the Department of Social Welfare and Community Development at the district level to interact with families and communities more closely and help facilitate solutions when problems arise with emphasis on promoting the welfare and restoring the well-being of

the child, the family, and the community. It also gives greater flexibility and discretion to social workers at the local level. The Policy also stresses the importance of implementation, monitoring, evaluation, research, and advocacy. It highlights the need to improve the overall child protection information management system for better data and evidence of the impact of the expected system reform. The formal child and welfare services operate at the district level. In case of child abuse, the district assemblies are expected to establish a child panel to mediate matters on the rights of the child as mandated by the Children's Act. The approach to child and family welfare services is responsive and legalistic, often coming after a violation has occurred, with a focus on the rescue and removal of children. The focus has been on shelter-based rather than family-based solutions, despite efforts by the Care Reform Initiative implemented by the Department of Social Welfare to promote family-based alternative care (Ministry of Gender, Children and Social Protection, 2015). Non-government organizations, civil society organizations, and health and police services also operate under formal support. At local levels (community levels), other formal service providers and structures are teachers, faith-based organizations, health sector workers, assembly members, child panels, family tribunals, district assemblies, and other community structures.

The Kenyan government, through its Ministry of Gender, Children, and Social Development, in collaboration with the National Council for Children's Services, coordinates the execution of child protection services in the country (Waweru & Hussein, 2011). Kenya has both formal and non-formal child protection mechanisms. In the formal approach, the state is the leading actor. In contrast, communities are the main actors in the non-formal approach, and families, children, and schools are also included. International and national NGOs also drive inter-agency mechanisms, and inter-state agencies play a significant role (Waweru & Hussein, 2011). Child protection is carried out through procedures and laws using a top-down approach. Waweru and Hussein highlight that the government is the leading actor in ensuring a protective environment for children and is responsible for allocating resources and ensuring the availability of structures to offer prevention/responsive child protection services through various government departments, ministries, and authorities. Government agencies are tasked with making sure that laws and policies are implemented as they take the lead in coordinating all work related to children. NGOs and other non-state actors in Kenya are responsible for implementing State action and bringing change. Non-formal actors like the family have the role of ensuring all children are registered at birth, creating homes free of violence or abuse, ensuring immunization against all preventable diseases, and making sure all children of childbearing age attend school. On the other hand, the community plays a crucial role in promoting child protection by creating an environment where all forms of violence against children are taboo and where traditions/customs are respected. In addition, communities use available local resources to set up informal structures to continuously promote the well-being of children, facilitate dialogue, and monitor the situation of children within formal and informal structures.

In Sierra Leone, the Ministry of Social Welfare, Gender, and Children's Affairs (MSWGCA) is the lead agency for Child Protection (Ministry of Social Welfare, Gender, and Children's Affairs, 2009). In Sierra Leone, agencies with statutory (legal) mandates and responsibilities to respond to abuse are Local Councils (Social Services Departments), Police, MSWGCA, the Judiciary, child protection service providers, and child welfare institutions. Child Welfare Workers are crucial in strengthening a child protection system at all country levels.

c. Child Protection Intervention and Types

In Seychelles, the government is the lead provider of services (Social Services Seychelles, 1989). Through its Ministry of Social Affairs and the Family, under the Department of Social Services, there exists a child protection unit addressing all child abuse cases in the country. However, the child protection unit collaborates through inter-agency partnering (with the Ministry of Health, Youth and Sports, the Ministry of Education, and all stakeholders, private and public, who work with children) to ensure the safeguarding of children. When a case is reported (by a third party or any agency, like

schools) or referred to the child protection unit, the principal social worker receives it and assigns it to a social worker within the unit. The child protection social worker (CPSW) then accepts the case and contacts the parents or guardians of the child or the person in charge of caring for the child to establish the case in the child's presence. To establish the case, the CPSW meets with the parents and the child to ask for their consent to proceed with the child protection procedure. In case of physical abuse where the abuser is the mother and refuses to consent, the CPSW can ask for the father's consent or, in the last case scenario, contact the AG's office for a general order to proceed if the physical abuse requires immediate attention and parents are not giving consent. After establishing the case through consent, both the parents and the child are informed about the child protection procedures, which include a medical examination to confirm abuse (in case of rape or physical abuse) and a police statement.

For Ghana, according to the working document Child and Family Welfare Policy by Ghana's Ministry of Gender, Children and Social Protection (2015), the government must provide specialized services to children, families, and communities in the case of the failure of community structures. The states' institutions respond to child protection cases referred to them or emergency cases. Distinctions are set between welfare cases and legal cases. So, in intervention, the policy suggests that the child and family welfare system would not depend only on court processes for family engagement but would use courts in criminal and some specific cases. This is so that social welfare officers should have greater flexibility and discretion to work with family and community members when a child protection case comes up. Hence, the prosecution of perpetrators is the responsibility of the Ministry of Justice, the Attorney General, and Law enforcement agencies. Once a case is reported to the police, it is transferred to the Social Welfare and Community Development Department according to the policy, as police cannot determine the removal or placement of children except for immediate safety. Placement or removal is done by the Social Welfare and Community Development Department (Ministry of Gender, Children and Social Protection, 2015). The Department of Social Welfare and Social Welfare and Community Development Department at the district level are responsible for social welfare service delivery at the regional and district levels. When problems arise that go beyond the competence of a district, for example, emergencies on a large scale or issues affecting more than one district (trafficking of children, for example), then national-level direct service delivery is provided, still involving all relevant social welfare officers and community leaders.

In Sierra Leone, the Children's Rights Act (CRA) of 2007 gives the national Ministry of Social Welfare, Gender, and Children Affairs general responsibility for promoting the rights and welfare of children in collaboration with other ministries (Thompstone, 2010). The Ministry ensures monitoring, supervising, and coordinating the activities of child welfare committees, providing them with training, advice, guidance, and support (administrative and logistical), and issuing rules and regulations on the committees' functions and procedures. Nevertheless, the CRA gives the Ministry responsibility for regulating foster care and approving residential homes for children. At the district level, all devolved district councils are responsible for protecting the welfare of and promoting children's rights within their authority. Each district has a small team of Social Development Workers (SDW) led by the Social Development Officer (SDO). This team is based in the district capital, but the SDW is predominantly in the field. Their role covers all issues relating to children, including those in conflict with the law, orphans, and vulnerable children. They are also responsible for managing the Family Case Work role. At the chiefdom and village levels, significant authority for child protection has been given to Child Welfare Committees. Informal village committees for the welfare and protection of children have long existed in Sierra Leone. However, with the introduction of the Child Rights Act, these committees at both the chiefdom and village have become more formalized structures.

Discussion

Comparison of Child Protection Systems in the Four Countries

One major highlight of the findings is that all four countries have more similarities than differences in their

child protection system approach. We start by presenting the differences in socio-economic issues in different countries, which are based on the Human Development Index of each of the countries.

a) Difference

Child Protection Issues and Socioeconomic Status of Children

By selecting countries between 67 and 184 on the Human Development Index, the case studies reflected the variations and range of socio-economic conditions typical of low, medium, and very high countries in the SSA region (UNDP 2022 Human Development Index). The HDI is a summary measure of average achievement in key dimensions of human development, specifically a long and healthy life, knowledge, and decent living standards (UNDP, 2024), which also impacts child welfare. The differences in HDI limit the availability of resources to implement child protection measures in these countries. Table 3 summarizes the human development index of these countries.

Ghana, Kenya, and Sierra Leone experience problems of poverty, and as such, governments have limited resources and capacities to dedicate to child protection properly, and this hampers the government's ability to deliver services outlined in the legal frameworks. Studies like that of Muchabaiwa (2024) corroborate that child protection in African countries is underfunded and remark that it is affected by the fiscal policies throughout the budget cycle. This is why international or national NGOs are recognized as one of the major child protection partners with the government in these countries.

Besides, issues of refugee children and accompanying minors, who are vulnerable groups, are also a problem in some of these countries, like Kenya. Studies show that protecting these children requires the engagement of traditional and community leaders in refugee camps (Jones et al., 2014; Wessells, 2015), as poverty among this group differs from that of other population groups. The poverty rate in these countries constrains government resources to provide free education, such as at the secondary school level, for children in these countries. Other studies like that of Abdullah and colleagues also remark that the impact of poverty complicates child welfare interventions in issues of physical abuse, especially in developing economies where parent and caregiver poverty is commonplace (Abdullah et al., 2021). Also, healthcare is not easily accessible for children in these countries, as they must pay for it. In Seychelles, with a very high HDI, children are provided free education from primary through secondary to high school. In addition, in Seychelles, financial support is provided in terms of child support to those who meet the criteria, and healthcare is offered free of charge.

b) Similarities

Legal Framework, Role of State, and Service Approach

The overview of the countries above (Seychelles, Kenya, Ghana, and Sierra Leone) identifies similarities Concerning existing legal frameworks, the role of the state, and the service approach used. Table 4 summarizes this information.

Table 3: Human Development Index Classification of each Country as of 2023 (UNDP, 2024)

Country	Human Development Index Value 2022	World Rank	Level of Human Development Index
Seychelles	0.802	67	Very high HD
Ghana	0.602	145	Medium HD
Kenya	0.601	146	Medium HD
Sierra Leone	0.458	184	Low HD

Table 4: Similarities in CPS: Existing Legal Frameworks, Role of State, and Service Approach

Country/ Criteria	Seychelles	Ghana	Kenya	Sierra Leone
Legal Framework	Yes	Yes	Yes	Yes
Role of the State	Lead provider, legalistic, and investigatory	Lead provider, legalistic	Lead provider, legalistic	Lead provider, legalistic
Service Approach	Standard procedures in place	Standard procedures in place	Standard procedures in place	Standard procedures in place

Firstly, all four countries have national legal frameworks that provide child protection, namely Ghana's Children's Act 1998, Kenya's Children's Act 2001, Sierra Leone's Child Rights Act of 2007, and Seychelles' recently updated Child Law 2021. These legal frameworks have incorporated aspects of the UNCRC and the ACRWC international and regional legal frameworks for keeping children safe. In addition, all four countries have ratified the UNCRC and the ACRWC related to child protection (Bockarie et al., 2024; Child Reform Law Committee, Seychelles, 2021; Conteh, 2012; Manful et al., 2020; Thompstone, 2010; Wangamati et al., 2019). While this indicates efforts pulled together to ensure the protection of children, the fact that these sub-Saharan African countries rely heavily on international and regional frameworks to guide the implementation of national law in each country is problematic (Thompstone, 2010). This is because local contexts are different (Frimpong-Manso, 2021).

Furthermore, the government/state plays a central role as the lead provider in child protection, supporting and strengthening parents and families in their role in all four countries. For example, Gatuguta and colleagues (2019) mention that in Kenya, the state is emphasized as planning, providing, coordinating, and supervising protection services (Gatuguta et al., 2019). Despite the generalized conception of the state playing a vital and supportive role in child protection, the threshold for state intervention is still unclear in the national legal frameworks. Furthermore, given that countries like Ghana, Kenya, and Sierra Leone are between a medium and low, at 145 to 184 in HDI world ranking, coupled with issues of poverty, governments have limited resources and capacities to dedicate to child protection properly, and this hampers the government's abilities to deliver services outlined in the legal frameworks. This is why international or national NGOs are recognized as one of the major child protection partners with the government in these countries. In Kenya, for example, the government has a restrictive allocation of financial resources to child protection and care. Therefore, the national government of Kenya has passively and actively outsourced child protection and care to the third sector (Chege & Ucembe, 2020). In Seychelles, however, despite having a very high HDI of 67 (UNDP, 2022) with indicators of access to education, healthcare, and social benefits, the state's role as the lead provider of services is still questionable. Questions of equality in accessing services arise. However, the state engages more often in legal and investigatory issues.

Regarding service approach, Child protection in Ghana, Kenya, Sierra Leone, and Seychelles has standardized procedures with no room for flexibility, guided by their legal frameworks and policies in each country. The government is the lead provider and collaborates with other agencies, NGOs, and communities in all four countries. The procedures are rigid and work according to the laws provided to guide the system in these nations. This corroborates Nyamu and Wamahiu's (2022) perspectives that these CPSs give limited alternatives for child officers in Kenya. They are obsessed with fulfilling bureaucratic and legal obligations at the expense of

addressing individual children's needs. Therefore, the tendency is that officers serve the state rather than the children's best interest (Nyamu & Wamahiu, 2022). These sub-Saharan countries, through the standard prescribed procedures in the legal framework, provide services by targeting families with children who experience abuse or are at risk of experiencing abuse.

While this study and other studies in similar contexts, like in Lesotho (Bockarie et al, 2024), Ivory Coast, South Africa, and Uganda (Sarumi & Strode, 2018) emphasize the existence of legal frameworks as well as the role of the state in child protection in these areas in SSA, our study further highlights the implications of this CPSs on practitioners. This is what we discuss below.

Anglo-Saxon Child Protection Model in sub-Saharan Africa and its Implications for Child Protection Social Workers' Practice

a) CPSW Lacks Agency

Agency refers to the capacity of an individual to act independently and to make their own free choice (Barker, 2005). Within the child protection system, the rigid adherence to procedures constrains CPSWs from acting on their free will or knowledge acquired during studies. These CPSWs are constrained by the social structure in place (policies and legal frameworks), which guides their performance and practice. This affects practice because it has reduced the system's ability to be innovative and respond flexibly (Munro, 2011b). According to Munro (2011b), by reducing innovation and flexibility, the system becomes less able to account for and react to the individual needs of children whose circumstances did not fit neatly within predefined cohorts. In this light, CPSW works under imposing conditions where they cannot make decisions based on observations during on-site visits. For example, in Seychelles, once an abuse case is identified and the perpetrator is in the home, the CPSW must follow procedures to get permission from the Attorney General's office to remove the child from the home to a safe place. This might take some time due to bureaucracy.

b) Lack of Flexibility and Reflexivity in Practice

The central control exhibited by the child protection orientation allows CPSWs no flexibility or reflexivity in practice. A study in the United Kingdom showed that CPSW's discretion had been constrained because the CPS reduced their ability to be creative and respond flexibly (Munro, 2011b). The lack of flexibility and reflexivity confines CPSWs to routine and procedural practice. In social work practice, reflexivity, professional discretion, and ethics are essential. Hence, allowing room for flexibility and reflexivity empowers the CPSWs during practice. Eileen Munro, in her study of English child protection system, therefore, emphasized the need for change from 'over bureaucratized,' 'over standardized,' and 'defensive' (Munro, 2010) child protection system to one where social workers would be enabled, encouraged, and motivated using their discretion in the best interest of the child.

Limitations of the Study

Cross-country comparative studies entail engaging with various sources of information like legislation, statistics, reports, and academic articles (Helland & Luhamaa, 2020). This study focused on reports, legislations, etc., produced by governments, which is problematic and poses some bias in the reports. However, considering that not so much specific research has been done on child protection systems in some countries like Seychelles, in this study, we relied on a few sources when addressing the inner workings of the CPS. For example, in Seychelles, collaboration with practitioners has enabled us to receive information to secure the validity and reliability of our material. However, to overcome these limitations and ensure the quality of data material in this report, several data sources have been used, and in consultation with practitioners/experts where possible, we have reviewed the information.

Implications for Policy and Practice

The phrase "best interest of the child" is paramount in child protection work. The results stimulate a debate on the need for discretionary spaces for child protection social workers to practice in the child's best interest. This aligns with Eileen Munro's (2010, 2011a, 2011b) argument, where she points out that the space for social

worker discretion had been eroded and curtailed (Munro, 2011b). This means that, because of the bureaucratic structures laid out by legislative frameworks, social workers adhere strictly to policy and work recommendations in the books with no space for reflexivity. Therefore, from a practical standpoint, this study sets the stage for further research to understand child protection social workers' perceptions and experiences within the child protection system in these countries and how policies and legal frameworks can be addressed to promote flexibility in practice, ensuring the innovativeness of practitioners. Hence, we propose some practical recommendations for each country:

1. First, policy adjustments will be beneficial to allow agency CPSWs opportunities for flexibility to act during practice.
2. Secondly, child protection social workers should be trained in adaptive decision-making by offering continuous professional development on ethical judgment, trauma-informed care, and contextual assessments, so they are better prepared to use their discretion effectively.
3. Thirdly, we suggest introducing supportive supervision models where supervisors should enable reflective practice and professional autonomy rather than enforcing bureaucratic compliance. Models like peer mentoring could be good.
4. Finally, advocate for child protection social workers' voices to be engaged in reform initiatives like advisory boards, so they can directly influence child protection reforms.

Conclusion and Way Forward: A Call for Discretionary Space for Child Protection Social Workers

This paper aims to answer the main research question: "*How does the child protection system rooted in Anglo-Saxon traditions influence the practice of child protection social workers in countries in sub-Saharan African Countries?*"

All sub-Saharan African countries selected for this study were former British colonies and have adopted the Anglo-Saxon traditions of the child protection approach. We provided an overview of child protection systems in four countries: Seychelles, Ghana, Kenya, and Sierra Leone. A comparison between all four countries showed a difference in socioeconomic status. It indicated similarities in the state's role, service approaches, and legislative frameworks rooted in the Anglo-Saxon child welfare model, posing challenges like a lack of agency, flexibility, and reflexivity for CPSWs.

Considering the challenges in the child protection system typical of the Anglo-Saxon traditions and their implications for CPSWs in SSA, operating in Seychelles, Ghana, Kenya, and Sierra Leone, we, therefore, argue for a system that allows child protection social workers to work with discretion in the best interest of the child. According to Eileen Munro, "discretion allows for greater flexibility and innovation, cultivating a system geared towards the needs of each child, making it both more 'child-centered' and effective" (Munro, 2011b, p. 1).

Consequently, to ensure discretionary spaces during practice for child protection social workers, we recommend that policy adjustments be made to allow agency CPSWs opportunities for flexibility to act during practice. Additionally, CPSWs should be trained in adaptive decision making to enhance autonomy, supportive supervision models could be introduced, and CPSWs should be engaged in advisory boards, ensuring their voices influence child protection reforms. Finally, we recommend further study to understand CPSWs' perceptions and experiences within CPSs influenced by Anglo-Saxon models in sub-Saharan Africa.

Acknowledgment

We acknowledge the reviewers for taking the time to review and build up this paper.

Research Ethics Approval

Ethical approval was guaranteed by the project that supported this study from Masaryk University.

Funding

Masaryk University, the Czech Republic, funded the grants for this study. Grant number: MUNI/A/1553/2023. Project Period: 1/2024–12/2024

*The authors have no conflict of interest to disclose

References

Abdullah, A., Ayim, M., Bentum, H., & Emery, C. R. (2021). Parental poverty, physical neglect, and child welfare intervention: Dilemma and constraints of child welfare workers in Ghana. *Children and Youth Services Review,* 126, 106036.

Abdullah, A., Jordan, L. P., & Emery, C. R. (2022). Rethinking Child Protection in Sub-Saharan Africa: A Paradigm Shift Toward Community and Neighborhood-Based Approaches. In Baikady, R., Sajid, S.M, Przeperski, J., Nadesan, V., Islam, M.R. & Gao, J. *The Palgrave Handbook of Global Social Problems* (pp. 1–20). Cham: Springer International Publishing.

Barker, C. (2005). Cultural Studies: *Theory and Practice*. London: Sage.

Barry, T. S. (2021). The African Charter on the Rights and Welfare of the Child: Simple Copy or Contextualized Supplement to the Convention on the Rights of the Child? *Arribat-International Journal of Human Rights, Published by CNDH Morocco*, *1*(1), 68–84.

Bockarie, F. J., Nkabane, M. E., & Khabele, R. A. (2024). A Comparative Study of Child Rights Protection Systems in Lesotho and Sierra Leone. *American Journal of Arts and Human Science, 3*(1), 12–18.

Canavera, M. (2011). *Mapping and Assessment of the Child Protection Systems in West and Central Africa: A Five-Country Analysis Paper.* Child Frontiers Ltd. http://dx.doi.org/10.13140/RG.2.2.20345.95846

Cargan, L. (2007). *Doing social research.* Bloomsbury Publishing.

Chege, N., & Ucembe, S. (2020). Kenya's over-reliance on institutionalization as a child care and child protection model: A root-cause approach. *Social Sciences, 9*(4), 57. https://doi.org/10.3390/socsci9040057

Child Law Reform Committee (CLRC), Seychelles. (2021). *Enhancing Child Protection in Seychelles. Report to the President of the Republic of Seychelles*. https://www.judiciary.sc/wp-content/uploads/2021/07/clrc-report-pdf.

Connolly, M., & Katz, I. (2019). Typologies of child protection systems: An international approach. *Child Abuse Review, 28*(5), 381–394. https://doi.org/10.1002/car.2596

Conteh, A. (2012). *Child Protection in Post-war Sierra Leone: Contextualizing children's provision, protection and participation rights* (Doctoral dissertation, School of Advanced Study) —Institute of Commonwealth Studies, School of Advanced Study, University of London.

Diesing, P. (1971). *Patterns of discovery in the social sciences*. 1st Edition. Routledge.

Frimpong-Manso, K. (2021). Family support services in the context of child care reform: Perspectives of Ghanaian social workers. *Child and Adolescent Social Work Journal, 38*(2), 157-164. https://doi.org/10.1007/s10560-020-00729-6

Gatuguta, A., Colombini, M., Seeley, J., Soremekun, S., & Devries, K. (2021). Supporting children and adolescents who have experienced sexual abuse to access services: Community health workers' experiences in Kenya. *Child Abuse & Neglect, 116*, 104244. https://doi.org/10.1016/j.chiabu.2019.104244

Goitom, H. (2019). Child Protection Law and Policy: Kenya. Child Protection Law and Policy (loc.gov)

Helland, T., & Luhamaa, K. (2020). *A comparative analysis of the child protection systems in the Czech Republic, Lithuania, Norway, Poland, Romania, and Russia.* Centre for Research on Discretion and Paternalism. University of Bergen, Norway.

Ikusika, O. (2023). *Child Abuse: Violence Against Children in Africa.*

https://leadingladiesafrica.org/2023/11/27/child-abuse-violence-against-children-in-africa-by-oluwaseun-ikusika/

Inter-Agency Group. (2012*). Strengthening Child Protection Systems in Sub-Saharan Africa: A Working Paper.* http://www.unicef.org/wcaro/english/strengthening_child_protection_systems_in_sub-Saharan_Africa_-_August_2012_.pdf

Jones, C., Hiddleston, T., & McCormick, C. (2014). Lessons from introducing a livelihood project for unaccompanied children into an existing child protection program in the Dadaab refugee camps in Kenya. *Children and Youth Services Review*, *47,* 239–245. https://doi.org/10.1016/j.childyouth.2014.09.010

Lee, E., Mishna, F. & Brennenstuhl, S. (2010). How to Critically Evaluate Case Studies in Social Work. *Research on Social Work Practice 20* (6), 682-689. https://doi.org/10.1177/104973150934786

Kenyan Const. Art. IV, pt. 3, § 53.

Manful, E., Cudjoe, E., & Abdullah, A. (2020). Towards child-inclusive practices in child protection in Ghana: Perspectives from parents*. Children and Youth Services Review,* 119, 105594. https://doi.org/10.1016/j.childyouth.2020.105594

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. Sage.

Ministry of Gender, Children and Social Protection (2015). *Child and Family Welfare Policy.* Government of Ghana. https://www.mogcsp.gov.gh/?mdocs-file=676

Ministry of Social Welfare, Gender, and Children's Affairs. (2009). *Dealing with Child Abuse: A Handbook for Child Welfare Workers in Sierra Leone.* Government of Sierra Leone. https://www.socialserviceworkforce.org/system/files/resource/files/Child%20Abuse%20Handbook.pdf

Muchabaiwa, B. L. (2024). Why is child protection in many African countries perennially underfunded? A political economy perspective. *Child Protection and Practice*, 2, 100044. https://doi.org/10.1016/j.chipro.2024.100044

Munro E. (2010). Learning to reduce risk in child protection. *British Journal of Social Work,* 40, 1135–1151. https://doi.org/10.1093/bjsw/bcq024

Munro E. (2011a). *The Munro Review of Child Protection: Interim Report. The Child's Journey.* Department for Education: London.

Munro E. (2011b). *The Munro Review of Child Protection: Final Report. A Child-Centred System.* Cm. 8062. Department for Education: London.

Parton, N. (2020). Addressing the relatively autonomous relationship between child maltreatment and child protection policies and practices. *International Journal on Child Maltreatment: Research, Policy and Practice*, *3*(1), 19–34. https://doi.org/10.1007/s42448-019-00022-9

Nyamu, I. K., & Wamahiu, S. P. (2022). What might a decolonial perspective on child protection look like? Lessons from Kenya*. Childhood, 29*(3), 423-438. https://doi.org/10.1177/09075682221111782

Ofodile U.E. (2009). Universal Declaration of Human Rights and the African Child Today: Progress or Problem? *American University International Law Review*, 25, 37.

Priya, A. (2021). Case Study Methodology of Qualitative Research: Key Attributes and Navigating the Conundrums in Its Application. *Indian Sociological Society, Sociological Bulletin 70*(1) 94–110. https://doi.org/10.1177/00380229209703

Sarumi, R. O., & Strode, A. (2018). Analysis of the Models for the Guardianship of Children in Africa. In Sarumi, R.O. & Strode, A. (eds.) *Perspectives on the Legal Guardianship of Children in Côte d'Ivoire, South Africa, and Uganda* (pp. 41-58). SpringerBriefs in Social Work. Springer, Cham. https://doi.org/10.1007/978-3-319-76559-4_4

Social Services Seychelles (1989*). Child Protection Policy*. https://ncc.gov.sc/wp-content/uploads/2021/02/Child-Protection-Policy-2012.pdf

Spratt, T. (2001). The influence of child protection orientation on child welfare practice. *British Journal of Social Work, 31*(6), 933–954. https://doi.org/10.1093/bjsw/31.6.933

Thompstone, G., & Crispin, V. (April 2010). *Mapping and analysis of the child protection system in Sierra Leone: Final Report:* Child Frontiers Ltd., Kowloon, Hong Kong. Mapping and Analysis of the Child Protection System in Sierra Leone.pdf

UNDP. (2022). *Human Development Report 2021/22: Uncertain Times, Unsettled Lives*. New York. https://hdr.undp.org/system/files/documents/global-report-document/hdr2021-22pdf_1.pdf.

UNDP (2024). *2023/24 Human Development Report in the News*. https://hdr.undp.org/content/202324-human-development-report-news

UNICEF. (2017). *A familiar face: Violence in the lives of children and adolescents.* New York. USA. https://data.unicef.org/resources/a-familiar-face/

UNODC. (2008). *An Introduction to Human Trafficking: Vulnerability, Impact and Action*. UNODC, Vienna. https://www.unodc.org/documents/human-trafficking/2008/AnIntroductiontoHumanTrafficking-VulnerablityImpactandAction.pdf

Wangamati, C. K., Yegon, G., Sundby, J., & Prince, R. J. (2019). Sexualized violence against children: a review of laws and policies in Kenya. *Sexual and Reproductive Health Matters, 27*(1), 16–28. https://doi.org/10.1080/26410397.2019.1586815

Waweru, H. W., & Hussein, A. (2011). *The Framework for The National Child Protection System for Kenya*. The National Council for Children Services (NCCS). Nairobi, Kenya. https://bettercarenetwork.org/sites/default/files/The-Framework-for-the-National-Child-Protection.pdf

Wessells, M. G. (2015). Bottom-up approaches to strengthening child protection systems: Placing children, families, and communities at the center. *Child Abuse & Neglect, 43*, 8–21. https://doi.org/10.1016/j.chiabu.2015.04.006

Yin, R.K. (2018). *Case study research: Design and methods* (6th ed.). Thousand Oaks, CA: SAGE

INYI JOURNAL

RESEARCH ARTICLE

The Effects of the COVID-19 Pandemic on Afro-Caribbean Canadian Youth's Mental Health and Well-being

Fiona Chrislyn Edwards[1]

[1]School of Social Work, MacEwan University, Edmonton, Canada

This is a peer-reviewed (double-anonymized) article
Published online: 30 April 2025
INYI Journal **14**, 23-34(2025)

ISSN: 1929-8471
DOI: https://doi.org/10.25071/1929-8471.138

Abstract: The Black community has been disproportionately affected by the COVID-19 pandemic, both economically and mentally. In addition, Black youth have had the added burden of coping with anti-Black racism (ABR) in conjunction with school closures, social distancing, and isolation — all of which profoundly disrupted their everyday lives. This study investigates, from their own perspectives and experiences, how the pandemic has impacted the mental health and well-being of Afro-Caribbean Canadian youth (ACCY) between the ages of 16 and 18 in urban southern Ontario. The findings from this article are drawn from a doctoral dissertation project which identified the mental health experiences of ACCY and examined the ways in which these experiences shape their use of mental health services. The ACCY in this study lived in urban areas in southern Ontario, were using mental health services, and were accessing spiritual and religious supports. An interpretative phenomenological analysis (IPA) approach rooted in a Heideggerian hermeneutics was used, based upon six semi-structured interviews with three female and three male ACCY. Analysis of data followed IPA guidelines. The analysis of the interviews led to the identification of three major themes related to ACCY's sense of mental health: feelings of loneliness and isolation; self-awareness; and race consciousness of systemic anti-Black racism. The information gleaned from this research provides important insight into ACCY's mental health and the various barriers, including systemic ABR, that maintain disparities in their mental health. This knowledge has implications for mental health policies and practices with Black youth and can be used to reduce systemic inequity, promote good mental health, and better understand the needs of Black youth in future crisis situations.

Keywords: Mental health, well-being, COVID-19 pandemic, Black youth, systemic inequity.

Corresponding author: Fiona Chrislyn Edwards
School of Social Work, MacEwan University, Edmonton
Email: edwardsf4@macewan.ca

Introduction

On March 11, 2020, the World Health Organization classified COVID-19 as a global pandemic (World Health Organization, Europe, n.d.). Statistics Canada reported that, in January 2021, the Mental Health Commission of Canada revealed that over 700,000 Canadians had been diagnosed with COVID-19, with the youth population affected at a rate of 18.7% (Garriguet, 2021). To combat the rapid spread of this highly contagious and deadly virus, public health measures were implemented, including stay-at-home orders and school closures. These measures profoundly disrupted people's daily lives. As a result of school closures, "youth experienced disruptions to their academic, social, and emotional support systems" (Krause et al., 2022, p. 703). The pandemic significantly worsened mental health issues worldwide (Fegert et al., 2020), further damaging the mental health of Canadian youth, which was already considered poor (Garriguet, 2021). For these reasons, scholars referred to the pandemic as a global mental health crisis as well as a physical one (Thakur et al., 2023).

The pandemic has had a disproportionately negative impact on Black communities, with Black individuals experiencing higher rates of COVID-19 infection, hospitalization, and mortality (Sostre et al., 2023). Black, Indigenous, and racialized youth experienced increasing mental health concerns during the pandemic compared to their White counterparts (Castro-Ramirez et al., 2021; Kaar et al., 2023). Among the most affected groups, Black youth have faced significant challenges during the pandemic (Banks, 2022). However, concerns about the mental health of Black youth existed long before the pandemic. Their mental health was recognized as a public health issue even prior to COVID-19. This concern arises not only from the prevalence of mental health issues but also from the systemic and structural inequalities that hinder efforts to promote mental well-being in Black youth (Kemei & Salami, 2022).

Systemic barriers to mental health care for Black youth include poor funding and the lack of suitable mental health services to respond to their needs as Black youth (Fante-Coleman et al., 2022). Due to these disparities, it can be argued that the mental health of Black youth is not sufficiently prioritized. Scholars (Fante-Coleman et al., 2022; Salami et al., 2022) suggest that systemic inequalities and barriers negatively influence the mental and physical health of Black youth, creating adverse conditions that prevent them from thriving in a society structured around the dominance of whiteness, which perpetuates racial oppression. Additionally, these youth experience systemic anti-Black racism (ABR) and are overrepresented in various institutions, including the youth justice and child welfare systems (Anucha et al., 2017). In educational settings, their experiences are characterized by disproportionately harsher disciplinary measures than those experienced by White youth (Rose et al., 2017).

Historically, the voices of Black youth have been marginalized and silenced in mental health research in Canada (Fante-Coleman & Jackson-Best, 2020; Salami et al., 2022). This article aims to address this omission by taking the experiences of Black youth seriously. Specifically, this study uses the perspectives of a small sample of Afro-Caribbean Canadian Youth (ACCY) to investigate how the pandemic has impacted their mental health and well-being. The findings presented in this article are drawn from a doctoral research project, which is a phenomenological study exploring the lived mental health experiences of ACCY who utilize mental health services in urban southern Ontario (Edwards, 2025). Additionally, these youth have been accessing spiritual and religious supports. In this study, an interpretative phenomenological analysis (IPA) approach, rooted in Heideggerian hermeneutics, is employed to capture how ACCY understand their experiences during the pandemic. Critical race theory (CRT) and the concept of ABR are used to contextualize the experiences of ACCY. This article addresses the lack of studies on Black youth mental health and discusses implications for mental health policies and practices for these youth—during "normal" times and during times of profound crisis, such as that presented by COVID-19.

Theoretical Framework

Critical race theory emerged from critical legal studies in America, focusing on the examination of laws and policies that perpetuate racism (Bell, 1995; Crenshaw et al., 1995). This theoretical framework aligns closely with an anti-racism approach. CRT critically analyzes the subtle and normalizing effects of racism embedded within dominant institutions and structures (Delgado & Stefancic, 2023). Scholarly work in this field places race at the center, highlighting the experiences of Black and racialized individuals (Bell, 1995; Delgado & Stefancic, 2023). In its examination of race, CRT helps us understand how racism sustains the dominance of whiteness in the distribution of power and resources (Abrams & Moio, 2009), while simultaneously excluding members of Black communities from full participation in society.

Key tenets of CRT include counterstories, intersectionality, differential racialization, and interest convergence (Delgado & Stefancic, 2023). Counterstories amplify the voices and perspectives of Black youth by providing them with opportunities to share their experiences, thereby countering racist ideologies. Intersectionality examines the overlapping powers of oppression, including gender, class, and sexual orientation (Solórzano & Yosso, 2002). Differential racialization addresses the unique ways in which Black individuals are racialized (Delgado & Stefancic, 2023). Interest convergence suggests that the benefits offered to racialized individuals often align with the interests of the dominant White race (Delgado & Stefancic, 2023). The tenets of CRT are essential for social justice work aimed at dismantling established power structures and achieving racial justice. In summary, CRT seeks to transform society and its institutions to ensure fairness and justice (Solórzano & Bernal, 2001).

In addition to CRT, this article utilized the concept of ABR. ABR originates from the legacy of slavery and the legal segregation of Black people from White spaces (Hogarth & Fletcher, 2018). This concept focuses on the unique experiences of Black individuals and aims to inform practices that combat systemic ABR. Such racism disproportionately impacts Black people within dominant institutions — including education, criminal justice, and employment — leaving Black communities vulnerable to racial oppression (Clarke et al., 2018; Lewis, 1992). Black youth encounter experiences of ABR (Anucha et al., 2017) during a critical developmental phase, which can trigger psychological issues and lead to poor mental health outcomes. Both CRT and the concept of ABR are relevant for researching racial oppression and its effects on Black youth.

Research Approach and Method

An interpretative phenomenological analysis (IPA) rooted in Heideggerian hermeneutics guides this study as it seeks to gain knowledge from the lived experiences of ACCY. IPA is grounded in three theoretical underpinnings: phenomenology; hermeneutics; and ideography. Phenomenology is concerned with prioritizing first-hand accounts of the phenomenon being investigated (Kolnes & Rodriguez-Morales, 2016; Larkin et al., 2006; Pietkiewicz & Smith, 2014; Smith et al., 2009). Such an approach centers the voices of ACCY, thus giving them the opportunity to speak for themselves. Therefore, it is salient for phenomenological researchers to access the world of individuals to comprehend their lived experiences.

Hermeneutics, or the theory of interpretation, is the second element of IPA. It enables researchers to interpret participants' accounts (Larkin et al., 2006) and has the potential to deeply penetrate into the lived world of "human experience and trace the essence of the phenomenon and explicate it in its original form as experienced by the individuals" (Kafle, 2013, p. 183). Consequently, context is significant in Heideggerian hermeneutics as it aims to provide understanding of how people make meaning in their world (Smith et al., 2009). Through a process called double hermeneutic, the researcher and participant are given the opportunity to make sense of how the participants experienced a phenomenon (Smith et al., 2009).

Ideography, the third element of IPA, is centered on meaning-making to capture participants' personal accounts and perspectives of a phenomenon (Smith et al., 2009). For example, it "is concerned with the particular and focuses on grasping the meaning of something for a given person … in a particular context" (Kolnes & Rodriquez-Morales, 2016, p.50). To achieve

this focus, ideography allows for a close, in-depth analysis of each participant's experiential accounts before conducting a cross-case analysis to search for similarities and differences from the themes that are generated from all participants' narratives (Pietkiewicz & Smith, 2014). Once this is done, the researcher is able to make a general claim about the phenomenon investigated by presenting verbatim quotes from the participants (Smith et al., 2009). In a nutshell, the overarching aim of phenomenology is to uncover how a person's experiences contribute to their knowledge and understanding of their world and the meaning they attach to the experience (Kafle, 2013; Pascal, 2010).

Participants, Sample, Recruitment

Within the boundaries of IPA, a homogeneous and small sample size is recommended (Pietkiewicz & Smith, 2014). To recruit participants for a semi-structured interview, a purposeful sampling strategy with criterion sampling was employed (Patton, 2002). Key mental health contacts played a crucial role in the recruitment process by connecting me with interested participants. Additionally, flyers were used as a recruitment tool, and I promoted the study at mental health events. Data were collected from six ACCY (three females and three males) aged 16 to 18, who were interviewed as part of my doctoral research. The participants were secondary school students living at home with their parents, and they were accessing both mental health services and the spiritual and religious supports. These services were accessed virtually and by phone during the height of the COVID-19 pandemic. This research has received ethical approval from the York University Ethics Review Board. Written informed consent was obtained from all participants before the interviews. Pseudonyms were used for all participants in this study.

Data collection

The collection of data for the larger doctoral dissertation occurred from March 2020 to March 2022. Within this study, ACCY were asked how the pandemic had impacted their mental health and well-being. Interviews were conducted in-person and virtually. Adhering to hermeneutic tradition, I rejected bracketing (Engward & Goldspink, 2020). Heidegger argues that "to bracket our experience we must shed our experiences, therefore losing our capacity to understand through shared experiences and meaning "(Pascal, 2010, p. 3). Consequently, I actively engage with my own experiences, values, and beliefs throughout the research process. By not bracketing my experiences, I was able to identify and explore themes that emerged from the interviews and to ask relevant follow-up questions.

Participants were assigned a pseudonym to maintain anonymity. Interviews were conducted in English, audio-recorded. and transcribed by a professional with the participants' consent. The transcriber signed a confidentiality agreement to ensure confidentiality of the data. Participants received an honorarium of $20.00.

Data analysis

The work of Larkin and Thompson (2012), Pietkiewicz and Smith (2014), and Smith et al. (2009) guided the data analysis process. These authors' step-by-step guides include the following steps: reading the transcripts many times, transferring notes into emerging themes, examining the emerging themes for relationships, and clustering the various themes (Larkin & Thompson, 2012; Pietkiewicz & Smith, 2014; Smith et al., 2009). These steps were employed throughout the data analysis phase. NVivo, a computer-assisted program, was used to manage the data. The analytical process began with reading the data and listening to the transcripts multiple times to familiarize myself with the participants' narratives (Larkin & Thompson, 2012; Pietkiewicz & Smith, 2014) and writing memos. This was followed by free coding for identifying statements and emerging themes and patterns (Saldaña, 2013).

In addition, a close line-by-line analysis was conducted in an effort "to identify 'objects of concern'… and then [to] look for 'experiential claims' (these are linguistics and narrative clues as to the meaning of these objects)" (Larkin & Thompson, 2012, p. 106). This was followed by three types of exploratory notes and comments—descriptive, linguistic, and conceptual—that are crucial to phenomenological data analysis (Smith et al., 2009). Descriptive notes and comments give a description of the events and circumstances integral to a person's

experience (Smith et al., 2009). Linguistic notes and comments focus on the use of language. And finally, conceptual notes and comments focus primarily on participants' awareness and meaning-making of their experiences (Smith et al., 2009). Emerging themes were examined "for patterns and connections" and were clustered together (Kolnes & Rodriguez-Morales, 2016; Larkin & Thompson, 2012; Pietkiewicz & Smith, 2014; Smith et al., 2009). Individual interviews were analyzed for patterns and themes, and theoretical connections were identified across cases.

Rigor, credibility, and trustworthiness were maintained by ensuring that the quality and validity of the research met the guidelines specified by IPA (Larkin & Thompson, 2012). This entailed transparency of the research, coherent analysis, and sufficient sampling (Kolnes & Rodriguez-Morales, 2016). In an effort to maintain transparency, the steps taken to conduct the research and the analytical process are clearly outlined as well as the use of verbatim quotation marks to present the participants' voice. Continuous reading, listening, and engaging with the data helps attain trustworthiness. The principal investigator also engaged in critical self-reflection of her social location and peer debriefing to achieve rigor, credibility, and trustworthiness. According to Tracy (2010), self-reflexivity enables researchers to remain authentic with their data while being aware of their own limitations and expertise. However, engaging in reflexivity during the analytical phase can be a challenging and time-consuming task. Tracy (2010) also notes that the emotional labor involved in IPA is not uncommon and researchers must continually interact with the data to identify participants' concerns and understand the messages conveyed through their personal narratives.

Findings

ACCY responded to the question that explored the effects of the pandemic on their mental health and well-being. Three themes relating to mental health were identified in the study: feelings of loneliness and isolation; self-awareness; and race consciousness of systemic ABR. Adhering to the elements of IPA, including phenomenology and ideography, the participants' meaning-making of the pandemic are presented using direct quotation from their personal accounts of how they have experienced the phenomenon.

Feelings of Loneliness and Isolation

ACCY indicated that the pandemic has negatively affected their mental health and well-being due to the precautionary measures they had to follow, such as school closures and remote learning. These measures triggered feelings of loneliness and isolation among the youth. Ron, a 16-year-old male participant, shared his experience of isolation during the pandemic:

> Well right now, corona has impacted me a lot because I'm not able to see as many people as I used to, and I can't hang out with my friends or attend in-person school and church. I feel kind of locked in.

Ron described himself as someone who enjoys being with friends, whom he sees as a source of support. However, during the pandemic, he found himself spending a lot of time in his room and away from the activities he loves. He mentioned, "I do sing in school and am part of the school's gospel choir." Not being able to engage in this activity during the pandemic contributed to Ron's feelings of isolation.

Spencer, an 18-year-old female participant who had been diagnosed with depression and anxiety, detailed her experience with the pandemic. At the early stages of the pandemic, she said, "I would hang out with my friends who were close [to me] because it was the allowed thing to do." However, as the pandemic became prolonged with rising infection rates and deaths, Spencer felt increasingly isolated from her social circle and missed out on opportunities at school due to the stay-at-home order. She shared that "because of COVID everything was shut down so I couldn't get a placement." Furthermore, Spencer expressed fear of contracting the virus, which led her to limit her social interactions, thus exacerbating her feelings of loneliness and isolation.

Jade, a 16-year-old female participant who is self-diagnosed with anxiety, delineated her experiences with the pandemic. She stated that "COVID impacted my mental health in multiple ways. Since everything has been online, it makes you feel more alone and closed in from the world." Emphasizing the impact of the

pandemic on her mental health, Jade highlighted, "It's fun being alone but it's not fun feeling alone. There's a big difference between being alone and feeling alone … Feeling alone is more of an emotion. Being alone is more physical." Jade elaborated, "Feeling alone makes you feel like you have no one to talk to, like nobody cares."

The experiences of ACCY with feelings of loneliness and isolation have significantly impacted their mental health and well-being. Limited social interaction resulting from the pandemic created and magnified new challenges for the youth participants as they adapted to a new reality.

Self-awareness

The new reality presented by the pandemic heightened ACCY's level of self-awareness. During this time, Jade realized that transitioning from in-person to online schooling improved her academic performance. She shared that:

> With everything being online, it impacted me in a good way because being online it's easier to grasp concepts. Sometimes you can record, or a teacher would leave a recording of the meeting and you can go back and listen to it.

Jade's experience indicated that in-person schooling was not meeting her learning needs. Additionally, she has had several encounters with systemic ABR within the school setting. She was placed in the Applied program and faced multiple suspensions throughout her educational experience, starting from elementary school. Jade expressed that being racialized as Black contributed to the differential treatment she received at school. Despite these negative experiences, Jade continued to pursue her secondary education and became more aware of her learning needs, which helped her believe in her ability to succeed academically.

Ron reported that "during corona I probably learned to be more independent than I usually was." He took on more responsibilities at home, such as making his own breakfast and cleaning up after himself. As ACCY became more self-aware, the pandemic allowed them time for self-regulation. Spencer stated, "At first, I was doing a lot of activities I enjoy, a lot more art, a lot more crafting and stuff" which she found useful to address her mental health struggles. In terms of self-regulation, Jade reported:

> COVID-19 also showed me who I really am healing-wise. It showed me that I don't need specific people around me. I don't always need to be around people, that sometimes it's okay to be by yourself. It's okay to be alone and find happiness within yourself.

The ACCY participants in the study were all accessing mental health services and benefited from having a mental health provider who shared their racial background and culture. During the pandemic, mental health services were accessed virtually or by phone. However, this method resulted in mixed reactions, as Spencer reported:

> All my services were online or through Zoom. It just felt a lot less personal. I did benefit from them, but I would have benefited a lot more if I were to be able to go to an office and I could have a face-to-face conversation.

Jade also emphasized the disadvantages she experienced from online therapy:

> I personally think there's no positivity to receiving therapy online because when you receive therapy online it's like a phone call, so you won't really be able to express how you're feeling. They won't be able to see how you're feeling. Because sometimes even when being on Zoom calls and meets and stuff like that, you don't want to turn on your camera because of how you're looking in the moment. It's like they're just looking at an icon. They don't see your face. So yeah, that's why I think doing therapy online has no positivity to it.

Irrespective of the method of therapy, Russell, a 17-year-old male participant, shared that:

> Receiving counseling during the pandemic opens up a different side of my mind. It makes me think more and during this time, the pandemic and stuff like that, I feel like I need times like this because even though it might not be school it's still a time where I have to use my brain.

ACCY experienced personal growth during the pandemic and spent more time engaging in self-reflection, a practice that helped them make sense of their new reality and adapt to the changes occurring in their environment.

Race Consciousness of Systemic ABR

ACCY have experienced systemic ABR. Similar to Jade and Russell, 16-year-old male participant Andy and 16-year-old female participant Solani were enrolled in the Applied program and have had interactions with the criminal justice system. The killing of George Floyd and the pandemic created two significant crises for Black youth. The mobilization of the Black Lives Matter movement in response to systemic ABR heightened the youth's awareness of their Black identity and the treatment of Black individuals. According to Jade:

> The impact that [the Black Lives Matter movement] had on me was it really opened my eyes more to being who I am and with my skin tone. It really opened my eyes more how people treat people of color and different privileges.

ACCY expressed their fears regarding ABR and the lack of support that the Black community receives in combating this injustice. Solani remarked, “The oppression that we deal with, the systematic racism that comes with it, that’s what they [White people] don’t want to deal with. That’s what they [White people] would rather stay away from.” During the pandemic, exposure to systemic ABR, particularly in the form of police violence, was a significant concern for the mental health of Black youth and they required meaningful support to help process the emotional and psychological impact of these experiences. Spencer reported:

> I just wanted to talk to someone who understood how that whole thing [the killing of George Floyd] would impact my mental health, like the fear and the sense of responsibility and the anxiety that just comes with existing [as a Black youth] without having to explain it to them.

Due to their race, ACCY do not feel fully supported in society and experience differential treatment. Nevertheless, they value their racial identity. As Ron puts it, “Black lives matter but also that we shouldn’t be treated as a different person or a different being. We should be treated the same as anybody else should be.”

ACCY encountered several challenges during the pandemic, including feelings of loneliness and isolation, as well as the exposure of systemic ABR manifested through racial violence. These factors had a negative impact on their mental health. However, ACCY engaged in self-reflection, which helped them better understand their needs, coping mechanisms, and racial identity, as well as the consequences of systemic ABR.

Discussion, Implications and Conclusion

This study captured the perspectives of ACCY on the effects of the COVID-19 pandemic on their mental health and well-being. The findings reveal both negative and positive effects of the pandemic and the associated impact on ACCY’s mental health and well-being. A significant finding is that ACCY experienced feelings of loneliness and isolation, largely due to a lack of connectedness with their peers resulting from prolonged COVID-19 restrictions. This finding aligns with a survey published by the Mental Health Commission of Canada (2020) and research from the United Kingdom (Lenoir & Wong, 2023; McKinlay et al., 2022) and the United States (Banks, 2022). According to the HEADSTRONG COVID-19 survey conducted between April and June 2020 in Canada, some of the major challenges reported by youth include feelings of isolation and loneliness (MHCC, 2020).

The impact of the pandemic was felt worldwide with deleterious consequences for youth mental health. Research has shown a rise in mental health concerns among youth during the pandemic (Hawke et al., 2021; Kourgiantakis et al., 2022). However, COVID-19 disproportionately affected the mental health of Black youth (Osman et al., 2024), as many experienced psychological distresses, including increased levels of stress and worry (Eboigbe et al., 2023). A study conducted in West London (Lenoir & Wong, 2023) examined the effects of the COVID-19 pandemic on Black and mixed-ethnic groups aged 12 to 17. It utilized IPA and found that loneliness was a significant issue for this population (Lenoir & Wong, 2023). Another qualitative study in the UK, focusing on youth and young adults, suggested that quarantine measures resulted in social

isolation, which limited their social interactions with peers (McKinlay et al., 2022). School closures also contributed to this social isolation, leading to increased mental health concerns among children and youth (Messias et al., 2023). Mood disorders are most often reported as mental health problems associated with social isolation (Brandt et al., 2022).

Although COVID-19 disrupted the lives of Black youth and negatively impacted their mental health and well-being, a key finding from the study indicates that ACCY experienced some positive personal growth. They reported an increased awareness of themselves and their mental health. This aligns with existing studies that highlight the positive effects of the pandemic (Bank, 2022; Fergert et al., 2020). Ron, a 16-year-old male participant, shared that he became more independent, while Jade, a 16-year-old female participant, discovered that virtual schooling improved her academic performance. Through self-reflection, ACCY realized that they benefited more from in-person mental health services than they did from virtual ones, which often felt impersonal. They also learned to self-regulate their emotions and behaviors. This self-awareness among ACCY can be viewed as a protective factor. Scholars argue that the protective factors demonstrated by youth should be incorporated into intervention strategies to promote positive mental health and well-being within this population (Kaar et al., 2023). Despite these benefits, Fergert et al. (2020) assert that the negative consequences of the pandemic may overshadow the positive aspects.

Another key finding from the study is ACCY's awareness of systemic ABR and its impact on their mental health. ACCY experience systemic ABR, which is a common reality for Black youth due to their racial identity. The Black Lives Matter movement played a crucial role in raising ACCY's awareness of race relations, highlighting instances of racial violence against Black communities (Hendricks et al., 2021). The combined effects of COVID-19 and systemic racism are often referred to as a "dual pandemic" (Eboigbe et al., 2023; Osman et al., 2024). The stressors related to COVID-19, alongside experiences of racism and the vicarious trauma from the brutal killing of George Floyd, have contributed to declines in mental health among Black youth (Eboigbe et al., 2023). ACCY reported feelings of anxiety which negatively affected their emotional and psychological well-being due to exposure to systemic ABR. Research indicates that Black youth tend to report poorer mental health outcomes as they perceive higher rates of racial discrimination (Mpofu et al., 2022). A study conducted across Canada, examining the intersection of this dual pandemic on Black youth's mental health, found it to have a detrimental effect (Osman et al., 2024). The intersecting challenges of the dual pandemic have led to increased feelings of fear, grief, stress, and trauma (Osman et al., 2024).

During this dual crisis, Black youth faced the additional burden of enduring the profound racial trauma associated with the brutal killing of George Floyd. According to Sostre et al. (2023), marginalized groups experienced heightened levels of racial discrimination and health disparities during the pandemic. Research indicates that exposure to racism and lived experiences of racial discrimination can lead to significant psychological harm, including racial trauma and post-traumatic stress disorder (PTSD) (Williams et al., 2022). Overall, Black youth reportedly have less mental health support in society, largely due to systemic and structural racism embedded within the healthcare system (Offiong, 2021). Understanding the connection between racism and mental health necessitates policies that address systemic ABR and the implementation of informed ABR practices to promote optimal mental health and well-being for Black youth, including those from the Afro-Caribbean community.

The self-awareness, resilience, strengths, and agency demonstrated by ACCY in crisis situations must be acknowledged as protective factors in mental health and education practices. Furthermore, to enhance resilience and foster a sense of belonging in Black youth, it is essential for dominant institutions to provide ongoing ethnic-racial socialization. This can help these youth develop a positive ethnic and racial identity to mitigate the effects of racial discrimination (Harris-Britt et al., 2007). Research indicates that the onset of mental health concerns typically occurs during adolescence (Kessler et al., 2007), a period when young people spend a significant amount of time in the education system. Developing policies to combat systemic ABR within

educational institutions can lead to improvements in mental health for Black youth.

This study, though limited by the criteria established in keeping with IPA, focuses on the perspectives of ACCY regarding their personal experiences of the pandemic's impact on their mental health and well-being. Understanding their experiences is essential for developing a better response to their needs during crisis situations. For more appropriate and effective responses during crises, it is important to recognize the youth's emotions, strengths, and agency and the various barriers that contribute to disparities in mental health. Such an understanding aims to reduce systemic inequities and promote positive mental health among Black youth.

*The author has no conflicts of interest to disclose.

References

Abrams, L. S., & Moio, J. A. (2009). Critical race theory and the cultural competence dilemma in social work education. *Journal of Social Work Education*, *45*(2), 245–261. http://www.jstor.org/stable/23044308

Anucha, U., Srikanthan, S., Siad-Togane, R. & Galabuzi, G. E. (2017). *Doing right together for Black youth: What we learned from the community engagement sessions for the Ontario Black Youth Action Plan*. Youth Research and Evaluation eXchange (YouthREX). https://doi.org/10.15868/socialsector.33742

Banks, A. (2022). Black adolescent experiences with COVID-19 and mental health services utilization. *Journal of Racial and Ethnic Health Disparities*, *9*(4), 1097–1105. https://doi.org/10.1007/s40615-021-01049-w

Bell, D. A. (1995). Who's afraid of critical race theory? *University of Illinois Law Review, 1995*(4), 893–910. https://heinonline.org/HOL/Page?handle=hein.journals/unilllr1995&div=40&g_sent=1&casa_token=&collection=journals

Brandt, L., Liu, S., Heim, C., & Heinz, A. (2022). The effects of social isolation stress and discrimination on mental health. *Translational psychiatry*, *12*, Article 398. https://doi.org/10.1038/s41398-022-02178-4

Castro-Ramirez, F., Al-Suwaidi,M., Garcia, P., Rankin, O., Ricard, J. R., & Nock, M. K. (2021). Racism and poverty are barriers to the treatment of youth mental health concerns. *Journal of Clinical Child & Adolescent Psychology, 50*(4), 534–546. https://doi.org/10.1080/15374416.2021.1941058

Clarke, J., Hasford, J., Gudge, L., & Mills-Minster, S. (2018). Imagining a community-led, multi-service delivery model for Ontario Child Welfare: A framework for collaboration among African Canadian community partners. *Journal of Law and Social Policy, 28*(1–2), 42–66. https://digitalcommons.osgoode.yorku.ca/jlsp/vol28/iss2/3

Crenshaw, K., Gotanda, N., Peller, G., & Thomas, K. (Eds.). (1995). *Critical race theory: The key writings that formed the movement*. The New Press.

Delgado, R., & Stefancic, J. (2023). *Critical race theory: An introduction* (4th ed.). New York University Press.

Eboigbe, L. I., Simon, C. B., Wang, Y. S., & Tyrell, F. A. (2023). The compounded effect of the dual pandemic on ethnic-racial minority adolescents' mental health and psychosocial well-being. *Current Opinion in Psychology*, *52*, Article 101626. https://doi.org/10.1016/j.copsyc.2023.101626

Edwards, F. (2025). A phenomenological study exploring the lived mental health experience of Afro-Caribbean Canadian youth utilizing mental health services [Doctoral dissertation, York University]. YorkSpace. https://yorkspace.library.yorku.ca/items/6af8bb9b-c028-4358-99c0-75d36beb9d41

Engward, H., & Goldspink, S. (2020). Lodgers in the house: Living with the data in interpretive

phenomenological analysis research. *Reflective Proactive, 21*(1), 41–53. https://doi.org/10.1080/14623943.2019.1708305

Fante-Coleman, T., Booker, M., Craigg, A., Plummer, D., & Jackson-Best, F. (2022). *Factors that impact how Black youth access the mental healthcare system in Ontario*. Black Health Alliance, Pathways to Care Project. https://blackhealthalliance.ca/wp-content/uploads/pathways-to-care-focus-groupenglish-web-lu-6TF.pdf

Fante-Coleman, T., & Jackson-Best, F. (2020). Barriers and facilitators to accessing mental healthcare in Canada for Black youth: A scoping review. *Adolescent Research Review, 5*(2), 115–136. https://doi.org/10.1007/s40894-020-00133-2

Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: A narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and Adolescent Psychiatry and Mental Health, 14*, Article 20. https://doi.org/10.1186/s13034-020-00329-3

Garriguet, D. (2021, February 1). *Portrait of youth in Canada: Data report; Chapter 1: Health of youth in Canada*. Statistics Canada, Catalogue no. 42-28-0001. https://www150.statcan.gc.ca/n1/pub/42-28-0001/2021001/article/00001-eng.pdf

Harris-Britt, A., Valrie, C. R., Kurtz-Costes, B., & Rowley, S. J. (2007). Perceived racial discrimination and self-esteem in African American youth: Racial socialization as a protective factor. *Journal of Research on Adolescence, 17*(4), 669–682. https://doi.org/10.1111/j.1532-7795.2007.00540.x

Hawke, L. D., Hayes, E., Darnay, K., & Henderson, J. (2021). Mental health among transgender and gender diverse youth: An exploration of effects during the COVID-19 pandemic. *Psychology of Sexual Orientation and Gender Diversity, 8*(2), 180–187. https://doi.org/10.1037/sgd0000467

Hendricks, L., Edwards, W., Tietjen-Smith, T., & Reysen, S. (2021). College students' awareness and familiarity with modern activism: Prosocial involvement in Black Lives Matter. *Journal of Human Behavior in the Social Environment, 32*(4), 534–547. https://doi.org/10.1080/10911359.2021.1924914

Hogarth, K., & Fletcher, W. L. (2018). *A space for race: Decoding racism, multiculturalism, and post-colonialism in the quest for belonging in Canada and beyond*. Oxford University Press.

Kaar, J. L., Bowen, A. E., Simon, S. L., Dadematthews, A., Chandrasekhar, J. L., Musci, R., & Pangelinan, M. (2023). A call to create evidence-based mental health promotion interventions for youth that are equitable across ethnic/racial subgroups: Advocates 4-ALL youth. *Frontiers in Public Health*, *11*, Article 1139921. https://doi.org/10.3389/fpubh.2023.1139921

Kafle, N. P. (2013). Hermeneutic phenomenological research method simplified. *Bodhi: An Interdisciplinary Journal*, *5*(1), 181–200. https://doi.org/10.3126/bodhi.v5i1.8053

Kemei, J., & Salami, B. (2022). Understanding the health and well-being of Canadian Black children and youth during the COVID-19 pandemic: A review. *International Health Trends and Perspectives*, *2*(1), 118–128. https://doi.org/10.32920/ihtp.v2i1.1622

Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustün, T. B. (2007). Age of onset of mental disorders: A review of recent literature. *Current Opinion in Psychiatry, 20*(4), 359–364. https://doi.org/10.1097/YCO.0b013e32816ebc8c

Kolnes, L-J., & Rodriguez-Morales, L. (2016). The meaning of compulsive exercise in women with anorexia nervosa: An interpretative phenomenological analysis. *Mental Health and Physical Activity*, *10*, 48–61. https://doi.org/10.1016/j.mhpa.2015.12.002.

Kourgiantakis, T., Markoulakis, R., Hussain, A., Lee, E., Ashcroft, R., Williams, C., Lau, C., Goldstein, A. L., Kodeeswaran, S., & Levitt, A. (2022). Navigating inequities in the delivery of youth mental health care during the COVID-19 pandemic: Perspectives of youth, families, and service providers. *Canadian Journal of Public Health*, *113*, 806–816. https://doi.org/10.17269/s41997-022-00670-4

Krause, K. H., Mpofu, J. J., Underwood, J. M., & Ethier, K. A. (2022). The CDC's adolescent behaviors and experiences survey: Using intersectionality and school connectedness to understand health disparities during the COVID-19 pandemic. *Journal of Adolescent Health*, *70*(5), 703–705. https://doi.org/10.1016/j.jadohealth.2022.02.001

Larkin, M., & Thompson, A. (2012). Interpretative phenomenological analysis. In A. Thompson & D. Harper (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 99–116). John Wiley & Sons.

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology, 3*(2), 102–120. https://doi.org/10.1191/1478088706qp062oa.

Lenoir, R., & Wong, K. K.-Y. (2023). Impact of the COVID-19 pandemic on young people from black and mixed ethnic groups' mental health in West London: a qualitative study. *BMJ Open*, *13*(5), Article 071903. https://doi.org/10.1136/bmjopen-2023-071903

Lewis, S. (1992, June 9). *Report of the advisor on race relations to the Premier of Ontario, Bob Rae*. https://www.siu.on.ca/pdfs/report_of_the_advisor_on_race_relations_to_the_premier_of_ontario_bob_rae.pdf

McKinlay, A. R., May, T., Dawes, J., Fancourt, D., & Burton, A. (2022). "You're just there, alone in your room with your thoughts": A qualitative study about the psychosocial impact of the COVID-19 pandemic among young people living in the UK. *BMJ Open*, *12*(2), Article 053676. https://doi.org/10.1136/bmjopen-2021-053676

Mental Health Commission of Canada (MHCC). (2020). Lockdown life: Mental health impacts of COVID-19 on youth in Canada. Health Canada.https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2021-02/lockdown_life_eng.pdf

Messias, E., Ugarte, L., Azasu, E., & White, A. J. (2023). A tsunami of concern: The lasting impacts of COVID isolation and school closures on youth mental health. *Missouri Medicine*: *The Journal of the Missouri State Medical Association*, *120*(5), 328–332. https://digitaleditions.walsworth.com/publication/?i=804777&p=6&view=issueViewer

Mpofu, J. J., Cooper, A. C., Ashley, C., Geda, S., Harding, R. L., Johns, M. M., Spinks-Franklin, A., Njai, R., Moyse, D., & Underwood, J. M. (2022). Perceived racism and demographic, mental health, and behavioral characteristics among high school students during the COVID-19 pandemic — Adolescent behaviors and experiences survey, United States, January–June 2021. *Morbidity and Mortality Weekly Report,* 71(3), 22–27. https://stacks.cdc.gov/view/cdc/116625

Offiong, A. (2021). A new normal is paramount for public health research and practice: A student perspective on COVID-19. *American Journal of Public Health*, *111*(1), 83–84. https://doi.org/10.2105/AJPH.2020.306020

Osman, S., Aiello, O., Brouillette, K., Taylor, M., McKenzie, K., Renzaho, A. M. N., Henderson, J., Hamilton, H., & Salami, B. (2024). "Dual pandemics": Intersecting influences of Anti-Black racism and the COVID-19 pandemic on the mental health of Black youth. *Canadian Journal of Nursing Research*. Advance online publication. https://doi.org/10.1177/08445621241253116

Pascal, J. (2010). Phenomenology as a research method for social work contexts: Understanding the lived experience of cancer survival. *Currents: Scholarship in the Human Services, 9*(2). https://journalhosting.ucalgary.ca/index.php/currents/article/view/15905

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Sage.

Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Czasopismo Psychologiczne Psychological Journal*, *20*(1), 7–14. https://doi.org/10.14691/CPPJ.20.1.7

Rose, T., Lindsey, M. A., Xiao, Y., Finigan-Carr, N. M., & Joe, S. (2017). Mental health and educational experiences among Black youth: A latent class analysis. *Journal of youth and adolescence*, *46*(11),

2321–2340. https://doi.org/10.1007/s10964-017-0723-3

Saldaña, J. (2013). *The coding manual for qualitative researchers* (2nd ed.). Sage.

Salami, B., Idi, Y., Anyieth, Y., Cyuzuzo, L., Denga, B., Alaazi, D. A., & Okeke-Ihejirika, P. (2022). Factors that contribute to the mental health of Black youth. *Canadian Medical Association Journal*, *194*(41), E1404–E1410. https://doi.org/10.1503/cmaj.212142

Smith, J. A., Larkin, M., & Flowers, P. (2009). *Interpretative phenomenological analysis: Theory, method and research*. Sage.

Solórzano, D. G., & Bernal, D. D. (2001). Examining transformational resistance through a critical race and latcrit theory framework: Chicana and Chicano students in an urban context. *Urban Education*, *36*(3), 308-342. https://doi.org/10.1177/0042085901363002

Solórzano, D. G., & Yosso, T. J. (2002). Critical race methodology: Counter-storytelling as an analytical framework for education research. *Qualitative Inquiry, 8*(1), 23-44. https://doi.org/10.1177/107780040200800103

Sostre, J. P., Abreu, R. L., Vincent, D., Lockett, G. M., & Mosley, D. V. (2023). Young Black trans and gender-diverse activists' well-being among anti-Black racism and cissexism during the COVID-19 pandemic. *Psychology of Sexual Orientation and Gender Diversity*. Advance online publication. https://doi.org/10.1037/sgd0000627

Thakur, H., Stutts, M., Choi, J. W., Temple, J. R., & Cohen, J. R. (2023). Adolescent loneliness during the COVID-19 pandemic: The role of pre-pandemic risk factors. *Child Indicators Research*, *16*, 617–639. https://doi.org/10.1007/s12187-022-09984-8

Tracy, S. J. (2010). Qualitative quality: Eight "Big-Tent" criteria for excellent qualitative research. *Qualitative Inquiry, 16*(10), 837–851. https://doi.org/10.1177/1077800410383121

Williams, M. T., Khanna Roy, A., MacIntyre, M.-P., & Faber, S. (2022). The traumatizing impact of racism in Canadians of colour. *Current Trauma Reports*, *8*, 17–34. https://doi.org/10.1007/s40719-022-00225-5

World Health Organization, Europe. (n.d.). Coronavirus disease (COVID-19) pandemic: Overview. Retrieved November 20, 2024 from https://www.who.int/europe/emergencies/situations/covid-19#

INYI JOURNAL

RESEARCH ARTICLE

Mental health related experiences among African Caribbean, and Black immigrant and refugee families living with HIV/ AIDS in Greater Toronto Area, Canada

Kamanzi, J[1], Khanlou, N[1], Ongoiba, F[2] & Khan, A[1]

[1]Faculty of Health, York University, Canada
[2]Africans in Partnership Against AIDS, Toronto, Canada

This is an invited and peer-reviewed (single -anonymized) article
Published online: 31 December 2024
INYI Journal **14**, 35-50(2025)

ISSN: 1929-8471
DOI: https://doi.org/10.25071/1929-8471.137

Abstract: *Introduction:* In 2021, there were nearly 38 million people living with HIV worldwide and approximately 61,110 in Canada. Africans, Caribbean people, and the Black community make up less than 3.5% of the Canadian population, but account for 22% of people living with HIV in Canada. Our study explores the mental health related experiences of African, Caribbean, Black immigrant families living with HIV in Canada's Greater Toronto Area. *Methods*: A qualitative descriptive study was carried out between September, 2022 and December, 2023. Purposive sampling was used to select 20 participants, and semi-structured interviews were conducted. Content and thematic analyses of data were performed. *Results:* Participants ranged in age from 32 to 73 years, 60% were female, the majority had only completed college (65%), and most of them were not working. Three themes were identified: 1) HIV related struggles (neurocognitive impairment, HIV-related stigma and shame, racism and discrimination, and the impact of HIV-related stigma on mental health); 2) Systemic barriers (racism, stereotyping, systemic discrimination, employment and housing issues); and 3) social network building (isolation and solitude, disclosure dilemma). *Discussion:* Intersecting and complex factors associated with immigration and resettlement of African immigrants living with HIV affect their mental health and that of their families. Isolation and social exclusion are major stressors for these families, and their mental health is compromised by everyday encounters with systemic barriers. *Conclusion:* African immigrants and refugees living with HIV/AIDS experience mental health challenges related to co-morbidities caused by the HIV Virus. Integration of mental health services into HIV services would strengthen HIV prevention and care outcomes and improve access to mental health care.

Keywords: Immigrants and refugees, HIV/AIDS, mental health, families, Canada.

Résumé: *Introduction*: En 2021, près de 38 millions de personnes vivaient avec le VIH dans le monde et environ 61 110 au Canada. Les Africains, les Caribéens et la communauté noire représentent moins de 3,5 % de la population canadienne, mais 22 % des personnes vivant avec le VIH au Canada. Notre étude explore les expériences liées à la santé mentale des familles immigrées africaines, caribéennes et noires vivant avec le VIH dans la région du Grand Toronto au Canada. *Méthodes***:** Une étude qualitative descriptive a été menée entre septembre 2022 et décembre 2023. Un échantillonnage raisonné a été utilisé pour sélectionner 20 participants et des entretiens semi-structurés ont été menés. Des analyses de contenu et des analyses thématiques des données ont été effectuées. *Résultats:* Les participants étaient âgés de 32 à 73 ans, 60 % étaient des femmes, la majorité d'entre elles avaient seulement terminé le collège (65 %) et la plupart d'entre elles ne travaillaient pas. Trois thèmes ont été identifiés: 1) les

difficultés liées au VIH (déficience neurocognitive, stigmatisation et honte liées au VIH, racisme et discrimination, et impact de la stigmatisation liée au VIH sur la santé mentale); 2) les obstacles systémiques (racisme, stéréotypes, discrimination systémique, problèmes d'emploi et de logement); et 3) la constitution d'un réseau social (isolement et solitude, dilemme de la divulgation). *Discussion***:** L'intersection et la complexité des facteurs associés à l'immigration et à la réinstallation des immigrants africains vivant avec le VIH affectent leur santé mentale et celle de leurs familles. L'isolement et l'exclusion sociale sont des facteurs de stress majeurs pour ces familles, et leur santé mentale est compromise par les rencontres quotidiennes avec les barrières systémiques. *Conclusion***:** Les immigrants et les réfugiés africains vivant avec le VIH/sida sont confrontés à des problèmes de santé mentale liés aux comorbidités causées par le virus VIH. L'intégration des services de santé mentale dans les services de lutte contre le VIH renforcerait la prévention du VIH et les résultats des soins, et améliorerait l'accès aux soins de santé mentale.

***Mots-clés**:* Immigrants et réfugiés, VIH/sida, santé mentale, familles, Canada.

Corresponding author: Joyce Kamanzi
Faculty of Health, York University, Toronto, ON., M3J 1P3, Canada.
E-mail: kamanzijoyce2@gmail.com
ORCID ID: 0000-0003-2481-8651

Introduction

Advances in Human Immunodeficiency Virus (HIV) treatment have led to increased longevity and an overall health improvement among people living with HIV and Acquired Immunodeficiency Syndrome (AIDS) (Canada's Course for HIV and Hepatitis C Information (CATIE), 2024). Nevertheless, many People living with HIV/AIDS (PHA) continue to experience mental health challenges, and physical disabilities associated with long-term adverse effects of HIV treatment. HIV related neuro-cognitive impairment, economic marginalization, psychosocial distress related to HIV stigma, and stress related to fluctuating health condition have significant impact on their overall health and well-being and contribute to physical as well as mental disabilities (Akhtar et al., 2017; Wong et al., 2013).

HIV disability, as defined by the Social Security Administration (SSA), refers to the condition in which HIV infection and related symptoms prevent an individual from engaging in substantial gainful activity for an extended period of time, typically 12 months or more (Nall, 2022). Disability may be broadly defined as cognitive, physical, mental, and emotional symptoms and impairments, challenges to social inclusion, difficulties with day-to-day activities, and uncertainty or worrying about future health that may be episodic in nature (O'Brien et al., 2008; O'Brien et al., 2009).

For people living with HIV, disability status recognises the impact of the virus and related complications on their ability to work and support themselves financially. It recognises the challenges posed by HIV-related symptoms, treatments and associated health problems that may limit their ability to maintain employment over an extended period (Nall, 2022). The SSA's recognition of HIV as a potentially disabling condition underscores the importance of access to disability benefits and support services for people who are unable to work because of their health condition. These benefits aim to provide financial assistance and access to health care to help manage the impact of HIV on daily life and overall well-being (Nall, 2022).

Uncertainty related to work, income and access to health care is a significant source of stress for newcomers with HIV/AIDS, and significantly impacts on their health and wellness. Research on migration, mental health and HIV shows that immigrant and refugee families experience

high levels of settlement stress (Luenen et al., 2018). Their health outcomes are influenced by interrelated factors including pre-migration experiences, education, citizenship and social status, settlement experiences, access to adequate income, health and social care, employment, housing, social support, and community connections (Kastrup, 2016; Wagner et al., 2018). Studies reveal that unemployment, underemployment, and poverty among immigrants and refugees are associated with discrimination and social exclusion (Logie et al., 2016; Samhkaniyan et al., 2015). Their migration is seldom a planned choice, and they cannot return to their home countries for fear of persecution; at the same time, they face significant uncertainty about their Canadian residence/citizenship. Overall, they tend to have poorer health status compared to the documented migrants such as the economic or skilled categories (Freedman, 2016; Turan et al., 2016).

Insight gained from research suggests that the mental health of African, Caribbean, Black (ACB) immigrant and refugee families living with HIV is influenced by a myriad of intersecting factors linked with their multiple identities holding an HIV diagnosis, being a racial minority, belonging to the ACB community, and being an immigrant or refugee (Haddad et al., 2019). In addition to managing their migration and settlement stressors, they also must deal with HIV related stigma and discrimination, HIV associated co-morbidity, effects of the HIV virus on their bodies, side effects of HIV medications, and natural consequences of aging within their cultural communities and the Canadian society at large (Cruz & Ramos, 2015; Haddad et al., 2019). While research has begun to address mental health issues among PHA, research on the mental health of racial minority immigrants and refugees, including ACB immigrant and refugee families living with HIV/AIDS, is scant. Given the research gap, our study explores the disability experiences among ACB immigrant families living with HIV in the Greater Toronto Area (GTA) in Canada.

Methods

Study Design

A qualitative descriptive approach was used to allow participants to tell their stories in great depth, building up a detailed picture of complex issues that are, to date, under explored. Rationale for the use of qualitative descriptive design is to provide an accurate, clear, and comprehensive description of experiences and perceptions (Sandelowski, 2010).

Our qualitative descriptive research study was carried out in Greater Toronto Area (GTA) between September 2022 and December 2023. The Greater Toronto Area encompasses the city of Toronto and the surrounding municipalities of Durham, Halton, Peel, and York. We employed purposeful sampling to recruit participants that met the inclusion criteria which included: persons over 21 years of age from GTA's ACB communities living with HIV and having experienced an episode of illness attributed to their HIV status.

Human Participants Review Sub-Committee at York University reviewed and approved this project on April 26, 2023 with the #: e2023-141. Each participant was requested to give informed consent to participate in the study and participation was voluntary. Participants were recruited thought an e-distribution of study flyers through Africans in Partnership Against AIDS (APAA) organization in GTA. For consistency and to add rigor to the study, all interviews were conducted by the same interviewer (JK), the principal investigator of the study and first author.

Recruitment and Data Collection

Participant recruitment was carried out in partnership with APAA leaders and community supporters who shared our recruitment flyers within their networks. Research participants contacted the researcher to further explain the project, and to obtain signed consent forms. At the beginning of each interview, the interviewer obtained consent from each research participant.

All interviews were conducted in English using an open-ended interview guide. In total, 34 participants were contacted the researchers to show their interest. After they answered the screening questions, 20 met the inclusion criteria and were interviewed using semi-structured interviews. Interviews inquired about the health-related challenges of living with HIV, as well as the difficulties faced in their day-to-day lives. Interviews also aimed to understand how these challenges affected the quality of life of people living with HIV/AIDS. Interviews were on average an hour in length and conducted through Zoom or telephone. The interviews were audio-recorded and transcribed verbatim. Demographic information was also collected.

Data Management and Analysis

We used a thematic analysis approach to understand the disability experience of the immigrant and refugee families living with HIV. Initially, three research team members (1st, 2nd, and 4th author) independently coded the first three transcripts and then met to discuss the emerging themes. Based on these discussions, a codebook was refined and developed, which was then applied to the remaining transcripts by the first author independently, who met periodically with research team members for feedback and input. A reflexive memos and field notes were incorporated throughout the process to enrich the analytic interpretations. Emergent and final categories and themes were developed through consensus of all members of the research team. The research team met periodically during the analysis process, documenting key methodological decisions along the way. Atlas-ti software was used to facilitate the analysis and organize the data.

Results

With regards to HIV testing and diagnoses, the data in Table 1 shows that there was a spike (2000-2010) in HIV diagnoses among the participants. This could be due to awareness campaigns, testing initiatives, or changes in healthcare practices.

The majority of participants said they were in fair or poor health, which fits with the chronic nature of HIV, and that people with HIV also have other health problems. Almost all the participants had additional health problems in addition to HIV, which highlights the challenges of people with HIV in managing their health. This was

Table 1: Characteristics of Participants in the Study including Health

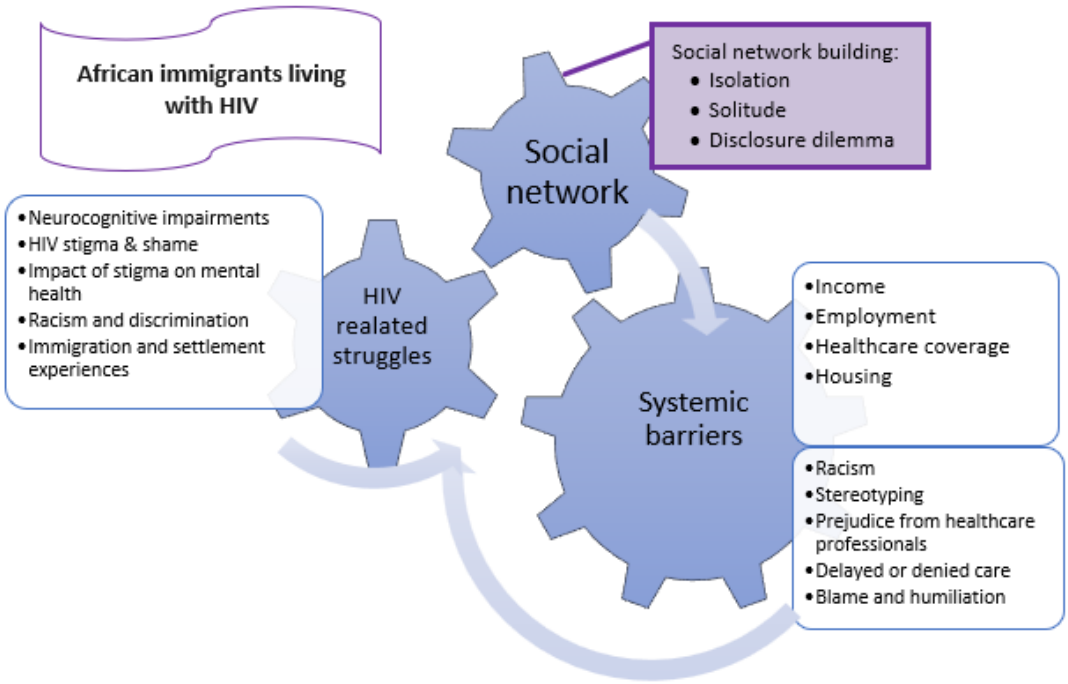
Characterstic	Number N= 20	Range (mean)	Category %
Age		32-73 (49)	
Gender			
Female			60
Male			40
Others			0
Education level			
High school			25
College			45
Undergad degree			15
Masters			15
Marital status			
Single			65
Married			10
Seperated			15
Widowed			10
Children			
No child			5
One child			20
Two to Three children			55
Four to Five children			15
Household income			
Less than 20K	17		85
35K to less than 50K	3		15
Employment status			
Not working			65
Part time			25
Full time			10
Living situation			
Rent	12		60
Government subsidized	8		40
Tested postive for HIV			
Before 2000			10
Between 2000 - 2010			70
After 2010			20
Health problems			
Heart disaese	16		75
Diabetes	3		15
Obesity	1		5
Other illness	1		5
Overall health			
Poor	6		30
Fair	11		55
Good	3		15
Time spent without OHIP coverage			
Less than 3 months	3		15
3-6 months	11		55
More than 6 months	6		30

compounded by delays in obtaining an Ontario Government issued health card (OHIP), thus delaying access to essential healthcare. The findings spotlight the problems of people with HIV with varying complex healthcare needs, including managing other health problems, getting timely access to healthcare and understanding the healthcare system.

The mental health determinants that affect overall health outcomes, well-being, and treatment adherence of ACB immigrants and refugees living with HIV are numerous and complex. These determinants are influenced by a range of economic, cultural, social, and psychological factors.

Three themes were identified from the data, which provide insight into the mental health experiences of ACB immigrant and refugee families living with HIV in GTA. The three themes are: 1) HIV related struggles 2) systemic barriers, and 3) social network building. They have a great impact on the mental health of ACB immigrants and refugees PHA. (See Figure 1).

Figure 1. Study Themes: Mental health determinants of ACB Immigrants/ Refugees Living with HIV in GTA



Themes 1: HIV related struggles

The research participants mentioned that they are confronted with considerable challenges pertaining to their HIV illness and status. The difficulties outlined included neuro-cognitive impairment, HIV-related stigma and shame, impact of HIV-related stigma on mental health, and racism and discrimination. These challenges are profound and interrelated.

Neuro-Cognitive Impairment due to HIV.

Neuro-cognitive impairment can affect various aspects of daily life, making tasks that were once routine more difficult to manage. The social barriers, feelings of isolation, and discrimination that result from HIV stigma further exacerbate these challenges. Feeling unwelcome is likely to stem from societal prejudices and the stigma associated with HIV, which can make individuals feel excluded or marginalised. Furthermore, the cumulative effect of these struggles can severely impact mental health, contributing to stress, anxiety, depression, and other mental health issues.

Research participants provided rich descriptions of experiences of neuro-cognitive impairments related to HIV such as difficulty in staying focused on mental tasks, loss of memory, and feeling depressed. These mental

health problems affected their ability to go to school and/or excel in employment training.

> For PHA, maybe I am speaking about myself. I think my mind is not working like before, not shaping like before in learning new tasks and memorizing things. In terms of going back to school, I think it is a big challenge for PHA, their mental and physical are very weak and get tired so easy (P5).

Moreover, their struggles in coming to terms with their HIV status frequently resulted in a sense of mental health barriers that further hindered them from pursuing their life's goals:

> Perhaps it is even mentally. Because I am HIV positive, I feel like I am not normal. I can't think and function normally, I can't do this, I can't do that. The mental part of me tells my body how to respond and do things. Sometimes I wake up in the morning and I say, "I am sick," and the body will feel sick. A lot of PHA have stopped going to school; we think HIV is eating our brain, and it could be true, or it could be something psychological (P2).

In order to address these challenges, it is necessary to adopt a comprehensive approach that includes medical support, social services, mental health care, and community outreach in order to combat stigma and promote inclusion and understanding. It is important to recognise the resilience of individuals facing these struggles and to advocate for policies and practices that support their well-being and dignity.

HIV Stigma and Shame.

All participants described HIV as a sickness of shame, and led to self-stigma and loss of self-esteem. Participants believed that HIV related societal stigma was associated with societal perceptions of promiscuous sexual behavior and practicing low moral standards.

> Yeah, you are perceived as like you have been not a good person for you to contract HIV. You are made to feel like it is your fault all the time and, unless you talk to someone and you hear their testimony, you don't know how they got it and it is a shame because we then paint it with just one brush, you have all been not looking after yourself or you have been sleeping around or yeah. So, it is sad.

The feeling of shame because of their HIV status was also echoed by P11, who stated:

> In our communities, when somebody has got it, it is disgrace, it is shame, you know you have to be left to die and thinks like that. So, when I was diagnosed with this sickness, I was in denial for many years, and skipped taking medications and took multiples tests to different places just because I can't admit this virus lives in my body. Even now I am still doubting, uhm, pause. Then after my self-esteem gradually became lower with self-stigma and self-shame. I am thinking okay, it is a sickness of shame, and now I am going to die, nobody will want me, nobody will want to talk to me.

Impact of Stigma on Mental Health.

Several participants in this study identified HIV related stigma and discrimination as the key stressors in the lives of Africans immigrants and refugees living with HIV, as one participant explained:

> People do not have knowledge about HIV transmission, despite education level. You go anywhere, and do you disclose that you have HIV? People would stare at you like you are different. You feel down, they think that you are mentally disturbed; they say you are not mentally competent enough to fit into anywhere; not in the workplace, or your own community, or society (P10).

Unlike other immigrants and refugees who openly look to their communities for support, many PHA participants in this study were reluctant to connect with their own communities, as one participant explained (P.12), "*if they find out your HIV positive status, they will think that you are a bad person, and nobody wants to connect with you. If they reject you, you are left with nobody*". The fear of being stigmatized and discriminated against by their own immigrant communities deepened the social isolation experienced by PHA. Many learned to live with their hidden PHA identity, which often led to a sense of incoherence:

> One of the big issues is suspicion and mistrust. I see that in my peers. Should we tell people? Shouldn't we tell people? As newcomers, we live in very small communities, so we are always paranoid and afraid that someone will know our status and it is very stressful (P7).

Although many PHA desired to embrace their own social identity and to receive support from their families, friends, and communities, they were caught in the dilemma of disclosure and nondisclosure which further compromised their mental health. Participants reported experiencing the mental health impacts of stereotyping and stigma associated with racialized immigrants and refugees living with HIV. One participant shared, "*people have stereotypes about immigrants and refugees as outsiders exploitative. They think that we are ignorant, uneducated, and only want to take advantage of the system" (P.3)*. Participants felt a sense of powerlessness, agony, and frustration that often made them feel depressed. Most ACB immigrant and refugee living with HIV attempted to resist these stereotypes by seeking to establish careers and financial independence, but lack of access to equitable income and employment opportunities impeded their resistance:

> Being an immigrant and/or refugee, you don't want to be on social assistance, but you don't find the job because your home qualification is not being recognized. Once you are living with HIV, you are qualified to the government disability benefits. That makes you feel you are disabled and that impacts on your mental health (P6).

Racism and Discrimination.

Most participants reported experiencing racism and discrimination as refugees/migrants living in Canada. Participant 7 specifically, spoke about their situation as a refugee: *"Up to now, I am still struggling with that issue (being unwelcome because she is a refugee), but I hope it is going to be okay".* Furthermore, P2 said:

> It is hard and hard sometimes. Sometimes there are situations that always remind you that you are a refugee … Once they know that you are a refugee that sort of look down upon you and the make you feel rubbish and nothing.

It was noted by participants that racial and HIV-related discrimination persists within the health system. This discrimination can take a number of forms, including an inadequate level of support for marginalised communities, differential treatment based on race or HIV status, disparities in access to healthcare services and discrimination from healthcare providers. One participant said:

> They refused, yes. So, you can see that in [name of city], discrimination is really deep, and even the racism – that racism. Because they don't – they imagine having these black people educating us, teaching us to do our job. But it's not teaching, you know, it's just reminding you of your sickness, with a lot of judgements behind HIV status, because we know that you are professionals, you are told (P10).

Discrimination and racism within the healthcare system can have severe consequences, such as individuals dropping out of treatment programmes or avoiding accessing necessary medications. When individuals experience discrimination in healthcare settings, they may feel marginalised, misunderstood, or mistreated, which can erode trust and lead to reluctance in seeking medical care. This is particularly relevant in the context of HIV/AIDS treatment, where consistent access to medication is essential for effective management of the condition. Discrimination can impede individuals from following treatment plans, resulting in suboptimal health outcomes and potentially increased transmission risks within communities. As one participant stated:

> And at the end of the day with discriminating hospitals, and some of them, they end up shying away from services, and these are the people who end up not accessing their medication (P13).

The discrimination faced by immigrants and refugees from their home countries resulted in significant challenges in accessing health services and disclosing their HIV status. These sentiments were expressed by one participant:

> …. When they get here, when they come to this country, they come with scars – scars of stigma. And they've been discriminated where they were, they've had some harsh comments, and they don't want that to continue. So, when they come here, they hide; they don't want to access services, and also, they don't want to open up to anyone, so they tend to stay in their homes. That is one, fear of stigma too. Stigma, fear, discrimination, hide come with scars (P6).

P15 mentioned that mental health support, counselling and mental healthcare play a crucial role in improving an individual's mental health and long-term engagement in HIV care:

> Integration of mental health care into HIV testing and treatment settings would not only strengthen HIV prevention and care outcomes, but it would additionally improve global access to mental health care.

Immigration and Settlement Experiences.

It is recognised that the processes of settlement and immigration can give rise to a number of stressors for individuals and families, which may impact their well-being and ability to adjust. Participants mentioned feeling unwelcome as a significant emotional and mental health stressor that immigrants often experience during their settlement and immigration processes. Like other newcomers, many PHA participants spoke of the stressors associated with their settlement and immigration processes in Canada:

> I lost my memory; I can't remember many things. I can't even remember my children's birthday sometimes because I am thinking about too many things. I think about (pause) the immigration status comes first, what if my refugee application fails? Then I am thinking: if I lie in a hospital bed, do I have anyone to visit me? And I don't have money, how would I have a funeral service? What am I going to do? You just think about dying (P12).

Some of the study participants did not plan to migrate to Canada; they had to flee from war, conflict, and violence in their origin country. Their mental health was extensively compromised by their lack of choice in leaving their family, children, and social network behind, and the uncertainty of being a refugee clamant. Their minds were pre-occupied with interlocking fear of homelessness, deportation and dying alone.

> For many immigrants or refugees, their survival depends on the Canadian support systems when they come to the country. If you don't have any family member in Canada, then you feel isolated with a lot of hopeless, sleepless, loneliness, and aggressivity. And then having HIV, they may not be feeling very safe to talk about it. Even if there is community and settlement support of newcomers, you don't know how they will respond to HIV. I think the issues of fear, isolation, and loss are huge (P17).

Theme 2: Systemic Barriers

By addressing systemic barriers and promoting equity in healthcare delivery, health systems can ensure that all individuals have equal access to high-quality care and achieve optimal health outcomes. Systemic barriers in healthcare create a systematic disadvantage for certain groups or individuals. These barriers can lead to inequalities in access to healthcare services and contribute to disparities in health outcomes. The most frequently cited forms of discrimination within the healthcare system, as reported by participants, included delayed or denied care, blame and humiliation, and excessive precautions.

Care Received by Health Professionals: "I Am the one Carrying the Body".

Participants mentioned that, despite their conditions, the type of care they received was typically focused on reducing the physical symptoms of HIV, rather than taking a holistic care approach that could address both their physical and mental health needs. This was well exemplified by P.18 who, when talking about mental health problems, said: "*Antiretroviral treatment, I get it from the general practitioners, mental health help, nothing really*." Most participants indicated that their family doctors, who they saw regularly for routine check-ups, were supportive and empathetic towards them. For instance, P.19 said that she built a relationship with her family doctor overtime and could talk freely about her health concerns: "*We have a very good communication with my family doctor, I feel more happy, whenever I go and sit with her, just to talk to her, explain to her how I feel."* However, participants felt that they were not treated with the same respect by other health professionals involved in their care and they felt disempowered by some of the dentists, occasional doctors, and nurse practitioners on duty. This is well exemplified by P12, who stated:

> There are times when you book an appointment and you see just any other doctor, they don't want to listen. There are times when I say, you are not listening to me, you are telling me, but I am the one carrying the body that you are working on, and you have to listen to what I am saying that I am feeling. Yes, I know it is part and parcel of the condition but at the same time, I am not well, you have to listen

> that I am saying I am not well. But sometimes they will say, oh there is nothing else we can do.

Participants indicated delayed care because of their HIV status even in situations requiring urgent treatment and care. One woman said:

> I was nine months pregnant and felt my baby was about to come. I went to the maternity unit with my husband, and I was sent back home even though I was in much pain, and it was my first pregnancy. Without examining me the nurse at the maternity unit asked my husband to take me back home and come back after three or five days. The time we reached home, my water broke immediately, and I started pushing very hard. My husband was under pressure and had no time to call for the ambulance. He drove me back to the hospital and I was rushed to the delivery room. I had my baby about ten minutes after I arrived. I still have pains in my lower back, and I believe they originated from the unattended labor (P16).

Furthermore, some participants felt that other health professionals (not from the HIV clinic) involved in their care fear contracting HIV from them. The fear of being contaminated is visible through the healthcare providers' reactions at the time of disclosure of HIV status. P10 stated: "*When I mentioned that I am living with HIV sometimes their face drops. They are like careful in this and that way, so when I go. Yes, I am HIV positive, but it is undetectable if you treat me."* Another participant, P6, talked about her struggle when disclosing her HIV status to a dentist she was referred to. She had indicated her HIV positive status in the pre-assessment form and this generated fear of contracting the virus in the dentist. After a very long wait the dental receptionist handed back her form. P6 believed this was due to the dentist not knowing how to handle her situation: "*But as soon as I signed that on the form, my time I waited was up to almost five hours. He (the dentist) could not touch me*." P6 then explained: "*it took time, and I was the last one (in the waiting room)*." P6 indicated that she reported this case to her designated support worker at the HIV organization, who wrote a letter to the dental clinic to inquire what had happened. The dental clinic wrote back and said, *"we are very sorry, some people don't know how to take this, but we need to train them."* This experience discouraged P6 from returning to that dental clinic: "*So, I never went back."*

Employment and Housing Issues.

Systemic barriers leading to underemployment and unemployment among ACB immigrants and refugees are well documented in the literature (Abdelkerim & Grace, 2012; Nwalutu & Nwalutu, 2021). Many ACB immigrants and refugees living with HIV desire full participation in Canadian society through work and civic engagements, but they are frequently caught between a rock and a hard place because of the eligibility criteria (e.g., a Canadian work experience is required for attaining a job). This poses a barrier to employment, and successful integration of immigrants and refugees into Canadian system and society. Some ACB immigrants and refugees living with HIV, who were recipients of disability benefits, felt trapped because taking on a low paying job without extended health benefits could lead to their loss of access to expensive anti-HIV medications covered by the government disability benefit program.

Immigrants and refugees in Ontario also experience a waiting period of more than 3 months before they can access health care coverage.

The intersecting effects of mental health, being a newcomer diagnosed with HIV, and lack of citizenship status impact the health and wellbeing of immigrants and refugees living with HIV. For instance, the lack of affordable, accessible, and safe housing was a key stressor. Some participants reported that their families kicked them out of the house when their HIV status was revealed, and they were left homeless and financially broke. Many tried to access social housing, but were faced with a long waiting period, and had to use the shelter system:

> Housing is a big issue and a source of stress. When you can't find housing, what to do? It is very hard to go to the shelter; there are too many noises, fights, and drugs. It is a stressful place. You can't rest properly, and your sleep is disturbed, but what can you do? (P15).

Furthermore, PHA living in low-income social housing experienced day to day challenges. Many PHA experienced mental health problems in the context of the hardships they had gone through and the frustration they felt. For instance, P3 said: "*I got housing, and I have to go to third floor high and there is no elevator. Because of my diabetes, I was amputated in my left leg, and I can't walk properly. I walk with a cane and every day presents*

hardship." As documented in other studies, the lack of safe and stable housing contributes to increased stress and mental health problems. Living in substandard housing also makes it difficult for immigrants and refugees PHA to manage their HIV treatment and care (Logie et al., 2016; Saadat et al., 2015).

Theme 3: Building Social Networks: "I Have Nobody to Go to!"

The participants identified multiple risk factors that significantly impaired their ability to integrate and rebuild social networks. These included the practical challenges of being an immigrant or refugee with a chronic health condition and being exposed to HIV related stigma, racism, and discrimination. HIV organizations, Black Coalition for AIDS Prevention (Black CAP), Africans in Partnership Against AIDS (APAA), and People with AIDS Foundation (PWA) in Toronto were very supportive, and helped to address the loneliness of PHA. Participants explained that the APAA staff were very helpful, supportive, and understanding of their problems, knew how to deal with practical issues, and made them feel valued. One participant said:

> They make me feel like it is nothing, you know life continue and I can continue to be productive and contribute to the personal and family development. If I don't have an appointment, then I stay home. I don't go anywhere; I just stay indoors (P12).

Participants also discussed the detrimental effects of isolation and solitude on their mental health. In this regard, P15 stated:

> So, I am always in the house … Like some people organize to go out for drinks. I don't go out for drinks due to my condition, I can't walk very far, so I get left behind because I can't do much. I have nobody to go to visit, I stay home doing nothing. That is it…, I don't have friends and I don't trust anybody, I am afraid for involuntary disclosure. Sometimes I can stay in the house for more than one week and I haven't seen anybody. Everybody is busy … I don't live with anybody and because of this situation (being HIV positive).

The lack of social relations had an impact on PHA's mental health and caused fear to meeting people due to their mental health conditions, as P11 indicated:

> … I have so much fear, anxiety, and frustration of meeting other people and because of what happened before. … the only thing I don't want is to be by myself, … when I am alone, I start thinking about a lot of things and become unable to cope with daily problems, trouble to relate with people and build trust, with a depressed mood.

For most participants, living with HIV affected many aspects of their lives, in particular social aspects that are often taken for granted by non PHA people:

> Sometimes this life is very hard to live with. If someone who is not living with HIV comes to you and he says, "I want to be your boyfriend", what are you going to do? Are you going to tell him that you have HIV? And if you do, what will happen to the relationship? (P16).

While the challenges of HIV disclosure to potential intimate and sexual partners is comparable for both men and women PHA, the women in this research suggested that they experienced more pressure due to gendered and heteronormative expectations for women to be wives and mothers:

> You know HIV affect both men and women in different ways. Our greatest fear as women is getting sick and not having nobody around to take care of our children. We worry sick that people and/or government will take away our children (P10).

Discussion

This study reports on mental health related experiences among African, Caribbean, and Black immigrant/refugee families living with HIV in Greater Toronto Area in Canada. The study results indicate the intersecting effects of the complex factors associated with immigration and settlement, and living with HIV on the mental health of immigrant and refugee people living with HIV and AIDS. Similar to findings of other studies, our study shows that isolation and social exclusion are key stressors for immigrant and refugee people living with HIV/AIDS (Freedman et al., 2016; Turan et al., 2016).

The mental health of ACB immigrants and refugees living with HIV in this study was compromised by their everyday encounters with racist stereotypes, systemic discrimination (e.g., underemployment or unemployment, and educational qualifications and trainings not recognized in Canada), and a lack of clarity

regarding the future prospects of these individuals, particularly in relation to the immigration process and poverty (Wong et al., 2013). Due to HIV illness, attempts to integrate into Canadian society by acquiring skills, training, and attending school programs were impacted by their inability to concentrate on tasks and lower energy levels making it difficult for them to achieve their learning goals (Remien et al., 2019). Our study shows that these challenges deepen their sense of loss, further contribute to their depression, and affect their mental health.

Many immigrants and refugee people living with HIV and AIDS in this study experienced diminished social support when they left behind their families and social networks to come to Canada. Social isolation was particularly high for those who were refugee claimants or without any immigration status because their migration was unplanned. Like other refugees, many of them had experienced pre-migration traumas, and had to leave their spouses, children, friends, and families for an undetermined period (Wagner et al., 2018). Being alone and faced with many uncertainties about their future, many of them experienced intense depression and anxiety associated with multiple fears including safety of their loved ones back home, potential deportation, living in poverty, becoming ill, and dying alone. Many immigrant and refugee people living with HIV and AIDS lacked stable housing and economic resources, which further compromised their mental health (Logie at al., 2016).

Several participants identified connection to HIV/AIDS community service organizations and peer support groups as key resources for their emotional and mental health. People living with HIV and AIDS participants who had received community support seemed to have an increased capacity to become PHA advocates and demonstrated a commitment towards providing peer support to other immigrant and refugee PHA in their communities. Furthermore, the results of this study suggest that immigrant and refugee PHA are at increased risk of non-adherence of HIV treatment associated with their experience of displacement, pre-migration trauma, and social and economic marginalization in Canada. Evidence shows that HIV treatment adherence is negatively associated with lack of access to income, food insecurity, unstable housing, lack of health and social care, and lack of social support (Waldron et al., 2021; Wong et al., 2013). In addition, immigrant, and refugee PHA experiencing post-traumatic stress disorder, anxiety, depression, loneliness, and other mental health problems are less able to manage their overall health or adhere to their HIV treatment regimens (Vitale & Ryde, 2018). On the other hand, improved access to social support, affordable and safe housing, and adequate income are found to be positively associated to HIV treatment adherence, improved mental health, and overall quality of life among immigrants and refugees PHA (Orza et al., 2015).

Concerning barriers to accessing healthcare, participants felt disappointed by the relationships they had with some of their healthcare providers, particularly with those who were not directly involved in their HIV care. For instance, when they tried to access emergency and dental services, they experienced stigma and discrimination. Good communication and discussion between patients and healthcare providers can improve quality services. Individual empowerment to make decisions about their own care is considered one of the key factors in supporting the recovery of individuals experiencing mental distress (Kamanzi & Richter, 2022; Samhkaniyan et al., 2015). This is also in line with the World Health Organization (WHO) Global Health Strategy which recommends enabling people living with HIV to be important partners in their treatment (WHO, 2016). However, the findings from our study indicate that the participants felt empowered and did have a voice in the care provided by their general practitioners; this supports the need to provide adequate support from general practitioners in their role of managing patients with chronic diseases (Remien et al., 2015; Sweeney & Vanable, 2016). This is also in line with the current WHO Global Health Sector Strategy on HIV which stresses the need for PHA to have a continuum of care across health services starting with primary care (WHO, 2016).

Despite the need for mental health interventions, participants received only treatment for their HIV related health problems. This represents a public health concern as there is evidence that poor mental health can lead to rapid disease progression and worsening of physical health issues (Chibanda et al., 2016; Yehia et al., 2015). In addition, it is becoming increasingly clear that physical health cannot be detached from mental health and well-being (Remien et al, 2019). It is important, therefore, that immigrant and refugee PHA have appropriate access to comprehensive HIV care, treatment, and support (Remien et al, 2019; WHO, 2016). The crossing of many

adversities that participants experienced might have worsened their mental health, already impacted by their pre-migration and settlement challenges as well as the trauma of having contracted HIV and the effects of the HIV virus. It is, therefore, important to provide effective care for immigrants and refugees PHA with a holistic approach that addresses their physical and mental health needs and fosters their social recovery and community integration (Remien et al, 2019).

The evidence shows that social recovery promotes cohesion, personal and social identity as well as resilience in immigrant and refugee families (Marino, 2015; Saadat et al., Zeng et al., 2018). This is in line with the findings of the current study, which indicates that participants expressed the need for support to enhance their ability to cope with their HIV conditions as well as their social recovery and their ability to build cohesiveness and share their experience with other individuals in their situation. These factors are considered essential in supporting quality of life and the overall social recovery after HIV diagnosis (Remien et al, 2019; Samhkaniyan et al., 2015).

The results of this study have significant implications for HIV prevention, treatment, and care, especially in newcomer communities. At the end of 2020, it was estimated that approximately 6,590 people were living with HIV but did not know their HIV status, representing 10% of the estimated number of PHA (Public Health Agency of Canada, 2023). This study confirms the findings of other studies which show that HIV stigma and discrimination preserve silence about HIV/AIDS and discourage people from seeking HIV testing, treatment, and care. In 2018 racial minority immigrants and refugees made up almost 25% of all new HIV infections in Canda (Canada's Course for HIV and Hepatitis C Information [CATIE], 2024; Public Health Agency of Canada, 2023), thus, HIV stigma reduction efforts are critical to preventing HIV and promoting care particularly among newcomers.

Moreover, our study results suggest that immigrant and refugee PHA are at increased risk of HIV treatment non-adherence associated with their experiences of pre-migration trauma, displacement, and social and economic marginalization in Canada. Evidence indicates that HIV treatment adherence is negatively associated with lack of access to income, stable housing, food security, health and social care, and social support (Kamanzi & Richter, 2022; 2023). In addition, PHA experiencing post-traumatic stress disorder, depression, and other mental health problems are less able to adhere to their HIV treatment regimens or manage their overall health (Kamanzi & Richter, 2019; Kamanzi et al., 2022; Luenen et al., 2018). On the other hand, improved access to individual and structural determinants of health, including social support, affordable safe housing, access to affordable health and social services, and adequate income are found to be positively associated with HIV treatment adherence (Kamanzi et al., 2022). We argue that meaningful engagement of immigrant and refugee PHA and their families in program development, stakeholder collaboration, community-based organizations, such as Africans in Partnership Against AIDS and coordinated efforts among service providers across and within health, social, and private care sectors are critical to improving the mental health and overall quality of life among immigrant and refugee PHA and their families.

Limitation

This study included a small number of participants who were recruited through an HIV/AIDS organization in Toronto. The families who were interested in the study contacted the researchers and, following this contact, an interview was scheduled. As well, our study took place in one place (GTA) and one organization (APAA), and findings are limited to its context of immigrant and refugee PHA and their families. We believe that immigrant and refugee PHA who were not connected to the HIV/AIDS organizations might experience even more mental health challenges, exclusion, and marginalization. Another important limitation is that the analysis did not consider gender differences; this should be considered in future studies.

Another limitation is that all interviews were conducted in English, and participants had at least a minimum level of English-speaking ability. Therefore, experiences of immigrant and refugee families PHA who had very limited or no English language skills, were not captured by this study.

Finally, we recognize that immigrants are a heterogeneous group with different socioeconomic backgrounds, pre- and post-migration experiences, skills, and resources that shape their interests and needs. Our study findings are therefore limited to immigrant and

refugee PHA and their families who are using APAA organization. Our findings may have limited applicability to other immigrant and refugee PHA groups who come from financially privileged backgrounds and are able to afford with ease multiple private services and respite supports.

Conclusion

Many African, Caribbean, and Black immigrant and refugee people living with HIV/AIDS continue to experience mental health challenges associated with co-morbidities, and the effects of the HIV virus. The mental health among people living with HIV/AIDS is a complex issue that is strengthened by the intersection of multidimensional health, psychological, social and systemic factors. Having contracted the virus, the side effects of HIV medications, natural consequences of aging, as well as poor living conditions contribute to the people living with HIV/AIDS' mental health.

This is an extremely vulnerable population, as they may be exposed to intersecting racial discrimination and prejudice as migrant and refugee PHA, HIV related stigma, low social economic status, as well as social exclusion. The mental health challenges they experience may discourage immigrant and refugee PHA from seeking adequate HIV treatment. In line with the current WHO global health strategy on HIV, the findings of the current study suggest that the emphasis on the treatment and care of the immigrant and refugee PHA should shift from the management of the physical symptoms of HIV to comprehensive and multidisciplinary care that addresses the multiple risk factors associated with their conditions (WHO, 2016). As well, immigrant and refugee PHA should have a voice in decisions about their care and they should be involved in the interventions that promote their mental health, integration, and their overall social recovery.

We recommend that Canadian HIV policymakers, practitioners, and stakeholders adopt a holistic approach to address the intersecting structural determinants discussed in this paper to improve the health and quality of life of immigrant and refugee PHA. Integration of mental health services into HIV services would not only strengthen HIV prevention and care outcomes, but it would additionally improve global access to mental health care.

Agree to Condition: All authors of the manuscript have read and agreed to its content and are accountable for all aspects of the accuracy and integrity of the manuscript. The submitted article is our original work that is not being considered or reviewed by any other publication and has not been published elsewhere in the same or a similar form.

Authors' contribution: JK, NK, AK, and FO were involved in the conceptualization of the study. JK is the principal investigator of the study and led the development and the preparation of the manuscript. All authors reviewed and provided input on drafts and approved the final version for submission.

Funding acknowledgement: The Lillian Meighen Wright Foundation (LMW) funded JK's Postdoctoral fellowship; the reported research project was conducted with support of the fellowship scholarship activities funding.

Acknowledgment: We would also like to acknowledge Mrs. Lois Thornton, Nursing Instructor at the University of Calgary in Qatar, for her valuable contribution proofreading this paper.

*The authors have no conflicts of interest to disclose.

References

Akhtar, N.F., Garcha, R.K., Solomon, P. (2017). Experiences of women aging with the human immuno-deficiency virus: A qualitative study: Expériences vécues par des femmes vieillissant avec le virus de l'immunodéficience humaine : étude qualitative. Canadian Journal of Occupational Therapy, 84, 253–261.

Abdelkerim, A. A., & Grace, M. (2012). Challenges to employment in newly emerging African communities in Australia: A review of the literature. Australian Social Work, 65(1), 104-119.

Canada's Course for HIV and Hepatitis C Information (CATIE). (2024). The Epidemiology of HIV in Canada. Retrieved from https://www.catie.ca/the-epidemiology-of-hiv-in-canada

Chibanda, D., Cowan, F., Gibson, L., Weiss, H.A., & Lund, C. (2016). Prevalence and correlates of probable common mental disorders in a population with high prevalence of HIV in Zimbabwe. BMC Psychiatry, 16(55), 1-11.

Cruz, G., & Ramos, L.R. (2015). Functional limitation and disabilities of older people with acquired immunodeficiency syndrome. Acta Paulista de Enfermagem, 28(5), 1-6. https://www.scielo.br/j/ape/a/DxrWm7VfB8GdrwzHwKws7Hk/?lang=en&format=pdf

Freedman, J. (2016). Sexual and gender-based violence against refugee women: A hidden aspect of the refugee Crisis. Reproductive Health Matters, 24, 18–26.

Haddad, N., Roberta, A., Weeks, A., Popovic, N., Siu, W., & Archibald, C. (2019). HIV in Canada–surveillance report, 2018. Canada Communicable Disease Report, 45(12), 304-312. doi:10.14745/ccdr.v45i12a01

Kamanzi, J., & Richter, S. (2019). Protocol for a scoping review of the literature about use of the PMTCT (prevention of mother to child transmission) program. International Journal of Nursing Student Scholarship, 6(36), 1-10. Retrieved from https://journalhosting.ucalgary.ca/index.php/ijnss/article/view/68204

Kamanzi, J., & Richter, S. (2022). Self-Efficacy in the Context of PMTCT of HIV: A Concept Clarification. International Journal of Medical Science and Health Research, 6(6), 1-13. doi:10.51505/ijmshr.2022.6604

Kamanzi, J., Richter, S. Paul, P., & Jarvis, K. (2021). Use of critical ethnography to study the PMTCT program. Advances in Infectious Diseases, 12, 147-158. doi:10.4236/aid.2022.121013

Kamanzi, J., Richter S.M., Paul, P., Jarvis, K. (2022). Social Determinants of Health that Influence the Uptake of the PMTCT Program. International Journal of Nursing and Health Care Research, 5(11), 1362. doi:10.29011/2688-9501.101362

Kamanzi, J., & Richter, S. (2023). Socio-cultural Factors Influence the Uptake of the Prevention of Mother-to-child Transmission (PMTCT) Program: A Critical Ethnographic Study. International Journal of Medical Science and Health Research, 7(3(1-15). doi:10.51505/ijmshr.2023.7304

Kastrup, K. (2016). The impact of racism and discrimination on mental health of refugees and Asylum seekers. European Psychiatry, 33(S43), 1-10.

Logie, C.H., Jerkinson, J.R., Earnshaw, V., Tharao, W., &Loufty, M. (2016). A structural equation model of HIV-related stigma, racial discrimination, housing, insecurity, and wellbeing among African and Carribean Black Women Living with HIV in Ontario. PLoS ONE, 11(e01622826), 1-17.

Luenen, S., Garnefski, N., Spinhoven, P., Spaan, P., Dusseldorp, E., & Kraaij, V. (2018). The benefits of psychosocial interventions for mental health in people living with HIV: A systematic review and metanalysis. AIDS Behaviour, 22(1), 9–42.

Marino, C.K. (2015). To belong, contribute, and hope: First stage development of a measure of social recovery. Journal of Mental Health, 24, 68–72.

Nall, R. (2022). How to Apply for Disability Benefits Due to HIV. Retrieved from https://www.healthline.com/health/how-to-apply-for-disability-benefits-due-to-hiv

Nwalutu, F. I., & Nwalutu, M. O. (2021). Skilled Female New Canadians and Mental Health Challenges: Effect of Unemployment and Underemployment. In: Abegunrin, O., Abidde, S.O. (eds) African Migrants and the Refugee Crisis. Springer, Cham.

Orza, L., Bewley, S., Logie, C.H., Tyler Crone, E., Moroz, S., Strachan, S., Vazquez, M., Welbourn, A. (2015). How Does Living with HIV Impact on Women's Mental Health? Voices from a Global Survey. Journal of International AIDS Societies, 18(20289), 1-18.

Public Health Agency of Canada. (2023). HIV in Canada: 2022 surveillance highlights. Ottawa: Public Health

Agency of Canada. Available at: https://www.canada.ca/en/public-health/services/publications/diseases-conditions/hiv-2022-surveillance-highlights.html

Remien, R.H., Stirratt, M.J., Nguyen, N., Robbins, R.N., Pala, A.N., & Mellins, C.A. (2019). Mental health and HIV/AIDS: The need for an integrated response. AIDS, 33(9), 1411–1420.

Saadat, M., Behboodi, Z., & Saadat, E. (2015). Comparison of depression, anxiety, stress, and related factors among women and men with human immunodeficiency virus infection. Journal of Human Reproductive Sciences, 8(1), 48–51.

Samhkaniyan, E., Mahdavi, A., Mohamadpour, S., & Rahmani, S. (2015). The effectiveness of mindfulness-based cognitive therapy on quality of life and loneliness of women with HIV. Journal of Medical Life, 8(Spec Iss 4), 107–113.

Sandelowski, M. (2010). What's in a name? Qualitative descriptive revised. Research in Nursing & Health, 33, 77-84.

Sweeney, S., &Vanable, P. (2016). The association of HIV-related stigma to HIV medication adherence: A systematic review and synthesis of the literature. AIDS Behaviour, 20(1), 29–50.

Turan, B., Smith, W., Cohen, M.H., et al. (2016). Mechanisms for the negative effects of internalized HIV-related stigma on antiretroviral therapy adherence in women: The mediating roles of social isolation and depression. Journal of Acquired Immune Deficiency Syndrome, 72(2), 198–205.

Vitale, A., & Ryde, J. (2018). Exploring Risk Factors Affecting the Mental Health of Refugee Women Living with HIV. y (ART), mortality and the morbidity rates of individuals. International Journal of Environmental Research and Public Health,15(2326), 1-18. doi:10.3390/ijerph15102326

Wagner, A., Logie, C., Conway, T., et al. (2018). High rates of posttraumatic stress symptoms in women living with HIV in Canada. PLoS One, 13(7), e0200526

Waldron, E.M., Burnett-Zeigler, I., Wee, V., Ng, Y.W., Koenig, L.J., Pederson, A.B… Miller, E.S. (2021). Mental health in women living with HIV: The unique and unmet needs. Journal of the International Association of Providers of AIDS Care, 20, 1-18. doi:10.1177/2325958220985665

WHO. (2016). Global Health Sector Strategy on HIV 2016–2021—Towards Ending AIDS. Geneva, Switzerland. World Health Organization 2016. Available online: http://apps.who.int/iris/bitstream/handle/10665/246178/WHO-HIV-2016.05-eng.pdf;jsessionid=89158F2C8ED9847F25A28F5AAB258D5A?sequence=1 (accessed on 20 June 2018).

Wong, J.P.H., Li, A.T.W., Poon, M.K., & Fung, K.P. (2013). An exploratory study on the mental health of immigrants, refugees and non-status people living with HIV in Toronto. International Journal of Migration, Health, and Social Care Journal, 9(3), 122-134. doi:10.1108/ijmhsc-07-2013-0026

Yehia, B.R., Stephens-Shield, A.J., Momplaisir, F., Taylor, L., Gross, R., Dubé, B… Brady, K.A. (2015). Health Outcomes of HIV-Infected People with Mental Illness. AIDS Behaviour, 19, 1491–1500.

Zeng, C., Li, L., Hong, Y.A., Zhang, H., Babbitt, A.W., Liu, C... Cai, W. (2018). A structural equation model of perceived and internalized stigma, depression, and suicidal status among people living with HIV/AIDS. BMC Public Health, 15(138), 1-18

INYI JOURNAL

COMMENTARY

A Place to Call Home? 'Aging out' of Care During the Housing Crisis in Toronto

Amy Barlow[1], Fiona Edwards[2]

[1]Department of Politics, York University, Toronto, Canada
[2]School of Social Work, MacEwan University, Edmonton, Canada

This is a peer-reviewed (double-anonymized) article
Published online: 31 December 2024
INYI Journal **14**, 51-65(2025)

ISSN: 1929-8471
DOI: https://doi.org/10.25071/1929-8471.140

Abstract: In the midst of the worst housing crisis that our nation has ever experienced, the moratorium on 'aging out' of care of the state in Ontario, Canada ended on April 1, 2023. Stemming from the Youth in Care Hearings, the provincial government has instituted the Ready, Set, Go Program. It is designed to provide youth in care with a phased plan for 'aging out' of the system and access to much needed services. While we acknowledge the benefits of this program, we believe that it does not go far enough to alleviate the prevalence of mental health challenges experienced by youth 'aging out' of care. In an effort to disrupt the settler-colonial neoliberal policies and ideology that fosters the production and reproduction of the oppression of one of the most vulnerable groups in society, that of children in care of the state, this commentary contests the very notion of 'aging out' of care. Through a social justice and health equity lens, we examine the concept and argue that the Eurocentric neoliberal notion of 'aging out' of the system is an inappropriate measure for determining when a youth is ready to leave care. We argue further that the concept of 'aging out' in general, and within the context of the current housing crisis in Toronto, Ontario in particular, will cause significant harm to the mental health and well-being of youth leaving care. Rather, we advocate for a more nuanced approach that centres on a series of indicators that assess individual readiness and mechanisms that can take exogenous factors, such as the housing crisis, into consideration.

Keywords: 'Aging out' of care, child welfare, Eurocentric, housing crisis, neoliberalism, settler-colonialism.

Corresponding author: Amy Barlow
Department of Politics, York University, Toronto
Email: amybarlo@york

Introduction

Canada's child protection policies entrust child welfare authorities with the responsibility of protecting children and youth from all forms of abuse. A child's safety is of paramount importance and when it is compromised, an investigation may ensue which can potentially lead to the apprehension of children or youth by child welfare services. Based on the nature of the protection order, children can be placed in temporary or permanent living arrangements which may include group homes, foster and kinship care, and adoption respectively (Sansone et al., 2020). Our focus is on the child welfare system in Ontario and how those 'aging out'[1] of care could be negatively impacted by the housing crisis in Toronto. In Ontario, there are over 11,700 children and youth in care (Children's Aid Society of the District of Thunder Bay, 2023; Ontario Association of Children's Aid Societies, 2022), of which 800 to 1,000 were expected to 'age out' of care in 2020 (Ward, 2020). The Ontario Human Rights Commission (2018) reported that Indigenous and Black children are overrepresented in child welfare. Youth from age 16 to 20 plus make up more than half of those in care (AdoptOntario, 2022; Ontario Association of Children's Aid Societies, 2022). Those who 'aged out' of care experience homelessness at a rate of 200% compared to youth who have not been in care (Doucet, 2020). It is estimated that in Ontario, 57.8% of homeless youth have been in care (Rampersaud & Mussell, 2021; Rampersaud & O'Keefe, 2023; Shewchuk, 2020).

The authors of this commentary are deeply concerned about youth who are 'aging out' of care in the midst of the worst housing crisis that our nation has ever experienced, which has been exacerbated by the COVID-19 pandemic. According to the Children's Aid Society of the District of Thunder Bay (2023) "Children and youth leaving the care of the child welfare system are more likely to experience a range of negative outcomes, such as homelessness, mental health concerns, unemployment, lack of education and achievement and involvement in the justice system" (para. 11). These issues are further magnified by the pandemic. Youth who are approaching the majority age for 'aging out' and those turning 21 have to grapple with the uncertainties of transitioning to independent living. In an effort to safeguard youth well-being during the pandemic, the Ontario government enacted a moratorium on 'aging out' of care in March 2020 to ensure the continuation of its full support for youth (Children's Aid Society of the District of Thunder Bay, 2023; Sansone et al., 2020). The moratorium on 'aging out' of care allowed child welfare in Ontario to extend services and supports to youth who reached the cut-off age during the COVID-19 pandemic, provided that those turning 18 and 21 have a voluntary youth service agreement and a Continued Care Support for Youth (CCSY) agreement respectively (Children's Aid Society of the District of Thunder Bay, 2023). These youth continued to have access to housing, financial and caregiver supports during the pandemic, which lessened the risk of homelessness and unstable housing (Ward, 2020). The moratorium on 'aging out' of care in the province of Ontario ended on March 31, 2023, when the worst of the pandemic was over (Rampersaud & O'Keefe, 2023).

Ontario's child welfare system uses age as the dominant criteria for 'aging out' of care. This approach is highly critiqued by Youth in Care Canada, an organization that provides young people who have a history of involvement with child welfare to speak up and share their experiences with the hope of restructuring Ontario's child welfare system (Youth in Care Canada, 2023). The organization advocates for an approach to 'aging out' that meets a person's level of readiness and needs (Youth in Care Canada, 2023). A system that is built on readiness as opposed to age-based has been increasingly recommended (Sansone et al., 2020). This more nuanced approach to leaving the care of the state has attracted the attention of policy makers, among others, who have heard the call for systemic changes within the Ontario child welfare system.

Stemming from the Youth in Care Hearings, the provincial government has instituted the Ready, Set, Go

[1] Throughout this commentary, we use single quotations around the term 'aging out' as introduced by the scholar Melanie Doucet (2020) who has lived experience with the child welfare system. These quotations are utilized in an effort to de-normalize the term, which is used to describe children and youth who are leaving the care of the state after reaching the age of majority.

(RSG) Program. The RSG Program is an Ontario government-funded program that was introduced on April 1, 2023, to provide youth in care with a phased plan for 'aging out' of the system and access to much needed services (Rampersaud & O'Keefe, 2023). While we acknowledge the benefits of this program, we believe that it does not go far enough to alleviate the prevalence of mental health challenges experienced by youth 'aging out' of care. Homeless youth experience mental health problems at a rate of 39% compared to youth who live at home (Youth Without Shelter, n.d.). Thus, it is necessary to contextualize the influence of neoliberalism in shaping the policies of the child welfare system and its impact on youth 'aging out' of care.

In an effort to disrupt the settler-colonial neoliberal policies and ideology that foster the production and reproduction of the oppression of one of the most vulnerable groups in society, that of children in care of the state, this commentary contests the very notion of 'aging out' of care. Through a social justice and health equity lens, we examine the concept and argue that the Eurocentric neoliberal notion of 'aging out' of the system is an inappropriate measure for determining when a youth is ready to leave care. We argue further that the concept of 'aging out' in general, and within the context of the housing crisis in particular, will cause significant harm to the mental health and well-being of youth leaving care. Rather, we advocate for a more nuanced approach that centres on a series of indicators that assess individual readiness and mechanisms that can take exogenous factors, such as the housing crisis, into consideration.

'Aging out' of Care, Ready, Set, Go Program, and Neoliberalism

'Aging out' of care is a framework used by the child welfare system in Canada to make policies and decisions primarily based on age. In short, 'aging out' "means that the availability of supports and services for youth in care and leaving care is based on legislated age cut-offs, regardless of the individual's readiness and financial or emotional ability to make the transition to independence" (Sansone et al., 2020, p.1). Initially, in Ontario, the age at which a person was deemed eligible for 'aging out' of care was 16 years old, or adulthood, which is consistent with when the age protective services are no longer granted. In 2017, a new age was set at 18 for the age of majority, whereby a young person stopped receiving child protective services and 'aged out' of the child welfare system (Ontario.ca, 2023). However, youth between the ages of 21 to 26 who are enrolled in educational programs or those living with a disability can access some extended services offered by the government after they have 'aged out' of the system (Sansone et al., 2020). We, the authors argue that the adolescent developmental stage is a critical phase in a child's life, it is marked by many transitions that may be considerably more difficult for those 'aging out' of care who often have a history of trauma, violence, and fractured family relationships. Transitioning into independent living can be met with a high degree of anxiety for youth who are not well-prepared.

Housing is reported to be one of the most pressing issues for youth 'aging out' of care as they are now fully responsible for their housing needs (Reid & Dudding, 2006). They are more likely to face housing instability due to affordability issues and limited financial wherewithal (Rutman et al., 2007). In Canada, there are over 40,000 homeless youth (Youth Without Shelter, n.d.). Youth between the ages of 13 to 24 account for 20% of its homeless population whilst those in Ontario make up more than a third of the overall youth homeless population (Youth Without Shelter, n.d.). Homelessness in the youth population in Toronto stands at a rate of 11% and the number of homeless youth per night is approximately 2,000 (Youth Without Shelter, n.d.). The occupancy rate of youth shelters in Toronto is 97% (Youth Without Shelter, n.d.), which means that the demand for housing to address youth homelessness outweighs the supply. The COVID-19 pandemic has magnified many concerns with the 'aging out' of care policy as it is critiqued for the various social, economic, and health problems that youth who have 'aged out' of the system experience (Rampersaud & O'Keefe, 2023). These concerns are indicative of a welfare system in need of reform.

A recent redesign in child welfare led to the creation of a new program called RSG (Ontario.ca, 2023; Rampersaud

& O'Keefe, 2023). Its inauguration coincided with the termination of the moratorium on 'aging out' of care that was lifted on March 31, 2023. The RSG Program extends services to youth in care from age 18 up to their 23rd birthday. Some of the eligibility criteria for the program include youth between the ages of 18-22 and those who possess a voluntary youth services agreement, which is initiated by the youth to seek protection from a family member or caregiver, prior to the age of 18 (Ontario.ca, 2023; Rampersaud & O'Keefe, 2023). To access the program, it is advised that youth in care must sign an agreement with the child protection worker that is valid for a year (Ontario.ca, 2023). The signed agreement is then reviewed every year up until the youth turns 23 years old as this is the cut-off age to receive support.

The RSG Program is designed to help youth 'aging out' of care start the process of a successful transition into adulthood as early as 13 years old (Ontario.ca, 2023). At the age of 13, the emphasis is placed on the youth developing a plan for their educational goals as well as learning hands-on life skills. When youth approach the age of 15, they are provided with training that is geared to help them develop financial skills and readiness for the workforce (Ontario.ca, 2023). In a nutshell, the RSG Program provides youth with life skills and access to financial and non-financial support that can help them in their pursuit of employment, post-secondary education, and to gain skills in the trades industry (Ministry of Children, Community and Social Services 2021; Ontario.ca, 2023). According to the Ministry of Children, Community and Social Services (2021), increases in funding from $850 per month for youth are a notable outcome. However, these increases are based on an age criterion. For instance, an 18-year-old will receive $1,800 per month compared to a 20 and 21-year-old who will receive $1,000. Additional financial benefits of $500 are available to youth aged 20 pursuing post-secondary education, an apprenticeship, or learning skills in the trades industry. There are no financial repercussions for youth working or a disruption to their benefits if they work 40 hours a week at Ontario's minimum wage (Ministry of Children, Community and Social Services 2021). The youth aged 18-21 are better equipped financially than those aged 22 who are only entitled to receive $500 per month.

Unlike the initial age-based framework utilized in the 'aging out' process, this new program takes into consideration the youth's readiness to exit the child welfare system. It incorporates the youth's voice in the assessment process to help child protection workers to better assess their state of readiness (Rampersaud & O'Keefe, 2023). While this program is perceived by some as a progressive step, it has some serious issues. We the authors critique the program for being age specific as the cut-off age for youth to receive support is their 23rd birthday. Similar to Rampersaud & O'Keefe (2023), we argue that the RSG Program does not provide any information on what supports are available for youth after the age of 23 who are not ready to leave care. Also, the financial assistance available to youth aged 22 is not sufficient to meet their basic needs at a time of an ever-increasing cost of living including unaffordable housing. We argue that the failure to ensure youth 'aging out' of care have access to adequate and safe housing is tied to the reduction of social service provisions by the government as a cost-cutting measure that is steeped in neoliberal ideology and economic policies.

Neoliberalism as defined by Todd & Savard (2020) is a "political discourse that prioritizes economic fundamentalism, encourages individualism and competition" (p. 197). Originally instituted by President Ronald Reagan and Prime Minister Margaret Thatcher, neoliberalism promotes free market competition and reductions in public expenditures (Steger & Roy, 2010). Meaning, that the government intervenes minimally in issues related to social welfare. Under neoliberalism, the individual is seen as rational and responsible for their living circumstances instead of consideration being given to the social, economic, and political structures that foster and maintain inequities (Shewan, 2018). Ultimately, the government is more focused on reducing costs by slashing social services. However, a cost-benefit analysis conducted in child welfare shows that if the Ontario government extends child welfare benefits including the Extended Care and Maintenance (ECM) program to 25 years of age, the costs associated with poorer outcomes of youth who have aged out of care would be less, causing the government to save more money (Sansone et al., 2020). Unfortunately, little is

being done to increase the age of extended child welfare benefits.

In the section that follows we map the history of the housing crisis in Toronto from the 1970s to date in an effort to establish the complexity, severity, and scope of the crisis and how it directly conflicts with the mandate of child protection. It is not an exaggeration to say that ultimately, within the current policies governing 'aging out' of care in Ontario that 'aging out' of care today is tantamount to 'aging out' of care into homelessness due to a lack of available and affordable housing.

The Housing Crisis in Toronto

The housing crisis in Toronto is a human made disaster of unparalleled proportions that has the very real potential of becoming truly catastrophic. It is a crisis that is causing significant harm to an untold number of people, particularly those who are vulnerable, and youth 'aging out' of care are conceivably the most vulnerable among us. There is no lone explanation for the housing crisis, rather the reasons are complex, intersectional, historical, and contemporaneous. As a result, in this section we examine the basic features of the housing crisis from approximately the 1970s to date. The purpose of doing so is to provide important contextual information that is required to understand the complexities of the crisis through an examination of the culmination of events that converged to produce it. Currently, the housing crisis is playing a central role in causing some of the worst levels of socioeconomic inequality that the city has ever experienced. The particularities of which are determining who has a Right to the City, that is who has access to it and who shapes it, as articulated by Lefebvre (1968) and Harvey (2008), and who is expelled from the city proper to decaying suburbs, slums, and homeless encampments (Sassin, 2014).

The underlying reasons for the housing crisis can be placed in three distinct sections. The first relates to issues associated with supply and demand, the second section includes the stagnation of real wages, the abandonment of building social housing, and the removal of rent control, and the third section focuses on the institution of neoliberal economic policies, the rise of the global city, and the financialization of housing. When brought together, the convergence of these factors has resulted in an unprecedented housing crisis that is increasingly making the city completely unaffordable for low income and more recently middle-income citizens, or in short, the vast majority of the city's inhabitants. It is not hyperbole to say that we are at a critical juncture, whereby we need to decide what kind of city we want Toronto to be and who has a right to the city, as there is nothing inevitable about this downward spiral to an extreme level of socioeconomic inequality. It is within the context of this human made disaster that we challenge the very notion of 'aging out' of care in Ontario coupled with the housing crisis in Toronto and in doing so we question Canada's commitment to housing as a human right.

Supply and Demand

An adequate supply of housing has been an issue in the city of Toronto for a very long time. The problem actually dates back to the turn of the century; however, we begin our analysis in the 1970s as several issues converge, making this a pivotal decade. Chief among them are the deep recession that engulfed the country, a complex construction approval process, the reluctance to change manufacturing and employment zones to residential, a skilled construction trades worker shortfall, and the considerable influence of not in my backyard lobbying groups (NIMBYs). All of these factors have played a significant role in negatively impacting the sustained growth of housing in the city from the 1970s onwards.

With the United States as the post WWII hegemonic centre of global finance, all the world's economies became directly tied to America's. As a result, the US policies that led to the recession in the 1970s also impacted Canada. Known as the 1970s recession, the reasons for it include an enormous debt that the United States accrued from the war in Vietnam, President Nixon's economic policies that were meant to counter skyrocketing interest rates, the removal of the international convertibility of the United States dollar to gold that ended the Bretton Woods International finance exchange and Keynesian economics in favour of the eventual institution of neoliberal economic policies,

increased competition by newly industrialized nations in the metal industry resulting in the steel crisis, the Organization of the Petroleum Exporting Countries (OPEC) oil embargo that occurred as a result of the Yom Kippur War in 1973 causing the oil crisis, and finally the stock market crash in 1973 (Garten, 2021). The convergence of these events resulted in a very deep recession, characterized by high unemployment and high interest rates, the combination of which is referred to as stagflation (The Fraser Institute, 2022; Singh, 2022).

There is no doubt that the 1970s recession is underpinned by the complex intersection of economic factors outlined above. However, it is beyond the scope of this paper to go into the particularities of these reasons in any further detail. Rather, for our purposes the important takeaway from the 1970s recession is that it resulted in slow economic growth in much of the West, including Canada. The effects of this recession seriously impeded our ability to maintain the level of building required to meet the housing needs of much of the population. However, it is notable that in 1973 the Canadian government made a commitment to housing as a basic human right for all Canadians and used housing policy as a vehicle for much needed income redistribution. In addition, a number of housing policies and protections were put in place by both the federal and provincial governments that included the introduction of subsidized housing for low-income households, financial assistance for renters, rent control, amendments to the Landlord and Tenant Act, grants for homebuyers, and building the social housing complexes at Jane and Finch in Toronto (Canadian Centre for Housing Rights, 2022; Smith, 1977; York Non-Profit Housing Co-op, n.d; Van den Berg, 2019).

The situation outlined above was exacerbated by a skilled construction trades worker shortfall that became acute by the 1980s. The problems associated with the worker shortfall are well established in the academic, industry, and gray literature (Canadian Centre for Housing Rights, 2022; Hansen & Dishke Hondze, 2015; Refling & Dion, 2005; Stewart, 2009). Although more research on the topic is required (Chatoor, 2020) most researchers agree that the shortfall was a result of not enough people entering the trades and low completion rates for those who did. What is striking is that this continues to be a serious problem to this very day, playing a significant role in the number of construction projects that can be undertaken. Currently, there is an enormous employee shortfall that is expected to increase exponentially over the next decade due to retirements. Despite this reality, inroads are currently being made to fill the worker shortfall with traditionally underrepresented groups such as women, those who identify as women, the Black, Indigenous, and People of Colour (BIPOC) community, newcomers, and people with disabilities.

In addition, the building industry has noted that lengthy construction approval timelines and high municipal fees are impeding building. For example, approval times can take as long as 10 - 34 months (Draaisma, 2022). Another significant issue is zoning, particularly in relation to changing areas zoned for manufacturing and employment to residential. Part of the problem is that if manufacturing and employment zones are changed to residential, it is almost impossible to revert the land to its original designation. This is due to the fact that as long as people live in residential zones, they must remain residential (Brail & Vinodrai, 2020). However, part of the problem with this zoning logic is the assumption that manufacturing will return in one form or another. In our opinion, this seems unlikely, as manufacturing never would have left the country had it been economically viable for the various industries to stay. As a consequence, there is land available that could be rezoned as residential.

NIMBY lobbying groups have existed for a very long time, their primary concern was and continues to be who was/is going to move into their neighbourhoods and how purpose-built apartment buildings can impact their property values. They first made their concerns heard in the 1960s and 1970s during the proposed building of market rate apartment buildings in the residential neighbourhoods of Leaside, along Eglinton Avenue East, in East York on Cosburn Avenue, and the social housing apartment complexes at Jane and Finch, to name but a few (Galea, 2022). A common misperception exists that the only people who rent are those of low moral standing rather than the reality of the situation, which is that not

everyone earns enough money to purchase a house and some people, such as those who are single, widowed, and retirees actually do not want the responsibility of owning a home, so they rent. In addition, there are numerous examples of apartment buildings that are in line with neighbourhood aesthetics that do not detract from housing values, but rather they increase the economic vibrancy of neighbourhoods through a larger number of residents. Irrespective of this point, NIMBY lobbying has played a definitive role in preventing the building of housing required to meet the population growth demands in the past and this continues to be the case today.

As the analysis above demonstrates an inadequate supply of housing has been a significant problem for a very long time. Our research has identified four primary reasons for the inadequate supply since the 1970s, which includes a difficult and lengthy construction approval process, the reluctance of city officials to change manufacturing and employment zones to residential, a skilled construction trades worker shortfall, and the influence of NIMBYs. In the section that follows, we examine how these issues have been further exacerbated by the stagnation of real wages, the abandonment of social housing, and the removal of rent control.

Stagnation of Real Wages, the Abandonment of Building Social Housing, and the Removal of Rent Control

Real wages, or the wages that one earns after taking into account the current rate of inflation, have barely risen since the 1970s. The lack of real wage growth has played a central role in the increase in economic inequality of family incomes (Mishel, 2015). Moreover, the gender and racial wage gap has decreased somewhat in regard to the former but remains quite high in regard to the latter (Mishel, 2015). This is not only the case for low-wage earners, but also middle-income workers over the last generation. Moreover, even those with a university degree are negatively impacted by the wage gap (Shambaugh & Nunn, 2017). Mishel (2015) notes that:

> Since the late 1970s, wages for the bottom 70 percent of earners have been essentially stagnant, and between 2009 and 2013, real wages fell for the entire bottom 90 percent of the wage distribution. Even wages for the bottom 70 percent of four-year college graduates have been flat since 2000, and wages in most STEM (science, technology, engineering, and math) occupations have grown anemically over the past decade (p.1).

This reality is not just the case in the United States, but it is also true in Canada with a very similar, if not an almost identical scenario (Walks, 2020). This disparity is largely the result of 'intentional' economic governmental policy choices that have been made to benefit the wealthy and politically powerful. These policies include the abandonment of full employment, declining rates of unionization and various labour market initiatives, business, and governmental policies that have enabled CEOs and other executives to capture ever increasing shares of economic growth through globalization (Desmond, 2016, 2023; Gertten, 2019; Mishel, 2015; Robinson, 2009; Stiglitz, 2017). The convergence of these factors has caused a dramatic shift in the solidification of economic and hence political power away from low-and middle-income workers toward the wealthy. It is beyond the scope of this paper to delve into these factors at any significant length, however, the point of their inclusion is to demonstrate that there is a significant disconnection between what most people earn and what they can afford to pay for housing and that the policies that created this situation were deliberate and intentional.

In an effort to tackle the housing affordability crisis of the 1930s and 1940s, combat increasing levels of crime, and accommodate the growing working class that were largely composed of soldiers returning home from WWII, the federal and provincial governments committed to building a social housing project. It was part of a widespread urban renewal movement, which was the first of its kind in the city of Toronto and it was called Regent Park. It was located centrally in South Cabbagetown, which in the 1930s and 1940s was home to one of the worst slums in the entire city (The Globe and Mail, 2016). Consisting of approximately 69 acres, the North Regent Park social housing project was approved for construction in 1947 with some families

taking residency in 1949. Construction continued into the 1950s with the Southern section being completed in 1960 (The Globe and Mail, 2016). Housing units ranged from bachelor suites to five-bedroom semi-detached row houses. Touted as the answer to housing the working poor and the growing working class, it was described as "heaven" by the Toronto Daily Star (Purdy, 2003, p. 46). However, not even twenty years later it was described as a "colossal flop" and a "hopeless slum" (Purdy, 2003, p. 46). The report of the 1968 Federal Task Force on Housing blamed the housing projects as "breeding disincentive" and a "what's the use" attitude toward work (Purdy, 2003, p. 46). As Purdy (2003) notes "this negative image intensified considerably in the following two decades" (p. 46).

The stereotype of the poor and working poor as depraved individuals who are incapable of providing any meaningful contribution to society haunted the residents of Regent Park for the entire duration of its existence. The social science theory of the deviant "underclass" as advanced by Myrdal (1963) and Wilson (1987) argued that there is a class of people who are set apart from society due to structural constraints. However, Mead (1986), among others, argued that degenerative behavioral traits were a result of inherent pathologies such as addiction, criminality, poor educational outcomes, high rates of unemployment, pregnancies out of wedlock, single and teenage mothers, the use of social assistance, and the proliferation of a myriad of vices. Many of these tropes are still believed to be true by some to this very day. In this rendering of the poor and the working poor they are blamed for their own plight, there is no acknowledgment of the structures and institutional arrangements that are essential elements of capitalist societies that were actually designed to keep the impoverished poor. Rather, in the underclass thesis there is no accounting for the realities of the existence of structural and institutional racism, class and gender-based discrimination, or the forcible disciplining of the poor by state actors through a variety of policies. The deviant underclass thesis is actually quite old, at least as old as the advent of capitalism, and still exists in folk knowledge to this day.

In addition to Regent Park, social housing projects continued to be built throughout the city of Toronto with Flemingdon Park in the 1960s and Jane and Finch in the 1970s (Government of Canada, 2013). All of which had similar outcomes to Regent Park for the residents, that of a ghettoization of their neighbourhoods that was primarily a result of a distinct lack of governmental investment in the maintenance of the properties, the limited promotion of business ventures meaning that there were virtually no amenities, grocery stores, or pharmacies, and limited opportunities for the social and economic advancement of the residents. Indeed, it is well established that the inhabitants of Regent Park, and undoubtedly other housing projects throughout the city, were systematically discriminated against based on where they lived, thereby negatively impacting their prospects of employment, education, and housing opportunities (Purdy, 2003).

The federal government eventually downloaded the projects entirely onto the province, who also viewed them as undesirable. As the neoliberal policies took hold in the late 1980s and early 1990s the social housing projects were viewed as unsupportable, undesirable, and unnecessary as it was believed that the market would create an opening for the residents of social housing projects – to date this has not happened. In 2000 the provincial government downloaded the remaining housing projects onto the financially strapped municipal government of Toronto (Homeless Hub 2014). In 2005 the original apartment blocks and row houses of Regent Park were bulldozed and residents moved where they could find housing. The project was touted as a revitalization of the neighbourhood, which would include a mixed income community. However, in our opinion, it was an urban renewal project on prime real estate in the centre of the city, which was and continues to be extremely lucrative for some.

In 1998 the Premier of Ontario, Mike Harris removed most rent control measures, which had been in place since 1975, thereby paving the way for soaring rents. In 2017 the former Premier of Ontario, Kathleen Wynne brought forth the Fair Housing Plan that sought to stabilize affordability for tenants. Under Premier Harris rent control only applied to units that were built prior to

November 1, 1991, if the building or unit was constructed after this date, then the rent control provisions did not apply. The Fair Housing Plan rolled back the post 1991 rent control exemption. However, this change was only in effect from April 20, 2017 to November 15, 2018 when Premier Ford came to power and enacted legislation whereby rent control only applies to rental units constructed and occupied before November 15, 2018 (Ontario.ca, 2024).

The stagnation of real wages, the governmental abandonment of social housing projects to house the indigent and working poor, and the removal of rent control as a means to stabilize the affordability of rents have all contributed to the housing crisis. In the section below we examine how the convergence of neoliberal ideology and economic policies, the rise of the global city, and the financialization of housing have culminated to create the worst housing crisis that the city and the country has ever experienced.

Neoliberalism, The Rise of the Global City, and the Financialization of Housing

The 1980s saw the creation and introduction of neoliberal governmental policies (Beder, 2009; Canadian Centre for Housing Rights, 2022). As noted above, these policies were largely economic in nature but were also a result of a very specific conservative ideology that espoused individual responsibility for the successes or failures of one's life, thus releasing the state from their responsibility to provide for the welfare of its citizens when help is needed most. With respect to the neoliberal economic policies, they were viewed as a means to alleviate the pressures of a deep recession that occurred from 1980 – 1983. This recession caused soaring rates of unemployment that resulted in significant levels of economic and social inequality. The neoliberal policies that were instituted included economic liberalization, privatization, deregulation, globalization, free trade, monetarism, laissez-faire capitalism, and deep austerity measures under the auspices of fiscal discipline that reduced government spending on social projects that, it was argued, would be met by the private sector and society in general – to date this has not happened in any meaningful way. Ostensibly these policies eroded and finally abolished the last vestiges of the welfare state, essentially abandoning the poor, indigent, and anyone who experienced a personal crisis to their own devices.

In the early 1990s Canada experienced yet another recession. It occurred because of soaring inflation, tax increases, cutbacks in manufacturing, the high value of the Canadian dollar, low productivity, and slow GDP growth, all of which resulted in high rates of unemployment. The impact was devastating for a great many Canadians. During this period there was a definitive shift from Fordist capitalism to globalization with the ever-increasing interconnection and interdependence of global world markets. This period marks the emergence of what is referred to as the global city, which is defined as a city that has a significant degree of urban development, a large population, multinational corporations, technology hubs, high quality educational and research institutions, a globalized central financial sector, national dominance, and extreme levels of socioeconomic inequality among its citizens. Indeed, one of the hallmarks of the global city is an ever-increasing affordability crisis that literally expels low- and middle-income people farther and farther away from the city to decaying suburbs and homeless encampments. As a result, these people no longer play a pivotal role in how the city is shaped politically, economically, culturally, or aesthetically - ostensibly they are literally banished to the margins of society (Brail & Vinodrai, 2020; Desmond, 2016, 2023; August & Walks, 2018; Sassen, 2014). London, New York, Paris, Tokyo, and Toronto are just a few examples of global cities. In addition, as Robinson (2009) notes that:

> Central to the global city, is that they are marked by the hegemonic role of finance capital, or the financialization of the world economy … As early as 1994, daily turnover at the ten largest stock markets was estimated at one trillion dollars, compared to the daily world trade in goods that year of ten billion dollars … real trade in actual goods and services was only one percent of fictitious trade (p. 12).

The phenomenon that Robinson speaks of is largely a result of the deregulation of the banking system in the 1980s and 1990s as prescribed by neoliberal economic policies. The situation is far more complex that what we have described here, however, for our purposes what is essential in this configuration is that wealthy investors do not invest in the production of material products, such as manufactured goods, but rather they invest their money in the financial sector. This period of time, which includes the one in which we presently live, has been described as a new epoch in global capitalism. It is a fundamental structural change in finance that results in extreme levels of social and economic inequality, whereby the lion's share of global wealth is held by the few at the expense of the many (Gertten, 2019; Sassen, 2014).

All of this has led to the most deleterious form of housing investment, that of the financialization of housing. This global phenomenon is a novel reimagining of housing that has devastating consequences. Housing is purchased by private equity firms for their investors, which are largely financially supported by pension funds. There are several iterations of the purchasing of different forms of housing; sometimes it is in the form of low rent buildings whereby vacant units are 'renovated' and then leased to wealthy tenants at an exponentially higher rental rate that is completely divorced from the maintenance of the building. The increased rents are priced at rates that provide maximum profits for investors. Another scenario is when low-income rental buildings are purchased and tenants are squeezed out through unscrupulous means such as not maintaining the building, not providing heat and water, and letting cockroach, mice, and rat infestations proliferate in order to cause the tenants to move. In short, this is "eviction by another name" (Gertten, 2019). However, perhaps the most pernicious example is when apartment buildings become vacant, they are renovated, but no one moves in - ever. To be clear, these vacant buildings are never intended to be a home to anyone ever, the owners want them to remain vacant. These buildings are then traded on the market as an asset through a variety of measures including tax havens and high frequency trading that substantially increases the value of the vacant property. The financialization of housing is particularly insidious on a number of fronts, chief among them is that housing is being bought and sold on the market as a commodity and not a home where someone will live. In this view, housing has become a financial asset for nameless corporations and their investors whose principal interest is the accumulation of wealth. From this perspective housing is considered an asset and not a human right.

We are currently experiencing an unprecedented affordability crisis in Toronto. For example, as of 2019 over a thirty-year period housing costs have increased by 425% and the family income has only increased by 133% (Gertten, 2019). The Global Financial Crisis of 2008 – 2009 paved the way for the financialization of housing as governments provided banks with the funds to stay in business, rather than providing people with cash disbursements or favorable loans to keep their houses and condos. The end result was an extraordinarily high number of vacant homes on the market that were purchased at very low prices by private equity firms (Desmond, 2016, 2023; Stiglitz, 2020).

The apartment and condo rental statistics in the city of Toronto paint a grim picture (Sherif, 2024). According to a Canada Mortgage and Housing Corporation (CMHC) Report (2024) the vacancy rate in Toronto in 2023 for apartments was 1.5% and the average two-bedroom cost $1,940. The average rent in 2022 to 2023 increased by 8.7%, the greatest increase in rental prices since 2000. The situation with condo rentals is no better, the vacancy rate in 2023 was 0.7% and the average two-bedroom unit cost $2,862. In addition, "lower-income renters faced greater challenges in 2023. The vacancy rates for the least expensive units (bachelor units) decreased the most. Moreover, renting these units required a larger share of their income" and "more renters struggled to pay their rent" (p. 82) and "1 in 5 units" are "in arrears as household budgets" are "challenged by high inflation" (p. 84). It is in this fraught environment that 'aging out' of care is analogous to 'aging out' of care into homelessness.

In the analysis above we have examined how the institution of neoliberal economic policies accompanied by its ideology, the rise of the global city, and the

financialization of housing have all played a central role in contributing to the housing crisis. When brought together with the two former sections on the housing crisis, we gain a complete picture of the events and issues that have transpired over an extended period of time that converged to create the current housing crisis.

Recommendations

To better support youth 'aging out' of care in Ontario into the housing crisis in Toronto, we recommend the following changes to be instituted that expand on the Ready, Set, Go Program. First and foremost, this includes removing the age eligibility requirements for youth to participate in this program and operate it solely on the basis of an individual's readiness, as this can be unique to each person based on their life experiences. Within the context of the current housing crisis that is largely fueled by unfettered neoliberalism and predatory capitalism, a readiness model appears to be more appropriate to aid in the prevention of homelessness, create a greater sense of security, and provide youth with the support that they require when entering adulthood. In addition to the removal of an age requirement, a readiness model could include the following criteria: ensuring that youth feel emotionally and intellectually able to transition out of care, having mental health and emotional supports available, provide training on budgeting and household management, provide access to emergency housing, expand their social network by providing access to a support group of peers who are also transitioning to independent living, supply a fund for purchasing necessary household items such as furniture and kitchen necessities, provide weekly check-ins with their social worker for the first year of independent living, continue the connection with a social worker for the rest of one's life if required, and lifelong access to mental health counselling and therapeutic support free of charge. Moreover, if a breakdown in the transition occurs then youth should have access to emergency support in a timely manner in an effort to minimize any potential risks. We argue that youth 'aging out' of care should have the opportunity to find a safe and affordable place to live, a liveable income, and free tuition for education. By implementing these provisions, we believe that there will be an increase in the probability of success, security, and happiness for youth when they eventually leave care. Creating and sustaining this model will require considerable political commitment to young people in the care of the state. This political commitment should also include an increase in funding for existing programs that align with the readiness model. In doing so this will strengthen Canada's moral commitment to youth in care and housing as a human right. Such an approach lessens the possibility of a person's inability to deal with life's challenges, which can lead to poor outcomes, such as unemployment and/or underemployment, homelessness, sexual exploitation, involvement in the criminal justice system, incarceration, challenges with physical and mental health, isolation and loneliness, early parenthood, and potentially having one's own children becoming involved with child and youth services as a result of intergenerational trauma.

With respect to the housing crisis, while the factors that led to it are complex, intersectional, historical, and contemporaneous the solutions are actually quite straightforward, but will require considerable political will at all levels of government to implement them. In an effort to restabilize the housing market and hence help improve the economic and social wellbeing of all Torontonians we recommend that the following suggestions be implemented through a series of policies, regulations, bylaws, and laws: 1) substantially increase the construction of single family dwellings, purpose-built rental properties in all its variations, and social housing all of which should align with the population requirements in the present and anticipated population increases in the future. This acceleration of building can be achieved through variety of measures, such as providing significant financial incentives for large scale developers and small contractors, reducing construction application timelines and fees, re-examining manufacturing/employment zoning changes to residential and utilizing other lands for building, reinstituting rent control for all units irrespective of when they were built and/or occupied, and providing favorable loans and grants for home buyers. Due to the extent with which neoliberal policies and ideology are deeply embedded within the various structures and systems that govern the financial industry, change in this

regard is truly challenging. More specifically, with respect to the financialization of housing, we fully concede that the likelihood of any government successfully introducing any financial industry related regulatory legislation is quite frankly unrealistic, however, there are provisions through different avenues that can be taken. For example, embedding policies that prohibit damaging business practices that relate to housing into the fiduciary frameworks of pension funds has the potential to instantly curb the financialization of housing (Stiglitz, 2019). In Canada pension funds are regulated by the Canada Revenue Agency (CRA) which does not require governmental approval of such a change. Moreover, pension funds are accountable to their pension holders. As a result, the Nobel Prize winning economist Professor Joseph Stiglitz asks the following question in relation to pension funds and their role in funding the financialization of housing "pension funds are representing people who retired, and you have to ask … would they feel comfortable with owning shares in a company that is immoral?" (Gertten, 2019). We have the same question.

Conclusion

In this commentary we have examined and analyzed the enormous challenges that youth 'aging out' of care face that include significant negative outcomes such as homelessness, mental health concerns, unemployment, poor educational achievement, and involvement in the justice system (Children's Aid Society of the District of Thunder Bay, 2023). In our opinion, these challenges are not fully mitigated by the RSG Program as it does not provide enough of the supports that youth require when transitioning out of care into adulthood and independent living. Moreover, the precarity of the situation is exacerbated by the severity and the enormity of the housing crisis in Toronto. This is a human made disaster of unprecedented proportions that is causing significant harm to the people of Toronto, and particularly the most vulnerable of society. There is no doubt that the housing crisis has the very real potential of becoming a permanent feature that will forever change the city by determining who has a Right to the City (Lefebvre, 1968; Harvey, 2008) and who will be cast out (Sassin, 2014). We sincerely hope that the government at all levels will take these concerns seriously by taking swift and decisive action. In doing so, they will reaffirm Canada's commitment to housing as a human right and the protection of children and youth who are in care of the state.

*The authors have no conflicts of interest to disclose.

References

AdoptOntario. (2022). *Every child and youth deserves a family*. https://adoption.on.ca/adoptontario/

August, M. & Walks, A. (2018). Gentrification, suburban decline, and the Financialization of multi-family rental housing: the case of Toronto. *Geoforum. 89*. 124-136. https://DOI:10.1016/j.geoforum.2017.04.011

Beder, S. (2009). Neoliberalism and the global financial crisis. *Social Alternatives*, 8(1), 17-21. https://ro.uow.edu.au/artspapers/216

Brail, S. & Vinordrai, T. (2020). The elusive, inclusive city: Toronto at a crossroads. In S. Bunce, N. Livingstone, L. March, S. Moore, & A. Walks (Eds.), *Critical dialogues of urban governance, development and activism: London and Toronto* (pp. 38-53). UCL Press.

Canadian Centre for Housing Rights. (2022, May 26). *Fifty years in the making of Ontario's housing crisis: a timeline* https://housingrightscanada.com/fifty-years-in-the-making-of-ontarios-housing-crisis-a-timeline/

Canada Mortgage and Housing Corporation (CMHC). (2024). *Housing Market Information: Rental Market Report*. https://www.cmhc-schl.gc.ca/professionals/housing-markets-data-

and-research/market-reports/rental-market-reports-major-centres

Chatoor, K. (2020 Dec 9). *More Research Needed on Ontario's Apprentices.* Higher Education Council of Ontario. http://Ken Chatoor — More research needed on Ontario's Apprentices – Higher Education Quality Council of Ontario (heqco.ca)

Children's Aid Society of the District of Thunder Bay. (2023). *Youth memo: Aging our care.* https://www.thunderbaycas.ca/youth-memo-aging-out-of-care

Children, Community and Social Services (2023, February 15). *Ontario connecting youth leaving care with supports to succeed: New program focusing on life skills and post-secondary education, training and employment* [New release]. https://news.ontario.ca/en/release/1002724/ontario-connecting-youth-leaving-care-with-supports-to-succeed

Desmond, M. (2016). *Evicted: poverty and profit in the American city*. Broadway Books, New York.

Desmond, M. (2023). *Poverty By America*. Crown New York.

Doucet, M. (2020). A long road paved with solutions: 'Aging out' of care reports in Canada. Key recommendations and timelines (1987 - 2020). In collaboration with the National Council of Youth in Care Advocates. https://www.homelesshub.ca/resource/long-road-paved-solutions-%E2%80%98aging-out%E2%80%99-care-reports-canada-key-recommendations-and-timelines

Draaisma, M. (2022, September 27). CBC. Long approval times, high municipal fees adding '*unnecessary costs' to new GTA housing: study* https://Long approval times, high municipal fees adding 'unnecessary costs' to new GTA housing: study | CBC News

Galea, I. (2022 June 18). *Toronto's housing crisis of 1922 was rooted in policies that still make homes unaffordable in 2022.* The Globe and Mail. https://www.theglobeandmail.com/business/article-how-torontos-housing-crunch-of-1922-was-rooted-in-policies-that-still/

Garten**,** J. E. (2021). *Three days at camp David: how a secret meeting in 1971 transformed the global economy.* Harper Collins.

Gertten, F**.** (Director). (2019*). PUSH TVO Special on the housing crisis.* TVO.

Government of Canada. (2013). *The Evolution of housing in Canada 1957-2014*. https://publications.gc.ca/site/eng/9.854216/publication.html

Hansen, R., & Dishke Hondze, C. (2015). *The apprentice retention program: evaluation and implications for Ontario Higher Education Quality Council of Ontario*. Western University https:// The Apprentice Retention Program Evaluation and Implications for Ontario – Higher Education Quality Council of Ontario (heqco.ca)

Harvey, D. (2008). The right to the city. *The New Left Review II* (53). 23-40. https://David Harvey, The Right to the City, NLR 53, September–October 2008 (newleftreview.org)

Homeless Hub. (2014). *Canada's social and affordable housing landscape: A province to province overview.* https://www.homelesshub.ca/resource/canada%E2%80%99s-social-and-affordable-housing-landscape-province-province-overview

Lefebvre, H. (1968). *Le Droit à la Ville. Paris: Anthropos* (2nd ed.); Paris: Ed. du Seuil, Collection "Points".

Mead, L. M. (1986). *Beyond entitlement: the social obligations of citizenship*. New York, NY: The Free Press.

Ministry of Children, Community and Social Services. (2021). *Support for youth in the child welfare system.* Government of Ontario, Ministry of Children, Community and Social Services. https://www.ontario.ca/page/support-youth-child-welfare-system#section-0 (accessed May 6, 2023).

Mishel, L. (2015, January 6). *Causes of Wage Stagnation. Economic Policy Institute*. https://Causes of Wage Stagnation | Economic Policy Institute (epi.org)

Myrdal, G., (1963). *Challenge to Affluence.* New York, NY: Random House.

Ontario Human Rights Commission. (2018). *Interrupted childhoods: Over-representation of Indigenous and Black children in Ontario child welfare*. https://www3.ohrc.on.ca/en/interrupted-childhoods

Ontario.ca. (2023). Government of Ontario. *Policy directive: CW 003-23-Preparing Youth for Successful Transition from Care of the Children's Aid Societies*. https://www.ontario.ca/document/child-protection-service-directives-forms-and-guidelines/policy-directive-cw-003-23-preparing-youth-successful-transition-care-childrens-aid

Ontario.ca (2024, June 28) Residential Rent Increase https://www.ontario.ca/Residential rent increases | ontario.ca

Purdy, S. (2003). Ripped off by the system: housing policy, poverty, and territorial stigmatization in Regent Park housing project, 1951-1991. *Labour/Le Travail, Fall, Vol. 52*. 45-108. https://doi.org/10.2307/25149384

Rampersaud, M., & O'Keefe, H. (2023, March 30). *Ontario's new child welfare policy is promising, but youth leaving care need more support*. The Conversation.https://theconversation.com/ontarios-new-child-welfare-policy-is-promising-but-youth-leaving-care-need-more-support-202437#:~:text=The%20new%20policy%20also%20includes,intervals%20following%20their%2018th%20birthday.

Refling, E., & Dion, N. (2015). *Apprenticeship in Ontario: an exploratory analysis.* (Paper No. 20 January 13, 2015). Higher Education Council of Ontario. https:// @ Issue Paper No. 20 Apprenticeship in Ontario. An Exploratory Analysis – Higher Education Quality Council of Ontario (heqco.ca)

Reid, C., & Dudding, P. (2006). *Building a Future Together: Issues and Outcomes for Transition-Aged Youth. Centre of Excellence for Child Welfare.* https://Building a Future Together: Issues and Outcomes for Transition-Aged Youth | Canada Commons

Robinson, W. I. (2009). Saskia Sassen and the Sociology of Globalization: A Critical Appraisal. *UC Santa Barbara: Global Studies*. https://escholarship.org/uc/item/44j854qc

Rutman, D., Hubberstey, C., Feduniw, A., & Brown, E. (2007). *Final report based on a three year longitudinal study: When youth age out of care — Where to from there.* University of Victoria. https://www.homelesshub.ca/sites/default/files/attachments/WhenYouthAge2007.pdf

Sansone, G., Fallon, B., Miller, S., Birken, C., Denburg, A., Jenkins, J., Levine, J., Mishna, F., Sokolowski, M., & Stewart, S. (2020). *Children aging out of care*. Policy Bench, Fraser Mustard Institute of Human Development, University of Toronto. https://Aging-Out-of-Care-LS-Clean-Dec17.pdf (utoronto.ca)

Sassen, S. (2014). *Expulsions: brutality and complexity in the global economy*. Harvard University Press, Belknap Press https://doi.org/10.2307/j.ctt6wpqz2

Shambaugh, J., & Nunn, R. (2017). Why Wages Aren't Growing in America. *Harvard Business Review*. https:// Why Wages Aren't Growing in America (hbr.org)

Sherif, O. (2024). *Canada's rental vacancy rate sinks to 36-year low and Toronto is tightest market.* BlogTO. https://Canada's rental vacancy rate sinks to 36-year low and Toronto is tightestmarket (blogto.com)

Shewan, K. I. S., (2018). Sexualized violence is a citizenly issue: Neoliberalism, the affective economy of fear and fighting approaches to sexualized violence prevention. *Atlantis Journal*, 39(1). 3-17.

Shewchuk, S., (2020). *Transition supports to prevent homelessness for youth leaving out-of-home*

care. Homeless Hub. https://www.homelesshub.ca/sites/default/files/attachments/TransitionSupportReport-31082020.pdf

Singh, A. (2022). Then and Now: The Crisis of the 1970s and the Upheaval of the 2020s *The Berkeley Economic Review.* https://Then and Now: The Crisis of the 1970s and the Upheaval of the 2020s – Berkeley Economic Review

Smith, L. B., (1977). *Anatomy of a Crisis: Canadian Housing Policy in the Seventies.* The Fraser Institute. https://Anatomy of a Crisis: Canadian Housing Policy in the Seventies (fraserinstitute.org)

Steger, P., & Roy, R. K. (2010). First-wave neoliberalism in the 1980s: Reaganomics and Thatcherism. In P. B. Steger & R. K. Roy (Eds.). *Neoliberalism: A Very Short Introduction* (pp. 21-49). Oxford University Press.

Stiglitz, J. E. (2017) *Globalization and Its Discontents Revisited.* W.W. Norton & Company Inc.

Stewart, G., (2009). *Apprenticeship Training in Ontario: Literature Review and Options for Further Research.* Higher Education Quality Council of Ontario. https:// Apprenticeship Training in Ontario Literature Review and Options for Further Research – Higher Education Quality Council of Ontario (heqco.ca)

The Fraser Institute. (2022, June 14). *Canadians Relearning Hard Economic Lessons of the '70s and '80s.* https://Canadians relearning hard economic lessons of '70s and '80s | Fraser Institute

The Globe and Mail. (2016, January 13). Regent Park: A Look Back Through the Years at Canada's Oldest Social Housing Project. https://Regent Park: A look back through the years at Canada's oldest social housing project - The Globe and Mail

Todd, S., & Savard, S., (Eds.). (2020). *Canadian perspectives on community development*. University of Ottawa Press. https://Canadian Perspectives on Community Development – University of Ottawa Press (uottawa.ca)

Van den Berg, R. (2019, June). *A Primer on Housing Rights in Canada Library of Parliament,* BackGround Paper, Publication No. 2019-16-E, June 2019. https://Parliamentary Back Ground Paper A Primer on Housing Rights in Canada June 21 2019.pdf

Walks, A. (2020). Global city, global housing bubble? Toronto's housing bubble and its discontents. In Bunce, C., Livingstone, N., March., Moore., & Walks, A. (Eds), *Critical Dialogues of Urban Governance, Development and Activism: London and Toronto.* California: UCL Press. https://Critical Dialogues of Urban Governance, Development and Activism: London and Toronto | The Bartlett School of Planning - UCL – University College London

Ward, M. (2020, March 29). *Ontario allows youth to remain in care after passing cut-off age during pandemic.* The Canadian Press. https://www.cbc.ca/news/canada/toronto/covid-youth-in-care-1.5514044

Wilson, W. J. (1987). *The truly disadvantage: the inner city, the underclass, and public policy*. University of Chicago Press.

Youth in Care Canada. (2023). *A voice of youth in care*. https://youthincare.ca/

York Non-Profit Housing Co-op. (n.d). *History of Rental Housing in Toronto York Non-Profit Housing.* https://York Non-Profit Housing Society Co-op - History of Rental Housing in Toronto (yorkcoop.org)

Youth Without Shelter. (n.d.). On any given night, 1,500 – 2,000 youth in Toronto are homeless. https://yws.on.ca/who-we-are/youth-homelessnes

INYI JOURNAL

COMMENTARY

Racial Trauma Unfolds: The Spectacle of Witnessing George Floyd`s Murder

Donna Richards[1], Paul Adjei[2]

[1] School of Social Work, Trent University, Peterborough, Ontario, Canada
[2] School of Social Work, Memorial University, St. Johns, Newfoundland, Canada

This is a peer-reviewed (double-anonymized) article
Published online: 26 November 2024
INYI Journal **14**, 66-78(2025)

ISSN: 1929-8471
DOI: https://doi.org/10.25071/1929-8471.141

Abstract: In this article, we chart some of the detrimental emotional impacts of what we consider a human disaster: denying Black people's humanity. We focus on the highly publicized and violent killing of George Floyd by Minneapolis police officers in 2020: 9 minutes and 29 seconds of state-sanctioned, anti-Black violence that was filmed and circulated globally and has sparked the largest racial justice protest and beyond since the civil rights movements of the 1960s. We consider the impacts of viewing this footage, this spectacle, on Black people, seeing this human disaster playing out in front of their eyes through the lens of anti-Black racism (ABR), which serves as an analytic lens to theorize this trauma within the context of visceral and ubiquitous anti-Black racism. We further contextualize these links between racism and trauma by drawing from our firsthand experience, as well as the stories, worries, and feelings shared with us by Black professionals, families, and members of the community. We focus specifically on that shared by Black youth, which has primarily been the focus of our professional work. We conclude by highlighting strategies of resistance to counteract these impacts, as well as shifts to clinical practice that might better address them and structural shifts towards social justice.

Keywords: Human-made disasters, mental health, trauma, anti-Black racism, resistance, resilience.

Corresponding author: Donna Richards
Trent University, Peterborough Campus
1600 West Bank Drive
Peterborough, ON Canada, K9L 0G2
Email: donnarichards@trentu.ca
ORCID # 0000-0002-3716-0345

Introduction

The sensationalized mainstream and social media coverage of George Floyd`s murder on May 25, 2020, by Minneapolis police officer Derek Chauvin, galvanized an increase in global awareness of the harsh realities of police brutality, particularly against Black bodies, sparking global unrest and protest on a scale that has never been seen before. This reality is particularly true for young Black men, who are constructed as violent and dangerous criminals in individual interactions as well as structurally and through the news media. Historically, Black people have faced systemic racism and oppression that impacts their worldview, how they are forced to see the world's perception of them, and how they should navigate the world within this frame of reference. With the increased media attention providing filmed evidence of law enforcement brutality against Black bodies, Black people are visually reminded of the dangers of living while Black. On the flip side, many people contend that having the ability to capture such injustice through social media is good for bearing witness to what has been kept silent for so long. Within this reality, through the professional experiences of the authors of this article, as well as those of Black youth, families, and communities we have engaged with in our work, the impacts of witnessing such acts of violence on well-being will be examined.

Aftershocks: The Societal Impacts of Floyd`s Murder

Several weeks after the brutal murder of Mr. George Floyd, Daryl Austin, a White conservative cisgender male, journalist, and Donald Trump supporter, wrote an opinion piece in NBC News to describe his traumatic experience watching viral video footage of the horrific murder of Mr. Floyd:

> Like many other people, I watched in horror and anger when I saw former Minneapolis police Officer Derek Chauvin kneeling on the neck of George Floyd for nearly nine agonizing minutes as Mr. Floyd pleaded for air to breathe and two additional officers used the weight of their bodies to push Mr. Floyd's body into the filthy concrete. I could not help but wonder how everyone could participate in such an act of sheer inhumanity; I did not understand how it could have come to pass that they somehow saw George Floyd as being less.
>
> Seeing it unfold before my eyes—or maybe seeing this act unfold after seeing so many similar acts unfold similarly over the last few years—has profoundly affected me. George Floyd's death was a tipping point, not just for the Black Lives Matter movement or the movement to reform policing, but even for many white Republicans like me who once chose to believe—perhaps were taught to believe—that the fight to end institutionalized racism had already been won. Something inside me had been reluctant to believe the system was still being perpetuated today. No more. (Austin, 2020, para. 1-2)

Arick Wierson, another White cisgender male who is married to a Black woman, also penned this opinion piece in CNN News:

> What I saw in the video of George Floyd finally ruptured that bubble. … As a grown man, helplessly pinned to the ground, likely knowing his life was ending, Floyd cried out for his "mama." His mother, who was known as Cissy, had passed away, but in this hour of most dire need, he called out to her – his protector, his source of unconditional love. That cry pierced the bubble of my own White blindness, awakening me to the reality of what it means to be a parent to Black children. For too many years – my entire life, in fact – I had failed to realize that by and large law enforcement has one set of rules for dealing with White citizens and another for people of color. (Wierson, 2020, para. 14-17)

What is interesting in these two opinion pieces is that, although these authors do acknowledge that anti-Black racism has always existed in the United States, it took the visceral and highly publicized killing of an innocent Black man to concretize this reality for these (and many) white men. Prior to this incident, anti-Black racism may as well

have been a figment of the imagination of Black people, a reality of the past, or in the present only in specific, unique circumstances.

In her profound analysis of Mr. Austin's and Wierson's opinion pieces, Angela Onwuachi-Willig (2021) poses an interesting question: "Did the tragic killing of George Floyd result in cultural trauma for Whites?" Onwuachi-Willig (2021) argues that the murder of George Floyd forced many White people to rethink their racial privileges in relation to policing in the United States and Canada. Some White people even came to the realization, for the first time, that policing in the United States and Canada presents a potential danger to Black lives, where the concept "to serve and protect"— a known mantra of policing — does not include Black people. Onwuachi-Willig (2021) cited tweets from Mark Cuban, the owner of the Dallas Mavericks, and Mike Sexton, a White cisgender male living in an affluent community, to buttress her point. Days after Mr. Floyd's murder, Mr. Cuban tweeted:

> Dear White People: We are the ones that need to change. This is not one man's story, which is why the problem is ours. We need to find OUR way to change what we do. There is no quick fix. It is a moral imperative. (Gaydos, 2020, para. 4)

Mike Sexton also confessed that although he had previously heard several complaints of racial profiling and police harassment from his Black friends and acquaintances, the viral video footage of the horrific murder of Mr. Floyd made him realize "the powerlessness and sheer panic that Black people often experience in the presence of officers" (Beason, 2020, para. 13). Onwuachi-Willig (2021) concludes that Whites may have experienced a cultural trauma after being exposed to video footage showing the murder of George Floyd. Though there has been broad discussion about the state of our institutions and ways forward together following this murder, little attention has been paid to how viewing these violent videos across both mainstream and social media impacts Black people, their emotions, and the ways they walk in the world.

In this reflective article, we share our personal experiences, as well as those shared with us by Black youth, families, and other community members through engagements at community forums and clinical and counselling contexts who watched the viral video footage of Mr. Floyd's murder. We argue that Black people experienced racial and cultural trauma after witnessing Mr. Floyd's death, an upsetting reality that has not been given much attention in the literature. The video footage of George Floyd's murder reveals the metaphor of living Black in a White space. For Black people, nothing is more traumatic than to watch the 8-minute and 46-second footage of George Floyd pleading for mercy while his assailants look unconcerned. Such images remind us of institutional disregard for Black lives. We end the article with recommendations on how understandings of racial trauma may be integrated into practice when working with Black survivors.

The Agony of Witnessing Black Suffering

Elizabeth Alexander (1994) argues that viral footage of Black people suffering can create a national spectacle for White audiences. For Black audiences, however, such footage elicits emotional trauma, one which forces them to question what the future holds for Black lives in a visceral, anti-Black racism context (Alexander, 1994). Jeffrey Alexander (2004) expands on this reckoning, defining cultural trauma as qualifying events — real or perceived — in which "members of a collective feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways" (p. 1). Alexander (2004) further identifies four key components that must be present in any narrative of cultural trauma: (1) the nature of the pain or the injury the group endured; (2) the nature of the victim or the group affected by the traumatizing pain; (3) the relation of the trauma victim to the broader audience, or the extent to which "members of the audience for trauma representations experience an identity with the immediately victimized group"; and (4) attribution of responsibility, or who the perpetrators of the trauma are/were (p. 12-15). Angela Onwuachi-Willig (2016) expands on Jeffrey Alexander's (2004) conditions of cultural trauma by drawing on the Black community's reactions to the acquittal of the two White men, John William Milam and Roy Bryant, who murdered Emmett Till, a 14-year-old Black male accused of rape of a White

woman in 1955. For Onwuachi-Willig (2016), cultural trauma does not only happen to a community when unexpected occurrences disrupt their routine lives, but it also happens when the community is continuously exposed to such occurrences. Onwuachi-Willig (2016) outlines three elements that cumulatively create cultural trauma for a group:

> (1) an established history or accumulation of the routine harm for the trauma group; (2) widespread media attention, usually based on preceding events, that brings regional, national, or international attention to the occurrence of the routine harm; and (3) public discourse (whether in familial homes, in schools, through protests, or in public streets) about the meaning of the routine harm, which consists of public or official affirmation of the subordinated group's marginal status (p. 346).

Onwuachi-Willig (2016) argues that these three factors were present and collectively produced cultural trauma for the Black community after the acquittal of Milam and Bryant.

Extrapolating on Onwuachi-Willig's (2016) and Jeffrey Alexander's (2004) analyses of cultural trauma, we argue that the viral video footage of George Floyd's murder on May 25, 2020, created cultural trauma for the Black community, who already were witnessing the state of Black vulnerability in the face COVID-19 pandemic that had disproportionate effects on Black people's lives and livelihoods (Plater, 2020). Data available showed that Black people were more exposed and less protected from the COVID-19 virus and once infected, were more likely to die because of racial gaps in accessing quality health care in Canada and in the United States. For example, in Chicago, more than 50 percent of COVID-19 cases and nearly 70 percent of COVID-19-related deaths involved Black individuals, despite Black people making up only 30 percent of the population in Chicago (Reyes et al., 2020; Yancy, 2020). In Louisiana, Black people represented 70.5 percent of COVID-19-related deaths, although Black people only constitute 32 percent of the state's population (Deslatte, 2020). The Johns Hopkins University and American Community Survey showed that of 131 predominantly Black counties in the United States, the COVID-19 infection rate was more than 300 percent higher than in counties with predominantly White populations (Yancy, 2020). Further, the COVID-19-related death rate for predominantly Black counties was 600 percent higher than what existed in predominantly White counties (Yancy, 2020). In Canada, COVID-19-related deaths among Black people were higher than any other race: 49 deaths per 100,000 Black people, 31 deaths per 100,000 South Asian people, and 22 deaths per 100,000 White and Chinese people (Gupta & Aitken, 2022). Particularly disturbing was the claim of health officials that many, if not most, of those deaths were preventable if access to healthcare was equitable (Reyes et al., 2020). In the United Kingdom, COVID-19-related deaths among Black people were four times higher than among White people (Picheta, 2020). Alarming was the claim of health officials that many, if not most, of those deaths were preventable if access to healthcare were equitable.

Further, studies reveal unequal access to COVID-19 vaccines across countries, with racial differences as the common denominator. While many countries in the Global North, which are primarily White-populated, had largely vaccinated their population in 2022, countries in the Global South, in particular sub-Saharan Africa and the Caribbean, which consist of countries with heavy Black populations, are yet to do the same and are even projected to successfully vaccinate only 70% of their population by 2024 (Ahlberg & Bradby, 2022). Not that these largely Black-populated countries did not have funding to buy the vaccines for their people, but because countries like Canada, the United States, and the United Kingdom had pre-ordered and hoarded far more vaccine doses than they even needed for their populations, there were simply not enough. Of the 11 billion total doses available by the end of 2021, almost 9.9 billion were promised to largely White-populated countries (The World Bank, 2021). In a podcast featuring Mamta Murthi, the World Bank's Vice President for Human Development, and Dr. Ahmed Ogwell, the Deputy Director of the Africa Centres for Disease Control, they noted that countries like the United States paid for enough vaccines for twice its population, while the UK paid for enough vaccines for four times its population, and Canada for more than five times its population (The World Bank, 2021). While many low-income and largely Black-populated countries were struggling to vaccinate their populations, Canada, the United States, and the UK were talking about a third booster vaccine.

Taking this information together, the COVID-19 pandemic revealed, if previously not clear, that any life

that is not White or/and middle/upper class is easily disposable. In Necropolitics, Achille Mbembé (2003) states, "the ultimate expression of sovereignty resides, to a large degree, in the power and the capacity to dictate who may live and who must die" (p. 11). Mbembe's (2003) thesis raises a critical question about the conditions under which some lives deserve to live or must be allowed to die. For Black communities, the COVID-19 pandemic was not "a medical nor an epidemiological crisis; it was a crisis of sovereignty" over Black lives (Lee, 2020, para. 1). As the above data show, the COVID-19 pandemic created conditions for the slow death of Black peoples in Canada, the United States, and the United Kingdom. As Sandset (2021) rightly argues, the necropolitical outcomes of the COVID-19 pandemic were not only part of a "state of exception" but instead were indicative of "the state of acceptance" or normalization of Black tragedies in the Global North and beyond (p. 1411). The framing of the COVID-19 pandemic as simply a health crisis covers the racist state project that prioritizes the healthcare needs of the upper and middle class White people, thereby creating "death worlds" for Black and Indigenous lives and "life worlds" for White middle/upper class (Lee, 2020, para. 7). We saw a snippet of this racist state project in the UK when, at the time more Black people were dying from COVID-19 pandemic than other races, the then Prime Minister Boris Johnson suggested the United Kingdom is creating "herd immunity" whereby COVID-19 will be allowed to run its course.

Judith Butler (2004, 2016) argues that recent issues of global violence demand answers to questions like, "Who counts as human? Whose lives count as lives? And What makes for a grievable life?" (Butler, 2016, p.20). These questions are relevant through a necropolitical (Mbembé, 2003) frame of reference on healthcare provision during the COVID-19 pandemic; conditions were set to accept when certain lives must die or allowed to die and when certain lives must be saved and protected. In this case, Black lives were allowed by white supremacist necropolitical forces to be lost to the slow violence of a systemic lack of resources and access to healthcare.

While the COVID-19 pandemic raged on, the Black community was forced to bear witness to the murder of Mr. George Floyd. The viral video recording of close to 9 minutes revealed a young Black man, who we would learn was Mr. Floyd, being held down by his assailants — Derek Chauvin, Tou Thao, Alexander Kueng, and Thomas Lane — as his life slowly leaves his body while his assailants watched unconcerned. In many ways, the killing of George Floyd enacted the very same necropower propelling disproportionalities in COVID-19 infections and care, as the virus sucked the lives out of Black people while healthcare practitioners watched unconcerned. Mr. Floyd's death adds to the long list of Black homicides at the hands of White police officers in the United States and Canada: Breonna Taylor, Tamir Rice, Kurt Reinhold, Philando Castile, Rayshard Brooks, Stephon Clark, Aiyana Stanley-Jones, Eric Garner, Freddie Gray, Pierre Coriolan, Eric Osawe, Abdirahman Abdi, Jean-Pierre Bony, Sonya Massey, and many others. These examples of Black homicides at the hands of White officers are neither flaws in policing nor aberrant behaviours of a few rogue police officers, as is often touted in mainstream media coverage. Instead, they are examples of how policing is supposed to work for Black people. The viral footage of Mr. George Floyd was a stark reminder of the precarity of Black life in a visceral anti-Black racism context.

Author One and Author Two Experiences in the Aftermath

Though the footage of Mr. Floyd`s murder and its impacts were felt on a broad scale, of particular focus to both us as Black individuals and professionals is how these shockwaves continue to be felt in Black communities. Along these lines, we share stories of members of Black communities, including the experiences of Author One and Author Two, in the aftermath of Floyd`s murder:

Author One

I (Donna Richards) am a faculty in the social work department at a Canadian university. I am also a Black Canadian-born woman of Caribbean descent who has had extensive professional experience working with racialized youth populations, particularly Black young adults, within the context of social services, criminal justice systems, and clinical practice. When the news of George Floyd`s murder first broke, and I began to witness the repeats via news and social media in the weeks ensuing, I anticipated that at least some parents and youth with whom I previously worked might reach out for moral support and to talk through this horrific event.

Shortly after the news broke in the days and weeks that

followed, I received numerous phone calls and text messages from professional colleagues in clinical practice, school social workers, and even requests from past clients and parents requesting consultation regarding any available strategies to console their young adult children, often facing shock and hurt as a result of this human disaster. While I have extensive experience listening to narratives from Black and other marginalized youth who have experienced injustice within our society to varying extents, nothing had prepared me for the emotions experienced as I watched the repeats of Floyd being murdered and listened to past clients, parents, and colleagues voice the traumatic emotions that they continue to experience today.

I became engaged as much as I could in events and forums that spoke up about the continued injustice rendered against Black personhood and sought ways to support Black youth groups, individuals, and parents in deconstructing and coping with what they were witnessing. As a past therapist and active frontline social services advocate, I was shocked at how helpless I felt at times, thinking all the time of what I could do to advocate for and uphold Black humankind as worthy of recognition and protection. To this end, I participated in community presentations and other events that shared strategies for coping with the aftershocks of Floyd`s murder and the increased presence and experiences of anti-Black violence and racism.

Author Two

I (Paul Banahene Adjei) am a social work professor and a senior administrator (Associate Vice President — Indigenous Research) at Memorial University, Canada. I am an Asante Black cisgender male who migrated to Canada 21 years ago from Ghana. I have taught and practised social work in various contexts. I first heard about Mr. Floyd's death through an African mother who called me on the phone in the middle of the night crying. She asked me if I had seen the viral video of a police officer killing a Black man. I immediately went online to search for the story. One could say that not 20 years of knowledge of anti-Black racism prepared me for the viral video showing Mr. George Floyd's murder. Mr. Floyd's viral video is not my first time seeing a viral video recording of Black suffering. I have seen the killing of Eric Garner and Philando Castile and many other equally disturbing videos of Black suffering; however, the viral video recording of George Floyd haunted and traumatized me. Growing up as a child in Ghana, I once saw a cow being slaughtered at the slaughterhouse. The cow's legs were tied with a rope while two men knelt on it. The butcher then sliced the cow's throat with a sharp knife and watched the cow bleed out. I could still remember the eyes of the cow as it helplessly saw its life leaving its body while its assailants held it to the ground. The incident lasted about four minutes, but I could not forget that image, not even in my adult life. That trip became my last and only visit to any slaughterhouse. The 8-minute and 46-second viral video of Mr. Floyd took me back to this childhood trauma of witnessing the cow being slaughtered. However, this time, it was not an animal but a Black man. This video lasted for only 4 minutes; it lasted for a full 9 minutes. Like the cow, I could see Mr. Floyd's life leaving his body as his assailants — Derek Chauvin, Tou Thao, Alexander Kueng, and Thomas Lane — watched unconcerned. Even as a child, I knew then that the cow was inhumanely slaughtered. So, one could imagine the trauma of watching a human being killed in the worst way that made the killing of the cow somehow charitable and palatable. More worryingly, I know I am not far from George Floyd; what happened to Mr. Floyd could easily happen to me, my family, friends, and colleagues.

I was among the individuals who organized and spoke at the Black Lives Matter protest rally at St John's, Newfoundland. It was the first time over 1,000 people of multi-racial backgrounds (mostly Whites) came together to support the Black Lives Matter movement. Mr. Floyd's death inspired me to start anti-Black racism training. I have so far offered training to several federal and provincial governments and educational institutional employees. I also partnered with the Department of Psychiatry and Neuroscience of McMaster University to develop nine online training modules on anti-Black racism and critical race education. SKL 800: Anti-Black Racism and Critical Race Education, an online training course, is now offered by McMaster University Continuing Education. The course is an Accredited Self-Assessment Program as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada and approved by McMaster University Continuing Professional Development Program. So far, over 400 Health professionals have taken the course. Relatedly, I have worked with the Office of Professional and Educational Development (OPED) of the Faculty of Medicine, Memorial University, to develop

Six training modules on Equity, Diversity, Inclusion and Anti-racism education for health professionals. The training Modules are now housed on the OPED Memorial University website and certified as an Accredited Group Learning activity. Further, I have consulted and trained employees of several federal and provincial governments and public institutions on EDII-AR, including employment counsellors, senior administrators, community leaders and faculty members at MUN and beyond. I hope these efforts will go a long way in raising awareness as well as educating people about anti-Black racism in Canada.

The Terror of Living While Black

bell hooks (1996) notes, "all Blacks in the United States [and Canada], irrespective of their class status or politics, live with the possibility that they will be terrorized by whiteness" (p. 46). This Black fear of Whiteness is rooted in the racist history of the United States, marred in trauma, anguish, and violence (hooks, 1996). Marable (1983) agrees, writing that every Black is a prisoner of "White terror" informed by White ethos that Blacks are less human and, therefore, should not have the same rights as Whites. Indeed, Whites who have doubted Black people's sense of fear of Whiteness learnt through their experimentations that there is an existential threat of showing up Black in a White supremacist society. In 1961, John Howard Griffin, a White male, darkened his skin to pass as a Black male in order to investigate whether Black people are acting paranoid when they complain about "White terror" in the United States. In his findings, Griffin (1961) recounted an encounter with a White southern male who gave him a ride. Although Griffin saw this individual as a decent person, he (Griffin) believed the man was capable of killing any Black person deemed a threat to whiteness. Griffin (1961) summed up his experience of living temporarily in 'a Black body' in the US in the following words:

> When all the talk, all the propaganda has been cut away, the criterion is nothing but the color of skin. My experience proved that. They judged me by no other quality. My skin was dark. That was sufficient reason for them to deny me those rights and freedoms without which life loses its significance and becomes a matter of little more than animal survival. I searched for some other answer and found none. (p. 67)

Inspired by John Griffin's experimentation, Grace Halsell, a White female reporter, was convinced that the outcome would be different for a Black woman. In 1969, she too darkened her skin to pass as a 'Black woman' to experiment in the south of the United States. Halsell (1969) describes her fears of inhabiting, albeit temporarily, a Black woman's body in the US:

> Caught in this climate of hate, I am totally terror-stricken, and I search my mind to know why I am fearful of my own people [White people]. Yet they no longer seem my people, but rather the "enemy" arrayed in large numbers against me in some hostile territory. (p. 156-157)

John Griffin and Grace Halsell's narrations gave remarkable sincerity and validity to Black people's fear of whiteness in the United States and Canada. Their works show the severity and saliency of issues when one shows up Black in a White supremacist society. For Author Two, the thought of living as a Black man amidst the reality that your life could be cut short by a White assailant, as it happened to George Floyd, is both terrifying and emotionally traumatizing.

What We Heard from Black Youth, Families and Communities

The spectacle of watching George Floyd`s murder has often been classified as modern lynching, terrorizing Black people deeply and causing significant harm and trauma. With this in mind, we seek to explore the following question: How do young Black people navigate this hostile and potentially deadly reality of Black lives?

In Author One`s own experience working with Black youth during the height of the pandemic and amidst the breaking news of Floyd`s murder, as well as in conversations with colleagues working with Black youth, it was clear that Black people experienced total fatigue and unrest. This was particularly true for Black parents and their young adult children as they looked towards their children entering a hostile world. Narratives from these youth indicate that they felt numb, fearful, stressed, and displaced. In practice with these youth, many questioned and felt uncertainties regarding their future. A common question emerged: What does this mean for my future as a young Black man regarding employment and educational attainment? Parents of youth also voiced their concerns regarding how safe

their children, especially their sons, would be from police harassment. Some even spoke about sleepless nights and sleep disturbances they had been experiencing since the murder.

On the other hand, colleagues shared that Black youth with whom they worked both within the school boards, in clinical practice, and in other settings were questioning the authenticity of support shown by White people and others. Since the murder of George Floyd and the anti-racism uprisings, it was common to see companies and institutions alike contributing to the trending of BLM on social media and making commitments to countering anti-Black racism (ABR) in their spaces. However, there remain no substantive changes to their ideological underpinnings and practices. Though commitments and supportive statements were shared at the institutional level, Black youth found no substantive changes in the Canadian context, with some even identifying push-backs within workplaces and educational systems. Other Black youth also spoke to the level of violence against Black people to which they have been exposed and the damage it causes to their sense of self, self-esteem, and mental well-being. These youth also reported that their parents demonstrated more hypervigilance regarding their whereabouts when they are not at home, often reminding them of their non-safety in the world in general as Black people. This, some youth reported, led to high levels of anxiety. Racial socialization, or the "process of transmitting culture, attitudes, and values to prepare youth to cope with stressors and oppression associated with a racial minority status" (Metzger et al., 2021, p. 17), is not new to many Black children and youth. Author One vividly recalls being warned by their parents to be careful in all that she did from elementary to high school and to remember that she is Black and will never enjoy the same privileges as her non-Black peers.

Anti-Black Racism, Black Identity and Mental Health: Ramifications of Floyd`s Murder

Clarke and colleagues (2018) identify anti-Black racism (ABR) as the;

> pervasive, overarching climate of attitudes, beliefs, institutional practices, and policies that are embedded in Canada's White supremacist history and culture that denigrate people of African descent, and it is manifested in various forms of structural violence and racialized inequities in multiple social systems, including education, housing, racialized poverty, workplace, and criminal justice (p. 44).

It includes any form of racist incidents such as discrimination, stereotyping, and prejudice enacted against Black people. Essed (1990) further refers to "everyday racism," or the racism faced by racialized people in the course of everyday interactions between people. Kumsa and colleagues (2014) further expand on the multifaceted nature of ABR as follows: A-BR as the type of racism relegated against Black people; AB-R that Black people perpetuate, and A-B-R as the struggle against ABR and the struggle against racism perpetuated by Blacks" (p. 21). Within the current push for change provided by global anti-racism protests, it is now more widely recognized that ABR is a structure that has always been a part of the Canadian landscape (Mullings et al., 2016). Adjei (2018) asserts that "within a visceral anti-black racism context, there is a hypervisibility of blackness that is not accorded to any other community of colour ... and that the white gaze of Blackness can make black bodies feel insufficient" (p. 277). Symbolically, the police officer's knee on Floyd`s neck back in 2020, while being a representation of brutality, also represents both the historical and contemporary institutions that have upheld white supremacy. We ask, then, how does this ongoing injustice against Black bodies impact Black youth identity?

Black youth's racial identity is part of their self-concept related to their collective membership within a race (Sellers et al., 1998, 2003). Their identity is tied to culture, race, and shared experiences. As stated by Eichstaedt and colleagues (2021), "experiences of racism and discrimination are the cornerstone of Black identity" (p. 1). A positive racial identity is one that has developed a sound understanding of culture, pride, values, and history as a preparation for racist experiences (Pieterse et al., 2010). Additionally, some youth who identified as being bi- or tri-racial expressed emotions that indicated they were experiencing an identity crisis.

In speaking and working with Black youths post-Floyd`s murder, it became clear that having to watch the vivid images and listen to Floyd as he cried for his mother while the police kneeled on his neck has had a devastating impact on Black youth's perception of self to

an extent that resulted in adverse mental health outcomes. Data from a Canadian study that explored the intersecting impacts of ABR and the COVID-19 pandemic on the mental health of Black youth "found that the pandemic, along with the highly publicized incidents of racism and the Black Lives Matter movement, negatively impacted Black youth's mental health" (Osman et al., 2024, p. 1). Racism is a traumatic experience that has material impacts on the lives of racialized people, functioning as a sort of human disaster. While most Black children and youth are socialized to the reality that racism will impact Black people "from the cradle to the grave" (Comas-Diaz et al., 2019, p. 2), it is still traumatizing to helplessly watch and listen to one`s collective race mercilessly being downtrodden over and over again. The spectacle of Floyd`s death can be understood as a lynching that terrorized Black people deeply, causing significant harm and trauma.

Racism is a significant life stressor for Black youth, and the "effects of racism-related encounters … should be conceptualized as a distinct form of traumatic stress, otherwise referred to as 'racial trauma'" (Bernard et al., 2021, p. 236). Racial trauma is the emotional and psychological response to trauma-related incidents that are unexpected, experienced as threatening, and result in significant psychological distress (Pieterse, 2018, p. 205). It was most apparent after Floyd's murder while engaging with Black youth in a clinical context that they were burdened by the harmful experience of ongoing witnessing of police brutality against Black bodies both in Canada and the USA to an extent that left them with feelings of helplessness, lethargy, anxiety, and uncertainties about their future. Images of police brutality against Blacks, particularly in the US, Canada, and the UK, are no aberration to Black people, as it has been a constant in the media in contemporary times. Viewing these images often triggers racial trauma, especially among Black youth who are still in the process of identity development. Many of the youth that Author One and her colleagues worked with post-Floyd's murder reported traumatic symptoms such as anxiety, fear, feelings of sadness, apprehensiveness, helplessness, hopelessness, and overall emotional exhaustion and disappointment in the fact that the more things change, the more they stay the same.

Resilience/Resistance: The Flipside

While the witnessing of George Floyd`s murder has had devastating repercussions on Black populations worldwide, particularly Black men and Black youth, people are demonstrating resistance to White supremacy and anti-Blackness to varying extents. We have watched as #BlackLivesMatter (BLM) has evolved into a positively impactful national and international movement, inspiring all Black populations to resist oppression and racism against Black people. Black resistance in this context is seen as the "uprising of Black people in opposition to the enduring racism and white supremacy that allow white people to maintain economic, political and overall control" (Haynes et al., 2019, p. 1067). Black resistance fights back against police brutality on Black bodies while centralizing Black experiences and maintaining a positive sense of self in the face of racism and discrimination (Nissim, 2014). With all that violence and pain that has occurred prior to and following Floyd's murder, Black people and Black youth are demonstrating both digital and offline activism. In Author One's work with Black youth after Floyd's murder, she found that with support, these youth began advocating for themselves; some participated in the local protests, and others spoke to establishing boundaries in their professional lives to allow for self-care.

Globally, Black youth have become more emboldened in fighting back against racism and discrimination. One study conducted with Black African Australian youth (Moran & Gatwiri, 2022) indicated that after Floyd's murder, there was a turning point when the social media practices of youth changed; they began using social media to verbalize their varied experiences with racism, irrespective of how their followers or others may react. Similar activism was also obvious nationwide in Canada, the US, and beyond.

Opportunities to educate and implement tools to support liberation and transformation were also made possible to some extent, as exemplified by Author Two's project in implementing anti-Black racism training as part of the continuing education programs at McMaster University in Ontario. Education can create transformation for both general populations and particularly Black youth, which will result in how they are viewed and made to feel in society. The struggle to "transform education for Black youth is now at the

forefront for #BlackLivesMatter" (Helper & Joubert, 2021, p. 34). The goals are to see ethnic studies added to the school curriculum, the hiring of Black educators, and see counsellors being held accountable for counteracting racial violence against Black students (Helper & Joubert, 2021, p. 35). Additionally, many organizations, particularly in Canada, the USA, and the UK, are now re-examining their association with historical wrongs done to Black people. Overall, in the wake of Floyd's murder and many other Blacks who died at the hands of police officers, the movement for Black lives has ignited a mass of youth voice and participation (Helper & Joubert, 2021).

Implications/Conclusion

The murder of George Floyd and the witnessing of this horrific event has been a watershed moment in various ways for Black people worldwide. Witnessing Floyd's brutal murder by law enforcement officers reminds us that racism historically shapes the vulnerabilities of Black communities but also that racism exposes structures, policies, and practices that have created this social vulnerability (Gaynor & Wilson, 2020). It is also no secret that publicized acts of violence and the negative impact on Black bodies have taken a toll on the psychological well-being of Black youth. Anti-Black racism is also often overlooked in policy implementation at all levels, including educational systems, the labour force, and other social settings. Social workers and other professionals, such as educators in elementary and high schools and practitioners in clinical mental health practice, must invest in developing cultural understandings of the populations they serve and promote sensitive service delivery at all levels.

Social workers, clinicians, and other practitioners working with Black youth must start with an understanding of the impact of historical trauma, mass-level oppression, and the subjugation of Black people both historically and contemporarily. Hence, best practices should include mechanisms that uplift Black youth voices and advocacy to promote social change in systems that impact their daily lives. Furthermore, it must be considered that promoting youth engagement will serve not only to encourage but also to validate the collective political power of youth and their ability to contribute. Youth programs should be developed that afford Black youth opportunities to develop strategies that facilitate healing from ABR and historical trauma.

In all, we are hopeful that movements gaining ground each day that call out the historical, contemporary, and continued dehumanization of Black bodies, supported by intentional and critical choices in our practice and beyond, will result in affording Black youth a positive concept of self and racial identity, as well as safety as they grow and take space in the world.

*The authors have no conflicts of interest to disclose.

REFERENCES

Adjei, P. B. (2018). The embodiment of blackness in a visceral anti-black ableism context. *Race, Ethnicity and Education*, 21(3), 275–287. https://doi.org/10.1080/13613324.2016.1248821

Ahlberg, B. M., & Bradby, H. (2022). Ethnic, racial and regional inequalities in access to COVID-19 vaccine, testing and hospitalization: Implications for eradication of the pandemic. *Frontiers in Sociology, 7*, Article 809090. https://doi.org/10.3389/fsoc.2022.809090

Alexander, E. (1994). "Can you be Black and look at this?": Reading the Rodney King video(s). *Public Culture, 7*(1), 77–94. https://doi.org/10.1215/08992363-7-1-77

Alexander, J. C. (2004). Toward a theory of cultural trauma. In J. C. Alexander, R. Eyerman, B. Giesen, N. J. Smelser, & P. Sztompka (Eds.), *Cultural trauma and collective identity* (pp. 1–30). University of California Press.

Austin, D. (2020, June 14). *George Floyd's death has to be a tipping point - White people like me must fight racism*. NBC News.

https://www.nbcnews.com/think/opinion/george-floyd-s-death-has-be-tipping-point-white-people-ncna1229181

Beason, T. (2020, June 28). *'Something is not right:' George Floyd protests push white Americans to think about their privilege.* Los Angeles Times. https://www.latimes.com/politics/story/2020-06-28/white-voters-racism-reckoning-george-floyd-killing

Bernard, D. L., Calhoun, C. D., Banks, D. E., Halliday, C. A., Hughes-Halbert, C., & Danielson, C. K. (2021). Making the "C-ACE" for a culturally-informed Adverse Childhood Experiences framework to understand the pervasive mental health impact of racism on Black youth. *Journal of Child & Adolescent Trauma,* 14(2), 233-247. https://doi.org/10.1007/s40653-020-00319-9

Butler, J. (2004). *Precarious life: The powers of mourning and violence.* Verso Books.

Butler, J. (2016). *Frames of war: When is life grievable?* Verso Books.

Clarke, J., Hasford, J., Gudge, L., & Mills-Minster, S. (2018). Imagining a community-led, multi-service delivery model for Ontario child welfare: A framework for collaboration among African Canadian community partners. *Journal of Law and Social Policy,* 28, 42–66. https://digitalcommons.osgoode.yorku.ca/jlsp/vol28/iss2/3

Comas-Díaz, L., Hall, G. N., & Neville, H. A. (2019). Racial trauma: Theory, research, and healing: Introduction to the special issue. *American Psychologist, 74*(1), 1–5. https://doi.org/10.1037/amp0000442

Deslatte, M. (2020, April 7). *Louisiana data: Virus hits blacks, people with hypertension*. AP News. https://apnews.com/general-news-cde897293f88f788d3f3bfdb3d46c466

Eichstaedt, J. C., Sherman, G. T., Giorgi, S., Roberts, S. O., Reynolds, M. E., Ungar, L. H., & Guntuku, S. C. (2021). The emotional and mental health impact of the murder of George Floyd on the US population. *Proceedings of the National Academy of Sciences of the United States of America, 118*(39), Article e2109139118. https://doi.org/10.1073/pnas.2109139118

Essed, P. (1990). *Everyday racism: Reports from women of two cultures*. Hunter House.

Evans-Winters, V. (2019). *Black feminism in qualitative inquiry: A mosaic for writing our daughter's body.* Routledge

Gaydos, R. (2020, June 2). *Mavericks owner Mark Cuban has message for 'white people' in wake of George Floyd's death.* Fox News. https://www.foxnews.com/sports/mavericks-mark-cuban-message-white-people-george-floyd-death

Gaynor, T. S., & Wilson, M. E. (2020). Social vulnerability and equity: The disproportionate impact of COVID-19. *Public Administration Review, 80*(5), 832–838. https://doi.org/10.1111/puar.13264

Griffin, J. H. (1961). *Black like me*. Wings Press

Gupta, S., & Aitken, N. (2022). COVID-19 mortality among racialized populations in Canada and its association with income. Statistics Canada. https://www150.statcan.gc.ca/n1/pub/45-28-0001/2022001/article/00010-eng.htm

Halsell, G. (1969). *Soul sister*. World Publishing Company.

Haynes, C., Castillo-Montoya, M., Hailu, M., & Stewart, S. (2019). Black Deprivation, Black Resistance, and Black Liberation: The influence of #BlackLivesMatter (BLM) on higher education. *International Journal of Qualitative Studies in Education, 32*(9), 1067–1071. https://doi.org/10.1080/09518398.2019.1645911

Helper, G. A. S., & Joubert, E. (2021). Activism in the boonies for black lives and educational change: A critical conversation with youth rural activist Gem Amber Sun Helper. *Journal of Research in Rural Education, 37*(7), 34–37. https://doi.org/10.26209/jrre3707-05

hooks, b. (1996). *Killing race: Ending racism.* Holt Paperbacks.

Kumsa, M. K., Mfoafo-M'Carthy, M., Oba, F., & Gaasim, S. (2014). The contours of anti-black racism: Engaging anti-oppression from embodied spaces. *Journal of Critical Anti-Oppressive Social Inquiry, 1*(1).

Lee, C. A. (2020). *The necropolitics of COVID-19*. Africa is a Country. https://africasacountry.com/2020/04/the-necropolitics-of-covid-19

Marable, M. (1983). *How capitalism underdeveloped black America: Problems in race, political economy, and society*. Allyn & Bacon.

Mbembe, A. (2003). Necropolitics (L. Meintjes, Trans.). *Public Culture*, 15(1), 11–40.

Metzger, I. W., Anderson, R. E., Are, F., & Ritchwood, T. (2021). Healing interpersonal and racial trauma: Integrating racial socialization into trauma-focused cognitive behavioral therapy for African American youth. *Child Maltreatment, 26*(1), 17–27. https://doi.org/10.1177/1077559520921457

Moran, C. & Gatwiri, K. (2022). #BlackLivesMatter: Exploring the digital practises of African Australian youth on social media. *Media, Culture & Society, 44*(7), 1330–1353. https://doi.org/10.1177/01634437221089246

Mullings, D. V., Morgan, A. & Quelleng, H. K. (2016). Canada and the great white north where anti-Black racism thrives: Kicking down the doors and exposing the realities. *Phylon, 53*(1), 20-41.

Nissim, R. (2014). *Building resilience in the face of racism: Options for anti-racism strategies*. Sydney Social Justice Network. https://core.ac.uk/download/pdf/30673444.pdf

Onwuachi-Willig, A. (2021). The trauma of awakening to racism: Did the tragic killing of George Floyd result in cultural trauma for whites? *Houston Law Review, 58*, 817–846.

Osman, S., Aiello, O., Brouillette, K., Taylor, M., McKenzie, K., Renzaho, A. M. N., Henderson, J., Hamilton, H., & Salami, B. (2024). "Dual pandemics": Intersecting influences of anti-Black racism in the COVID-19 pandemic on the mental health of Black youth. *Canadian Journal of Nursing Research.* Advance online publication. https://doi.org/10.1177/08445621241253116

Picheta, R. (2020, May 7). *Black people in the UK four times more likely to die from Covid-19 than white people, new data shows*. CNN News. https://www.cnn.com/2020/05/07/uk/uk-coronavirus-ethnicity-deaths-ons-scli-gbr-intl/index.html

Pieterse, A. L. (2018). Attending to racial trauma in clinical supervision: Enhancing client and supervisee outcomes. *The Clinical Supervisor, 37*(1), 204–220. https://doi.org/10.1080/07325223.2018.1443304

Pieterse, A. L., Carter, R. T., Evans, S. A., & Walter, R. A. (2010). An exploratory examination of the associations among racial and ethnic discrimination, racial climate, and trauma-related symptoms in a college student population. *Journal of Counseling Psychology, 57*(3), 255–263. https://doi.org/10.1037/a0020040

Plater, R. (2020, April 14). *Why the African American community is being hit hard by COVID-19.* Health News. https://www.healthline.com/health-news/covid-19-affecting-people-of-color

Reyes, C., Husain, N., Gutowski, C., St Clair, S., & G., P. (2020, April 7). *Chicago's coronavirus disparity: Black Chicagoans are dying at nearly six times the rate of white residents, data show*. Chicago Tribune. https://www.chicagotribune.com/coronavirus/ct-coronavirus-chicago-coronavirus-deaths-demographics-lightfoot-20200406-77nlylhiavgjzb2wa4ckivh7mu-story.html

Sandset, T. (2021). The necropolitics of COVID-19: Race, class and slow death in an ongoing pandemic. *Global Public Health, 16*(8–9), 1411–1423. https://doi.org/10.1080/17441692.2021.1906927

Sellers, R. M., & Shelton, J. N., & Diener, J. (2003). The role of racial identity in perceived racial bias. *Journal of Personality and Social Psychology,*

84(5), 1079–1092. https://doi.org/10.1037/0022-3514.84.5.1079

Sellers, R. M., Smith, M. A., Shelton, J. N., Rowley, S. A. J., & Chavous, T. M. (1998). Multidimensional model of racial identity: A reconceptualization of African American racial identity. Personality and *Social Psychology Review, 2*(1), 18–39. https://doi.org/10.1207/s15327957pspr0201_2

The World Bank. (2021). '*Absolutely unacceptable' COVID-19 vaccination rates in developing countries | The development podcast [Podcast episode].* https://www.worldbank.org/en/news/podcast/2021/07/30/-absolutely-unacceptable-vaccination-rates-in-developing-countries-the-development-podcast

Wierson, A. (2020, June 19). *White dad with Black kids: George Floyd was my wake-up call.* CNN News. https://www.cnn.com/2020/06/19/opinions/white-dad-black-kids-george-floyd-wake-up-call-wierson/index.html

Yancy, C. W. (2020). COVID-19 and African Americans. *JAMA, 323*(19), 1891–1892. https://doi.org/10.1001/jama.2020.6548

COMMENTARY

York University's 7th Lillian Meighen Wright Maternal-Child Health Learning Academy: Impacts of Natural Disasters on Maternal-Child Health

Attia Khan
Faculty of Health, York University

This is an invited Commentary
Published online: 18 December 2024
INYI Journal **14**, 79-82(2025)

ISSN: 1929-8471
DOI: https://doi.org/10.25071/1929-8471.153

On 15 and 17 July 2024, the Office of Women's Health Research Chair in Mental Health held its 7th Lillian Meighen Wright (LMW) Maternal-Child Health Learning Academy focussing on the Impacts of Natural Disasters on Maternal-Child Health. In a joint Call for Action the United Nations agencies urged countries around the globe to protect maternal, newborn and child health from the impacts of climate change (World Health Organization, 2023). The World Health Organization reports the impacts of climate crisis on pregnant women and children has been largely overlooked and underreported in the research literature even though they bear the most serious consequences due to their vulnerabilities (World Health Organization, 2023). The purpose of this year's Learning Academy was to draw attention to the impact of the ongoing global climate change on maternal and child health and to call for local, national and global action on climate-related threats. Academics, researchers, students, policy makers, service providers, and community members from East to West coast of Canada, the USA, Great Britain, Norway, Rwanda and Ethiopia participated in the two-day virtual LMW Learning Academy. Panel and poster presenters addressed impacts of climate change and climate initiatives in the global North and South on diverse and vulnerable populations living in urban, rural and coastal communities.

The Lillian Meighen Wright Learning Institute/Academy first began as a knowledge sharing event in 2011. The goal was to provide a platform where diverse sectors could showcase innovative research and knowledge on topics related to maternal-child health. Since then, the Learning Academy is held biennially and has transformed from an in-person event to an online event after the COVID-19 Pandemic. Some of the past LMW Learning Academy themes have included *international context of disabilities on parenting*, *gender-based violence and trauma-informed approaches*; and *maternal-child health during a global pandemic*. Dr. Nazilla Khanlou (Academic Lead for the Lillian Meighen Wright Maternal-Child Health Scholars Program at York University and the Women's Health Research Chair in Mental Health) organizes the event every other year with members of the Planning Committee. This year's Planning Committee members included Student Co-Chairs of the Lillian Meighen Wright Scholars Program, Meaghan Hall and Lojain Hamwi, and the Office affiliates Dr. Luz Maria Vazquez and Dr. Attia Khan, who helped in event planning, and provided technical and knowledge translation support. The LMW Learning Institute/Academy receives financial support from the Lillian Meighen and Don Wright Foundation and the Women's Health Research Chair in Mental Health Office, and the Faculty of Health.

The first day of the LMW Learning Academy commenced with York University's Land Acknowledgment statement and Dr. Khanlou warmly welcoming everyone. She briefly went over the format of the day. Dr. Karin Page-Cutrara, Associate Dean, Learning, Teaching & Academic Programs, Faculty of Health, York University greeted the attendees on behalf of Dean David Peters. She noted that the Learning Academy's focus on promoting women's health and well-being, identifying risk factors among marginalized populations, and prioritizing the involvement of community members aligns with the "research focus of the Faculty of Health's strategic plan." The day's event was organized as panel presentations, live rapid poster presentations and discussion sessions.

The first panel presentation *Earth, Water, Air, and Fire: Early Life Brain Development in Disaster Zones* by Dr. Kam Sripada from Norwegian University of Science and Technology was presented by student Meaghan Hall from York University. While pointing to the bright red spots on a global heat map on a slide, she explained that over a billion children lived in these extremely high-risk zones impacted by climate change. She also noted that "children from these countries contribute the least to climate change but suffer the greatest consequences." The next panel presentation was by Dr. Nirupama Agrawal from York University on *Impacts of Hurricanes and Floods on Maternal-Child Health.* In her presentation Dr. Agrawal noted that children who were in the womb during the Superstorm Sandy, a massive hurricane, later on in adolescence and adult life experienced behavioral disorders.

Dr. Ranjan Datta from Mount Royal University in Alberta accompanied with his youth activist daughter presented on the *Effects of Disasters on Racialized Immigrant Youth and Community-Led Adaptation Initiatives.* The father daughter duo shared their experiences of indigenous land-based learning as climate action, and cross-cultural anti-racism among immigrant youth. They spoke about the many ways the indigenous ways of knowing can guide climate change initiatives in our lives, for example by conceptualizing the importance of "all living things and non-living things, including water animals, plants, insects, sun, everything deserves respect." Dr. Lara Pierce from York University presented on *Contributions of Stress and Socioeconomic Status to Early Neural and Language Development*. Dr. Pierce explained how early adverse exposures, variation in the early environment, stress and adversity and harmful experiences can shape the foundations of the developing brain, such as language abilities and executive function.

The second part of the event entailed live rapid poster presentations, and the topics included: 1) *Access to Mental Healthcare Services for Black Women During Perinatal Period – A Scoping Review*, presented by Dr. Mary Asirifi from MacEwan University in Alberta; 2) *Mothering during the COVID-19 Pandemic: Social Support to Promote the Wellbeing of Racialized Mothers of Youth with Developmental Disabilities* presented by Dr. Attia Khan from York University; and 3) *Exploring the Future: The Role of Fathers in Strengthening Maternal-Child Health During Disasters* presented by Josephine Francis Xavier from York University.

On the second day of the LMW Learning Academy Dr. Khanlou welcomed the panelists, poster presenters and the attendees. The first panelists were Dr. Nelly Oelke and Dr. Carolyn Szostak, from the University of British Columbia, Okanagan, who presented on *Mental Health Impacts of Climate Change Events in Rural British Columbia.* In their talk Dr. Oelke and Dr. Szostak discussed the aftermath of climate change and events on individuals and communities in rural and remote communities in British Columbia. In their study they found climate change events including evacuation orders/alerts, smoke and fire impacted people in multiple ways such as anxiety, physical and mental exhaustion. The next panelist was Dr. Afroza Sultana from York University who presented on *Impact of Water Insecurity on Haudenosaunee Mothers' Health and Well-being.* Dr. Sultana discussed the impact of water insecurity (e.g., lack of clean water) on the holistic health and well-being of mothers and their families in the Haudenosaunee Six Nations of the Grand River.

After a short break, Dr. Bree Akesson from Wilfrid Laurier University presented on *The Perinatal Experiences of Families in the Climate-Conflict-Displacement Nexus.* Dr. Akesson noted that "climate change was a threat multiplier." She elaborated that "climate change related disasters, war and political violence displacement really ruptures families and protective systems, exacerbates food insecurity, water scarcity, resource competition, while also disrupting livelihoods and spurring migration." She provided examples from her ongoing research with displaced and stateless Rohingya refugees in Bangladesh. The last panel presentation was by Dr. Luz Maria Vazquez from York University. In her presentation on *Gender and Climate Change: Vulnerability and Adaptation in Coastal Communities in Costa Rica*, Dr. Vazquez revealed how loss of biodiversity or climate change were threatening local communities, and that conservation initiatives were a contentious process worldwide that required local community involvement in planning. Dr. Vazquez further highlighted "Women are disproportionately affected because of the roles in the reproductive processes, and the sustenance of their livelihoods." Specifically focussing on the coastal communities, she said "the most important phenomena facing coastal communities worldwide is coastal erosion, which in some context is explained as a climate change impact because of sea level rise."

The rapid poster presentations for the second day covered topics including: 1) *The Coping Strategies towards Post-Traumatic Stress after Acute Onset Earthquake on Children* presented by Dr. Susan Chang Su from Brandon University and Amanda Chen from Western University; 2) *Impacts of Collective Trauma on Women and Children* presented by Dr. Negar Alamdar from York University and Dr. Ezat Mossallanejad from the Canadian Center for Victims of Torture: and 3) *The Mental Health of Pregnant Mothers Following Natural Disasters: An Evidence Analysis* presented by Danielle Washington from York University.

Before the event's conclusion, participants asked the panelists questions, and the event ended after a stimulating discussion on climate change and actions needed. Collectively the presenters highlighted vulnerabilities to climate change that are determined or exacerbated by pre-existing inequalities in various forms and types. Dr. Khanlou noted that "through co-learning the Learning Academy has addressed the prevailing global issue of climate change and crisis and impacts on the health and wellbeing of families and communities, moving the field forward with specific focus on maternal-child health."

The 7th Lillian Meighen Wright Maternal-Child Health Learning Academy on the Impacts of Natural Disasters on Maternal-Child Health provided a virtual discussion space to share research and personal experiences on climate change effects on maternal and child health. We hope the learnings from the event have taken us one step closer to acting and addressing the impact of climate change.

All participants' bios and abstracts (including panelists and poster presenters) are available in the event booklet on our Office's website: York University's **7th Lillian Meighen Wright Maternal-Child Health Learning Academy: Impacts of Natural Disasters on Maternal-Child Health.** July 15 and 17, 2024. Booklet LMW 7th Learning Academy July 2024.

Corresponding author: Attia Khan
York University
Email: attiakh2@yorku.ca

References

Agrawal, N. (2024 July 15). Impacts of Hurricanes and Floods on Maternal-Child Health [Abstract]. Booklet: York University's 7th Lillian Meighen Wright Maternal-Child Health Learning Academy. York University.

Akesson, B. (2024 July 17). The Perinatal Experiences of Families in the Climate-Conflict-Displacement Nexus [Abstract]. Booklet: York University's 7th Lillian Meighen Wright Maternal-Child Health Learning Academy. York University.

Datta, R. (2024 July 15). Effects of Disasters on Racialized Immigrant Youth and Community-Led Adaptation Initiatives in Western Canada [Abstract]. Booklet: York University's 7th Lillian Meighen Wright Maternal-Child Health Learning Academy. York University.

Oelke, N & Szostak, C. (2024 July 17). Mental Health Impacts of Climate Change Events in Rural British Columbia [Abstract]. Booklet: York University's 7th Lillian Meighen Wright Maternal-Child Health Learning Academy. York University.

Pierce, L. (2024 July 15). Contributions of Stress and Socioeconomic Status to Early Neural and Language Develop [Abstract]. Booklet: York University's 7th Lillian Meighen Wright Maternal-Child Health Learning Academy. York University.

Sripada, K. (2024 July 15). Earth, Water, Air, and Fire: Early Life Brain Development in Disaster Zones [Abstract]. Booklet: York University's 7th Lillian Meighen Wright Maternal-Child Health Learning Academy. York University.

Sultana, A. (2024 July 17). Impact of Water Insecurity on Haudenosaunee Mothers' Health and Well-being [Abstract]. Booklet: York University's 7th Lillian Meighen Wright Maternal-Child Health Learning Academy. York University.

Vazquez L.M. (2024 July 17). Gender and Climate Change: Vulnerability and Adaptation in Coastal Communities in Costa Rica [Abstract]. Booklet: York University's 7th Lillian Meighen Wright Maternal-Child Health Learning Academy. York University.

World Health Organization. (2023). Protecting maternal, newborn and child health from the impacts of climate change. Geneva: World Health Organization. https://iris.who.int/bitstream/handle/10665/374272/9789240085350-eng.pdf?sequence=1

INYI Journal

Editor-in-Chief: Nazilla Khanlou
Managing Editor: Luz Maria Vazquez
Assistant Manager: Attia Khan
York University, 4700 Keele Street
Toronto, ON, Canada, M3J 1P3
Website: https://inyi.journals.yorku.ca/
Email: inyi.journal@gmail.com
Follow us at X-Twitter: https://x.com/YorkUOWHC
ISSN 1929-8471