Intersectional Discrimination and Psychological Distress Among Black 2SLGBTQIA+ People in Canada: A Critical Ecological and Systematic Review

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Abstract

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Jada Joseph

The hegemonic power bestowed toward a biomedical psychiatric model of mental health aids in trivializing the impacts of the social context on managing risks and shaping the accessibility of resources. Bronfenbrenner's (1979) ecological systems theory argues that the ecology of human development unfolds through interactions with different interdependent systems. The minority stress model suggests that exposure to discrimination in different ecological systems related to one's "social statuses […] can result in adverse mental health outcomes" (Meyer, 2003; Schmitz et al., 2020, p.164-165). In this contemporary moment, while Black people are over-represented in care systems as already diseased prone, I wish to complicate this view by interrogating the colonial, multi-system, anti-Black, classist, sexist, homophobic, ableist, and transphobic roots of psychological distress experienced by Black 2LGBTQIA+ people. To this end, this thesis critically reviews Canadian literature examining Black 2LGBTQIA+ people's multisystem experiences of distress and collective resistance strategies. It begins with a brief historicization unveiling the colonial roots of neoliberal understandings of mental health practice and exposing social work's role in the settler-colonial project. Theoretical insights from decolonial and feminist approaches to social work and Mad Studies are deployed to problematize and create counter-narratives to neoliberal and biomedical models of mental health. Grounded in Black 2SLGBTQIA+ people's collective embodied experiences and resistance strategies and the theoretical foundations mentioned above, this thesis provides recommendations for liberating marginalized people from oppressive mental health institutions at micro and macro levels of service provision.

Acknowledgements

This research took place on the unceded territory of the Kanien'kehá:ka. Tiohtià:ke (Montreal) has historically been a meeting place for other Indigenous nations in the Haudenosaunee Confederacy. Concordia University has deep roots in settler colonialism through its long-standing relationship with the Jesuits and the Grey Nuns, whose expansion was predicated upon the disposal of Indigenous people and whose nuns and priests possessed Black enslaved people (President's Task Force on Anti-Black Racism, 2022; Trudel & d'Allaire, 2013). The Kanien'kehá:ka continue to resist colonial governmentality and domination, such as bills 21 and 96 and the expansion of a golf course on Kanien'kehá:ka territory (Fournier, 2023a, 2023b; Simpson, 2014). In acknowledging the Indigenous lands to which this research takes place, I also want to highlight that Black 2SLGBTQIA+ people's experience of structural violence is the legacy of settler-colonialism in which "modern forms of sexuality were formed in the colonial moment and against gendered practices of Indigenous people" (Goeman, 2012, p.190; Morgensen, 2011; Rifkin, 2010). As Black people, land acknowledgements serve as a moment to reflect on our unique experiences as African diasporic people who have been displanted and replanted on stolen lands (Morgan, 2019). It is a moment to acknowledge our enslaved ancestors whose abolitionist efforts continue to shape our lives today. I take this moment to emphasize Black and Indigenous solidarity through our distinct, yet interconnected experiences of genocide, displacement, and settler-colonialism.

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Chapter 1: Introduction

The legacy of settler colonialism and systemic racism has systemically put Indigenous and racialized communities at risk of illnesses, poorer access to care, worse health outcomes, and poverty. Black and Indigenous scholars have contended that this systemic risk to vulnerability - at the social, economic, educational, and health levels - faced by racialized communities constitutes structural violence (Gunn, 2017; Phillips-Beck et al., 2020; Maynard, 2017; Rodney & Copeland, 2009). Structural violence refers to the social arrangements that are rooted in the "economic, political, legal, religious, and cultural organization of our social world […] that system[i]cally put marginalized groups in harm's way" (Farmer Nizeye, & Keshavjee, 2006, p.1686). These arrangements are violent in nature as they cause intergenerational forms of emotional, psychological, spiritual, and physical injury, death, and/or displacement to marginalized groups. The multi-system effects of structural violence would indicate that the discrimination, stress, and subsequent psychological distress birthed through these experiences are multi-dimensional.

Bronfenbrenner's (1979; 1983) ecological systems theory argues that the ecology of human development unfolds through interactions with different interdependent systems. These environmental interactions directly impact psychological, emotional, physical, social, cognitive, and spiritual growth. The five systems include the micro, meso, exo, macro, and chrono-system (Bronfenbrenner, 1979; 1994). The microsystem consists of relationships individuals are in close contact with such as families, friends, and community members. The mesosystem refers to the coming together of multiple microsystems. It "refers to all levels of social reality from the most proximal in which we are immediately embedded, like family, neighborhood, [natural environments], and workplace, to the most distal that is circumscribed at least by community or social boundaries, such as networks" (Pearlin & Bierman, 2013, p.185). The exosystem includes

workplace(s), legal, social, and health services. The macrosystem represents the "societal blueprint for a particular culture or subculture" (Bronfenbrenner, 1994, p.1646). The final system, the chronosystem, represents aging and a consideration of the time period in which an individual is living (e.g., living during the COVID-19 pandemic).

The World Health Organization (2022) characterizes mental health determinants as structural, individual, and social. Mental health exists on a continuum and is experienced differently on collective and individual levels. Major temporal and historical events and changes influence it. Hence, psychological distress arises from a complex interplay between heightened emotional, psychological, and physiological suffering and stressors, leaving the person overwhelmed to manage daily life (Arvidsdotter et al, 2016). Scholars using stress process theory further this discussion, suggesting that stress and mental health outcomes are related to an individual's placement within society's hierarchy of social and economic statuses (Pearlin et al., 1981; Pearlin 1989, 1991; Pearlin & Bierman, 2013). Routine exposure to social and economic discrimination (i.e., micro and macro levels) is likely to lead to psychological distress when it goes unattended, resulting in a proliferation of stressors (LeBlanc et al., 2015; Pearlin, 1997; Pearlin & Bierman, 2013). Thus, socio-environmental conditions must inform our understanding of stress, and mental health. The lack of adequate resources within marginalized communities is fundamentally rooted in the failure to identify and address these conditions.

Individuals such as Black two-spirit, lesbian, gay, bisexual, trans+, queer, intersex, and asexual (2SLGBTQIA+) people face multiple structural adversities, which is scantly addressed in mainstream literature on mental health. An intersectional minority stress model helps to highlight existing gaps in the literature in that it characterizes health inequalities as byproducts of multiple sources of structural stigma (Schmitz et al., 2020; Crenshaw, 1989; 2020). Coined by Kimberlé Crenshaw (1981;1991) and developed through the prolific scholarship and ancestral embodied

knowledge of Black and Indigenous women, two-spirit, trans, and queer people, intersectionality theory posits that various structures of domination embedded within social institutions expose individuals to a web of interdependent systems of oppression (Collins, 2000; Combahee River Collective, 1977; Fellows & Razack, 1998; Lawrence & Dua, 2011; Lorde, 1995; Wesp et al., 2019). Citing Hatzenbuehler (2017), Schmitz et al. (2020) define structural stigma as oppressive laws, policies, and political ideologies that diminish the life chances of marginalized people, which negatively impacts mental health outcomes. Therefore, individuals at the intersections of multiple stigmatized identities and their accompanying discrimination and prejudice are systemically at-risk of experiencing multiple sources of structural stigma and psychological distress (Meyer, 2010; Sadika et al., 2020; Schmitz et al., 2020). Individuals' experiences of intersectional oppressions are also contextual. Different aspects of identity (e.g., race, gender, class, and disability) can shape one's experience from one context to the next; thus, some categories may have more salience over others in different situations (Collins, 1993). It follows that "a 'one-size-fits-all' approach to understanding how stigma impacts health outcomes is inadequate" (Schmitz et al., 2020, p.174).

Taken together, the intersectional minority stress and stress process theory problematizes the biomedical psychiatric model's narrow focus on fostering individual coping strategies. Pearlin and Bierman (2013) argue that this, in turn, negates "differences in coping repertoires among groups differing in social and economic status, treating these differences instead as reflecting the personalities and dispositions of individuals" (p.331). However, too many intervention practices in mental health-related programs such as social work remain based on bio-psychiatric models and family systems theories, which root the source of psychological distress in individual deficits in coping, and imbalances in family systems (Baines, 2017; Carniol, 1992; McDowell et al., 2017; Mullings et al., 2021). This focus on individual causes of psychological

distress ignores the scholarly contributions on the role of the socio-cultural and political context on distress and the inequitable distribution of resources and care (Farmer, 2004; Farmer, 2005; Farmer et al., 2006; Hackett, 2019; Woodly et al., 2021).

People racialized Black may experience structural violence through economic inequality and discrimination (Attewell et al.,2010; Morgan & Bullen, 2015; Mullings et al., 2016), over-policing and police brutality (Wortley & Tanner, 2005), over-representation in prisons (Owusu-Bempah et al., 2021; Trevethan & Ratskin; Wortley & Owusu-Bempha, 2011), and other socioeconomic challenges such as discrimination in the education, child-care, housing, and immigration system (Boatswain-Kyte et al., 2020; Eid, 2011; James, 2008; Maynard, 2017). Rodney and Copeland (2009) found that Black Canadians are more likely to experience health disparities than the general population. The study also found that Black people in Canada are more susceptible to poorer health conditions and have higher vulnerabilities to diseases (Rodney & Copeland, 2009). For instance, Black women are overly represented in rates of chronic illnesses such as cancer, diabetes, HIV/AIDS, hypertension, and cardiovascular disease (Tharao & Massaquoi, 2013; Veenstra & Patterson, 2016; Williams et al., 2009). Wickham (2017) argues that these results "stem from the fact that various social determinants of health such as racism, income, poverty, and economic exploitation […] affect health outcomes in North America" (p.19).

Similarly, 2SLGBTQIA+ people may experience discrimination in housing (Bardwell, 2019; Lyons et al., 2021), school (Burchell et al., 2022; Taylor et al., 2022; Tracey et al., 2016;), workplaces (Giwa et al., 2022; Waite, 2021;), legal systems (Ashley, 2019; James et al., 2018), and health care (Bauer et al., 2015; Haines et al., 2021; Salway et al., 2020) due to their sexual and/or gender identities. 2SLGBTQIA+ people report higher rates of suicidal ideation and depressive and anxiety symptoms than their cisgender and straight counterparts (Bauer et al.,

2015; Ferlatte et al., 2020; Rutherford et al., 2021). The combined colonial legacies of anti-Black racism and rigid gender binaries play a crucial role in shaping Black and Black 2SLGBTQIA+ Canadians' experiences of structural violence. This thesis critically reviews Canadian literature examining Black 2LGBTQIA+ people's multisystem experiences of distress and collective resistance strategies. I will 1) analyze the complex, nuanced and multi-systemic nature of oppression experienced by Black 2SLGTQIA+ people in particular; 2) complicate neoliberal understandings of social work by highlighting the narratives of collective resilience among Black 2SLGBTQIA+ people. This will 3) allow me to propose recommendations for social work that encapsulates Black 2SLGBTQIA+ people's collective multi-system psychological distress and demands ongoing transformation of social institutions to promote decolonial praxis. Following a presentation of terms relevant to this thesis, I provide a brief historicization unveiling the colonial roots of neoliberal understandings of mental health practice and exposing social work's role in the settler-colonial project. I alongside Black, Indigenous, and racialized scholars, argue that the politics of social work are inherently tied to discourses of racial hierarchy and accompanying intersecting structures of domination that were used to justify the settler colonial project and, later, to influence service provision and distribution. This thesis briefly underlines the contradicting positionalities that encapsulates Black people's (both helping professionals and service users) experiences of structural care as structural violence. This is partly due to how neoliberalism repackages colonial conceptualizations of risk management. I will then deploy theoretical concepts and theorizing from Black and Indigenous decolonial and feminist approaches to social work and Mad Studies are deployed to offer and create counter-narratives to neoliberal and biomedical models of mental health. Grounded in Black 2SLGBTQIA+ people's collective embodied experiences and resistance strategies and the theoretical foundations

mentioned above, this thesis provides recommendations for liberating marginalized people from oppressive mental health institutions at micro and macro levels of service provision.

Glossary of Terms

2SLGBTQIA+

2SLGBTQIA+ is an acronym for two-spirit, lesbian, gay, bisexual, trans+, queer, intersex, and asexual people. 2S is an acronym for two-spirit. The "+" includes other sexual and gender minority identities such as pansexual, aromantic, and non-binary people. Except for two-spirit, the terms lesbian, gay, bisexual, trans, intersex, and asexual are historically Eurocentric non-heterosexual and non-cisgender identities. Lesbian, gay, bisexual, and queer are terms used for sexuality and sexual identity. Trans+ refers to people whose gender identity differs from their gender systemically assigned at birth. For further definitions of the sexualities and gender identities included in this acronym, please see Statistics Canada's glossary on 2SLGBTQI+ terminology. [1]

In this study, trans+ is an umbrella term that includes non-binary, genderqueer, and two-spirit identities. In other words, this paper recognizes the fluidity in gender and sexual identification. Placing two-spirit identities at the front of this acronym serves two purposes. First, it resists the colonial erasure of two-spirit identities in heterosexual and LGBTQIA+ spaces and discourses. Second, it acknowledges that binary categories of gender, sex, and sexuality were imposed within colonial institutions. Two-spirit was coined in 1994 in Winnipeg, Manitoba, to refer to a broad range of gender and sexual identities and expressions of Indigenous people across North America (Hunt, 2016). Some Indigenous people use the term to describe their specific cultural roles. Two-Spirit is also used to refer to Indigenous LGBTQIA+ people. Some

[1] Statistics Canada. (2022, August 28). *2SLGBTQI+ terminology – Glossary and common acronyms*. https://women-gender-equality.canada.ca/en/free-to-be-me/2slgbtqi-plus-glossary.html

Indigenous people contest the term altogether. In this thesis, the acronym 2SLGBTQIA+ will be used to discuss Black queer and trans+ people in general. Queer, in this sense, refers to non-normative sexualities and gender expressions. When relevant, I will use specific terms and acronyms as stated by the studies in this review.

Anti-Black Racism

Coined by Dr. Akua Benjamin, anti-Black racism links Black people's contemporary experiences of structural violence to their ancestors' experiences of enslavement. Anti-Black racism refers to stereotypes, beliefs, attitudes, and ideas that discriminate against people of African descent (Black Health Alliance, n.d). These beliefs, attitudes and so on permeate social institutions and communities, shaping policies and practices in health care, immigration, housing, and education that reinforce systemic violence and discrimination against Black people.

Black

The term Black is used as an umbrella term to refer to people of African descent. Black was widely adopted as a form of white supremacist resistance during the civil rights movement (Brush, 1999; Tabi, 2021). The term later gained popularity and replaced the term "Negro" in Canadian censuses as a generic racial designation for people of the African diaspora (Milan & Tran, 2004). Adopting descriptions from the National Coalition Confronting Anti-Black Racism in Donor Protocols (2023), in this research Black refers to:

> "[…] people of African descent including Afro-Indigenous, Black Indigenous people, African Nova Scotian, Black Scotian people, and those with diasporic experiences, who identify as Black African, Black Caribbean, Black North American, or multi-racial, and identify with their African ancestry, specifically including Black 2SLGBTQIA+ folks, women, youth, with (in)visible disabilities, and elders" (p.1).

As this definition implies, Black people are not a monolith, and this research work recognizes the ongoing debate surrounding using a singular term to refer to a group of people from diverse national, cultural, and historical backgrounds. Colourism, featurism, and texturism further differentiate experiences of anti-Blackness (Bailey, 2021). Black people's anti-Black experiences also differ due to experiences of gender, sexuality, disability, fatness, and age. Geographical location creates further differences in experiences and relationships to colonialism, the trans-Atlantic slave trade, and its intersecting racial, gendered, and sexualized violence (Lewis, 2001; Mangena, 2003). Nevertheless, despite the uniqueness of subjective experiences of marginalization, the oppression and liberation of Black people in the Global North, Global South, and the Caribbean are inextricably linked. This thesis will use specific ethno-racial identity labels when specified in the studies included in this systematic review.

Black 2SLGBTQIA+ people

The term Black 2SLGBTQIA+ is used as opposed to Black LGBTQIA+ people in recognition of Black Indigenous people who exist at the intersections of anti-Black racism and anti-Indigeneity. Black presence in Canada was reported in 1605 and traced to Mathieu da Costa, a formerly enslaved Nova Scotian. Serving the Governor de Monts, da Costa acted as a Mi'Kma'ki translator (Milan & Tran, 2004; Trudel & d'Allaire, 2013). Discourse suggesting Black people are "new Canadian subjects" furthers the myth of Canada as an empty land and ignores the anti-Black roots of settler-colonialism and Canada's role in slavery (Austin, 2010; Mullings et al., 2016; Wolfe, 2001). Beals and Wilson (2020) argue that Afro-Indigenous people in Nova Scotia are "people [who] have been on Indigenous land- Mi'Kma'ki territory, for over 400 years" (p.30-31). Black maroons who escaped bondage sought refuge with Mi'Kmaq people and joined together to eradicate colonial rule (Clarke, 2012; Roache, 2020). Despite numerous efforts to pit Black and Indigenous people together to advance settler interests, Afro-Indigenous

people in Mi'Kma'ki territory and Black and Indigenous people across Canada continue to engage in solidarity (Amadahy & Lawrence, 2009; Beals & Wilson, 2020; Haritaworn et al., 2018; Henry, 2016; Maynard, 2017; Roberts, 2018; Tippler, 2020). Given this nuanced and complex historical relationship, this research recognizes the distinct and shared racial colonial violence inflicted upon Black and Indigenous bodies (Owino et al., 2022).

Cisnormativity

Cisnormativity is the belief that everyone will identify with their gender assigned at birth, which medical science asserts correspond with one's genitals (i.e., specific sexual characteristics) (Wesp et al., 2019). Cisnormativity involves the multi-system privileging of those who are cisgender. This term, alongside transphobia describes the systemic and structural violence and discrimination experienced by two-spirit, trans, non-binary and other gender non-conforming people.

Decolonization

Decolonization can be understood as reframing and rethinking Eurocentric colonial social order. In Canada, colonization occurred at the hands of European settlers who imposed racial, gender, spiritual, social, and sexual categories against the distinct cultural practices of Indigenous and Black communities across Canada. In social work, decolonization refers to an emerging commitment to obstructing the harmful symbiotic relationship between the social work profession and Indigenous - and to a lesser extent Black - communities.

Intersectionality

In the late 80s and early 90s, Kimberlé Crenshaw (1989) coined the term intersectionality to describe the unique oppression experienced by African American women. Intersectionality stresses that discrimination and oppression are multidirectional. Thus, although Black people have the collective experience of anti-Black racism, these experiences are also shaped by other

intersecting identities such as skin tone, disability, class, education, size, gender, sexuality, citizenship, religious affiliation, criminal involvement, and occupation.

Chapter 2: Overview on Critical Social Work Literature

Colonial roots of social work and caring systems

To better understand the neoliberal tendency toward individualizing risk and imposing an asymmetrical relationship between service users and health practitioners, it is essential to consider the colonial roots of helping professions and institutions such as social work. Lee and Feerner (2014) identify two social work initiatives that were critical to the settler-colonial project, the early 20th-century Christian-based Charitable Organizations Societies (COS) and the settlement house movement (SHM). COS was a charitable movement that focused on individual rather than societal and collective struggles. The movement characterized upper-class white European social workers as "friendly visitors," aiding poor white families in changing individual immoral deficits in behaviours to promote idealized family structures (Baines, 2017; Carniol, 2005; Lee & Ferrer, 2014). The SHM was established in response to COS' overemphasis on the individual roots of poverty and psychological distress (Agnew, 2004). Popular discourses within the SHM situated the source of poverty to an unjust social order, which required social reform (James, 2001). Middle-class social workers in this movement opened their homes to white working-class and low-income people, sharing food, clothing, and other resources (Agnew, 2004; James, 2001). Settlement houses offered low-income white families diverse recreational activities, social programs, and services related to child care, education, and health care. Settlement houses also served as a space for white middle-class social workers and low-income white service users to strategize against class inequity. Hence, the SHM workers simultaneously

attended to individual needs and engaged in social advocacy by working towards changing the organization of society to promote social justice.

Despite social work's social justice roots, historically, the profession has contributed to Canada's (re)production as a white settler society (Razack, 2002). The widespread influence of the UK's Christian-based Charitable Organizations Societies (COS) and Settlement House movement (SMH) was predicated upon the destruction of Indigenous lands and the genocide of Indigenous people (Lee & Ferrer, 2014). Indigenous peoples were displaced from Indigenous lands and resources, exposed to various mechanisms of surveillance aiming to assimilate, control, and, in some cases, exterminate Indigenous peoples (Lavallee & Poole, 2010; MacDonald, 2013; National Inquiry into Missing and Murdered Indigenous Women and Girl, 2019). European colonizers relied not only on the labour of enslaved Indigenous peoples, but also of Black people "displanted" (Morgan, 2019, p.1) from Africa to build a new world (Donovan, 2014; Maynard, 2017; Morgensen, 2011; Razack, 2002; Trudel & d'Allaire,2013).

Wolfe (2001) argues that colonization in Africa in the eighteenth and nineteenth century reflects prior and simultaneous colonization of Indigenous peoples in the sixteenth and seventeenth century. Since the 17th century and two centuries thereafter, Black and Indigenous people have been held in bondage and exploited for personal and commercial labour across Canada. Marguerite d'Youville, the founder of the Grey Nuns of Montreal, who is remembered as providing "the foundation and administration of hundreds of social works and missions" across Canada, owned many enslaved Black people (The Grey Nuns, 2021, p.1; Trudel & d'Allaire, 2013). The Grey Nuns also worked in various residential schools across Canada where Indigenous children experienced abuse, cultural genocide, and death (Lavallee & Poole, 2010; MacDonald, 2013). These distinct yet interconnected experiences demonstrate that colonization

in the Americas derived from the simultaneous enslavement, displacement, assimilation, and elimination of Indigenous peoples and the subjugation of Black people by displacing them from their ancestral lands and replanting Black people across Turtle Island[2] for slave labour (Morgan, 2019; Morgensen, 2011).

European settlers developed institutions and policies to legitimize the violent, forceful removal and assimilation of Indigenous people. These colonial institutions and policies centered Christianity as the cornerstone of humanity in such a way that these specific racialized, gendered, heterosexual, ableist and transphobic ways of being became the standard to which citizens were governed and resources, distributed (Lee & Feerner, 2014; National Inquiry into Missing and Murdered Indigenous Women and Girl, 2019; Razack, 2002). Colonization was an intervention believed to aid generations of people to violently become good "Christians" in the context of Indigenous peoples and to legitimize Black exploitation and simultaneous dehumanization. As “friendly visitors”, Christian priests and nuns offered public speeches to Indigenous communities that rejected Indigenous ways of knowing, specifically Indigenous notions of gender, relationships between all genders, and women and gender-diverse people’s leadership in Indigenous communities (National Inquiry into Missing and Murdered Indigenous Women and Girl, 2019).

Lee and Feerner (2014) contend that although the COS and SHM differ in their approaches to psychological distress and social problems, both movements were central to settler-colonial nation-building projects on Indigenous lands in Canada and securing social workers’ roles as agents of control. Early social work practices and discourses categorized Indigenous

[2] Turtle Island is a term that comes from various Indigenous oral origin stories depicting a turtle holding the world on its back. Turtle Island refers to the North American continent (Robinson, 2018).

people, culture, and ways of life as inferior and primitive, thereby legitimizing their oppression and forced assimilation and colonization. Secondly, poor white families and European settlers were simultaneously situated as deviant and needing control while being identified as ideal subjects for assimilation into Anglo-Christian culture and, therefore, civil subjects who would settle on Indigenous lands. Hence, social work upheld Christian ideologies ripe with eugenics notions of race purity and integrity (Fellows & Razack 1998; Gunn, 2017; Lee & Feerner 2014; Samson, 2014; Wong, 2016). Furthermore, both movements assisted in creating the fallacy of Canada as an empty land to which the COS and SHM were "transported from Britain with the central purpose of settlement, and therefore, colonization" (Lee & Feerner, 2014, p.4; Razack, 2002). Each movement necessitated the development of infrastructure, which required the genocide and displacement of Indigenous peoples, exploitation of enslaved Black and Indigenous labour, and later the indentured labour of other people of colour (Hackett, 2019).

Hackett (2019) further posits that the professionalization of social work increased its social and institutional power, leading to the development of a national organization that brought together social workers invested in maintaining and expanding European settlement. Accordingly, social work was one of the professions through which the white heterosexual middle/upper class gained superiority through normalizing and valuing a white patriarchal Christian heterosexual nuclear family (Razack & Fellow, 1998). Lee and Feerner (2014) contend that Puritan expectations of the Victorian era "were the primary self-regulatory practice which drove the promotion of a social order that valorized the white, middle/upper class, heterosexual, cissexual, able-bodied, nuclear family" (p.5). Promoting social and mental hygiene was central to social workers from both movements who upheld oppressive eugenic values (Samson, 2014; Wong, 2016). The establishment of institutions such as social work councils, the Social and Moral

Reform Council of Canada in 1908 and the Social Service Council of Canada in 1912, reinforced social welfare as a mechanism of control (Hackett, 2019). Emulating existing structural and macro patterns of inequalities, these Councils promoted a structurally induced asymmetrical relationship between them and those they "helped".

By the time of the Second World War, eugenics was widely accepted in Canada (Burstow, 2015). The concept - and practice - was instrumental in the development of helping professions such as social work, psychiatry, and psychology, seeking greater respectability within medical and service professions (Burstow, 2015; Gold, 2016). For instance, psychology used eugenics to assert its expertise in medical settings by developing mental testing to establish group norms around intelligence and validate white superiority (Kearl, 2019; Turiel, 2020). Social work women played their own role in the daily operations of eugenics through the forced sterilization of Indigenous women, Black women, and other racial minorities, and people living with physical and mental disabilities, among other practices (Baumander, 2009; Samson, 2014). Although eugenics has since been disregarded as a racist ideology, Gold (2021) argues that "the theories underlying eugenics did not simply disappear but came to be reconstituted in new ways [in which] biological psychiatry continues to aggressively pursue theories that promote hereditary and neurological etiology underlying so called mental illness" (p.13). Discourses of 'deserving' and 'underserving' citizens, pervasive within the social work profession, became, in time, the founding principle upon which access to care, resources, and human rights was granted.

The widespread promotion of eugenic discourses of racial purity influenced the underdevelopment and distribution of health services. Gunn (2017) suggests that "the organization of health and social services for Indigenous people was an important aspect of colonialism in Canada" (p.3). Canada's health system was developed based on the idea that

European Canadians deserved more than Indigenous people due to their presumed racial superiority (Assembly of First Nations, 2018; Gunn, 2017; Phillips-Beck et al., 2020). Fortier and Hon-Sing Wong (2018) state that white social workers facilitated settler colonialism and displacement by promoting social welfare services to European settlers but denying basic health care to Indigenous people. To ensure the Canadian government can freely spend money on social, educational, health, and economic programs for Euro-Canadians, the budget for programs for Indigenous people living on the reserves was inhumanely low (King & Hodwitz, 2020; Reading & Wien, 2009; Phillips-Beck et al., 2020). Policies were developed to implement and segregate Indigenous peoples into "Indian hospitals" in the early 20th century (Denny, 2020). Consequently, the delivery of social and health services offered to Indigenous people living in rural areas and on reserves continues to be poorly funded, ineffective, and limited (Gunn, 2017; Browne et al., 2011; Varcoe et al., 2013). The colonial continuities of settler practices of inclusion/exclusion demonstrate social work's infamous practices that still impact Indigenous and racialized communities today. Given the historical importance of racialization in the development of a white social work profession, it is unsurprising that "the majority of texts used in Canadian schools of social work reflect and articulate the Eurocentric perspective- the dominant worldview guiding social work practice" (Este, 2004, p.3). This thesis aims to complicate the Eurocentric tenets of social work practices.

Black people experience structural care as structural violence

Although the colonial preoccupation with imparting violence impacts Indigenous and Black communities in similar ways, Black women were and continue to be the bedrock of care in Canada. In Canada, Black women aided upper- and middle-class white families in upholding Victorian hygiene practices (i.e., maintaining home cleanliness and assisting with personal hygiene) and caring for white children (Henry, 2016; Winks & Clarke, 2021). Christian-based

Charitable Organizations Societies (COS) also relied on Black domestic labour, especially that of Black women (Trudel & d'Allaire, 2013). After the abolishment of slavery in 1834, Black and Indigenous women worked as nannies for white families (Flynn, Massaquoi, & Ray, 2021; Henry, 2016)., This labour of care continues with Black women playing a pivotal role in caring in the contemporary moment. In 1955, through the West Indian Domestic Scheme, Black women from the Caribbean filled the shortage of low-wage domestic workers (Calliste, 1991; Hackett, 2019; Jefferies, Aston, & Murphy, 2021, Lawson, 2013). Similar to Indigenous caretakers, these women worked in poor working conditions as they were at the bottom of the hierarchy of care, which is "stratified along gender, race, class, lines that reinforce Black women's inequality" (Flynn, Massaquoi, & Ray, 2021, p.602). Through the Marcus Garvey's Universal Improvement Association, these early Black nurse pioneers mixed western medicine with traditional African medicine to provide culturally competent care to Black communities. In spite of their contribution to the nursing profession, Black nurses continue to be over-represented in entry-level unspecialized positions, with few obtaining upper-level roles (Calliste, 1996; Black Nurses Task Force, Jefferies, Aston, & Murphy, 2021; Vukic et al., 2016). During the COVID-19 pandemic, alongside other migrant women of colour, Black migrant women were disproportionately doing "dirty and undesirable" care work that white Canadian women would not do (Etowa & Hyman, 2020; Flynn et al., 2021).

Walmsley, Bernard, and Este (2021) lament the scarcity of documentation on the professional contributions of the first group of Black social workers in Canada. Addressing this gap, these authors interviewed fifteen Black social workers born before the 1950s, recalling the early social work initiatives of Black women who petitioned against segregation in school and demanded universal access to education. Four Black women created the first Association of Black Social Workers in Nova Scotia to spearhead service delivery among Black people. In Little

Burgundy, a neighbourhood located in Montreal, Quebec, The Coloured Women's Club of Montreal established the Union Congregational Church, which offered food, shelter, healthcare, skills, and education to Black communities (Este, Sato, & McKenna, 2017). For many, their parents' community engagement, activism, and informal social work initiatives motivated them to pursue social work education. Participants in the study shared that while able to pursue an education, they were often the only student of African descent, enhancing experiences of anti-Black isolation. Their stories recounted the frequent experiences of anti-Black racism and outright denial of work that Black social work pioneers encountered. Nonetheless, they worked in diverse areas, including education, non-profits, human rights, community development, and prison abolition. Despite the tremendous and critical role of Black women in sustaining white nuclear heterosexual families and simultaneously caring for generations of Black families, social work remains predominantly an occupation centering whiteness (Este, 2004; Hackett, 2019; Kumsa et al., 2014; Sinclair, 2004; Taylor & Gold, 2016).

As service users within social work, Black people's representation is two folds. On one hand, they are overly represented in care systems that are guided by western ontologies, epistemologies, and strategies rooted in colonial knowledge and nation building (Boatswain-Kyte, Esposito, & Trocmé, 2020; Mullings et al., 2021; Hackett, 2019). On the other hand, although they are represented as always-already diseased and in need of self-transformation, the care Black people receive is inadequate: their distress and health are often dismissed; and intervention strategies decontextualize the role of colonization and slavery in experiences of discrimination, stress, and subsequent psychological distress. For instance, Boatswain-Kyte et al. (2020) assert that the overrepresentation of Black children within child-welfare systems in Canada stems from Black communities' structural exclusion in social, economic, and political spheres of life, creating statistically significant differences in the intensity of their social and

economic needs in comparison to children from families of different races (Cénat et al., 2023 & Cénat et al., 2021b). Although research in the U.S and Canada has shown mixed results on the impact of race on child welfare decisions (King et al., 2017; Kahn & Hasen, 2017), studies have shown that Black children in care are at greater risk of juvenile criminal involvement (i.e., the child-welfare-to-prison pipeline), more likely to stay in care longer than children from other racial groups, and experience maltreatment from case workers (Boatswain-Kyte et al., 2020; Bonnie & Facet, 2018; Noorishad et al., 2023).

Scholars have stressed that racial bias is reinforced through organizational social work practices such as assessment tools. Assessment tools have been found to uphold Euro-Canadian Christian child-rearing values that are inapplicable to Black family practices, influencing misconceptions in perceived risk (Clarke, 2011; Bonnie & Pon, 2015). The strict eligibility criteria for being eligible for child-welfare involvement do not enable nuanced assessments, which may lead social workers to interpret intergenerational and systemic poverty as neglect (Antwi-Boasiako et al., 2022a; Antwi-Boasiako et al., 2022b). Studies have shown that Indigenous, Black and racialized families are more likely to be judged harsher, and their frustration with routine surveillance is often read as a lack of compliance, which ultimately prolongs their involvement in child welfare services (Ards et al., 2012; Fallon et al., 2015; Fluke et al., 2010; Gosine & Pon, 2011; Sinha et al., 2013). While removing children from their families is necessary in some cases, there are numerous adverse outcomes associated with being placed in care, including higher rates of poverty, homelessness, health problems, and distrust in social and health systems (Boatswain-Kyte et al., 2020; Bonnie & Facet, 2018; McKenna et al., 2021).

Several studies have shown that Black Canadians are more likely to experience health disparities than the general population (Etowa et al., 2007; Edge, 2010; Kisely, Terashima, &

Langille, 2008). Bird and Bogart (2001) found that 63% of Black people in their study perceived discrimination in their interactions with healthcare professionals (). Some studies indicate that Black people's perceived discrimination among health care professionals yield mistrust which contributes to fewer health check-ups, late screening of medical conditions, and poorer overall health among Black communities (Penner et al., 2009; as cited in Wickham, 2017). Critical scholars therefore point to various structural - and oftentimes intersectional - determinants of health outcomes such as anti-Black racism, classism, sexism, ableism, and economic exploitation. While eugenics discourses have contributed to the demonization of marginalized communities of color whose health-related issues were blamed on some sort of intrinsic flaws in their character, another significant impediment to taking a context-based and structural approach to health in general, and mental health in particular, has been the rise of neoliberal ideologies within the fields of social work and biomedical psychiatry.

Mental Health in the Neoliberal Turn

During the early 1950s, there was a gradual turn toward neoliberal ideology in shaping public health discourse and service provision (Ong, 2006). In the neoliberal moment, responsible citizens are the primary agent capable of facilitating change (Gray, 2005; Kelly, 2001). As Liebenberg et al. (2013) comment, "the expectations of neoliberal theory are of individualized responsibility and self-governance, where individuals are seen as self-directing and autonomous, irrespective of context" (p.1-2). Positioning individuals as the primary agent of facilitating change fosters an environment that shields the settler-nation state from critiques of the inequitable distribution of care and resources. In this context, federal and provincially funded programs are cut, healthcare staff in public settings are low, and individuals are expected to buy products and services to care for themselves (Teghtsoonian, 2009). Neoliberalism, therefore,

blurs the lines between the body, economy, and politics, and establishes a biopolitical regime that privileges profitable populations over preserving all human life (Laurie, 2015).

Moreover, a neoliberal approach to service provision is authoritative as it is preoccupied with security and prevention. As such, paternalistic intervention practices are prominent in mental health-related programs (Carniol, 1992; Hart & Montague, 2015). Specifically, in the contemporary neoliberal moment, "practices and policies [...] are managerial and prescriptive rather than transformative […] [therefore positioning the focus of intervention on] regula[ting] levels of deviance rather than intervene or respond to the social context" (Liebenberg et al., 2013, p.3). For instance, front-line workers are also responsible for implementing effective interventions in ways that obscure the relevance and accessibility of these interventions to relevant populations (Mitchell, 2011). A neoliberal managerial context also normalizes service providers roles as agents of control who are "experts" in a hierarchical relationship with service user[s]" (Hart & Montague, 2015, p. 44). The unequal power dynamic between service users and mental health professionals reinforce the assumption - widespread in biomedical psychiatry - that people living with mental health disorders lack insight and knowledge about their own conditions (Burstow, 2014; Reilly et al., 2018). The simultaneous individual responsibilization of risk management and disregard for self and collective-determination has led to numerous coercion practices (Reilly et al., 2018). Such practices include isolation, physical and chemical constraints (Singh et al., 2007) and mandatory detention orders (Van Veen, Ibrahim, Morrow, 2018). Morrow and Malcoe (2017) suggest that systemic risk to mental health-related coercive practices is inequitably distributed, to the detriment of Indigenous, racialized, illegalized, and 2SLGBTQIA+ communities, which are at a greater risk of exposure.

Neoliberalism shapes conceptualizations of risks and distress in several ways. Eugenics and its biological focus on "risk" has influenced service providers to situate risks as residing within the individual (Cradock, 2007; Liebenberg et al., 2013; Thoits, 2010). Neoliberal ideologies, coupled with the extending reach of the biomedical psychiatric model, have compelled conceptualizations of psychological distress founded upon one's capacity to uphold "western ideations of productivity, sociality [, and self-care]" (Gold, 2020, p.13; Laurie, 2015). This narrow view of risk yields interventions and policies focusing on the individual rather than collective struggles and capacities (Liebenberg et al., 2013). Neoliberal constraints also discourage social-justice counselling practices, limiting social workers to short-term, medicalized, evidence-based interventions upholding biomedical perspectives (Brown et al., 2022). One of the main arguments of this thesis is that social workers and service providers invested in social justice must seek transformative interventions, rather than piece-meal prescriptions, that directly challenge the individualization of distress and risk.

Counter narratives to colonial and neo-colonial approaches to mental health care and practice

Mad Studies[3] provides counter-narratives to the neoliberal conceptualization of mental distress and difference (Beckman & Davies, 2013; LeFrançois et al., 2013). These narratives politicize the felt and embodied experiences of suffering and distress of "Mad" people (Menzies et al., 2013). Mad people are individuals who experience sanism. LeFrançois et al. (2013) define sanism as "the systematic subjugation of people who have received mental health diagnoses or treatment" (p.337). As such, Mad scholars place madness within a society's socio-political, historical, environmental, and economic specificities. Sanism (re)produces dualistic thinking

[3] Mad Studies is a critical field of study observing social constructions and responses to people living with mental health disorders (LeFrançois et al., 2013).

about human existence and relations (Castrodale, 2017, p.53). Fausto-Sterling (2000) describes dualistic thinking as "ways of understanding how the world works [which] depend heavily on the use of dualism- pairs of opposing concepts, objects, or beliefs systems" (p.21). She argues that dualism is often hierarchical- good vs evil, superior vs inferior. Sanism evokes the binary between healthy, sane, and able-bodied individuals and those characterized as unhealthy, abnormal, irrational, and dangerous (Poole & Ward, 2013). Mental health practitioners such as social workers cooperate in "monitoring the dividing lines between degeneracy and normalcy" (Synder et al., 2019, p.492). Mad scholarship challenges the depoliticization of Mad people's intersecting experiences by centering these experiences and the activism of Mad people within Mad movements (Beckman & Davies, 2013; Beresford, 2020; LeFrançois et al., 2013). Mad Studies therefore complicates conceptualization of madness as an apolitical and stigmatized phenomenon and instead grounds madness in the embodied and subjective experiences of people living with mental health problems.

Bailey and Mobley's (2019) Black feminist disability framework furthers this line of thinking. A Black feminist disability framework critically integrates Black Feminist Studies and Disability Studies to provide a nuanced account of Black people's relationship to disability, madness, and mental health care. The authors not only critique the exploitative relationship between medical science and Black communities through experiments (Calliste, 1993) and domestic labour (Bailey & Mobley, 2019; Bashi, 2004; Calliste, 1991; Daenzer, 1993; Lawson, 2013), they also stress the importance of access to equitable and trauma-informed mental health and medical care for 2SLGBTQIA+, Indigenous, and racialized people. Bailey and Mobley's framework also sheds light on the colonial roots of disability in which anti-Black pseudoscience was used to construct Black bodies as inherently disabled yet possessing superhuman strength that makes them immune to suffering. The study discusses how the double-bind between

vulnerability to disability, suffering, invulnerability and super-strength was used to legitimize the enslavement of Black people for the production of capital. Instead, the authors envision futures where racialized disabled bodies are valued beyond their ability to be productive.

Decolonial feminists have also contributed immensely to the study of social work praxis. Decolonizing perspectives encourage the reconceptualization of psychological distress in ways that highlight its structural roots and how knowledge is constructed to (re)produce colonial structures of power. Indigenous scholars have unveiled the ways helping professions has and continue to contribute to the settler-colonial project that involves the ongoing deconstruction of Indigenous lands and displacement of Indigenous peoples (Assembly of First Nations, 2018; Lee & Ferrer, 2014; Morgensen, 2011). Decolonial feminist bodies of work have also challenged how western ideals of family, parenting, productivity, and sociality are used to judge marginalized communities (Dwornik, 2022; Este, 2004; Linklater, 2014; Sinclair, 2004). Indigenous scholars across Turtle Island have created and implemented strategies to decolonize social work education and practice in various spheres such as law, child welfare, and education (Baskin, 2016; Blackstock, 2015; Sinclair et al., 2009; Tamburro, 2013). These scholars have provided a foundation to question the valorization and normalization of whiteness as the standard to which Indigenous people were and continue to be judged. Indigenous scholars have also uncovered colonization's epistemological and ontological roots and its impacts on Indigenous people in child welfare systems (Blackstock, 2015; Sinclair, 2004). Contributing to the decolonization of social work, Black scholars across the diaspora have demonstrated Black people's systemic vulnerabilities to deportation, criminal involvement, police brutality, and family separation ties back to epistemological and ontological forms of anti-Black racism (Hackett, 2019; Maynard, 2017; Mullings et al., 2016; Nelson & Nelson, 2004; Walcott & Abdillahi, 2019).

Hackett (2016 & 2019) argues that "a decolonizing framework questions the assumptions about who should [be held responsible] for the hierarchical and inequitable organization of access, resources, and life chances" (p.117). This question expresses the need to change societal systems, power relations, and material conditions to challenge the colonial (re)production of domination and violence and its impact on mental health (Linklater, 2014). Importantly, while Black and Indigenous people possess different relationships to settler colonialism and the various technologies it developed, Aina-Nia Ayo'dele argues that "there's a space for co-existence" [and healing] between Indigenous and Black people [across Turtle Island] through the correlative fact that Indigenous people have had their land stolen, and African people have been stolen from their land" (as sited in Morgan, 2019, p.4). In fact, many Indigenous and Black scholars argue that true emancipation requires challenging and abolishing settler-colonialism, modern-day practices of slavery, anti-Indigeneity, anti-Blackness, and its accompanying intersecting structures of domination (Amadahy & Lawrence, 2009; Bean & Wilson, 2020; Cole, 2020; Maynard, 2017; Tippler, 2020). Together, decolonial, feminist, and Mad approaches to mental health advocate for the widespread transformation of social institutions to better the life chances of people living with disabilities and mental health problems (Morrow, 2021; Hackett, 2019). These approaches prioritize community-based approaches to care "in which care is user-driven and enacts the recovery principles of autonomy and choice" (Morrow, 2021, p.6). Such a transformation requires the abolition of biomedical health systems, which demands envisioning care, treatment, and mental health outside of colonial imaginations. It calls us to interrogate the assumed value of independence in relation to care and resource distribution (Bailey & Mobley, 2019). Mad Studies, Black and Indigenous feminist and decolonial approaches acknowledge the role of ecological systems, intersecting oppressions, and structural stigma on mental health and offer alternatives to care than that promoted by neoliberalism and the biomedical model.

Chapter 3: Method

The current study

My research entails a critical review of existing literature from empirical research on Black 2LGBTQIA+ people's collective experiences of discrimination, stress, and subsequent psychological distress and collective resilience strategies in Canada. Black 2SLGBTQIA+ people exist at the intersection of various interlocking systems of oppression, thereby exposing them to intersecting stigmas and discrimination. Categories such as race, sexuality, mental, neurological, developmental, and physical disability, citizenship, religious affiliation, and HIV/AIDS status place individuals at different social locations with differential access to resources (Collins, 1990; Crenshaw, 1980, 2012; Razack, 1998). Anti-Black racism, heterosexism, cissexism and its accompanying stigma and discrimination influence the inequitable distribution of poor health outcomes (Wickham, 2017; Follins et al., 2014; Bowleg, 2008). While the literature on Black psychological distress is substantial, the literature on Black 2SLGBTQIA+ people is scant. For example, Sadika et al. (2020) performed a systematic review of Canadian empirical literature and found few studies on 2SLGBTQ+ persons of colour. More work needs to be done to understand Black 2SLGBTQIA+ people's collective systemic risk to discrimination, stress, and subsequent psychological distress, as well as collective resistance strategies, and this critical and ecological systematic literature review, therefore, fills this gap.

Theoretical Frameworks

The thematic analysis performed for this review is guided by the theoretical contributions of Black and Indigenous decolonial feminist approaches, Mad Studies, Moya Bailey and Izetta Mobley's (2019) Black feminist disability framework, the basic tenants of intersectionality-informed health inequalities research, and Afrocentrism as a theoretical framework. Black and Indigenous decolonial and feminist scholars offer and provide alternative care practices which

will inform the recommendations offered in this thesis (Blackstock, 2011, 2015; Boatswain-Kyte, Esposito, & Trocmé, 2020; Hackett, 2019; Sinclair, 2004; Maynard, 2017). Situating madness as a historical category, Mad scholarship directs my historical examination of mental health and medical professionals' preoccupation with monitoring biological and intrapsychic abnormality within the cultural and historical origins of biomedical medicine (Burstow, 2015; Beckman & Davies, 2013; Beresford, 2020; Gold, 2021; LeFrançois et al., 2013).

Bailey and Mobley's (2019) framework offers two crucial considerations for conducting a critical and nuanced analysis of Black people's experience of care. Firstly, the authors argue that although it is essential to critique a biomedical approach to mental health care, some communities "yearn for not only care but treatment and cure […], [thus it is crucial for scholars and health professionals to respect] people to choose what is best for their bodies: treatment, cure, or a resistance to medical intervention altogether" (Bailey & Mobley, 2019, p,28). Secondly, Bailey and Mobley (2019) urge scholars to move beyond a Black ableist utopia and politics that (re)produces stereotypes of Black people as free of suffering, disability, and pain. My research aims to offer critiques of the colonial and biomedical model of mental health by highlighting decolonial feminist multi-system interventions to address the multi-system and collective impacts of historical intergenerational trauma.

Intersectionality-informed health inequalities research encourages researchers to examine and consider the role of social hierarchies, identities, and intersecting structures of domination when performing health research (Wesp et al., 2019). Examining processes of creating categories of difference (e.g., racialization, pathologization, responsibilization) sheds light on ideologies rooted in intersecting structures of domination that shape societal standards of conduct and being (Young, 2011). My thesis aims to examine the relational aspects of intersectional power relations

shaping service provision. This research also prioritizes the embodied knowledge of historically marginalized people. Therefore, the proposed recommendations will incorporate empirical research on Black 2SLGBTQIA+ people's individual and collective resistance strategies and social justice activism.

Equally informing my decision to ground my research in the collective historical intergenerational lived experiences, resistance strategies, and knowledge of Black 2SLGBTQIA+ people is Afrocentrism as a theoretical framework. Tolliver (2015) argues that Afrocentrism as a theoretical framework:

> […] embraces an interconnected cosmos. [This framework] […] is [grounded in Afro-Indigenous worldviews] informed by relationships between the visible and invisible worlds and recognizes humans to be a part of an extended community that includes the spiritual, social, and natural physical environments. Time is relational; the past, present, and future coexist. (p.15).

I use an Afrocentric perspective on the relational nature of time to explain how the legacy of anti-Black racism rooted in Black peoples' ancestors' experience of enslavement creates trauma across and within generations. Further, an Afrocentric perspective suggests that whilst historical trauma is transferred across generations, so are embodied knowledges and strategies that Black people across time and space have used to resist domination and promote social justice. Hence, this research will investigate how Black 2SLGBTQIA+ people's embodied experiences, informed by their ancestors, have shaped strategies for resistance (Wane, 2011).

Bearing in mind the theoretical insights highlighted above, my research asks several questions: what are the multidimensional and intersectional sources of Black 2SLGBTQIA+ people's discrimination, psychological distress, and collective resilience? Do the lived

experiences and strategies developed by Black 2SLGBTQIA+ people provide alternative practices of care than those promoted by the settler state? What are the implications of these alternative understandings and practices for mental health practitioners engaging in social justice?

Critical Systemic Review

This critical systematic review is intended to provide an overview of Canadian literature on intersectional discrimination and its psychosocial implications on Black 2SLGBTQIA+ people's well-being. Performing a critical review of the existing literature will elucidate how the psychological distress and intersectional discrimination experienced by Black 2SLGBTQIA+ people generate scholarly contributions that showcase its structural, multidimensional, and colonial roots. In line with the foundational principles of intersectionality-informed health inequalities research, this critical review aims to shed light on intersectional power relations within interactions between service users and mental health providers to demonstrate the ever-pressing need to transform current power relations and social institutions. Hence this review will also uncover how conceptualizations and interventions proposed within the literature challenge or sustain current colonial social order and demand or ignore the need for widespread transformative change. Most importantly, a critical review of existing literature unearths discourses of collective resilience and healing among Black 2SLGBTQIA+ people, from which I will draw intervention strategies for social justice-oriented mental health practitioners.

Search strategy

Considering social work's multi-disciplinary roots and the limited research available on Black 2SLGBTQIA+ people, databases from various disciplines were utilized in this review. Resources were identified through databases available through the host institution, including –

Sociological Abstracts, Psych Info, Social Service Abstracts, and Ebsco (Gender Studies Database, LGBT+ Source, Socindex, Academic Search Complete, Medline). A diverse range of words were arranged using Boolean logic, such as Black, Black Canadians, African Canadians, Black people in Canada, 2SLGBTQ*, LGBTQ*, Canada, discrimination, oppression, prejudice, intersectionality, psychological distress, collective trauma, anxiety, depression, resilience, collective resilience, and social support.

Intersectional organizing among Indigenous and racialized 2SLGBTQIA+ people across North America blossomed in the mid-1980s (Haritaworn et al., 2018). Accordingly, search results were limited to articles published between 1980 to 2022. A search on all databases yielded 325 results. To maximize access to articles and reports written by Black organizations and Black 2SLGBTQIA+ organizations, a general Google search result was employed using the aforementioned search commands without Boolean logic. The Google search produced 2,600 hits. A hand search of the reference lists generated 11 relevant articles for review. After removing duplicate journal articles, the total articles screen was 2,904. Considering the structural barriers to generating race-based and gender-based data that is inclusive and reflective of two-spirit, trans, and gender-diverse people, the full text of each paper was screened for its relevancy based on its title, abstract, population, keywords, and location of study (Rutherford et al., 2021; Waite & Denier, 2019; Wickham, 2017).

Inclusion strategy

Articles were eligible for the review if they met seven criteria:

1. The article must be published between January 1980 and December 2022.
2. The paper must summarize original qualitative, quantitative, or mix methods results.
3. Accepted papers include community reports and peer review journal articles.

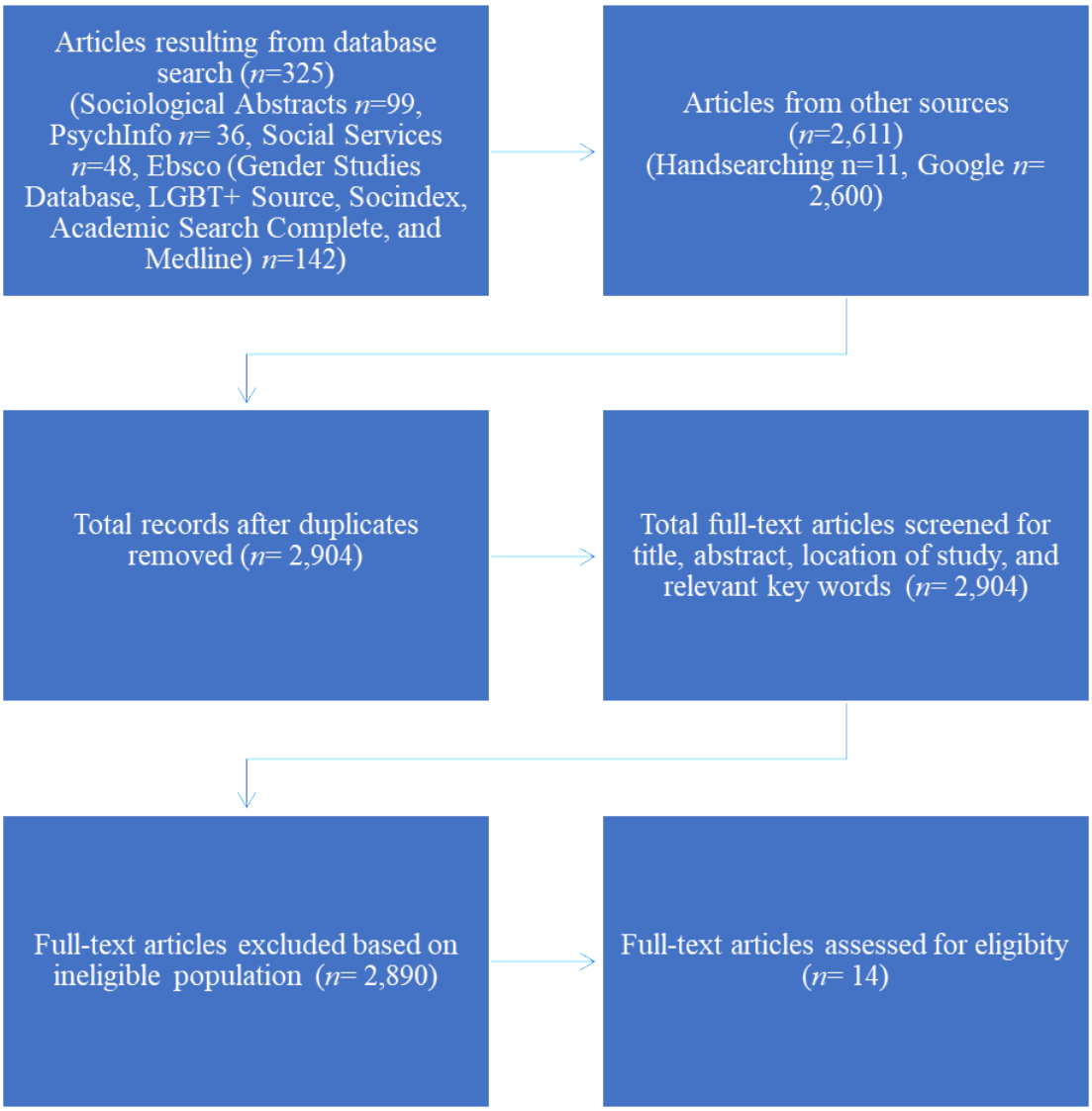
4. The article must focus on Black 2SLGBTQIA+ people's intersectional prejudice, oppression and/or discrimination and overall well-being.
5. Articles must be written in English.
6. The study must be conducted in Canada.
7. Articles must be available in full text.

The following definitions were used to identify whether the selected studies objectives and results were relevant to the purpose of this review. This study considers prejudice, discrimination, and oppression as three interrelated phenomena (Baines, 2017). Prejudice refers to widely held beliefs, opinions, and emotions regarding specific groups of people. Discrimination is the physical manifestation of prejudice to which prejudicial beliefs inform direct and indirect interactions with stigmatized groups. Oppression refers to the systemic and structural implications of prejudicial beliefs and discriminatory actions engraved within societal structures and institutions. Well-being is defined as the ongoing achievement of satisfaction in emotional, economic, collective, individual, intrapsychic, developmental, and environmental experiences within one's ecological context (Horn, 2020). After reviewing the full text of each article using the aforementioned screening procedure, 2,889 articles were discarded for not meeting one or more of these criteria.

Article selection

In total, 14 articles were deemed relevant to the study objectives, including nine journal articles and five community reports (see Figure 1 for flowchart). The studies selected for the review were eligible if they foregrounded their analysis and results within an intersectional and ecological framework. Studies with few Black 2SLGBTQIA+ participants were permitted as long as individual or collective quantitative or qualitative information about these participants was identifiable in full text.

Figure 1. Flowchart of search results



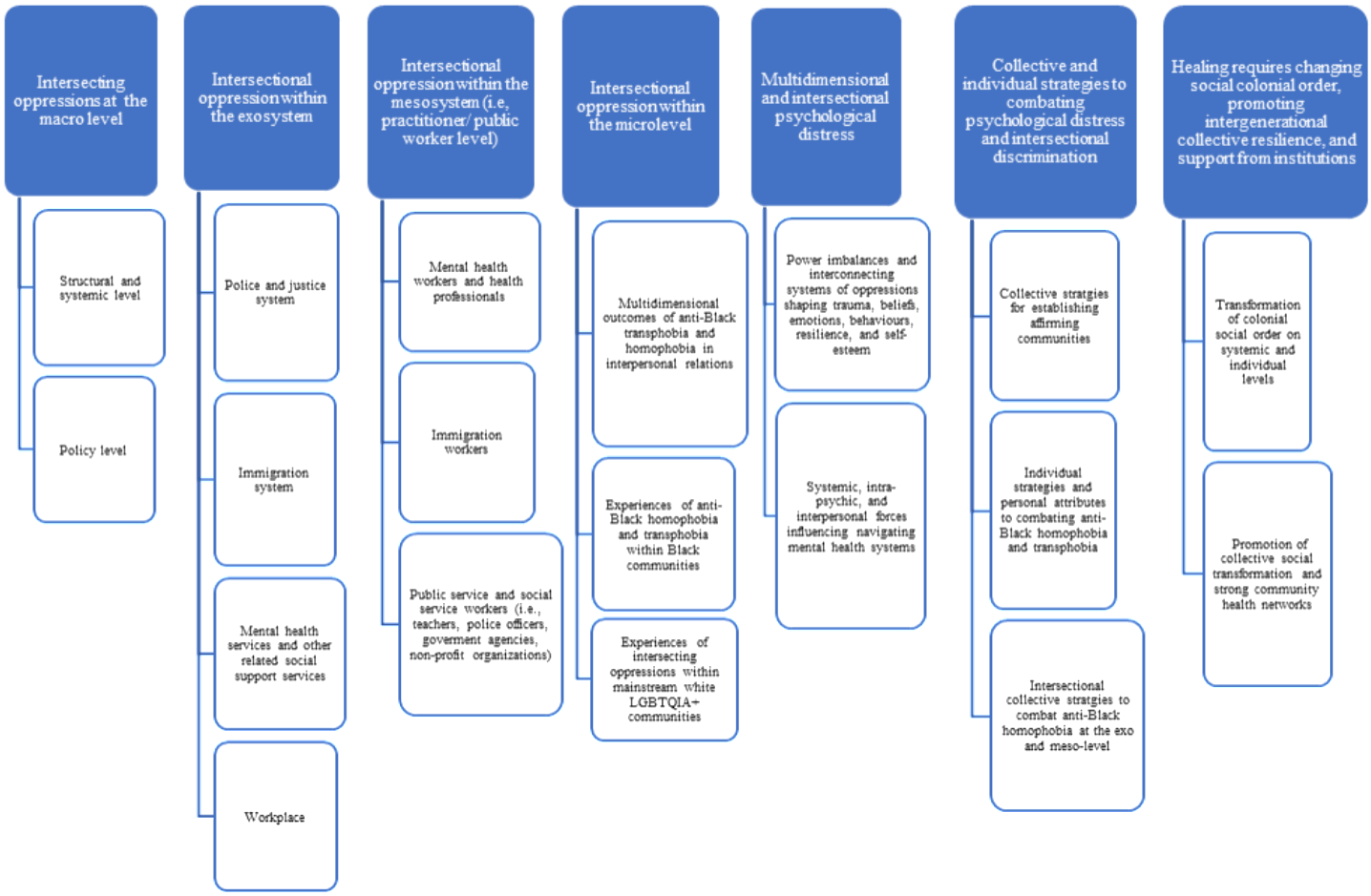
Data collection and coding procedure

Of the 14 articles included in this review, I produced a summary of the eligible papers. A list detailing the titles, authors, description of samples, research questions, study designs, and results is shown in Appendix A. I employed a theoretical thematic analysis (Braun & Clarke, 2006) to map the common components between Black and Indigenous decolonial feminist approaches, Mad Studies, Moya Bailey and Izetta Mobley's (2019) Black Feminist Disability framework, the basic tenants of intersectionality-informed health inequalities research, and

Afrocentrism as a theoretical framework. The initial coding strategy included: (1) direct example of multidimensional psychological distress related to any level of the ecological system; (2) acknowledgement of the role of ecological systems, intersecting oppressions, and structural stigma on mental health; (3) direct example of unique individual and/or collective strategies employed by Black 2SLGBTQIA+ people to combat psychological distress and intersectional marginalization; and (4) demands envisioning care, treatment, and mental health outside of colonial imaginations to which community-based approaches, collective and individual autonomy and choice are prioritized. After the results from each paper were coded, eligible data extracts and codes were exported to a Word document.

To uncover the multidimensional and structural nature of Black 2SLGBTQIA+ people's psychological distress, I used Bronfenbrenner's (1979) ecological systems theory to organize and frame the relevant themes within the social-ecological context. The ecological model consists of four interdependent systems that can be used to demonstrate that discrimination, which may lead to stress, and subsequent psychological distress, is multidimensional- microsystem, mesosystem, exosystem, and macrosystem. Seven themes emerged, each with its sub-themes, reflecting the multi-system and intersectional forces shaping Black 2SLGBTQIA+ people's well-being: (1) intersecting oppressions at the macro level; (2) intersecting oppressions at the exosystem level; (3) intersecting oppressions within the mesosystem; (4) intersecting oppressions at the micro level; (5) multidimensional and intersectional psychological distress; (6) collective and individual strategies to combating psychological distress and intersectional discrimination; and (7) healing requires changing social colonial order, promoting intergenerational collective resilience, and support from institutions. Figure 2 offers a visual representation of the themes and their sub-themes.

Figure 2. Visual representation of themes and sub-themes



Chapter 4: Results

Of the 14 journal articles and community reports selected, one was quantitative, 11 were qualitative, and two were mixed methods. Only five papers exclusively focused on the realities of Black 2SLGBTQIA+ people. These studies accentuated Black people's long-standing relationship in Canada, emphasizing the multidimensional impacts of colonialism and the trans-Atlantic slave trade. Half of the studies were published between 2020 and 2023. The remaining studies were published between 2011 and 2018. Although all papers employed an intersectional

analysis, they were sourced from a variety of disciplines, including social work and social service (28%), social sciences and humanities (56%), political science (7%), medicine and public health (28%), and sociology (7%). Many of the articles included in this review observed the effects of HIV/AIDS related stigma on psychological well-being and accessing social services. Of course, this focus on HIV/AIDS may not be innocuous given the familiar trope of the queer diseased body prevalent in 2SLGBTQIA+ and African, Caribbean, and Black (ACB) LGBTQIA+ literature. Most papers (92%) argued HIV/AIDS and sex worker-related stigma, criminalization and racial capitalism as well as other intersecting oppressions negatively impact mental health and access to social services.

The socio-demographic characteristics

Black identities

The studies included in this review offered diverse racial demographic information. Most studies (50%) offered African, Caribbean, and Black (ACB) as a racial designation. 42% of studies offered Black only. In contrast, 14% of studies recruited African and Caribbean participants due to its research interest in racialized queer and trans migrant experiences. Only 28% of studies focused on Black people specifically. Of these studies, one study focused on Black youth exclusively, the second on African and Caribbean newcomers living with HIV, a third on Black gay men, and the final two provided case studies on Black 2SLGBTQIA+ organizations. Some samples (21%) selected for this review included ACB, racialized, indigenous, and white people, followed by Black, racialized, indigenous, and white people (14%). One study featured ACB and other racialized people. With regards to places of origin, a bulk of studies (50%) include a mixture of Black people born in Canada, Africa, and the Caribbean. 14% of studies focused on Black people born in Africa and the Caribbean. Five studies did not provide information on countries of origin.

Sexual orientations

Of the 14 papers included in this review, 50% of them centered the experiences of a diverse range of sexual minorities (e.g., lesbian, gay, queer, dyke, asexual, and queer), while 35% emphasized the realities of cis and trans men who have sex with men. Two studies compared the experiences between heterosexual and 2SLGBT participants. Other studies focused exclusively on lesbian, gay, and bisexual women (7%) and gay, queer, and bisexual people (14%).

Gender identities

The majority (57%) of the studies centered on cis, two-spirit, trans, and/or non-binary people. 21% of studies highlighted the narratives of cis men who have sex with men. Only one study exclusively surveyed two-spirit, trans, non-binary, and queer cis men. Another concentrated on the experiences of lesbian, gay, and bisexual cis women. In one study, it was found that in comparison to cisgender participants, non-binary participants were more likely to identify as African, Caribbean, or Black (Rutherford, 2021).

Income and education

Of the 14 papers, 10 did not provide information on the income of their sample. Regarding studies that did report income, most of the sample made under 30k (28%). The majority of the papers included in this review (64%) did not report on education. Of the five studies that reported education, 21% mainly comprised university graduates. In one other study, most participants had some or completed university education. However, in another study, most had some or completed high school.

Disability and Age

Only two studies discussed the psychosocial implications of disability and ableism. Most papers studied a wide age range of people. Some included those aged between 14-60+ (50%), 20-57 (14%), 40+ (14%), and mid-20s-mid 30s (7%). Four studies did not report age.

Intersecting oppressions at the macro level

The present theme was established using the findings from seven papers included in this review. This theme exposes the macro-level structural and colonial violence Black 2SLGBTQIA+ people experience at the intersections of race, gender, class, and sexuality. Two interconnected subthemes were generated: (1) structural and systemic level; and (2) policy level.

Structural and systemic level

At the structural and systemic level, findings reveal the intersecting oppressions that permeate all social institutions. Namely, the studies demonstrate that colonization, anti-Black racism, racial capitalism, classism, sexism, transphobia, and homophobia intersect to systemically (i.e., across institutions) expose Black 2SLGBTQIA+ people to harmful living and health conditions by imposing structural barriers that impact their ability to promote collective change and well-being. Four of the fourteen studies reviewed underscored colonization as a structure that continues to impose colonial gender binaries, the domination of women and femmes, and heterosexism (Hunt, 2016; Stoler, 1995; Wolfe, 2001). The widespread devaluing of feminine expressions and identities and 2SLGBTQIA+ people are the remnants of the coloniality of gender (Rifkin, 2010; Stoler, 1995). In Logie and Rwigema's (2014) study with 16 lesbian, bisexual, and queer racialized women, participants asserted that colonization and white supremacy imposed cisgender and heterosexual norms of behaviour and expression. Two-spirit participants in Falco, Tesolin, and Johnstone's (2022) qualitative study on gender-based violence (GBV) among 2SLGBTQIA+ people postulate that the policing of gender is a systemic form of gender-based violence rooted in settler colonialism. These sentiments align with the theoretical insights from Goeman (2012), Morgensen (2011), and Rifkin (2010) who argue that rigid gender binaries imposed by colonialism went directly against the gendered and sexual practices of Indigenous peoples.

In Greey's (2018) case study on Black Lives Matter (BLM) Toronto, colonization and white supremacy were said to aid in the construction of queerness as constituted by whiteness. This creates a paradoxical multi-geographical space in which widespread colonization and its accompanying cisnormative and heterosexist gendered norms influence the development of distinct homophobic and transphobic policies and structures in non-white countries (Bennett & Reddy, 2015; Currier, 2015; Husakouskaya, 2015; McLean, 2013). Simultaneously, white supremacy situates white communities as inherently progressive. The findings from Lee and Brotman's (2011) study of 28 racialized LGBT refugees further this argument. It suggests that concurrent distal and proximal racist, homophobic, sexist, and transphobic violence perpetuated by colonization enables western countries such as Canada to portray itself as a safe haven for racialized LGBTQIA+ refugee and asylum seekers, while furthering the settler-colonial project by imposing structures (i.e., laws and policies) that negatively impact 2SLGBTQIA+ people in Canada (Ashley, 2019; Nelligan Law, n.d; Smith, 2019). White privilege enables a veil of incognizance, masking Canada's collective role in the systemic and structural transportation of homophobia and transphobia within Indigenous communities in Canada and racialized communities in the Global South and Global North.

Black 2SLGBTQIA+ people in the studies included in this review experienced profound structural and systemic barriers that impeded their access to health services. In Fante-Coleman et al.'s (2022) qualitative study on Black youth aged 14-30, participants named financial costs as barriers to mental health care. These youth traced their precarious financial status to racial capitalism developed from the trans-Atlantic slave trade. Black 2SLGBTQIA+ systemic risk to financial insecurity is affirmed by George et al.'s (2021) study with 24 African, Caribbean, and Black (ACB) gay men, in which, despite their high level of education, most participants earned less than 30,000 a year. These findings are echoed in Rutherford et al.'s (2021) quantitative study

on 3,083 two-spirit, trans, and non-binary people and gay, bisexual, and queer men. In this study, trans and non-binary participants were more likely to experience financial precarity than their cisgender counterparts. These participants were also more likely to not complete high school nor earn a bachelor's degree. Limited funds not only create barriers to finding accessible and safe housing, as shown in Lee and Brotman's (2011) study with racialized LGBT refugees, but also, access to a mental health diagnosis, as expressed by participants in Fante-Coleman et al.'s (2022) study.

Policy level

Three studies in this review named Canada's current mental health and social service systems as macro-level barriers to accessing mental health support. Streeter et al.'s (2020) qualitative study of 16 2SLGBTQ+ older adults and 2SLGBTQ+ workers argued that federal and provincial austerity budgets led many governments and organizations to rely on short-term mental health services. Fante-Coleman et al.'s (2022) study with Black youth demonstrates that most services available for Black people, especially Black youth, lack long-term governmental funding. Mainstream mental health services (i.e., non-Black) are often funded to address single-identity, mental, social, and/or environmental issues (e.g., mental health support for people living with depression, HIV and people who are LGBTQ+), offering a one-size fits all approach that may fail to address the unique intersecting needs of Black youth. As a result, when accessing free mental health care offered by mainstream mental health services in addition to long wait times, Black youth were met with culturally irresponsive care due to mainstream services centering whiteness. Fante-Coleman et al.'s (2022) study also found that currently, there is no federal or provincial standard for providing care to Black people. Although the results of Fante-Coleman et al.'s (2022) study speak to the specific realities of Black youth, failure to implement anti-racist protocols to address anti-Black racism across social institutions leaves many Black people

vulnerable to the legacy of anti-Black racism within medicine, spending more time explaining their realities than receiving care or delaying care altogether to avoid experiences of anti-Black racism and other intersecting oppressions (Cénat et al., 2021b; Fante-Coleman et al., 2022; Wickham, 2017).

Intersecting oppression within the exosystem

This theme encompasses six papers. It comprises social institutions and their organizational practices and policies that negatively impact Black 2SLGBTQIA+ people's well-being and spatial and interactional experiences at the meso-level. The subthemes developed display the specific social institutions referenced in the studies included in this review. The five subthemes display how anti-Black racism, homophobia, transphobia, classism, xenophobia, and the coloniality of power are (re)produced within policies and practices in these specific institutions: (1) police and justice system; (2) immigration system; (3) mental health services and other related social support systems; and (4) workplace.

Police and justice system

Two studies in this review stress the criminalization of Blackness and its intersections. In Fante-Coleman et al.'s (2022) study, Black youth reported experiencing discrimination in school, leading to early experiences of criminalization and interactions with the police. These youth shared that they often felt targeted by the police. Similar findings were conveyed in James et al.'s (2018) study on 440 two-spirit, trans, and non-binary people's experiences of justiciable legal problems, in which Black trans participants expressed that anti-Black transphobia and homophobia increased their interactions with the police. One Black trans woman explained because she is Black, trans and a woman, she is often profiled and carded by the police, leading her to be arrested because her identity documents did not match her physical presentation. This experience exemplifies Black trans women specifically and Black 2SLGBTQIA+ people in

general's, collective experience of North America's anti-Black heterosexist cisnormative industrial prison complex (Stanley & Smith, 2015). The societal commitment to Black 2SLGBTQIA+ people's criminalization enforces structural anti-Black 2SLGBTQIA+-specific violence.

Immigration system

When seeking refugee status in Canada, Black LGBTQIA+ people are subjected to structural heterosexist cisnormative violence as the claimant process involves repeated coming out and conforming to western conceptualization of sexual and gender minority identities. In Lee and Brotman's (2011) study on racialized LGBT refugees, the organizational policies of the refugee claimant process demanded frequent "coming out," placing racialized LGBT refugees in an uncomfortable position where they must repeatedly confirm and discuss their traumatic experiences of persecution in their country of origin despite having positive emotional attachments to set country. Trans participants encountered trans-specific structural barriers to changing their names on identity documents. Other structural barriers include the devaluing of non-Canadian work experiences, long wait times to acquire work permits and the overall hearing process.

Mental health services and other related social support system

When accessing mental health services, Black 2SLGBTQIA+ people regularly felt displaced. For instance, Black 2SLGBTQIA+ youth in Fante-Coleman et al.'s (2022) study felt they had to choose between affirming their gender and/or sexual minority identities in white LGBTQIA+ mainstream services that generally center whiteness or access culturally relevant care from Black organizations that may be transphobic and homophobic. The results from Falco, Tesolin, and Johnstone's (2022) study on gender-based violence (GBV), show Black 2SLGBTQIA+ may also experience erasure in mainstream white social services such as the GBV

sector that was specifically designed to address white cisgender heterosexual intimate partner violence. Therefore, GBV organizations may not be able to address GBV unique to Black 2SLGBTQIA+ people (e.g., lateral violence and threats of ostracization from 2SLGBTQIA+ and Black communities).

Streeter et al.'s (2020) study on older 2SLGBTQ+ adults and 2SLGBTQ+ public workers shows that Black 2SLGBTQIA+ people also encounter cisnormativity and homonormativity within intake, registration and assessment forms which may not reflect 2SLGBTQIA+ identities and relationships. Streeter et al.'s (2020) study also included a provincial and federal scan of anti-discrimination policies. Although they found that some public services in Canada developed anti-discrimination policies, most of these services tend to serve white, cis, heterosexual, middle-class, and able-bodied service users. Considering these findings, it was unsurprising that Fante-Coleman et al.'s (2022) study found that most mainstream mental health services fail to implement anti-racist policies that address anti-Black racism. Moreover, inequitable hiring practices and systemic and structural racial classism were found to lead to few Black mental health workers. An absence of anti-racist, anti-oppressive and affirming policies influences Black service users and mental health workers' structural exclusion.

Workplace

While the previous subthemes examined policies and organizational practices that negatively impact Black 2SLGBTQIA+ service users' well-being in specific institutions, this sub-theme focuses on the experiences of Black 2SLGBTQIA+ mental health and public service workers. 2SLGTQ + public service workers encountered intersecting discrimination in Streeter et al.'s (2020) study. For instance, LGBTQ+ refugees stated that their social insurance number differentiated them as refugees, resulting in many institutions refusing to hire them. Similar narratives were expressed by LGBTQ+ people living with HIV who were denied work due to

HIV-related stigma. Trans participants shared that when their trans histories and/or identities were known, they experienced an increased workload and encountered binarism and cisnormativity through the exclusion of trans-specific gender-affirming care in health benefits. Binarism refers to thoughts, beliefs, and policies that systemically harm and exclude people whose gender identities and/or expressions are outside the male/female binary (Clark et al., 2018). Organizational structural discrimination was justified by equating white cisgender and straight cultural norms with professionalism.

Black service providers in Fante-Coleman et al.'s (2022) study shared that the responsibility to address anti-Black racism was placed on the shoulders of individual Black mental health workers. Responsibility was disproportionately allocated to LGBTQ+ public service workers in Streeter et al.'s (2020) study. These participants expressed that cultural incompetence among cisgender and straight coworkers was systemically enabled within organizations. 2SLGBTQ+ workers reported feeling overworked and burn-out due to the unpaid additional work that comes with continually educating coworkers and transforming organizations to be more 2SLGBTQ+ inclusive. Results from Streeter et al.'s (2020) scan of public services suggest this practice mirrors wider-macro patterns of federal and provincial governments, accreditation agencies, boards of directors, and other higher-ups being unaccountable in producing meaningful change across institutions. Organizations often relied on training to tackle personal bias, ignoring the structural, organizational policies and practices that harm 2SLGBTQ+ workers.

Awe (2020) 's case on three Black 2SLGBTQIA+ organizations in Toronto showcase organizational discriminatory practices within white LGBTQIA+ organizations and spaces. During the 1970s-1990s 2SLGBTQIA+ activism was on the rise. However, Black 2SLGBTQIA+ people were systemically excluded from acquiring physical spaces for their organizations and

resources allocated toward HIV prevention and intervention. Similar practices of exclusion continued in the early 2000s and 2010s. For example, a Black queer social service worker in Giwa and Greensmith (2012) 's study shared that Blockorama, a Black 2SLGBTQIA+ festival that occurs during Pride Toronto, was often physically displaced and pushed to the margins of Pride Toronto's physical landscape. Zami, a Black LGBT+ organization in Toronto, experienced structural exclusion and anti-Black racism when they tried to publish ads in white mainstream gay and lesbian newspapers and magazines. Therefore, organizational policies and practices that impeded Black 2SLGBTQIA+ service users' access to public services are directly related to Black 2SLGBTQIA+ service workers' working conditions.

Intersectional oppression within the mesosystem

Four papers were merged to form the present theme. This theme inspects the asymmetrical power relations between Black 2SLGBTQIA+ people and workers in the following social institutions: (1) mental health and medical professionals; (2) immigration and refugee adjudicators; and (3) public service workers. Through these professions, this theme unpacks systemic and structural practices at the practitioner level that impacts Black 2SLGTQIA+ people's access to social services and social support.

Mental health and medical professionals

Structural intersecting oppressions from the macro-level trickles down to the exosystem shaping anti-Black homophobic and transphobic organizational policies and practices, which in turn influences how Black 2SLGBTQIA+ people access and experience care with mental health and medical workers. Findings from Fante-Coleman et al.'s (2022) study suggest that a lack of federal and provincial policies in addressing anti-Black racism in care may create a systemic condition where many mental health and medical providers lack an understanding of how anti-Black racism impacts Black communities. Developing trust (i.e., fostering therapeutic alliances)

was challenging to establish with non-Black mental health workers due to frequent reliance on anti-Black stereotypes, not acknowledging anti-Black racism within therapy sessions, failure to give space for discussions on anti-Black racism, and misunderstandings on the impact of anti-Black racism on mental health. A lack of anti-racist policies in mental health institutions may have also influenced Black youth in their study to encounter numerous experiences of discrimination at the hands of mental health and medical professionals, including feeling looked down upon and being denied emergency medical treatment. In funding organizations to address single-identity issues, Black trans youth experienced structural exclusion, leaving many to educate their mental health providers on trans-affirming language and the unique experiences of Black trans people. 2SLGBTQ+ older adults in Streeter et al.'s (2020) study shared that medical providers missed cues and attempts to disclose their sexual and/or gender identity. Trans older adults reported being misgendered and denied gender-affirming surgeries and hormonal treatment in healthcare settings. Structural anti-Black homophobia and transphobia at the macro and exo-level increase poorer access to mental health care.

Immigration and refugee board adjudicators

Current organizational policies for refugee and asylum claimants entail a structural "outing" of one's sexual and/or gender minority identity. Such a requirement (re)produces an asymmetrical power dynamic illuminating societal patterns of inequities where LGBTQIA+ refugee and asylum claimants must prove their adherence to western white middle-class, cisgender, able-bodied gay norms for citizenship. Lee and Brotman's (2011) study illustrates that this "outing" exposes racialized LGBTQ+ people to potential homophobic and transphobic interactions with immigration and refugee board adjudicators. These participants were confronted with western stereotypes on how sexual minorities should look and act. Trans women in this

study shared that they were frequently misgendered due to barriers in accessing name change and were not taken seriously during refugee court proceedings.

Public service workers

The present subtheme examines Black 2SLGBTQIA+ people's experiences of intersectional power differentials within interactions with public service workers, namely teachers, police officers, and service providers within long-term care facilities and government agencies. Participants in Streeter et al.'s (2020) study described the refusal of support from public service providers, being discriminated against, and having discrimination experienced classified as justifiable. Fante-Coleman et al.'s (2022) research indicate that Black trans youth experienced discrimination at school from teachers, staff, and administration. This violence continues across the life course as observed in James et al.'s (2018) investigation of legal problems experienced by two-sprit and trans people aged 16-65, which found that two-spirit, racialized, trans, and/or street involved participants experienced increased surveillance due to their intersecting identities. In times of mental health crisis, Black youth in Fante-Coleman et al.'s (2022) study were more likely to be reported to the police and arrested. In future crises, family members were uncertain whether they should access crisis services, fearing the police would be called. The fear experienced by Black family members is warranted, seeing that Black people in mental crisis are more likely to be killed during their interactions with the police (Cooke, 2020; Singh, 2020).

Intersectional oppression within the microlevel

The current theme was identified from seven studies relevant to the review. Drawing from this pool of data, three interrelated sub-themes emerged. These sub-themes unearth the spatial and interactional consequences of the colonial imposition of rigid gender binaries and the subsequent erasure of gender and sexual diversity among Black people. The three sub-themes are: (1) multidimensional outcomes of anti-Black transphobia and homophobia in interpersonal

relations; (2) experiences of homophobia and transphobia in Black communities; and (3) experiences of anti-Black homophobia, lesbophobia, and transphobia within mainstream white LGBTQIA+ communities.

Multidimensional outcomes of anti-Black transphobia and homophobia in interpersonal relations

Black 2SLGBTQIA+ people exist at the intersections of anti-Black racism, homophobia, transphobia, and other intersecting oppressions and stigma, rendering them susceptible to simultaneous marginalization from different communities. Racialized trans participants surveyed by Rutherford et al. (2021) reported experiencing frequent racism and transphobia within racialized and LGBTQ+ communities. Creating racialized queer communities did not necessarily increase the equitable participation of women and trans people interviewed by Lee and Brotman's (2011). Logie and Rwigema (2014) posit normative queer representations and discursive practices reinforce whiteness, ensuing many lesbian, gay, and queer women interviewed to report being invisible in both white and racialized communities. The authors surmise the structural and systemic erasure of racialized sexual and gender minorities influence low acceptance within racialized spaces. Queer and trans Black, Indigenous, and other people of colour (QTBIPOC) in Falco, Tesolin, and Johnstone's (2022) study argued that family violence reflects the colonial dissemination of transphobia and homophobia in POC communities.

Experiences of homophobia and transphobia in Black communities

Although Black 2SLGBTQIA+ people in the studies included in this review desired and sought social support from members of their ethnic and racial communities, they experienced barriers to sharing and expressing their sexual and/or gender identities in Black spaces. Black LGBTQ+ youth interviewed by Fante-Coleman et al. (2022) shared that they experienced stigma from family and community members. Trans people of colour in Falco, Tesolin, and Johnstone's (2022) study were denied social support, shelter, and assistance from members of their ethnic-

racial community. African, Caribbean, and Black (ACB) gay men in George et al.'s (2012) study experienced homophobia and transphobia in Black communities. Participants shared frustration, sadness, and confusion with Black communities for marginalizing Black queer and trans people when Black people are marginalized from wider society.

Experiences of intersecting oppressions within mainstream white LGBTQIA+ communities

While navigating mainstream white LGBTQIA+ spaces, Black queer and trans people encounter various intersecting oppressions present in larger society. White supremacy, anti-Black racism, homophobia, and transphobia intersect to shape political and organizational practices that influence the exclusion of Black 2SLBTQIA+ people's needs and realities in Black activism and white LGBTQIA+ social justice organizing as expressed by participants in Logie and Rwigema (2014) 's study and Awe (2020) and Greey (2018) 's case study on Black 2SLGBTQIA+ organizations in Toronto. The predominance of white, cis, middle-class, slim, abled-bodied male queer norms led many racialized lesbian, queer, gay, and bisexual women interviewed by Logie and Rwigema (2014) and racialized trans refugees interviewed by Lee and Brotman (2011) to social isolation. Lesbian, queer, bisexual, and gay Islamic women reported experiencing islamophobia due to heterosexist and cisnormative discourses that constitute queer and trans identities incompatible with religiosity (Logie & Rwigema, 2014). Black masculine presenting lesbians in this study explained that their gender expressions were seen outside the white queer imagination, inciting fears of the racial queer outsider. Racialized queer social service workers argue that even at Pride events, which are advertised as bringing (a singular) "queer community" together, are, in fact, inaccessible to racialized queer and trans people with limited financial capital.

Black trans participants in Falco, Tesolin, and Johnstone's (2022) study reported experiencing lateral violence, suggesting 2SLGBTQ+ communities include people who have experienced and inflicted harm. Lateral violence may appear in sexual relationships with white people, to which ACB queer men in George et al. (2012) 's study described being treated as sexual objects. The specific sexual positions taken up by Black gay men engaging in sexual relationships with white men may reflect a racialized power struggle, where Black queer men's sexual expressions are restricted to the stereotyped "dominate top". Black queer and trans people's frequent and systemic experiences of marginalization within white mainstream LGBTQIA+ spaces reflect historical anti-Black racism that influences distrust.

Multidimensional and intersectional psychological distress

The present theme arose from seven studies included in this review. This theme explores how intersectional oppressions from all levels of the ecological system work to create collective psychological distress and trauma. It also describes the multidimensional intricacies at work in shaping the systemic risk of Black 2SLGBTQIA+ people's poorer access to mental health treatment. The two sub-themes include: (1) power imbalances and interconnecting systems of oppression shaping trauma, beliefs, emotions, behaviours, resilience, and self-esteem; and (2) systemic, intra-psychic, and interpersonal forces influencing navigating mental health systems.

Power imbalances and interconnecting systems of oppressions shaping trauma, beliefs, emotions, behaviours, resilience, and self-esteem

Throughout the ecological system, Black 2SLGBTQIA+ people observed in the studies included in this review were exposed to structural and systemic violence and interpersonal interactions perpetuating negative self-image and disempowerment, ultimately influencing their subjectivities, behaviours, resilience, and self-esteem. For instance, colonialization influenced

many Black youth's family members interviewed by Fante-Coleman et al. (2022) to experience intergenerational trauma from subsequent displacement, war, and family conflict. Black LGBTQIA+ people accessing citizenship experience further traumatization through the psychological distress caused by being undocumented in Canada and lengthy proceeding wait times (Lee & Brotman, 2011). Structural barriers to employment (i.e., delays in obtaining a work permit and rejection of non-Canadian work experience) incite shame and frustration.

Black youth shared that the hyper-productivity promoted by racial capitalism fosters living in silos, stimulating feelings of isolation. Experiences of isolation were also enforced through the colonial transportation of transphobia and homophobia within Black communities, as expressed by ACB gay men in George et al.'s (2012) study. To avoid experiences of rejection, these men avoided disclosing their sexual identity. Racialized older men who have sex with men interviewed by Liboro et al. (2021) used compartmentalization to avoid the interpersonal implications of HIV criminalization, such as rejection and judgment. Compartmentalization was believed to improve mental health.

Structural transphobia and binarism may influence statistically significant differences in how rates of depression and anxiety are inequitably distributed in society. For example, statistically significant differences were found in depression and anxiety rates among trans+ and cisgender participants surveyed by Rutherford et al. (2021). Despite using more mental health services than their cisgender counterparts, trans and non-binary participants reported poorer mental health. As a form of protection, trans participants in James et al.'s (2018) study engaged in social isolation to avoid structural transphobia and binarism in care systems, resulting in injuries not being adequately addressed. The studies by Logie and Rwigema (2014) and Liboro et al. (2021) elucidate how normative discourse and representations of white queerness influence

negative self-images among queer women and older men who have sex with men living with HIV (MSMLWH), respectively. In essence, a complex interaction of structural and systemic oppressive forces impacts self-image, well-being and fostering resilience.

Systemic, intra-psychic, and interpersonal forces influencing navigating mental health systems

While all Canadians are impacted by long-wait times, limited crisis centers, and budget cuts in social services, Black 2SLGBTQIA+ people's access to mental health services is further complicated by historic anti-Black racism, transphobia, homophobia, and other intersecting oppressions. Fante-Coleman et al.'s (2022) research demonstrate that unaddressed historic anti-Black racism in care influences intergenerational mistrust among Black youth living in Ontario. Distrust is further fueled when mental health providers dismiss or misunderstand their lived realities. Experiences of anti-Black racism and other intersecting oppressions made many hesitant to seek care again. Poor therapeutic alliances swayed Black youth to be fearful that they may experience stigmatization in care. Black youth aged 14-30 with limited financial capital were left to decide if they should continue accessing free culturally irrelevant care that may cause further harm or delay care and join another waitlist. Limited, poorly funded and staffed crisis centers increase Black youth's interactions with the police, making accessing adequate crisis support a matter of life and death. To access Black mental-health workers, Black youth were forced to seek private care, which was financially inaccessible due to limited subsidized private care.

Notwithstanding, when medical care systems offer programs specific to ethnic/racial communities, they are not culturally responsive to the needs of racialized trans people, as reported by participants interviewed by James et al. (2018). Moreover, the narratives from racialized older men who have sex with men living with HIV (MSMLWH) in Liboro et al.'s (2021) study and Lee and Brotman's (2011) research with racialized refugees indicate language

barriers to accessing mental health support for people living at these specific intersections of marginality. MSMLWH shared language barriers to mental health care led to delayed care, misdiagnosis, and misunderstandings of treatment, all of which increase distrust. As structural and systemic intersecting oppressions go unchecked, historically marginalized groups' access to care will remain inadequate.

Collective and individual strategies to combating psychological distress and intersectional oppression

Seven of the fourteen studies were used to construct the current theme. Three sub-themes were generated to examine intersectional collective and individual strategies used by Black 2SLGBTQIA+ people to manage discrimination and subsequent psychological distress. The three sub-themes are: (1) individual strategies and personal attributes to combating anti-Black homophobia and transphobia; (2) collective strategies for establishing affirming communities; and (3) intersectional collective strategies to combat anti-Black homophobia and transphobia at the exo and meso-level.

Individual strategies and personal attributes to combating anti-Black homophobia and transphobia

Black 2SLGBTQIA+ people involved in the studies included in this review adopted specific mindsets and strategies to manage intersectional marginalization in various facets of their lives. Black youth emphasized the importance of self-care practices including journaling, spirituality, and shadow work, such as working through the unconscious mind to uncover repressed aspects of the self (Fante-Coleman et al., 2022). African, Caribbean, and Black LGBT newcomers aged 20-57 shared that they frequently used a combination of HIV/AIDS services offered by ACB and white LGBTQIA+ organizations to navigate limited resources (Logie et al.,

2016). This ensured they had access to long-term programs and services offered by white mainstream services while having opportunities to engage with Black people through short-term services provided by Black HIV/AIDS organizations.

Liboro et al. (2021) found that middle-aged and older men who have sex with men utilized specific mindsets to survive living at the intersections of HIV/AIDS-related stigma, including believing they must persevere in life, especially during the early stages of their diagnosis. Black gay men in Husbands et al.'s (2013) study further demonstrates the diversity and flexibility of strategies and mindsets that Black 2SLGBTQIA+ people may use to manage intersectional discrimination and psychological distress. For example, in coming to terms with their sexual identity, some Black gay men felt empowered by viewing themselves as a gay man in ways that transcend race. In contrast, others celebrated the fullness of their Black queer identities. Some Black gay men viewed not fitting in white mainstream queer scenes as a positive thing as it reinforced that they were not conforming to white queer cultural norms. Older Black gay men were more likely to decrease engagement with mainstream queer spaces over the life course. With regards to dating, some Black gay men only dated other Black and/or racialized men as it offered greater comfort and fulfilment. Others avoided dating Black men due to stereotypical overtly masculine discourses on Black men's sexuality. Some dated white men as a way to show it was possible to "transcend" the historical racial power dynamics to which the relationship unfolds. In short, Black 2SLGBTQIA+ people demonstrate that everyday resistance can be passive or active, but always fluid in time and space.

Collective strategies for establishing affirming communities

To combat social isolation and inadequate access to culturally relevant mental health support, Black 2SLGBTQIA+ people turned to each other to develop anti-racist and gender-

affirming communities. This is evident among racialized LGBT participants interviewed by Lee and Brotman (2011), who developed racialized queer refugee communities as a countermeasure against racism within white LGBTQIA+ communities and transphobia and homophobia within racialized communities. Black gay men survey by Husbands et al. (2013) deployed similar strategies in which they preferred circulating within and fostering networks with Black, Indigenous, and other racialized queer people. Participants in both studies also shared that activism was central to their lives. For example, Black gay men in Husbands et al. (2013) engaged in HIV activism due to their ideological commitment to bettering the well-being of Black communities. Equally significant is establishing connections with peer support groups. African, Caribbean and Black (ACB) newcomers in Logie et al.'s (2016) study described the importance of peer support groups. Participants engaged in reciprocal knowledge transfer on housing and employment. Undoubtedly, these environments provided space to develop friendships and obtain emotional support. Peer groups also aided in reducing stigma related to one's sexual and/or gender minority identity. Due to limited culturally relevant trauma-informed resources, queer and trans Indigenous and racialized survivors of gender-based violence interviewed by Falco, Tesolin, and Johnstone (2022) shared that they often turned to their friends for emotional support and resources. Considering these findings, it is unsurprising that all participants from the aforementioned studies emphasized the importance of community health and peer services in counteracting the inequitable distribution of resources.

Intersectional collective strategies to combat anti-Black homophobia and transphobia at the exo and meso-level

In cultivating affirming communities, Black 2SLGBTQIA+ people simultaneously established grassroots initiatives and organizations to combat structural anti-Black racism, transphobia, homophobia, HIV related stigma and other intersecting oppressions and stigma. In a

case study on Black 2SLGBTQIA+ organizations in Toronto, Awe (2020) shows that these organizations were birthed as a response to anti-Black racism in white LGBTQIA+ communities and transphobia and homophobia within ACB communities in the 1980s-1990s. The house at 101 Dewson Street, purchased by Stephanie Martin and Makeda Silvera, provided the foundation for future Black and other people of colour organizing in Toronto. The first Black queer group established in that house, Zami, tackled political issues impacting Black people in general, focusing on disrupting homophobia and transphobia within ACB communities. In response to the structural inequitable dissemination of HIV resources available to Black people living with HIV/AIDS, members of Zami, including Douglas Stewart, joined forces with other Black 2SLGBTQIA+ activists such as Camille Orridge to develop the Black Coalition for Aids Prevention (CAP) which still operates today. Zami also developed coalitions with other racialized queer groups, challenging white mainstream LGBTQIA+ organizations' blatant racism. It was not uncommon for Black 2SLGBTQIA+ organizations to engage in intersectional solidarity by developing coalitions with other Black activist groups fighting against structural anti-Black racism and police brutality. For example, many Black 2SLGBTQIA+ organizations collaborated with the Black Action Defense Committee to address police brutality following the death of several Black people in the 1980-1990s.

Awe (2020) argues that the organizing of early Black 2SLGBTQIA+ organizations provided the foundation for future organizing in the city. Black Lives Matter (BLM) Toronto continued the tradition of tackling intersectional issues. In 2015, BLM Toronto organized a protest demanding justice following the murder of Andrew Loku and Jermaine Carby (Greey, 2018). BLM also disrupted the depoliticization of Pride Toronto by interrupting the Pride parade to call attention to the need for the simultaneous liberation of Black and 2SLGBTQIA+ people. The collective questioned the presence of the police at Pride, considering its anti-Black, anti-sex-

work, transphobic, and homophobic practices. Black 2SLGBTQIA+ people not only brought about change within Black and 2SLGBTQIA+ organizations but across social institutions. Streeter et al.'s (2020) study found 2SLGBTQ+ public workers advocated in different institutions, including schools, medical systems, and mental health systems. Therefore, Black 2SLGBTQIA+ people resist structural and intersectional oppression on various levels of the ecological system to counteract its systemic nature.

Healing requires changing social colonial order, promoting intergenerational collective resilience, and support from institutions

Data were drawn from six studies to develop the final theme, which expresses the desires of Black 2SLGBTQIA+ participants for governments, agencies, and organizations to transform power structures, acknowledge the (re)production of structural oppression and violence, and redistribute funds to community health-based initiatives to maximize collective healing: (1) transformation of colonial social order on systemic and individual levels; and (2) promotion of collective social transformation and strong community health networks.

Transformation of colonial social order on systemic and individual levels

Improving Black 2SLGBTQIA+ people's access to mental health care and overall well-being necessitates an entirely different system and approach to social life. Streeter et al. (2020) propose that creating safer spaces within public services requires tackling intersecting oppressions: colonization, white supremacy, homophobia, ableism, transphobia, classism, and sexism. Combating these systems behooves policy changes to ensure that social institutions adopt affirming protocols and regulations. Specific changes needed within long-term care homes include training health professionals to understand the intricacies of transphobia and homophobia. Falco, Tesolin, and Johnstone (2022) encourage mandatory training on the

intersectional realities of 2SLGBTQ+ people to ensure they receive culturally responsive and relevant care. Health professionals should consider gender, sexuality and other intersecting identities to increase older 2SLBTQIA+ adults' accessibility and sense of safety within these spaces (Streeter et al., 2020). Liboro et al. (2021) called for more inclusive healthcare benefits where trans-affirming procedures and costs related to HIV/AIDS medication are covered.

Citing Miller (2005) and Walker (1996), Lee and Brotman (2011) suggest that the Canadian refugee system constructs Canadian citizenship as a "violent gift" given to those who embody white, middle-class, cis, able-bodied, and male cultural norms. Considering that the Canadian refugee system is entangled with the (re)production of cisnormative and homonormative practices, the authors assert that the Canadian refugee system is unable to acknowledge nor address its implications in the structural violence experienced by sexual and gender minority refugees. This assertion aligns with critical politics of care and decolonial studies' critiques of legal intervention. A critical politics of care requires that settler colonialism and its accompanying intersecting violence be cut from the roots; consequently, we must do something different than western democratic politics to care for each other, the earth, and transform institutions (Coulthard, 2007; Hewitt, 2016; Woodly et al., 2021). Furthering this discussion, Spade (2011) suggests that a preoccupation with establishing laws protecting historically marginalized people's rights may fail to recognize how the justice system itself is implicated in the systemic inequitable distribution of resources. In doing so, legal reforms often equip and reinforce institutional power in shaping the lives of marginalized people. However, although Spade (2011) is skeptical of legal reforms, he supports legal interventions that challenge normative categories such as race, sex, and gender that dictate the ways resources are distributed. Nonetheless, legal interventions alone are not enough to bring about systemic social change.

Racialized gay service worker men interviewed by Giwa and Greensmith (2012) discussed the necessity to address historical racism within white LGBTQIA+ communities. These service workers suggest such a task necessitates changing society on individual and systemic levels. Ultimately societal gender and sexual norms and scripts would be changed to challenge transphobic, lesbophobic, and homophobic stereotypes imported through colonization. Racialized LGBT refugees demanded that queer communities recognize the specific unique realities of trans refugees and refugee women to foster safer and more accessible spaces that affirm these specific identities and intersections (Lee and Brotman, 2011). Altogether, the studies in this review stress that transformation is ongoing, as achieving accessibility does not possess a definite endpoint. Rather it entails a continual journey.

Promotion of collective social transformation and strong community health networks

Black 2SLGBTQIA+ people's reliance on community-health organizations elucidates the need to invest in these organizations and establish community partnerships to reduce siloed care. The data pool from the studies used to develop this present sub-theme stresses the importance of by us for us organizing strategies. A Black trans woman participant interviewed by Falco, Tesolin, and Johnstone (2022) expressed that she felt seen in initiatives addressing transmisogyny that were Black trans sex worker women led. Racialized LGBT refugees in Lee and Brotman's (2011) study relied on both formal and informal community grassroots groups to steer self-representation and engage in social justice and reciprocal knowledge transfer. Black youth interviewed by Fante-Coleman et al. (2022) highlight that governments must divest from police and direct these funds to community-based action and organizations. As articulated by 2SLGBTQ+ survivors in Falco, Tesolin, and Johnstone's (2022) study, changing social support systems takes time, encouraging organizations to slow down and devote energy to fostering sustainable relationships with community groups and service providers serving historically

marginalized communities. Indeed, governments, agencies, and other higher institutions must proactively foster sustainable, reciprocal relationships with communities and front-line community grassroots organizations to develop accountability measures and track systemic change.

On a community level, racialized gay service worker men and Black youth aged 14-30 emphasized raising community understandings of mental health and anti-Black racism (Fante-Coleman et al., 2021; Giwa and Greensmith, 2012). Community mobilization is vital to reducing stigma, which necessitates equipping community members with tools to support people living with mental health difficulties (Fante-Coleman et al., 2021). This speaks to the significance of increasing community and peer-led interventions, which are largely unpaid work. Most Black 2SLGBTQIA+ participants in this review relied on peer-support groups for emotional support, underscoring the need to financially support peer-led interventions and the relevant community knowledge they possess.

Chapter 5: Discussion

This systematic review examined Black 2SLGBTQIA+ people's experiences of intersectional macro and micro-level discrimination and subsequent psychological distress in Canada. Although most studies included in this review were qualitative, participants were of various ages, genders, and sexual orientations. Overall, the findings suggest that Black 2SLGBTQIA+ people face multiple structural inequities linked to their racial, sexual, gender, country of origin and other intersecting identities that may negatively impact their mental health (Awe, 2015; Fante-Coleman et al., 2022; George et al., 2021; Husbands et al., 2013; Liboro et al., 2021; Lee & Brotman, 2011; Logie et al., 2016; Rutherford et al., 2021). Black 2SLGBTQIA+ people may experience intersectional stigma and discrimination while navigating social and

community institutions for mental health support. Reproduced macro-level patterns of inequities with roots in settler-colonialism and the trans-Atlantic slave trade permeate organizational policies and practices that impede Black 2SLGBTQIA+ people's access to mental health services (Awe, 2015; Fante-Coleman et al., 2022; Streeter et al., 2020).

These findings align with decolonial critiques and historical analysis of human rights-based approaches to care. Indigenous scholars argue that the displacement and dispossession of Indigenous lands and peoples enabled the establishment of a state focused on distributing individual human rights (Freedman, 2003; Goeman, 2016; Lawrence & Dua, 2005; Morgensen, 2011). However, this approach does not consider that the distribution of care, resources, and funding was founded upon a framework of underserving and deserving through the exclusive promotion of services to white European families and the structural and systemic denial of resources to Indigenous communities (Assembly of First Nations, 2018; Gunn, 2017; Phillips-Beck et al., 2020). Services were reserved for white Europeans deemed eligible and worthy for amalgamation into the settler nation-state. Intervention deployed to support white European families' adherence to Puritan standards of the time, centered cis white Christian heterosexual, able-bodied cultural norms of conduct (Fellows & Razack, 1998). Morgensen (2011) contends that Indigenous peoples' perpetual existence within a state of exception to Western settler colonial law is now the model to which the state of exception [i.e., communities marked as undeserving] is exercised to deny care and resources to marginalized communities on Indigenous lands in Canada and beyond. Hence, Morgensen (2011) stresses that "today we are all exposed to [a state of exception] not because we appear similarly to western law, but only to the extent that we are all caught distinctly in the hierarchies that structure its persistent colonial formation" (p.72). The colonial continuities of upholding an underserving and deserving framework of rights

and resource distribution ensure that to access services, Black 2SLGBTQIA+ people may have to conform to white western cis heteronormative Christian values of sociality and self-care.

Neoliberalism repackages colonial discourses of underserving and deserving to fit its discourse on the necessity of reducing spending on social services and other social expenditures. Under a neoliberal context, care in all its forms is characterized and naturalized as an individual responsibility in which people must buy and invest in self-care (Gray, 2005; Michaeli, 2017; Rose, 1998, 1996; Teghtsoonian, 2009). This process of responsibilizing individuals simultaneously decentralizes the government's role in providing structural care (Cradock, 2007; Graham, Shier, & Delaney, 2016). Thus, neoliberal institutions of care not only enforce individualization in risk management but also favour funding services, programs, and projects that target the specific positionality of white cis heterosexual able-bodied individuals (Streeter et al., 2020).

The austerity budget cuts brought by neoliberalism, coupled with the colonial continuities of an oppressive hierarchical approach to distributing rights and resources, leave many programs geared toward marginalized communities to remain underfunded (Assembly of First Nations, 2018; Fante-Coleman et al., 2022; Gunn, 2017; Phillips-Beck et al., 2020; Streeter et al., 2020). Consequently, few mental health programs encompass Black 2SLGBTQIA+ people's whole realities. For example, Black 2SLGBTQIA+ people may encounter negative experiences within mental health systems, including culturally unsafe programming within non-Black mainstream mental health organizations and homophobia and transphobia within Black organizations (Fante-Coleman et al., 2022; George et al., 2021; Giwa & Greensmith, 2012; Husbands et al., 2013; James et al., 2018). Older Black 2SLGBTQIA+ people may experience unique forms of

marginalization such that being older makes them vulnerable to aging out of care while the saliency of their Black identities may be ignored (Liboro et al., 2021; Streeter et al., 2020).

Participants in this review explained that an asymmetrical relationship was apparent in most of their interactions with social workers and other mental and medical professionals. Black 2SLGBTQIA+ people reported that some support workers were emotionally detached, often dismissing their experiences of racism, homophobia, HIV-related discrimination, and transphobia while simultaneously inflicting this very violence (Fante-Coleman et al., 2022; Hart &Montague, 2015; Liboro et al., 2021; Streeter et al., 2020). Hart and Montague (2015) suggest that neoliberalism encourages mental health workers to emotionally detach themselves from their work in order to conceal how they participate in wielding power over service users. To avoid negative intersectional experiences of discrimination and stigma, Black 2SLGBTQIA+ people may alter their behaviour, further delaying their access to adequate care. Some participants in the studies included in this review delayed and avoided treatment within mainstream and ethno-racial community services (Fante-Coleman et al., 2022; Lee & Brotman, 2011; Rutherford et al., 2021). It does not help that racial capitalism, anti-Black racism, and classism enforce the low representation of Black social workers and other helping professionals and prevent Black social workers to access leadership positions. The realities of Black 2LSGBTQIA+ people point us to multidimensional and intersectional psychological distress that cannot be reduced to individual deficits in coping.

In this study, I have used an ecological framework, including the macro, exo, meso, micro, and chrono-system. However, few studies provided data that would enable me to create a theme analyzing the chronosystem. The chronosystem contains environmental and social events occurring across the life course that negatively and positively shape people's lives. Social

workers should consider how specific historical events, accompanying structural changes, and government interventions can negatively impact Black 2SLGBTQIA+ people's well-being. For instance, Greey (2018) examines the devastating impact of the HIV/AIDS epidemic on Black 2SLGBTQIA+ communities. The first case of AIDS was reported in March 1982, in which Dryden (2016, 2019) suggests anti-Black, homophobic, transphobic, and anti-sex work discourses shaping the intervention strategies deployed by health officials. Influenced by the homophobic logic that HIV/AIDS a "gay disease," Health officials in North America banned men who have sex with men from donating blood (Dryden, 2016; Dryden, 2019). This homophobic discourse shaped early detection practices seasoned with moral prejudices describing queer people as lacking self-control. In March 1983, the Centre for Diseases Control and Prevention in the United States published a list outlining dangerous bodies depicted as vectors of HIV transmission (Dryden, 2019). These bodies include: Haitian people (regardless of citizenship), people living with hemophilia, heroin users, and gay people. Dryden (2019) contends that the influx of Haitian people in Canada fleeing financial and political crises ignited violent anti-Black racism and xenophobia, crystalizing the grounds to which Haitian bodies and their blood were marked as bearers of HIV/AIDS. Racialized LGBTQ+ refugees living with HIV reported increased stigma after increasing policies were developed criminalizing HIV (Lee & Brotman, 2011).

In the mid-80s- early 90s, Black 2SLGBTQIA+ not only witnessed the death of their loved ones from HIV/AIDS but also from anti-Black police violence. Awe (2020) argues that the murder of "Lester Donaldson (1988), Michael Wade Lawson (1988), Sophia Cook (1989), Marlon Neal (1990), and Raymond Lawrence (1992)" furthered mistrust among Black communities in Toronto and the rest of Canada (p.9). Another major event in shaping the

chronosystem, is the 2020 COVID-19 pandemic, which disproportionately impacted Black, Indigenous, and other racialized communities. The pandemic influenced the widespread closure of businesses and non-essential services and exacerbated mental health problems and financial insecurities among Black youth interview by Noble et al. (2022). Many 2SLGBTQIA+ organizations were forced to close, leaving limited social support options. Leger's (2022) survey on mental health and substance usage during COVID-19 among 2SLGBTQ+ communities found that Black LGBTQ+ people reported lower rates of being able to cope with the pandemic stress. Pandemic stress was further complicated by the police murders of George Floyd, Breonna Taylor, Tony McDade, and Regis Korchinski-Paquet, reminding Black communities worldwide that the pandemic did not halt anti-Black violence.

Nevertheless, results from this review suggest that Black 2SLGBTQIA+ are highly resourceful, deploying a diversity of communal and individual strategies to combat intersectional discrimination, stigma, and marginalization (Awe, 2015; Greey, 2018; Logie et al., 2016; Fante-Coleman et al., 2022). For instance, Black 2SLGBTQIA+ people have created their chosen families and communities to navigate limited resources and social support (George et al., 2021; Liboro et al., 2021; Husbands et al., 2013). Black 2SLGBTQIA+ people living with HIV have adopted positive mindsets to combat negative self-concepts and esteem perpetuated by HIV-related stigma (Liboro et al., 2021). Black gay men in the MaBwana study deployed diverse strategies to promote positive feelings about their sexuality and race (George et al., 2021). Some embraced their queer and racial identities, while others highlighted the salience of their sexual identities to create pathways to sexual liberation. In Fante-Coleman et al.'s (2022) study, Black youth engaged in diverse self-care practices such as journaling and shadow work.

In addition, an equally pertinent component of Black 2SLGBTQIA+ people's chronosystem is the intergenerational transfer of Black 2SLGTQIA+ people's collective resistance and mobilization, as highlighted in the Toronto-based case studies conducted by Awe (2020) and Greey (2018). Organizations such as Zami and Blockorama set the stage for future organizing with their commitment to promoting Black joy, abolishing prisons, and establishing coalitions to increase community mobilization (Greey, 2018; Smith & Marshall, 2016). Following this tradition is Black Lives Matter (BLM) Toronto. In 2016, the collective occupied Toronto's Police headquarters for two weeks in response to the police's decision not to press charges in the death of Andrew Loku and Jermaine Carby (Awe, 2020). They also sought to take and make space during Toronto's 2016 Pride to denounce the presence of police during Pride as well the anti-Blackness prevalent in Toronto.

Narratives from Black 2SLGBTQIA+ activism in Toronto mirror research on Black 2SLGBTQIA+ activism in Montreal, where different generations of Black 2SLGBTQIA+ people have mobilized to combat their intersectional marginalization. For example, the now defunct Arc-en-ciel d'Afrique (African Rainbow), was the first Black 2SLGBTQIA+ organization in Montreal (Arc-en-ciel d'Afrique, 2014). For over ten years, Arc-en-ciel d'Afrique, relied on community approaches to care by distributing experiences of joy over punishment and offering space for self-authorship of defining one's own experiences. Arc-en-ciel d'Afrique was founded in 2004 by Solange Musanganya, Didier Rwigamba, and Luc Doray (Arc-en-ciel d'Afrique, 2014). As experienced by Black 2SLGBTQIA+ people in Toronto, unlike other ethnic minority groups, prior to the inception of Arc-en-ciel d'Afrique, Black queer and trans people in Montreal did not have a space designated for and organized by Black queer and trans people of African descent. As a result, the team developed Arc-en-ciel d'Afrique as a designated Black 2SLGBTQIA+ space

people can receive culturally appropriate support services such as active listening support and discussion groups (Arc-en-ciel d'Afrique, 2014). Arc-en-ciel d'Afrique also developed Massimadi in 2009. Massimadi is an Afro-LGBTQ film festival mandated to counter racism and homophobia within Black communities, white LGBTQ+ spaces, and broader society (Arc-en-ciel d'Afrique, 2014).

Carrying on the torch is Montreal's BLM chapter, which was spearheaded by various Black women, femmes, trans, and queer people. One notable protest occurred in 2017 in collaboration with Montréal Noir (Black Montreal) and Hoodstock following the police killing of Pierre Coriolan, a Black 50-year-old man (Diverlus & Hudson, 2020). BLM Montreal and some BLM members from Toronto "shut down the main stage at the Montreal Jazz Festival, forcing attendees and police to contend with the brutality the Montreal police perpetrates upon Black Montreal" (Diverlus & Hudson, 2020, p.14). Protesters later gathered in front of the Montreal Police Station in Downtown Montreal. Black people expressed through chants and poetry in English and French the impacts of police involvement in Black communities and the necessity to defund the police. Akin to the BLM Toronto chapter, this protest demonstrates the process of undoing the world as we know it by engaging in storytelling, eradicating the naturalization of anti-Black police brutality, and demanding widespread change by defunding the police.

Findings from this systematic review are also consistent with North American research on Black 2SLGBTQIA+ people's mental health. For example, Husbands et al.'s (2022) survey on Black Canadians' exposure to everyday racism found Black LGBTQ+ people were more likely to experience racism. Higher rates of everyday experiences of racism were also associated with being born in Canada, being older, low-income, having higher levels of education, and inadequate housing. Black people in this study also reported having difficulty accessing

healthcare due to experiences of anti-Black racism. The Trevor Project based in the United States of America found that Black LGBTQ+ youth's proximity to intersectional axes of marginalization makes them more susceptible to harmful intersectional discrimination and decreased mental health (Feeney, Green, & Dorison, 2020). In particular, Black LGBTQ+ youth reported higher rates of mental health challenges, including symptoms of depressive disorder and suicidal ideation. Echoing these findings, 83% of Black LGBTQ+ Americans surveyed by Jackson et al. (2020) shared that they experienced discrimination that negatively impacted their physical and mental well-being. Similar to Black 2SLGBTQIA+ people in Canada, Black LGBTQ+ people in the U.S report high rates of discriminatory treatment at the hands of mental health and medical providers, illuminating the remnants of medical anti-Black racism nested within medical and mental health curriculums (Mahowald, 2021). These participants often avoided medical and mental health treatment due to possible experiences of homophobia from their service providers. In summary, Black 2SLGBTQIA+ people's exposure to multiple intersecting systems of oppression systemically puts them at risk for poorer mental health and access to mental health support.

Recommendations for social work practice

In reviewing Canadian literature on Black 2SLGBTQIA+ people, it is evident that social workers and other mental health workers must provide space for discussions on intersectional discrimination, stigma and subsequent psychological distress to improve access to care. As such, I offer recommendations grounded in the theoretical contributions of Black and Indigenous decolonial feminist approaches, Mad Studies, Moya Bailey and Izetta Mobley's (2019) Black feminist disability framework, the basic tenants of intersectionality-informed health inequalities research, and Afrocentrism as a theoretical framework. Although these recommendations are

specific to Black 2SLGBTQIA+ people, they are helpful for any social worker and mental health practitioner interested in anti-oppressive practice.

Feminist and Mad scholars and therapists have rejected the individualization of psychological distress by situating it within the socio-political context in which they occur. Feminist, Mad, and decolonial scholars recognize that experiences of oppression can lead to experiencing disability and madness (Brown, 2007; Kanani, 2011; McDowell et al., 2017; Meerei et al., 2016; Sinclair. 2004). With this in mind, feminist and Mad practitioners are encouraged to avoid depoliticizing oppression by over-focusing on providing solutions to cope (Carniol, 1992; Flynn et al., 2021; Macphee & Norrad, 2021). Helping professionals must also confront how internalized sanism may lead them to dismiss the experiences and thoughts of Mad people and people with disabilities (Snyder et al., 2019). This requires confronting and challenging standards of "normal" thought processes, behaviours, and emotions.

To challenge the regulatory powers of health care systems, feminist therapists move away from monitoring risks and pathology toward simultaneously liberating marginalized people and transforming social structures (Carniol, 1992; Brown, 2007; Díaz-Lázaro, 2012; Mullings et al., 2021). Black 2SLGBTQIA+ participants in the studies included in this review were more likely to be low-income. A Black feminist disability framework reminds us that while ensuring and creating more affirming jobs and workspaces for marginalized communities is essential, it is also important to recognize that not everyone can work. As social workers, challenging societal pressures to uphold western standards of productivity, entails recognizing that going back to work or working full-time may not be part of everyone's path to reestablishing a state of "homeostasis".

Feminist therapies favour validating the lived experiences of marginalized people and centering these stories in the interventions provided (McDowell et al., 2017). A suggestion for social workers supporting Black 2SLGBTQIA+ people in their mental health journey is to give space for exploring how their various intersectional identities may fuel stress, discrimination, cause conflict, incite joy, or offer opportunities for empowerment and connections with others. Certainly, social workers should consider and give space for discussions outside the realm of identity markers, encouraging Black 2SLGBTQIA+ people to imagine futures beyond the confines of identity politics. Identifying positive intersectional experiences and strategies is essential to fostering intersectional resilience. Poetry, dance, and other artistic outlets can serve to externalize discrimination from oppressive forces (Lorde, 1984, 1995). To foster collective resilience, social workers can incorporate ancestral, religious, spiritual, and/or relational healing practices in intervention plans (Mullings et al., 2021). Connecting Black 2SLGBTQIA+ people with organizations that affirm their intersecting realities and offer opportunities for self-representation is paramount.

Given social work's history of caring for white lower-class people while simultaneously furthering settler-colonialism, social workers operate between furthering marginalization and enhancing experiences of empowerment (Weinberg, 2006). Consequently, social workers must be critical of the power dynamics among themselves and service users (Mazzula & Nadal, 2015; Mullings et al., 2021; Newman et al., 2019; Sue et al., 2007). This entails simultaneously acknowledging and actively challenging power dynamics by allowing for differences and flexibility (Fook, 2012). As such, social workers should frequently inquire about how Black 2SLGBTQIA+ service users feel about their identities at different times, giving space for discussion on how their intersectional stigma and discrimination may change daily. Feminist

therapies also encourage mental health professionals to consider how therapeutic goals and recommendations can be used to further pathologize and problematize service users (McDowell & Knudson-Martin, 2017). Trans participants in the studies included in this review reported being denied access to gender affirming care (Streeter et al., 2020). Black youth shared their efforts to discuss anti-Black racism was often shut down by mental health practitioners (Fante-Coleman et al., 2022). Hence, it is essential that therapeutic goals center the service user in all aspects.

Murphy (2015) argues that decolonial approaches to care is non-linear because there is no clear normative vision. Thus, decolonial care work requires constantly improvising and attuning oneself to relationships and spaces (McDowell & Knudson-Martin, 2017; Murphy, 2015). Social workers working with Black 2SLBTQIA+ people need to be cognizant that Black 2SLGBTQIA+ people may not adhere to a stage model of sexual identity formation that was developed from research on cis white abled bodied gay men (Lee & Brotman, 2011; Follins, Garrett-Walker, & Lewis, 2014). They must also be aware of the societal and communal factors that may force Black 2SLGBTQIA+ people to silence their racial, sexual and/or gender identities. Race intersects with gender and sexuality, creating differences in access to 2SLGBTQIA+ visibility (Haritaworn et al., 2018b; Walcott, 2012). White queer and trans cultural norms may bind Black 2SLGBTQIA+ people to specific sexual and gender expressions. Therapy should be affirming, offering opportunities for discussions on exploring one's gender and/or sexual identities within and/or outside societal norms. In essence, Mad, decolonial, and feminist interventions call for a move away from traditional, paternalistic views of care.

Another critical aspect of feminist, decolonial, and Mad therapies is for practitioners to attend to structural and micro-level factors impacting psychological distress alongside service

users (Baines, 2017; Carniol, 1992;). Scholars have proposed, for example, that service providers engage in political protests that lead to structural changes (Baines, 2017; Blackstock & Trocmé, 2005; Brown, 2007; Carniol, 1992; McDowell et al., 2017). These liberatory movements must be led by the lived experiences of those most impacted. Unsurprisingly, findings from this systematic review suggest meaningful connections with affirming racialized queer and trans communities, mainstream white LGBTQIA+ organizations and Black organizations aid in disrupting structural and intersecting experiences of marginalization. Structural change within health institutions equally requires abolishing the structurally induced asymmetrical relationship between service users and practitioners, increasing funding for community-based health programs, divesting from police institutions, increasing access to affordable housing, expanding public coverage of health care, and normalizing the felt and lived experiences of Mad people (Blackstock, C. & Trocmé, 2005; DeWolfe et al., 2019; Kaba, 2021; Morrow, 2021; Smith & Marshall, 2016).

Strengths

This thesis challenges the biomedical emphasis on the individual roots of psychological distress by highlighting socio-political and historical components impacting the mental health of Black 2SLGBTQIA+ people (Thoits, 2010). It obstructs white queer and trans discourses that conceal the impact of race on shaping lived experiences of sexuality by bringing the realities of Black 2SLGBTQIA+ people to the forefront. This study also challenges homonormative discourses of a unified singular LGBTQ+ community and Canada's image as a multicultural, trans, and queer-inclusive country. It exposes the coloniality of power ingrained within western cultural gender and sexual norms and the import of transphobia and homophobia within Black communities. Most importantly, this research details the psychosocial implications of anti-Black

racism, transphobia, homophobia, misogynoir, transmisogyny, classism, sainism, and other intersecting oppressions embedded in social institutions and communities across the ecological system. Consisting of mostly qualitative research studies, this review describes the complex and diverse embodied experiences of identifying with multiple marginalized identities and their spatial and interpersonal ramifications. In essence, this review crystallizes the necessity to situate Black 2SLGBTQIA+ mental health within a dual context of intergenerational trauma stemming from anti-Black homophobia and transphobia with roots to settler-colonialism and the Atlantic slave trade as well as collective resistance that continue to live in the bodies, minds, and hearts of Black 2SLGBTQIA+ people.

Limitations and future directions

The limited articles incorporated in this review indicate significant gaps in Canadian quantitative and qualitative research on Black 2SLGBTQIA+ people. Most studies were discarded because racialized 2SLGBTQIA+ people were often lumped together, therefore inhibiting an analysis of how anti-Black racism uniquely intersects with transphobia, homophobia, ableism, sanism, classism, xenophobia, and fatphobia to produce health inequities. In prioritizing studies that possessed at least one qualitative or quantitative data from Black 2SLGBTQIA+ participants, bias may have been present in the selection process. For instance, merely three studies focused exclusively on the lived realities of Black 2SLGBTQIA+ people. Only three papers produced quantitative results, reflecting larger structural barriers to researching Black and 2SLGBTQIA+ people and Black 2SLGBTQIA+ people specifically (Rutherford et al., 2021; Waite & Denier, 2019). Although studies were evaluated based on their relevance to the research objectives, no scales were used to assess the articles selected for the review.

None of the studies in this review examined the impacts of stigma and discrimination resulting from fatphobia and interphobia. Interphobia refers to the unique systemic discrimination

experienced by intersex people, including negative attitudes and beliefs about people with biological sexual characteristics that are neither male nor female, as well as the medical violence inflicted through non-consensual intersex genital mutilation (Costello, 2010; Preves, 2017). Exploring the embodied experiences of Black intersex people and Black fat queer and/or trans people in Canada is crucial to diversifying 2SLGBTQIA+ research. The recommendations from Black 2SLGTQIA+ social workers, sex workers, psychologists, healers, and other support workers require further inquiry. No study observed Black helping professionals' experiences of intersectional discrimination from service users. Power dynamics are not one-dimensional; marginalized practitioners are susceptible to microaggressions as well (Ali et al., 2005). Thus, future research is needed to observe how Black 2SLGBTQIA+ helping professionals navigate and combat intersectional discrimination from service users and collegues. Merely two studies in this review discussed disability. In one study, a participant shared that disability communities are usually white (Logie & Rwigema, 2014). James et al. (2018) found that trans people with disabilities were more likely to experience legal problems accessing disability social support programs. More research is encouraged to uncover the intersections of anti-Blackness and ableism in the lives of Black 2SLGBTQIA+ people and its effect on interpersonal relationships and accessing social services.

This review did not adequately address the realities of Black Indigenous two-spirit people. Future research should investigate social determinants of health specific to this population. Additional investigation is needed into the positive role of religion and spirituality in the lives of Black 2SLGBTQIA+ people (Battle & DeFreece, 2014; Lorde, 1984, 1995). Researchers should consider the resurgence of traditional African practices among Black 2SLGBTQIA+ people (Reign, 2021). No studies made mention of asexual people. Exploring Black asexual people's experiences of marginalization within hypersexualized, predominately

white queer and trans spaces is an equally significant phenomenon to research. Researchers should also examine Black 2SLGBTQIA+ people's pathways and strategies to fostering meaningful friendships and chosen families throughout the life-course. Although this review discussed the dating experiences of Black gay men, future research should explore the dating practices and experiences of Black cis and trans lesbians, Black trans queer and straight women, Black older 2SLGBTQIA+ people, Black trans queer and straight men, Black non-binary people, Black asexual romantics, and other sexual minorities on the ace spectrum, Black pansexuals, and other Black sexual and gender minorities (Gamarel et al., 2022; Klein, 2022). Only one study analyzed differences in accessing 2SLGBTQIA+ spaces between Canadian, African, and Caribbean-born Black gay men. It is advised that researchers investigate potential differences in access and strategies available and used by Black 2SLGBTQIA+ people from diverse countries of origin.

Lastly, there were a few studies that recruited participants from multiple provinces (21%) and cities (14%). Most participants were recruited in eastern Canada (100%), with few from the Prairies and Territories (21%) and Atlantic Canada (21%). To address this gap, it is advised that researchers conduct research in Atlantic Canada, the Prairies, and Territories to showcase how the lived realities of Black 2SLGBTQIA+ people in these regions differ from those in the East with access to larger populations of Black and LGBTQIA+ communities (Giwa et al., 2021).

Conclusion

Black 2SLGBTQIA+ people experience multiple structural adversities related to their racial, sexual, gender, and other intersecting identities. As this review hopefully made clear Black 2SLGBTQIA+ people are diverse. Their multiple identifications yield unique experiences of resilience and discrimination. For instance, Black trans women in Falco Tesolin and Johnstone's

(2022) study shared that misogynoir, anti-Black racism, and transphobia intersect to increase their involvement with the police. Black masculine-presenting lesbian women interviewed by Logie and Rwigema (2014) disclosed that their gender expression and Blackness renders them a threat in white LGBTQIA+ spaces. Black queer men in the MaBwana study described the racial sexual power dynamics they encounter when dating that may limit them to specific sexual scripts and behaviours (George et al., 2021). Canadian-born participants in this study were more likely to have access to politically astute positions within white mainstream LGBTQIA+ organizations and spaces than African or Caribbean-born queer men. From a chronosystem perspective, the activisms of Black trans and queer people demonstrate that West African traditions of mutual care and Afro-Indigenous worldviews of interdependence still lived on in African bodies and became tools for resistance for Black 2SLGBTQIA+ people across time (Awe, 2020; Greey, 2018). In this thesis, Afro-Indigenous worldviews refer to Indigenous perspectives related to African descendants' reciprocal and century-long relationship to Africa, their African ancestors, and the cosmos (Toliver, 2015; Ureña-Ravelo, 2017; Ziyad, 2017). Case studies on Black 2SLGBTQIA+ reveal mutual aid, collective responsibility, collective joy, and divestment from the settler-colonial state is possible (Awe, 2020; Greey, 2018). Importantly, this critical systematic review highlights the structural and systemic intersectional discrimination, stigma, and psychological distress experienced by Black 2SLGBTQIA+ people and the unique individual and collective strategies used to survive and thrive.

To improve Black 2SLGBTQIA+ people's access to care, adopting a social justice approach to mental health care that confronts the historical and cultural foundations of helping professions and the biomedical model is vital. Confronting these histories uncovers how helping professions and their interventions were birthed through, contributed to, and reproduced settler

colonialism and Eurocentrism (Este, 2004; Joseph, 2015; Lee & Feerner, 2014). To be sure, addressing centuries of violence is an uneasy and messy process that brings uncertainty (Murphy, 2015). However, uncertainty and messiness are essential components of abolitionist and decolonial approaches to care and justice (Kaba, 2021; Murphy, 2015; Simpson, 2014; Woodly et al., 2021). Facing helping professions' histories of (re)producing colonial violence and domination undoubtedly requires structural change across institutions. Change in one institution is insufficient to guarantee the life chances of historically marginalized communities. Structural change commands helping professionals to engage in social justice alongside service users. Black 2SLGBTQIA+ social workers, social service workers, public service workers, sex workers, and other social support workers referenced in this review prove the gravity of community and cross-coalition mobilization. Hence, it is necessary for mental health professionals to establish coalitions with social movements and grassroots communities (Baines, 2017; LeFrançois, 2017).

Reflective of decolonial, feminist, and Mad approaches to mental health care, Black 2SLGBTQIA+ participants involved in the studies included in this review envision futures where practitioners actively acknowledge and confront negative power dynamics. For instance, social workers can resist the expert position afforded to mental health practitioners through critical reflection (Joseph, 2015; LeBlanc et al., 2015). To address the structural violence inflicted by biomedicine and helping professions, it is essential that "the intersection of sanism with oppression based on class, race, ability, gender, and sexuality […] also be taken up" (Macphee & Norrad, 2021, p.10). Indeed, mental health practitioners should not confuse recognizing the role of social determinants of health with downplaying the relevancy of embodied and subjective experiences of mental health illness. Mental illness is not solely an embodied stigmatized and politized experience. It is crucial for social workers to give space for these physiological,

psychological, emotional, and physically embodied subjectivities. Furthermore, practitioners must also consider how they may pressure service users to adopt interventions in the name of knowing what is best. Instead, it is essential to respect service users as experts in their own experiences and lives (DeWolfe et al., 2019; Smith & Marshall, 2016). Practitioners should inform service users of the pros and cons of all treatments and respect their decisions to select what is best for them or deny treatment altogether (Bailey & Mobley, 2019). These micro-level interventions mentioned above reflect everyday resistance strategies that practitioners can perform to resist managerialism and sanism promoted by neoliberal policies of mental health care provision (Baines, 2017; Fook, 2012; LeFrançois, 2017). Together, structural change and everyday resistance are necessary to challenge the neoliberal reproduction of colonial forms of care and service provision.

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Appendix A

Authors, Titles, Study Designs, and Results Summary

1. Awe, E. N. (2020). 101 Dewson Street: A hub of Black *2SLGBTQIA+activism in Canada*. Canadian Centre for Gender + Sexual Diversity. https://ccgsd-ccdgs.org/wp-content/uploads/2020/09/CCGSD-101-Dewson-Street-Booklet-.pdf

    a. **Sample:** N=3 Black 2SLGBTQIA+ organizations, Race and/or ethnicities: Black, Sexual orientation: Lesbian, gay, bisexual, queer, asexual+, Gender: two-spirit, trans+, non-binary, and cis people, Age: N/A, Location: Toronto, Ontario, Immigration status: N/A, Education level: N/A, Income: N/A,

    b. **Study Type and Methodology:** Qualitative case study.

    c. **Research Question:** What are foundational Black 2SLGBTQIA+ organizing in Toronto birthed in the 1970s-1990s?

    d. **Results**: Toronto's 2SLGBTQIA+ activism kicked off in the 70s-80s, however anti-Black homophobia and transphobia created barriers to Black 2SLGBTQIA+ participation in activism and community spaces. To combat racism within mainstream 2SLGBTQIA+ communities and heterosexism and cisnormativity within Black communities, Black 2SLGBTQIA+ groups were formed to address the unique needs and social justice goals of Black 2SLGBTQIA+ people. 101 Dewson Street provided the foundation for future Black and racialized 2SLGBTQIA+ organizing (e.g., Zami and the 1988 International Lesbian and Gay People of Colour Conference, as it was served as a community space for Black 2SLGBTQIA+ organizing and familial and platonic formations. Zami became a political collective for Black 2SLGBTQIA+ organizing. The Black Coalition for AIDS Prevention addressed the need for Black 2SLGBTQIA+ HIV specific

intervention and prevention strategies. Black 2SLGBTQIA+ organizations often worked in solidarity with other Black coalitions to work together towards Black liberation, distributing resources collectively, and combating systemic anti-Black racism. Founding members of Black 2SLGBTQIA+ participated in multiple intersecting activism and spaces (e.g., Black Action Defense Committee (BADC)) in areas of police brutality. Black 2SLGBTQIA+ organizing and community activists provided the foundation for future organizing in Toronto such as Black Lives Matter Toronto, a predominately Black trans and queer led collective.

2. George, C., Adam, B. A., Read, S. E., Husbands, W. C., Remis, R. S., Makoroka, L., & Rourke, S. B. (2021). The MaBwana Black men's study: Community and belonging in the lives of African, Caribbean and other Black gay men in Toronto. *Culture, Health, & Sexuality*, *14*(4), 549-562. http://dx.doi.org/10.1080/13691058.2012.674158
    a. **Sample:** N= 24, Race and/or ethnicities: African , Caribbean, and Black (ACB) Sexual orientation: men who have sex with men, Gender: men, Age: 16-40+ (medium age between 24- 39), Location: Toronto, Immigration status: 6 immigrated from the Caribbean, 12 from Africa, and 6 born in Canada with Caribbean roots, Education level: most university graduates, Income: most low income (under 20k)
    b. **Study type and methodology:** Community-based qualitative research a part of larger study, the MaBwana Study, semi-structured interviews
    c. **Research Question:** How do Black gay men living with HIV in Toronto negotiate space, their identities, and belonging within their communities?
    d. **Results:** Participants express fluidity in identifying with their Blackness and gayness. Most describe a complex negotiation within gay communities I the realm

of dating and political activism. Many participants express experiencing racism within larger gay communities and homophobia/transphobia within racialized communities. Throughout the life course these participants relied on support from Black and gay communities depending on the circumstances.

3. Giwa, S., & Greensmith, C. (2012). Race relations and racism in the LGBTQ community of Toronto: Perceptions of gay and queer social service providers of color. *Journal of Homosexuality*, *59*(2), 149-185. https://doi.org/10.1080/00918369.2012.648877

    a. **Sample:** N= 45 youth experiencing homelessness and 31 workers at a youth shelter in Toronto, Race and/or ethnicities: Black, East Asian, South Asian, Middle Eastern, and Latin American, Sexual orientation: gay and queer, Gender: cisgender men, Age: 25-56 (medium age 36), Location: Toronto, Immigration status: N/A, Education level: N/A, Income: N/A

    b. **Study type and methodology:** Phenomenological qualitative research, semi-structured interviews

    c. **Research Question:** What are existing race relations and racist social practices among LGBTQ communities in Toronto from the perspective of LGBTQ social service providers?

    d. **Results:** These participants unique perspectives reveal LGBTQ people and services routinely experience racism in predominately white LGBTQ spaces that ignore and obscure the impacts of racialization on the experiences of sexuality and gender. Financial and language barriers shape how racialized LGBTQ access LGBTQ spaces. Attempts to disrupt the homogeneity promoted by mainstream queer events such as Pride is met with racism and hostility from white queer organizations and stakeholders. While navigating dating, service providers noted

queer men of colour are exposed to over-sexualized racist stereotypes and varying power dynamics. Some may internalize dating white men as a path to increasing one's social positioning. Nonetheless, sexual expression was a mechanism for resilience by many LGBTQ people that service providers have supported.

4. Greey, A. (2018). Queer inclusion precludes (Black) queer disruption: Media analysis of the Black Lives Matter Toronto sit-in during Toronto Pride 2016. *Leisure Studies*, *37*(6), 662-676. doi: 10.1080/02614367.2018.1468475

    a. **Sample:** N=40 articles, Race and/or ethnicities: Black, Sexual orientation: Lesbian, gay, bisexual, and queer, Gender: cisgender and trans LGBTQ+, Age: N/A, Location: Toronto, Immigration status: N/A, Education level: N/A, Income: N/A.

    b. **Study Type and Methodology:** Qualitative content analysis on reports in queer and mainstream media on the BLM sit-in during Pride 2016.

    c. **Research Question:** What discourses were used by dominate queer and mainstream media to omit the racism evident in the dismissal of Black queer and trans activists' sit-in during Pride 2016? How did white Pride organizers and partygoers reinstate a white homonationalist construction of queerness through the disavowal of BLM-Toronto?

    d. **Results:** Most media portrayed the actions of BLM-TO activists' attempts to return Pride back to its political roots as terrorism, employing words such as "hijacking". They were described as aggressors who were ungrateful of the opportunity offered by Pride Toronto. Many articles framed the activists as outsiders to the queer, gay, and trans Canadian community. The discursive formations employed by queer and mainstream media outlets, serves to reinforce a

white queer imaginary that hinges upon the exclusion of racialized queer and trans people.

5. Falco, J., Tesolin, A., & Johnstone, F. (2022, June). *Queering gender-based violence prevention & response in Canada*. Canadian Women's Foundation. https://cnpea.ca/images/queeringgbvprevention-and-response_english.pdf

    a. **Sample:** N= 50 articles and 18 participants, Race and/or ethnicities: Black, Indigenous, people of colour (ethnicities and race not specified), and white, Sexual orientation: Lesbian, gay, dyke, Gender: two-spirit, cisgender and trans, Age: N/A, Location: Canada (specific provinces not specified), Immigration status: N/A, Education level: N/A, Income: N/A.

    b. **Study Type and Methodology:** Qualitative research, Three phase research project involving a systematic review of Canadian literature on gender-based violence among 2SLGBTQ+ people experiences of intimate partner violence, sexual violence, street harassment, and family violence and focus groups with 2SLGBTQ+ older adults and 2SLGBTQ+ service providers.

    c. **Research Question:** What are the various ways gender-based violence impacts 2SLGBTQ+ communities in Canada?

    d. **Results**: Participants share the current framing of gender-based violence (GBV) within the in sector influences the structural exclusion of 2SLGBTQ+ realities and experiences of GBV. This leaves many to not identify GBV and experience shame and stigma as a result of the cisnormative and heteronormative sexual norms and scripts of GBV. 2SLGBTQ+ people experience different forms of GBV that mainstream sectors do not attend too, including lateral violence, threats of isolation from communities, and withholding of gender affirming gear and

materials. 2SLGBTQ+ indigenous respondents reported colonization, genocide, the enforcement of gender binaries as systematic forms of GBV. Black 2SLGBTQ+ participants reported anti-Black racism as a barrier to accessing GBV and health services. LGBTQ+ refugees and migrants face abuse from sponsors and often pushed into precarious living and working situations. Trans women, feminine, and non-binary people are greater risk of experiencing transmisogyny. 2SLGBTQ+ youth reported GBV from parents who experienced barriers accessing 2SLGBTQ+ organizations when parents denied giving consent to access these spaces.

6. Fante-Coleman, T., Booker, M., Craigg, A., Plummer, D. & Jackson-Best, F. (2022, February 7). *Factors that impact how Black youth access the mental healthcare system in Ontario: Pathways to Care Project*. Black Health Alliance. https://www.wellesleyinstitute.com/publications/factors-that-impact-how-black-youth-access-the-mental-healthcare-system-in-ontario/

    a. **Sample:** N= 128 (service providers, family members, and youth), Race and/or ethnicities: Black, African, and Caribbean, Arab, Western European, Chinese, Filipino, First Nations, Northern European, Southeast Asian, and East Asian, Sexual orientation: Heterosexual, lesbian, gay, bisexual, and queer+, Gender: cis girls/women and boys/men, trans, and gender fluid people, Age: 14-67 (mean age 27.64), Location: Ottawa, Toronto, Hamilton, Kitchener-Waterloo, London-Middlesex, and Windsor-Essex, Immigration status: N/A, Education level: N/A, Income: N/A.

    b. **Study Type and Methodology:** Community-based participatory qualitative research, focus groups.

c. **Research Question:** What are Black youth's experiences navigating mental health care and how can it be improved?

d. **Results:** Anti-Black racism was found to impact how Black youth impact mental health care at all levels of society. Many Black youth cited racialized capitalism as a source of mental distress. Financial struggles also prevented Black youth from accessing long-term private care as free mental health services tend to short-term and have longer wait times, forcing youth to delay treatment for months or years. When accessing free mental health services, Black youth reported these services weren't culturally responsive. Black youth desire care from Black mental health practitioners. Black youth proposed the development of dedicated Black mental health services that are trans and queer friendly, increase crisis supports and free long-term services, and Black youth specific holistic programming.

7. Husbands, W., Makoroka, L., Walcott, W., Adam, B. D., George, C., Remis, R. S., & Rourke, S. B. (2013). Black gay men as sexual subjects: Race, racialisation and the social relations of sex among Black gay men in Toronto. *Culture, Health & Sexuality*, *15*(4), 434-449. DOI: 10.1080/13691058.2012.763186

    a. **Sample:** N= 134 for survey and 24 for interviews, Race and/or ethnicities: African, Caribbean, and Black, Sexual orientation: gay, bisexual, and men who have sex with men, Gender: cisgender men, Age: 18-40+ (Medium age 32.7), Location: Toronto, Immigration status: Most born in Caribbean, followed by Canada, Africa, and other, Education level: most had some (32.1%) or completed university (29.1%), Income: under 30k (48.8%).

b. **Study type and methodology:** Mix-methods: survey and semi-structured interviews from the MaBwana Black Men's study conducted between 2006-2009 in Toronto.

c. **Research Question:** Whilst considering the racial ordering of society, how do Black gay and bisexual men in Toronto navigate, manage, and understand their sexual relations with sexual partners of various ethnoracial identities?

d. **Results:** The MaBwana survey demonstrates that Black men's sexual positioning was socially constructed and heavily influenced by racialization. Black men were more likely to assume an insertive role in sexual relationships with white men and other racialized men in comparison with their sexual relationships with men. Some men preferred to partner with other Black men to fulfill a sense of belonging whereas those who prefer to partner with white men did so to avoid sexual encounters with Black men adopting "overly" dominant roles in sex. Many acknowledged racialization unfolds in sexual relationships, presenting opportunities to subvert dominant sexual scripts.

8. James, J., Bauer, G., Peck, R., Brennan, D., & Nussbaum, N. (2018, September 6). *Summary report one: Legal problems facing trans people in Ontario*. TRANSforming Justice. https://www.halco.org/wp-content/uploads/2020/05/TransForming-Justice-Report-One-2018Sept-EN-updated-May-6-20201.pdf

a. **Sample:** N= 440, Race and/or ethnicities: Black, Indigenous, white, and racialized people (ethnicities and race not specified), Sexual orientation: N/A, Gender: two-spirit, trans women, trans men, non-binary people, Age: 16-65+, Location: Ontario, Immigration status: Canadian born and immigrants, Education level: N/A, Income: N/A,

b. **Study Type and Methodology:** Mixed-method legal needs-assessment research study, online survey for trans people, focus groups with legal service providers and trans people.

c. **Research Question:** What are trans people experiences of justiciable legal problems in Ontario, Canada?

d. **Results**: 71% of participants reported experiencing one justiciable legal problem. The most report justiciable legal problem faced was related to discrimination followed by justiciable legal problems within of medical treatment, police action, personal injury, and housing. 69% of these participants felt they needed legal help, however only 30% of participants received help for this problem. The results confirm trans people in this study report higher rates of justiciable legal problems than the adult Canadian population. Racialized trans respondents reported experiencing racism and transphobia, creating greater experiences of marginalization. Trans participants living with HIV reported HIV-related stigma augmented their experiences of discrimination and stigmatization in relation to cisnormativity and heteronormativity.

9. Lee, E. O. J., & Brotman, S. (2011). Identity, refugees, belonging: Experiences of sexual minority refugees in Canada. *Canadian Review of Sociology*, *48*(3), 241-274.

a. **Sample:** N= 28, Race and/or ethnicities: African, Caribbean, Asian, Latinx, Middle Eastern, Sexual orientation: sexual minorities (lesbian, gay, bisexual, one trans women identified as heterosexual, others contested labeling their sexual orientation, Gender: 11 men, 8 women, five trans women, Age: N/A, Location: Toronto (14) and Montreal (14), Immigration status: 10 held refugee status, 13 in claimant process, and 1 had refugee status refused, Education: N/A Income: N/A

b. **Study type and methodology:** Community-based qualitative research, semi-structured interviews involving 24 sexual minorities refugees and 4 refugee support workers.

c. **Research Question:** What are the macro-level social and cultural factors shaping the experiences of sexual minorities interactions within Canada's immigration regime?

d. **Results:** A thematic analysis revealed three interrelated themes, namely identity, refugeeness, and belonging, that together shape these participants experiences of trauma and intersectional power differentials. Participants migration stories reveal the contentious site to which refugee sexual minorities experience routine structural precarity in housing, employment, and legal support, leaving many to (re)experience trauma. Many negotiate inclusion within racialized, mainstream queer, and racialized queer communities.

10. Liboro, R. M., Bell, S., Ranushio, B., Barnes, L., Despres, J., Sedere, A., Puno, T., & Shuper, P. A. (2021). Barriers and facilitators to promoting resilience to HIV/AIDS: A qualitative study on the lived experiences of HIV-positive, racial and ethnic minority, middle-aged and older men who have sex with men from Ontario, Canada. *International Journal of Environmental Research and Public Health*, *18* (8084), 1-18. https://doi.org/10.3390/ijerph18158084

    a. **Sample:** N= 24, Race and/or ethnicities: ACB (African Caribbean, and Black) (n = 9, 16%), Aboriginal/Indigenous (n= 3, 15%), South/Southeast/ East Asian (n= 3, 15%), Hispanic/Latino (n=5, 9%), and West Asian/Middle Eastern (n=3, 5.5%), Sexual orientation: men who have sex with men living with HIV/AIDS, Gender:

cis men, Age: 40 years and older (mean age 54), Location: Ontario, Immigration status: 57% immigrated to Canada, Education: N/A, Income: N/A

b. **Study type and methodology:** Qualitative research, an apart of larger community-participatory based research on factors promoting resilience to HIV/AIDS, semi-structured interviews.

c. **Research Question:** What are the clinical and social protective and risk environmental factors shaping racialized men who have sex with men over the age of 40's resilience to HIV/AIDS?

d. **Results:** A thematic analysis revealed five risks (i.e., racism, harmful stereotypes within North American queer cultures, HIV/AIDS stigma, language proficiency, and three facilitators (compartmentalization of stressors, community-based health support, and perseverance) shaping participants resilience to HIV/AIDS.

11. Logie, C. H., & Rwigema, M-J. (2014). "The normative idea of queer is a white person": understanding perceptions of white privilege among lesbian, bisexual, and queer women of color in Toronto, Canada. *Journal of Lesbian Studies*, *18*(2), 174-191. doi: 10.1080/10894160.2014.849165

    a. **Sample:** N=16, Race and/or ethnicities: Black, African, Caribbean, South Asian, Asian, and Latina, Sexual orientation: Lesbian, gay, bisexual, and queer, Gender: cisgender women, Age: 24-32 (mean age 27.5), Location: Toronto, Immigration status: Most participants were born in Canada (62.5%), Education level: most had obtained a bachelor's degree (50%), Income: 20-39k (37.5%).

    b. **Study Type and Methodology:** Community-based qualitative study, focus groups, and semi-structured interviews.

c. **Research Question:** What are lesbian, gay, bisexual, and queer women's experiences of white privilege, racism, and homophobia in queer communities in Toronto?

d. **Results:** A thematic analysis revealed LGBQ women experience multiple intersectional stigmas. Discursive and symbolic representations perpetuate whiteness as the cornerstone for queerness and womanhood. While the women in this study described an awareness of intersectionality shaping, they emphasized their experience of the saliency of racism within predominantly white queer and disability communities. The lack of representation of LGB women of colour influences their exclusion and invisibility in queer and racialized communities.

12. Logie, C. H., Lacombe-Ducan, A., Lee-Foon, N., Ryan, S., & Ramsay, H. (2016). "It's for us –newcomers, LGBTQ persons, and HIV-positive persons. You feel free to be": a qualitative study exploring social support group participation among African and Caribbean lesbian, gay, bisexual and transgender newcomers and refugees in Toronto, Canada. *BMC International Health and Human Rights*, *16*(18), 1-10. doi:10.1186/s12914-016-0092-0

    a. **Sample:** N=29, Race and/or ethnicities: African, Caribbean, and Black (ACB), Sexual orientation: Lesbian, gay, bisexual, Gender: cisgender (89.6%) and trans LGBT people, Age: 20-57 (mean age 30.5), Location: Ontario, Immigration status: Most participants were born Africa (36.5%) and the Caribbean, Education level: most had completed some (29.2%) or completed high school education (22.9%), Income: most report under 20k (61.5%).

    b. **Study Type and Methodology:** Community-based qualitative study, focus groups.

c. **Research Question:** What are African and Caribbean newcomers' experiences and perceived benefit of social support groups in Toronto?

d. **Results:** A thematic analysis revealed structural, interpersonal, and intrapersonal benefits of social support among ACB LGBT refugees and newcomers. Participating in social support groups increased LGBT identity acceptance, decreased isolation, provided an affirmative space to explore identity, develop friendships, and share strategies for navigating a new country. AIDS service organizations also provide participants with knowledge on refugee and immigrant housing, employment, and health care rights.

13. Rutherford, L., Stark, A., Ablona, A., Klassen, B. J., Higgins, R., Jacobsen, H., Draenos, C. J., Card, K. G., Lachowsky, N. J. (2021). Health and well-being of trans and non-binary participants in a community-based survey of gay, bisexual, and queer men, and non-binary and Two-Spirit people across Canada. *PLoS ONE*, *16*(2), 1-21. doi: e0246525

    a. **Sample:** N= 3,083, Race and/or ethnicities: African , Caribbean, and Black (ACB), Arab, West Asian, East or South east Asian, Indigenous, Latin American, South Asian, and white, Sexual orientation: non-heterosexual sexual minorities and men who have sex with men, Gender: Two-spirit people, trans people, non-binary people, and cis men Age: 15-40+ (medium age between 24- 39), Location: Canada (Pride festivals and related events in Vancouver, New Westminster, Surrey, Abbotsford, Kamloops, Kelowna, Calgary, Edmonton, Winnipeg, London, Toronto, Ottawa, Cornwall, Montreal, and Halifax), Immigration status: 73.3% born in Canada, Education level: 30% had a bachelor's degree or higher, Income: N/A

b. **Study type and methodology:** Community-based quantitative research, bilingual Sex Now Survey 2018,

c. **Research Question:** What are the socio-demographic factors shaping the health and well-being of two-spirit, trans, and non-binary people and gay, bisexual, and queer men?

d. **Results:** Trans and non-binary people were more likely to experience barriers to sexual health and reported higher rates of anxiety, depression, and desire and use assistance with mental health and body image than their cis queer participants. These participants were more likely to experience financial strain and report lower level of education than their cis counterparts. No statistical differences were found in across genders concerning substance use.

14. Streeter, C., Braedley, S., Jansen, I., & Krajcik, M. (2020, December). *"It's got to be about safety: Public Services that work for LGBTQ2+ older adults and LGBTQ2+ workers in Canada*. Canadian Union of Public Employees. https://cupe.ca/sites/cupe/files/public_services_for_lgbtq2_older_adults_6.0.pdf

    a. **Sample:** N= 16, Race and/or ethnicities: Black, Indigenous, people of colour (ethnicities and race not specified), and white, Sexual orientation: Lesbian, gay, dyke, Gender: two-spirit, cisgender and trans people, Age: 59-76 (older adults, 2SLGBTQ+ workers unknown), Location: Ontario, British Columbia, Manitoba, Nova Scotia, and Saskatchewan, Immigration status: N/A, Education level: N/A, Income: N/A.

    b. **Study Type and Methodology:** Qualitative research, three phase research project involving a systematic review of Canadian literature and grey literature on barriers and challenges experienced by 2SLGBTQ+ older adults, a scan of accessible and

affirming programs and services available to by 2SLGBTQ+ older adults and focus groups and interviews with 2SLGBTQ+ older adults and 2SLGBTQ+ service providers.

c. **Research Question:** What are the challenges and barriers experienced by 2SLGBTQ+ older adults and 2SLGBTQ+ workers?

d. **Results**: 2SLGBTQ+ older adults and workers report experiencing physical and psychological assault in social services and workspaces. Most reported experiences falling between affirming and unsafe. The 2SLBTQ+ older adult and worker population is diverse, and services must attend to and disrupt intersecting forms of oppressions, namely racism and transphobia to ensure services and workspaces are accessible and safe. For services to be safe and accessible to older 2SLGBTQ+ older adults, these spaces must simultaneously be safe and accessible to 2SLGBTQ+ staff. 2SLGBTQ+ staff are disporitionaly responsible for ensuring cultural safety and accessibility of services, with little accountability being placed on governments, board members, and other stakeholders.