Poverty, Structural Violence, and Harm in Ontario

by

Benjamin Earle

A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree of

Master of Arts

In

The Faculty of Social Science and Humanities

Criminology Program

University of Ontario Institute of Technology

April 2016

Abstract

This study examined the experiences of those living in poverty in Ontario through the lens of social harm and structural violence. This research revealed that the experience of poverty is characterized by material hardship, chronic stress, poor physical and mental health, inadequate and unsafe living conditions, hunger, social exclusion, and violence. I argue that these conditions are largely the result of the structural violence, brought on by what may be described as criminal social systems. This argument is built up from the qualitative data collected through in-depth interviews and focus groups with people living in poverty and those who service them through frontline social and health service organizations. By engaging in qualitative analysis, I am better able to give voice to these experiences, helping to develop a more robust and accurate picture of poverty and the violence wrought on the lives of individuals and families.

Keywords: poverty, harm, structural violence, neoliberalism, Region of Durham, Ontario, Northumberland County, Ontario

Table of Contents

List of Figures

List of Tables

Introduction

Within mainstream criminology, the study of crime has generally been limited to activities or behaviours which may be defined as criminal by accepted legal frameworks (Tappan, 1947; Box, 1981; Muncie, 2001; Christie, 2004). Within this context, poverty, measured as economic status, is generally used as an isolated variable in multivariate analysis of the causes of crime (Wozniak, 2008). That is, in general, mainstream criminology discusses poverty as a possible correlate to various forms of crime or delinquency, rather than examining poverty as a nuanced, contextual, and devastating experience in and of itself (Wozniak, 2008). There is a slight shift away from this narrow approach in critical criminology, where poverty may be viewed as a contextual factor, impacting and defining the variables that lead to crime and delinquency (e.g. Peterson and Krivo, 2005; Pratt and Cullen, 2005). Critical scholars have also examined how poverty affects reactions and responses to crime (e.g. Dekeseredy, Alvi, Scwartz, and Tomaszewski, 2003), thus moving poverty further away from its status as a simple variable, allowing it to be examined as a social and economic phenomena affecting context and experience. The relationship between poverty and crime, however, is often still viewed as one of cause and effect, with crime being taken for granted as a universally understood concept defined by law or social norm.

Movement against this general trend has been slow and sporadic. Although debates regarding the definition of crime may be traced back to the early to mid-twentieth century (Sellin, 1938; Sutherland, 1945, Tappan, 1947), with some of this work examining actions that were treated as civil rather than criminal breaches (Sutherland, 1945), the discussion strayed little from the accepted view of crime as defined by law. Dialogue on a proposed and significant shift in the focus of the discipline may be traced to edited volume *Critical Criminology* (Taylor,

Walton, and Young, 1975) and, specifically to the contribution from Schwendinger and Schwendinger (1975). In it they called for a widening of the discipline's focus to allow for the examination of social harm, and what may be defined as 'criminal social systems'. They built their argument from a human rights and citizenship rights perspective. This argument was revised by Muncie (2000) and then bolstered significantly by Hillyard, Pantazis, Tombs, and Gordon (2004) and their colleagues in the volume *Beyond Criminology: Taking Harm Seriously*, whose contributions provided a critique of the narrow focus of contemporary criminology, and advocated for an expansion of the discipline's reach to assess social and economic conditions and actions that have resulted in significant harm to society.

In all of this critical work, the general position is that by limiting the definition of crime, as an object of sociological study, to include only those behaviours and actions defined by either the state, through law, or by powerful social and cultural interests, through behavioural norms, scholars may actually be ignoring acts, actions, and conditions that affect significant harm on society. Within this conceptual approach, conditions such as poverty, hunger and malnutrition, pollution, medical negligence, state violence, and corporate corruption may be viewed as significant contributors to the harm inflicted upon communities (Muncie, 2000). Taking it further, using both a harm and rights based approach within criminology, such conditions may be seen as criminal in and of themselves, rather than as variables to be correlated to actions defined as crime or delinquency.

This shift in perspective may be aided by the introduction of the concept of structural violence. First detailed by peace studies researcher John Galtung (1969; Galtung and Höivik, 1971), structural violence was used to generally describe a wide range of social ills. Galtung distinguished between interpersonal violence and structural violence with the following

example: "when one husband beats his wife there is a clear case of personal violence, but when one million husbands keep one million wives in ignorance there is structural violence" (1969, p. 171). More generally, he stated that, "in a society where life expectancy is twice as high in the upper as in the lower classes, violence is exercised even if there are no concrete actors one can point to directly attacking others, as when one person kills another" (1969, 171).

Others in the field of peace studies expanded on this early work, using the concept as a backdrop to understand the true nature of a peaceful and just society (Köhler and Alcock, 1976; Höivik, 1977; Vorobej, 2008). Researchers in the areas of gender studies (Kelkar, 1985) and critical race studies (O'Neil, 2009) have also made advances in the used of the concept to describe and understand a variety of social injustices. However, the most significant recent contributions to the study and application of the concept of structural violence has come from the field of medical anthropology, through the work of Paul Farmer (1996; 1999; 2004; 2005; Farmer et. al., 2006), who has examined the structural violence of poverty, ill health, and marginalization among the world's poorest populations. Farmer's work provides direct application of what Schwendinger and Schwendinger (1975) were speaking of when they described criminal social systems.

The study presented here is informed by this dialogue. Situated in the Southern Ontario communities of Durham Region and Northumberland County in the period immediately following the Great Recession (2008-2010), the research examined the experience of poverty, and the harm that this experience causes to individuals, families, and communities at the local level. Using a grounded research methodology, the harm and hardship of poverty was revealed and an expanded model of harm that included the concept of structural violence was developed to better understand poverty as a crime in and of itself. That is, through in-depth, qualitative

analysis, this research has identified and examined the ways in which the social and economic arrangements of the neo-liberal state, as it plays out in a case study of poverty in Durham Region and Northumberland County, have placed vulnerable individuals in harm's way. The impact of this harm is analyzed and the structural arrangements, as they exist in the larger provincial context, are examined. An argument for viewing poverty as the outcome of the criminal social system is put forward. Through this reframing we are able to better understand the significance of the problem and society's responsibility to address it.

<div align="center">Poverty in Ontario, Durham Region, and Northumberland County</div>

To further situate this study, it is necessary to review the baseline data on poverty in Ontario, Durham Region and Northumberland County. Since 1981, the annual average percentage of the population living in poverty in the province of Ontario has been 10.5%,[1] with a low of 7.8% in 1989, and a high of 14% in 1996 (Figure 1). Since 2000, the poverty rate has remained relatively constant, ranging between a low of 8.8% in 2007 and a high of 11% in 2004. The 30-year trend highlighted in Figure 1 indicates that the rate of poverty in Ontario has only dropped below 10% of the population one out of every three years, and has dropped below 8% of the population on only two occasions since 1981. Therefore, despite some periods of reduction and improvement, poverty in Ontario has remained a continuous social and economic condition.

Further, poverty is not evenly distributed across demographic groups. As Figure 2 demonstrates, in the thirty-year period between 1981 and 2011, the proportion of women living in poverty has consistently been higher than the proportion of men living in poverty. This translates to family units as well, with 36% of female-led lone parent families living in poverty

---

[1] This is based on the Low-Income Measure After-Tax (LIM-AT), which was adopted by the government of Ontario as its official poverty measure in its 2008 poverty reduction strategy, *Breaking the Cycle: Ontario's Poverty Reduction Strategy* (Ontario, 2008).

in the province (Ontario Campaign 2000, 2013, p.3), increasing to 55% when female-led lone

parent families include children under the age of six years (Statistics Canada, 2008).

FIGURE 1: POVERTY RATE IN ONTARIO (LIM-AFTER TAX), 1981 -2011

FIGURE 2: POVERTY RATE IN ONTARIO BY SEX (LIM-AFTER TAX), 1981 - 2011
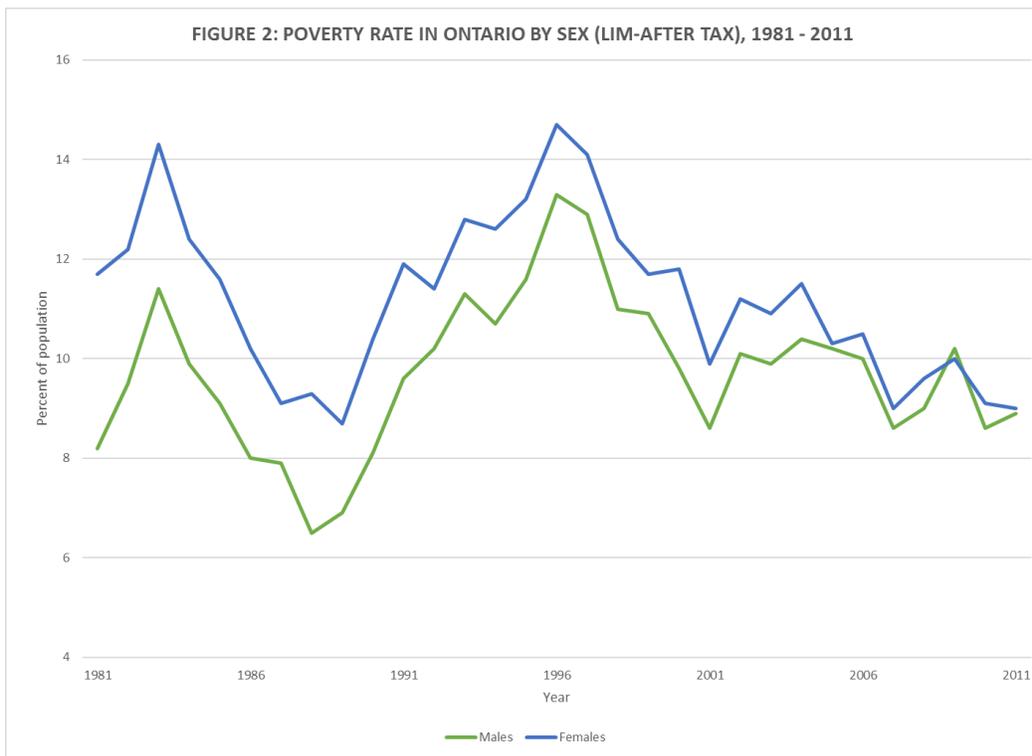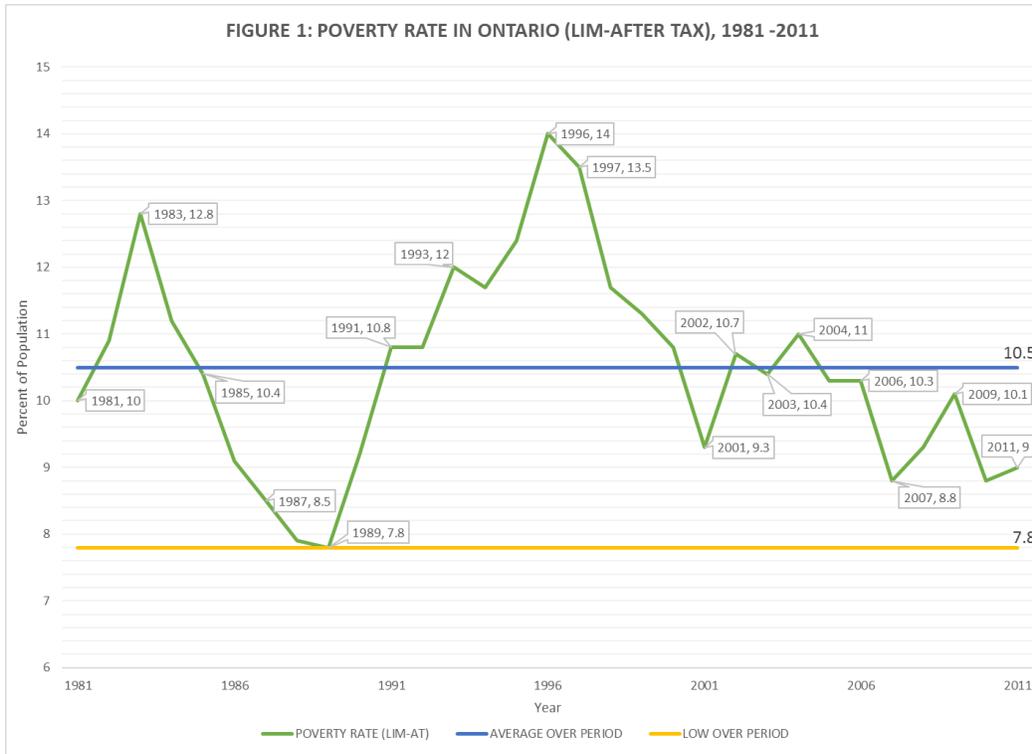
Poverty in Ontario has also increasingly affected ethnic minority population. For example, according to the advocacy group, Campaign 2000, 33% of children in visible minority families, and nearly 50% of children in recent immigrant families live in poverty in the province (Ontario Campaign 2000, 2013, p.3). These statistics have been reflected by an increase in the poverty rate of visible minority families in Ontario of 362% between 1981 and 2001 (Ontario Campaign 2000, 2008, p.3). Further, First Nations families with children are 44% more likely to live in poverty than other groups in the province (Ontario Campaign 2000, 2013, p.3).

Moving beyond income statistics, other indicators also illustrate the level of poverty and hardship affecting Ontario communities. For example, food bank use has become a common indicator used to assess poverty in Ontario (Maxwell, 2009). In 2015 approximately 359,000 individuals accessed food banks each month (Ontario Association of Food Banks, 2015, p.5). This number has been on the rise since 2008, peaking in 2012 at 413,000 individuals accessing food banks each month in the province (Figure 3). This data can provide some additional details about those who are struggling in Ontario communities. For example, between 2014 and 2015, there was a 35% increase in the number of seniors accessing food banks across the province (Ontario Association of Food Banks, 2015, p. 5), a disturbing trend as the overall population in Ontario is aging. Further, of food bank users, 90% are either rental or social housing tenants, and only 8.5% had employment income (Ontario Association of Food Banks, 2015, p. 5). Both of these statistics point to the precarity of life for those living in poverty in the province.

FIGURE 3: MONTHLY FOOD BANK USE IN ONTARIO (2008-2015)

318000
374000
402000
395000
413000
376000
375000
359000
376500

Individuals

2008   2009   2010   2011   2012   2013   2014   2015

Year

Number of Food Bank Users in Ontario   AVERAGE   ••••• Linear (Number of Food Bank Users in Ontario)
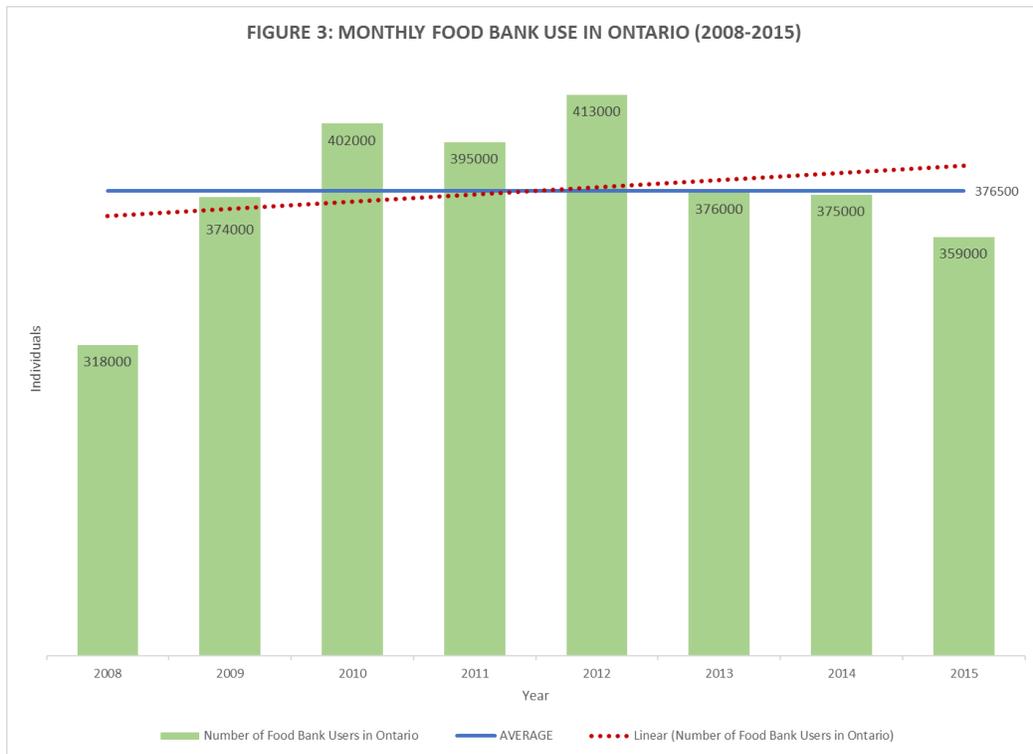
At the time of this study, the provincial economy had just experienced a significant

decline, with a 5% reduction in Gross Domestic Product and a loss of over 200,000 jobs between

2008 and 2009 (Earle, Hildebrandt, Lau, Mayo, and Wilson, 2010, p. 58). As Earle et. al. (2010,

p. 62) argue, although the impact of this 12-month decline during the first year of the Great

Recession had an acute impact on the province, it actually occurred at the end of a long period of

change in the provinces economy. This period was marked by a significant shift in Ontario's

labour market, exemplified by the loss of nearly 100,000 manufacturing jobs between 2001 and

2006, primarily in those sectors strong in Southern Ontario, such as auto manufacturing (Earle et.

al., 2010, p. 62). These loses have been replaced by knowledge based jobs in the health care,

education, public administration, and science and technology sectors; jobs that require higher

levels of education, training, and skill (Earle et. al., 2010, p. 64).

Within this provincial context, Durham Region and Northumberland County, situated directly east of the City of Toronto in Southern Ontario, provide an ideal case study for the impacts and experience of poverty in the province. Although they vary in overall size, both Durham Region and Northumberland County are similar in both structure and economy. Both communities are comprised of an upper tier, 'regional' government, and multiple lower tier 'municipal' governments.[2] Manufacturing has provided the traditional economic base for the urban and sub-urban communities in each region, with large agricultural sectors supporting the rural areas. Each of these communities has been similarly impacted by the economic trends described above, with significant losses in manufacturing sectors being offset by growth in knowledge based sectors (Earle and Alvi, 2011; Fernando and Earle, 2012).

Durham Region has a significantly larger and more urban population than Northumberland County, and is more economically integrated with the City of Toronto and other Greater Toronto Area communities. In 2011, the population in Durham Region was 601,610 and the population of Northumberland County was 79,640. The two communities also diverge in terms of projected growth. Steady population growth is projected across Durham Region over the next 25 years, while stabilization and even decline in the population is projected for Northumberland County.

---

[2] Durham Region is comprised of eight lower tier municipalities including the southern communities of the City of Pickering, the Town of Ajax, the Town of Whitby, the City of Oshawa, and Municipality of Clarington. These five municipalities are home to the vast majority of the Region's population. The three northern municipalities of the Township of Scugog, the Township of Brock and the Township of Uxbridge are largely rural and make up the majority of the Region's land mass. Durham is a community in transition with a growing, increasingly diverse population. Northumberland County is comprised of seven lower tier municipalities, including the Township of Alnwick/Haldimand, the Municipality of Brighton, the Town of Cobourg, The Township of Cramahe, the Township of Hamilton, the Municipality of Port Hope, and the Municipality of Trent Hills. As with Durham, the majority of the population live in the southern communities of Cobourg and Port Hope, with the northern communities being mostly rural.

In 2010, 9.9% of the population in Durham Region lived in poverty[3] (Statistics Canada, 2013a). Women were more likely to live in poverty, with 10.5% of females in Durham having an after tax income below the Low Income Measure (Statistics Canada, 2013a). Additionally, 12.8% of children under the age of 6 years and 5.6% of seniors lived in poverty in Durham in 2010 (Statistics Canada, 2013a). The rate of poverty in Northumberland County was significantly higher in 2010, with 12.1% of the overall population having an after tax income below the Low Income Measure (LIM-AT; Statistics Canada, 2013b). Although the rate of senior's poverty in Northumberland County is similar to that of Durham Region at 5.8% of the senior's population, the rate of poverty for children under the age of six years is significantly higher in this community at 20.1% of the population (Statistics Canada, 2013b).

Social Assistance Caseloads

Social assistance is the social safety net of last resort in Canada, providing income to meet basic the basic needs of individuals and families who have exhausted all other means of financial support (National Council of Welfare, 2010). Basic needs are generally defined as items such as food, shelter, clothing, household expenses, transportation, and personal grooming items. The amount available to meet these needs is often set arbitrarily by provincial government policy without any actual consideration of the actual costs of necessities (National Council of Welfare, 2010), thus leaving people who receive social assistance payments with income below Low Income Cut-Off (LICO) and Low Income Measure (LIMD) levels.

Local Ontario Works caseloads have been on the rise steadily over the past decade in both Durham Region and Northumberland County. In Durham, there has been a steady rise is the caseload, increasing from 5803 cases in January 2004 to 9641 in January 2015 (Region of

---

[3] Based on the Low-Income Measure After Tax.

Durham, 2015). In the case of Northumberland, there has also been a steady, rise in the social assistance caseload have increased 35% since 2008 to 1022 cases in January 2015 (Northumberland County, 2015). Therefore, in both Durham Region and Northumberland County, there has been a growing reliance on social assistance for the most vulnerable members of the community.

Unemployment

In 2006 the unemployment rate in Durham was 6% for males and 7% for females, both consistent with the provincial average at the time. From 2008, with the onset an economic recession, the unemployment rate has risen consistently in Durham. For example, unemployment in the Oshawa Census Metropolitan Area (CMA) increased from 6.2% at the end of 2007 to 8.2% at the end of 2008 (Statistics Canada, 2013a). This rise continued as the effects of the recession affected the community. From February 2009 to August 2009 the unemployment rate in the Oshawa CMA increased from 8.3% to 10% and by August 2010 (the period of this study) it had increased to 10.7% (Statistics Canada, 2103a). In real numbers this means that as of August 2010 there were 23,300 individuals unemployed in the Oshawa CMA, representing a 14.8% increase from August 2009 (Statistics Canada, 2013a).

There is a similar pattern in Northumberland County. According to Statistics Canada, in 2006, the unemployment rate in Northumberland was 6.0% (Statistics Canada 2008). The rate at this time was higher for females, at 6.9%, compared to 5.2% for males (Statistics Canada 2008). Despite annual fluctuations, the unemployment rate in the Muskoka-Kawarthas Economic Region, of which Northumberland County is a part, had remained stable over five-year period from 2001 until 2006 (Northumberland County, Economic Development, 2007). However, since 2008 the unemployment rate in Muskoka-Kawarthas has increased and remained at levels that

are close to the highest across economic regions in Ontario. In the period between September

2008 and September 2009 (i.e. from the onset through the immediate aftermath of the 2008

global economic recession), the labour force in the economic region contracted significantly,

with net employment in the region declining by 14,700 jobs (Service Canada, 2009). All of these

initial losses were in full-time employment. As a result, the unemployment rate in Muskoka-

Kawarthas increased from 5.0% in September 2008 to 6.9% in September 2009 (Service Canada,

2009).

Unemployment in the Muskoka-Kawarthas economic region continued to increase into

2010 and between September 2009 and September 2010 the unemployment rate in the economic

region increased by 2.4% from 6.9% to 9.3% (Service Canada, 2010). This trend continued into

2011, peaking at 11% unemployment in the economic region in January 2011 (Service Canada,

2011a). The rate has since started to decline, with the rate in March 2011 dropping to 10.6%

(Service Canada, 2011b) and again to 8.8% in June 2011 (Service Canada, 2011c). These rates

are still higher than corresponding quarterly rates for 2010 and remain above the provincial

unemployment rate.

Shifting Economy

Like many other communities in North America, Durham Region and Northumberland

County have experienced an economic transition that started in the late 1980's. This shift is

characterized by the loss of generally well-paid jobs in manufacturing and related fields and the

replacement of these jobs with employment opportunities in two disparate areas: jobs in the new

knowledge-economy that are generally high-income, professional and technical jobs; and jobs in

the service economy that are generally low-wage and precarious.

In the five-year period between 2002 and 2007 the Oshawa Census Metropolitan Area (CMA) lost 7300 jobs in the local manufacturing sector, representing a 21% decrease (Canadian Auto Workers Union, Research Department, 2008). This made it one of the hardest hit manufacturing communities in the province with only Windsor having a higher rate of decline. Despite the significance of this decline it has been masked by overall population growth and growth in the local knowledge-based economy. Between 2001 and 2006 the local labour force grew significantly in the health and social services sectors and the education sector (Earle and Alvi, 2011).

Although, manufacturing remains the primary sector of employment for the local labour force in Northumberland County, comprising 20.9% of the labour market in 2001 and 17.5% in 2006 (Statistics Canada, 2001; 2007a), the sector has been gradually contracting in recent years as both local employers, and those in neighbouring communities (i.e. Oshawa and Peterborough) have reduced operations. Between 2001 and 2006 alone, the County lost over 250 local manufacturing and construction jobs (Statistics Canada, 2007a). This loss equated to a 3% loss in the proportion of the labour force working in manufacturing and construction in the County between 2001 and 2006 (from 28% to 25%). With the onset of the recession in 2008, Northumberland experienced a net loss of 11,500 jobs across sectors (Statistics Canada, 2007, p.3), with very few of these jobs returning as the provincial economy rebounded.

These economic shifts in both Durham Region and Northumberland County are significant because they have the effect of creating employment conditions that do not protect individuals and families from poverty as job security and income are impacted. This is especially true for vulnerable groups and those displaced from good jobs to bad ones. For example, the average Ontario worker who replaces a lost manufacturing job with new work experiences a 25%

reduction in annual income (Campaign 2000, 2008). The impact on the income levels of those at

the lowest end of the economic spectrum becomes evident when we consider the fact that there is

nearly a $20 gap between the median hourly wage in the automotive manufacturing and that for

the for the retail sector. In light of which sector is growing and which is in decline the potential

impact is clear; in 2007 in Ontario, 41% of low-income families with children had at least one

parent who worked full- time, full-year and 70% of low-income families with children had at

least one parent who participated in the workforce at some point during the year (Campaign

2000, 2008).

<div align="center">Policy Context</div>

The data trends outlined in the preceding section provide a foundation for understanding

the economic context in which this study is situated. The second layer to this understanding is

the policy context in which these trends occurred, and in which the experiences described

through this research are situated. Therefore, an overview of the policy context of Ontario, as it

specifically pertains to state actions to address poverty and its conditions, is necessary. Since the

end of WWII, Ontario has experienced significant economic shifts and changes to government

policy (Maxwell, 2009). With the advent of Premier Mike Harris's 'Common Sense Revolution'

in 1995, Ontario's social safety net has been decimated, leaving many individuals without the

social and economic supports that they require when they fall out of employment. Therefore, this

provides an appropriate starting point for a review of the social policy context affecting this

study.

As Yalnizyan (2007, p.7) notes, the historic strength of Ontario's economy had generally

ensured a relatively low level of economic disparity in the province. Since then, the broad shifts

in the labour market, marked by the downsizing of the province's traditional manufacturing base,

this trend started to change in the 1990's, and the income gap in the province began to widen

significantly, especially in relation to other provinces in Canada (Yalnizyan, 2007). At the same

that these shifts were taking place, there were changes occurring to the provinces political

landscape, which had an impact on the policies adopted to address the growing income disparity.

Most notably, in the early 1990's the New Democratic Party (NDP) Government responded to

tighter provincial budgets in time of a recession by reducing and restricting access to social

assistance in the province. This move, in retrospect, was the apparent ushering in of a new era of

neo-liberal policy in the province (Yalnizyan, 2007).

The NDP was succeeded in provincial parliament in 1995 by the Progressive

Conservative (PC) Party of Ontario. The PC party took a turn to the political right, embracing a

neo-liberal, *laissez-faire* policy approach (Maxwell, 2009, p.11). As Murray (2004) highlights,

this approach was characterized by a shift to austerity in government spending, the retrenchment

of the social programs and policies of the welfare state, and the individualization of a wide range

of social ills.

Over the following seven years, the PC government further tightened the provinces social

assistance program, froze social assistance rates and introduced a workfare system for social

assistance recipients (Maxwell, 2009). These steps were accompanied by significant reductions

in spending on social and community programs, including: the freezing of the provinces

minimum wage at $6.85 per hour, reducing provincially funded social service organization

funding by $43.5 million annually, cutting the Ontario Ministry of Community and Social

Services budget by $127 million, reducing funding for public transit, cancelling job development

programs, and halting construction of new non-profit (social) housing projects (Maxwell, 2009,

p. 11). The PC government's also introduced stringent, often punitive, measures to reduced

social assistance eligibility. These policies were ostensibly designed to prevent perceived

"welfare fraud" (Maxwell, 2009, p.11). This neoliberal push in the province from 1992 to 2002

created a policy discourse that is hostile to government efforts to address poverty, and acts to

individualize and stigmatize poverty. Ultimately, as Fernando and Earle (2011) argue, the legacy

of these years of austerity, spending cuts, and open hostility to those living in poverty in the

province, fundamentally changed the ways in which we approach social policy in Ontario. This

legacy persists in the provincial government today, despite limited efforts since 2003, by the

Liberal government to address poverty and social assistance.

Within the statistical and policy contexts briefly touched upon above, this study set out

understand the experiences of those living in poverty in Ontario. Through this analysis, the

experience of poverty will be characterized by material hardship, chronic stress, poor physical

and mental health, inadequate and unsafe living conditions, hunger, social exclusion, and

violence. I argue that these conditions are largely the result of the structural violence, brought on

by what may be described as criminal social systems. This argument is built up from the

qualitative data collected through in-depth interviews and focus groups with people living in

poverty and those who service them through frontline social and health service organizations.

This approach differs from analyses of poverty in communities that focus exclusively on

quantitative measures and statistics instead of qualitative experiences. While good statistics may

in fact help us to assess the depth and breadth of poverty, such work runs the risk of

marginalizing the experiential impact that poverty actually has on individuals, families and

communities. As Dennis Raphael (2011; see also Farmer 1996; Farmer 2004, and Farmer 2005)

argues, by engaging in qualitative analysis, and collecting life stories, we are better able to give

voice to these experiences, helping to develop a more robust and accurate picture of poverty and the violence wrought on the lives of individuals and families at the local level.

Methodology

The purpose of this study is to examine the structural violence of poverty as it is experienced by individuals in Durham Region and Northumberland County and to assess the ability of recent poverty reduction policies in the province to address the harm and injury suffered by those who live in poverty. In order to explore these experiences fully my methodology was designed to include the voices of those individuals as well as those who work in service organizations that are tasked with anti-poverty efforts to see the effects of current policy choices. The purpose of this section is to (1) describe the theory that informs the research methodology of this study, (2) explain the sampling approach employed to recruit study participants, (3) describe the data collection process, and (4) outline and explain the data analysis process.

Theoretical Framework for the Research Methodology

The project emphasizes the development of explanatory models for the phenomena under investigation, rather than the testing of existing theory models. Therefore, the methodology of this research study was informed by a community action research paradigm and utilized grounded theory to inform the data collection and analysis which I will expand on below.

Community Action Research

Community Action Research (CAR) is a research methodology that sets the community as the unit of analysis. The process engages relevant community stakeholders that have a relationship with the phenomena to be examined. The goal is to develop a first hand and

experiential understanding of social phenomena while also attempting to develop practical

recommendations for addressing the phenomena's associated issues or concerns. The process is

stakeholder driven, and the researcher becomes a facilitator in the data collection and analysis

process. The goal is to have a contextually informed research process that is grounded in

stakeholder experience and knowledge. As a result, findings emerge out of an iterative,

community dialogue, where they are refined and tested through collective assessment and

reflection.

The goal of this process is to develop an understanding of the lived experience of poverty

in the community under assessment. This approach has been advocated and employed in

previous Canadian studies of poverty (e.g. Raphael, 2011). Further, there have been calls in

criminology for increased efforts to engage in participatory action research with marginalized

populations in an effort to enhance understanding of experience of crime and other social ills

(Dupont, 2008).

Grounded Theory

Grounded theory research involves the collection of qualitative data and an iterative

processes of constant comparative analysis, whereby the researcher "combines systematic data

collection, coding, and analysis with theoretical sampling in order to generate theory that is

integrated, close to the data, and expressed in a form that is clear enough for further testing"

[Conrad, Neumann, Haworth, & Scott, 1993]. In this process, data collection and analysis are, at

least initially, simultaneous, as data is analyzed, with categories and themes relevant to the

phenomena under investigation identified, as it is collected. Informed by Glaser & Strauss

(1967, p. 105), the methodology incorporates the following stages: (1) data collection and open

coding to identify initial categories and themes present in the data, (2) axial coding and the

identification of connections between categories and themes, (3) selective coding and the identification of core categories (or key concepts) that connect and relate the identified categories and themes, (4) theoretical sampling, whereby additional cases are selected from the data to provide new insights or expand and refine concepts already defined, and (4) the identification and analysis if negative cases that may contradict or refute the concepts that have been defined, (5) the development and writing of an explanatory model that relates to the phenomena under investigation.

While the stages described above are being implemented the researcher is also engaged in two additional, ongoing and complimentary, processes to help ensure accuracy in the findings. These are (1) memoing, whereby memos and notes are created about the theoretical hypotheses and ideas that are arising from the coding process, and (2) reflexivity, whereby the researcher is constantly aware of, and reflects on, his/her position in relation to the data being collected and examined [Conrad et. al., 1993]. These two processes support the validity of findings by creating a basis for the construction of theory from the identified categories and themes, and ensure that the subjectivity of the researcher and research process is examined and acknowledge throughout.

Implementation

With the above in mind, this project was designed as a Community Action Research project, informed by a ground theory methodology. Therefore, the researcher engaged in qualitative data collection, and employed the process of constant comparative analysis. Each stage of this process was informed by input from the community stakeholders who had a relationship to the phenomena under investigation. The details of this process are outlined below.

Location Selection and Identification of Community Stakeholder Groups

Given that this project is concerned with an examination of the structural violence of poverty as it is experienced by individuals in Ontario communities and the ability of recent poverty reduction policies in the province to address the harm and injury suffered by those who live in poverty in these communities, two communities in southern Ontario were selected in which to situate this project: Northumberland County and Durham Region. These communities were selected for both practical and theoretical reasons. Practically, they are the communities directly served by the authors academic institution and thus provide ease of access and familiarity. Theoretically, little academic work on poverty has been completed on populations in Canada outside of major urban centres. The two communities in this study have themselves had almost no attention from academic researchers on poverty.

Data collection and Analysis

The data collection process of this project employed the following tools, (1) focus discussions with key stakeholders from local government and service organizations, (2) semi-structured interviews with key informants from local service organizations, and (3) semi-structured interviews with members of the community with lived experience of poverty.

Using a community-based action research model, the project maintained an interactive and collaborative process where data collection activities were guided by a community partners in the Northumberland Poverty Reduction Action Committee and the Durham Poverty Reduction Roundtable. This process involved the following stages: (1) identification of guiding research questions and development of the interview guide, (2) identification of the desired participant profile, (3) identification of outreach sources and initiation of the participant recruitment process, (3) completion of the semi-structured interviews, (3) completion of the open coding process.

Through each of these stages, community stakeholders provided feedback and input, ensuring that the process was connected to community context.

Development of the interview guide

Going into the project, I was interested in the general experience of poverty at the community level in Ontario. With this general interest in mind, the researcher developed a focus discussion facilitation guide (see Appendix 1) to be used in focus groups with the stakeholder groups. Focus discussions would be used to established general community context pertaining to the service and policy environment, and start to identify overarching concerns being faced by those who live in poverty in the target communities. This tool was used to guide the following discussions, (1) a series of five focus groups with staff from the Region of Durham Social Service Department, who worked in the Ontario Works divisions, (2) a series of three focus discussions with the stakeholders sitting on the Durham Poverty Reduction Roundtable, and (3) a series of three focus discussions with the stakeholders sitting on the Northumberland Poverty Reduction Action Committee.

Working with the stakeholder groups through these focused discussions, I was able to identify several specific, practical, concerns relating to this phenomenon. These included, (1) a concern about the ability of those living in poverty to meet their basic material needs, such as housing, food security, clothing and transportation, (2) a concern about the ability of those living in poverty to access programs and services that may assist them in meeting their basic material needs, such as social assistance programs, emergency shelter services, and food banks, (3) a concern about the ability of those living in poverty to access programs and services that could promote improvement to their situation and improved social and economic engagement, such as rehabilitation programs, education and training programs, and health and mental health services.

The next stage of the process was to take the identified concerns and ask stakeholder groups to delve a litter deeper into what they thought was going on in their communities and how they thought, in general, how these concerns may be impacting those who live in poverty. After a second focused discussion, I identified two overarching concerns about the experience of poverty at the local level. These were, (1) a concern about the significant harm and suffering that may be experienced by those who live in poverty, and (2) a concern that these harms may be the direct result of social and economic policy, and the resulting program and service outcomes offered to those who live in poverty.

With these two overarching concerns in mind, it was established that there would be two participant groups in the interview stage of this project. The first would be a group of key-informants (outside of those already represented on the stakeholder groups), made up of local front-line service providers who had daily interactions with those who live in poverty. This group was considered to have detailed service and policy expertise and knowledge of the local implementation of the social and economic policies that were of interest to the study. The second, community, group would consist of those with current lived experience of poverty in each of the identified communities.

I developed two targeted interview guides (see Appendix ##) that would take research participants through a semi-structured interview discussion. The first guide was designed for shorter, key-informant interviews to be held with members of the community who work to support those living in poverty. This would be used to gain insight into the knowledge and experience of those who work with those living in poverty in each of the target communities. The goal was to provide context and insight into the local service environment, social and economic conditions, and specific local concerns related to poverty, mental health and addictions

from the service point of view. The second guide was for more detailed semi-structured

interviews to be held with those with lived experience of poverty designed to ascertain an

understanding of their exact experience living in poverty and to determine if the overarching

concerns identified by the stakeholder groups were relevant, and accurate representations of this

experience. Upon completion of the draft guides, a third and final focus discussion was held with

stakeholder groups to test and refine the interview guides, ensuring accuracy and

appropriateness.

Desired interview participant profile

Upon identification of the overarching concerns to be addressed in this research project,

and completion of the interview guides, the researcher worked with the stakeholder group to

identify the desired interview participant profiles for each of the target groups, key informants

and community members with lived experience of poverty.

The profile for the Community Group of participants was divided into two parts, (1) the

General Participant Profile was those features that needed to be present in all participants, and

(2) a Targeted Participant Profile to help the researcher identify specific sub-groups of interest to

the research project. This profile was designed to help focus recruitment to those who could best

help us to understand the phenomena being explored. The desired interview participant profiles

are detailed in Figure 4.

Figure 4: Desired Interview Participant Profiles
Group 1: Key Informant Participant Profile 1. Must be an employee, volunteer or director with a health or social services organization that supports those who live in poverty in the target communities

Group 2: Community Participant Profile
 	
2. General Profile
 	
    2.1. Must be adults, age 18 and over at the time of the study;
 	
    2.2. Must live in poverty at the time of the study, as defined by having and income level below either the Low-Income Measure or Low-Income Cut-Off (as defined by Statistics Canada);
 	
    2.3. Must reside in the target communities, Durham Region or Northumberland County, at the time of the study.

3. Targeted Group Profile
 	
    3.1. An equal number of males and females (as much as is possible);
 	
    3.2. An equal age distribution across the following categories:
 	
        a.   Aged 29 years or less;
 	
        b.   Aged 30 – 50 years;
 	
        c.   Aged 50 years and over.
 	
    3.3. A group from each of the following categories:
 	
        a.   Have various sources of income (e.g. Ontario Works, Ontario Disability Support Program, working poor);
 	
        b.   Have various housing situations (stable or unstable housing);
 	
        c.   Have mental health and/or addictions concerns.

Interview outreach and recruitment

The researcher worked with the stakeholder groups to identify and recruit participants. This process was divided into two stages, (1) key informant recruitment, and (2) community participant recruitment. To identify and recruit key informants, the researcher worked with the stakeholder groups in both target communities to create a list of significant organizations that served those living in poverty in these communities. Once this list was complete, a list of target individuals at each organizations was developed. The researcher then worked with the stakeholder groups to reach out to the target individuals and set up 1 hour long, in-person interviews. A total of 25 key informants from Northumberland County and 18 key informants from Durham Region participated in key informant interviews. At the outset, it was decided that $50 in cash was to be given to each participant as a show of appreciation for their participant. Funds to support this incentive were provided by the stakeholder groups.

The second, and primary, stage of the research project was completed in the summer of 2011 and involved a series of in-depth interviews with members of the community who have lived experience with poverty, mental illness and/or addictions. The purpose of this stage was to capture the local experiences of members of the community who are living with, or have lived with, poverty, mental illness and/or addictions. The focus was on the life history of these individuals, their current living conditions and their experience with local programs and services. These interviews provided the primary material for the research analysis presented in this thesis. A total of 23 interviews were completed with individuals across Northumberland.

These individuals were identified by the organization members of the Northumberland Poverty Reduction Action Committee and their contacts in the community. They were referred directly to the researcher who set up the interviews after an initial screening process. The

interviews were based on a semi-structured interview schedule prepared by the researcher in

consultation with the community partners (see Appendix 1). A semi-structured approach was

utilized so as not to constrain the respondent to particular categories of question. Rather, the goal

was to initiate a guided conversation with the respondents and then let the interview proceed in

directions that the participants chose for themselves and to capture the issues and experiences

that were most meaningful from their point of view. Each interview was audio recorded with the

permission of the respondent[4] and lasted between 1 and 1.5 hours. Respondents were

anonymized so will not be identified by name in this case study.

Process of Analysis

As a community action research project the data collection and analysis in this initiative

is consistent with a praxis or grounded approach to research and analysis. This is an approach to

research whereby broad questions are posed about a given social issue, context or condition.

These questions are only informed loosely by theory (if at all) as the goal is to develop

explanation and theory directly from the data gathered through the research process. This is

opposed to "traditional" research methodologies that are informed directly by theory and test a

given hypothesis or set of hypotheses. In this approach there are no initial assumptions

informing the research process, only contextual questions to be answered.

All data captured through the interviews was analyzed and coded to identify categories

and then themes related to poverty, mental illness and addictions in Northumberland County. A

focus was placed on these areas where these phenomena intersected in the experience of research

participants. This was an iterative process whereby the data was analyzed to the point where

---

[4] 4 participants declined permission to audio record and the researcher instead relied on detailed note taking

"saturation" of themes occurred. Saturation occurs when repeated analysis of the data reveals no new information and the emergence of consistent themes occurs.

The themes identified through this process have become the key findings presented in my case study. These findings may therefore be viewed as the collective rather than the individual experience of participants and represent a summative presentation of the research findings rather than a verbatim reporting of interview responses. The themes and recommendations are the result not only of the opinions presented but of the aggregate data of both community members and key informants.

Limitations

In-depth community interview data cannot be generalized to the larger population. Rather, the data collected provides a "snapshot" of community experience that may be used to develop an understanding of general trends and themes.

Further, the community participants in this research study were selected through a referral process that relied on community service providers establishing contact between the individual and the researcher. Therefore, participants represent the segment of the population who are experiencing poverty, mental illness and/or addictions that have also accessed local services and supports.

Results and Case Study

A detailed analysis of the data gathered through these interviews allows for the identification of several interrelated dimensions that contribute to the overall experience of poverty in Ontario and more specifically Durham Region and Northumberland County. Poverty is a complex socioeconomic phenomenon that is manifest and experienced in various and dynamic

ways across the community and although the participants spoke about common experiences and conditions of living they all brought unique and positioned perspectives to the discourse. As such, the dimensions identified here were not universally experienced by all of the participants in this research project. Rather, I have only presented those that were manifest in a majority of discussions with respondents.

These dimensions may be viewed together, as a set of factors that contribute to an overall socioeconomic outcome (i.e. poverty). They may also be viewed individually, providing insight into the complex array of social and economic phenomena that contribute to local experiences of hardship and exclusion. The summation of these experiences may be viewed through the lens of structural violence as they are largely the outcome of social arrangements that put individuals in harm's way (Farmer et. al., 2006).

It is with this in mind that I examine the experiences of those living in poverty. It is through an examination of the stories of the participants in this study that we are able to best understand the nature of harm wrought by the structural violence of our current political economic arrangements. These stories highlight an experience of marginalization, suffering, and harm and the degradation of the social contract of the welfare state. We can group these experiences into the broad themes, (1) financial instability, (2) difficulty accessing programs and services, (3) a lack of mental and physical health, (4) a lack of opportunity and choice, (5) a lack of social participation, (6) a lack of security, and (7) a lack of respect. Each of these areas and how they impact on the lives of individuals and families at the local level are discussed in this chapter.

THEME 1: FINANCIAL INSTABILITY

Participants initiated the discussion of poverty by talking about financial hardship and economic instability as a defining feature of their daily lives. This experience was characterized

by loss, deprivation, struggle and stress. In general, participants reported that their income was primarily derived from social assistance payments, Ontario Works (OW) and the Ontario Disability Support Program, or other government transfers (e.g. Canadian Pension Plan Disability payments) A few participants also held part-time jobs to supplement their social assistance income. In all cases, the income of participants, no matter the source or sources, participants spoke of economic hardship, struggle, and sacrifice associated with low-income and a lack of financial resources and employment opportunity. As one participant, a single mother said:

I can't make my money stretch far enough. I go without so many things that others take for granted because I just cannot afford it...I struggle to make sure that my daughter has what she needs, to eat, for school. But I worry that she is not getting enough...I will not eat breakfast, or even dinner some nights just to make sure that she gets what she needs. I am not sure if she knows this...we don't talk about it.

The lack of economic stability present in our participants" lives had a harsh implications for their lives day-to- day, but also impacted on their futures, as participants expressed fear and worry about their ongoing financial situations. As their meager incomes did not even meet their daily expenses, people living in poverty are not able to think about savings, let alone even basic investments for retirement or children's education. This fact contributes to a general lack of stability in the lives of individuals and their families. As one participant said:

I always thought that I would own a house. But now I struggle to pay the rent. How could I save enough to buy a house? And even if I could, how could I pay for the mortgage, the taxes...I will never own a home.

Another stated:

I want my kids to go to college or university, to do better than me. But I am so afraid that they will not be able to afford it…It feels awful, not being able to save for their future. But I need to feed them today, so what can I do.

Finally, one participant, a senior, said:

Who thinks that they will have to worry about being evicted, or about food, when they are retired? I knew that I would never be rich, but I thought that I would have some stability. But I am worse off now than I was before… It is not right that I have to live like this.

As the majority of our respondents were receiving social assistance as their primary source of income, the financial inadequacy that they face is not surprising. The National Council of Welfare reports that, despite the fact that Ontario instituted a social assistance rate increase in 2009, welfare incomes remain "far below most socially acceptable measures of adequacy" (2010: vii). Significantly, the social assistance levels for the province from 2009 are still lower than in 1992, the peak year for Social assistance rates in Ontario. As Tables 1 and 2 indicates, a single person on Ontario Works (OW) received $3,933 less in 2009 than they would have in 1992.This general decline has occurred despite rising costs of living in the province.

Table 1: 2009 Welfare Incomes in Ontario, Selected Household Types			
Household Type	**Basic Social Assistance**	**Tax Credit**	**Total (annual)**
Single, Ontario Works	$6,877	$624	$7,501
Person with Disability	$12,284	$621	$12,905
Lone parent, 1 child	$10,937	$1,011	$11,948
Couple, 2 children	$13,210	$1,275	$14,485
Source: National Council of Welfare, 2010			

Table 2: Changes in Welfare Incomes in Ontario, 1992 – 2009, Selected Household Types			
Household Type	**1992 Welfare Income**	**2009 Welfare Income**	**$ Change '92 – '09**
Single, Ontario Works	$11,434	$7,501	- $3,933
Person with Disability	$15,762	$12,905	- $2,858
Lone parent, 1 child	$22,510	$17,372	- $5,138
Couple, 2 children	$29,978	$22,695	- $7,283
Source: National Council of Welfare, 2010			

In fact, current levels of social assistance are well below several accepted measures of low-income (see Table 3). For example, a single parent with one child receiving Ontario works has an income that is $5,048 below Statistics Canada's Low Income Cut-Off (LICO), and $2,951 below the 2009 Market Basket Measure (MBM) of low-income. If we compare the same household income to the Low-Income Measure for 2009 we see that they are just at the accepted poverty level (i.e. 50% of the median income for this household size). In all cases we can see how Social Assistance rates are inadequate in meeting basic needs of individuals and families.

Table 3: Poverty Measures v. Welfare Income in Ontario, 2009, Selected Household Types				
Household Type	**2009 Welfare Income**	**LICO**	**$ Difference**	**Welfare as a % of LICO**
Single, Ontario Works	$7,501	$18,421	- $10,920	41%
Person with Disability	$12,905	$18,421	- $5,516	70%
Lone parent, 1 child	$17,372	$22,420	- $5,048	77%
Couple, 2 children	$22,695	$34,829	- $12,134	65%
Household Type	**2009 Welfare Income**	**Market Basket**	**$ Difference**	**Welfare as a % of LICO**
Single, Ontario Works	$7,501	$15,633	- $8,132	48%
Person with Disability	$12,905	$15,633	- $2,728	83%
Lone parent, 1 child	$17,372	$20,323	- $2,951	85%
Couple, 2 children	$22,695	$31,267	- $8,572	73%
Couple, 2 children				
Source: National Council of Welfare, 2010				

Therefore, we can see how a retrenchment of welfare state policies relating to social assistance (welfare) payments in the province of Ontario have had a direct impact on the lives and experiences of the most vulnerable in our community.

THEME 2: DIFFICULTY ACCESSING PROGRAMS AND SERVICES

Both agency personnel and persons living in poverty spoke to the complexities of the Social Assistance system and the difficulty that many have in navigating through programs and services. This is not a problem unique to the communities in this study. The Social Assistance system in Ontario is now generally recognized as one that provides inadequate income (as discussed above), strips those who are vulnerable of most of their existing assets (Stapleton, 2009), and is overly complicated and in need of review and repair in order to work as intended (Novick & Clutterbuck, 2010; Battle, Mendelson, & Torjman, 2006; Herd, 2006).

The result of this complexity appears to be strained relationships being developed between members of the community who are accessing programs and those tasked with implementing them. In fact, in every interview that I conducted with persons living in poverty there was some discussion of this frustration. One interview subject said:

My first social worker told me I was entitled to a whole bunch of things, which I apparently wasn't entitled to….so that was kind of awful to go through. I phoned her and said I need pots, I need pans, I have nothing, and she said "well you're working" and I said well "I just lost my job." And she said "the fact that you're working means you're only entitled to a couple of hundred dollars for set up, it doesn't matter what your job is and that you just lost it….because you had a job when we did our initial intake you're not entitled to those things" [furniture, pots, pans, etc.].

Another commented that:

There are so many rules to follow, so many things to worry about when you apply for assistance, it is hard to keep track. I was cut off by my new worker because she needed me to fax in some information and I faxed it in the day after she asked for it, I phoned her to let her know the fax was there, she didn't phone me back. Two weeks later she finally tells me that the fax wasn't there and that my benefits were cut off…she was she was really quite resentful… I got it fixed, but she was not that helpful.

Some participants felt criminalized by the system:

I sometimes think that the staff at the food bank think that you are trying to steal from them… they ask you if you have already been this month, because you can't go to much… even when you say no they seem to not trust you… I know that there are rules, but I need to eat…

The problem with OW specifically is that I think their caseload is overwhelmed, and it's the attitude of staff…."are you people trying to scam the system? are you telling the truth?….it was the worst experience I ever had in my life, dealing with those people…

Other participants felt infantilized by staff:

Sometime I think that they [agency staff] *think you're stupid. I have health problems, it doesn't affect your brain.*

I want to go back to school so I went to my old high school to get my transcripts. When I showed them to my [OW] worker and said I want to finish school, she said, "You've missed the last two appointments. If you can't even commit to two appointments in one month, how do you expect to go to school every day"? All of a sudden all the motivation and excitement about going back to school was gone. I didn't care anymore.

This sense of not being respected or understood was also expressed by the staff from the Social Services Departments and by staff from community agencies. There are systemic limitations to their ability to help clients. As focus group participants said:

We know that our clients are frustrated, we know that they are struggling and need help…but there are rules that we need to follow, a lot of rules that come from the province. I wish that clients would understand that we are not trying to stop them from getting help, we are just trying to do our jobs and that we want to help them.

Sometimes I think that clients just don't care about the rules, they just want you to help them…They seem to think that I am in control of everything, but I am not. I am only the frontline worker, I don't make the rules… I just wish that they would understand this sometimes…

Sometimes clients leave here in tears, and I feel completely helpless. I want to help, I try to bend every rule that I can to get them help, but the rules are the rules and sometimes we have to just be blunt and say no. I really don't like my job on those days… but overall, I think we are helping.

From this we can see that both members of the community and Social Service and agency staff are often frustrated with the service relationship. This may be attributed to the systemic barriers inherent in Ontario's Social Assistance system. Clients are in need of help and are not in a position to understand all of the complexities of social assistance programs. They are focused on their immediate concern of meeting basic needs. Staff, on the other hand, understands the complexity of the system and are responsible for administering a stringent set of rules and regulations that are ostensibly in place to improve accountability. This translates into strained relationships between clients and workers, and creates an apparent lack of empathy on the part of staff and an apparent ignorance on the part of clients.

This situation illustrates the importance of consistent empathy on the part of service providers in their daily interactions with clients, but also that there needs to be an acknowledgement of difficulties faced by frustrated staff. Social Assistance caseloads have been rapidly on the rise for past five years, increasing worker caseloads. This creates a situation where staff are left with little time to deal with the individual needs of all of their clients, clients who are all struggling with a crisis situation of some form. This creates service situations that may understandably lead to frustration and strained relationships. From the clients point of view their needs are the only ones that matter and they become frustrated with workers who do not, cannot, view it this way. From the workers point of view they are trying to help an ever-increasing number of clients navigate through a complex system of rules and regulations and they become frustrated with clients who do not, cannot, understand this.

THEME 3: A LACK OF MENTAL AND PHYSICAL HEALTH

Poverty is the key determinant of health and well-being (Raphael, 2007; Elliot, Beattie, & Kaitfors, 2001), as the World Health Organization's Commission on Social Determinants of Health stated in their final report: "[i]n countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health" (2008, p. xvi). This finding is not new having been reported in various epidemiological studies over the past several decades, most notably and dramatically in the Whitehall I and Whitehall II studies of British civil servants (Marmot, Rose, Shipley, & Hamilton, 1978; Marmot, et al., 1991). The relationship between poverty and ill-health was a significant theme in my discussions with participants. Illness and disease were described as both as cause and consequence of poverty in their lives. Some comments showing this connection between health and poverty included:

I feel like I am always getting a cold, always have a runny nose. I don't really have one thing that bugs me, but I just don't feel well a lot of the time… I do think that it is related to my situation.

I have lived on welfare for a long time and I do believe that my health has suffered…I had cancer four years ago and just when I was in full remission I had a heart attack…it is the

stress, I don't eat well, I don't sleep well…it all adds up…

While not all participants indicated that poverty had caused their health concerns, all of those who had a longstanding health concern did believe that poverty had made it worse. For example, as one participant told me:

My health is not so good, I have arthritis that used to be okay, manageable. But now I don't eat well, or take vitamins because I can't afford them. Being poor makes the arthritis worse… I'm in pain 24 hours a day, 7 days a week. I'm mobility challenged. I need a double knee replacement and it's excruciating.

Others spoke about how their economic circumstances affected their ability to access care or some basic medical tests that may help them improve their health:

I have had a health problem for about a year and the doctor can't figure out what it is. It keeps me from sleeping, so I am tired all the time. I need a special blood test, but it is not covered by healthcare. If I had the blood test the doctor may be able to help me. But how can I pay for it?

I have diabetes that is getting worse. My doctor tells me to eat differently, and I try, but…I needed a new [insulin] *tester last year, but I could not afford one. I was able to get some help buying it, but it took a while to get it. This was a little scary because I was never sure if the old one was accurate. It was dangerous, but what could I do…*

There were also participants who directly linked their current socio -economic circumstances to health problems, both chronic and acute:

I was like everybody else. I had a good job. The same job for 12 years. I was paid well. Had savings. Then I got breast cancer. I was sick for a long time. My employer was great, but they could not hold the job forever. Eventually I just quit. My savings went, and I was still not well. I am in remission now, but I have nothing l eft. I am too old to get re-hired. I live on disability for now.

I had my accident around 4 years ago. I had a good job before. But my accident, car accident, caused brain damage, and I lost that job. I can't work now, because of my injury. I had support at first, but then the insurance coverage ran out. I had to sell my house and move into an apartment. I did get a small amount from the insurance, but it was not enough to live on, so I sold my house. Now I get disability, and a little from my pension, but I could never afford to buy a house again… I get by, but it is not easy.

I have had joint problems for a long time. At first I was able to deal with it and keep working. I had a good job, and the company did a lot to help me. They gave me leave when I went for my first surgery and, since I had good benefits, I was okay at first and able to get the physio and equipment that I needed. But as my health worsened I had to take more and more time off work and eventually I had to quit. I don't think that they would have fired me, but it was not easy for them to keep accommodating me. I had to use all of my savings and sell my house so that I could live before I got ODSP. Now I have this place [subsidized housing] and get ODSP and my pension. It can be tough, financially, but mostly, I feel isolated now.

The constant worry and strain takes a toll on the mental well -being as well. Nearly all participants talked about the stress and anxiety of daily life, many talked of depression, profound sadness, and fear:

…living in poverty…it means pressure, unrelenting pressure, seven days a week, wondering if you're going to make it…and it eats away at your health.

I feel so depressed all the time…poverty does that to me…I feel like there will never be a way out…It makes me sad and depressed.

There is a fear that I have. I am afraid that things will never change for me. I am afraid of how people judge me. I am afraid that my daughter will end up the same as me.

Participants spoke at length about constant feelings of anxiety and stress, and the ways in which these conditions affected them day-to-day. For many, poverty had made everyday activities stressful and full of worry, as one participant stated:

It's the stress, constant stress of daily life. Grocery shopping [for example]*…is not a fun time because I have to think about everything I buy. I have to think about what spending money on food means for the rest of my life…I guess other people do this too, but when you live on welfare, it can be a matter of paying your rent or not.*

For me the biggest worry is for my kids. I get so stressed out at the start of school, at Christmas, birthdays…I can't make it nice, I can't get what they want. I feel like I am letting them down and the anxiety is so intense. I don't sleep for a month before school starts…

From these responses we can see that participants have clearly identified physical and mental health concerns as a defining feature of their experiences of poverty, linking physical and mental illness to their socioeconomic situations in multiple ways.

THEME 4: A LACK OF OPPORTUNITY AND CHOICE

In the lives of participants, poverty has resulted in a lack of opportunity and choice, and, in many ways, has hindered the process of self-determination. That is, socioeconomic circumstances influence the ways in which we interact with society and the opportunities that we have for advancement and the choices that we have in our daily lives. As one Social Service worker said in a focus group discussion:

For many of our clients there are no choices in life. They eat what they can get, they live wherever they can afford, which is very limited. They can't go out, or do anything that costs money… Poverty limits opportunities to just live your life, and we see this every day.

This lack of choice appeared most poignantly when participants talked about housing and food banks. For example, one participant, who has severe arthritis and mobility issues, described her housing situation:

I am lucky to live here, in a subsidized apartment. When I moved in it was such a relief because I really could not afford to pay rent before. I was living in some pretty awful places, with mildew, mice, not nice at all. So I was happy to move here where it is clean, and the rent is cheaper. But I am on the third floor, and there is no elevator because it is a small building. I can't go up and down stairs without a lot of pain in my legs. It really is debilitating. But what can I do? I need a place to live that is not awful? And it is subsidized rent so I can't complain.

Another participant expressed similar sentiments when talking about the food bank:

I do go to the food bank as much as I can, I need to and I really appreciate what they do for me. I would go hungry a lot if I did not have help from them… I do get frustrated though, that I am not able to have some choice when I go. I don't always like what they give me, but I can't complain.

Others spoke about barriers such as a lack of child care and affordable, accessible transportation that have prevented them from taking advantage of education and employment opportunities. However, this dimension of poverty was expressed less overtly in many other facets of participants' lives. Many expressed concerns over the relationship between employment opportunities that were available to them and their reliance on social assistance:

I am on welfare, but I would like to get a job. But the only jobs I can get are in stores or with temp agencies. These are okay, but they don't pay enough or give you good hours. They are not reliable. Welfare is not good, but at least I know that I will have money

I did go off assistance last year because I got a job as a bus driver. I thought that it would be okay. But I was not home after school for my daughter, and I had to leave early, so I needed daycare.

The job did not pay enough and my hours were cut in the summer. I am back on assistance, and I work as a bus driver part-time. It is the only way that it can work so that we can live and I can see my daughter.

Some participants revealed poverty as a lack of choice and opportunity even less explicitly as they talked about their life experiences. For example, one participant who identified a learning disability (that was only diagnosed recently) and who lived in subsidized housing with his mother talked about his experiences in school:

Teachers didn't want me. They would try to help me at the beginning but then gave up. School was always hard for me. I don't know why. I just couldn't get it. When I was in high school I was too far behind, so they forced me to stop when I turned sixteen. It was too hard for me. Mom tried to help, but she was not able to. She was trying to support us.

Although not expressed by him explicitly, this participant's experience reveals the struggle for self- determination and advocacy that many living in poverty have. Through further discussion with him and his mother (who was also a participant in the research study) it appears as though his learning disability was never officially identified while he was in school, and his mother, struggling to simply provide basic necessities for her family, was not able to take an active role in advocating for her son's education. She herself expressed frustration with her own perceived powerlessness in the situation, believing that she was not in a position to tell teachers and principals how to do their jobs. This was exacerbated by her lack of understanding about her son's disability. In turn, teachers and school administrators, frustrated by an inability to properly provide for their student (most likely the result of a lack of official diagnosis of a learning disability), and by a perceived lack of caring by his parent, were not able to accommodate his needs and simply moved him on and out.

From an analysis of the participant's experiences we can see how socioeconomic circumstances create conditions in which self-determination and choice are limited in both implicit and explicit ways and in ways that are both real and perceived. That is, the individuals in this research revealed to us how their poverty has impacted on their ability to take advantage of opportunities in education and employment and how they are restricted in making choices about the circumstances of their lives. As one agency staff person who I interviewed stated:

I have a young girl that I am working with, she is smart and wants to go to college. She can qualify for subsidized child-care, but it may not help. First she will have to wait, and the subsidy list is long, and second she will need care in the evenings because she will have night classes. This means that she may need to find an in-home day care space because day care centres are not open evenings. She may not find a space that qualifies for subsidy in someone's home in time to start

class. And she has limited choice as to where she can place her child. It may come down to a decision to place he daughter with a sitter who she is not comfortable with or not going to school... I don't think many of us would accept this...

Another participant highlighted a catch-22 situation inherent in accessing affordable childcare:

I have no childcare....I cannot work enough to pay for the childcare I need...I can't do anything. I want to go back to school and get my B.Ed., I want to be a teacher. Eventually I want to get my PhD, but I can't even go to classes because I have no childcare...a friend of mine just finished her degree, she has a two year old, she can't go to job interview...she's got no childcare so how can she get a job? If someone offered you your dream job [and said] you can start on Monday, you'll make enough money to cover your expenses, but that's still two weeks after the fact that you start working, so what do you do for those two weeks? You're really trapped when you have kids, there's no support.

In speaking about transportation concerns, one participant who has mobility concerns described her situation:

I can't drive because of my condition; I can hardly walk some days. The stores are not too far away, but I can't walk to them because of my leg. I try to take the bus, but even that is a problem sometimes if I need to stand for too long waiting. It is a struggle to get to the stop too. I have a boyfriend, he comes on weekends with his car and takes me shopping. This helps, and I like him. But I sometimes wonder what would happen to me if he were not around. How would I get to the store to just get my food?

As we can see, a lack of access to amenities, such as child-care and transportation concerns, limit individual choices in a cascading way, limiting opportunities in other areas such as education

and employment. These limitations may even extend into personal relationships as we see from the participant who spoke about her transportation concerns. Although not explicit in her comments there is an underlying concern about her relationship with her boyfriend and a fear of what may happen to her should the relationship deteriorate or end. From this we may see how a barrier in one area may lead to concerns in other areas.

THEME 5: A LACK OF SOCIAL PARTICIPATION

In a related theme to their lack of opportunity and choice, participants also spoke about their limited participation in the social life of the community. In this sense, poverty has resulted in significant exclusion and isolation in the lives of those who live in poverty in our community. This was manifest in participants' lives as a disconnection from society and the community in which they live, as well as through estrangement from family and friends. This was reflected by participant comments such as:

I am on my own a lot of the time. I can't go out. I can't get anywhere. I have friends but I don't see them much. My family lives in Kingston, so I don't go see them much because it is too expensive.

I feel so…excluded. Like no one sees me, like I don't belong… poverty has excluded me from the world…

I don't see my kids anymore. They are grown and since my accident I have just become a burden… I don't want them to feel sorry for me.

I grew up around here and I know that many of my friends still live in the area. But since I lost my job and went on welfare, I stopped seeing them. They don't understand. They can't understand… I don't talk to my brother much anymore. I am ashamed that I needed his help in the past. He has

never said anything, and was always understanding, but I just don't want him to feel like he has

to help me… this is my problem.

These comments demonstrate that for many participants poverty has created conditions of isolation and exclusion in both their social and economic lives. This isolation disconnects these individuals from the community and reduces the social capital of those living in poverty.(Woolcock 2001;Ansari, Munir &Gregg 2012; Weaver & Habibob 2012)That is, poverty reduces the social connections of individuals, connections that provide an important source of social, psychological, and economic support. Strong social connections are also important for the broader community, having an impact on economic development, governance, public health, and levels of crime.

THEME 6: A LACK OF SECURITY

Poverty creates conditions of vulnerability and distress by reducing an individual's social and economic security. Because poverty reduces the options available to individuals it often places them in precarious, unhealthy and dangerous situations. This was most significantly seen in the lives of those participants who had experience domestic violence. As one woman told me:

My husband was very abusive. To me and my kids. And he trapped me with poverty. I had no money of my own. I had to sacrifice my safety so that my kids had a home and food…it was impossible…

Another woman expressed this vulnerability even more poignantly when she told me that upon leaving a shelter that was closing (due to lack of funding) she was faced with an impossible choice:

[The shelter] was closing, and there was no room anywhere else in Durham. I would have to go on a waiting list. I stayed as long as I could. Then I had to go, the shelter workers tried to find me a place, but my only choices were to be homeless or to move home where my kids were, where my abuser lived. I was terrified. I did move in with him for a while, and he did not abuse me again then. Finally a subsidy was available and I moved out for good.

This lack of personal security was not limited to those participants who were victims of domestic violence. Participants also spoke about their poor living conditions and problems in their neighbourhoods:

I live in a co-op and most people are nice. But there are some groups who sell drugs in the co-op and we can't do anything. They do leave us alone most of the time, but I have kids and I don't want them to grow up around this kind of thing.

My neighbourhood is generally okay, but one night a few months ago there was a big fight outside the apartment. Someone was beat up bad. There was a lot of yelling and noise. It kept us all up.

While participants spoke to us about such negative experiences in their neighbourhoods, about their lack of comfort and fear they were also resigned to the fact that they had to live there and could not move to a "better" community. Several respondents also talked about vulnerability that was not related to personal safety or violence but rather to those around them that might seek to take advantage of them. This was confirmed by a focus group participant who works for Social Services who stated:

I see many clients who have agreements with rent-to-own places and pay-day loan businesses. These place take advantage of those who are poor, promising them a sense of normalcy while

having them sign their lives away on unfair contracts… We also see similar things with temporary

employment agencies that promise good jobs but don't deliver.

Thus, poverty may be seen as vulnerability that results in a lack of personal safety and security from violence and exploitation. This may be manifest in very distressing forms of violence, but also in less obvious forms of abuse through exploitive schemes like bad pay-day loan agreements or poor employment opportunities.

THEME 7: A LACK OF RESPECT

A major component of the experience of poverty is stigma and feelings of a lack of respect. Research has documented the how stigma toward those living in poverty acts to reduce social inclusion, increase isolation, and reproduce inequalities by masking the realities of poverty to the general public (McIntyre, Travers, & Dale, 1999; Reutter, Stewart, Veenstra, Love, Raphael, & Makwarimba, 2009). Participants consistently identified spoke about stigma in their lives as a detrimental part of their daily lives. Several participants described the stereotypical view of those living in poverty:

People in our community so not respect the poor. We are dirt to them. They don't realize that we are their neighbours. Their kids go to school with our kids….They don't get this at all.

I think that people judge those who are poor. They think that we are all lazy and drunk. They think that we are stupid and live the high life on the government's money. I don't think people really understand what poverty is and who the poor are in Durham.

Several other participants highlighted how stigma and the judgment that they feel is associated with a lack of awareness about the social assistance system, the rules and the amount of money that people actually receive:

I think that people would be shocked if they really knew what we lived on each month. I think that they assume that we get enough to live on, and live well. I would like to see them live on welfare. Then they would really know what it is like.

People assume that getting welfare is easy, that you just show up at the office and fill out a form. They really do not get it…I had to lose everything before I got help. It was a last resort.

The people who live in middle class homes don't care at all… these people are ignorant because they haven't had to live it.

There was also a theme of self-stigmatization throughout my interviews, where respondents appeared to deride stigma in one part of the interview and then "buy" into it in another part:

When I go to the food bank I feel ashamed, I feel worthless… why can't I just get a good job and keep it, why can't' I live like everyone else… I feel real worthless sometimes, like I just don't matter.

I don't know why I struggle, why I need assistance… I guess I just can't cope in society.

This revelation of stigma from both society toward those living in poverty and the self-stigma of respondents toward themselves is consistent with existing research on poverty and stigma. From this we can see that poverty, as a lack of respect (social respect and self-respect) is an important dimension of the experience of poverty in our community.

Summation

From the experiences and concerns expressed by the participants in our research we can see that poverty as experienced by individuals at the local level is a complex and multifaceted

socioeconomic experience, affected by the political economy of our current social and economic arrangement in Ontario. These experiences are not universal, and I have no doubt missed some of the unique concerns of others who are struggling in our community. But what this analysis does tell us is that poverty is a real experience that is wrought with conditions of desperation, frustration, fear and anxiety, ill-health, hopelessness and feelings of being trapped. Poverty leaves those who experience it isolated and marginalized form the social, economic, political, and cultural life of our community.

Review of the Literature

The theoretical paradigm that has emerged from the grounded approach employed in this study has been informed by research from multiple disciplinary areas. My starting point is with the concept of harm, and an expanded definition of crime as the object of criminological study. This has been complemented by research and thinking on structural violence that started in the discipline of peace studies, and has recently been greatly expanded and applied in the discipline of medical anthropology. This section will review of the most relevant literature informing these discourses.

Harm

Discussion of the concept of harm in criminology is situated within a larger dialogue on the definition and nature of crime as the object of study for the discipline. Thus, a useful starting point in examining harm approaches to crime is with a review of the concept of crime as generally defined in criminology and the associated disciplines of legal and justice studies. Traditionally, and at the most basic level, criminologists and legal scholars used criminal law as their framework for defining crime (Des Rosiers and Bittle, 2004) and, as a result, the object of

criminology is often limited to the examination of behaviour encompassed by the criminal code. As Schwendinger and Schwendinger (1975) point out:

> Crime, most modern sociologists agree, is behavior which is defined by legal codes and sanctioned by the institutions of criminal justice. It is generally agreed, moreover, that the legal definition of crime and the criminal are ultimate standards for deciding whether a scholarly work should be considered criminological. Because of this, the contention that imperialist war and racism are crime is not only considered an unjustifiable imposition of values, but also incompetent use of the notion of crime. (p.113)

In a review of the literature on the concept of crime that occurred in the mid twentieth century this approach to the definition of crime is clear. For example, Sellin (1938) argued for an expanded definition of crime, that moved beyond what was defined by criminal law, and embraced a more inclusive definition that captured the violation of conduct norms. Sutherland (1945) further argued that a definition of crime based on criminal law alone was not a valid construct for the scientific assessment of crime. He believed, like Sellin, that this paradigm excluded many actions or behaviours that were harmful, but not criminal, at least under the law. Based on his own research into the unethical practices of businessmen (Sutherland, 1940; 1941), he argued for an expansion of criminological inquiry that would include violations of civil law as well as criminal law, thus encompassing concepts such as 'social injury' and 'legal sanctions' (Sutherland, 1945). In response to reformists such as Sellin and Sutherland, Paul Tappan (1947) responded by arguing that the criminal law offered the only scientifically objective means of assessing and researching crime. He went so far as to argue that a person could not even be considered criminal until he had been convicted in a court of law (1947). He stated that a broad

definition of crime would allow, "the rebel [to] enjoy a veritable orgy of delight in damning as criminal most anyone he pleases; one imagines that some experts would consign to the criminal classes any success capitalistic businessman" (Tappan, 1947, p. 99).

Schwendinger and Schwendinger (1975) provide a critical review of each of these authors and their approached to defining crime. They conclude by arguing that although Sellin, Sutherland and Tappan may differ in defining what constitutes crime, they do not differ in implicit intent. That is, none of these authors critically contest existing social and economic structures within society in the twentieth century. Their argument is premised on the contention that the founders of American sociology in the late nineteenth and early twentieth century established a discipline that was interwoven with the corporate liberal and technocratic ideologies that informed the industrial revolution and the associated social and economic structures of society. As such, Schwendinger and Schwendinger (1975, p. 129) contend that:

> The American scholars…turned their attention toward ways of maintaining established institutions such as the family. In the process, they developed theories and metatheories focusing on solution to the problem of integration [social order] from their new ideological point of view. In time, their efforts produced categories and generalization which led directly to the modern liberal-functionalist orientations call pluralism and structural-functionalism.

Further, they argue these scholars were part of a technocratic structure that was highly informed by expert advisors and was marked by, "the implicit use of the norms of established institutions as standards for identifying 'abnormal', 'pathological' or 'deviant' behavior" (Schwendinger and Schwendinger, 1975, p. 130). Therefore, Schwendinger and Schwendinger (1975) argue that the scholars who were engaged in the arguments over the definition of crime

were doing so within an institutional structure that was of service to the corporate liberal State and "implicitly justified the use of criteria which favoured the maintenance of established institutions" (p. 131). Thus much of the dialogue on the definition of crime has historically been rooted in the maintenance of existing social structures. Crime, in this way, is defined as a violation of socially accepted and state sanctioned norms, whether it is those codified in criminal or civil law, or conduct norms.

A legal definition of crime is often taken for granted. In its passive form, this may be simply seen in the work of many criminologists who do not question the categories of crime that they use in their research (for recent examples see Aaltonen, et. al., 2013; Chesnay, Bellot, & Sylvestre, 2013; Nyguyen & McGloin, 2013; Tempelton & Hartnagel, 2012; Varma & Marinos, 2013). More explicitly, the legal definition of crime forms the basis of understanding in the discipline, as can be seen through its use in introductory criminology textbooks (for recent example see Hagan, 2011; Pond, 1999; Sacco & Kennedy, 2011; Walsh & Hemmens, 2014).

Among legal scholars, there is an acknowledgement of the social construct of crime (Des Rosiers and Bittle, 2004), even if there is continued use of the legal framework in defining the object of study in the discipline. As Des Rosiers and Bittle (2004, vii) state,

> before a criminal statute is even contemplated, there are a whole host of social
> forces and events that both shape how we conceive of a particular behaviour and
> influence our decisions on how to respond. (p. vii)

Even the more critical attempts in criminology to define crime are generally tied to some process of social or official sanctioning. For example, social constructionists assert that the concept of crime varies depending on who is defining it. That is, "there are no purely objective definitions; all definitions are value laden and biased to some degree," and what is defined as

crime by law "is somewhat arbitrary, and represents a highly selective process" (Barak, 1998, p.

21). However, this approach assumes that crime, though mutable, is still a product of legal or

social categories, defined by a sector of society and applied to others. Therefore, we can see that

a definition of crime tied to criminal codes is not limited to the mainstream of criminology and

extends in many ways to the critical schools within the discipline, as a recent critique by (Hil &

Robertson, 2003) points out:

> Critical criminology seems wedded to a modernist tradition in which crime and
>
> penalty have become the obsessive analytical concepts guiding almost every
>
> aspect of its work. Despite longstanding appreciation among critical
>
> criminologists of the link between crime control and other areas of government
>
> it is still the case that this branch of the discipline tends to focus excessively on
>
> representations of 'the crime problem', and the general processes and practices
>
> of criminalization and penalty. (p. 93)

This can be seen within several critical traditions, including those that situate crime and

criminality in historical and administrative contexts (Garland, 1997; Hogg, 1998; Taylor, 1999).

those that examine crime control as a key regulatory process of the late modern period (Garland

& Sparks, 2001; Young, 1999), and those that link crime control and risk management to other

governance processes in neo-liberal states (Garland, 2001). In each of these areas of inquiry the

process through which crime is defined is questioned but the foundations of the concept are not.

This is true even when the categories of crime, criminality and crime control are subject to

detailed scrutiny (Young, 1996).

Thus, criminology is focused on violations of social and legal structures, the causes of

these violations, their impact, and responses to them. Even in the critical traditions within the

discipline where there is a critique of these social and legal structures, crime is still generally

defined in legal or regulatory terms. This focus has led the discipline to generally ignore pressing

social issues, and in particular the significant structural harms caused by current modes of social

and economic organization (Hillyard, et.al., 2004; Pemberton, 2007). In response to this silence,

an alternative dialogue has been developed within the discipline proposing a shift in perspective

from crime as defined by legal or social normative structures to one that conceptualizes crime as

harm.

<div align="center">Conceptualizing Harm</div>

Kleinig (1978) notes that although there may be some analytic and practical value in in

applying the concept of harm to the study of social, economic and political structures, and their

impacts, the concept remains largely underdeveloped. This is reflected in more recent works that

have attempted to explicate the concept of harm within the discipline of criminology (Hillyard et.

al., 2004). Some scholars have been suspicious of abandoning the traditional crime perspective,

based in socially agreed concepts of crime and criminal justice, in favour of a concept that is

morally relative (Cohen, 1993). In order to address these concerns, a concise and coherent

understanding of what is meant by the concept of harm, as an alternative to legal definitions of

crime, must be developed.

Nearly all discussions of harm in criminology begin with Schwendinger and

Schwendinger (1975), who question the role of criminology as a discipline that maintains the

existing social order. They contend that, "in opposition to the ever increasing demand for

equalitarianism, elitist social scientists have formulated theoretical justifications for social

inequality" (p. 133). In response, Schwendinger and Schwendinger (1975) argue against a legal

concept of crime, instead identifying a group of basic human rights, which they argued when

infringed proved to limit the potential of human beings to such an extent that they should be

considered a crime, arguing that:

> If the traditional egalitarian principle that *all* human beings are to be provided
>
> the opportunity for the free development of their potentialities is to be
>
> achieved in modern industrial societies, then persons must be regarded as
>
> more than objects who are to be 'treated equally' by institutions of social
>
> control. All persons must be guaranteed the fundamental prerequisites for
>
> well-being, including food, shelter, clothing, medical services, challenging
>
> work and recreational experiences as well as security from predatory
>
> individuals or repressive and imperialistic elites, these material requirements
>
> basic services and enjoyable relationships are not to be regarded as rewards or
>
> privileges. They are rights! (p. 133 -134)

Based on this, a harm approach would build upon a human rights framework, providing

foundation for claims of injury.

Kleinig (1978) attempts to develop a "reasonably precise account of harm" (p.27) by

tracing traditional use of the term, and provides a good foundation for discourse. After tracing

the ways in which the concept of harm has been used socially and legally, Kleinig arrives at the

idea of *interests*, with harm being a restriction or impediment of individual interests. The

challenge then becomes one of defining what interests are being impeded when we speak of

harm. Kleinig (1978) points out that the legal system currently deals with interests in this sense,

but these are those interests that are legally protected. This is where the traditional definition of

crime generally sits, and may thus be seen as a concept that includes those interests, possessed by

individuals in particular, that are protected by social or legal norms and structures. If we are to

understand harm more robustly, philosophically as well as analytically, Kleinig (1978) argues

that we need to move beyond this legal sense toward a more generally defined set of interests,

but also a set of interests that are fundamental to the individual. He proposes that we may

consider these basic interests to be those that relate to individual *welfare*.

Kleinig (1978) considers welfare to be a privative term stating, "a being's welfare

consists, most generally, in the absence of defects and irregularities with respect to some

conception of its normal functioning" (p. 31). That is, an individual's welfare may not be

measured by an abundance of those things (physical or emotional) that make them fare well, but

rather, may be considered as an absence of those things that make them fare ill (p. 30). The

concept of welfare as stated by Kleinig contains some sense of normalcy, in that an individual

faring well is the norm; it is when an individual is not faring well that we require an explanation.

Kleinig proposes that human welfare is a rich concept, that includes an individual's basic

interests (such as food and shelter), but also extends to interests that are fundamental to being

human (economic, cultural, political). Thus, an individual fares well when their *welfare interests*

are intact and protected and, as Kleinig (1978) argues, harm may be viewed as a violation or

impediment of these interests.

What Kleinig is referring to with the concept of welfare interests, are the fundamental

interests (or basic needs) that all individuals within a society share and which are fundamental to

full individual engagement and participating in that society. He goes further, indicating that the

individual welfare interests that are to be considered fundamental to an individual functioning in

a society must also be considered to be the rights of individuals within that society (p. 33).

Therefore, harm, as Kleinig presents it, may be viewed as a violation or impediment of welfare

interests of individuals, with their political, economic, social and moral rights being the

fundamental components of this welfare. This approach to harm, focused on welfare and rights, provides the foundation for the concept of harm in criminology.

There is a general gap in the literature on harm in criminology through the 1980's and into the 1990's. Some contend that this was the result of the dominance of law and order politics on the political landscape of developed nations through this period, a trend that rejuvenated criminology as a discipline in support of a crime management agenda (Muncie, 2000, p. 2). The dialogue on harm was reignited in the literature by Muncie (2000). In this work, Muncie explores the implications for the discipline of criminology when its object of study, crime, is critically deconstructed. He begins by reintroducing the goals of the criminologist from the 1970's (such as Schwendinger and Schwendinger, 1975), to (1) broaden the subject matter of the discipline, moving away from strict legal paradigms, in order to allow criminology to establish a broad range of social harms under its purview, and (2) to recognize that 'what is crime' depends upon power relations in society, and, specifically, the power to determine who is criminal and who is not (Muncie, 2000, p.1). Such concepts, he asserts, are fundamental to determining what is the domain of criminology as a discipline of study.

Through a critical assessment of the role of criminology as an 'administrative' discipline, that uncritically "restricts itself to questions of cause/remedy" (Muncie, 2000, p.2), Muncie (2000) argues that this criminology simply becomes an "adjunct of government" without questioning the power relations inherent in the concept of crime (2000, p.2). In general, Muncie (2000) argues that criminology became a discipline uncritical of the social order, thus, in many ways, ignoring the problems within this order. In response to this concern, he puts forward a position in favour of harm as the object of study in criminology, contending that,

> the redefining of crime as harm opens up the possibility of dealing with pain,
>
> suffering and injury as conflicts and troubles deserving negotiation, mediation and
>
> arbitration rather than as criminal events deserving guilt, punishment and
>
> exclusion. (Muncie, 2000, p.5)

Therefore, to Muncie, the movement of criminology toward an orientation based on the concept of harm rather than crime, positions criminologists well to assess and understand power and social injury, and opening the discipline up to dialogue on social justice rather than control and punishment. Within the new paradigm, Muncie (2000) contends that:

> the concept of 'crime' remains important only in so far as it alerts us to relations
>
> of power embedded in social orders which generate a whole series of social
>
> problems for their populations but of which only a selected few are considered
>
> worthy of criminal sanction. (p.4)

Around the time of Muncie's critique and proposed new direction, in 1999 a group of concerned scholars convened at a conference to discuss and explore an alternative focus in criminology based "around the notion of social harm", and where the "theoretical feasibility and policy potential of an alternative set of discourses" was reviewed (Hillyard et. al., 2004, p. 1). The outcomes of this dialogue was presented in the edited volume, *Beyond Criminology: Taking Harm Seriously* (Hillyard, et. al., 2004). In the introductory chapter, the editors state that,

> the principal aim of a social harm approach is to move beyond the narrow
>
> confines of criminology with its focus on harms defined by whether or not they
>
> constitute a crime, to a focus on all the different types of harms, which people
>
> experience from the cradle to the grave. (Hillyard et. al., 2004, p. 1).

In taking this approach, the editors acknowledge that the range and type of harm experienced by individuals throughout life are extremely varied and contextually driven. However, it is here that they reiterate an important distinction between common concepts of crime and the social harm approach put forward in criminology from the 1970's onward. Namely, that although most harms inflicted upon individuals and communities may not be defined as criminal under current criminal, or even social, codes, they may generally be viewed as outcomes of the contemporary market economy. That is, they may be viewed as the outcome of criminal social and economic systems. This is a fundamental concept in the move toward a harm approach in criminology. By identifying social and economic structures as harmful, and even criminal, the purview of criminology is expanded. Further, and more importantly, this perspective provides a powerful framework for understanding the impacts of social structure on the lives of individuals and communities. The various chapters Hillyard et. al. (2004) expand up this concept, covering topics such as moral indifference in capitalist societies (Pemberton, 2004), state crime (Ward, 2004), immigration and migration (Webber, 2004), workplace injury and death (Tombs, 2004), and the gendering of harm (Pantazis 2004).

In their chapter on political economy and harm, Tombs and Hillyard (2004) present a theoretical paradigm to explain the production of harm in modern capitalist societies. They build a critical framework for the assessment of economic policies in general, and neo-liberal policies in general. Through their assessment and critique of the neoliberal paradigm, they explicate the various forms of harm which are directly or indirectly produced by this economic structure. They argue that, "while creating large benefits for large sections of the world's population, [the capitalist system in general] has always produces a wide range of social harms" (Tombs and Hillyard, 2004, p. 43). They further argue that neo-liberal forms of capitalism are more harmful

than other forms of capitalism. This is the result of the paradigm's tendency to create and inflict substantial harm through individualism, exclusion and vulnerability, as well as its lack of willingness to intervene to address the harms created (Tombs and Hillyard, 2004).

They move on to conclude that there are four implications of their analysis of the neo-liberal capitalist paradigm and its production of harm for criminology (Tombs and Hillyard, 2004, P. 53- 54). First, the harms currently defined as criminal form a relatively small proportion of the harms that impact on the lives of individuals and communities, and such harms are defined through power relations that need to explored and understood. Second, any adequate understanding of the scale of harm that affects individuals and communities through their life course must be understood in terms of the political and economic imperatives of neoliberalism, and not as the outcome of individual or community failings. Third, in failing to fully engage and discuss the harms created by the neoliberal capitalist paradigm, criminology has become, to a degree, complicit in their formation and impact. Finally, they argue that their analysis provides an explanation for growing criminalization of certain populations within society, as neoliberalism turns to the criminal justice system to manage marginalized and economically disadvantaged groups.

Gordon's (2004) chapter on poverty, provides an examination of poverty in industrialized countries, arguing that poverty is the world's leading cause of social harm (Gordon, 2004, p. 251). Gordon presents the case for poverty as the most significant injustice in the modern world, responsible for deprivation of basic needs, the creation of vulnerability to disease, marginalization, and victimization (Gordon, 2004, p. 259). He goes on to critique the superficial declarations and efforts to reduce poverty by international and national bodies, citing the failure

of the *Millennium Development Goals*[5] (Gordon, 2004, 262). In turning to a social harm approach to understand the creation, impact, and lack of response to poverty, Gordon (2004) argues that:

> a social harm perspective represents a major advance on other
>
> judicial/criminological theories as it allows all harmful outcomes to be treated as
>
> of equal consequence – whether intended or unintended. (p. 266)

Building on the harm perspective, I now turn to the concept of structural violence in an effort to expand on dialogue in criminology to help us better understand the creation and impact of harm in modern democratic society.

Structural Violence

Structural violence was first detailed academically by peace studies researcher John Galtung (1969; also, Galtung and Höivik, 1971), who used the term to generally describe a wide range of social ills, including poverty, racism, and sexism. In his view, structural violence differed from interpersonal violence relationally (1969, p. 171). That is, structural violence lacked the direct actor-victim relation of forms of interpersonal violence, and was rather violence enacted socially, economically, or politically through social and economic structure (p.171). Galtung attempted to provide practical illustrations of the concept, making the distinction between interpersonal violence and structural violence by stating that, "when one husband beats his wife there is a clear case of personal violence, but when one million husbands keep one

---

[5] The eight Millennium Development Goals (MDGs) – which range from halving extreme poverty rates to halting the spread of HIV/AIDS and providing universal primary education, all by the target date of 2015 – form a United Nations blueprint for efforts to meet the needs of the world's poorest (see http://www.un.org/millenniumgoals)

million wives in ignorance there is structural violence" (1969, p. 171). More generally, he stated

that, "in a society where life expectancy is twice as high in the upper as in the lower classes,

violence is exercised even if there are no concrete actors one can point to directly attacking

others, as when one person kills another" (1969, 171).

Others in the field of peace studies expanded on this early work, using the concept as a

backdrop to dialogue on the true nature of a peaceful and just society (Köhler and Alcock, 1976;

Höivik, 1977; Vorobej, 2008). Researchers in the areas of gender studies (Kelkar, 1985), and

critical race studies (O'Neil, 2009; Simmons and Casper, 2012), have also made advances in the

used of the concept to describe and understand a variety of social injustices. However, the most

significant recent contributions to the study and application of the concept of structural violence

has come from the field of medical anthropology, through the work of Paul Farmer (1996; 1999;

2004; 2005; Farmer et. al., 2006), who has examined the structural violence of poverty, ill health,

and marginalization among the world's poorest populations.

As Farmer et. al. (2006) state:

> Structural violence is one way of describing social arrangements that put
>
> individuals and populations in harm's way… The arrangements are structural
>
> because they are embedded in the political and economic organization of our
>
> social world; they are violent because they cause injury to people … neither
>
> culture nor pure individual will is at fault; rather, historically given (and often
>
> economically driven) processes and forces conspire to constrain individual
>
> agency. Structural violence is visited upon all those whose social status denies
>
> them access to the fruits of scientific and social progress. (p.1686)

In his work, Farmer provides extensive and longitudinal analysis of the impacts of global inequality and poverty on the health of populations (1999; 2005). As an anthropologist, Farmer engages in an ethnographic process to understand the experience of suffering, documenting the hardship, pain, and abject desperation of those who live in deep poverty around the world. As a physician, Dr. Farmer is able to document the infliction of physical suffering and pain that result from the marginality created by such deep poverty. The result is a profound analysis and critique of the global economy that acts to marginalize and disenfranchise vast numbers of the population in both developed and developing economies. In reflecting on the experiences that he noted in his ethnographic work, Farmer (2005) states that, "[t]he spectacular aggressions I have witnessed are not accidents. Arising from complex social fields, these crimes are predictable and, indeed, ongoing. They are … pathologies of power."

Therefore, through the lens of harm and structural violence, we are able to examine the experiences of poverty in our society, and the policies and approaches to alleviating poverty currently employed by governments. We may see such experiences for what they are; suffering brought on by criminal social systems.

Discussion

In reviewing the experiences of those living in poverty in Durham Region and Northumberland County, we are able to start discerning an understanding of the harm and suffering that they face in their lives each day. We may view these experiences of harm as the outcome of structural violence wrought by a criminal social system that acts to marginalize and isolate the most vulnerable members of communities.

The experiences described by participants in this study provide us with a picture of the suffering that exists in our own communities. Hunger, interpersonal violence, insecurity, lack of housing, poor physical and mental health. All of these conditions characterize the experience of poverty for the participants in this study. Although we can see in their stories the elements of choice and personal responsibility that have followed them along their path to poverty, we can also see more starkly how a lack of choice or opportunity and lack of social support have contributed to the suffering of those living in poverty in Ontario.

Lack of Choice and Opportunity

In the neoliberal paradigm, a job and personal economic success are deemed to be the most effective pathway out of poverty. This point is not generally disputed by even the most ardent anti-poverty advocates in Ontario (e.g. Novik 2007). However, what these advocates will dispute is that access to good work is universal and that all jobs, in our current economy, actually provide the economic opportunity required to live poverty free. As Novik and Clutterbuck (2011) note, in Ontario there are many low pay, poor jobs that keep people and families trapped in poverty. They state (2011, p. 6) that 60% of parents and single adults who live in poverty in the province are actually employed, but have insufficient earnings to live above the poverty line, and that one-third of children who live in poverty in Ontario live in families where at least one parent works full-year, full-time. Therefore, although earned income is a potential pathway out of poverty, this pathway is dependent upon good work at living wages.

Education may be viewed as a requirement to improved economic opportunity. While this is the case in many circumstances, the profile of those living in poverty show us that it is not always the case. Fully 50% of parents who live in poverty in Ontario have completed some form of post-secondary education are simply unable to find opportunities that provide sufficient income to live

above the poverty line (Novik and Clutterbuck, 2011, p. 6). In the study presented here, nearly 60% of participants had some form of post-secondary education.

What these facts point to is that employment and education are in and of themselves not sufficient to keep people out of poverty. As we have seen a shifting labour market and economy in the province of Ontario, we have seen the loss of many foundation jobs in manufacturing and related industries. This has meant a drop in the number of unionized jobs that provided higher incomes and security. These jobs have been largely replaced by retail sector jobs that pay minim wage with part-time hour and no benefits. This shift has eliminated economic opportunity for many in the communities highlighted in this study.

Lack of Social Support

As noted in the introduction, a key feature of social policy on Ontario over the past two decades has been a significant shift toward neoliberalism (Maxwell, 2009). This shift has come with the requisite moves to austerity and reductions in spending on social programs; what may be viewed as the retrenchment of the welfare state in the province. With this has come increasing difficulty, and even a punitive turn, for those who may need to access the social supports that we have collectively created in the province (Stapleton, 2007). That is, the programs and services designed to help members of our population when they face times of hardship, have been systematically eroded, and those that remain, based on punitive processes that seek to blame and accuse those who access them. One result has been on increasingly confusing, and disintegrated services system, that makes it increasingly difficult to access the remaining programs and service that are available. As Stapleton (2007, p. 1) notes:

> "We cannot claim to have people-centred government policies. Not when an 18-
> year-old, lone parent refugee is considered to be an adult under four policies, a child

under two, a student under a third policy, a dependent adult under two others, a

non-resident under two, and a legal resident of Canada under four more. And as far

as government is concerned, it is her job to sort all this out."

This has been accompanied by a real depreciation in the amount of social support available to

individuals in the province. In 1995, after a cut of 22% (for those deemed employable) social

assistance rates in Ontario were frozen by the Progressive Conservative government. Over the next

10 years, these benefits continued to lose value to inflation, to a total of 35% over the period

(Maxwell, 2009, p. 14). Despite a change in policy under the Liberal government in 2005, it has

been noted that "in real dollars, social assistance rates are lower now than any other time since

1967" (Ontario Campaign 2000, 2008. P. 5). This trend is indicative of the retrenchment of support

for those living in poverty in the province, which results in increased hardship and suffering.

Conditions of inequality and material hardship not only have a destructive impact on individuals

and families, but they also have a serious detrimental impact on communities. The Ontario

Association of Food Banks (2008) argues that there are several remedial costs associated with

poverty that impact on the health of communities, such as increased costs to health care associated

with dealing with the health concerns of those living in poverty, increases in crime associated with

the marginalization of poverty, and growing costs in the existing social assistance system. Poverty

also erodes social capital and the collective efficacy of communities. This creates conditions that

act to isolate us from our neighbours, hindering our ability to act collectively and address common

concerns and issues. Further, investment in poverty reduction and elimination has become an

accepted method for economic stimulus and growth (Ontario Association of Food Banks, 2008;

25 in 5 Network for Poverty Reduction, 2010). Thus, poverty may be seen as having a targeted

impact on individuals and families while also having a general impact on the community, making

it an important concern for us all.

References

Aaltonen, M., MacDonald, J. M., Martinkainen, P., & Kivivuori, J. (2013). Examining the generality of the unemployment crime association. *Criminology*, *51*(3), 561-594.

Ansari, S., Munir, K., & Gregg, T. (2012). Impact at the 'bottom of the pyramid': the role of social capital in capability development and community empowerment. *Journal of Management Studies*, *49*(4), 813-842.

Barak, G. (1998). *Integrating Criminologies*. Boston: Allyn and Bacon.

Box, S. (1981). Changing conceptions of deviance, official data and deviants. In: S. Box (Ed.) *Deviance, Reality, and Society*. Pp. 1-5. London: Hold, Reinhart, and Winston.

Chesnay, C. T., Bellot, C., & Sylvestre, M.-E. (2013). Taming Disorderly People One Ticket at a Time: The penalization of homelessness in Ontario and British Columbia. *Canadian Journal of Criminology and Criminal Justice*, *55*(2), 161-186.

Christie, N. (2004) *A Suitable Amount of Crime*. London: Routledge.

Cohen, S. (1993). Human rights and crimes of the state: The culture of denial. *Australian and New Zealand Journal of Criminology*, *26*, 97-115.

DeKeseredy, W. S., Alvi, S., Schwartz, M. D., & Tomaszewski, E.A. (2003). *Under Siege: Poverty and Crime in a Public Housing Community*. Lanham, MD: Lexington Books.

Des Rosiers, N. & Bittle, S. (2004). Introduction. *What is Crime? Defining Criminal Conduct in Contemporary Society*. Vancouver: University of British Columbia Press.

Dupont, I. (2008). Beyond do no harm: a call for participatory research with marginalized population in criminiological research. *Critical Criminology*, 16, 197-207.

Earle, B. and Alvi, S. (2011). *Giving Voice to Poverty in the Region of Durham*. Ajax, ON: Community Development Council Durham.

Earle, B., Hildebrandt, T., Lau, R., Mayo, S., & Wilson, B. (2010). *Ontario's Social Landscape: Socio-demographic trends and conditions in communities across the province*. Burlington, ON: Social Planning Network of Ontario.

Farmer, P. (1996). On Suffering and Structural Violence: A View from Below. *Daedalus*, 125(1), 261-283.

Farmer, P. (1999). *Infections and Inequalities: The Modern Plagues*. Berkley: University of California Press.

Farmer, P. (2004). An Anthropology of Structural Violence. *Current Anthropology*, 45(3), 305-325.

Farmer, P. (2005). *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. Berkeley: University of California Press.

Farmer, P., Nizeye, B., Stulac, S., & Keshavjee, S. (2006). Structural Violence and Clinical Medicine. *PLoS Medicine*, 3(10). Online: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1621099/

Fernando, F., & Earle, B. (2011). Linking Poverty Reduction and Economic Recovery: Supporting Community Responses to Austerity in Ontario. *Canadian Review of Social Policy/Revue canadienne de politique sociale*, 65/66, 31-44.

Galtung, J. (1969). Violence, Peace, and Peace Research. *Journal of Peace Research*, 6(3), pp. 167-191.

Galtung, J. & Hövik, T. (1971). Structural and Direct Violence: A Note on Operationalizaton. *Journal of Peace Research*, 8(1), pp. 73-76.

Garland, D. (1997). Governmentality and the Problem of Crime: Focault, Criminology and Sociology. *Theoretical Criminology*, *1*(2), 173-214.

Garland, D. (2001). *The Culture of Control*. Oxford: Oxford University Press.

Garland, D., & Sparks, R. (2001). Introduction. In D. Garland & R. Sparks (Eds.), *Criminology and Social Theory*. London: Clarendon Press.

Glaser, B. G. & Strauss, A, L. (1967). *The Discovery of Grounded Theory.* London: Aldine.

Gordon, D. (2004). Poverty, death and disease. In: P. Hillyard. C. Pantazis, S. Tombs, & D. Gordon, *Beyond Criminology: Taking Harm Seriously*. pp. 251-266, London: Pluto Press.

Hagan, F. E. (2011). *Introduction to Criminology: Theories, Methods and Criminal Behavior,* (7th ed.). Thousand Oaks, CA: Sage Publications.

Hil, R., & Robertson, R. (2003). What sort of future for critical criminology? *Crime, Law and Social Change*, *39*(1), 91-115.

Hillyard, P., Pantazis, C., Tombs, S., & Gordon, D. (2004). *Beyond Criminology: Taking harm seriously*. London: Pluto Press.

Hillyard, P., Sim, J., Tombs, S., & Whyte, D. (2004). Leaving a ‹Stain upon the Silence›: Critical criminology and the politics of dissent. *British Journal of Criminology*, *44*, 369-390.

Hogg, R. (1998). Crime, Criminology and Government. In P. Walton & J. Young (Eds.), *The New Criminology Revisited*. London: McMillan.

Höivik, T. (1977). The Demography of Structural Violence. *Journal of Peace Research*, 14(1), pp. 59-73.

Kelkar, G., (1985). Women and Structural Violence in India. *Women's Studies Quarterly*, 13(3/4), pp. 16-18.

Kleinig, J. (1978). Crime and the Concept of Harm. *American Philosophical Quarterly*, *15*(1), 27-36.

Köhler, G., & Alcock, N. (1976). An Empirical Table of Structural Violence. *Journal of Peace Research*, 13(4), pp. 343-356.

Maxwell, G. (2009). *Poverty in Ontario: Failed Promises and the Renewal of Hope*. Burlington: Community Development Halton/Social Planning Network of Ontario.

Muncie, J. (2000). Decriminalising Criminology. *The British Criminology Conference: Selected Proceedings*, 3. Online: http://britsoccrim.org/volume3/010.pdf

Muncie, J. (2001). The construction and deconstruction of crime. In J. Muncie and E. McLaughlin (Eds.), *The Problem of Crime*. pp. 9-23. London: Sage.

Murray, K. B. (2004). Do not disturb: "Vulnerable populations" in federal government policy discourses and practices. *Canadian Journal of Urban Research*, 13(1 (Supplement)), 50-69.

National Council of Welfare. (2010). *Welfare Incomes 2009.* Ottawa: National Council of Welfare.

Northumberland County (2015). *2015 Business Plan and Budget: Community and Social Services*. Cobourg: Northumberland County.

Novik, M. (2007). *Summoned to Stewardship: Make poverty reduction a collective legacy*. Toronto: Campaign 2000.

Novik, M. & Clutterbuck, P. (2011). *Human Dignity for All: Working for a Poverty Free Ontario.* Burlington: Social Planning Network of Ontario.

Nyguyen, H., & McGloin, J.-M. (2013). Does economic adversity breed criminal cooperation? Considering the motivation behind group crime. *Criminology*, *51*(4), 833-870.

O'Neil, E. (2009). Structural Violence, and Racism in a World Out of Balance. *Race/Ethnicity: Multidisciplinary Global Contexts*, 3(1), pp. 115-138.

Ontario Association of Foodbanks (2015). *Hunger Report*. Toronto: OAFB.

Ontario Campaign 2000 (2008). *The Road Ahead: Poverty Reduction in Ontario*. Toronto: Family Services Toronto.

Ontario Campaign 2000 (2013). *Strengthening Families for Ontario's Future: 2012 Report Card on Child and Family Poverty in Ontario*. Toronto: Family Services Toronto.

Pantazis, C. (2004). Gendering harm through a life course perspective. In: P. Hillyard. C. Pantazis, S. Tombs, & D. Gordon, *Beyond Criminology: Taking Harm Seriously*. pp. 192-216, London: Pluto Press.

Pemberton, S. (2004). A theory of moral indifference: understanding the production of harm by capitalist society. In: P. Hillyard. C. Pantazis, S. Tombs, & D. Gordon, *Beyond Criminology: Taking Harm Seriously*. pp. 67, London: Pluto Press.

Pemberton, S. (2007). Social harm future(s): exploring the potential of the social harm approach. *Crime, Law and Social Change*, *48*, 27-41.

Pond, R. (1999). *Introduction to Criminology*. Winchester: Waterside Press.

Poverty Free Ontario (2014, March). *Status of Poverty in Ontario*. Retrieved from http://www.povertyfreeontario.ca/poverty-in-ontario/status-of-poverty-in-ontario.

Raphael, D. (2011)/ *Poverty in Canada, 2nd Edition.* Toronto: Canadian Scholars Press.

Region of Durham (2015, January). *Monthly Caseload by Municipality*. Retrieved from http://www.durham.ca/departments/social/income_support/CaseloadGraph.pdf.

Sacco, V. F., & Kennedy, L. W. (2011). *The Criminal Event: An Introduction to Criminology in Canada* (5th ed.). Toronto: Nelson Education Ltd.

Schwendinger, H., & Schwendinger, J. (1975). Defenders of order or guardians of human rights? In I. Taylor, P. Walton, & J. Young (Eds.), *Critical Criminology* (pp. 113-146). London: Routledge & Kegan Paul.

Sellin, T. (1938). Culture, Conflict and Crime. *Social Science Research Council Bulletin*, *41*.

Statistics Canada (2008). *Income and earnings, 2006 Census*. Statistics Canada Catalogue no. 97-563-XWE2006028. Ottawa. Released June 26, 2008.

Statistics Canada. (2013a). *Durham, RM, Ontario (Code 3518)* (table). *National Household Survey (NHS) Profile*. 2011 National Household Survey. Statistics Canada Catalogue no. 99-004-XWE. Ottawa. Released September 11, 2013.

Statistics Canada. (2013b). *Northumberland, CTY, Ontario (Code 3514)* (table). *National Household Survey (NHS) Profile*. 2011 National Household Survey. Statistics Canada Catalogue no. 99-004-XWE. Ottawa. Released September 11, 2013.

Sutherland, E. (1940). White collar criminality. *American Sociological Review*, *5*, 1-12.

Sutherland, E. (1941). Crime and business. *Annals of the American Academy of Political and Social Science*, *217*, 112-118.

Sutherland, E. (1945). Is «white collar crime» crime? *American Sociological Review*, *10*, 132-139.

Sutherland, E. (1949). *White-Collar Crime*. New York: Dryden Press.

Tappan, P. R. (1947). Who is the criminal? *American Sociological Review*, *12*, 96-102.

Taylor, I. (1999). *Crime in Context*. Cambridge: Polity Press.

Taylor, I., Walton, P., & Young, J. (1975). *Critical Criminology*. London: Routledge and Legan Paul.

Tempelton, L. J., & Hartnagel, T. F. (2012). Causal Attributions of Crime and the Publics Sentencing Goals. *Canadian Journal of Criminology and Criminal Justice*, *54*(1), 45-66.

Tombs, S. & Hillyard, P. (2004). Towards ad political economy of harm. In: P. Hillyard. C. Pantazis, S. Tombs, & D. Gordon, *Beyond Criminology: Taking Harm Seriously*. pp. 30-54, London: Pluto Press.

Varma, K. N., & Marinos, V. (2013). Three decades of public attitudes research on crime and punishment. *Canadian Journal of Criminology and Criminal Justice*, *55*(4), 549-562.

Vorobej, M. (2008). Structural Violence. *Peace Research*, 40(2), pp. 84-98.

Walsh, A., & Hemmens, C. (2014). *Introduction to Criminology* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Ward, T. (2004). State Harms. In: P. Hillyard. C. Pantazis, S. Tombs, & D. Gordon, *Beyond Criminology: Taking Harm Seriously*. pp. 84-100, London: Pluto Press.

Webber, F. (2004). The ware on migration. In: P. Hillyard. C. Pantazis, S. Tombs, & D. Gordon, *Beyond Criminology: Taking Harm Seriously*. pp. 133-155, London: Pluto Press.

Weaver, R. D., & Habibov, N. (2012). Social capital, human capital, and economic well-being in the knowledge economy: Results from Canada's General Social Survey. *J. Soc. & Soc. Welfare*, *39*, 31.

Woolcock, M. (2001). The place of social capital in understanding social and economic outcomes. *Canadian journal of policy research*, *2*(1), 11-17.

Wozniak, J. F. (2008). Poverty and Peacemaking Criminology: Beyond Mainstream Criminology/ *Critical Criminology*, 16, pp. 209-223.

Yalnizyan, A. (2007). *Ontario's Growing Gap: Time for Leadership*. Toronto: Canadian Centre for Policy Alternatives.

Young, J. (1996). *Imagining Crime: Textual Outlaws and Criminal Conversations*. London: Sage.

Young, J. (1999). *The Exclusive Society*. London: Sage.

Appendix 1: Interview Guide 2: Key Informants**

** Not all key informants that were consulted completed full formal interviews

Organization Profile

1. Can you tell me a little about your organization?
    ➢ Probe for:
        o Area of service
        o Client group(s)
        o Communities served
        o Number of employees
        o Services, programs delivered
        o Time serving the community

Poverty
Personal Opinion and Experience

2. How would you define poverty?

3. Would you say that poverty is a concern in Northumberland?
    ➢ Why? Why not?

4. Can you describe the typical experiences of your organizations clients?
        o Living conditions
        o Needs
        o Ability to:
        o Meet basic needs (food, shelter)
        o Afford entertainment
        o Participate in social activities
        o Buy new clothes…

5. In your opinion, what are the consequences of poverty?
        o How does poverty harm:
        o Individuals
        o Families
        o The community

    ➢ Whose responsibility is it to eradicate poverty in your community?

Services

6. Are you familiar with the kinds of services, programs and/or resources that are available to help those who may be struggling in your community?

7. Do you feel that there are sufficient services, programs and/or resources in the community that offer help during times of need?

> ➢ If yes: Can you please describe these?
> ➢ If no: what may be missing?

8.   Are these services, programs and/or resources accessible?
> ➢ If no: why not?

9.   If you could make any recommendations for programs, services, or resources that would be help those in need in Northumberland what would they be?

10.   If you could change anything about how community programs and services are provided, what would you recommend?
> ➢ Probe for
>   o   What government can do?
>   o   What service providers can do?
>   o   What community (volunteers, neighbours) can do?
>   o   Role of family members?

11.   What type of opportunities would your organizations clients need in order to immediately change their current situations of poverty?
> ➢ What would improve their quality of life immediately?
> ➢ What type of opportunity or opportunities would they need in order improve your situation in the future?

12.   In general, what do you see as the biggest barriers to people getting out of poverty?

Mental Health

13.   Do you currently work with clients who experience mental health issues?

14.   In your experience, how has mental illness affected the lives of your clients?
> ➢ Probe for details:
>   o   Employment
>   o   Family relations (with spouse, with children
>   o   Friendships

15.   In your experience, are there enough services for people with mental illnesses in Northumberland?
> ➢ If yes:
>   o   Can you describe what services are available?
> ➢ If not:
>   o   In your opinion, what services are missing?
>   o   In your opinion, what is the reason for the lack of services?

16.   In your experience are services for people with mental illness in Northumberland accessible?
> ➢ If yes:

     o Can you describe what makes these services accessible?
  ➢ If not:
     o In your opinion, why are these services not accessible?
     o In your opinion, what is the reason for the lack of accessibility?

17. In your opinion, what is the impact (or potential impact) of people not being able to access services for mental health concerns in Northumberland?
  ➢ Probe for impact on:
     o The individual
     o Their family
     o Their friends
     o The community

18. What kinds of programs or services do you think would help those with mental illnesses in Northumberland?

Poverty and mental illness

19. Do you think that there is a link between poverty and mental illness?
  ➢ Do you think that mental illness can lead to poverty?
     o If yes, how?
     o If no, why not?

20. Would you attribute the difficulties of your clients (i.e. poverty) to mental illness?
  ➢ Can you talk a bit about this?
     o How does mental illness contribute to their situations?
     o What are the reasons for this?

21. What do you think can be done to address this?
  ➢ What can be done to prevent people with a mental illness from falling into poverty?

Addictions

22. Do you currently work with clients who experience addictions issues?

23. In your experience, how have addictions affected the lives of your clients?
  ➢ Probe for details:
     o Employment
     o Family relations (with spouse, with children
     o Friendships

24. In your experience, are there enough services for people with addictions in Northumberland?
  ➢ If yes:
     o Can you describe what services are available?
  ➢ If not:

- o   In your opinion, what services are missing?
- o   In your opinion, what is the reason for the lack of services?

25.   In your experience are services for people with addictions in Northumberland accessible?
- ➢   If yes:
  - o   Can you describe what makes these services accessible?
- ➢   If not:
  - o   In your opinion, why are these services not accessible?
  - o   In your opinion, what is the reason for the lack of accessibility?

26.   In your opinion, what is the impact (or potential impact) of people not being able to access services for addictions in Northumberland?
- ➢   Probe for impact on:
  - o   The individual
  - o   Their family
  - o   Their friends
  - o   The community

27.   What kinds of programs or services do you think would help those with addictions in Northumberland?

Poverty and addictions

28.   Do you think that there is a link between poverty and addictions?
- ➢   Do you think that addictions can lead to poverty?
  - o   If yes, how?
  - o   If no, why not?

29.   Would you attribute the difficulties of your clients (i.e. poverty) to addictions issues?
- ➢   Can you talk a bit about this?
  - o   How do addictions contribute to their situations?
  - o   What are the reasons for this?

30.   What do you think can be done to address this?
- ➢   What can be done to prevent people with an addiction from falling into poverty?

Appendix 2: Interview Guide 1: Community Participants

Persons with Lived Experience
Personal Profile

1. First tell us a little about yourself?
⇒ Probe for:
   o Age
   o Education,
   o Where they are from
   o Where do they live
   o Children
   o Marital status
   o Living arrangements
   o Employment status
   o Income (level and source)

2. At this time, how would you rate your general health/wellbeing? (e.g. good, poor)
⇒ Why?

3. At this time, how would you rate your general mental health/wellbeing? (e.g. good, poor)
⇒ Why?

4. Do you suffer from a diagnosed mental illness?
⇒ Probe for basic details
   o What is the illness
   o How long have you suffered with it
   o Are you currently receiving treatment

5. Does anyone (anyone else) in your family suffer from a diagnosed mental illness?
⇒ Probe for basic details
   o What is the illness
   o How long have they suffered with it
   o Are they currently receiving treatment

6. Do you have an addiction?
⇒ Probe for basic details
   o What is the addiction
   o How long have you suffered with it
   o Are you currently receiving treatment

7. Does anyone (anyone else) in your family suffer from an addiction?
⇒ Probe for basic details
   o What is the addiction
   o How long have they suffered with it
   o Are they currently receiving treatment

Poverty
Personal Opinion and Experience

8. How would you define poverty?

9. Would you say that you live in poverty?
⇒ Why? Why not?

10. Can you describe a typical day in your life?
⇒ Probe for:
   o Are you employed? If yes, where? What is this like?
   o What do you generally do with your time?
   o What are some of the pressures that you face?
   o Do you have stress in your life?

11. Can you describe your neighbourhood and living conditions?
⇒ Are you happy where you live?
⇒ If not, what prevents you from moving somewhere better?

12. Do you ever find yourself in a position where you cannot meet your own needs or the needs of your family?
⇒ Probe for:
   o Ability to meet basic needs (food, shelter)
   o Ability to afford entertainment
   o Ability to participate in social activities
   o Ability to buy new clothes…

13. In your opinion, what are the consequences of poverty?
⇒ How does poverty harm:
   o Individuals
   o Families
   o The community
⇒ Whose responsibility is it to eradicate poverty in your community?

Service Interactions

14. Are you familiar with the kinds of services, programs and/or resources that are available to help those who may be struggling in your community?

15. Do you feel that there are sufficient services, programs and/or resources in the community that offer help during times of need?
⇒ If yes: Can you please describe these?
⇒ If no: what may be missing?

16. Are these services, programs and/or resources accessible?

⇒ If no, why not?

17. In terms of social services or programs, what kinds of help have you sought over the past few years to improve your situation?
⇒ e.g. employment help, social assistance (OW/ODSP), housing help, food banks, etc.

18. Could you describe the quality of your interactions with agency staff during these visits?
⇒ Were staff friendly?
⇒ Were staff understanding?
⇒ Were staff helpful?

19. If you could make any recommendations for programs, services, or resources that would be help those in need in Northumberland what would they be?

20. If you could change anything about how community programs and services are provided, what would you recommend?
⇒ Probe for
     o What government can do?
     o What service providers can do?
     o What community (volunteers, neighbours) can do?
     o Role of family members?

21. What type of opportunities would you need in order to immediately change your current situation of poverty as it is today?
⇒ What would improve your quality of life immediately?

22. What type of opportunity or opportunities would you need in order improve your situation in the future?

23. In general, what do you see as the biggest barriers to getting out of poverty?

24. Which institutions/organizations are the most important in your life?
⇒ Why?

Mental Health
Respondent has mental illness
You mentioned above that you suffer from a mental illness, is it okay if we talk a bit about this now? Remember that that interview is completely voluntary and you do not have to answer any questions that you are not comfortable with.

Details about mental illness

25. Can you tell me about your mental illness?
⇒ Probe for details:
     o What have you been diagnosed with?
     o When did you first start to experience symptoms?

      o When were you first diagnosed?
      o What symptoms do you experience?

26. How has your mental illness affected your life?
⇒ Probe for details:
      o Employment
      o Family relations (with spouse, with children
      o Friendships

Experience with programming and services

27. Are you currently receiving treatment for your illness?
⇒ If yes:
      o Can you describe this treatment a bit for me?
      o Who is overseeing this treatment? (e.g. family doctor)
      o What does the treatment entail? (e.g. therapy, medications)
      o Where do you go for this treatment?
      o Are you able to access this treatment locally?
⇒ If not:
      o Can you tell me why you are not currently receiving treatment?

28. In your experience, are there enough services for people with mental illnesses in Northumberland?
⇒ If yes:
      o Can you describe what services are available?
⇒ If not:
      o In your opinion, what services are missing?
      o In your opinion, what is the reason for the lack of services?

29. In your experience are services for people with mental illness in Northumberland accessible?
⇒ If yes:
      o Can you describe what makes these services accessible?
⇒ If not:
      o In your opinion, why are these services not accessible?
      o In your opinion, what is the reason for the lack of accessibility?

30. In your opinion, what is the impact (or potential impact) of people not being able to access services for mental health concerns in Northumberland?
⇒ Probe for impact on:
      o The individual
      o Their family
      o Their friends
      o The community

31. What kinds of programs or services do you think would help those with mental illnesses in Northumberland?

Poverty and mental illness

32. Do you think that there is a link between poverty and mental illness?
⇒ Do you think that mental illness can lead to poverty?
      o If yes, how?
      o If no, why not?

33. Would you attribute your current difficulties (i.e. poverty) to your mental illness?
⇒ Can you talk a bit about this?
      o How did your mental illness lead to your current situation?
      o What are the reasons for this?

34. What do you think can be done to address this?
⇒ What can be done to prevent people with a mental illness from falling into poverty?

Respondent has family member with mental illness
You mentioned above that someone in your family suffers from a mental illness, is it okay if we talk a bit about this now? Remember that that interview is completely voluntary and you do not have to answer any questions that you are not comfortable with. You may also end the interview at any time. May we proceed?

Details about mental illness

35. Do you live/did you live with this person?
⇒ What is their relation to you?

36. Can you tell me about your family member's mental illness?
⇒ Probe for details:
      o What have/were they been diagnosed with?
      o When did they first start to experience symptoms?
      o When were they first diagnosed?
      o What symptoms do/did they experience?

37. How has/did this mental illness affected their life?
⇒ Probe for details:
      o Employment
      o Family relations (with spouse, with children
      o Friendships

38. How did their mental illness affect you and the rest of your family?

Experience with programming and services

39. Is your family member currently receiving (or did they receive) treatment for their illness?
⇒ If yes:

- o Can you describe this a bit for me?
⇒ If not:
- o Can you tell me why they are not currently receiving treatment?

40. In your experience, are there enough services for people with mental illnesses in Northumberland?
⇒ If yes:
- o Can you describe what services are available?
⇒ If not:
- o In your opinion, what services are missing?
- o In your opinion, what is the reason for the lack of services?

41. In your experience are services for people with mental illness in Northumberland accessible?
⇒ If yes:
- o Can you describe what makes these services accessible?
⇒ If not:
- o In your opinion, why are these services not accessible?
- o In your opinion, what is the reason for the lack of accessibility?

42. In your opinion, what is the impact (or potential impact) of people not being able to access services for mental health concerns in Northumberland?
⇒ Probe for impact on:
- o The individual
- o Their family
- o Their friends
- o The community

43. What kinds of programs or services do you think would help those with mental illnesses in Northumberland?

Poverty and mental illness

44. Do you think that there is a link between poverty and mental illness?
⇒ Do you think that mental illness can lead to poverty?
- o If yes, how?
- o If no, why not?

45. Would you attribute your (your families) current difficulties (i.e. poverty) to the mental illness that has affected your family member?
⇒ Can you talk a bit about this?
- o How did their mental illness lead to your current situation?
- o What are the reasons for this?

46. What do you think can be done to address this?
⇒ What can be done to prevent people with a mental illness and their families from falling into poverty?

Addictions
Respondent has addiction
You mentioned above that you suffer from an addiction, is it okay if we talk a bit about this now? Remember that that interview is completely voluntary and you do not have to answer any questions that you are not comfortable with. You may also end the interview at any time.
May we proceed?
Details about addiction

47. Can you tell me about your addiction?
⇒ Probe for details:
    o   What are you addicted to?
    o   When did you first use drugs/alcohol?
    o   Are you currently clean? If yes, for how long?
    o   Are you in a treatment program?

48. Why did you start using drugs/alcohol?

49. How has your addiction affected your life?
⇒ Probe for details:
    o   Employment
    o   Family relations (with spouse, with children
    o   Friendships

Experience with programming and services

50. Are you currently receiving treatment for your addiction?
⇒ If yes:
    o   Can you describe this treatment a bit for me?
    o   Who is overseeing this treatment? (e.g. family doctor)
    o   What does the treatment entail? (e.g. therapy, medications)
    o   Where do you go for this treatment?
    o   Are you able to access this treatment locally?
⇒ If not:
    o   Can you tell me why you are not currently receiving treatment?

51. In your experience, are there enough services for people with addictions issues in Northumberland?
⇒ If yes:
    o   Can you describe what services are available?
⇒ If not:
    o   In your opinion, what services are missing?
    o   In your opinion, what is the reason for the lack of services?

52. In your experience are services for people with addictions in Northumberland accessible?
⇒ If yes:
    o   Can you describe what makes these services accessible?
⇒ If not:

    o   In your opinion, why are these services not accessible?
    o   In your opinion, what is the reason for the lack of accessibility?

53. In your opinion, what is the impact (or potential impact) of people not being able to access services for addictions issues in Northumberland?
⇒ Probe for impact on:
    o   The individual
    o   Their family
    o   Their friends
    o   The community

54. What kinds of programs or services do you think would help those with addictions in Northumberland?

Poverty and addictions

55. Do you think that there is a link between poverty and addictions?
⇒ Do you think that addictions can lead to poverty?
    o   If yes, how?
    o   If no, why not?

56. Would you attribute your current difficulties (i.e. poverty) to your addiction?
⇒ Can you talk a bit about this?
    o   How did your addiction lead to your current situation?
    o   What are the reasons for this?

57. What do you think can be done to address this?
⇒ What can be done to prevent people with an addiction from falling into poverty?

Respondent has family member with mental illness
You mentioned above that someone in your family suffers from an addiction, is it okay if we talk a bit about this now? Remember that that interview is completely voluntary and you do not have to answer any questions that you are not comfortable with.

Details about addiction

58. Do you live/did you live with this person?
⇒ What is there relation to you?

59. Can you tell me about your family addiction?

60. How has/did this addiction affected their life?
⇒ Probe for details:
    o   Employment
    o   Family relations (with spouse, with children
    o   Friendships

61. How did their addiction affect you and the rest of your family?

Experience with programming and services

62. Is your family member currently receiving (or did they receive) treatment for their addiction?
⇒ If yes:
    o   Can you describe this a bit for me?
⇒ If not:
    o   Can you tell me why they are not currently receiving treatment?

63. In your experience, are there enough services for people with addiction in Northumberland?
⇒ If yes:
    o   Can you describe what services are available?
⇒ If not:
    o   In your opinion, what services are missing?
    o   In your opinion, what is the reason for the lack of services?
64. In your experience are services for people with addiction in Northumberland accessible?
⇒ If yes:
    o   Can you describe what makes these services accessible?
⇒ If not:
    o   In your opinion, why are these services not accessible?
    o   In your opinion, what is the reason for the lack of accessibility?
65. In your opinion, what is the impact (or potential impact) of people not being able to access services for addictions issues in Northumberland?
⇒ Probe for impact on:
    o   The individual
    o   Their family
    o   Their friends
    o   The community
66. What kinds of programs or services do you think would help those with addictions in Northumberland?

Poverty and addictions

67. Do you think that there is a link between poverty and addictions?
⇒ Do you think that addictions can lead to poverty?
    o   If yes, how?
    o   If no, why not?
68. Would you attribute your (your families) current difficulties (i.e. poverty) to the addiction that has affected your family member?
⇒ Can you talk a bit about this?
    o   How did their addiction lead to your current situation?
    o   What are the reasons for this?
69. What do you think can be done to address this?
⇒ What can be done to prevent people with an addiction and their families from falling into poverty?