

**Stakeholder Consultation  
Session**

**Séance de Consultation des  
Parties Prenantes**

**Commissioners / Commissaires**

The Honourable / L'honorable J. Michael MacDonald,  
Chair / Président

Leanne J. Fitch (Ret. Police Chief, M.O.M)

Dr. Kim Stanton

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## II Appearances / Comparutions

Krista Smith	Policy Advisor, Facilitator
Megan Harris	Engagement Coordinator, Co-facilitator
Hannah Langille, Tanya Felix	Communications Advisor, Tech Support Antigonish Women's Centre and Sexual Assault Resources, Co-director
Anita Stewart	AWRCSASA Co--Director

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--- Upon commencing on Thursday, September 22, 2022 at 10:45 a.m.

**MS. MEGAN HARRIS:** Just to let you know, the video portion of it will not be saved or used moving forward. It's just the audio that we're looking for.

**MS. HANNAH LANGILLE:** Okay, great to know.

**MS. MEGAN HARRIS:** And, Krista, I'll pass it over to you so you can introduce yourself.

**MS. KRISTA SMITH:** Hi there. It's really nice to meet you. I'm a Research and Policy lawyer for the Commission so I'll be mostly listening today. But sort of the things I think about are not so much about the mass casualty itself and the facts of the mass casualty but the context surrounding the mass casualty and sort of the circumstances that gave rise or allowed the mass casualty to happen. So these stakeholder consultations have been really great to hear from people working, you know, usually frontline in communities to get a better understanding of what people need and how people define community safety, which will all eventually go to inform the recommendations. So I'll stop talking now.

**MS. ANITA STEWART:** Thank you, Krista.

**MS. KRISTA SMITH:** Anyway, nice to meet you.

**MS. ANITA STEWART:** Nice to meet you, too. Thank you.

**MS. MEGAN HARRIS:** Thank you, Krista. And please feel free to jump in at any point with any follow-up questions. I know you're excellent at that.

And Hannah, the mysterious black box that you will see, is one of my colleagues in Communications as well, but she is just here to manage the technical end of things in case anything goes wonky. So if anything happens, we'll reach out to her but, otherwise, she's just going to have her video and audio off because she's working on other things, too.

**MS. ANITA STEWART:** Okay.

**MS. MEGAN HARRIS:** Just to let everybody know, there is a chat

1 function. I'm sure you've used Zoom before now, but if you ever want to put anything in  
2 the chat, whether it be, you know, you're going to drop off, you're having issues,  
3 anything like that, or questions that you want to circle back to or things like that, we'll be  
4 monitoring the chat throughout the session.

5 **MS. ANITA STEWART:** Okay.

6 **MS. MEGAN HARRIS:** So, again, thank you for being here. We  
7 really appreciate it and we're at the point where we're starting to begin to wrap things up  
8 here with the Commission and we're starting to put our minds towards the  
9 recommendations that will be coming out of this Commission after it's all over and so  
10 we're seeking input from community organizations to help shape the Commission's final  
11 recommendations. So we're really having these meetings to get a sense of what's  
12 happening, you know, on the ground in the real world, so to speak, of the types of  
13 organizations that are working with people and are seeing on the ground impacts,  
14 potentially, from what happened.

15 So my role as the facilitator is to support you in the conversation  
16 and just kind of track the flow and the timing and explore related topics as they come  
17 up. So, as you know, we're going to be discussing support services in rural  
18 communities during this session. And I did provide the questions in advance. Anita, I'm  
19 not sure if you had a chance to take a quick a look at them as well.. I know you jumped  
20 on ---

21 **MS. ANITA STEWART:** I did.

22 **MS. MEGAN HARRIS:** For sure. So you may have put a bit of  
23 thought but we'll move through those questions and try to spend about 10 to 15 minutes  
24 on each question, and yeah, we'll move forward from there. So I think it would be a  
25 great way to start would be if you could just introduce yourself and tell us a bit about  
26 your organization, the mission, and vision, and what population your organization  
27 serves.

28 **MS. ANITA STEWART:** Okay.

1                   **MS. TANYA FELIX:** Okay, do you want to go first?

2                   **MS. ANITA STEWART:** Go ahead.

3                   **MS. TANYA FELIX:** Okay, so I'm Tanya Felix and one of the co-  
4 directors here at the Antigonish Women's Resource Centre and Sexual Assault  
5 Services Association. I guess that's our long name. We also go by the Antigonish  
6 Women's Centre and Sexual Assault Services. We're based here in Antigonish and the  
7 region that we cover, primarily, is Antigonish and Guysborough Counties. It's a large  
8 geographic rural area. In those communities, we have a lot of rural or isolated  
9 communities including Canso, Guysborough, you know, in the fringes of Antigonish  
10 County can be about 45 kilometres from the centre -- from a service centre, so just to  
11 give you a sense of the region that we cover.

12                                 We've been in operation for almost 40 years, so we're in our 39<sup>th</sup>  
13 year now. So we have a longstanding history in community -- in serving community.  
14 We had -- what else could I say?

15                   **MS. ANITA STEWART:** We serve women and people that identify  
16 as women. We run a lot of programs outside of the centre. We have our Healthy  
17 Relationships for Youth where youth -- or facilitators go into the school system and  
18 teach about healthy relationship in the high school -- at the high school level. We have,  
19 obviously, the same program here in our centre. We have our Circles project, which I'm  
20 sure you may be familiar with. I'm just trying to think. We have three women's support  
21 workers. We have an outreach worker that goes into the rural areas to support women  
22 and issues that they may be facing. Yeah, we do a lot. We have about 22 staff. So I  
23 hope we're capturing everything that we do. Well, I'm sure we're not capturing  
24 everything but there's -- and there's a lot of, you know, spinoffs and one-offs that we  
25 also do, so.

26                   **MS. TANYA FELIX:** Yeah, we -- yeah, essentially, yeah, we run  
27 several projects. Some are five years. Some are only one year. And we have a small  
28 core staff of four -- of three people. And then, outside of that, the majority of our staff

1 are project-based or -- and we also have a -- as I mentioned earlier, we have Lindsey's  
2 Health Centre for Women which is women's and female-identified health clinic that we  
3 run on Thursdays, so -- at that time, we have a nurse practitioner and a physician and  
4 mental health worker that comes in, and that's been a program we've been running, I  
5 don't know, maybe 15 years.

6 And just to give a sense of Anita and I, I started this position in  
7 November of last year, so I'm new to this role; and Anita started in February of this past  
8 -- of this year. I started last year in November and Anita started February of this year.  
9 So we're new to these co-director roles and the co-director model is new. It was  
10 previously one executive director but, as the centre grew, the model changed a bit. So  
11 we're the first co-directors. And yeah, so I worked here before, several years ago, but --  
12 so I'm a bit -- I'm familiar but some things are new to us both, yeah.

13 **MS. MEGAN HARRIS:** Yeah, okay, great. Thank you for that.

14 **MS. TANYA FELIX:** You're welcome.

15 **MS. MEGAN HARRIS:** And just so I have an understanding  
16 moving into the rest of these questions, do you guys work with people who have been  
17 affected by the mass casualty? Like, do you see it in your organization or is it not so  
18 much because of the geographical distance?

19 **MS. ANITA STEWART:** One of our employees lost a friend in the  
20 mass casualty so that has affected her and ---

21 **MS. MEGAN HARRIS:** Yeah.

22 **MS. ANITA STEWART:** Yeah. And we do have a trauma therapist  
23 on site as well so -- and we're not privy to that information in who she sees and whatnot,  
24 so.

25 **MS. MEGAN HARRIS:** It makes sense. Okay, that's good to  
26 know. And just listening to you talk, I'm very happy that you're also participating next  
27 week in our gender-based and intimate partner violence session as well.

28 So we'll start with the questions. The first one, I think we've heard

1 a lot about at the Commission already so I think we have a sense from -- what the  
2 answer likely could be, but we are asking, do you think there are adequate support  
3 services currently available to the communities most affected by the mass casualty?

4 **MS. TANYA FELIX:** No, not at all. We're seriously underserved.  
5 Even our rural centre here does -- it lacks services. I think -- I'm sure you're going to  
6 hear -- I'm sure you've heard it across the board. I don't think -- I don't even know if  
7 HRM would say they have adequate services. I think, overall, we're in a climate of --  
8 maybe it's a post-COVID thing but I feel like service -- access to services has maybe  
9 declined a little bit. During COVID, it certainly did and I -- and maybe now that we're  
10 coming back online, it's hard to say what it would look like but I don't think it's shaped  
11 up to be as it was pre-COVID, and I don't think pre-COVID was adequate it a lot of  
12 ways, especially when it comes to mental health, addiction supports, things like that for  
13 rural communities.

14 We have two -- we -- in our region is the community of Paq'tnkek,  
15 which is a First Nations community, and also Upper Big Tracadie, and Lincolnville, and  
16 Sunnyville, which are African Nova Scotian communities in Guysborough. And  
17 Antigonish also has an African Nova Scotian community here in town. So I feel those  
18 communities in particular are very much underserved but not served in a way that way  
19 meets their needs as BIPOC communities. So I think that's an important point as well.  
20 Like, even though rural is underserved, those communities are even more  
21 disadvantaged in not having access to services from people who would be -- from  
22 people of their own ethnic background, which I think would kind of be a preference.

23 **MS. MEGAN HARRIS:** Yeah. Yeah, for sure. And so just to circle  
24 back, I'm correct in understanding that you're saying that things were not excellent pre-  
25 COVID but they're even worse now following COVID ---

26 **MS. TANYA FELIX:** Yes.

27 **MS. MEGAN HARRIS:** --- in terms of support available?

28 Interesting, okay.



1 **MS. TANYA FELIX:** Yeah, I -- do you have any ---

2 **MS. ANITA STEWART:** I would agree. I would agree. I think  
3 we've -- coming out of COVID, I think people are still in that -- isolating themselves or  
4 they got used to being isolated which posed a lot of problems for women and children,  
5 not being able to leave abusive situation and, you know -- and then there's a whole  
6 other -- reasons, you know. Where do they go? And I don't want to jump ahead on the  
7 questions ---

8 **MS. MEGAN HARRIS:** Yeah.

9 **MS. ANITA STEWART:** --- but I could get into that further as far  
10 as, you know, housing and whatnot, so.

11 **MS. MEGAN HARRIS:** Yeah, no ---

12 **MS. TANYA FELIX:** Yeah.

13 **MS. MEGAN HARRIS:** --- if you're flowing, Anita, please just  
14 continue on.

15 **MS. ANITA STEWART:** Okay. So I guess the biggest thing that I  
16 saw in previous job was that quite often women were reluctant to leave with their  
17 children because they didn't have affordable housing to go to, and that is a real issue  
18 here in Antigonish, and it is across Nova Scotia so it's not unique to us. But quite often,  
19 women would stay in abusive relationships for that very reason; there was no place to  
20 go. Shelters, we don't have a shelter here in Antigonish for men or women so we're  
21 really lacking that service, for sure. We work closely with an organization called "The  
22 Roof Over Your Head" and they advocate for safe and affordable housing but, really,  
23 they're at -- it's a bit stagnant because we can -- they can take in all the clients they  
24 want but there's no place to provide, you know, housing because there's just nothing in  
25 Antigonish or in Guysborough, the same thing, so.

26 **MS. MEGAN HARRIS:** M'hm. Thank you for that. So this is kind  
27 of moving in a different direction a little bit but we'll go here and see what you thoughts  
28 are. What kinds of supports do individuals, families, first responders, service providers,

1 and communities affected by the mass casualty need? I know it's a very broad question  
2 with many audiences identified but if you could just tell me whatever came up for you  
3 when looking at that question, that'd be great.

4 **MS. TANYA FELIX:** I think access to trauma-therapy services is  
5 critical. You know, the Province is addressing that in some ways with the new program  
6 but I don't know -- I think that would involve -- is it 24 therapists ---

7 **MS. ANITA STEWART:** Yes.

8 **MS. TANYA FELIX:** --- across the province? Yeah. So I think --  
9 although that's wonderful, I think there's -- the need is more than that. I think, also, on  
10 the front end, you know, not just a follow-up from the mass casualty but what -- you  
11 know, access to those services before that, maybe, might have been helpful. I think we  
12 have kind of a -- I think, culturally, in Nova Scotia, being a rural -- predominantly rural  
13 and traditional place that it has a bit of, I don't know want to say, toxic masculinity, but I  
14 guess so, in that I think -- I don't know if it's a service but ways to break down that  
15 sense or way of being to make it okay for men to receive -- to recognize that they've  
16 experienced trauma and to receive treatment, not just men, men and women. But we're  
17 kind of in a cultural context sometimes, I feel that makes people reluctant to  
18 acknowledge that they've gone through something really difficult and to address that.  
19 But there's more you can add to that, Anita.

20 **MS. ANITA STEWART:** Yeah, I guess what hits home for me is  
21 the first responders. There's a real lack of support for first responders. And having  
22 been a first responder for almost 20 years, I understand that. There's a real stigma to  
23 come forward after any sort of incident to say, you know, "I'm suffering." So I think, you  
24 know, that's extremely important. I knew members -- RCMP members that were on  
25 scene and on site for, you know, that day, the next day, and the weeks following that,  
26 and there is that reluctance to come forward and say, "I need help." But then, in turn,  
27 we're losing those members. Some of those RCMP members have gone off on, you  
28 know, stress leave. And I don't need to tell you because you know all this stuff but

1 that's very -- that's lacking, for sure.

2 I mean, once again, it comes back to there's this stigma of, you  
3 know, an occupational stress injury or PTSD, you know, whatever you want to call it,  
4 and that's unfortunate. And unfortunately, depending on the person, they then take that  
5 home to their families. And sometimes those situations -- situations arise when then  
6 some of those partners are seen maybe here at the Women's Centre. Or, you know,  
7 sometimes -- they often -- even a partner of a first responder doesn't feel comfortable  
8 because there is that culture within the first responder world, "We keep it to ourselves.  
9 We stay within our little group. And we don't reach out for help. We work amongst  
10 ourselves." But if we're all traumatized -- or if all the first responders are traumatized,  
11 we can't help each other, so.

12 **MS. MEGAN HARRIS:** Yeah. And you spoke about a couple of  
13 things there. One, you know, the idea of, you know, rural communities and maybe the  
14 stigma of coming where everyone seems to know each other and you don't necessarily  
15 want everyone knowing your business and then, also, the culture in an organization of  
16 first responders like the RCMP. So going -- answering what I'm about to ask with either  
17 of those ideas, what would you say are things we could do to kind of shift that culture or  
18 values?

19 **MS. ANITA STEWART:** I think within the RCMP, I think it's  
20 systemic. I think there are a lot of issues within the RCMP itself, from the top down and  
21 the bottom up. There is a culture, at times, of toxic masculinity. I don't necessarily like  
22 to say that. I do have family members that are in the RCMP, but I see it. I know that  
23 may not be a popular thing to say but it's the truth. And if -- and I believe in speaking  
24 the truth because if we don't, we won't get anywhere. I -- yeah.

25 **MS. TANYA FELIX:** I think, also, even if some -- I guess -- I mean  
26 first responders [indiscernible] is if they did -- if they have services at all to reach out to,  
27 making them visible. Like, here in our community, we have a Women's Centre. We  
28 fight really hard to keep a Women's Centre, to stay, you know, feminist based and, I

1 guess, in some essence, people would view us as serving only half of the population,  
2 which is not, you know, 50 percent women, but -- or what -- or female-identified, but  
3 that's not -- for us, like, we really see that men do need a lot of support. We have our  
4 men's centre here in town that's only open half a day one day a week, so three hours a  
5 day for the other half. I don't know how it is if we were to have a men's centre, then  
6 maybe we would have a men -- you know, I think people would feel that would take  
7 away from women who are just inherently at a disadvantage.

8                   But for men to -- for men and women, I guess, to be more readily  
9 be able to access services at all, whether you're having a mental health issue or you're -  
10 - the course of action is to go the emergency room and they may or may not, you know,  
11 be able to address that in any kind of shape at all. Most cases, it's several hours  
12 waiting there, somebody speaks to you, and you go back home again. And if you're  
13 having any kind of crisis, that's the recommendation people receive. Nobody wants to  
14 go sit in outpatients when they're having a breakdown and I feel like we really need  
15 something that's just in time, that's responsive and at the ready. Whether it's a --  
16 whether it's a walk-in type of service, I'm not really sure, but we do need to address how  
17 we do intake and recognize people with -- who are having a mental health crisis of  
18 some form, so -- besides sending them to outpatients as a catch-all for all things, so.

19                   Our waiting lists at the hospital here are long. At the centre here,  
20 we have shorter waiting lists and we have more flexibility in what we do. Our flexibility's  
21 always kind of, I guess, on the line in that we're funded by government partners and  
22 other organizations who influence their funding for us, especially if it's program -- project  
23 based, and it doesn't put out a message of consistency. So if somebody's seeing a  
24 therapist here, we don't know sometimes next year if we're going to have funding for  
25 that therapist. If you have a relationship with one of our support workers here, we don't  
26 have core funding for these long-term programs that we're running. We just happen to  
27 be very creative at pulling money together and making this work. But it's a delicate  
28 balance all the time and we can't always guarantee. And sometimes it means that a

1 program or project that somebody's relied on for information or to serve their  
2 community, whether it's addressing gender-based violence in schools or having our  
3 circles of support and change project works in community addressing trauma and what  
4 they're -- what they tell us is, yeah, they don't have any services.

5           They don't -- in these small communities, it's a lot about who you  
6 know and that's how you kind of solve your problems, but it doesn't necessarily mean  
7 that's the way the system works. So our Circles Project kind of addresses that in finding  
8 ways within community, outside of service providers, that communities can help solve  
9 some of their own challenges around trauma, which is interesting and an excellent  
10 project but, also, we have limited -- we have limited capacity to keep that going. We've  
11 established in Canso, in Upper Big Tracadie.

12           We also have the Lionel Desmond Inquiry going on in our region  
13 here, which has greatly impacted people that we serve. And so it's -- this -- although  
14 this has -- isn't directly in our region, the mass casualty, it's certainly blanketed us all,  
15 for us as a Centre. Sorry, I'm off on a tangent now, Megan.

16           **MS. MEGAN HARRIS:** That's okay.

17           **MS. TANYA FELIX:** But, for us as a Centre, has raised our  
18 awareness as to, I guess, the kind of work that we do where we're thinking about things  
19 like, do we need a buzz-in system for our Centre now? Like, we are worried about our  
20 staff going out into community. And sometimes how we get the best impact on our work  
21 when we are in community, when we can meet face-to-face with people. COVID, it's  
22 kind of put a video camera between a lot of us. In a way, it's allowed us to access  
23 places we haven't -- if they internet access, that is -- to access and serve people out --  
24 that have issues with transportation and getting around in a rural area. But it also --  
25 where did I go with that? Anyways, I lost my train of thought, Megan. Never mind.

26           But yeah, I just -- I just feel like we run into a lot of things in keeping  
27 this consistent and finding something that's not a project-based to continue our work.  
28 So it -- yeah, it's kind of a mishmash. It's not the best way to do it. It doesn't give

1 credence to the real issues of gender-based violence and it's systematic; it's part of  
2 every day and our supports for that should be also better supported and more long-term  
3 supported. It just is -- sexualized violence goes on and on and I think our services  
4 should go on and on to match and not be piecemeal.

5 **MS. MEGAN HARRIS:** Yeah.

6 **MS. TANYA FELIX:** Yeah.

7 **MS. MEGAN HARRIS:** Yeah. You ---

8 **MS. ANITA STEWART:** And just to add on to that, too, Megan. I  
9 think it's important, too, for not only community members and first responders, but I  
10 think it's important to have supports in the community go to the community rather than  
11 having them travel in because -- and there's that -- you know, a man might be more  
12 inclined to go to a centre in his or her own -- or in his -- sorry, in his community if there  
13 is someone there even if it's not an established centre the way have it, do you know? It  
14 could be a meeting hall or whatever.

15 **MS. MEGAN HARRIS:** Yeah.

16 **MS. ANITA STEWART:** And the same goes for first responders; I  
17 think it's really important to -- you know, there's two trains -- two lines of thinking. You  
18 know, quite often you debrief for no more -- like, about 48 hours after an incident, you  
19 would do a debrief. Some people say -- psychologists say sometimes it would be better  
20 to have the debriefing go on right after the incident and then do another follow-up  
21 debrief. So there's two lines of thinking. And I'm sort of -- you know, I was always  
22 pushing debriefing sessions for our mostly male-dominated organization that I was with  
23 and I now realize that maybe the help was needed as soon as we came back from an  
24 incident, not so much 48 hours because within that 48 hours, you're sitting alone with  
25 your thoughts and a lot bad things can happen within those 48 hours, so. And it is,  
26 quite often, people are struggling and suffering within those 48 hours, and by the time  
27 they get to the debrief, they've always processed it in their head and then they're  
28 coming in with different eyes than had when they finished the response.

1 **MS. TANYA FELIX:** That's a great point, Anita, yeah.

2 **MS. MEGAN HARRIS:** Yeah.

3 **MS. TANYA FELIX:** And yeah -- and in that moment, what's the  
4 options, you know, say, if it really impacts you, outpatients, you know, here, wait to see  
5 if you can get into the -- and our -- the men's centre here doesn't really have anything  
6 that -- I don't know what they do.

7 **MS. ANITA STEWART:** Quite often, first responders rely on each  
8 other to talk to, but if you have most of the group that was there responding, you may  
9 not get the help that you need from your fellow first responders, so ---

10 **MS. MEGAN HARRIS:** Yeah.

11 **MS. ANITA STEWART:** --- it's difficult. I know, speaking, I  
12 wouldn't certainly go to emerg. I just would avoid going to emerg if I was ever in a  
13 crisis. So I was lucky to have wraparound services with family and friends but, yeah,  
14 not everybody has that.

15 **MS. TANYA FELIX:** M'hm.

16 **MS. MEGAN HARRIS:** Yeah. Yeah. Tanya, you mentioned at  
17 one point, when you were just speaking, about the importance of communities being  
18 involved in their own -- you know, their own care, so to speak.

19 **MS. TANYA FELIX:** M'hm.

20 **MS. MEGAN HARRIS:** That kind of segues well into the question,  
21 what role can individuals and volunteers play in the support-service world.

22 **MS. TANYA FELIX:** Yeah.

23 **MS. MEGAN HARRIS:** Can you speak a little bit to that?

24 **MS. TANYA FELIX:** Sure. I think -- I think, of course, if they're  
25 informed -- trauma-informed, I think that's probably one of the first -- it's getting, I guess,  
26 volunteers and people who are -- getting people outside of this line of work prepared for  
27 it, I guess. We do see this in our Circles project. It's funded by WAGE, Women and  
28 Gender Equality. It's a five-year program, and we're in our fourth year. And what

1 they're -- I guess what they're -- let me just think about this for a second. Ask me the  
2 question again, Megan.

3 **MS. MEGAN HARRIS:** What role can individuals and volunteers  
4 play in, you know, helping the support services -- support-service community? What --  
5 you know, can they kind of take their own initiative? How can they help you guys, et  
6 cetera?

7 **MS. TANYA FELIX:** Okay, well, we -- hopefully we'll be able to  
8 inform this conversation down the road when we get further along in our Circles Project  
9 in that they have found some ways -- so they're basically examining ways that  
10 communities can respond to sexualized violence in the community themselves. They've  
11 run into lots of challenges with this, whether it's retraumatizing for people at times to --  
12 you know, they may get into a conversation that's -- they're over their head on. They're  
13 -- they've started a peer-support model. They've begun implementing that and they're  
14 doing peer-support training that actually starts this month and then they'll start rolling  
15 that out. They have a steering committee, so groups that they work with in the  
16 community that kind of direct what they do.

17 And in order to bridge the topic of sexualized violence, they use  
18 things like art, you know, a coffee group, you know, very informal and casual ways of  
19 bringing women together to discuss these things without actually being right straight-out  
20 with it and using lingo like "trauma-informed" and using lingo like "the intersectionality  
21 of" -- you know, these -- it really -- if you're from a rural area, you're like, "I don't know  
22 what you're talking about." So I feel like you have to be -- you have to approach these  
23 communities with people they trust and know, and in a way that they can relate to;  
24 otherwise, it sounds more like an academic pursuits than it does an actual real life  
25 response to something. So, as that starts to roll out, I think we'd have a better sense on  
26 how you can prep a community for response.

27 And then, yeah, so for volunteers, I think you'd need identify who  
28 your best people would be for that -- it's not a work for everybody -- in supporting each



1 other and there's always leads in communities, and champions, and -- but in that way, it  
2 comes down to who -- you know, you almost have to be from and who they are and --  
3 unless you know them through a circle like that would be connected through, let's say,  
4 our Women's Centre where we know who's engaged in this work. So for communities  
5 to identify, maybe they would -- maybe starting up something that opens up a -- that  
6 provides space to open up these conversations would be a great -- great start. But I  
7 wouldn't do that gingerly -- you know, carefully, and not opening up a can of worms of  
8 trauma for people and those kinds of things -- or disclosures that can be, you know,  
9 harmful within a community.

10                   There has been this issue of somebody -- people disclosing and  
11 then other people in the community knowing, and maybe they're disclosing on  
12 somebody else and that person doesn't want the other person -- you know, there's  
13 those small community challenges. So I don't know if that answered that, Megan, or not  
14 but ---

15                   **MS. MEGAN HARRIS:** No, it did. It was very -- a couple of things  
16 you said earlier resonated with me, both incorporating, you know, other mediums,  
17 potentially. Like, you were saying art and -- yeah, just I think it helps sometimes when  
18 you're not, you know, having a meeting focused on, "Let's talk about this issue," you  
19 know. Let's bring folks together and participate in an activity that everyone just enjoys  
20 and then see where the conversation evolves.

21                   **MS. TANYA FELIX:** We had a group. We did a project just -- it  
22 didn't -- it's not fully wrapped up. They still need to do the report but they -- last week,  
23 about 20 women from African Nova Scotian community came together for a weekend.  
24 The facilitators had, you know, a goal in mind, I guess, in delivering -- in getting the -- I  
25 guess what the project promised to deliver in information, but it was also a very relaxed  
26 setting. The women that went into our planning, the women that identified that they had  
27 not -- had been disconnected during the pandemic, that their community has suffered  
28 incredibly in the incident, the Lionel Desmond incident, and because it's rural and it's

1 become depopulated and it's an African Nova Scotian community in a predominantly  
2 white rural area, it's at a serious disadvantage.

3                   It has zero services that's actually in the African Nova Scotian  
4 community, so for these women to come together and discuss these things, discuss the  
5 future of their community -- the facilitation was relaxed and it did have poignant  
6 questions and things for women to consider but it was the actual act of them coming  
7 together, reconnecting, and empowering each other that made the -- which was -- that  
8 every -- the feedback from it was incredible and it will -- it will lead to more connecting  
9 with women and raising them up in those communities to be more empowered and have  
10 a stronger voice. And it was multi-generational. It was -- you know, the youngest was  
11 20 and the oldest was in their mid-70's so it really gave opportunity for people to  
12 connect with each other.

13                   And yeah, it was an phenomenal event from what I hear and I think  
14 it's a good way for people -- for the -- to look at -- you know, getting what you need for  
15 information, getting what you need for -- to guide you, but also provide -- not just pulling  
16 information from people who are traumatized who are of a minority group, for our own --  
17 just to inform our -- or how we can to better, it needs to be -- also provide space for  
18 these -- for people to rise up on their own as well. I don't know.

19                   **MS. MEGAN HARRIS:** Yeah. Yeah. No, it makes total sense.  
20 We had a meeting last week, our first gender-based violence meeting, and there was a  
21 senior therapist from the Bridges Institute who was there, a male therapist who works  
22 specifically with men -- boys and men. And it was fascinating listening to him. And he  
23 said the same thing, you know, "You need to create the spaces, particularly with men,"  
24 He said, "I think for women, it's more natural to come together and, you know, sit down  
25 and chat," and -- but for men, especially, in this case, many of them were involved in  
26 sexual violence, not the type of men who, you know, want to sit down and have a fuzzy-  
27 wuzzy circle, right?

28                   **MS. TANYA FELIX:** That's right.

1                   **MS. MEGAN HARRIS:** So it was really -- it was -- he was talking  
2 about the importance of just getting people to sit down and talk. And what you're saying  
3 resonates with me in the same way, so.

4                   **MS. TANYA FELIX:** I -- absolutely, yeah. I think for men, in  
5 particular -- like, we're always -- we get pressured, for sure, to serve men. I mean we're  
6 like, "Yeah, we got the answers," but of course we don't have all the answers. But, you  
7 know, we have the desire -- we have the desire to support men as well. It's 50 percent  
8 of the equation in gender-based violence and just the population but, of course, we are  
9 a Women's Centre, we are female focused, and we can apply these strategies in ways  
10 that I think would probably be great, very beneficial, but we also get pushback from  
11 other feminists who are like, "Hey, hey, they can find their own way." But I think finding  
12 ways to soften men on these issues would be paramount and providing space for them  
13 to talk.

14                   We talked about Shed -- Men's Sheds Project that came out of  
15 Australia, which was a great way to get men together just talking on fixing machines,  
16 right, and then it gets -- like you said, it just gives men that space to talk about fixing a  
17 machine or a motor, but then it gets them talking, right?

18                   **MS. MEGAN HARRIS:** Yeah, a man-cave program.

19                   **MS. TANYA FELIX:** Yeah.

20                   **MS. MEGAN HARRIS:** I wanted to go to this question just because  
21 we were just talking about the African Nova Scotian community and some of the  
22 limitations they have in terms of reaching support services. How can we consider the  
23 needs of vulnerable or marginalized individuals and communities in improving support  
24 services?

25                   **MS. ANITA STEWART:** I think we need to meet them where  
26 they're at.

27                   **MS. MEGAN HARRIS:** M'hm.

28                   **MS. ANITA STEWART:** You know, I don't think the expectation is

1 that they come to us. I think we need to go to them and really hear what they're saying,  
2 and I -- just to what Tanya said, they need see people that look like them. They need to  
3 have therapists that are from the BIPOC community. I think that's really important.

4 **MS. TANYA FELIX:** Yeah, I feel like -- my sense of it is that they're  
5 saying it's not always relatable so we have -- not all women from BIPOC communities  
6 will come and use the centre because they don't identify with it. It's just that simple. It's  
7 just that clear. They feel they -- they just don't feel that connection. It's like we're  
8 outside of their community. I don't know if that makes sense. But what they're saying  
9 is, "We -- community services that look like us, that understand our context and our  
10 community itself are what we're looking for." The challenge with that is -- in the case of  
11 the African Nova Scotian community here is that it does not have -- it barely -- the  
12 community hall barely opened so -- and during COVID that was closed for two years so  
13 their community halls weren't even accessible and people were really isolated in their  
14 homes. And they live in isolated areas, you know. It's a distance to see the neighbour.  
15 It's trees all around. So it's really very difficult on your mental health.

16 And also, how do you -- how do you serve that community? I  
17 mean, virtually, that's be done a bit, where technology has helped if internet access is  
18 good, Zoom and things like, but I think Zoom-fatigue and -- I think there's real  
19 replacement for face-to-face opportunities and providing -- when there's no core, there's  
20 no downtown, there's no -- nothing to build around in these communities, so how do you  
21 get started there when you're -- especially in a context where we're all struggling with  
22 services and maintaining services, and those kinds of things.

23 **MS. MEGAN HARRIS:** Yeah.

24 **MS. ANITA STEWART:** I think the cultural context, too, is really  
25 important, you know, and the Indigenous people do things maybe differently than I  
26 would. So having a therapist understand the culture and being part of that culture I  
27 think is really important as well.

28 **MS. TANYA FELIX:** M'hm.

1 **MS. MEGAN HARRIS:** Yeah.

2 **MS. TANYA FELIX:** Even this project that the women are doing,  
3 the Circles Project, has colonial infrastructure, you know, which is off-putting for some,  
4 which is not the natural way it would -- it's not -- it's just not -- it's just not a -- it's just not  
5 a fit, you know. It's filling out boxes as opposed to having real conversations and things  
6 like that, so I think more of these opportunities for -- not for checking off government  
7 proposal forms and things like that but for actually getting down and getting the job done  
8 of addressing gender-based violence in communities and things like that, and that being  
9 the main reason as opposed to delivering on a project becomes more of the focus than -  
10 --

11 **MS. MEGAN HARRIS:** M'hm. And who do you think should be  
12 designing and implementing these support services? Should this be coming from the  
13 government? Should this be coming from within the community themselves? Where --  
14 who do you see as the best?

15 **MS. ANITA STEWART:** I think, like Tanya said, it's recognizing the  
16 community champions and reaching out. Like, I don't feel -- this is my own personal  
17 opinion, I don't feel it's my place to go into an African Nova Scotian and think that I  
18 know what's best for them. They know what's best for them, and the same for the  
19 Indigenous community. I think it needs to come with -- from within the community itself -  
20 --

21 **MS. TANYA FELIX:** Yeah.

22 **MS. MEGAN HARRIS:** Yeah.

23 **MS. ANITA STEWART:** --- maybe in consultation with other  
24 groups but we really need to start listening to their voices.

25 **MS. TANYA FELIX:** That's right.

26 **MS. ANITA STEWART:** I think that's extremely important.

27 **MS. MEGAN HARRIS:** Yeah.

28 **MS. TANYA FELIX:** I think this past weekend's event was a good -

1 - is a good example of that in that it allowed -- we allowed the community to shape  
2 pretty well almost all aspects except for what we really needed to get from their time  
3 together and it -- the event was theirs. The event addressed what was really core to  
4 them. And it will certainly -- I think it will go a long way to building that community up,  
5 but it -- those things -- it's like I said before, it's a project; it ends; it may never happen  
6 again. So that type of thing, maybe they don't need that but maybe something like that  
7 down the road. If it's not -- if you've got to keep applying for funding, if you're a  
8 community with no service organizations, who's even going to lead that? So I think it's -  
9 - there's a lot of challenges here, for sure.

10 **MS. MEGAN HARRIS:** Yeah.

11 **MS. TANYA FELIX:** But yeah, I think letting them -- letting the  
12 community lead and not looking to meet objectives of your own but letting them set their  
13 objectives and try and meet them on their own -- on their terms, yeah.

14 **MS. MEGAN HARRIS:** Yeah. Yeah, that's great. We're about to  
15 do an initiatives [sic], kind of like what you're talking about, at the Commission, there  
16 were -- we've been kind of snowballing, collecting "community champions", we're calling  
17 them, in the communities most affected to talk to them directly in, you know, an informal  
18 way, just sit down and have a chat and see what they think about improving community  
19 safety. So everything you're saying, yeah, it really resonates with me.

20 I have a question that I wanted to move towards that's about police  
21 services, so it's a bit on a different track but still ties back because it's about, you know,  
22 designing and implementing the services. And that's, what is the role that police  
23 services play in support services? Are they well equipped to, you know, kind of perhaps  
24 take some of the work that the community organizations are currently doing so that you  
25 guys have more resources? Are there tasks that they're currently doing that could be  
26 done better by other organizations? I know that's a broad question so take that where  
27 you would like.

28 **MS. ANITA STEWART:** Okay. I think quite often the RCMP work

1 in silos. They have a silo. And disclosure, I worked out of the Antigonish detachment,  
2 so I understand that sort of mentality. A lot of it is because -- for safety reasons, for  
3 sure. I think, in the last number of years, we've seen a real mistrust when it comes to  
4 the RCMP and I feel like everyone is being painted with same brush, which is very  
5 unfortunate. You know, we have some very strong RCMP leaders in our community, I  
6 think maybe just more outreach on their part, getting out into the community, building  
7 the trust within the communities. We do have members from the BIPOC community  
8 that work out of the Antigonish detachment, and I think going into community is  
9 important to build those relationship with -- starting with community leaders, and then  
10 the community leaders can then say, you know, "Constable so and so," or "Corproal so  
11 and so", you know, "we sat down and we met," and just speak for that person or for the  
12 RCMP member would give -- maybe allow people to trust, get all that trust back again. I  
13 think that's really important. I don't think it's okay to just sit in the detachment and be  
14 responsive. I think there needs be more proactive work done in community.

15 **MS. MEGAN HARRIS:** M'hm.

16 **MS. TANYA FELIX:** And I think -- yeah. I think another thing that  
17 is important to think about is there's been a lot of turnover in the RCMP so there -- so  
18 communities might build trust with a member and then they get moved to another area.  
19 I know there's reasons why they do that, in order to -- I'm not sure what the reason are  
20 but I know they do it for a reason and it's been happening for a long time but I don't  
21 know if that's the right approach or not. And in some communities, particularly where  
22 trust is a key factor and having an RCMP officer, especially in today's climate where  
23 there's -- like Anita just said, there's been kind of painting with a broad brush, yeah,  
24 where I think trust -- there's a lower level of trust and having consistency in RCMP  
25 members in communities might be more helpful.

26 Like, I mean since I've started in November, I know our SANE  
27 program is in contact with the RCMP but it's been minimal and we haven't, you know,  
28 since before the pandemic, anyway, had really any kind of interactions with them, which

1 is really -- I mean we deal with sexualized violence, we should have a strong  
2 relationship with them. I think they've had some members moving around, so also,  
3 maybe, who we've been connected with before might not be there. So it's always  
4 constantly reconnecting and re-establishing a relationship, informing -- and overall, I  
5 think a lot of service providers have experienced a lot of turnover and changes in roles  
6 and things like that -- we're a great example -- so we don't always -- before us, we had  
7 an executive director for almost three years. And then, before her, the executive  
8 director was here for 20-some years, 25 or so, so it's longstanding consistency there  
9 and now there's been some turnover. So yeah, I think that's an important part, too, just  
10 to -- people aren't -- don't know each other that well.

11 **MS. MEGAN HARRIS:** Yeah.

12 **MS. TANYA FELIX:** In a rural context, it's critical, I think.

13 **MS. MEGAN HARRIS:** M'hm, yeah, for sure.

14 **MS. ANITA STEWART:** I know we do have -- sorry, Megan. We  
15 do have one RCMP member here in Antigonish and he's been here for a long time and  
16 he's from a Northern community. And I have to say, this gentleman is so well-respected  
17 and any time his name is brought up, everyone has only good things to say about him in  
18 the communities -- in the different communities, especially the BIPOC communities  
19 because they do identify with him. He doesn't look like you and I. You know, he's not a  
20 white man so -- and he's just -- can't say enough good about him. And he's been with  
21 the RCMP for many years and he's maintained his contact here. He works out of the  
22 detachment here and has not been transferred for -- oh, gosh, I can't even -- I wouldn't  
23 even guess, couldn't even hazard a guess. He's been here at least 10 years so that  
24 continuity is important ---

25 **MS. MEGAN HARRIS:** Yeah.

26 **MS. TANYA FELIX:** M'hm.

27 **MS. MEGAN HARRIS:** -- you know. They know when they see  
28 him arrive at a situation, they can trust him. So ---



1 **MS. MEGAN HARRIS:** Yeah, that's great.

2 **MS. TANYA FELIX:** I think some PR on the RCMP's part because  
3 they have kind of -- they can be viewed as the aggressor ---

4 **MS. MEGAN HARRIS:** Yeah.

5 **MS. TANYA FELIX:** --- you know, when they're supposed to be  
6 the rescue.

7 **MS. MEGAN HARRIS:** Yeah. Yeah, I can appreciate that. I'm  
8 going to move here to kind of the magic wand, if you wanted to contribute to the  
9 recommendations, what they would be kind of question. But before that, I'm just going  
10 to open it up to Krista to see if -- I know you've been taking notes. I can see you. I  
11 wondered if you had any questions you'd like to circle back about that have been  
12 discussed so far?

13 **MS. KRISTA SMITH:** Yeah, I don't have anything specific. I just  
14 am really enjoying hearing all these points come up. They're things that we, on  
15 Research and Policy, that we've been thinking about throughout our work. But yeah --  
16 yeah, it's just it's really helpful to hear it echoed on -- you know, for folks working on the  
17 frontlines. That's all.

18 **MS. ANITA STEWART:** Yeah. Thank you, Krista.

19 **MS. KRISTA SMITH:** No, but I don't -- I'm sorry I don't have  
20 anything specific I wanted to ask.

21 **MS. MEGAN HARRIS:** Okay, sounds good. I just wanted to make  
22 sure. I'm going to steal this line from Krista because I've been hearing say it in other  
23 meetings we've been having. So if we had a magic wand and we could wave it and  
24 make some recommendations for this Commission come true about support services,  
25 what would you be asking for?

26 **MS. TANYA FELIX:** Hooray, okay. I would ask for a stable, strong  
27 core funding for community organizations. They're in community. They're doing this  
28 frontline work -- and recognition of the professional work that let's say, our Women's

1 Centre does. We provide direct supports to women experiencing sexualized violence  
2 but do a wraparound piece and we support women in all phases of their lives in  
3 decision-making, and we -- our motto, I guess, is, "Women are the experts in their own  
4 lives," and we provide support to guide them and maybe preventing -- you know,  
5 helping make a decision that might have prevented them from being engaged in a  
6 situation that would have sexualized violence. You know, it may be something as  
7 simple as supporting them in paying a phone bill or helping them troubleshoot  
8 something with a landlord. These are just things that keep women's lives stable and  
9 help them be more empowered in their own lives, I guess. And they don't often view  
10 these things in relation -- there's a lot of focus on, let's say, being assaulted or, you  
11 know, our SANE program. I even think the RCMP view women's issues in terms of,  
12 "Oh, were you assaulted?" or, "Was there an incident?" but no, there's plenty -- there's  
13 so much complexity in women's lives.

14                   And outside of an incident or whatever, there's all these little pieces  
15 and factors that can -- that put a person on a path and women's centres -- our centre  
16 helps to -- helps women who've identified an issue, even though it may not directly or  
17 prevent or support them in a -- in something, it does lend to their lives. And I think  
18 recognition of these things that aren't responsive -- they are responsive but they're pre-  
19 emptive in a way and they're a wraparound piece. And we -- as I mentioned at the start,  
20 we really do struggle with keeping our lights on here. And I mean we're both Directors  
21 but my job is basically -- I feel like I'm still working projects. Like, I don't know if there'll  
22 be funding for me to work here next year. Like, these are real problems. People expect  
23 me to work here next year but I don't -- I can't guarantee that with the way that we are  
24 funded. And it really comes down to that.

25                   And we have a very successful outreach program. I think more  
26 outreach to rural areas. There's a lot of barriers been put up through COVID. But also,  
27 because of issues like Portapique where service providers -- let's say Nova Scotia  
28 Health or Community Services -- have protections in place for their employees, there's a

1 lot of fear something -- you know, there's a lot of that so that limits their access -- direct  
2 access to clients and people that they serve so they may only meet -- if they even -- if  
3 they can get them on the line, that's even wonderful. Otherwise, it's a lot of, it's  
4 automated. It's you sit on the phone. It's not connected to people anymore. It's  
5 providing a check. And there's no -- there's nothing there that really addresses core  
6 issues through government-organized programming. I don't want -- sorry, that's  
7 probably not true, necessarily, but just it's a blanket statement on it, really, but I feel like  
8 they're not effective because they're not flexible.

9                   And our Centre is relatively flexible but because of our funding, we  
10 lose a bit of our autonomy. We have a mandate of social -- of social action and service,  
11 and I feel like these two things sometimes compete because our funder say, "Here's  
12 your service. Don't talk about these things." You know, you're kind of speaking about  
13 your funder -- your funders in a way -- in a negative way but it doesn't help solve some  
14 of the challenges their services need to address. I don't know if that went on and on,  
15 but Anita.

16                   **MS. ANITA STEWART:** Yeah. If I had a magic wand, I'll take it  
17 outside of the Centre, I would say that within our school systems, starting at a very early  
18 age, young boys and young girls need to be taught what a healthy relationship looks  
19 like, what violence looks like, what respect looks like, and I think we need to do that.  
20 We run a program called "Healthy Relationships for Youth", but we're -- basically, that's  
21 for high school students and Grade 9s. I think by that time ---

22                   **MS. TANYA FELIX:** That's project-funded.

23                   **MS. ANITA STEWART:** Yeah, and then that's project funded and  
24 that ends next September. We'll be finished, wrapping up that program. So -- but by  
25 that age, young girls and young boys have already developed or there's already  
26 ingrained social norms or what have you. I think we need to catch it earlier, starting as  
27 early as Grade Primary. Not all kids have the opportunity to grow up in homes where  
28 they're taught about, you know, sexualized violence, or respect, or -- because they may

1 be seeing Mum getting hit by Dad so that's all they know. So I think it needs to be taken  
2 out of the home and I think it needs to be implemented somehow within our school  
3 system.

4                   You know, I'm really -- I'm a mother of four. I have two boys and I  
5 raised my raised my boys to be -- right from the get-go, to be a certain way. And I think  
6 my oldest would identify himself, even though he may not want to say it loud, but he's  
7 definitely a feminist. He's a champion of women and I'm proud of that. And I think he's  
8 lucky, though, right. He grew up with a feminist, a strong feminist mom, but not all  
9 people have that opportunity, not all children. So yeah, I could go on and on about boys  
10 and girls and healthy relationships at a very young age.

11                   **MS. TANYA FELIX:** I want to ---

12                   **MS. MEGAN HARRIS:** Yeah.

13                   **MS. TANYA FELIX:** I just want to add a note on that Healthy  
14 Relationships for Youth Program, just in that the Centre here has been running that  
15 since 2006, I believe it is, and on project funding. So just to say our schools have come  
16 to rely on this program. It was one year over one year and then it got five-year funding  
17 so now it's being evaluated. That may be it might get picked up as curriculum. Another  
18 youth program -- we have a few that run in schools, all project funded. There's -- we've  
19 managed to keep them consistent by being very creative and finding different ways to  
20 fund them but -- and the public doesn't see, necessarily the difference.

21                   **MS. MEGAN HARRIS:** No.

22                   **MS. TANYA FELIX:** They expect these programs to continue. But  
23 let's say next year, if we don't find a new funding source, we could lose that program.  
24 We had one that was working in, bringing in the Bystander Program, another  
25 longstanding program here with the centre that wrapped up this year because we just  
26 can't keep applying for project-based funding. But in that case, they were going into the  
27 universities and had -- it had been evaluated. It had five-year funding. And then we got  
28 another one year. And then we went back to the universities to consider and they may

1 take pieces of that. But yeah, it's just kind of an example. We have another one,  
2 Inspire, working with Grade 8 girls, and that provides an enclosed, private kind of place  
3 within the school. And outside facilitator comes in -- I used to do this years ago -- and  
4 meet with girls in Grade 7 and 8, 13 and 14-year-olds, to talk to them about healthy  
5 relationships, about sexualized violence, about building self-esteem and self-  
6 awareness, things like that, and it's a big hit.

7 And within the context of that -- you know, if it's facilitated properly,  
8 within the -- it's inside the school. It's not a teacher that comes in or guidance  
9 counsellor. Sometimes that works okay. But it just provides a more private space. It's  
10 a bit like the event I spoke about on the weekend. It is a lot about providing the space  
11 for these things to happen and consistency in how it rolls out by the people that -- by the  
12 policymakers and those who make these final decisions in the end on what they think is  
13 valuable to communities.

14 **MS. MEGAN HARRIS:** Yeah.

15 **MS. TANYA FELIX:** Yeah.

16 **MS. MEGAN HARRIS:** This morning's session that Krista and I  
17 were on right before this morning was early-childhood and youth education and  
18 community safety, so we've heard a lot this morning about exactly what you're talking  
19 about, so.

20 **MS. TANYA FELIX:** Right on. I'm just curious, Megan. Are our  
21 themes like kind of on -- are our themes similar to what you're hearing across your  
22 research? Like, the things that we point out, are they consistent with ---

23 **MS. MEGAN HARRIS:** I'm going to let Krista answer because  
24 Krista's done a lot more of the research.

25 **MS. TANYA FELIX:** Okay.

26 **MS. KRISTA SMITH:** Yeah, so part of our process was to -- we  
27 commissioned about 30 expert reports on different areas within the Commission's  
28 mandate, which includes huge, broad topics including gender-based and intimate

1 partner violence as one of them. And then we held a series -- we held -- I think we had  
2 six roundtables on gender-based and intimate partner violence and it -- yeah, very much  
3 what you're saying is -- was there in the research. And so it's been -- it's really great to  
4 see these connects, I think, between the empirical and the theoretical and the lived  
5 experience.

6 **MS. TANYA FELIX:** Okay.

7 **MS. KRISTA SMITH:** I think that's what's really -- it's really -- I can  
8 see how it flows. It's consistent. And so that's going to make the job easier, I think, for  
9 the Commissioners.

10 **MS. TANYA FELIX:** Right on.

11 **MS. KRISTA SMITH:** Yeah. And that came up again and again  
12 about the -- almost like -- I mean one person I remember made the point that, like,  
13 "Imagine if Corrections had to justify their budgets the way that community-sector  
14 organizations have to."

15 **MS. TANYA FELIX:** Yeah, it's ---

16 **MS. KRISTA SMITH:** Wow, what a different --

17 **MS. TANYA FELIX:** Yeah, it's -- I know. And as a women's  
18 centre, as a women's organization, it -- I mean it's a bit of a -- it's a bit of the women's  
19 work type of thing, I guess you would say, or that's how it feels. We definitely are  
20 participating in the feminization of poverty around here, just in that we can't afford to pay  
21 really great wages. If women come to work for us, it's because they want to do this  
22 work in community. And we take people away from pensionable jobs to -- which are  
23 high-stress, maybe, because they want to come to somewhere where they feel there's  
24 more impact, but we cannot offer even close to what other organizations can. And so  
25 we experience -- we've -- this hasn't necessarily been so much of an issue as it -- as  
26 with the pandemic.

27 We're experiencing probably more turnover and less-qualified  
28 applicant applying. And as rural -- and in rural communities, we have to sometimes --

1 we'd hire but we kind of have to kind of bring that person up a little so that they can do  
2 the work because there's actually nobody in that region that maybe qualified or willing to  
3 relocate there. So those are also challenges that we experience here.

4 **MS. MEGAN HARRIS:** Well, thank you so much for your time.  
5 Sorry, I'm getting over an illness. Thank you so much for your time. This was great. I  
6 actually really enjoyed it just being us. We got to hear a lot from you and it was really  
7 valuable. So thank you and I'm very much looking forward now to next week's session  
8 on gender-based and intimate partner violence to hear more specifics on that.

9 **MS. TANYA FELIX:** I thank you.

10 **MS. ANITA STEWART:** Yes, thank you.

11 **MS. TANYA FELIX:** Thank you for the opportunity. Thank you,  
12 Krista, as well.

13 **MS. MEGAN HARRIS:** Yeah.

14 **MS. KRISTA SMITH:** Yeah, lovely to meet you both. I've heard -- I  
15 really have heard from several different people in the course of my work about the  
16 important work you guys are doing, so I'm really excited to meet you today.

17 **MS. ANITA STEWART:** Thank you very much. I don't want to  
18 take all the credit. It's been a long history, yeah. Anyways, thank you for the  
19 compliment.

20 **MS. KRISTA SMITH:** Yeah, okay, take care.

21 **MS. MEGAN HARRIS:** And nice meeting -- and I feel uplifted right  
22 now.

23 **MS. TANYA FELIX:** Oh, great. Sounds good. Carry on with that  
24 feeling, then.

25 **MS. ANITA STEWART:** Take care.

26 **MS. MEGAN HARRIS:** Thank you.

27 --- Session concludes

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**CERTIFICATION**

I, KAREN NOGANOSH, hereby certify the foregoing pages to be an accurate transcription of the audio recording provided to the best of my skill and ability, and I so swear.

A handwritten signature in cursive script, appearing to read "Karen Noganosh", is written over a horizontal line.

KAREN NOGANOSH