

The Mad and the Bad:

The Lethal Use of Force against Mad People by Toronto Police

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Abstract

Since the killing of Edmond Yu by Toronto Police 16 years ago, police use of force incidents against Mad people in Toronto have resulted in nine additional deaths. This article investigates and analyzes the circumstances of the people who have been killed by Toronto police officers while experiencing mental distress. Reading the cases together reveals a pattern of intersecting sanist and racist discrimination, with racialized mad people being perceived by police officers as dangerous and deviant for who they are, rather than what they have done. Further, a link exists between police behaviour and judicial acceptance of that conduct. Police engage in sanist and racist profiling because the agencies overseeing their actions, as well as the courts, allow it. I argue that the Special Investigations Unit (SIU), which is supposed to be a civilian-led and independent agency, actually serves as an extension of the police force, providing only an illusion of accountability.

Keywords: Mad people; racialization; criminalization; Toronto police; accountability

Depuis le meurtre d'Edmond Yu il y a 16 ans, la force excessive et mortelle utilisée par la police de Toronto n'a pas diminuée, ayant comme résultat les morts de neuf autres personnes psychiatisées. À travers l'analyse de ces meurtres, nous réaliserons que les identités construites aux intersections d'un processus de racialisation négatives et des questions de santé mentale sont perçues comme dangereuses, et comme déviantes, en tant que telles, et non pour leurs actes, ce qui mène à l'utilisation d'une force excessive et mortelle par les officiers de police.

Mots-clés: personnes psychiatisées; processus de racialisation; criminalisation; police Torontoise; responsabilité

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Deinstitutionalization and the Criminalization of Madness

In the 1960s, the process of deinstitutionalization began to take place. Large residential psychiatric facilities closed and discharged patients into communities, but necessary and promised improvements to community-based services and supports did not occur (Cotton & Coleman, 2010). Left with inadequate access to health care, social assistance, and housing, increasing numbers of former psychiatric inpatients began to come into contact with police and the criminal justice system (Menzies, 1989; Wachholz & Mullaly, 1993). Even 40 years after the advent of deinstitutionalisation, Mad people are still significantly overrepresented within the criminal justice system. While people diagnosed with mental health conditions represent 20% of the general population, they comprise 35% of people incarcerated in Canadian federal penitentiaries (Makin, 2011). Deinstitutionalization gave the illusion that people who experienced Madness had gained the right to live freely and autonomously within society; however, this freedom was and is illusory, as many Mad people moved from confinement to incarceration or homelessness. Police became the first point of contact for Mad people in crisis, but were not adequately trained or prepared to take on this new responsibility (Wachholz & Mullaly, 1993). While police access to training and information about mental distress has improved over time, police violence against Mad people remains a significant problem.

Despite calls for change in the wake of the 1997 killing¹ of Edmond Yu by Toronto police, persistent gaps in health care and social service provision, as well as deficiencies in training for police officers, have resulted in the deaths at the hands of police of another nine Mad people in Toronto, demonstrating that the police's use of excessive and lethal force on this

population has not been addressed. The presumption of innocence is one of our society's most fundamental rights, but when police use lethal force, they commit the ultimate violation of this right. An analysis of Yu's killing alongside the subsequent deaths of Mad people by Toronto police shows that in particular racialized Mad people are often the targets of police violence, which is consistent with the general targeting of racialized people for surveillance, harassment, and violence (Commission des droits de la personne et des droits de la jeunesse, 2011).

Terminology

I begin with an introduction to the theoretical perspectives and terminology I use in this paper. To understand the terms Mad and Madness, I turn to Disability Studies queries into ableism, sanism (discrimination against Mad people, and the devaluation of mental difference) (Perlin, 1993), the normate body (Garland Thomson, 1997), normativity, and crip theory (McRuer, 2007). These perspectives challenge our thinking as to what is considered normal, allowing for the interrogation of these societal standards. Normalcy is a socially constructed concept that renders disabilities and difference as problems, marginalizing and othering people with disabilities (Davis, 2002; Garland Thomson, 1997), including the kinds of mental differences that come to be understood as Madness.

Rejecting a dichotomy between Madness and normalcy, I understand all human mental states as existing on a shifting continuum. Many of the ways of thinking, feeling, perceiving, and being in the world that come to be conceptualized as Madness are actually quite common. Most of us experience moments of intense exhilaration, periodic difficulty sleeping or focusing. We also endure feelings of sadness, and sometimes have intermittent uncontrollable thoughts (Donnelly, 2012). If we understand diverse ways of thinking, feeling, and perceiving as something we all share, we can challenge the understanding of Madness as completely outside of

typical experience. People who experience Madness or mental distress might consider themselves or be considered as encountering diverse states of mind in “excess,” and may be less well-understood by others during these experiences, which involve a range and mixture of internal states (Donnelly, 2012).

The Mad community and Mad movement consist of people who have reclaimed the word Mad to describe their identity “based on self- or community- defined histories and experiences, rather than on medical diagnosis” (Gorman, 2013, p. 270), thereby challenging discrimination and empowering themselves.² Madness is a social category, like race, gender, class, age, ability, or sexuality. The social category of Madness defines and organizes, at the structural and individual levels, Mad people’s experiences and identities, with cultural beliefs about the meaning of social categories – including those about Madness – limiting or enhancing opportunities in all areas of life, including employment, housing, and social interaction (Phelan, Lucas, Ridgeway, & Taylor, 2014).

In this article, I use the terminology of “Madness,” “Mad people,” and “people who experience mental distress,” because I believe that these best capture political and personal experiences. I avoid the terms “mental illness,” “mental health problems,” and “mental health issues,” as they reify and label the individual as sick and problematic, amendable to “cure” through medical model solutions, rather than as experiencing differences to which meanings are ascribed through social relations (Oaks, 2012).

Mad, Racialized, and Immigrant Victims of Police Violence in Toronto

I now collect the stories of the nine Mad people who have been killed by police in Toronto over the last 16 years. Bringing these stories together exposes the institutional sanism and racism that exist within the criminal justice system as a whole, and specifically within the

police force.³ I begin with the killing of Edmond Yu,⁴ as this is a well-publicized case that took place a long time after deinstitutionalisation occurred. Further, Yu's inquest recommendations led to the implementation of an Ontario police policy named *Police Response to Persons who are Emotionally Disturbed or have a Mental Illness or a Developmental Disability*, legislative requirements that are still currently neglected (Pieters & Goosen, 2013). Lastly, the cases mentioned in this article are only the ones I could find; as many of these killings occurred to racialized and poor individuals, I found that many were not well publicized and there could be more.

Edmond Wai-Hong Yu

Edmond Wai-Hong Yu, a 35-year-old man who had been a medical student at the University of Toronto. Experiencing mental distress, Yu had to leave his medical program, was not able to work, and eventually became homeless as a result of a lack of services and supports for those experiencing the kinds of difficulties he encountered (Kennedy, 2010a). Yu was fatally shot on a Toronto Transit Commission bus on February 20, 1997, after police responded to a call to investigate the alleged assault of a woman on the bus by Yu (Simmie & Nunes, 2001). When officers arrived, the bus had been vacated by all passengers except Yu, who sat at the rear of the vehicle (Simmie & Nunes, 2001). The officers discovered that Yu had a psychiatric diagnosis, and Yu agreed to go to the hospital, but before he could be transported there, he pulled a small hammer out of his jacket and raised it above his head. Officers drew their loaded guns, ordering Yu to drop the hammer. When he did not comply with their directive, officers shot Yu three times, killing him. The officers who shot Yu to death were absolved of wrongdoing by the Special Investigations Unit (SIU), the police unit tasked with investigating incidents in which police officer injure or kill members of the public (Green, 1999).

In the wake of Yu's death, several judicial and community-based recommendations were made pertaining to the improvement of mental health crisis responses and resources. These included the exploration of a "safe house" crisis model for use within the mental health system and the expansion of supportive housing options for people experiencing mental distress, as well as improvements to police training on mental health, de-escalation, and crisis response strategies (Urban Alliance on Race Relations, 2002). As impressive these recommendations may sound, they were not innovative: a set of almost identical recommendations had been made less than five years prior, in response to the 1988 police killing of Lester Donaldson, another racialized man experiencing mental distress (Kennedy, 2010a). Tragically, these recommendations were never effectively implemented due to budget constraints, which contributed to the killing of Yu (Pieters & Goosen, 2013). As my discussion of the nine police killings of Mad people following that of Yu will show, this tragedy is ongoing, as many of the social policy and police training and conduct-focused recommendations arising from the killing of Yu have also gone unimplemented, and police have not been held accountable for their violent and rights-depriving actions toward Mad people.

Otto Vass

Otto Vass, who had immigrated to Canada from Hungary, was a 55-year-old father of five and a businessman who owned a junk shop, worked in real estate, and gave legal advice. Vass had previously been labelled with a psychiatric diagnosis (Brenner, 2000). On August 9, 2000, Vass walked from his Toronto home to a nearby convenience store to purchase some food for a barbecue. Following a violent incident at the store, Vass died (Brenner, 2000), but the details of the incident were a matter of dispute, with the police account of Vass' death differing substantially from that of the two bystander witnesses who videotaped the incident that led to

Vass' death.

The police account stated that when they arrived at the convenience store in response to a disturbance call involving an altercation between Vass and three men, they found Vass already seriously injured. They claimed that Vass assaulted an officer who attempted to render assistance to him, forcing the officer to physically subdue Vass, who would later die of the injuries that police say he sustained in the earlier fight (Brenner, 2000).

This version of the story is very different from that depicted on the videotape captured by witnesses to the incident, which showed Vass involved in a fight with one man at the convenience store. When police arrived, witness accounts and the videotape evidence show that Vass was compliant with their orders as they escorted him out of the store. Once outside of the store, Vass was thrown to the ground by two police officers, then held down by one officer while four others beat him with their nightsticks, kicked him and punched him in the face (Brenner, 2000). When paramedics arrived at the scene they pronounced Vass dead. His autopsy later revealed that his death resulted from a fat embolism caused by the beating ("Officers acquitted," 2003). When the witness-filmed videotape was leaked to the public, the police department attempted to publicly excuse the officers by announcing that they were still rookies, on a probationary period, were inexperienced and had overreacted (Brenner, 2000).

Ultimately, Philip Duncan, Filippo Bevilacqua, Nam Le, and Robert LeMaitre, four of the officers involved in the killing of Vass, were charged with manslaughter. At trial, the officers claimed that Vass' psychiatric history caused him to be exceptionally violent and uncontrollable, so their use of force to subdue him was justified. Members of the jury saw the videotape showing the officers mercilessly beating Vass, but were convinced by the officers' appeal to the stereotype of Mad people as violent. The officers' defense was successful, with all four found

not guilty of manslaughter (“Officers acquitted,” 2003).

Nicholas Blentzas

Nicholas Blentzas, a 24-year-old White man, planned to become an electrical engineer, but began to experience mental distress following the death of his sister (Black, 2005a). On June 23, 2002, police responded to a call from Blentzas’ neighbours, reporting that he was hitting his apartment door with a fire extinguisher (Black, 2005b). Officers were aware that Blentzas had previously been apprehended under the *Mental Health Act*, prior to attending to the call (Stancu & Wilkes, 2002). Officers arrived at the scene to find Blentzas shirtless and sweating profusely (Black, 2005c). Explaining that he had lost his apartment keys, it became evident that he was experiencing mental distress (Black, 2005b). Blentzas agreed to have a psychiatric assessment performed, however he dashed from police once the elevator doors opened (Office of the Chief Coroner, 2005). Blentzas had only made it across the street when the officers caught up to him, whereby they physically subdued, handcuffed, and pepper sprayed him. When the paramedics arrived on the scene, Blentzas was on the ground and had no vital signs (Black, 2005b; Office of the Chief Coroner, 2005).

As the inquest focused on the issue of people dying while in a state of “excited delirium” and not on the specific circumstances of Blentzas’ death, legal aid was denied to the Blentzas family, which prevented them from voicing their perspectives and concerns to the jury (Black, 2005a). Blentzas’ death was ruled as accidental, caused by “excited delirium and restraint asphyxia” (Black, 2005d, para. 1). Witnesses testified that Blentzas had been “held down with his arms behind his back” (Black, 2005d, para.10). During the inquest the coroner’s counsel affirmed that if a person is cuffed with their hands behind their back while in a prone position, death could result due to restraint asphyxia (Black, 2005b, 2005d).

Despite this, the coroner's counsel stated that Blentzas' death resulted not from asphyxia, but from "excited delirium due to acute exacerbation of a psychiatric illness" (Black, 2005c, para. 9). "Excited delirium" is an unproven and controversial "syndrome" unrecognized by the World Health Organization (2010), the American Psychiatric Association (2013), or the Canadian Medical Association (Wecht, Lee, Van Blaricom, & Tucker, 2011). The label is applied by coroners and police to the restraint-caused deaths of people who are experiencing mental distress, or who are under the influence of substances such as alcohol or recreational drugs (Stickler & Mole, 2012). The coroner's verdict also denied that exposure to pepper spray had exacerbated Blentzas' respiratory distress, claiming that no research supporting this hypothesis existed, which is not accurate (Black, 2005a).

Robert Walker

Previously a "Strong Man" competitor, Robert Walker was a 41-year-old man who had endured many difficulties in his life. On February 16, 2004, Walker began to behave erratically in the common area of his rooming house, frightening other tenants, who called the police. Walter was naked, looked ashen, and had bloodied hands. When police tried to communicate with him, he did not respond (Black, 2008a, 2008b; Office of the Chief Coroner, 2008), then suddenly dashed outside into the sub-zero temperatures. Officers surrounded and repeatedly pepper sprayed Walker. When this seemed to have little effect, they hit him with their batons until he fell to the ground. The altercation lasted over 10 minutes (Black, 2008a; Office of the Chief Coroner, 2008; Woods, 2004). Walker suffered a seizure and died while paramedics treated him on route to the hospital (Black, 2008a). His cause of death was ruled as acute cocaine intoxication (Office of the Chief Coroner, 2008). This represented another failed opportunity to recognize the dangers of pepper spray. Research on the deadly effects of pepper spray did exist

prior to this killing, highlighting the particular danger of repeated spraying, as well as the greater risk it poses to people who have been using alcohol or recreational drugs, or who have a psychiatric diagnosis (Allen, 2000; Sinnema, 2001).

O'Brien Christopher-Reid

O'Brien Christopher-Reid was a 26-year-old Black, Jamaican-Canadian former chemical engineering student who had attended Ryerson University in Toronto until his experiences of mental distress led him to withdraw from his program of study. Christopher-Reid had been enduring a period of significant mental distress when he was shot to death by Toronto police on June 13, 2004 ("Slain man's mom," 2007). As in the case of Vass, a discrepancy exists between police and witness accounts of Christopher-Reid's death. The police version is as follows: Several Toronto Police Service units responded to a call about a man armed with a knife seen travelling by foot through Wilket Creek Park (Toronto Police Service, n.d.c.). The first two officers to reach Christopher-Reid found him shirtless and holding an extension cord, with no knife in sight (Toronto Police Service, n.d.c.). Officers claimed that as they approached Christopher-Reid, they commanded him to get on the ground, and began to retrieve their pepper spray and batons. Christopher-Reid refused to comply with officers' orders, running away as officers gave chase on foot. Police claimed that Christopher-Reid then stopped running and turned to face the officers, pulling a knife from his pants and holding it above his head as he moved quickly towards the officers, uttering verbal threats. Officers drew their guns in response, and when Christopher-Reid refused orders to drop the knife, three officers discharged their guns, killing him (Toronto Police Service, n.d.c.).

Witness testimony and forensic evidence tells a different story. Witnesses stated that the three officers arrived at the scene with their guns already drawn and also pointed at Christopher-

Reid, who was unarmed (Grewal, 2007a). The medical examination of Christopher-Reid's body showed that he was shot three times in the back and once on the left side of his chest (Toronto Police Service, n.d.c.). This revealed that Christopher-Reid was not lunging toward the police officers, as they claimed, but attempting to run away from them (Grewal, 2007b). Constable John Liggio, one of the officers who shot Christopher-Reid, initially told the SIU that he was "face-to-face" with the victim when he shot him, but at the coroner's inquest Liggio changed his story, claiming that he had fired from the side as he dodged Christopher-Reid's knife attack (Doolittle, 2008b, para. 6). Despite the existence of damning witness testimony and forensic evidence against the officers, as well as inconsistencies in officers' stories, Liggio, along with officers Rick Milson and Darren Berezowski, were cleared of all charges. Coroner's inquest recommendations echoed those suggested in the cases of Donaldson, Yu and Vass, including improved police training in de-escalation and approaches to interacting with people in mental distress. The inquest also recommended the creation of mobile crisis intervention teams specializing in the non-lethal resolution of police interactions with people experiencing mental distress. It also marked the first recommendation that the Taser, a relatively new conducted energy weapon (CEW) marketed as a less-lethal alternative to firearms, be adopted by Toronto police for use in situations in which de-escalation has not been successful (Kennedy, 2010b).

The representation of Tasers as an alternative to lethal use of force for controlling noncompliant or emotionally distressed individuals is inaccurate. CEWs are primarily deployed with the aim of promoting efficiency, allowing a high number of apprehensions during routine arrests, rather than being used as a life-sparing alternative to firearms (Mack, 2009). According to Amnesty International (2004, 2008), in 90% of all Taser-related deaths, victims were unarmed. Since their introduction into Canada in 2001, 33 CEW-related deaths have occurred

from officers' inappropriate Taser use (Council of Canadian Academies and Canadian Academy of Health Sciences, 2013), along with over 500 fatalities in the U.S. (Amnesty International, 2012). Even though TASER International admitted that shocking people experiencing mental distress or people on drugs increases the risk of death (Braidwood Commission on Conducted Energy Use, 2009), 43.6% of all Tasers deployed by Toronto police involved people in mental distress (Toronto Police Service, 2013). Racialized individuals are also frequently subdued at a disproportionate rate (Gau, Mosher, & Pratt, 2010; Pfeiffer, 2012; White & Ready, 2009). Like many of the victims of police use of force listed in this article, many CEW victims are both racialized and experiencing mental distress. Weitz (2014) argues that Tasers are designed to bring racialized and mad bodies to the ground in order to subdue, control, and oppress marginalized people in a timely and efficient manner, perhaps reflecting the devalued status of members of these groups, who may not be thought to warrant the use of lengthy and resource-intensive non-violent de-escalation techniques.

The role of race in the killing of Christopher-Reid was addressed briefly by the inquest, but was dismissed by the officer's lawyer as a contributing factor to his death ("Slain man's mom," 2007). As members of Toronto's racialized communities have long pointed out, and as numerous human rights and judicial probes have proven, police racial profiling is widespread in the city (Melchers, 2003). Following Christopher-Reid's death, his mother, Jackie Christopher, was quoted in news reports as saying, "I think if he was white, he would have been treated differently' ... 'Every black guy who comes in contact with the cops ends up dead'" ("Slain man's mom," 2007, para. 4).

Byron Debassige

Byron Debassige was a 28-year-old Ojibwe man who had been labeled with a psychiatric diagnosis at the age of 14. After leaving home at age 17, Debassige underwent many contacts with the justice and social service systems, but was left with very little support or assistance. As a result, he was sometimes incarcerated, and at other times lived in shelters or on the street (Doolittle, 2008a; “Coroner’s inquest,” 2010). On the evening of February 16, 2008, police were called to investigate an armed robbery that had taken place at a Toronto food market. Debassige had stolen a few lemons and was chased onto the street by the store clerk, whom he threatened with a small knife before walking away (Morrow, 2012).

Police reported that when they located Debassige in a nearby park following the incident, he was visibly intoxicated (Morrow, 2012), and alleged that Debassige refused to obey the two responding officers’ orders, then grabbed his knife and took up a “threatening posture,” pointing the 3-inch blade at the officers and lunging at one of them. The officers shot Debassige four times, killing him (Toronto Police Service, n.d.c.; Morrow, 2012).

In the aftermath of Debassige’s killing, police revealed that the mobile crisis intervention teams that had been put in place following the death of Christopher-Reid were not available to the police division covering the area of the city where the incident with Debassige had taken place (Doolittle, 2008a). During the inquest into Debassige’s death, one of the responding officers, John Tanner, affirmed that if faced again with the same life-threatening situation, he would again choose to fire shots (Morrow, 2012). Just as in previous police killings of Mad people in Toronto, officers were once again cleared of any wrongdoing by the SIU. In this case, the official report generated by the SIU lacked crucial contextual information about Debassige, such as his psychiatric history (“SIU clears T.O. cops,” 2008), and also failed to include statements from non-police witnesses to Debassige’s death, which suggested that Debassige

“posed no visible threat and was in fact singing and laughing when he was approached by the police” (“SIU clears T.O. cops,” 2008, para. 1). These statements are consistent with Debassige’s family’s perception of him as non-violent and non-threatening (Doolittle, 2008a).

I would argue that the transformation and omission of crucial information about Debassige and the incident that led to his killing serves to justify and even to promote further inappropriate behaviour by police, ranging from hasty and protocol-breaking violent actions to lies and omissions serving to cover for instances of wrongdoing (Menziez, 1989). Additionally, the fact that officer Tanner stated he would shoot Debassige again demonstrates a complete lack of remorse, a lack of sympathy for Mad people, and a lack of recognition of the utter wrongness of his actions. Furthermore, the fact that the SIU once again cleared the officers demonstrates the deep-rooted oppression faced by Mad people (Morrow, 2012). Most people would perceive being approached by shouting, gun-wielding police officers as intimidating or even frightening. This may be even more so for a person who is intoxicated and possibly also experiencing some of the perceptual and cognitive differences that are sometimes associated with certain psychiatric diagnostic categories. It is entirely possible that Debassige’s mental state prevented him from reacting “appropriately” to police commands. If officers had employed de-escalation tactics, talking with Debassige instead of provoking a fear response by shouting commands and pointing guns at him, or even using non-lethal force tactics if de-escalation were not possible, a different outcome may have been achieved.

Reyal Jardine-Douglas

During his time at school, Reyal Jardine-Douglas had shown great academic and athletic talent. Jardine-Douglas was a 25-year-old Black man from a close-knit family who began experiencing mental distress as a young adult (O’Toole, 2013). On August 29, 2010, Jardine-

Douglas' family called 911 in an attempt to have him admitted into hospital to obtain assistance with the difficulties he was experiencing. Speaking with the emergency dispatcher, Jardine-Douglas' sister explained that her brother had been given with a psychiatric diagnosis, and provided information about where he could be found, on a Toronto Transit Commission bus (Kennedy, 2010a). Tragically, police, rather than paramedics, would respond to the call, and their actions would lead to Jardine-Douglas' death. Stopping the bus in which Jardine-Douglas sat quietly, police surrounded the vehicle with their cruisers, in an attempt to prevent Jardine-Douglas from exiting. As the situation escalated, Jardine-Douglas dashed from the bus, and was shot by police (Kennedy, 2010a). One witness stated that Jardine-Douglas fell down immediately after the first shot, only to be shot two more times as he lay on the ground (Balkissoon & Hering, 2010). Some news reports stated that a knife was found at the scene (Kennedy, 2010a).

Jardine-Douglas had committed no crime, nor had he threatened to. His family had called 911 because they were concerned about his wellbeing. However, it is very clear from the police response to Jardine-Douglas' family's request for help, which involved enough cruisers and officers to surround a TTC bus, that people who are experiencing mental distress are viewed as dangerous and treated as such.

Sylvia Klibingaitis

Sylvia Klibingaitis was a White, 52-year-old mother and grandmother. She held a bachelor's degree from the University of Toronto and had worked at a seniors' home (Mills, 2012). Klibingaitis was experiencing excruciating mental distress when she initiated contact with emergency services on October 7, 2011, calling 911 and stating that she had a knife and planned to "commit a crime" (Scallan, 2011, para. 2). She also disclosed that she had been labelled with a psychiatric diagnosis. When officers responded to Klibingaitis' home, she ran out of her house

holding a large kitchen knife, chasing one of the responding officers, who drew his firearm and shouted at Klibingaitis to put down the knife, shooting her in the chest when she did not respond to his orders. Klibingaitis died of her injuries (Scallan, 2011). The SIU found that the shooting was justified because the responding officer feared for his life and had “made reasonable efforts” to de-escalate the situation before using lethal force (Scallan, 2011, para. 5). In Klibingaitis’ case, there were no outside witnesses to attest to or challenge the responding officer’s statement, although a police cruiser video camera recorded images of Klibingaitis’ actions, corroborating the officer’s account. Despite the wide dissemination of this video, and in contrast with responses to the police killings of some unarmed and non-violent racialized individuals experiencing mental distress, some news stories published following Klibingaitis’ death emphasize how unlikely it was that an older, petite woman like her could be perceived as dangerous by police or could not have been subdued through less-lethal means (Cole, 2011).

Michael Eligon

Michael Eligon was the father of an eight-year-old boy. A 29-year-old Black man, Eligon had been experiencing mental distress and receiving support from St. Joseph’s Health Centre in Toronto for nine years when he was turned away from the hospital in late 2011 due to a lack of inpatient space (Blatchford, 2013). On January 31, 2012, Eligon was taken to the Toronto General Hospital by police and was involuntarily committed under the *Mental Health Act* for a 72-hour period (Blatchford, 2013; Pritchard, 2014). Eligon could not be transferred to St. Joseph’s for treatment because it was still full, but the psychiatric treatment spaces at Toronto General Hospital were also full, leaving Eligon in the emergency department for two nights, without even a bed on the second night (Pritchard, 2014). During his stay in the emergency department, Eligon – who had previously only been treated with antidepressants – was diagnosed

as psychotic and was given a sedative and an anti-psychotic, neither of which he had ever taken before (Blatchford, 2013; Pritchard, 2014).

Wearing only a hospital gown and socks, Eligon went undetected as he left the hospital premises on February 3, 2012 (“Michael Eligon,” 2013; Poisson & Rush, 2012). He walked to a nearby store, where he stole two pairs of scissors, leading to an altercation with the store clerk who suffered a small cut on his hand (Rush, 2012). The store clerk called the police. Eligon started to walk through neighbourhood yards as police officers began to search for him. After continuing to wander the neighbourhood for some time, Eligon came across more than a dozen police officers who had assembled nearby (Rush, 2012). Witnesses stated that about nine officers tried to subdue Eligon, who had approached the officers with the scissors in his hands (Poisson & Rush, 2012). One officer fired three shots at Eligon, one of which would prove fatal (Poisson & Rush, 2012). As Eligon collapsed, officers jumped on top of his body, kicking and stomping on him until he ceased movement (Rush, 2012). Eligon was then handcuffed, and only at this point was first aid performed (The Canadian Press, 2013b).

Non-police witnesses to the shooting perceived the use of force against Eligon as excessive, with 15 armed police officers responding to a call involving a clearly distressed barefoot man in a hospital gown (Poisson & Rush, 2012). Others raised questions as to why officers had not utilized de-escalation tactics, less-lethal force, or accessed mobile crisis unit services (Rush, 2012). Not only was the behaviour and response of the police problematic in this case, the mental health system was also implicated in this death. Refusing Eligon access to a safer and more supportive environment than a chair in a crowded emergency department while giving him powerful medication that he had never before taken clearly contributed to the crisis situation Eligon encountered.

Compliance, Sanism, and the Discourse of Danger

Although the incidents examined in this article vary, there is one over-arching theme: police officers demand immediate compliance with orders, not considering whether a member of the public may have a disability that could cause their responses to police commands to differ from typical or expected responses. People who experience mental distress have often encountered previous trauma, which means that they may have heightened anxiety, and may be more likely to panic in response to hostile police actions, like the shouting of commands with guns drawn and pointed (Weitz, 2012). In order to defuse conflict situations, people experiencing mental distress need interveners to approach them in a calm and non-threatening manner (Weitz, 2012).

The cases I outline show that police sometimes assume that distressed individuals are willfully non-compliant and so dangerous that the most appropriate response is to immediately apply lethal force. Officers' actions are informed by their skill at identifying and assessing whether a given situation is life-threatening or not. This assessment is influenced by the past outcomes of cases resembling the case at hand (Menzies, 1989). As the cases I review above show, the lethal use of force is sometimes an outcome of police interaction with Mad people, and particularly Mad, racialized people. Thus, if police are not held accountable for violent actions like the ones profiled in this article, these killings will continue. In other words, police need new training on how to interact with people experiencing mental distress and at the same time, officers who use excessive force in situations involving mentally distressed members of the public should be held legally accountable for their actions. None of the officers responsible for the deaths of these Mad individuals have been held accountable for their actions. This sends a clear message to police officers and to the larger society, that the lives of people who experience

mental distress are of little or no importance. I would also argue that the fact that most coroners' inquest recommendations arising in the aftermath of these killings have gone unimplemented and ignored reflects this devaluation, as well as broader cultural ideologies about the intersections of Madness, race and dangerousness.

Media Portrayals of Madness and Race

Mad people are no more likely to be violent than the general population, and are actually two to four times more likely to be a victim of violence in comparison to others (Centre for Addiction and Mental Health, 2014; Monahan & Arnold, 1996). Despite this, the myth of the violent mental health patient is perpetuated by sensational news stories reported by the mainstream media. Mainstream news media representations of the killings I discuss above tend to be framed in ways that arouse strong emotional reactions, often drawing on the discourse linking Madness with violence. This perpetuates the stereotypes that contribute to the devaluation of the lives of Mad people (Wahl, 1995). Further, journalists tend to focus on the details of the victim's interaction with police, not reporting the circumstances that occurred prior to police involvement. Because focus is drawn to the supposedly violent and unpredictable nature of the person killed by police, the systemic problems that led to the circumstances where interaction with police was deemed necessary are obscured (Baun, 2009).

Media representations shape many people's perception of Madness, Mad people and mental distress (Wahl, 1995). Unfortunately, the overwhelming majority of these representations characterize people labelled as mentally ill as violent and extremely dangerous, or even as non-human (Anderson, 2003; Blood & Holland, 2004; Cross, 2004; Nairn, 2007; Wahl, 1995). Similarly, representations of racialized groups often reinscribe racist stereotypes. Gonzalez and Torres (2011) explain that repeated exposure to racist ideologies through media representations

plays “a pivotal role in perpetuating racist views among the general population” (p. 2). One way in which this happens is the centering in media of White people and the erasure of racialized people. This extends to coverage of crime victimization: Gilchrist’s (2010) study of media coverage of White and Indigenous women who had gone missing showed that Indigenous victims received six times less media attention than White victims.⁵ White victims’ photos were prominently displayed, and their stories dominated headlines and front pages. Indigenous women’s stories were usually published in the back pages, and the few photos of victims that were included were small. Furthermore, stories about missing White women conveyed themes of outrage, while Aboriginal women were merely reported as missing (Gilchrist, 2010).

Entman and Gross’ (2008) study of the portrayal in media of visible minorities revealed that when racialized people are depicted in news stories, they are more likely to be presented as violent criminals, whereas White people are typically depicted as victims. The incredulous tone of some comments about the killing of Klibingaitis, a White woman, is perhaps reflective of this tendency, as are Christopher-Reid’s mother’s comments about her son’s death by police forming part of a larger pattern of police violence against Black people. The construction of Black people as violent and guilty and White people as always innocent makes Black citizens much more vulnerable than White citizens to police violence. A stark illustration of this can be found in a comparison of several recent high-profile incidents of violence in the United States. Police officers often respond in incredibly violent ways to Black citizens who are not involved in criminal activities (like Mike Brown, John Crawford, Kathryn Johnston, and Yvette Smith, to name only a few of many examples), whereas White people are almost never targeted in this way, even when they are suspects in the most horrifically violent crimes (for instance, Jared Lee Loughner, James Holmes, and Dzhokhar Tsarnaev all committed mass murder, and all were all

apprehended alive) (Brown, 2014).

Entman and Gross (2008) point out that exposure to racist stereotypes increases public support for punitive justice policies and builds resistance to social change-focused crime prevention policies. A similar dynamic is at play with respect to media stereotypes of Madness and Mad people. An emphasis on rare incidences of violence perpetrated by people experiencing mental distress increases stigma and fosters support for individually-focused, medicalized, and rights-depriving treatment programs for people labeled as having a psychiatric diagnosis. For instance, the 1995 killing of high-profile Ottawa sportscaster Brian Smith by a man identified as having been labeled with a psychiatric diagnosis served as the impetus for the creation of a mandatory psychiatric drug treatment and compliance monitoring program in Ontario (Fabris, 2011). With this punitive focus, social support-based approaches to alleviating mental distress are left out of the discussion.

The police also contribute to the marginalization of Mad and racialized people by punishing difference, which then becomes the basis of stories that are picked up by the media. This cycle reinforces society's unsubstantiated fears about racialized and Mad people.

Racism and the Construction of Madness and Criminality

From the time of the development of ideologies of "scientific racism," which placed White people at the top of a hierarchy of human development, people of colour were regarded as inherently mentally deficient (Gould, 1996) and therefore as more prone to mental disorder than White people (Barkan, 1993; Singh & Burns, 2006). The violence and trauma of colonization, segregation, and genocide that Indigenous and Black people experienced was not taken into account as causal factors for mental distress (Waldram, 2004). Scientific racism was used to justify colonialism and slavery (Hall, 1992), and racialized people's resistance to brutal

oppression was framed as evidence of mental disorder through the development of psychiatric diagnoses such as *drapetomania* (which caused slaves to run away from their masters), and *dysaesthesia aethiopica* (which caused disobedience and the refusal to work) (Gould, 1996). The use of psychiatric diagnoses to support racist ideologies was not confined to the era of slavery. In the 1960s, American psychiatrists sought to reframe the diagnosis of schizophrenia, which was previously applied primarily to White housewives, as an affliction of Black men that contributed to their participation in acts of “civil disorder.” Thus, participating in the civil rights movement was framed as criminal activity and evidence of dangerousness and mental disorder (Meltz, 2009). Examples like these demonstrate that psychiatry is an institution designed by privileged people to serve as a means of maintaining their power and status by defining certain behaviours and certain groups of people as deviant and pathological (Fabris, 2011).

Outside of the medical or psychiatric field, social science research has also linked Black people with criminality, attributing the criminalization of Black people not to oppression and discrimination, but to inherent race-based characteristics, justifying their overrepresentation in the criminal justice system (Muhammad, 2011). White criminals were understood as victims of individual circumstance, whereas Black criminals supposedly reflected the inadequacies of an entire race (Morrison, 1992). In other words, a White person might commit a crime, but Black people were criminals (Muhammad, 2011). The conflation of Blackness and criminality also prevented Black people from being recognized as victims (Morrison, 1992).

Similarly, racist and colonialist ideologies of Indigenous people as “primitive,” “savage,” and violent have been used to justify their subjection to many forms of institutional control – including psychiatrization and incarceration – which have served to advance the interests of colonialism (Menziés & Palys, 2006). The Canadian government has always relied on police to

enforce their colonialist agenda by arresting Indigenous people who attempt to exercise their rights, undertaking the forcible removal of Indigenous children to residential schools and “adoptive” White families, and enforcing other provisions of the *Indian Act* (Rudin, 2005). At the same time, crimes against Indigenous people have gone uninvestigated, regarded as unproblematic by racist police forces and governments. Thus, the over-policing and under-serving of Indigenous people is rooted in historical and ongoing relations of colonialism, and is a self-perpetuating cycle. The overrepresentation of Indigenous people in the criminal justice contributes to the perception of Indigenous people as dangerous and criminal, which makes Indigenous people more likely to be targets of horrific police brutality. For instance, several Indigenous men have died of exposure after being driven by police to remote and isolated areas then abandoned (Comack, 2012); additionally, Indigenous people are less likely to be helped by police when they are victims of a crime (Rudin, 2005), as demonstrated by the thousands of unsolved cases of missing and murdered Indigenous women (Native Women’s Association of Canada, 2002).

Racist ideologies underpin racial profiling, and the killing of racialized people by police officers (Delgado & Stefancic, 2012), as well as the massive over-representation of Black and Indigenous people in the Canadian criminal justice system (Crawford, 2011). In the last decade there has been a 52% increase in the number of Black men incarcerated within federal penitentiaries, which can be attributed at least in part to heightened police surveillance of Black communities (Crawford, 2011). During the same period, Indigenous people’s rate of incarceration in penitentiaries has also increased by 26%, whereas White incarceration rates have decreased by 13.9% (Crawford, 2011). Racial profiling and prejudice are endemic at all levels of the Canadian criminal justice system: Black people are more likely to be stopped, questioned,

searched, arrested and charged by police in comparison to White people, who are more often released at the scene, and generally receive lighter sentences for the same offences (Wortley & Tanner, 2004).

When people who are both racialized and Mad come into contact with police and the criminal justice system, the effects of intersecting oppression make them much more vulnerable to police violence. When police are threatened or physically attacked by people experiencing mental distress, they generally use de-escalation and less-lethal force tactics against White attackers, whereas initial responses to Black attackers most often use lethal force tactics (Nelson, 2010).

Police Accountability

Transparent and just investigations are desperately needed in order make both the police and the criminal justice system as a whole more accountable. Truly impartial, accountable, and independent inquiries into the killings of Mad people by police in Toronto have not occurred (Marin, 2008). The SIU, which is supposed to be a civilian-led and independent agency, is in actuality an extension of the police force (MacAlister, 2010), reflected by the fact that since its inception every officer that has been charged in relation to a death has been cleared (The Canadian Press, 2013a)⁶. Given the code of in-group loyalty that dominates police forces and enforces a code of silence pertaining to officer misconduct, this is extremely problematic. Groups who share a strong common identity tend to feel tremendous pressure to conform to norms even when this means violating their own personal beliefs and attitudes (Haney, Banks, & Zimbardo, 1973), which means that even those officers who resist sanism and racism may be unable to challenge discrimination. At the same time, with adequate institutional support for anti-

racism and anti-sanism, in-group pressure could help encourage all officers to resist discrimination (Urban Alliance on Race Relations, 2002).

Without exception, police should be subject to the same laws as other members of society. Citizens must become more actively involved in efforts to expose and change the current reality of discrimination and abuse in order to ensure the safety of all members of the public, not only the privileged. We are in need of a transparent system to monitor police behaviour in order to eliminate racial and Mad profiling (Wortley & Tanner, 2004). Furthermore, as inquests following the police use of force killings have strongly and repeatedly recommended, more effective police training on interactions with people experiencing mental distress is also required.

Toronto Police Training

Several of the inquests from the cases discussed gave recommendations for police officers. One is that officers should have improved training when dealing with people experiencing mental distress. Currently, front-line Toronto police officers are required to take a 16-hour annual training program, which devotes approximately six hours to learning how to interact with people in mental distress (Toronto Police Service, 2013). Police officers are required to listen to a three-hour lecture on mental health and addictions, including testimonies from Mad people (Toronto Police Service, 2013). For the remainder of time, actors portray scenarios of people experiencing mental distress and officers are required to engage with the actors as they would in a real-life situation (Toronto Police Service, 2013).

This sounds promising, but in reality, the training often replicates and reinforces problematic tactics. A video of a training scenario was shown at the inquest of Eligon, Jardine-Douglas, and Klibingaitis, depicting officers calmly approaching and speaking with a man labeled with a psychiatric diagnosis, but as soon as the man picks up an object that could be used

as a weapon, officers draw their guns and yell, “Drop it!” (Kane, 2014, para. 29). Therefore, de-escalation tactics are only to be used when those with whom officers engage are not in possession of weapons. If weapons are present, officers are trained to draw their guns (Kane, 2014).

The Ontario Human Rights Commission (OHRC) has recommended a number of changes to police training to address the problem of excessive use of force against Mad people. First, training should enable officers to confront their biased beliefs about and attitudes toward Mad and racialized people (Ontario Human Rights Commission [OHRC], 2014), as officers are more likely to use excessive force against the targets of their bias (Coleman & Cotton, 2010). The OHRC also recommends that police services integrate mental health and de-escalation techniques into their use of force training and throughout their other training programs. For example, during use of force training scenarios, officers would receive training on ways that people who are experiencing mental distress may react (OHRC, 2014). Increased education and awareness would allow officers to understand when a person is an actual threat, rather than in need of support, and would enable them to apply de-escalation techniques (OHRC, 2014).

Inquests have repeatedly recommended the expansion of Toronto mobile crisis teams for people in mental distress. Presently, mobile crisis teams are only available in 12 of the 17 Toronto police divisions and are not available 24 hours a day (Toronto Police Service, n.d.a.). Furthermore, the scope of calls to which mobile crisis teams can attend are limited to those that do not involve anyone who appears to be violent, intoxicated, overdosed, or having an object (weapon) in their possession (Toronto Police Service, n.d.b.). The OHRC recommends that these teams be available 24 hours a day, in every Toronto police division, and that they answer all calls involving people experiencing mental distress, unless the person is in possession of a weapon

more dangerous than a blade (OHRC, 2014).

Conclusion

Currently, Toronto police officers interacting with members of the public experiencing mental distress are being put in difficult situations for which they have received inadequate training, often with no opportunity to seek the support of specialist assistance. They are expected to make quick decisions to ensure the safety of the public, themselves, and the distressed person with whom they are engaging. It is no surprise that incidents like the ones discussed in this paper are all too frequent. The reality for the police is that they have been called upon to perform an important triage role, without receiving proper training about mental distress, while at the same time being required to interact with truly dangerous suspects (Nelson, 2010). A review of interactions between Toronto police and the Mad people that they have killed reveals that when racialization and Madness intersect, police are much more likely to engage in the excessive and lethal use of force. The lack of accountability for officers who kill Mad people sends a clear message that the lives of Mad people are not valued, and racialized Mad people even less so. Prejudices and stereotypes have marked Mad and racialized people as pathological and criminal, as suitable targets for officers' personal presumptions of guilt. Officers' current apprehending approach is putting everyone at risk, potentially their family members or their colleagues, as mental distress does not discriminate. Other non-lethal weapons have been deployed by mental health crisis intervention teams in Memphis, specifically the SL6 launcher. The launcher shoots rubber bullets, resulting in a non-lethal restraint of the victim (Roy, 2004). Options such as these may help reinstate due process and the presumption of innocence, which have vanished in regard to Mad and racialized people in Toronto.

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Endnotes

¹ As none of the officers who killed the individuals in this paper were held legally accountable for their actions I use the term “killing” rather than “murder.”

² I also recognize that in contrast to the reclaimed meaning of Madness, this term has also been applied to people as a diagnostic category, working to deny Mad voices and the right of Mad people to be understood as legitimate knowers (Liegghio, 2013).

³ Although this article focuses on incidents involving the killing by police of Mad people, other people exhibiting “unusual behaviour” have also been targets of police violence in Toronto. The 2011 killing of Charles McGillivary is an important example of the police profiling of a person with invisible disabilities. McGillivary was a 46-year-old White man who had hearing impairment and an intellectual disability as a result of a brain injury he had sustained as a child (Cross, 2011; Gallant, 2014). While McGillivary had a “burly” appearance, he was kind, quiet, and shy, not violent or tough (Cross, 2011, para. 5). He lived in Toronto with his mother Ann, and communicated primarily through sign language, but was also able to use a few words that only Ann could understand. On August 1, 2011, McGillivary and his mother went out for a walk to pick up a pizza. Ann briefly lost sight of her son as he walked ahead of her. When she caught up to him, she saw that her son had been tackled by police officers, who were restraining him on the ground. Ann was rebuffed when she tried to explain that her son was deaf and intellectually disabled (Chen, 2011). As the officers kept McGillivary under restraint, he began to turn blue, but they did not release their hold, nor attempt to resuscitate him (Cross, 2011; Gallant, 2014). When paramedics arrived on the scene, McGillivary was brought to the hospital, where he was pronounced dead upon arrival (“Disabled man,” 2014).

Witnesses to the incident were unable to understand why officers had subjected McGillivary to restraint (Cross, 2011). Several months after the incident, police offered the explanation that McGillivary may have fit the description of a man they sought in connection with an unrelated incident (Smollet, 2011). At the inquest into McGillivary’s death, evidence that McGillivary had a “pre-existing condition that resulted in irregular heart rhythm” was produced (“Disabled man,” 2014, para. 3; Gallant, 2014). Consequently, the jury that reviewed this case ruled his death an accident resulting from McGillivary’s heart condition, rather than his having been unjustifiably apprehended and subjected to excessive force by police officers (“Disabled man,” 2014; Gallant, 2014). The jury

also failed to recognize that the police's engagement in profiling on the basis of appearance and behaviour without regard for possible disability-related causes for what they characterized as "non-compliant" behaviour had led to a deadly incident of ableist discrimination.

The police killing of Sammy Yatim is another relevant example of the targeting of an individual perceived as "non-compliant." Yatim was born in Syria and had moved to Canada with his family in 2008 (Rogan, 2014a). The 18-year-old had graduated from high school in the spring of 2013, and planned to continue his education at the post-secondary level (Matushansky, 2013). Yatim had no history of mental distress or of having been labeled with any psychiatric disorder, and was not Mad-identified (Rogan, 2014a), but on the night of July 27, 2013, people have speculated that he might have been experiencing some kind of distress when he boarded a streetcar in downtown Toronto and began to behave strangely and aggressively which, as his friends and family noted, was completely out of character for him (Krauss, 2014). Yatim shouted obscene words and exposed his genitals to fellow passengers, then brandished a small knife (Alamenciak, 2013). He ordered passengers to remain on the stopped streetcar, but soon afterward ordered them to exit, which they did. When police arrived at the scene, Yatim refused their orders to put down the knife and leave the streetcar (Alamenciak, 2013). After some time, Yatim, still holding the knife, began to walk toward officer James Forcillo, who immediately fired nine shots at Yatim, hitting him eight times and killing him (Rogan, 2014b). Another officer then discharged a Taser into Yatim's body. Yatim's killing was met with widespread protest (Rogan, 2014a). Forcillo was suspended with pay pending an SIU investigation, and was charged with second degree murder on August 19, 2012. Forcillo's trial has been scheduled for 2015, and it has been revealed that Forcillo has returned to work with the Toronto Police Service ("Sammy Yatim killing," 2014).

⁴ Although I begin my paper with the killing of Yu, it is important to note that numerous people labeled as having psychiatric diagnoses or who were experiencing mental distress were killed by Toronto police officers prior to that particular incident. I recount ten of the highest profile killings here, recognizing that this is only a very partial list.

Greek immigrant Steven Kalemis, 39, was killed in his home on October 16, 1977, after a domestic dispute was reported ("Officers forced," 1978).

Paul Reid, 16, was killed on August 22, 1978, by an officer while holding a girl hostage in her home (Johnson, 1978).

Ukrainian immigrant Michael Wawryniuk, 73, was killed in his home on November 11, 1978, after officers

responded to a call that he had two knives, leading to the use of deadly force by the officer (Abraham, Field, Harding, & Skurka, 1981; "Man shot dead," 1978).

Albert Johnson, 35, was slain in his home, in front of his wife and daughter, on August 26, 1979 (Abraham et al., 1981). Due to conflicting statements and testimonies (namely that the officers killed the Jamaican-Canadian man after he had surrendered and was on his knees), along with the unlawful entry of the officers into the quiet and peaceful home, the White officers Walter Cargnelli and Williams Inglis were originally charged with manslaughter but were acquitted (Williams, 1999).

Lester Donaldson, a 44-year-old Black man, was shot on August 9, 1988, after police received a call that he was holding hostages in his rooming house. Five officers responded to the call and were aware that Donaldson had been labeled with a psychiatric diagnosis. They found Donaldson alone, barricaded in his room and armed with a paring knife, and shot him to death after he threatened them (Urban Alliance on Race Relations, 2002). At the inquest, the Urban Alliance on Race Relations was denied standing, as race was deemed not a factor in Donaldson's death. This killing resulted in many recommendations, one of which was involvement of mental health professionals and psychiatric consumer/survivor groups in police training on mental distress (Urban Alliance on Race Relations, 2002). Donaldson's death also marked the creation of the Special Investigations Unit (SIU), through a community outcry for an independent body to oversee police conduct (Urban Alliance on Race Relations, 2002). David Deviney, the White officer who had shot Donaldson, was acquitted of manslaughter but was convicted in 1998 of uttering racial slurs (Cairns, 2006).

In a cocaine-induced psychosis, Kenneth Allen, a 32-year-old Black man, was subdued after a violent struggle with four officers on a streetcar on November 29, 1991. At the station, he was dragged into a holding cell where he died shortly after (Office of the Chief Coroner, 1999). The charge against officer Paul van Seters, criminal negligence causing death, was subsequently dropped ("Paul Van Seters," 1999).

Even though officers were aware Domenic Sabatino, 32, was experiencing mental distress as he threatened police with a baseball bat, they shot him rather than de-escalating the situation. The officers who killed him were cleared by the SIU (Kennedy, 2010b).

Albert Moses, a 41-year-old Black man, was killed in his rooming house apartment September 29, 1994, minutes after the White undercover officer Jeffrey Vance entered. Allegedly, Moses had attacked Vance's partner with a hammer; officers were cleared by the SIU (Wong, 1996).

On January 10, 1996, Tommy Anthony Barnett, a 22-year-old Black man, was killed by Ben Troina, a White Sergeant, as Barnett allegedly wielded a sword. The inquest judge barred questions of racism or about the Barnett's mental state; SIU cleared the officers (Duncanson, 1996).

Wayne Williams, a 24-year-old Black man was killed on June 11, 1996, after refusing to obey orders to drop his knife from officers Kenneth Harrison (for whom this incident would become the second fatal shooting in which he was involved) and Gordon Hayford (Rankin, 1996). The officers involved had not received the mandatory crisis resolution training and were cleared by the SIU (Huffman, 2000).

⁵ In order to eliminate any bias, all the women chosen had similar characteristics: all six women either worked or were in school, were close to their families, and none were involved with the sex trade or drugs (Gilchrist, 2010).

⁶ Officer James Forcillo has yet to be cleared of the second-degree murder charge he faces in relation to the Sammy Yatim case.