

ANALYSIS REPORT

Municipal District of St. Stephen Community Safety Survey

Prepared by:
**Canadian Centre for
Safer Communities**

June 2025





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Executive Summary

This report presents findings from the 2025 Community Safety and Well-Being (CSWB) survey conducted in the Municipal District of St. Stephen. Developed in partnership with the Canadian Centre for Safer Communities, the survey aimed to better understand residents' perceptions, experiences, and priorities related to safety and well-being. A total of 370 residents responded, offering important insights into the strengths, challenges, and evolving needs of the community.

Survey Reach and Respondent Profile

The survey received responses from approximately 4.6% of the local population. Most respondents were women (62.9%), white (85.1%), employed (71.5%), and aged 25–64, with particularly strong representation among individuals in the 35–44 age group. Education and income were high, with 75% reporting post-secondary education and 33.8% reporting household incomes above \$100,000. Almost half of respondents live in Ward 2 of the Municipal District of St. Stephen, followed by Ward 1 and 3.

These demographics suggest the findings largely reflect the perspectives of well-resourced and connected residents, and may underrepresent those facing systemic barriers such as poverty, racism, or housing insecurity. This matters in the context of community safety and well-being, where key risk factors—such as low income, lack of affordable housing, racism, and limited access to healthcare and social supports—disproportionately affect equity-deserving groups. Because these root causes are underrepresented in the survey data, the findings may not fully capture the challenges faced by those most at risk. While the survey offers valuable insights, it should be interpreted with these limitations in mind, recognizing that the realities of marginalized communities may not be fully reflected.

Key Findings

Health and Well-Being

Access to stable housing, nutritious food, and physical and mental health supports is essential to community safety and well-being. Survey findings related to happiness, health, housing, and food access in the Municipal District of St. Stephen provide important insight into the foundational conditions that shape individual and collective well-being.

- **Community Strengths:** Respondents appreciate the sense of community and small town feel within the Municipal District of St. Stephen, as well the access to outdoor spaces and local amenities/services.
- When it comes to **level of happiness**, two thirds of respondents describe themselves as either *happy* (25.5%) or *somewhat happy* (41.2%).
- Just over half of respondents described their **overall level of control** over decisions that affect their lives as having either *full control* (13.5%) or *a lot of control* (44.2%). At the same time, nearly 40% of respondents said they either have *little control* (28.5%) or *no control* (11.3%).
- **Mental health** was rated positively by most respondents; however, one in five described their mental health as *fair* or *poor*. Adults aged 45–54 had the lowest mental health ratings, while those aged 65–74 reported significantly better outcomes. White respondents and those who have higher incomes were more likely to indicate higher mental health ratings.



- **Physical health** was rated as good or better by over 70%, but nearly a third reported fair or poor health.
- Nearly half (46.9%) said their **well-being had declined** over the past three years, with declines most common among those aged 55–64.
- Most respondents (93%) had regular access to **healthy food**, but 6.4% reported food insecurity. Barriers to food security included high prices, lack of options, and transportation.
- **Housing adequacy** was high overall (74.8%). Racialized and low-income respondents were more likely to report unmet housing needs. Reasons for unmet housing needs included affordability, unsafe neighbourhood conditions, unstable housing situations, and systemic gaps.

Belonging, Trust, and Inclusion

A strong sense of belonging and trust supports community safety and well-being. This section explores how connected or excluded residents feel, as well as levels of trust in others and the factors that shape social connection.

- A majority of respondents reported a **moderate or weak sense of belonging**, with 50.5% describing it as somewhat weak or weak. Older adults and those with higher incomes are more likely to feel a stronger sense of belonging.
- Those with a **strong sense of belonging** attribute it to long term residency, generational ties, strong personal/social connection, and community involvement.
- Those with a **weaker sense of belonging** cite exclusion for new(er) residents, issues related to municipal leadership, decline in community events, safety/crime concerns, stigma, social division, and isolation.
- **Sense of Belonging Related to Identity:** While most respondents *rarely* felt out of place due to their identity, racialized and low-income individuals reported higher rates of exclusion. For instance, 46% of those earning under \$20,000 reported frequent identity-based exclusion.
- Respondents reported high **levels of trust** in coworkers (80% trust all or most) and neighbours (65.4%), with lower trust in local businesses (51% trust most, 13.1% trust all).

Safety and Crime

This section explores residents' feelings of safety, experiences with crime, perceived risk factors, and preferences for balancing enforcement and prevention.

- When asked where they turn for **information about safety and crime**, respondents most often cited informal and personal sources. The top three were word of mouth (68.4%), personal experience (56.1%), and Facebook (52.1%).
- Two-thirds of respondents expressed **dissatisfaction with their personal safety**. Women and racialized groups report greater dissatisfaction in personal safety.
- When asked about different **locations and feelings of safety**, respondents generally feel safe in private or familiar spaces during the day—such as their homes, workplaces, and while driving—but report significantly lower feelings of safety in public areas like downtown and local parks. These concerns intensify after dark, with major declines in perceived safety across most public spaces, particularly parks and the downtown core.
- To **increase feelings of safety**, respondents identified the following: increase police presence, address homelessness, move shelter location, address drug use and public intoxication, address stigma and improve built environment.



- A strong majority of respondents (81.2%) believe that **crime has increased in St. Stephen** in the last 3 years, and almost half (47.4%) believe that crime rates are higher in St. Stephen than the rest of New Brunswick.
- **Fear of crime is widespread:** 57% were *very concerned* about experiencing crime, and 38.3% said it *often* or *always* limits their activities.
- When it comes to **experiences of crime in the last 3 years**, the most experienced were dangerous driving (58.4%), harassment (47.2%), and property damage (34.9%). Police were more often contacted for property crimes than for interpersonal or identity-based harms.
- 27.4% of respondents with children/caregiving roles said they were *not at all* comfortable with the idea of their **children playing outside**.
- When asked to identify who is **responsible for community safety**, police and mental health services were the top two responses.
- 31.6% of respondents believe **government spending on crime** should be evenly split between enforcement and prevention, while 30.9% favour a heavier focus on enforcement, supporting a 75/25 split.

Substance Use

Substance use has far-reaching impacts on individual and community well-being. This section explores residents' perceptions of how problematic different substances are in the Municipal District of St. Stephen, as well as how substance use patterns have changed over the past three years.

- Nearly 90% of respondents said **substance use has increased** in the community over the last 3 years.
- Fentanyl and crystal meth are cited as the most serious concerns.
- While concern was shared across all demographic groups, some respondents expressed stigma toward harm reduction supports (e.g., naloxone), highlighting the need for public education.

Accessibility of Services

This section highlights both strengths and gaps in residents' access to key services like housing, transportation, mental health care, recreation, and childcare, with cost, location, and lack of awareness emerging as major barriers.

- **Transportation** emerged as the most significant barrier, with over 70% citing cost or location issues.
- Many services—especially those related to **housing, mental health, and addiction**—were seen as inaccessible, particularly by lower-income residents.
- Respondents called for more affordable and inclusive services, expanded local options, and better communication about what is available.

Emerging Priorities

Based on the findings, several clear priorities emerged to support community safety and well-being in St. Stephen:

- **Interpret Data Through a Lens of Representation and Equity:** Because most respondents were white, housed, and higher income, future planning should engage equity-deserving groups to better reflect diverse community realities.



- **Widespread Concern About Safety in Public Spaces:** Many residents reported feeling unsafe in public spaces—especially downtown, in parks, and after dark—which should be a key focus in future safety planning.
- **Consider Local Communication Patterns:** Residents rely heavily on word of mouth and social media for safety information, which should guide future outreach and communication strategies.
- **Address Community Polarization and Stigma:** Deep divides exist between enforcement- and support-focused perspectives, especially on topics like homelessness and harm reduction, underscoring the need for inclusive dialogue.
- **Acknowledge and Address Stigma Around Homelessness:** Some residents associate homelessness with crime, highlighting the need for human-rights-based approaches that reduce stigma and promote inclusion.
- **Support Multi-Sector Collaboration:** Residents see safety as a shared responsibility across police, health, social services, municipalities, and community groups, pointing to the need for coordinated, upstream strategies.
- **Center Equity in Safety Planning:** Women, racialized residents, and low-income individuals often reported greater fear and exclusion, emphasizing the need for equity-centered planning.
- **Reduce Barriers to Accessing Support Services:** Services related to housing, mental health, and addiction are often inaccessible due to cost, stigma, and availability, requiring improved coordination and access.
- **Address Transportation as a Cross-Cutting Barrier:** Lack of affordable and reliable transportation limits access to basic services and opportunities, especially for rural and low-income residents.
- **Strengthen Responses to Substance Use Through Education and Harm Reduction:** Drug use is a major safety concern, and addressing it requires reducing stigma, expanding harm reduction, and providing trauma-informed care.
- **Expand Social and Cultural Infrastructure to Promote Connection:** A lack of arts, culture, and social spaces—especially for adults and teens—limits inclusion, pointing to the need for more community-building opportunities.

This survey offers valuable direction for future planning in St. Stephen. While the data reflects many residents' experiences, it also reveals gaps that must be addressed through deeper, equity-focused engagement. Broader CSWB efforts grounded in these findings can help the community take strategic, collaborative steps toward a safer, healthier, and more connected future.

Introduction

This report summarizes findings from a community safety and well-being survey conducted in the Municipal District of St. Stephen, New Brunswick. The Canadian Centre for Safer Communities (CCFSC) was approached by the municipality to support the development and analysis of the survey, which aimed to better understand residents' perceptions and experiences related to safety and well-being. The report provides an analytical overview of community strengths, challenges, and key themes identified in the survey data, and concludes with a set of emerging priorities and considerations. The insights gained from this survey can be used to help inform subsequent steps for community safety planning and initiatives in St. Stephen, helping to prioritize funding, allocate resources, and address the community's needs effectively. Additionally, a survey of this nature provides a valuable opportunity for the voices of community to be heard and to influence local action.

Methodology

The survey was open between April 2nd and May 7th, 2025 and received a total of 370 responses, representing approximately 4.6% of the Municipal District of St. Stephen's total population (n=8,100). It was distributed through various channels by the Office of the CAO of the Municipal District of St. Stephen. The original survey tool is provided as an appendix.

SurveyMonkey was used as the data collection platform, and both SurveyMonkey and SPSS were used to conduct quantitative and thematic analysis. The survey included a total of 45 questions.

In addition to overall response trends, bivariate analyses¹ were conducted to examine whether experiences or perceptions varied across demographic groups—such as age, gender, income, and racial identity. These comparisons help identify whether specific populations are disproportionately affected by certain issues, or if particular groups experience barriers or safety concerns differently than others. Understanding these differences can support more targeted, equitable, and responsive planning. These comparisons were conducted for key survey questions, including:

- Overall mental health status
- Changes in well-being over the past three years
- Whether current housing meets respondents' needs
- Sense of belonging to St. Stephen
- Frequency of feeling out of place due to identity
- Feelings of personal safety
- Concern about experiencing crime
- Perceptions of how substance use has changed

Where relevant, results are flagged as statistically significant, meaning observed differences are unlikely to be due to chance. A threshold of $p < 0.05$ was used, indicating less than a 5% probability that the results occurred randomly.

¹ "Bivariate (two variables) analysis means examining two variables at a time. It examines the association between two variables, in particular, whether the two variables are statistically related and can infer the relationship between the two variables based on probability theory" (Lee and Rhee, 2023).

Demographics

The following section provides a snapshot of the demographic characteristics of individuals who participated in the survey. It includes information on respondents' gender identity, age, racial and ethnic background, employment status, level of education, household income and location. Understanding who participated in the survey is essential for interpreting the results in context, identifying trends across different population groups, and recognizing gaps in representation.

Gender

- 62.9% of respondents identified as *women*
- 29% of respondents identified as *men*
- 7.7% of respondents preferred not to state their gender
- 0.5% of respondents identified as *non-binary*

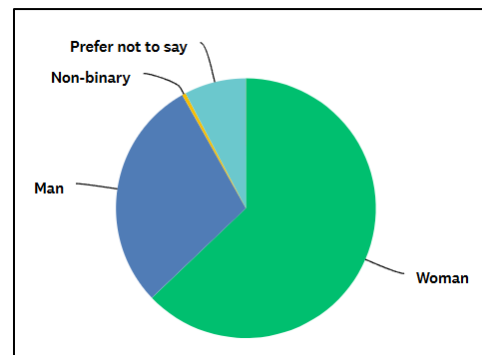


Figure #1: Survey Respondent Demographics, Gender

Age

Most survey respondents were between the ages of 25 and 64, with the largest group falling into the 35–44 year range (25.3%). No participants were under 18, and only a small portion (3.2%) were 75 years or older. This suggests the data reflects perspectives from working-age and middle-age residents, with relatively few responses from youth or older seniors.

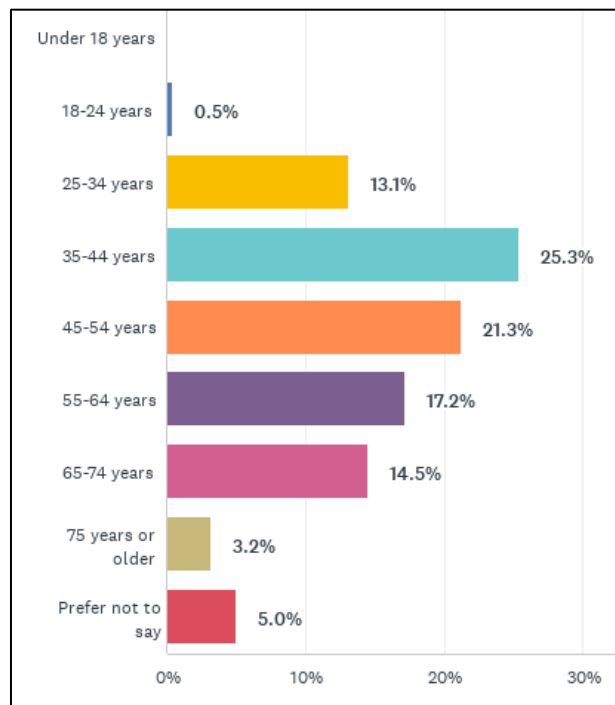


Figure #2: Survey Respondent Demographics, Age



Racial or Ethnic identity

The majority of survey participants (188 respondents, or 85.1%) identified as *white*. In contrast, only 6.8% of respondents identified with a *racialized* group—this includes *First Nation* (7), *Métis* (3), *Asian* (2), *Black* (1), *Arab* (1), and *Latinx* (1). No participants identified as *Inuk*. An additional 5 respondents (2.3%) *preferred to self-describe*, and 23 (10.4%) chose not to answer.

Overall, the responses are heavily skewed toward white participants, with limited representation from racialized communities.

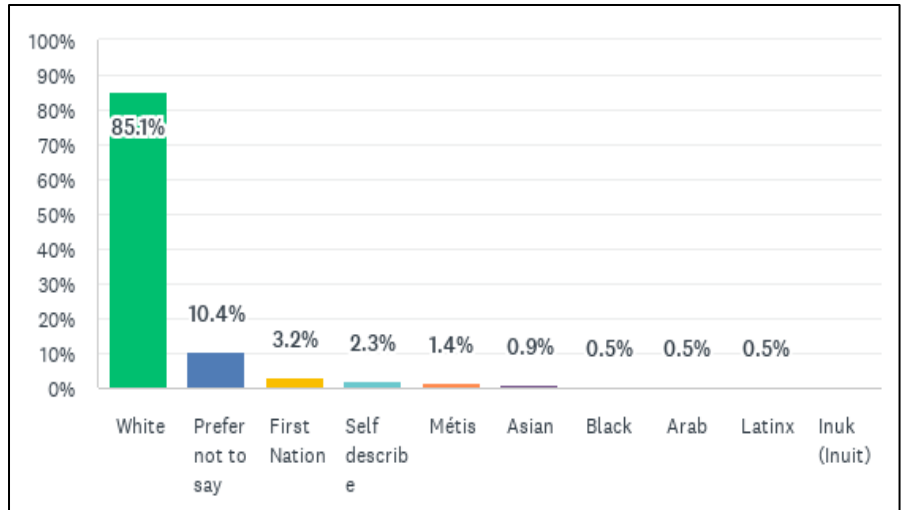


Figure #3: Survey Respondent Demographics, Race or Ethnic Identity

Employment Status

Most respondents (71.5%) reported being employed in some capacity:

- *Employed, working full-time*: 52.9%
- *Employed, working part-time*: 7.2%
- *Self employed*: 9.5%
- *Contract, seasonal or temporary work*: 1.8%

A smaller portion (23.1%) indicated they were not employed:

- *Retired*: 18.1%
- *Household / caring for children/family*: 2.3%
- *Not employed, looking for work*: 2.3%
- *In school*: 0.5%

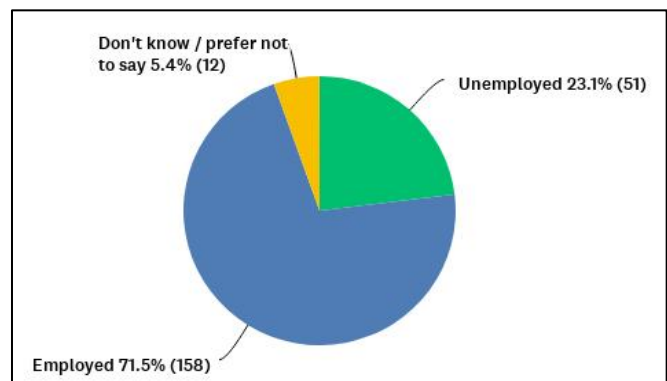


Figure #4: Survey Respondent Demographics, Employment Status

Level of Education

The majority (75%) of survey respondents had completed post-secondary education, *including college, a bachelor's degree, or a graduate degree*. Smaller groups reported *high school* (15.9%) *trade school* (8.6%), or *elementary school* (0.5%) as their highest level of education.

These results suggest a relatively high level of educational attainment among those who took part in the survey.

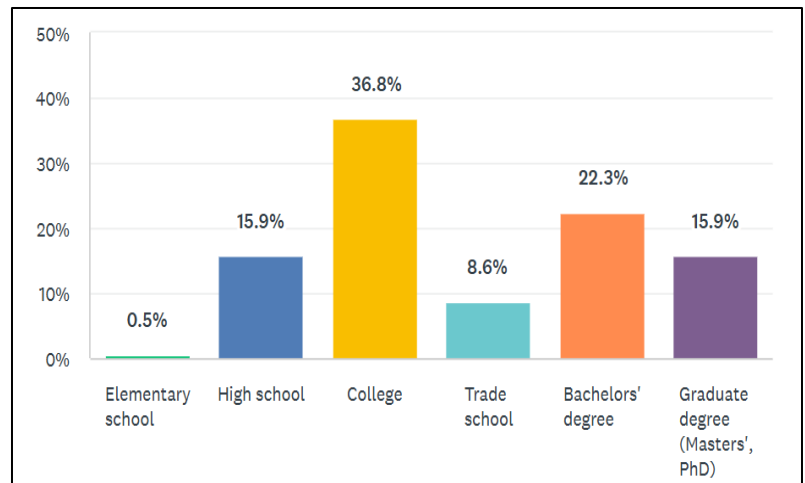


Figure #5: Survey Respondent Demographics, Highest Level of Education

Income

Survey participants reported a wide range of household incomes, with a notable concentration in higher income brackets. The largest single category (20.7%) chose not to disclose their income. Among those who did respond, the most commonly reported income was *\$150,000 or more* (18%), followed by *\$100,000 to \$149,999* (15.8%) and *\$80,000 to \$99,999* (12.6%).

In comparison, a smaller proportion of respondents reported low incomes: 5.9% reported earning *less than \$20,000* annually, and just 7.7% reported earning between *\$20,000 and \$39,999*. A smaller but still significant share (10.8%) reported household incomes between *\$40,000 and \$59,999*, with a gradual distribution across intermediate ranges.

Overall, the income data reflects that the survey sample is skewed toward middle- and higher-income households.

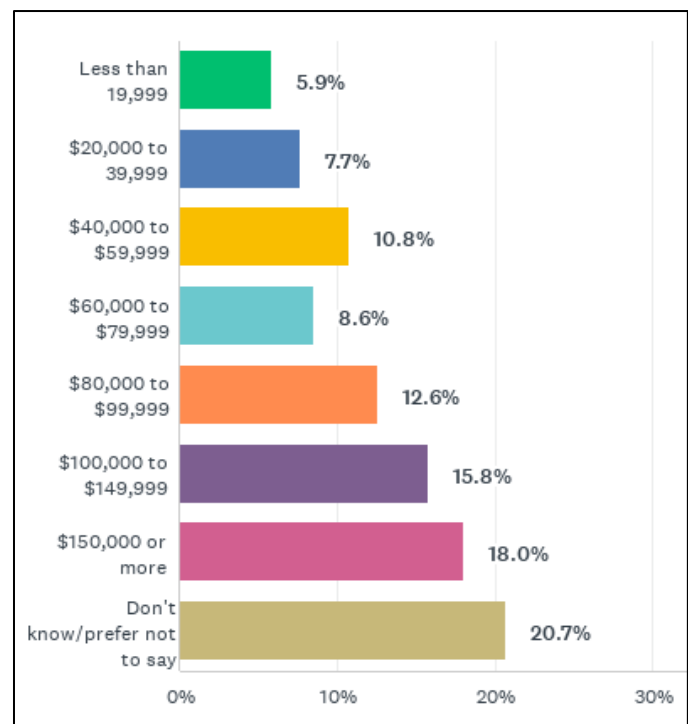


Figure #6: Survey Respondent Demographics, Income



Location / Ward

Most respondents lived in Ward 2:

- 47.7%: Ward 2
- 22.4%: Ward 1
- 18.7%: Ward 3
- 10.7%: Other

Other responses included:

- Live “in town” but unsure of ward
- Live “just outside of district”
- Work within the district
- Live in a shelter within the district
- Several comments reflected confusion or frustration with the ward system or map, including uncertainty about boundaries or a lack of awareness of wards in general

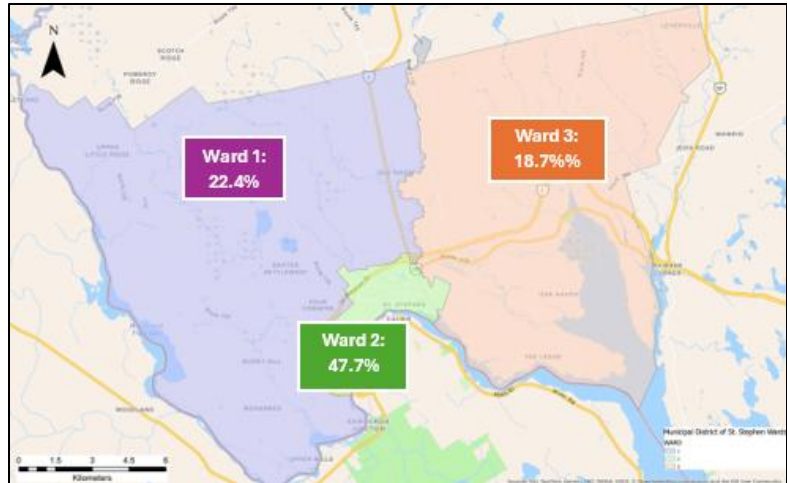


Figure #7: Survey Respondent Demographics, Ward of Residence

Knowledge of Survey

Over half of respondents (57.9%) reported hearing about the survey through *social media*, making it the most common outreach channel by a wide margin. *Word of mouth* (16.7%) and *municipal promotion* (14.5%) were also noted as key sources. Only a few people reported learning about the survey through *news media* or *agency promotion* (1.4% each).

Among the 8.1% who selected *Other*, many respondents clarified their responses. Nine individuals specifically mentioned the *Alertable Community Notifications* app as their source, and four noted that they heard about the survey through a shelter. Other write-in responses included work emails, private shares, and community meetings.

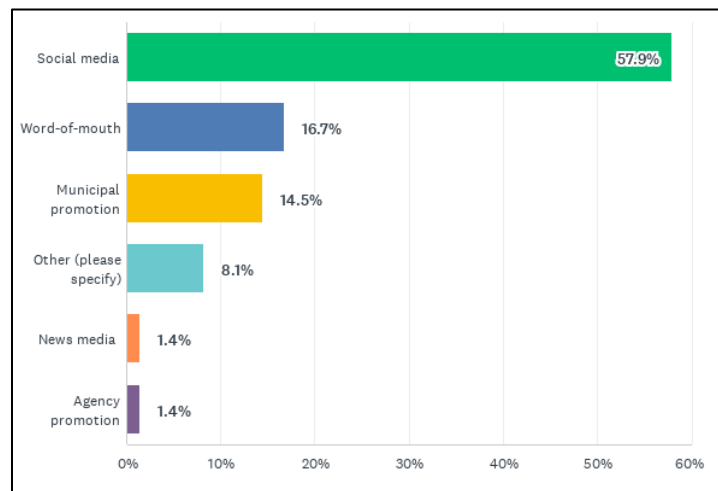


Figure #8: Survey Respondent Demographics, How Participants Heard about Survey

Demographics Summary

The demographic data offers important context for interpreting the survey findings and highlights that the respondent group represents a relatively privileged segment of the population. Most participants identified as women (62.9%) and were between the ages of 25 and 64, with the largest share in the 35 to 44-year range. Youth and older adults (75+) were underrepresented, suggesting the findings largely reflect the perspectives of middle-age adults.

A significant majority (85.1%) of respondents identified as white, with minimal representation from racialized communities. This lack of diversity suggests that the survey alone may not fully capture the experiences or needs of equity-deserving groups within the community.

Education and income levels among respondents also indicate a degree of social and economic privilege. Three-quarters (75%) had completed post-secondary education, and income data skewed toward middle- and higher-income brackets, with a notable number reporting household incomes over \$100,000. Only a small portion of respondents reported low incomes or limited formal education.

Most participants (71.5%) were employed, either full-time, part-time, or self-employed, with retirement being the most common reason for not working.

Geographically, nearly half of respondents lived in Ward 2, followed by Ward 1 and Ward 3. A smaller group selected “other” or were unsure of their ward, with some expressing confusion about the ward system itself.

Taken together, these demographics suggest that the survey results are shaped by the voices of relatively well-resourced and connected individuals and may not fully reflect the experiences of residents facing intersecting systemic barriers or marginalization. This matters in the context of community safety and well-being, where key risk factors—such as low income, lack of affordable housing, racism, and limited access to healthcare and social supports—disproportionately affect equity-deserving groups. Because these root causes are underrepresented in the survey data, the findings may not fully capture the safety and well-being challenges experienced by those most at risk.

It is not uncommon for survey findings to reflect the perspectives of individuals with a certain level of privilege—those who have the time, resources, and capacity to complete a lengthy questionnaire. As a result, while the survey provides valuable insights into some community members’ perceptions and experiences of safety and well-being, it should be treated as just one source of information. These perspectives matter and should be taken into account; however, they do not capture the full range of experiences in the community—particularly those of individuals most affected by systemic barriers to safety and well-being. For this reason, if the Municipal District of St. Stephen chooses to move forward with community safety and well-being planning, it will be essential to include a robust and inclusive engagement process. This should involve gathering qualitative data and creating meaningful opportunities for dialogue with individuals and groups who are more marginalized or equity-deserving, to ensure their voices and lived experiences are meaningfully reflected in the planning process.

Healthy Populations

Supporting healthy populations is a core pillar of community safety and well-being. When individuals have access to adequate housing, nutritious food, and physical and mental health supports, they are more likely to thrive. This section presents survey findings related to respondents' happiness, mental and physical health, access to nutritious food and housing, and changes in personal well-being over the past three years. Together, these findings offer insight into the foundational conditions that influence individual and community well-being in the Municipal District of St. Stephen.

Community Strengths

When asked what they value about the Municipal District of St. Stephen, respondents commonly highlighted the community's friendliness, small-town feel, and natural beauty. Many expressed appreciation for the supportive, familiar atmosphere, as well as access to outdoor spaces and essential services. At the same time, some noted concerns about a perceived decline in safety, leadership, and community pride, pointing to increasing crime, reduced services, and frustration with local governance.

The bolded responses in the table below represent the most frequently mentioned strengths and concerns across survey responses.

Strengths	
Sense of Community and Small-Town Feel	<ul style="list-style-type: none"> • Friendly and kind community • Familiarity – feeling known and recognized by others • Community support during times of need • Appreciation for slower pace of life • Small size is convenient • Strong sense of connection for long-time residents or family ties
Natural Beauty and Outdoor Spaces	<ul style="list-style-type: none"> • Walking trails and riverfront areas • Seasonal beautification • Close access to river, forests, ocean • Outdoor recreational opportunities • Peaceful setting
Local Amenities and Services	<ul style="list-style-type: none"> • Access to shopping, banks and other essential services • Access to restaurants • Civic building and recreational facilities • Proximity to U.S. border and larger cities • Schools and education access

Concerns	
Decline in Safety, Leadership and Community Pride	<ul style="list-style-type: none"> • Perceived increase in drug use and crime • Frustration with town leadership and council • Loss of former sense of pride/identity • Decline in infrastructure and services • Lack of / decline in economic activity

Level of Happiness

Respondents were asked to rate their overall level of happiness. The results suggest that most feel reasonably content, with two-thirds describing themselves as either *happy* (25.5%) or *somewhat happy* (41.2%). However, nearly one in three reported feeling *unhappy* (16.2%) or *somewhat unhappy* (17.1%).

The average happiness score of 2.28 places the majority of responses somewhere between *somewhat happy* and *somewhat unhappy*, indicating that while many residents feel generally okay, few are experiencing higher levels of happiness.

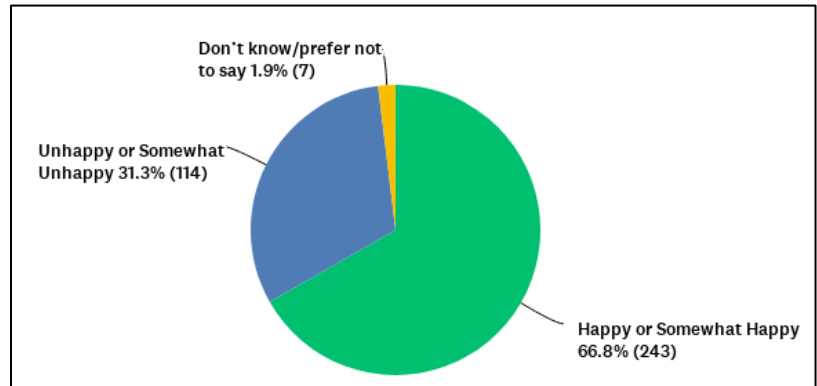


Figure #9: Level of Happiness

Level of Control

When asked about their sense of control over decisions that affect their lives, most respondents said they had at least some influence.

Just over half reported having either *a lot of control* (44.2%) or *full control* (13.5%). This suggests that many residents feel moderately empowered, but relatively few feel they have a strong say in decisions that affect them.

At the same time, nearly 40% of respondents said they had either *little* or *no control*, pointing to a significant segment of the population that may feel disconnected from decisions impacting their well-being.

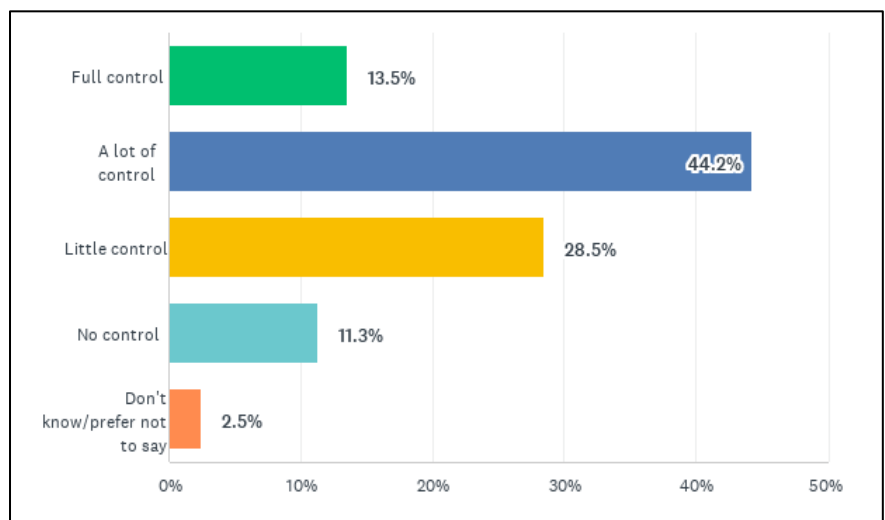


Figure #10: Overall Level of Control



Mental Health

When asked to rate their overall mental health, the vast majority of respondents described it in positive terms. Most selected either *excellent*, *very good*, or *good*, suggesting that overall, respondents feel their mental health is relatively strong. A much smaller group rated their mental health as *fair* or *poor*, indicating that close to one in five may be facing moderate to serious mental health challenges. A small proportion either did not know or chose not to respond.

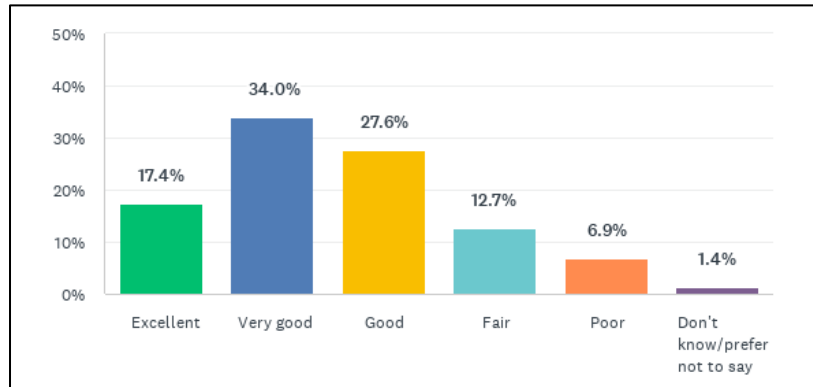


Figure #11: Overall Mental Health

The average mental health rating was 2.62 on a 6-point scale, placing the typical response somewhere between *very good* and *good*. This reinforces the overall trend toward positive self-assessment, though the presence of lower ratings is still significant.

When Comparing by Gender ...²

There were no substantial differences in self-reported mental health between men and women. The majority of both groups rated their mental health positively, with most responses falling between *good* and *very good*. A small proportion of both men and women rated their mental health as *poor*.

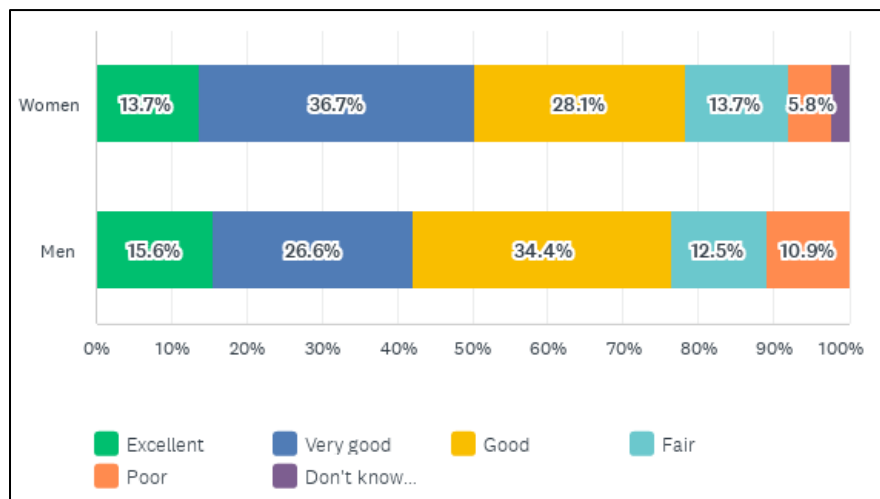


Figure #12: Mental Health, Comparison by Gender

Overall, the data suggests consistent patterns across genders, with no significant disparities in perceived mental health status. Most respondents—regardless of gender—reported experiencing moderate to high levels of mental well-being.

² The *non-binary* gender category is not included in this or proceeding analysis due to the small sample size (n=1).

When Comparing by Age ...

Most age groups rated their mental health positively, but there were some statistically significant differences:

- When comparing age groups directly, a statistically significant difference was found ($p < 0.05$) between adults aged 45–54 and those aged 65–74. Adults aged 65–74 were significantly more likely to rate their mental health as *excellent* (28.1%) or *very good* (37.5%), while those aged 45–54 had notably poorer outcomes, with only 8.5% selecting *excellent* and a higher proportion (12.8%) rating their mental health as *poor*.

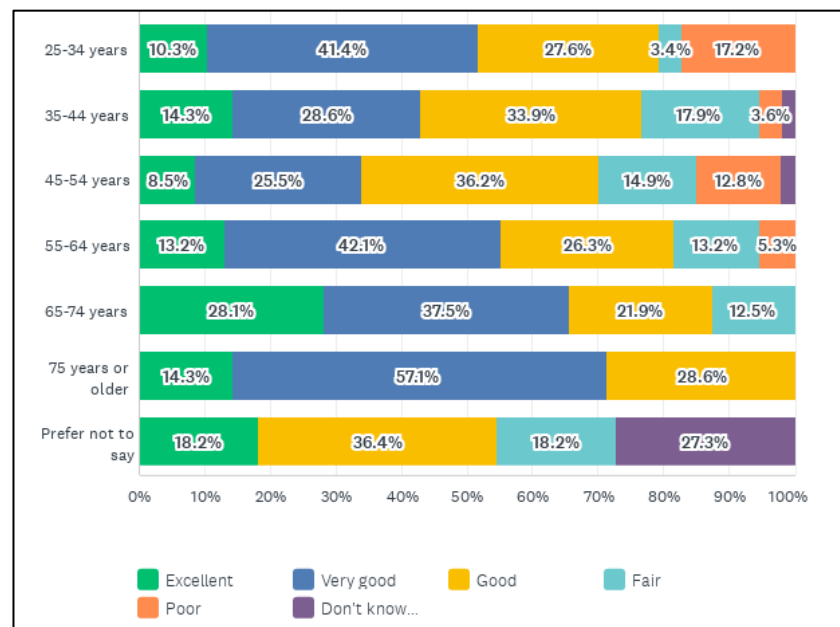


Figure #13: Mental Health, Comparison by Age

- Ages 25–34 (n=29): Had a relatively high rate of *poor* ratings (17.2%), but this difference was not statistically significant—likely due to the smaller group size.
- Ages 75+ (n=7): Reported mostly *very good* or *good* mental health, but the small sample size limits conclusions.
- Prefer not to say* (n=11): Responses were mixed, with a high rate of *don't know/prefer not to say* (27.3%).³

Overall, mental health ratings were highest among older adults and lowest among those in mid-life. These trends suggest a need for age-specific mental health supports—particularly for adults in their 40s and 50s.

³ The 24 and under (n=1) age category was not included in this analysis or proceeding analysis due to small sample size.

When Comparing by Race/Ethnicity ...

Most respondents across racial and ethnic groups rated their mental health positively, though due to sample sizes, statistical significances could not be detected.

- Racialized respondents** (n=15, including First Nation, Métis, Black, Arab, Asian, and Latinx respondents) were evenly split across *very good*, *good*, and *fair* ratings. Only one respondent selected *excellent*, and one selected *poor*. This group had the highest proportion reporting *fair* mental health (20%), which may indicate more moderate well-being overall.
- White respondents** (n=188) showed a similar distribution, with most reporting *good* or *very good* mental health. About 15% selected *excellent*, and 7% selected *poor*.

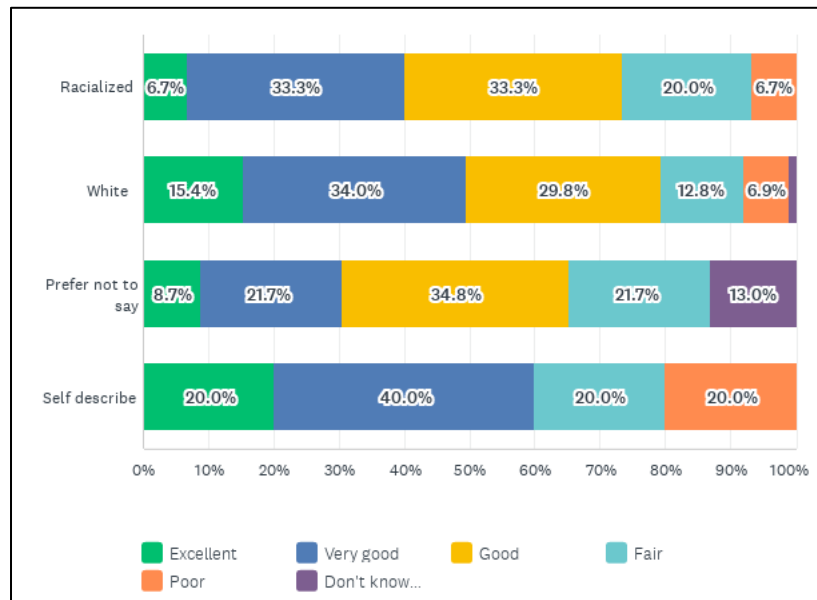


Figure #14: Mental Health, Compared by Race/Ethnicity

While no differences were statistically significant, the consistently lower *excellent* ratings and higher *fair* ratings among racialized respondents may signal underlying disparities in mental well-being that merit further exploration.

When Comparing by Income...

Self-reported mental health showed a clear trend across income levels: higher income was generally associated with better mental health, though no differences were statistically significant due to small sample sizes in several income brackets.

- Respondents in the lowest income group (under \$20,000, n=13) had the poorest mental health overall, with nearly half (54%) rating their mental health as *fair* or *poor*. Very few rated their mental health as *good* or better.



- In contrast, those earning \$150,000 or more (n=40) had the strongest mental health, with over 80% rating their mental health as *good*, *very good*, or *excellent*, and very few selecting *poor* (2.5%).

Overall, the data suggests a gradient: as income increases, mental health outcomes improve. While not statistically significant, the trend is consistent and may point to broader systemic influences on well-being.

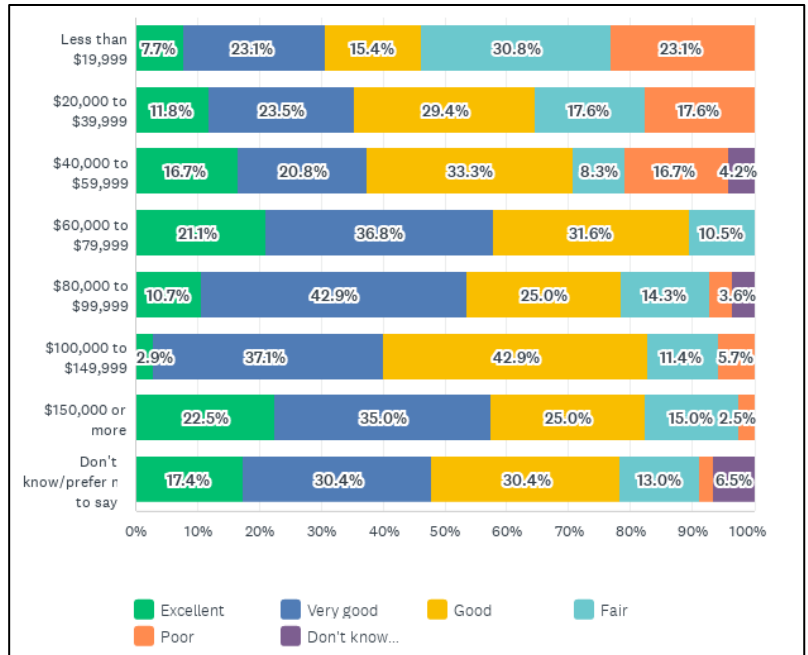


Figure #15: Mental Health, Compared by Income

Physical Health

When asked to rate their physical health, most respondents placed themselves on the positive end of the scale, with over 70% selecting *good*, *very good*, or *excellent*. However, nearly 1 in 3 respondents rated their health as *fair* or *poor*, pointing to a substantial segment of the population experiencing health challenges.

The average rating of 2.97 suggests that many respondents fall somewhere between *good* and *fair*, indicating that while general health is acceptable for most, few consider their physical health to be excellent.

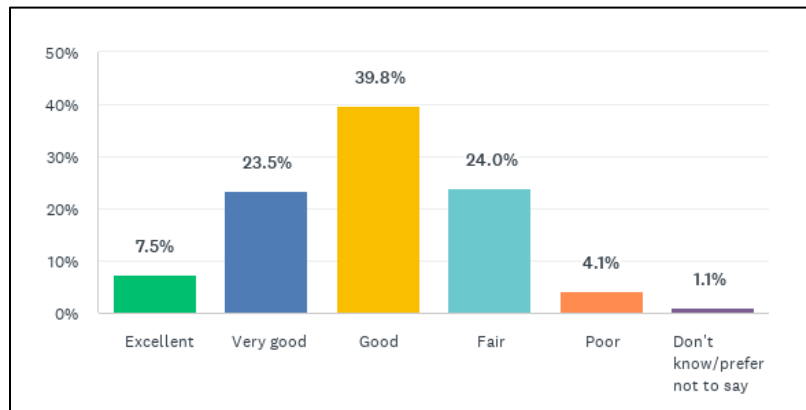


Figure #16: Physical Health

Change in Well-Being over 3 Years

When respondents were asked how their well-being had changed over the past three years, 46.9% reported a decline (32.3% *somewhat declined* and 14.6% *declined*), while 20.7% reported an improvement (9.9% *improved* and 10.8% *somewhat improved*). Nearly one-third (30.7%) said their well-being had *stayed the same*.

Overall, this suggests that nearly half of respondents have experienced a decline in their well-being in recent years, while only a fifth have seen improvements. This trend points to widespread challenges to personal well-being in the community, with relatively few reporting positive change.

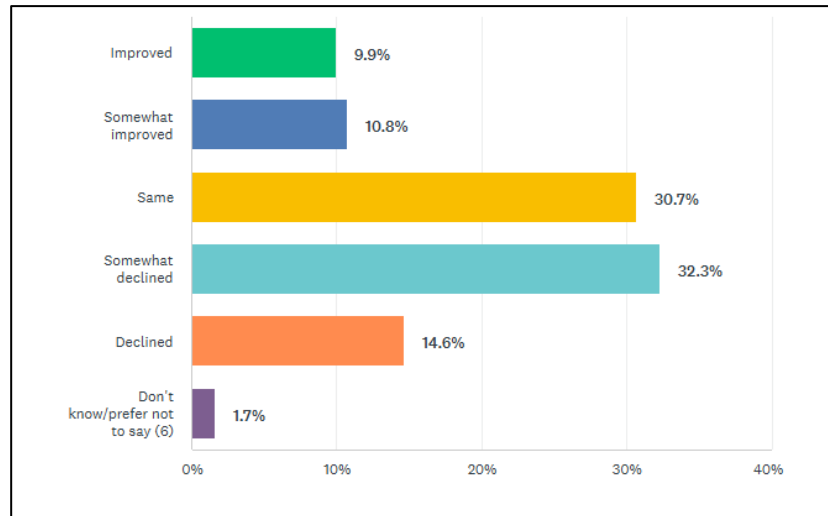


Figure #17: Change in Well-Being over Last 3 Years

When Comparing by Gender...

When comparing by gender, patterns differed slightly between men and women. Women were more likely to report that their well-being had *improved* (10.1% vs. 4.7%), while men were more likely to report that their well-being had *declined* (18.8% vs. 12.9%). The most common response for both groups was that well-being had *somewhat declined*, followed by *remained the same*. These trends suggest modest gender differences in perceived well-being changes.

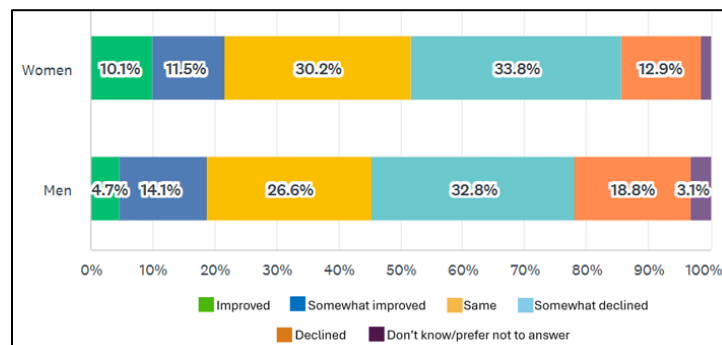


Figure #18: Change in Well-Being over Last 3 Years, Compared by Gender



When Comparing by Age...

When asked how their well-being had changed over the past three years, the highest reported decline came from respondents aged 55–64, with 60.5% indicating their well-being had *somewhat declined* or *declined*. This was followed closely by the 35–44 age group at 57.1%.

Younger adults (25–34) were the most likely to report improvements in well-being, with 41.3% selecting *improved* or *somewhat improved*. Older adults (65+) were more likely to report stability: over 40.6% of respondents aged 65–74, and 42.9% of those 75 or older, said their well-being has *remained the same*. Differences between age groups were not statistically significant.

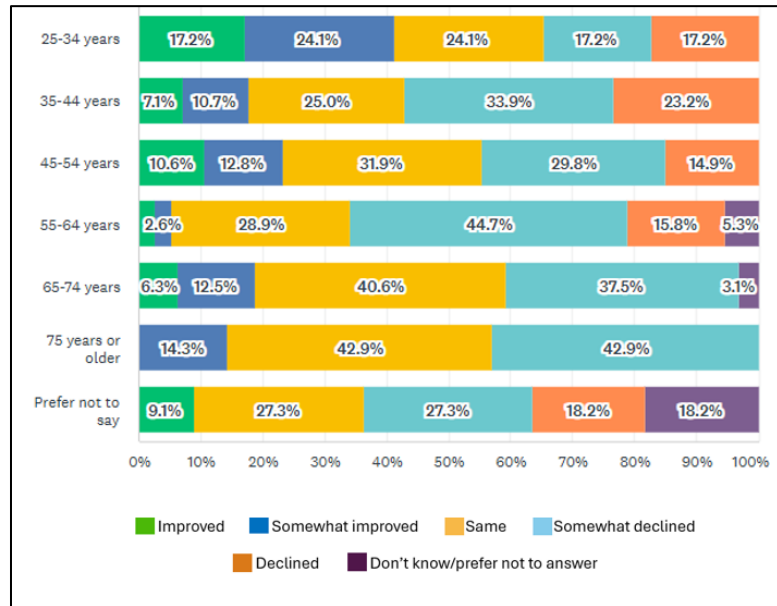


Figure #19: Change in Well-Being over Last 3 Years, Compared by Age

When Comparing by Race / Ethnicity

When comparing by race/ethnicity, most respondents reported that their well-being had either *stayed the same* or *declined* over the past three years. Racialized respondents were somewhat more likely to report improvements compared to white respondents, but they also reported higher rates of decline. Overall, there were no statistically significant differences between groups, suggesting a consistent pattern of stability or decline in well-being across identities.

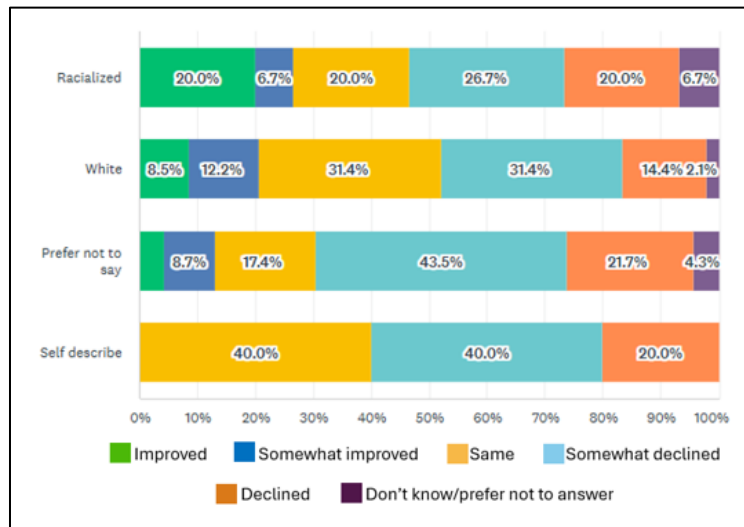


Figure #20: Change in Well-Being over Last 3 Years, Compared by Race/Ethnicity



When Comparing by Income...

When comparing by income, those in lower income brackets (under \$40,000) were more likely to report declines in well-being, with over 40% indicating that their well-being had *somewhat declined* or *declined*. In contrast, respondents with mid to higher incomes (\$60,000–\$149,999) were more likely to say their well-being had *stayed the same*. The highest income group (\$150,000 or more) had the most mixed results. These patterns should be interpreted with caution, as differences between income groups were not statistically significant.

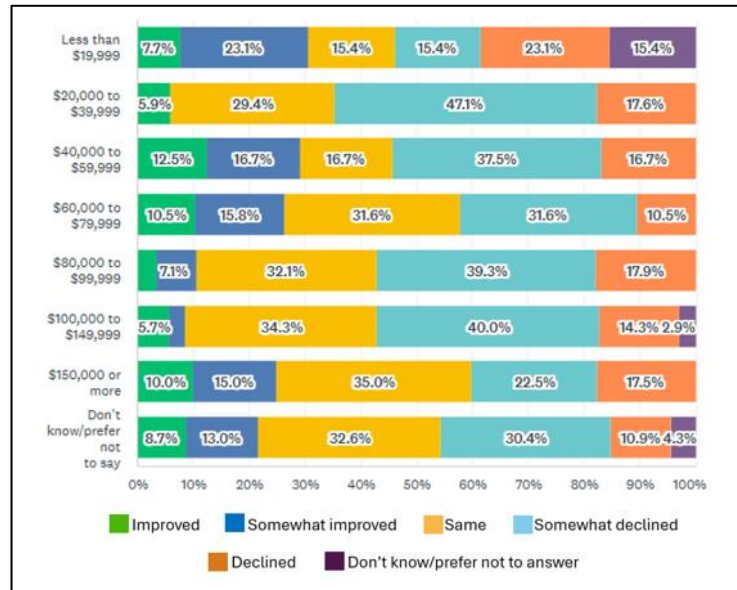


Figure #21: Change in Well-Being over Last 3 Years, Compared by Income

Access to Healthy / Nutritious Food

Most respondents said they have reliable access to healthy or nutritious food, with over 60% reporting they *always* have access and another 32% saying they *sometimes* do. This suggests that the majority of residents are generally food secure.

However, a small group (6.4%) reported that they *rarely* or *never* have access to nutritious food—highlighting a vulnerable segment of the population that may be experiencing food insecurity.

The average rating was 1.48, falling between *always* and *sometimes*, which reinforces the overall trend: while most respondents report consistent access, some face occasional or ongoing barriers to healthy food.

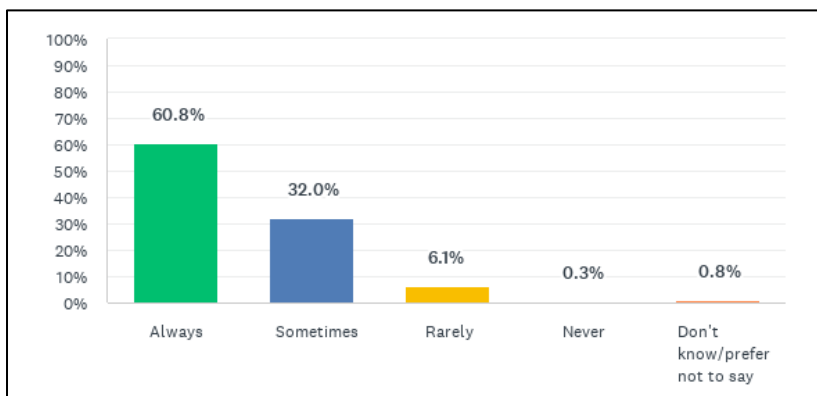


Figure #22: Access to Healthy Food

While most residents reported regular access to healthy or nutritious food, follow-up responses revealed more complexity behind the numbers. In a subsequent open-ended question, those who did not always have access were asked to identify the barriers preventing them from accessing healthy food and to suggest possible solutions. Respondents described a range of challenges—most commonly the high cost of food, limited local grocery options, and transportation issues. These



insights add important context to the quantitative findings and help illustrate the everyday realities some residents face in trying to access healthy and nutritious foods. They also highlight community-identified solutions such as increasing local food options, lowering prices, and expanding support for food-based community programs.

Barriers	
Cost and Affordability: Over 75% of respondents feel that high price of food – especially healthy food – make it inaccessible.	<ul style="list-style-type: none"> • High prices for healthy foods • Only one grocery store in town leads to inflated prices (monopoly pricing) • “Junk food” or processed foods are cheaper and more accessible than healthy food • Organic or speciality items are unaffordable
Financial Barriers and Fixed Incomes: People living on fixed or low incomes –face systemic financial barriers that make healthy eating difficult.	<ul style="list-style-type: none"> • Low or fixed-income limits ability to buy healthy foods • Social assistance rates are too low to afford nutritious food • Unemployment or underemployment limits food access • Food budgets are sacrificed for other essentials like rent or heat • Living in shelters with no kitchen/storage space
Limited Availability: Access to healthy food is restricted by limited shopping options, poor quality produce, and a lack of alternatives to the local grocery store.	<ul style="list-style-type: none"> • Only one grocery store in town with limited selection and high prices • Poor quality or expired produce regularly reported • No health food stores, bulk buying or alternative grocery options locally • Reliance on travelling out of town for better choices
Transportation and Geographic Barriers: Geographic isolation or lack of transportation options makes it difficult to access healthy and affordable food options.	<ul style="list-style-type: none"> • Need to travel to nearby towns/cities for better quality or pricing • Lack of personal transportation limits food shopping choices

Proposed Solutions	
Lower Food Prices by Increasing Local Shopping Options: Many respondents emphasized the need for another grocery store in town to challenge the current monopoly, and	<ul style="list-style-type: none"> • Strong preference for additional grocery store(s) within local community, particularly one with lower food options



therefore lower prices.	
<p>Support for Local Food Systems and Community Solutions:</p> <p>Some respondents proposed local, community-based strategies to make healthy food more accessible.</p>	<ul style="list-style-type: none"> • Support for a year-round farmers market • Suggestions for local food box / bulk buying programs • Wanting healthier food options that support local producers • Community fridge • Regularly scheduled trips to the grocery store for folks living in shelter

Housing Needs

When asked whether their current housing meets their needs—including factors like safety and cleanliness—nearly three-quarters (74.8%) said it *completely meets their needs*, while 21.3% said it *somewhat does*. Only 2.8% reported that their housing *does not meet their needs at all*, and 1.1% chose not to answer.

The average score was 1.30 on a 4-point scale, indicating that most participants feel their housing adequately meets their needs.

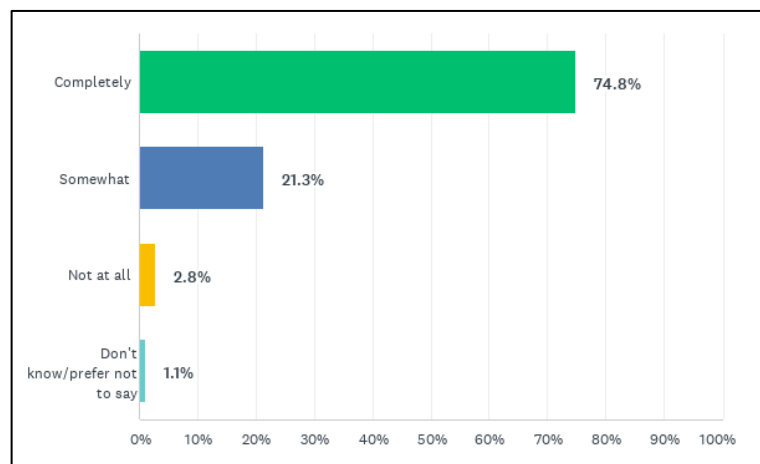


Figure #23: Extent to Which Current Housing Meets Respondents Needs

When Comparing by Gender...

Most respondents—regardless of gender—said their housing *meets their needs*. Women were slightly more likely than men to say their housing *completely meets their needs* (77% vs. 72%), though the difference was not statistically significant. A small portion of both men and women reported that their *housing does not meet their needs at all*.

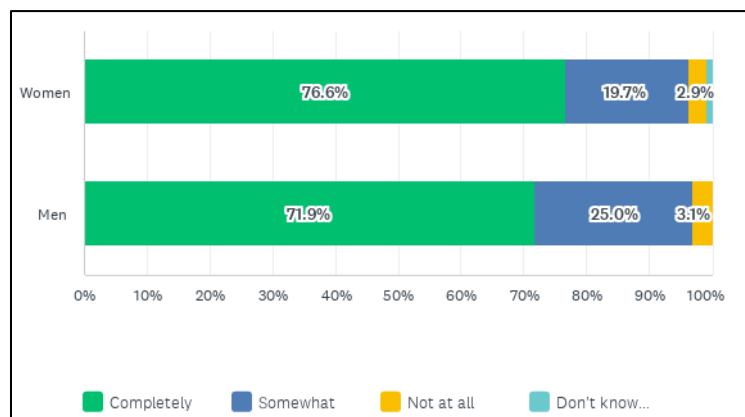


Figure #24: Extent to Which Current Housing Meets Respondents Needs, Compared by Gender

Overall, housing adequacy ratings were high across all gender groups, with no significant differences.



When Comparing by Age...

Across all age groups, most respondents said their housing *meets their needs*, with little variation overall. Ratings were generally high among older adults, particularly those aged 55–74, who were the most likely to report that their housing *completely meets their needs*.

Younger adults aged 25–44 were slightly more likely than older groups to say their housing only *somewhat meets their needs*, while those who preferred not to share their age reported the lowest housing adequacy.

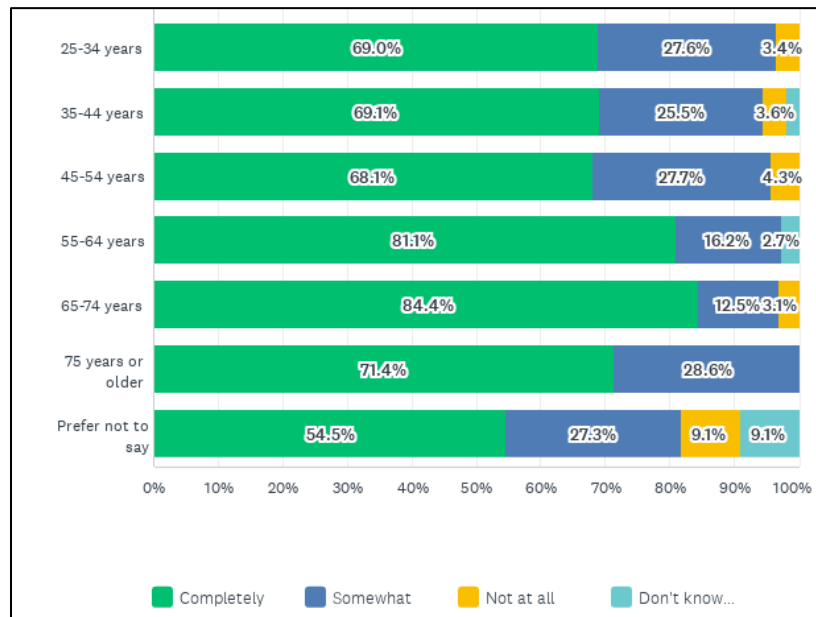


Figure #25: Extent to Which Current Housing Meets Respondents Needs, Compared by Age

These differences were not statistically significant, suggesting that perceptions of housing adequacy were consistently high across age groups.

When Comparing by Race / Ethnicity...

Housing adequacy ratings varied by racial identity. White respondents were the most likely to say their housing *completely meets their needs* (76.3%), compared to just 40% of racialized respondents and those who self-described their identity.

Racialized and self-described respondents were more likely to say their housing only *somewhat meets their needs*.

Those who preferred not to disclose their racial identity were split, with a majority still reporting their housing *meets their needs*.

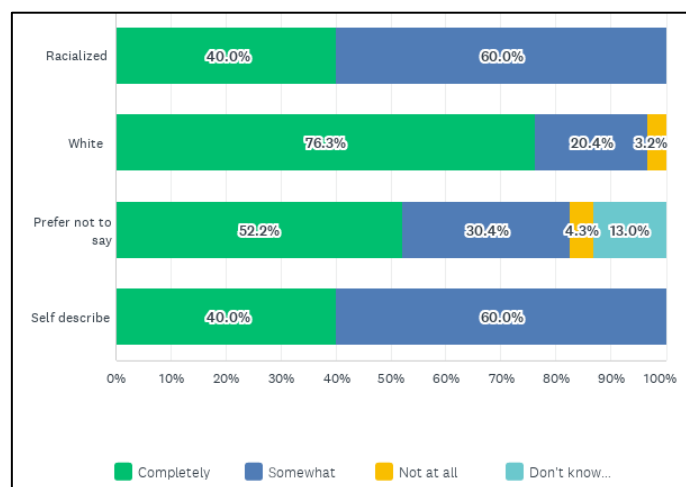


Figure #26: Extent to Which Current Housing Meets Respondents Needs, Compared by Race/Ethnicity

While these trends suggest disparities in perceived housing adequacy, no statistically significant differences were found, likely due to small sample sizes for non-white groups.



When Comparing by Income...

Experiences of housing adequacy increased with income. Those earning \$150,000 or more were the most likely to say their housing *completely meets their needs* (92.5%), followed by those in the \$100K–\$149K range (80%).

By contrast, only 15.4% of respondents earning under \$20,000 said their housing *completely meets their needs*, while the majority (69.2%) said it *somewhat meets their needs*, and 15.4% said *not at all*.

Overall, higher-income respondents were far more likely to report fully adequate housing, while lower-income groups reported more partial or unmet needs.

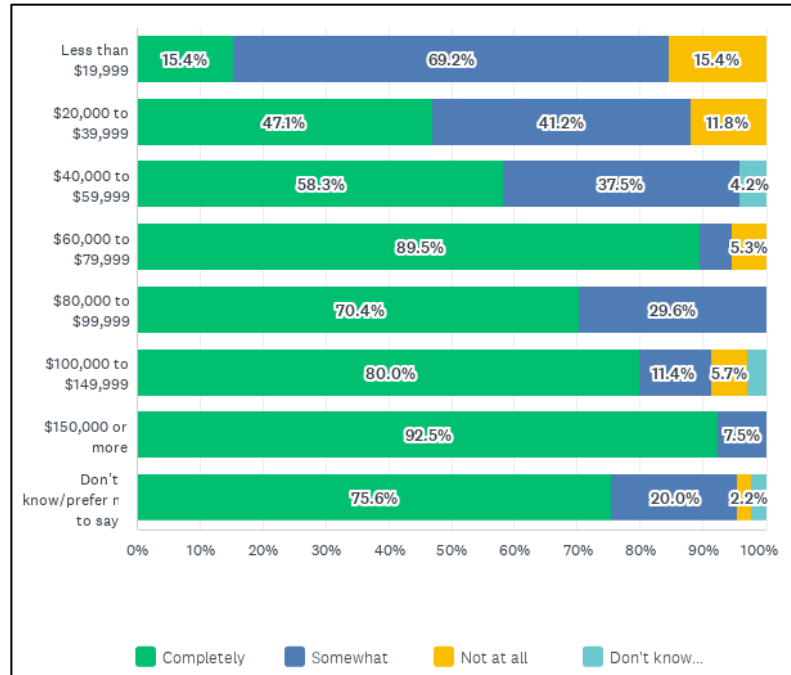


Figure #27: Extent to Which Current Housing Meets Respondents Needs, Compared by Income

These differences were notable, though not statistically significant—likely due to small subgroup sizes in lower-income brackets.

Reasons for Unmet Housing Needs

Respondents who indicated that their housing does not meet their needs were invited to elaborate in an open-ended question as to why their housing doesn't meet their needs. Their responses highlighted a range of issues, from affordability to safety concerns. Several key themes emerged, which are summarized in the table below.

Theme	Summarized Responses
Affordability and Cost of Housing: Renters and homeowners are struggling with the cost of housing, utilities, taxes and general upkeep.	<ul style="list-style-type: none"> • High rent and high housing prices • Rising property taxes and utility costs • Lack of affordable housing options • Owning a home, but unable to afford necessary repairs or updates • Financial strain due to debt
Unsafe Neighbourhood Conditions: Many respondents feel unsafe in their homes due to perceived crime, drug use, homelessness,	<ul style="list-style-type: none"> • Perception of increased crime and drug use in neighbourhoods • Concerns about homelessness and shelters • Need for constant security (alarms, surveillance) • Fear of break-ins, violence and trespassing



and lack of bylaw enforcement.	<ul style="list-style-type: none"> • Lack of response from by-law, police and municipal leadership
Unstable and Temporary Housing Situations: Respondents living in shelters, temporary housing or precarious rental arrangements report stress, lack of control and constant risk of displacement.	<ul style="list-style-type: none"> • Living in shelters or transitional housing • No housing – homelessness • Short term rental situations fear eviction • No space for privacy, healing • Substance use recovery impacted by lack of housing stability
Systemic Gaps and Frustration with Leadership: Several comments reflect anger or hopelessness about local leadership, systemic inaction and lack of housing solutions.	<ul style="list-style-type: none"> • Frustration with local government and bylaw enforcement • Concerns about growth and rising costs without community improvements • Lack of access to assistance programs • Poverty cycle and lack of housing access for low-income individuals and families

Healthy Populations Summary

The survey results offer a detailed picture of the health and well-being of residents in the Municipal District of St. Stephen. This includes insights into respondents' mental and physical health, sense of control, housing and food security, levels of happiness, and general changes in well-being over time.

What's Going Well

- **General mental and physical health:** Most respondents rated their mental health as *good* or better, with especially strong outcomes among older adults (65–74). Over 70% also rated their physical health positively.
- **Access to food:** Nearly 93% of respondents said they *always* or *sometimes* have access to nutritious food, suggesting a generally food-secure population.
- **Housing stability:** 74.8% of respondents said their current housing *completely meets their needs*. Satisfaction was highest among older adults and those with higher incomes.
- **Sense of control:** Just under 58% of respondents reported having *a lot* or *full* control over decisions affecting their lives, suggesting moderate levels of personal agency.
- **Happiness:** Two-thirds of respondents described themselves as either *happy* (25.5%) or *somewhat happy* (41.2%), indicating that many residents feel at least moderately content in their lives.

Areas of Concern

- **Underlying dissatisfaction:** Despite some positive ratings, nearly one in three respondents said they were *unhappy* or *somewhat unhappy*.
- **Declining well-being:** Nearly half (46.9%) said their well-being had declined over the past three years, with the steepest declines reported among those aged 55–64 and lower-income respondents.

- **Mental health disparities:** One in five respondents rated their mental health as *fair* or *poor*. Adults in mid-life (45–54) and those with low incomes had the most concerning outcomes. These differences were sometimes statistically significant by age.
- **Food insecurity:** 6.4% of respondents reported *rarely* or *never* having access to healthy food. Common barriers included high food prices, limited grocery options, and transportation. Respondents suggested solutions like a second grocery store, local food programs, and bulk-buying supports.
- **Housing inequities:** While most respondents were satisfied, lower-income and racialized respondents were more likely to report unmet housing needs. Key concerns included cost, poor conditions, unsafe neighbourhoods, and housing instability.
- **Limited control:** Nearly 40% of respondents said they had *little* or *no* control over decisions in their lives, which may contribute to lower happiness and increased stress.

Together, these findings illustrate how social determinants of health—such as income, housing, food access, and personal agency—are deeply connected to community safety and well-being. Addressing the root causes of inequities in these areas is essential for building a healthier, safer, and more resilient community.

Belonging, Trust, and Relationships

A strong sense of belonging and social trust are protective factors that contribute directly to community safety and well-being. When people feel connected, respected, and included, they are more likely to participate civic life, support others, and experience better physical and mental health. This section presents data on respondents’ sense of belonging, including how belonging varies by gender, age, race/ethnicity, and income. It also explores experiences of exclusion based on identity, trust in others, and reasons that shape whether people feel connected or disconnected from their community.

Sense of Belonging in the Municipal District of St. Stephen

When asked about their sense of belonging within the Municipal District of St. Stephen, respondents expressed mixed experiences. While 45% described their sense of belonging as *strong* or *somewhat strong*, a slightly higher proportion (50.5%) said it felt *somewhat weak* or *weak*.

The average response was 2.74 on a 5-point scale, suggesting that, overall, residents feel a moderate to slightly *weak* connection to their community.

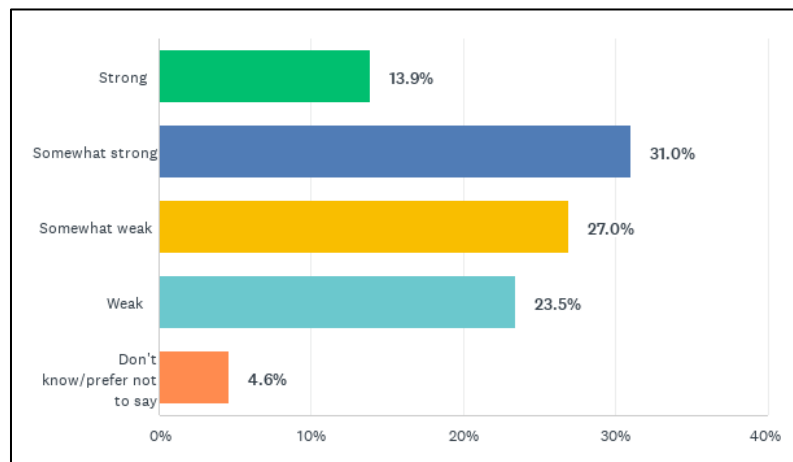


Figure #28: Sense of Belonging to St. Stepen

When Comparing by Gender...

When combining responses, 45.7% of women described their sense of belonging as *strong* or *somewhat strong*, compared to 40.7% of men.

Meanwhile, 51.4% of women reported a *weak* or *somewhat weak* sense of belonging, compared to 54.7% of men.

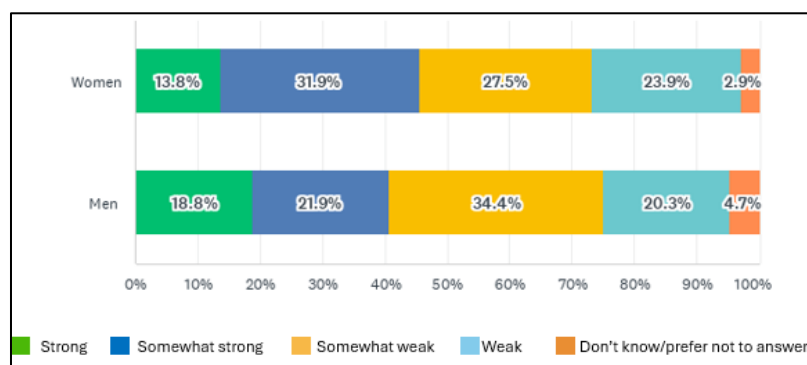


Figure #29: Sense of Belonging to St. Stepen, Compared by Gender

While women were slightly more likely than men to report a stronger sense of belonging, and men slightly more likely to report feeling disconnected, these differences were not statistically significant.

When Comparing by Age...

Looking broadly across ages, a majority of age groups report mixed or moderate levels of belonging. Younger adults (25–44) and those aged 45–54 show higher levels of *weak* or *somewhat weak* belonging. In contrast, older adults (55+) tend to report stronger belonging overall. The only group where a clear majority reported *strong* or *somewhat strong* belonging was the 65–74 age group.

One statistically significant difference (using 95% confidence level, $p < 0.05$) was observed between respondents aged 45–54 and those aged 65–74. People aged 65–74 were far more likely to report a *somewhat strong* sense of belonging (41.9%) compared to those aged 45–54 (19.1%).

When combining response categories:

- 65–74 years: 54.8% reported *strong* or *somewhat strong* belonging
- 45–54 years: 38.2% reported *strong* or *somewhat strong* belonging

This suggests that people aged 65–74 feel more connected to the community, while those aged 45–54 are more likely to feel disconnected.

When Comparing by Race / Ethnicity...

No statistically significant differences were found when comparing responses by race. However, some variation is visible across groups.

Racialized respondents (n=15) were most likely to report a strong sense of belonging, with 40% selecting *strong* or *somewhat strong*. However, another 60% rated their sense of belonging as *somewhat weak* or *weak*, indicating mixed experiences.

White respondents (n=188) were slightly more positive overall, with 45% reporting *strong* or *somewhat strong* belonging. About half (51.6%) selected *somewhat weak* or *weak*.

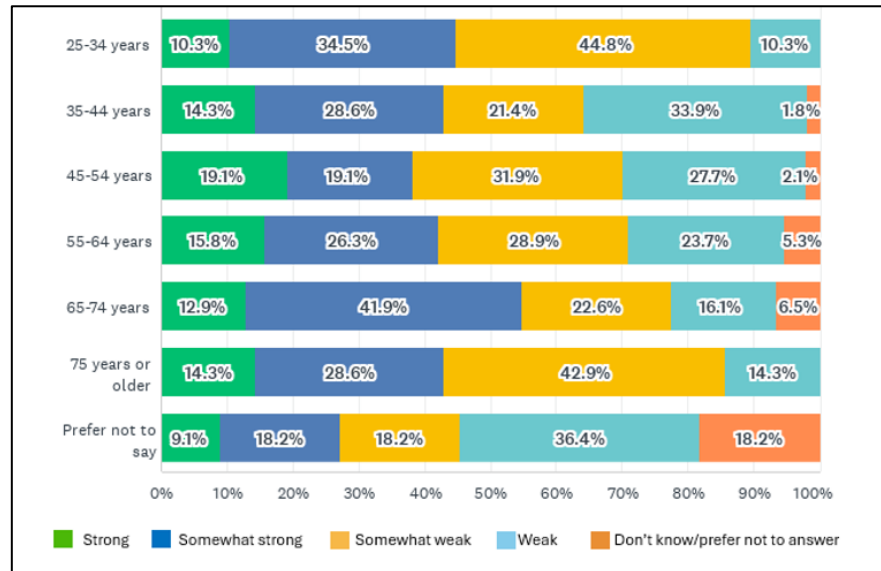


Figure #30: Sense of Belonging to St. Stephen, Compared by Age

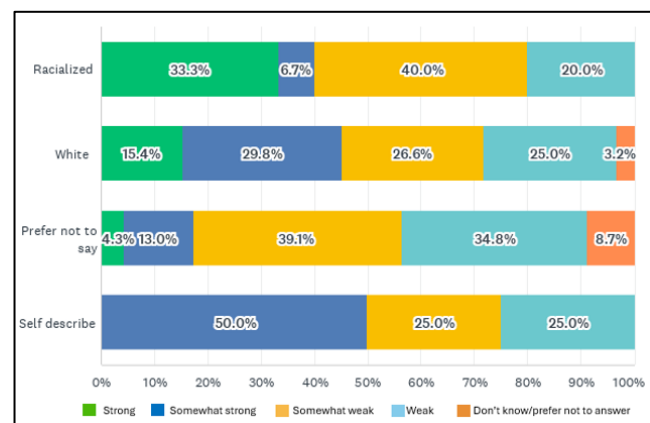


Figure #31: Sense of Belonging to St. Stephen, Compared by Race/Ethnicity

When Comparing by Income...

While there were no statistically significant differences across income groups, the results suggest a general trend: higher income appears to be associated with a stronger sense of belonging.

- Respondents earning \$150,000 or more had the most positive results—52.5% reported a *strong* or *somewhat strong* sense of belonging, compared to just 27.5% who felt *somewhat weak* or *weak*
- Those in the \$100,000–\$149,999 group showed a similar split: 37.1% felt strong belonging, while 57.2% reported *weak* or *somewhat weak*
- Middle-income groups (e.g., \$60,000–\$99,999) had more balanced responses, with approximately 40–45% reporting stronger belonging, and a similar portion reporting weaker belonging
- Respondents earning under \$40,000 were least likely to report a strong sense of belonging—especially those earning less than \$20,000, where only 8.3% said their sense of belonging was strong

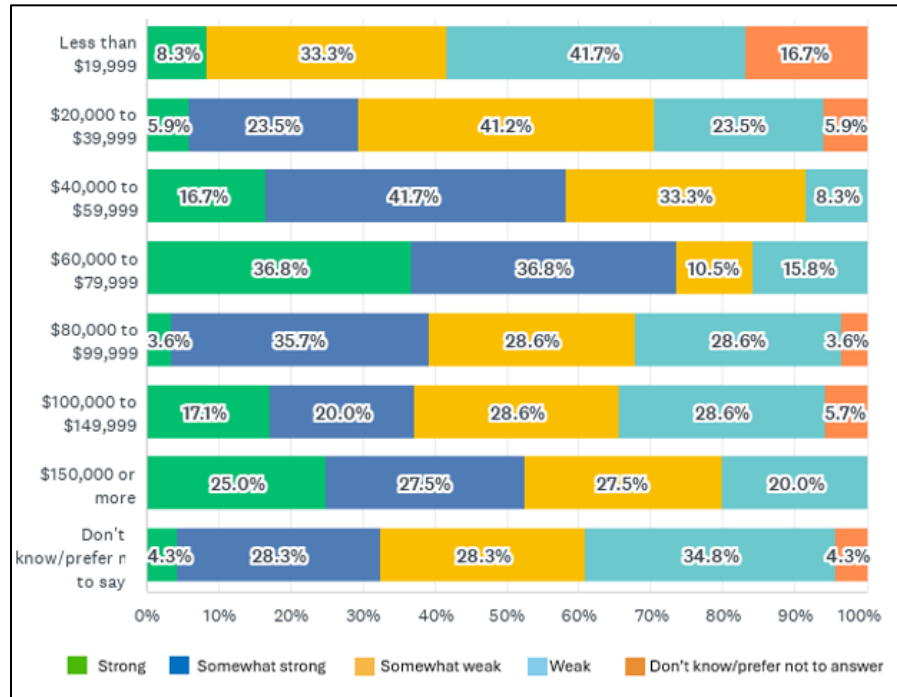


Figure #32: Sense of Belonging to St. Stephen, Compared by Income

In short, lower-income respondents were less likely to feel a strong connection to their community, while those with higher incomes were more likely to report feeling a stronger sense of belonging.

Reasons for Sense of Belonging

To better understand these responses, participants were invited to briefly explain why they feel the way they do about their sense of belonging. Their open-ended feedback revealed several common themes, summarized in the table below.

Feeling of Belonging	Reasons
Strong/somewhat strong (+)	<p>Long-term residency and generational ties:</p> <ul style="list-style-type: none"> - Born and raised in St. Stephen - Lived in community for decades - Raised children here



	<ul style="list-style-type: none"> - Family and extended family nearby - Generational attachment (parents, grandparents also from here) <p>Strong personal and social connections:</p> <ul style="list-style-type: none"> - Know many people in town; recognize familiar faces - Close-knit community - Feel known, seen or valued by others - Feel supported by neighbours and social networks - Friendliness of community <p>Community involvement and contribution:</p> <ul style="list-style-type: none"> - Active in volunteering, boards, service clubs, local organizations - Participation in churches, faith groups - Engagement in community events - Engagement in recreation programs - Work in role with community impact (educator, health worker) - Support efforts to improve the town - Feel invested in future of town; responsibility to contribute or give back <p>Still feel connected, despite issues:</p> <ul style="list-style-type: none"> - Still feel belonging despite concerns about safety - Acknowledge that the town has changed, but maintain ties - Some newer residents to the community are working to build their sense of belonging - Some “from away” residents are working to build their sense of belonging
Somewhat weak/weak (-1)	<p>Exclusion of new(er) residents:</p> <ul style="list-style-type: none"> - Longtime residents dominate community life - Hard to make friends or connect socially if not born in St. Stephen - Seen as outsiders, especially if from another province or country - Feeling excluded from local groups, events or decision-making - Community cliques and closed networks limit participation <p>Leadership, accountability and municipal criticism:</p> <ul style="list-style-type: none"> - Decisions made without public input - Poor communication from council and town leadership - Rural residents feel especially left out of town decisions and services - Amalgamation created further disconnect and lack of representation - Residents feel unheard, dismissed or powerless in shaping the community - Leadership viewed as contributing to division and inaction - Leadership seen as self-serving, unresponsive - Concerns over mismanagement, high taxes, and few services in return

	<p>Decline in community events and opportunities:</p> <ul style="list-style-type: none"> - Fewer local events, programs, and activities to bring people together - Community spirit seen as fading - Limited recreational options - Activities often church-based, not inclusive for all <p>Safety, crime and social disorder:</p> <ul style="list-style-type: none"> - Concerns about rising crime, drug use and visible homelessness - Some residents avoid areas due to feeling unsafe - Fear for children's safety <p>Stigma, judgment and social division:</p> <ul style="list-style-type: none"> - People judged based on income, housing status - Stigma towards those living poverty, using services or in active addiction - Division over social issues - Sense of belonging undermined by criticism and lack of compassion <p>Isolation and disconnection:</p> <ul style="list-style-type: none"> - Limited personal connections; small social circles - Mental or physical health barriers to participation - Lack of inclusive or accessible groups or spaces - No real connections outside of work or home life - COVID, aging or life transitions reducing engagement
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Sense of Belonging Related to Identity

When asked how often they feel out of place in the Municipal District of St. Stephen due to factors such as ethnicity, culture, race, language, accent, gender, sexual orientation, or religion, just over half of respondents (53.6%) said they *never* feel this way. About one in five (22.3%) said they *rarely* feel out of place, while 16.5% selected *some of the time* and 4.9% reported feeling this way *most of the time*. A small number (2.6%) preferred not to answer.

The average score was 3.32 on a 5-point scale, indicating that most respondents *rarely* or *never* feel out of place due to their identity.

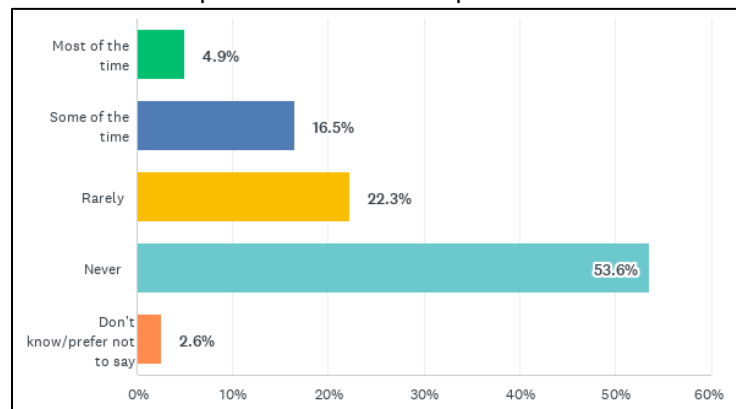


Figure #33: Frequency of Feeling out of Place due to Identity



When Comparing by Gender...

While the majority of both men and women indicated that they either *never* or *rarely* feel out of place, the distribution of responses varied. Most women selected *never* (57.6%) or *rarely* (20.9%), whereas men were more likely to select *rarely* (35.9%) or *never* (40.6%). Smaller proportions of both groups selected *some of the time* or *most of the time*, with women slightly more likely to report feeling out of place occasionally.

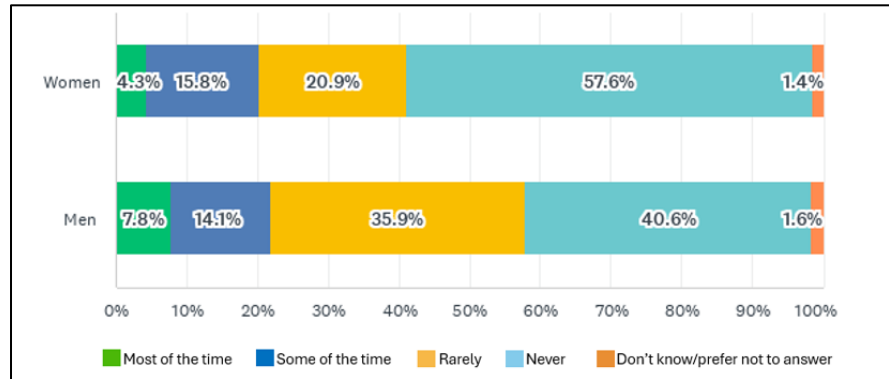


Figure #34: Frequency of Feeling out of Place due to Identity, Compared by Gender

There was a meaningful difference between men and women in how often they feel out of place in the community due to aspects of their identity. Specifically, women were more likely than men to report *never* feeling out of place (57.6% vs. 40.6%), while men were more likely than women to report *rarely* feeling out of place (35.9% vs. 20.9%). These findings were statistically significant at the 95% confidence level ($p < 0.05$).

This suggests that while both groups mostly feel a sense of belonging, women in this sample may feel slightly more secure or consistently included in their community, whereas men more frequently reported occasional experiences of exclusion.

When Comparing by Age...

When combining responses into two categories—those who feel out of place frequently (*most* or *some of the time*) due to identity versus infrequently (*rarely* or *never*)—most age groups reported relatively high levels of inclusion. The majority of groups fell within a range of 15% to 22% frequent exclusion, with 75–85% indicating they *rarely* or *never* feel out of place.

The 55–64 age group stood out slightly, with 29% reporting frequent exclusion—notably higher than other groups.

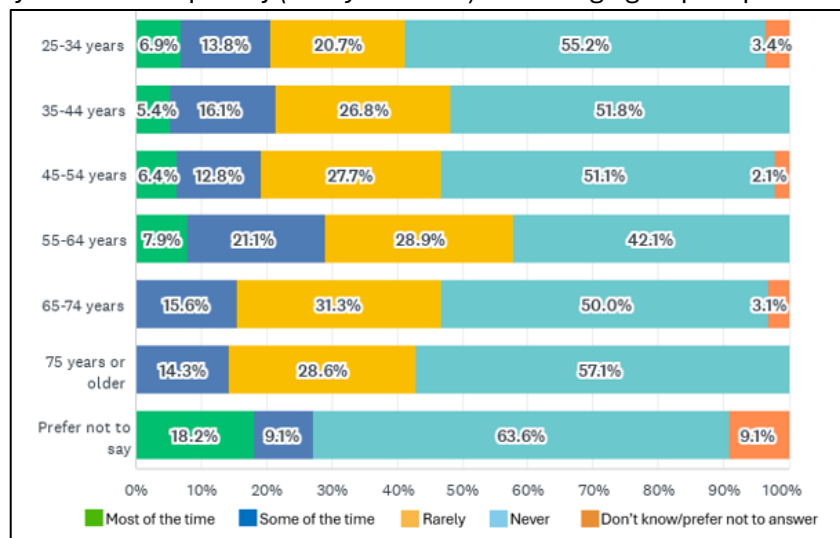


Figure #35: Frequency of Feeling out of Place due to Identity, Compared by Age



When Comparing by Race / Ethnicity...

When asked how often they feel out of place in the Municipal District of St. Stephen due to aspects of their identity, experiences differed notably by race or ethnicity.

White respondents were more likely to report that they *never* feel out of place, with over half (53.7%) selecting this response. In contrast, only 26.7% of racialized respondents said the same. Racialized participants were also far more likely to report feeling out of place *some of the time* (40.0%), compared to just 14.4% of white respondents.

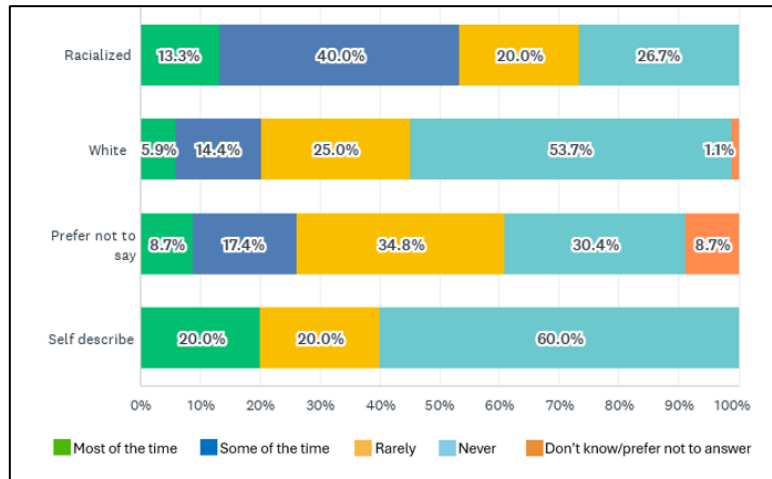


Figure #36: Frequency of Feeling out of Place due to Identity, Compared by Race/Ethnicity

These differences suggest that racialized individuals in St. Stephen are more likely to encounter situations that make them feel excluded or marginalized due to their identity.

When Comparing by Income...

Across most income groups, the majority of respondents indicated they *rarely or never* feel out of place due to aspects of their identity. For example, those earning between \$20,000 and \$99,999 had particularly high rates of *rarely or never* feeling out of place (around 85% or higher).

The one notable exception was respondents earning *less than \$20,000*, where the pattern reversed: only about 54% said they *rarely or never* feel out of place, while a much larger portion (46%) reported feeling out of place either *most* or *some of the time*. This group stood out from the others, though the sample size was relatively small (n=13), which limits the strength of any conclusions.

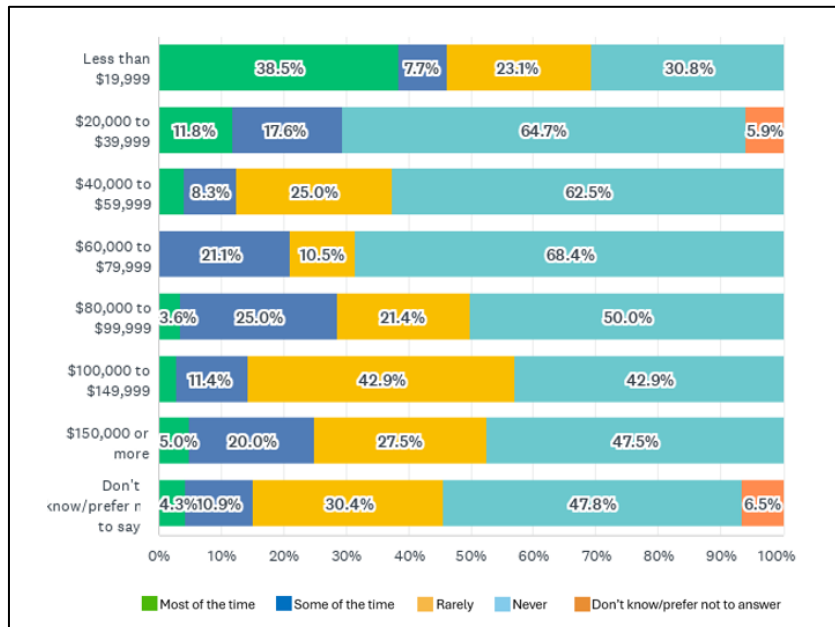


Figure #37: Frequency of Feeling out of Place due to Identity, Compared by Income

In short, while most income groups reported a high sense of inclusion, respondents with the lowest incomes were more likely to experience exclusion tied to aspects of their identity.

Level of Trust

When asked about their level of trust in different groups, respondents reported the highest overall trust in *coworkers* or *colleagues*, with over 80% saying they trust *all* or *most* of them. *Neighbours* also received relatively high trust, with a combined 65.4% of respondents indicating they trust *all* or *most*.

Trust in *local businesses* was somewhat lower. Only 13.1% of respondents said they trust *all* local businesses, though just over half (51.0%) said they trust *most*.

Across all three groups, very few respondents reported having *no trust at all*, suggesting a generally trusting community—particularly toward individuals and groups people interact with more frequently or personally.

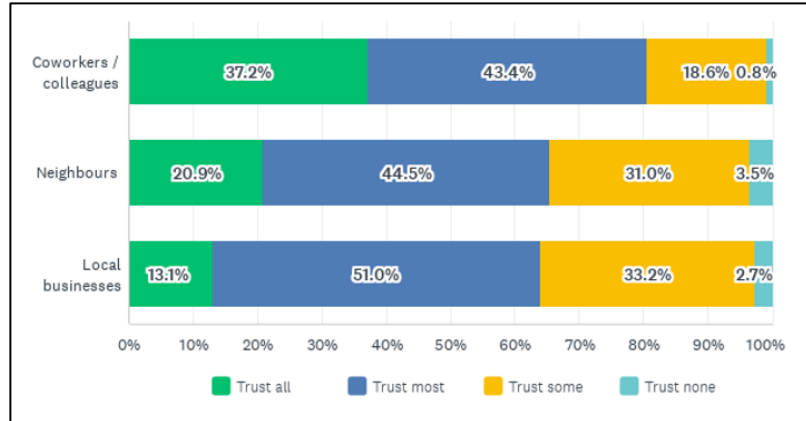


Figure #38: Level of Trust

Belonging, Trust and Relationships Summary

The survey results provide insight into how residents experience belonging, inclusion, and trust in the Municipal District of St. Stephen. This includes overall sense of connection to the community, feelings of exclusion based on identity, and levels of trust in neighbours, coworkers, and local institutions.

What's Going Well

- **Strong or moderate belonging:** 45% of respondents reported a *strong* or *somewhat strong* sense of belonging to St. Stephen.
- **Belonging rooted in social connection:** Respondents who felt a *strong* sense of belonging often described long-term residency, strong personal networks, and participation in community activities as key reasons.
- **Few report identity-based exclusion:** Most respondents *rarely* or *never* feel excluded due to identity—53.6% said they *never* feel out of place, while 22.3% said *rarely*.
- **Trust in others is high:** Over 60% of respondents reported trusting *all* or *most* of their *coworkers*, *neighbours*, and *local businesses*.

Areas of Concern

- **Low overall belonging for many:** 50.5% of respondents reported a *weak* or *somewhat weak* sense of belonging. Lower-income respondents were especially less likely to feel connected to their community.
- **Exclusion based on identity:**
 - 46% of respondents earning under \$20,000 reported feeling out of place *some* or *most* of the time.



- 53.7% of white respondents said they *never* feel out of place, compared to only 26.7% of racialized respondents. Racialized respondents were also more likely to report feeling out of place *some of the time* (40.0%) compared to white respondents (14.4%).
- **Structural and social barriers:** Residents cited exclusion of newcomers, social cliques, limited community events, and poor municipal leadership as barriers to connection. Stigma related to poverty, housing status, or substance use also limited inclusion.

Together, these findings show that while many residents feel socially supported and connected, experiences of belonging are uneven—especially for those who are racialized or low-income. Because social inclusion and trust are protective factors in community safety and well-being, addressing barriers to belonging is essential to building a more connected, inclusive, and resilient community.

Community Safety and Perceptions of Crime

In this section, residents shared how safe they feel in public and private spaces, how often crime-related concerns shape their daily lives, and what types of crime or safety risks they have experienced. The findings also explore which groups feel most vulnerable, what residents believe contributes to (or threatens) local safety, and how the community wants limited resources allocated between enforcement and prevention.

Sources of Information on Safety and Crime

When asked where they turn for information about safety and crime, respondents most often cited informal and personal sources. The top three were *word of mouth* (68.4%), *personal experience* (56.1%), and *Facebook* (52.1%), indicating that many rely on conversations, lived experiences, and social media rather than formal communication channels.

Far fewer respondents reported using official or traditional sources, such as *local media* (24.8%), *police social media* (24.8%), or *police websites* (16.0%). Even fewer cited *national news* outlets, *radio*, or *other online sources*.

These results suggest a clear preference for immediate, community-based information-sharing over institutional or traditional news.

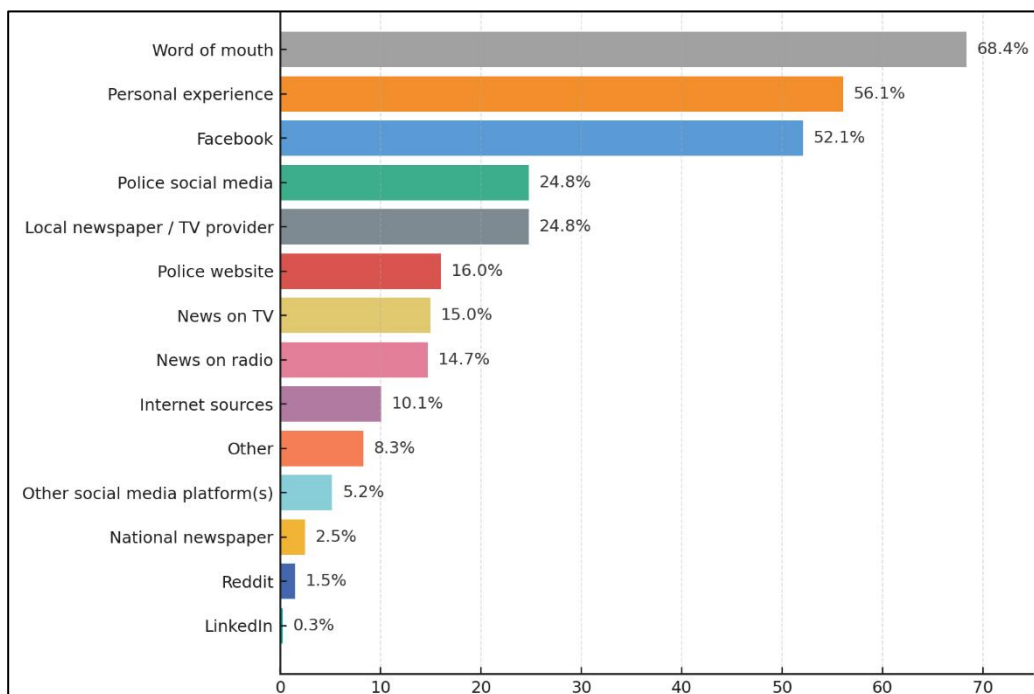


Image #39: Sources of Information on Crime and Safety

Perceptions of Personal Safety in Municipal District of St. Stephen

When asked how satisfied they feel about their personal safety in the Municipal District of St. Stephen, the majority of respondents expressed concern. Two-thirds (67.6%) said they were either *somewhat dissatisfied* or *dissatisfied* with their personal safety. In contrast, only about one-third (32.4%) reported being *somewhat satisfied* or *satisfied*.

The average satisfaction score was 2.99 on a 4-point scale, suggesting that overall feelings of safety lean towards *dissatisfaction*. This suggests that perceptions of safety are a significant issue in the community, with many residents feeling unsafe in their day-to-day lives.

When Comparing by Gender...

When comparing results by gender, women were more likely than men to report feeling *dissatisfied* with their personal safety. Nearly half (44.9%) of women reported being *dissatisfied*, compared to 36.5% of men. In contrast, men were more likely to report feeling *satisfied* or *somewhat satisfied* (a combined 44.5%) compared to women (31.9%).

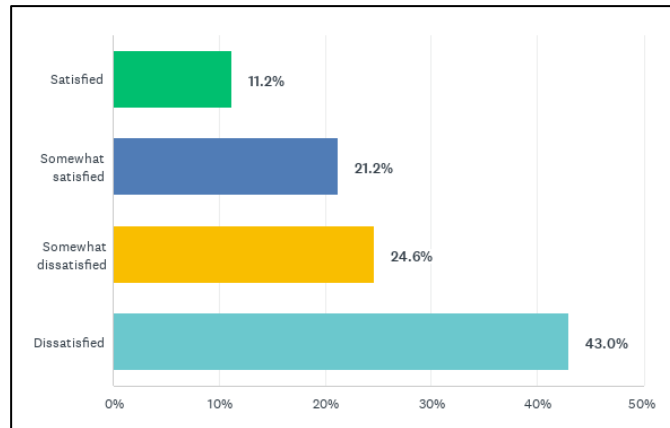


Figure #40: Satisfaction with Personal Safety in St. Stephen

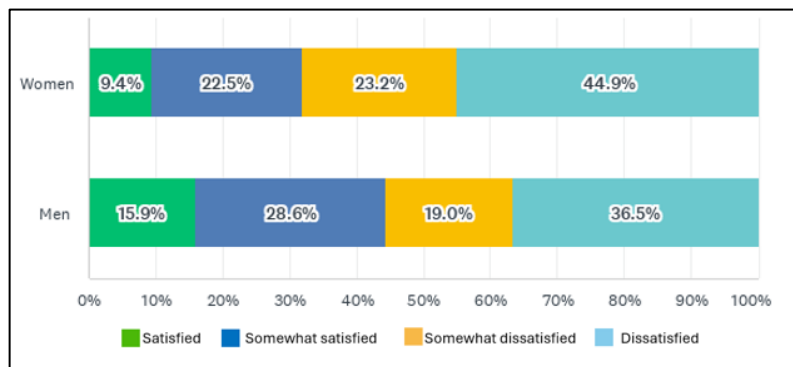


Figure #41: Satisfaction with Personal Safety in St. Stephen, Compared by Gender

The average safety rating among women was 3.04, indicating a leaning toward *dissatisfaction*, while the average for men was slightly more positive at 2.76. While there is no statistical significance, this difference still suggests a gender gap in how safe respondents feel in the community, with women expressing greater concern.

When Comparing by Age...

Across most age groups, more respondents reported feeling *dissatisfied* than *satisfied* with their personal safety. However, two groups stood out:

- Adults aged 35–44 had the highest dissatisfaction rate, with 60.7% saying they were *dissatisfied* and only 3.6% reporting *satisfaction*. This suggests a notably more negative perception of personal safety among respondents in this age bracket.
- In contrast, respondents aged 75 years or older had the highest satisfaction levels, with 57.2% expressing some level of satisfaction. This group was the only one where satisfaction outweighed dissatisfaction.

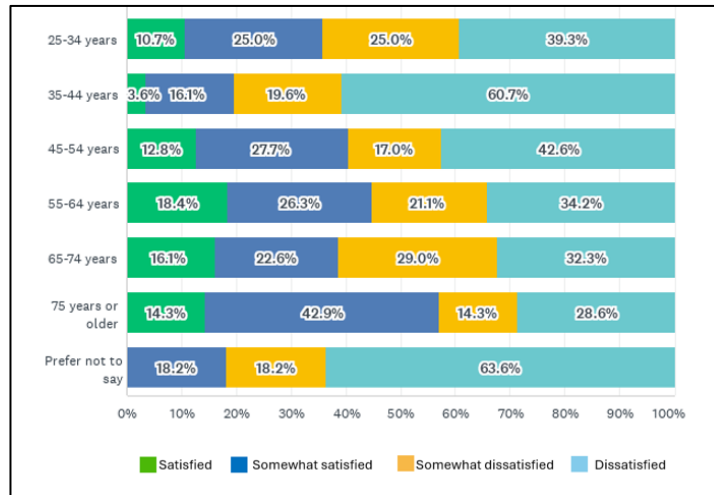


Figure #42: Satisfaction with Personal Safety in St. Stephen, Compared by Age

While these trends were not statistically significant, they highlight potentially meaningful differences in experiences and perceptions of personal safety across age groups.

When Comparing by Race / Ethnicity....

There were no statistically significant differences in satisfaction with personal safety across racial groups. However, racialized respondents reported slightly higher levels of *dissatisfaction* (46.2%) compared to White respondents (42.5%). Similarly, White respondents were more likely to report *satisfaction* (combining *satisfied* and *somewhat satisfied*: 36.1%) than racialized respondents (30.8%).

Due to small sample sizes, results for those who self-identified their race or selected *prefer not to say* should be interpreted with caution, though both groups reported notably high *dissatisfaction*.

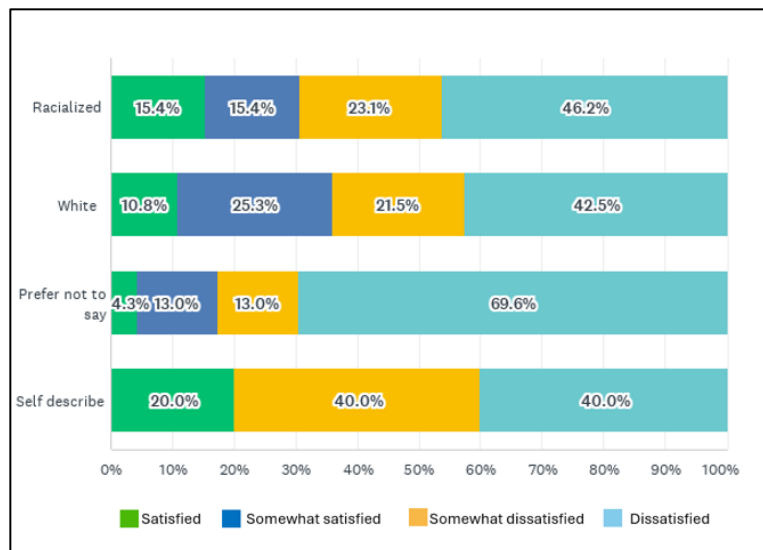


Figure #43: Satisfaction with Personal Safety in St. Stephen, Compared by Race/Ethnicity



When Comparing by Income...

Personal safety concerns were reported at different rates depending on income, with some trends emerging across brackets. Respondents with household incomes between \$20,000 and \$39,999 reported the highest combined *dissatisfaction* (76.5%), followed closely by those in the \$40,000 to \$59,999 range (69.5%).

In contrast, those earning \$60,000–\$79,999 were the most likely to feel safe, with nearly half (47.4%) reporting they were *satisfied* or *somewhat satisfied* with their personal safety. Interestingly, respondents in the lowest income group (under \$20,000) also reported relatively high *satisfaction* (63.7%), though this group had a very small sample size (n=11) and should be interpreted with caution.

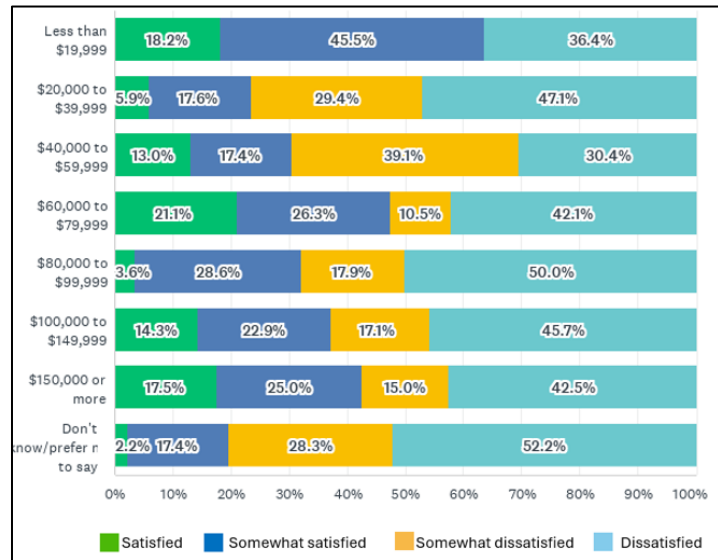


Figure #44: Satisfaction with Personal Safety in St. Stephen, Compared by Income

Feelings of Safety During Daylight

Residents were asked to rate how safe they feel in various locations during daylight hours. Most reported feeling safe in structured or familiar environments, such as their *residence* (85.0%), *workplace* (85.1%), and *while driving* (84.1%). These locations had the highest combined *very safe* and *somewhat safe* ratings, suggesting that daily routines in private or semi-private spaces feel generally secure.

Perceptions of safety dropped in more public or less regulated areas—most notably *downtown* (49.7%), *parks* (45.9%), and *local malls/plazas* (77.0%).

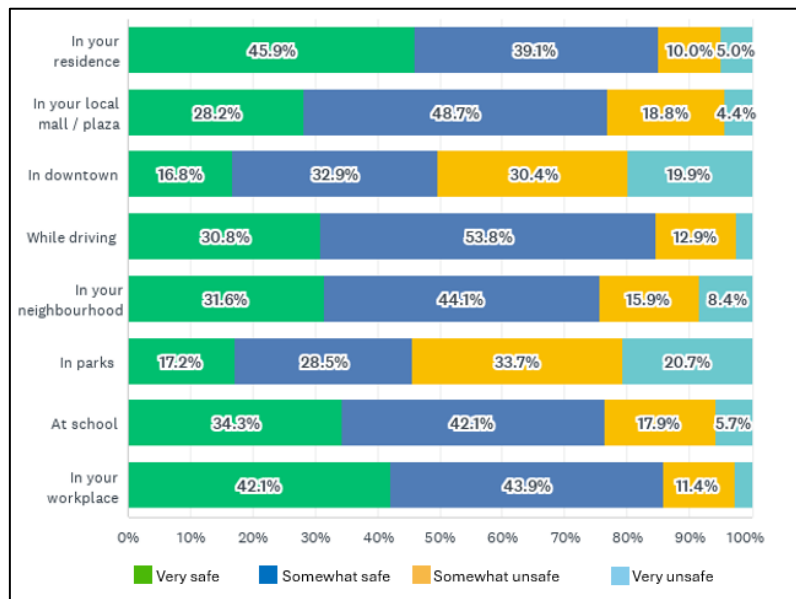


Figure #45: Feelings of Safety during Daylight Hours

Downtown and *parks* had the highest rates of people feeling somewhat *unsafe* or *very unsafe*, at 50.3% and 40.1% respectively.

These findings highlight a contrast between private and public space safety: while most residents feel secure in controlled settings, there are strong concerns about safety in open or unstructured community spaces.

Feelings of Safety After Dark

Respondents were asked to rate how safe they feel in various locations after dark. Compared to daytime responses, perceptions of safety declined noticeably across most locations. While a majority still reported feeling *very* or *somewhat safe* in their *residence* (63.4%) and *workplace* (65.2%), safety levels dropped significantly in public and outdoor spaces.

Only 23.9% of respondents said they feel *safe downtown* at night, and just 20.9% felt safe in *parks*—where over half (53.2%) rated the area as *very unsafe*. Similar concerns were noted at *schools* (46.2%), in *neighbourhoods* (44.8%), and in *local malls* or *plazas* (53.4%), where large portions of residents expressed feeling *unsafe* during nighttime hours.

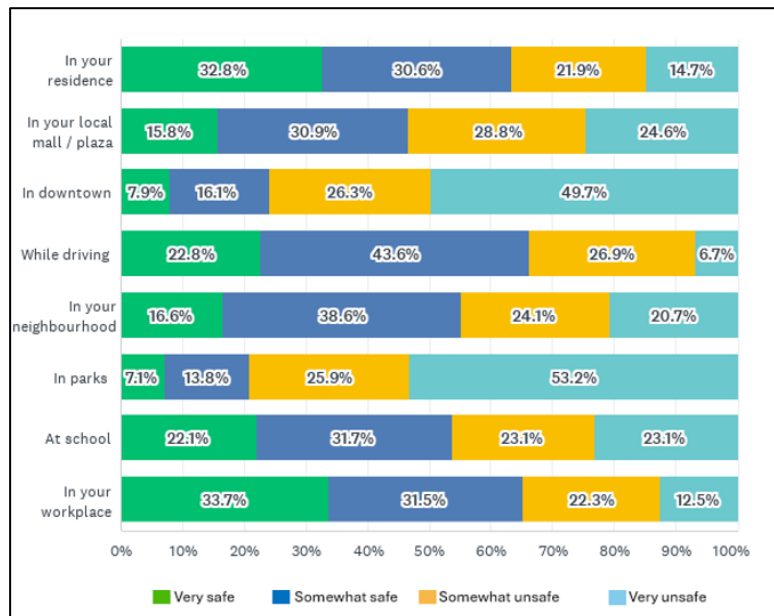


Figure #46: Feelings of Safety After Dark

These findings highlight a clear pattern: while private or controlled environments remain relatively trusted after dark, public spaces become sources of concern.

What Could Improve Feelings of Safety?

Following questions about when and where residents feel safe, the survey also asked what could be done to help them feel safer in the Municipal District of St. Stephen. Responses revealed a wide range of suggestions—some focused on increased police presence and stricter enforcement, while others emphasized social supports, stigma reduction, and community infrastructure improvements.

Many residents linked their sense of safety to visible concerns like drug use, homelessness, and public intoxication. Others described deeper issues, including a lack of trust in local leadership, inadequate street lighting, or the experience of being judged or excluded due to poverty, addiction, or mental illness. The table below summarizes the major themes and actions suggested by respondents. Together, they reflect both diverse experiences and varying perspectives on what community safety could look like.



Theme	Actions
Increase Police Presence and Enforcement	<ul style="list-style-type: none"> - Call for more visible and consistent RCMP or municipal police patrols - Requests for foot patrols and 24/7 presence - Frustration with “catch and release” justice system - Desire for stricter enforcement, arrests, and longer jail sentences
Homelessness and Shelters	<ul style="list-style-type: none"> - High volume of comments demanding removal or relocation of shelters - Frustration with visible homelessness and perceived links to drug use - Strong calls to “move shelters outside of town limits”
Drug Use and Public Intoxication	<ul style="list-style-type: none"> - Repeated mentions of public drug use in parks and near businesses - Calls to remove or ‘crack down’ on drug users - Support for more detox/rehab services, often paired with punitive measures
Address Stigma	<ul style="list-style-type: none"> - Some respondents describe safety concerns related to how they are treated by others in community Residents who are houseless or in recovery report being judged, excluded or labelled - Experiences of stigma linked to worsened mental health, barriers to support and physical safety concerns - Calls for the public and institutions to better understand addiction, mental illness and housing precarity; highlight the need for compassion and more inclusive approaches to safety that recognize and support vulnerable residents
Built Environment Improvements	<ul style="list-style-type: none"> - More lighting, especially in parks and along trails - Cleaning up abandoned buildings and properties - Fixing sidewalks, and improving general infrastructure in town
Accountability of Municipal Government	<ul style="list-style-type: none"> - Perceived lack of leadership, communication or transparency - Calls for better bylaw enforcement, quick response to crime, and clearer communication beyond the Alertable app

Perceived Changes in Crime over the Last Three Years

When asked whether crime in St. Stephen has changed over the past three years, the vast majority of respondents (81.2%) said they believe it has *increased*. A smaller group (11.1%) felt that crime levels have *remained the same*, while only 2.2% perceived a *decrease*. The average rating was 2.90, further reinforcing the strong perception that crime has worsened in recent years.

Although a few respondents (5.5%) indicated they didn't know or preferred not to answer, the overall trend reflects widespread concern about rising crime in the community.

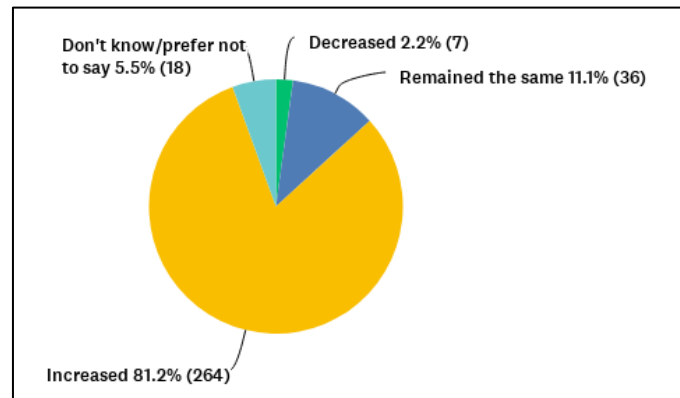


Image #47: Perception of Crime in St. Stephen over Last 3 Years

Perceived Crime in St. Stephen Compared to the Rest of New Brunswick

Nearly half of respondents (47.4%) believe that St. Stephen has *more crime* than other parts of New Brunswick. About one-third (33.8%) feel crime levels are about *the same*, while only a small number (4.9%) believe the community has *less crime*. The average rating leaned toward *more crime* (mean = 2.70), reinforcing the broader perception of St. Stephen as less safe than surrounding areas.

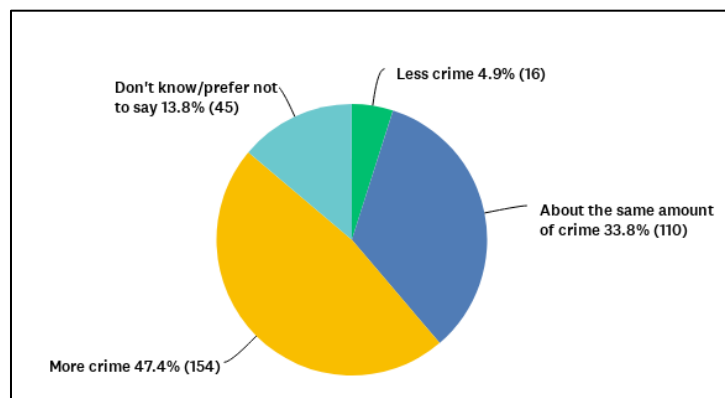


Image #48: Perceptions of Crime in St. Stephen Compared to New Brunswick

This perception mirrors other survey findings, including concerns about increasing crime over the past three years and lower feelings of safety in public spaces—particularly after dark. Together, these insights point to a sense that crime is not just rising locally, but is also seen as disproportionately affecting St. Stephen compared to the province as a whole.



Level of Concern about Experiencing Crime in St. Stephen

When respondents were asked how concerned they are about experiencing crime in the Municipal District of St. Stephen, the majority reported high levels of concern. Over half (56.8%) said they were *very concerned*, and an additional 21.9% were *moderately concerned*. Smaller proportions were *slightly concerned* (17.0%) or *not at all concerned* (4.3%). These results suggest that fear of crime is a significant issue for many residents.

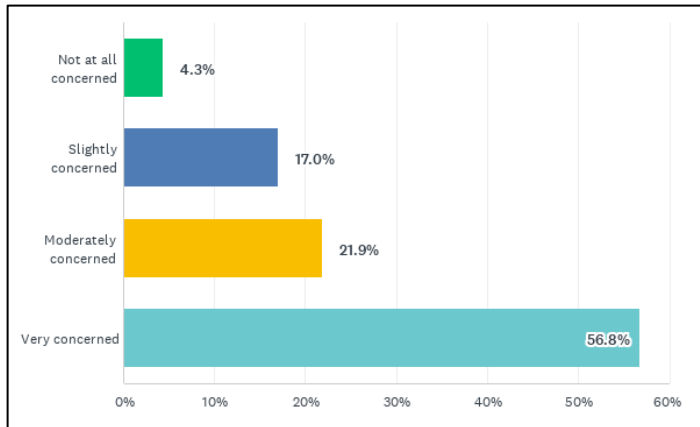


Figure #49: Level of Concern about Experiencing Crime in St. Stephen

When Comparing by Gender...

While overall concern was high across genders, women were slightly more likely than men to say they were *very concerned* (55.4% vs. 50.0%), while men were somewhat more likely to say they were *slightly concerned* (23.4% vs. 18.0%). However, these differences were not statistically significant, indicating that levels of concern about crime were relatively consistent across men and women.

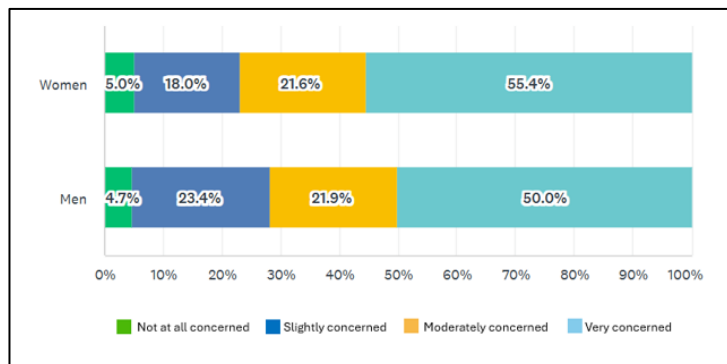


Figure #50: Level of Concern about Experiencing Crime in St. Stephen, Compared by Gender

When Comparing by Age...

All age groups reported moderate to high levels of concern. In particular, those aged 35–44 and 75+ had the highest rates of respondents who reported being *very concerned* (62.5% and 57.1% respectively). Meanwhile, younger adults (ages 25–34) stood out for having the highest proportion who expressed being only *slightly* or *moderately concerned* (51.7%). While some variation exists between age groups, these differences were not statistically significant.

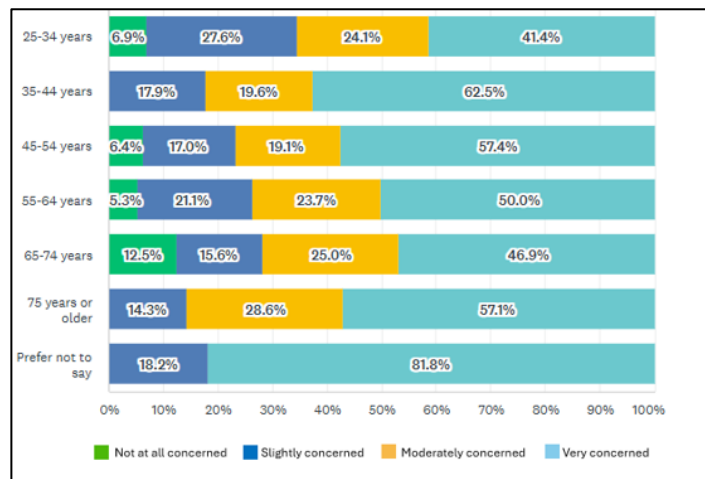


Figure #51: Level of Concern about Experiencing Crime in St. Stephen, Compared by Age



When Comparing by Race / Ethnicity...

When respondents were asked how concerned they were about experiencing crime in the Municipal District of St. Stephen, results were relatively consistent across racial and ethnic identities. A majority of both racialized and white respondents reported being *very concerned* (53.3% and 53.2%, respectively). While small sample sizes limit definitive conclusions, a slightly higher proportion of racialized respondents reported being *not at all concerned* compared to white respondents (13.3% vs. 4.3%). These differences were not statistically significant.

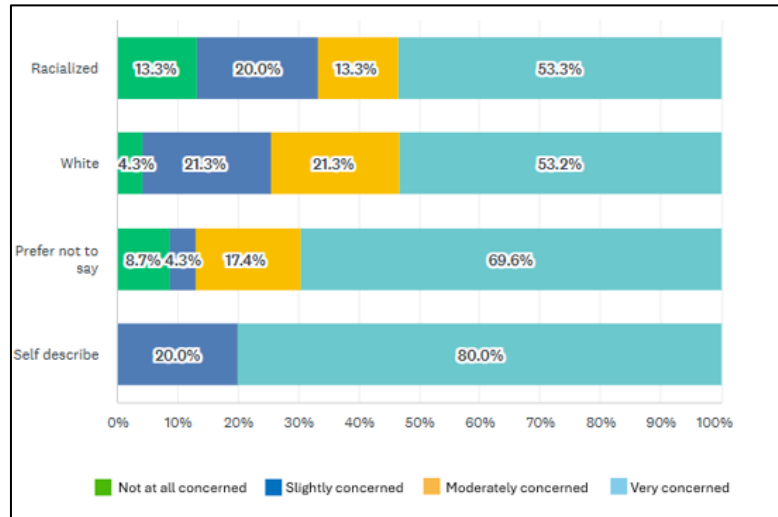


Figure #52: Level of Concern about Experiencing Crime in St. Stephen, Compared by Race/Ethnicity

When Comparing by Income...

When respondents were asked how concerned they are about experiencing crime in the Municipal District of St. Stephen, the level of concern varied across income groups. In most income brackets, a majority of respondents reported being either *moderately* or *very concerned*—particularly those with household incomes between \$100,000 and \$149,999, where nearly two-thirds (65.7%) expressed high levels of concern. Interestingly, respondents with the lowest reported income (under \$20,000) were the least concerned overall, with 16.7% saying they were *not at all concerned* and another 58.3% only *slightly concerned*. However, this group had a small sample size (n=12), and results should be interpreted with caution.

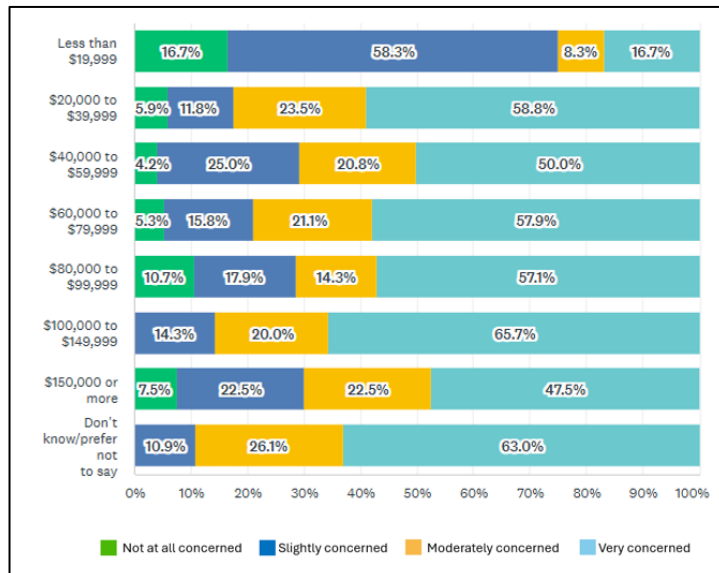


Figure #53: Level of Concern about Experiencing Crime in St. Stephen, Compared by Income

Impact of Crime-Related Worry

When asked how often worrying about crime prevents them from doing things they would like to do, more than one-third of residents (38.3%) said this happens *often* (32.4%) or *always* (5.9%). Another 34.9% reported this occurs *occasionally*.

By contrast, only about one in four respondents said that worry *rarely* (13.9%) or *never* (13.0%) limits their activities. The average response was 2.96, indicating that crime-related worry is a common experience for many residents and may regularly shape their decisions and behaviours.

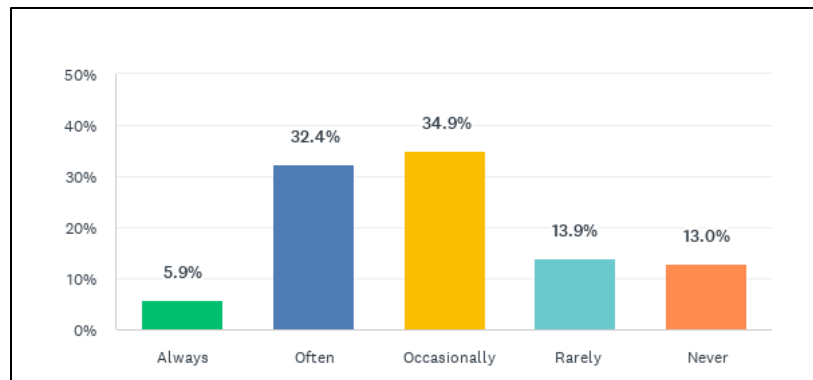


Figure #54: How Often Fear of Crime Limits Activities

Experiences of Crime in the Last Three Years

Over the past three years, the most commonly reported experiences among residents in the Municipal District of St. Stephen were *dangerous driving* (58.4%), *harassment or threatening behaviour* (47.2%), and *property damage or vandalism* (34.9%). These issues appear to be the most widespread experiences of crime, affecting a significant portion of the population.

Less frequently reported but still notable were experiences such as *fraud or scams* (23.6%), *break and enters* (20.4%), and *car break-ins* (15.9%). A smaller proportion of respondents reported experiencing *robbery* (12.5%), *assault by a stranger* (8.5%), *domestic violence* (5.9%), or *unwanted sexual contact* (2.8%). While these incidents were reported by fewer individuals, they still represent important concerns.

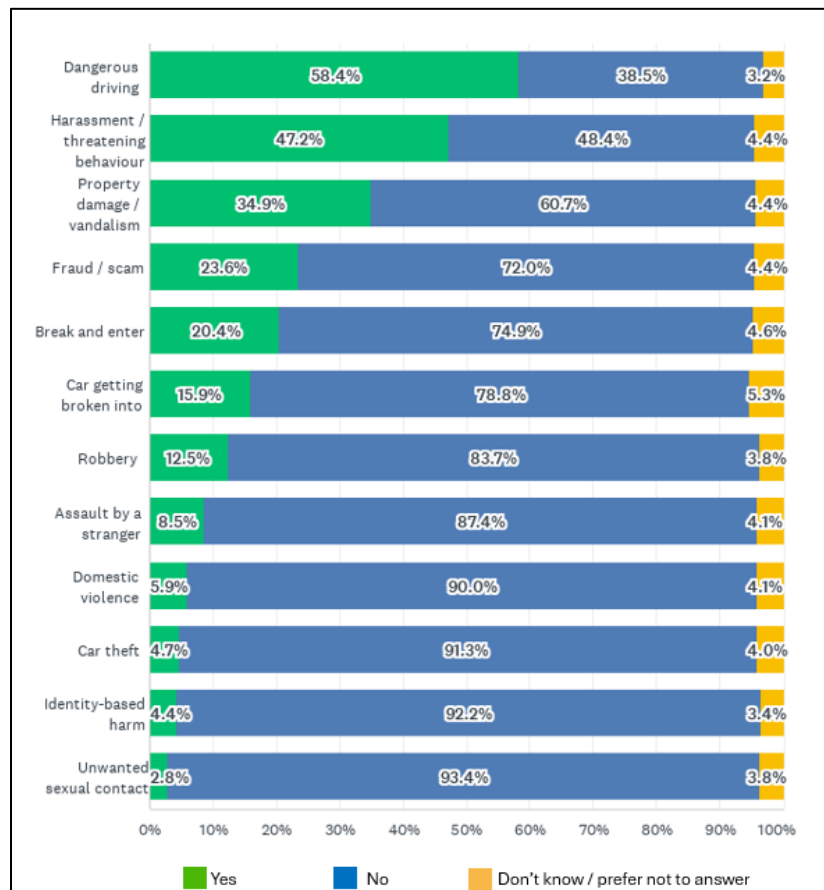


Figure #55: Experiences of Crime in the Last 3 Years



Police Involvement

Among those who experienced crime in the last three years in the Municipal District of St. Stephen, police involvement varied widely by incident type. *Break and enters* (84.8%), *car theft* (80.0%), and *robbery* (72.5%) were the most likely to result in a police report. In contrast, incidents such as *fraud or scams* (18.7%) and *dangerous driving* (27.6%) were far less likely to involve police contact.

Experiences involving interpersonal or identity-based harm showed more mixed reporting patterns: *assault by a stranger* (70.4%) and *domestic violence* (57.9%) were more often reported, while *unwanted sexual contact* (33.3%) and *identity-based harm* (50.0%) were less frequently brought to police attention. It is important to note that the number of respondents reporting experiences of *domestic violence*, *unwanted sexual contact*, and *identity-based harm* was very small, so these figures should be interpreted with caution.⁴ These findings suggest that beyond the nature of the crime, other factors—such as stigma, safety concerns, or trust in systems—may influence whether individuals choose to involve police.

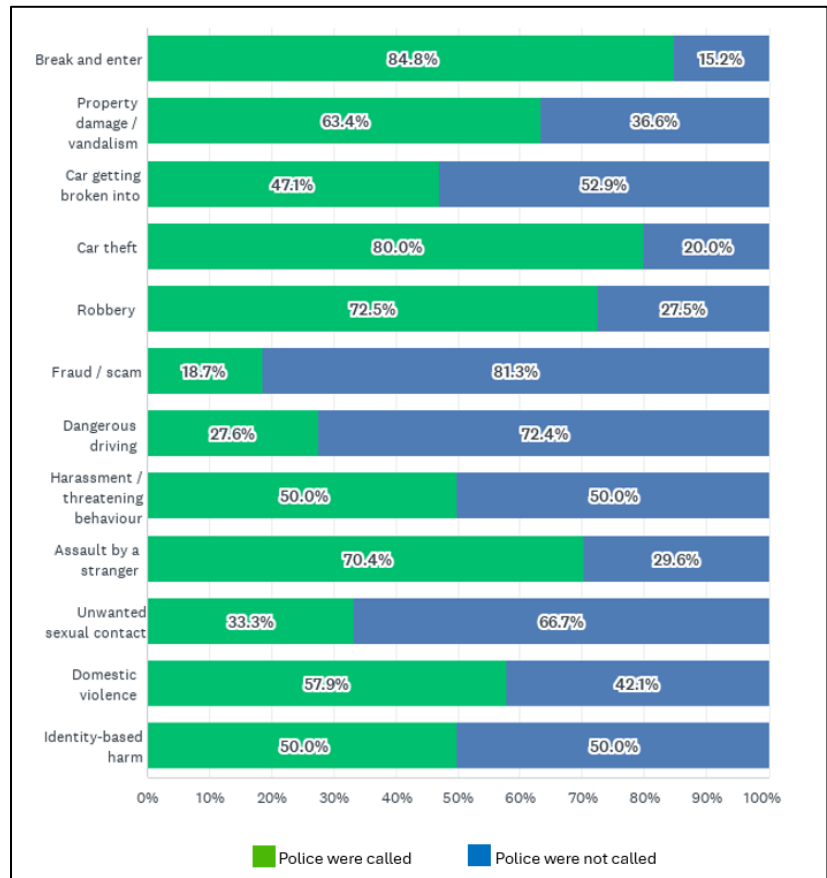


Figure #56: Experiences of Crime in Last 3 Years, Police Involvement

⁴ Note: Lower police reporting rates for incidents such as sexual violence, domestic violence, and identity-based harm are consistent with broader research. These forms of harm are widely known to be underreported, often due to stigma, fear of judgment, or lack of trust in the justice system. The criminal incidents that go unreported or unrecorded are referred to as the “dark figure of crime.”

Parental/Caregiver Comfort with Outdoor Play in Neighbourhood

When asked how comfortable they feel allowing their children to play outside in their neighbourhood, responses were mixed. Just over one-third of respondents (34.4%) said they feel either *completely* (8.8%) or *mostly* (25.6%) comfortable. However, a significant proportion expressed unease: 36.7% reported feeling only *somewhat* comfortable, and 27.4% said they were *not at all* comfortable with the idea of outdoor play.

The average response was 3.92 on a 5-point scale, landing between *somewhat* and *not at all comfortable*, reinforcing the idea that outdoor safety is an area of uncertainty for many families.⁵

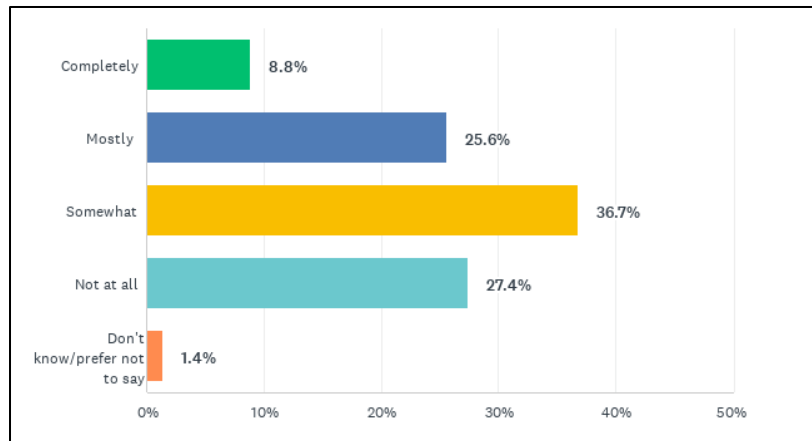


Figure #57: Parental/Caregiver Comfort with Children Playing Outside in their Neighbourhood

Additional Concerns about Crime and Public Safety

When asked to describe any other crime or public safety-related concerns in the Municipal District of St. Stephen, residents provided detailed and often emotionally charged responses. Several clear themes emerged from the data, reflecting a broad spectrum of experiences and perceptions related to safety in the community. The main themes and concerns are summarized in the chart below.

Theme	Summarized Concerns
Drug use and addiction	<p>Respondents overwhelmingly cited open drug use in public spaces—sidewalks, parks, near schools/daycares, and business areas—as a key concern. Many described witnessing people using or selling drugs, finding paraphernalia (e.g., needles, crack pipes), or encountering individuals visibly intoxicated or experiencing crises. Several responses referenced increased aggression, unpredictable behavior, or fear for children and personal safety.</p> <p>Key Concerns:</p> <ul style="list-style-type: none"> - Public visibility of drug use - Safety risks (needles, aggression, break-ins) - Perception of rising addiction rates - Frustration with lack of consequences or treatment options

⁵ Note: “Not applicable” responses (n=109) were excluded from analysis.



Homelessness	<p>Participants reported frustration with people experiencing homelessness occupying abandoned properties, squatting in sheds, and living in backyards or public spaces. Many called for shelters to be moved outside the downtown core. Some expressed compassion or emphasized the need for housing and support; others were more critical, describing fear, disorder, property impacts and crime.</p> <p>Key Concerns:</p> <ul style="list-style-type: none"> - Encampments in parks or near schools - Perceived link between homelessness, crime, and drug use - Abandoned homes used for shelter - Visible increase in homelessness within residential areas
Property Crime and Theft	<p>Residents described repeated experiences with break-ins, stolen property, trespassing, and vandalism. Many felt targeted due to proximity to known “problem properties” or downtown areas. Several noted the same individuals repeatedly committing thefts without consequence, creating a sense of helplessness or constant vigilance.</p> <p>Key Concerns:</p> <ul style="list-style-type: none"> - Theft from homes, yards, vehicles, and businesses - Vandalism and property damage - Fear of leaving homes unattended - Repeat offenders and lack of enforcement
Law Enforcement and Policing Issues	<p>Some respondents described a lack of police presence or response, especially at night. Others expressed mistrust in the RCMP or believed officers were not empowered or supported to act effectively.</p> <p>Key Concerns:</p> <ul style="list-style-type: none"> - Delayed or absent police response - Calls going unanswered or dismissed - Desire for a municipal police force - Fatigue or burnout among officers
Traffic and Vehicle Concerns	<p>Concerns included unsafe driving, ATVs and dirt bikes on public roads, speeding, and vehicles without proper lighting or helmets. These were particularly alarming in areas with children or heavy pedestrian traffic.</p> <p>Key Concerns:</p> <ul style="list-style-type: none"> - Speeding near schools and homes - Off-road vehicles (ATVs, dirt bikes) on streets - Noise disturbances from vehicles - Risk of accidents and lack of enforcement
Safety Concerns and Fear	<p>Respondents reported feeling unsafe walking in town—especially after dark—due to public drug use, aggression, or erratic behavior. Some said they avoid certain streets or no longer let their children play outside.</p>

	<p>Key Concerns:</p> <ul style="list-style-type: none"> - Fear of walking alone - Avoidance of certain areas or parks - Unsafe routes to schools or work - General sense of insecurity and unease
Mental Health	<p>Some responses mentioned mental illness either as a personal concern or as a factor contributing to public safety issues. Some noted erratic or threatening behavior from individuals appearing unwell, while others emphasized the lack of mental health services as a root cause.</p> <p>Key Concerns:</p> <ul style="list-style-type: none"> - Public mental health crises - Lack of support services or crisis response - Perception of untreated or escalating issues - Impact on community safety and well-being

Who Respondents See as Responsible for Community Safety

When asked to identify the individuals, organizations, or services they believe play an important role in community safety, most respondents emphasized both enforcement and support-based approaches. *Police services* (88.4%) and *mental health services* (79.4%) were seen as playing the most significant roles, followed by *bylaw enforcement* (62.5%), *municipalities* (57.8%), and *social services* (56.6%).

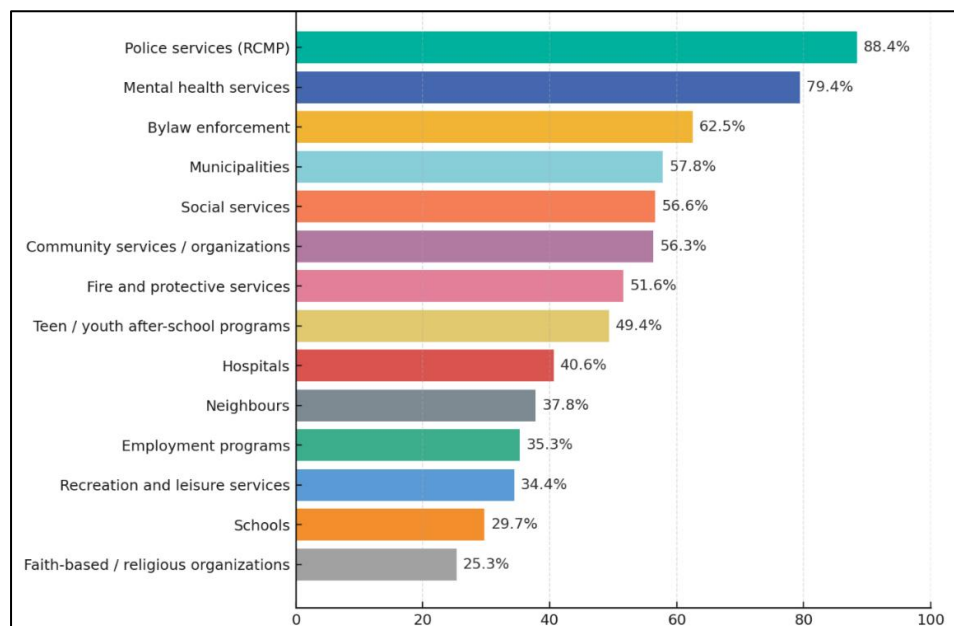


Figure #58: Who Respondents See as Responsible for Community Safety

More than half of participants also recognized the importance of *community organizations* (56.3%), *fire and protective services* (51.6%), and *youth programs* (49.4%). Fewer respondents highlighted *neighbours*, *schools*, or *faith-based organizations* as key to safety.

Spending Priorities: Enforcement vs. Prevention

When asked how limited government resources should be allocated to address crime, most respondents expressed support for a balanced or enforcement-heavy approach. The largest portion (31.6%) preferred a *50/50 split between enforcement and prevention*, while a similar share (30.9%) supported a *75/25 split in favour of enforcement*. Together, these two groups made up over 60% of responses, indicating broad community support for integrating both approaches—particularly with a tilt toward enforcement.

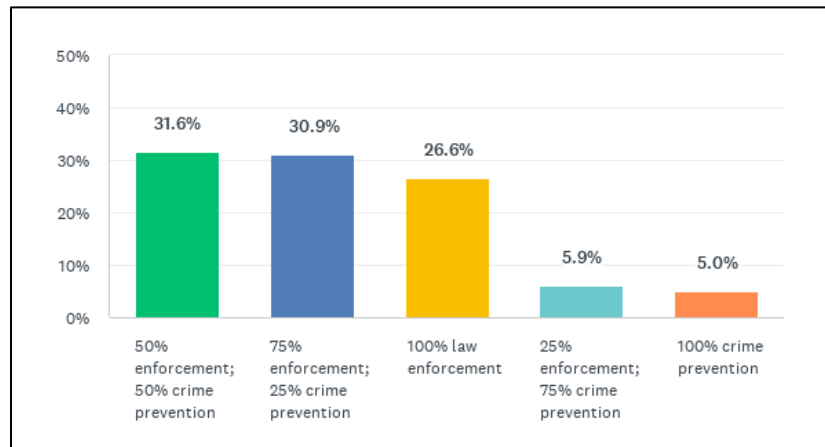


Figure #59: Resident Preferences for Government Spending on Crime

A smaller but notable share (26.6%) supported directing all resources to law enforcement alone. In contrast, relatively few respondents prioritized prevention-only strategies, with just 5.9% supporting a *75/25 prevention-focused* split and only 5.0% choosing a *fully prevention-based* approach.

These results suggest that while residents value prevention, there is a stronger preference for visible, responsive enforcement efforts in addressing community safety—particularly when resources are limited.

Community Safety and Perceptions of Crime Summary

The following summary highlight's key themes from the survey results on safety and perceptions of crime in the Municipal District of St. Stephen, including what's going well and areas of concern

What's Going Well

- **Strong trust in close environments:** Most residents feel safe in personal or structured spaces during the day, including *at home* (85.0%), *at work* (85.1%), and *while driving* (84.1%). Even after dark, two-thirds feel safe at *home* (63.4%) and *work* (65.2%).
- **Community-based information networks:** Most respondents rely on *word of mouth* (68.4%), *personal experience* (56.1%), and *Facebook* (52.1%) to stay informed about crime and safety—suggesting strong informal communication channels.
- **Recognition of shared responsibility:** Most residents identified *police* (88.4%), *mental health services* (79.4%), and *social supports* as important to community safety, highlighting broad community buy-in for enforcement and care-based solutions.

Areas of Concern

- **Widespread dissatisfaction with safety:** Two-thirds (67.6%) of residents reported being *dissatisfied* or *somewhat dissatisfied* with their personal safety. Women and lower-income residents expressed the most concern.
- **Significant fear of crime:** 56.8% of respondents were *very concerned* about experiencing crime. Fear was consistent across most demographic groups.
- **Crime-related worry limits daily life:** Over one-third (38.3%) of residents said worry about crime *often* or *always* prevents them from doing things they would like to do, suggesting that safety concerns are shaping behaviour and routines.
- **Public spaces seen as unsafe:** Safety ratings drop significantly in public areas—especially after dark. Only 23.9% feel safe *downtown* at night, and just 20.9% feel safe in *parks*. Daylight safety in these spaces is also relatively low.
- **Concerns from parents and caregivers:** Only one-third of respondents feel *completely* or *mostly* comfortable letting children play outside. A large portion—64.1%—feel only *somewhat* or *not at all comfortable*.
- **Low police involvement in some crimes:** While *break-ins* and *robbery* were often reported to police, crimes like *fraud* (18.7%) and *dangerous driving* (27.6%) were less likely to be.
- **Community frustration and polarization:** Open-ended feedback reveals strong concerns about public drug use, homelessness, law enforcement gaps, stigma, mental health issues, and deteriorating trust in local leadership.
- **Safety solutions often rooted in stigma and exclusion:** Open-text responses revealed that many proposed actions—such as relocating shelters or policing visible poverty—are shaped by stigma toward people who use drugs, those experiencing homelessness, or those living with mental illness.

The data reveals a community where feelings of safety are low and concerns about crime are widespread. While many residents trust those in their immediate circles and support shared responsibility for safety, public spaces—especially after dark—are seen as unsafe. Women and lower-income residents report particularly strong fears or negative experiences. Given that real and perceived safety directly impact residents' freedom, mental health, and inclusion, these findings reinforce the need for a community safety and well-being approach that addresses both enforcement gaps and root causes such as poverty, housing, stigma, and social exclusion.

Substance Use

Substance use has far-reaching impacts on individual and community well-being. This section explores residents’ perceptions of how problematic different substances are in the Municipal District of St. Stephen, as well as how substance use patterns have changed over the past three years.

Perceptions of Problematic Substance Use

Respondents were asked to rate how problematic they believe various substances are within the Municipal District of St. Stephen. The responses indicate a strong community concern about the local impacts of certain drugs, particularly opioids and methamphetamines.

Fentanyl and illicit opioids were overwhelmingly identified as serious issues, with nearly 9 in 10 respondents (87.7%) stating they are *very much a problem*. *Crystal meth* followed closely behind, with 83.3% indicating similarly high levels of concern. *Prescription drug* misuse was also widely regarded as problematic—over half of respondents (52.9%) rated it as *very much a problem*, and an additional 27.4% said it was *somewhat of a problem*.

Cocaine and *heroin* were also flagged by many respondents as significant concerns, though higher rates of uncertainty were noted—particularly regarding heroin, where 36.2% selected *don’t know*. *Alcohol* received more mixed responses; while fewer people rated it as a major issue, nearly half (45.9%) still considered it at least *somewhat of a problem*.

Substances such as *MDMA/ecstasy* and *cannabis* elicited the most divided opinions. Cannabis, in particular, was the only substance for which over a third of respondents (34.8%) said it is *not a problem*, indicating more public acceptance or normalization.

In addition to the listed substances, a small number of respondents mentioned other substances of concern through open-ended responses. These included *xylazine/crank* (also known as “tranq”), *cigarette smoke or tobacco*, *vaping*, *ketamine*, and, in some cases, safe supply medications such as

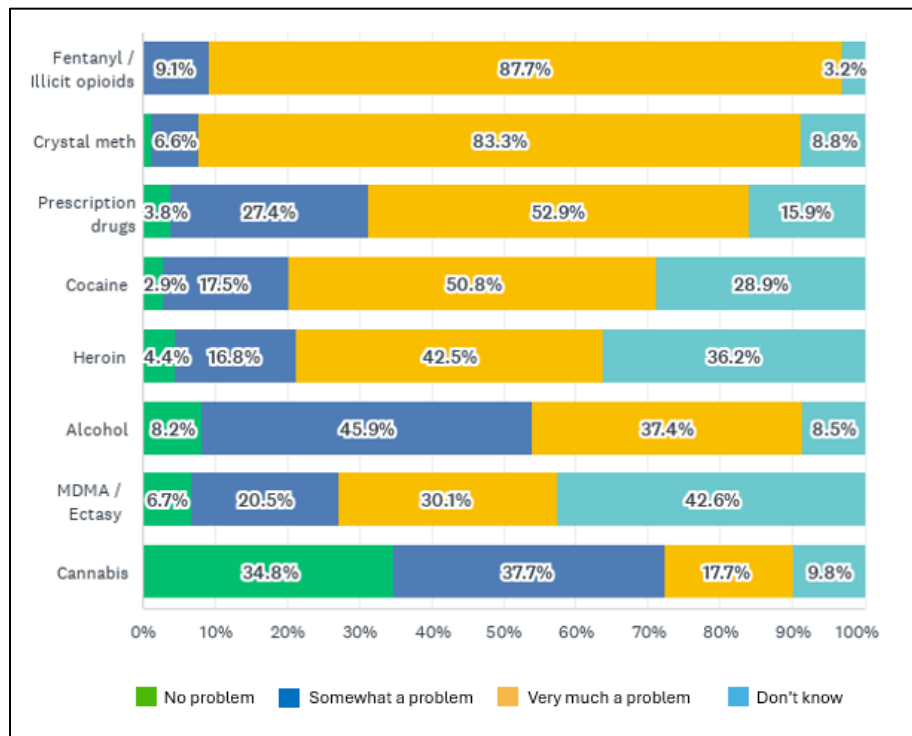


Figure #60: Perceived Problematic Substance Use in the Municipal District of St. Stephen

naloxone. While mentioned less frequently, these responses reflect a broader spectrum of perceived substance-related challenges in the community.

Taken together, the findings highlight a high level of perceived harm associated with fentanyl, crystal meth, and prescription drug misuse in the community.

Perception of Change in Substance Use in St. Stephen in Last 3 Years

When respondents were asked how substance use in the Municipal District of St. Stephen had changed over the past three years, nearly 90% reported that it had either *increased* (79.7%) or *somewhat increased* (10%). In contrast, only 4.7% felt that substance use had *stayed the same*. A very small proportion—just 1.5%—believed that it had *decreased* (0.9% *somewhat decreased*, 0.6% *decreased*). These findings reflect a strong and widely shared perception that substance use in the community has grown significantly.

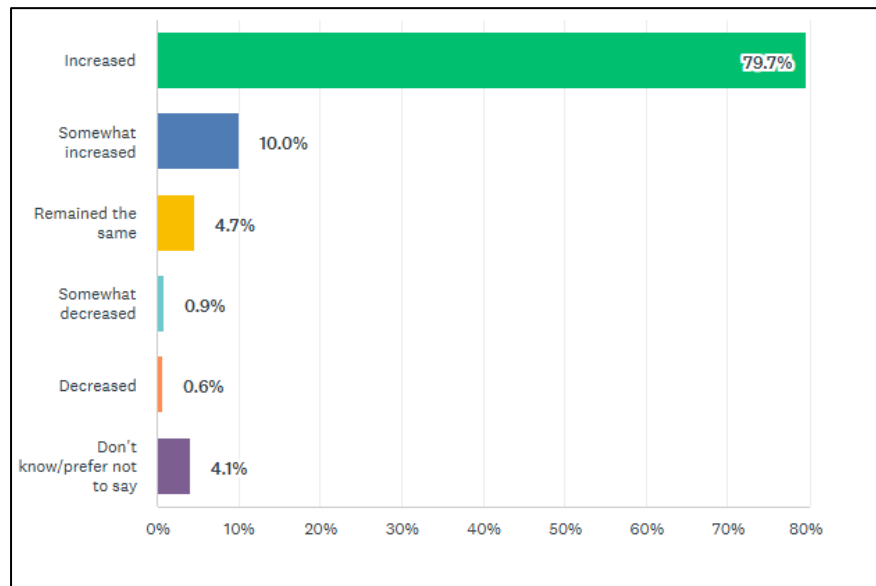


Figure #61: Perception of Change in Substance Use in St. Stephen in Last 3 Years

When Comparing by Gender...

When respondents were asked whether substance use in the Municipal District of St. Stephen had changed over the last three years, the majority across gender groups reported an increase. Specifically, 87.8% of women (77.7% *increased* + 10.1% *somewhat increased*) and 90.5% of men (73.0% *increased* + 17.5% *somewhat increased*) believed substance use had risen.

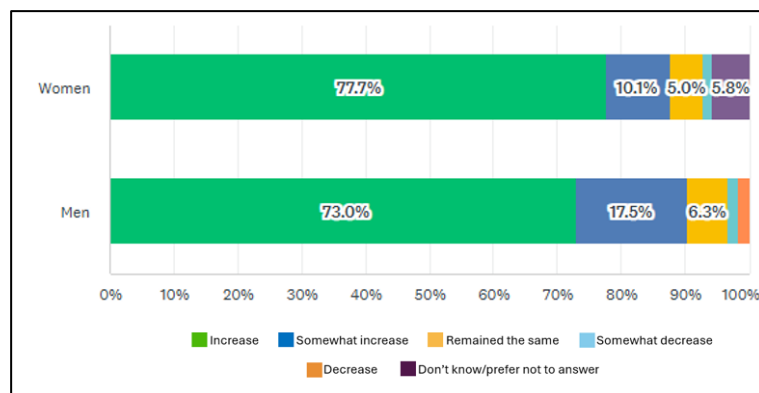


Figure #62: Perception of Change in Substance Use in St. Stephen in Last 3 Years, Compared by Gender

Although there is a slightly higher percentage of women selecting *increased*, and more men selecting *somewhat increased*, these differences are relatively small and not statistically significant. Both groups overwhelmingly perceived an upward trend in substance use in their community.



When Comparing by Age...

When respondents were asked how substance use had changed in the Municipal District of St. Stephen over the past three years, the majority across all age groups reported that it had either *increased* or *somewhat increased*. Most age groups fell within the 70–90% range for this combined perception.

Although there were small variations across age categories, no statistically significant differences were found. For example, respondents aged 35–44 were most likely to say substance use had *increased* (87.5%), while those aged 65–74 were least likely (67.7%). Still, these trends should be interpreted with caution given overlapping margins and sample sizes.

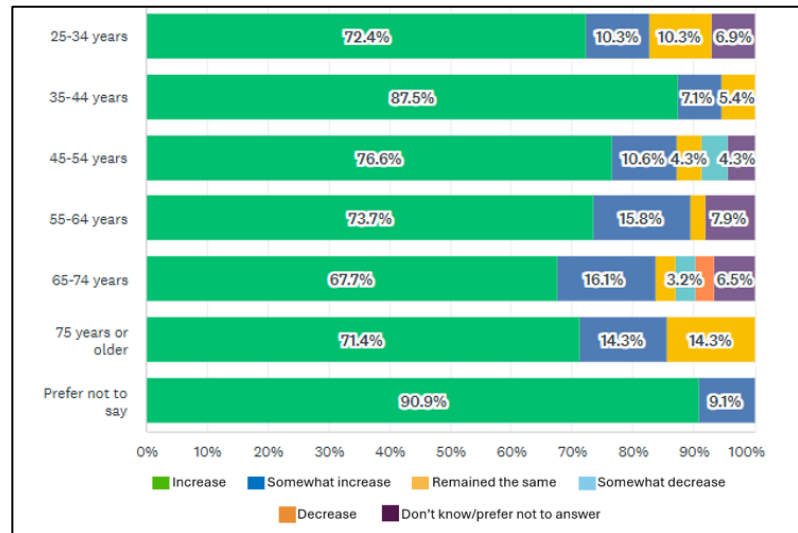


Figure #63: Perception of Change in Substance Use in St. Stephen in Last 3 Years, Compared by Age

When Comparing by Race / Ethnicity...

When respondents were asked whether substance use in the Municipal District of St. Stephen had changed over the past three years, the majority of both white and racialized participants reported that it had increased. Among racialized respondents, 80.0% said substance use had either *increased* or *somewhat increased*, compared to 88.7% of white respondents. Very few participants in either group believed substance use had *decreased*, and a slightly higher proportion of racialized respondents (13.3%) felt it had *remained the same*, compared to 5.3% of white respondents.

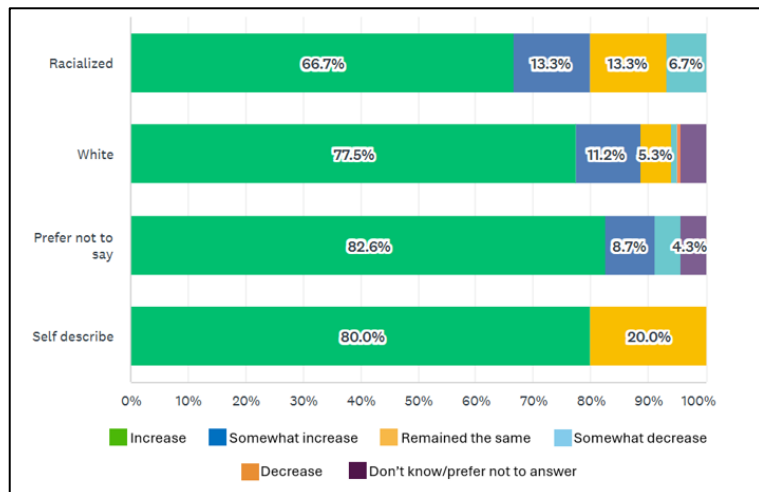


Figure #64: Perception of Change in Substance Use in St. Stephen in Last 3 Years, Compared by Race/Ethnicity



When Comparing by Income...

Across all income levels, at least 70% of respondents reported either *increased* or *somewhat increased* substance use. This view was especially strong among those with household incomes between \$100,000–\$149,999 (91.4%) and \$80,000–\$99,999 (81.5%). Only a small minority believed substance use had *remained the same* (0–5.7%), and even fewer believed it had *decreased* (0–4.2%).

These findings suggest a widespread perception—regardless of income level—that substance use is on the rise in the community.

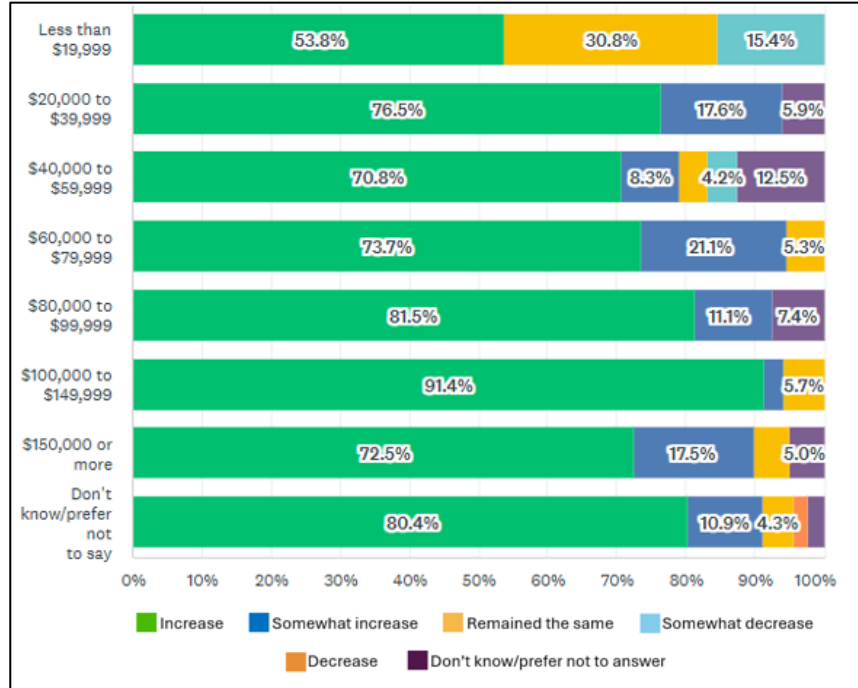


Figure #65: Perception of Change in Substance Use in St. Stephen in Last 3 Years, Compared by Income

Substance Use Summary

This summary highlights key insights from resident feedback on substance use in St. Stephen. It outlines shared perceptions across demographic groups, the substances most associated with community concern, and the ways in which stigma may influence how residents view both the problem and potential solutions.

What's Going Well

- **Widespread awareness and alignment across demographics:** There is a strong, shared perception across gender, age, race, and income groups that substance use has *increased* in the community. This shared awareness may support momentum for collective solutions.
- **Community recognition of key substances of concern:** Respondents overwhelmingly identified *fentanyl* (87.7%) and *crystal meth* (83.3%) as serious issues, highlighting possible public awareness of the substances most linked to community harm.
- **Some normalization of lower-risk substances:** *Cannabis* was the only substance where over one-third of respondents (34.8%) said it is *not a problem*, suggesting growing public acceptance and differentiation between substances based on risk.

Areas of Concern

- **Substance use widely viewed as increasing:** Nearly 90% of respondents reported that substance use in St. Stephen has *increased* or *somewhat increased* over the past three years.
- **High concern about opioids and stimulants:** *Fentanyl* and *crystal meth* were identified as major community issues by the vast majority of residents. *Prescription drug misuse*, *cocaine*, and *heroin* were also commonly flagged.



- **Less clarity about certain substances:** A high rate of *don't know* responses—especially for *heroin* (36.2%)—suggests uncertainty or limited public knowledge about the presence of some drugs.
- **No significant differences across groups—only shared concern:** The perception that substance use is increasing was consistent across all demographic groups, reinforcing the urgency and breadth of the issue.
- **Stigma toward harm reduction approaches:** In open-text responses, some residents identified harm reduction tools—such as *naloxone* and *safe supply medications*—as substances of concern. This suggests that stigma and misunderstanding persist around evidence-based public health strategies, with some equating these supports with problematic drug use rather than seeing them as life-saving interventions.

The data shows a high level of concern about substance use across the community, with particular focus on opioids, stimulants, and prescription drug misuse. At the same time, stigma surrounding harm reduction remains a barrier to public understanding and support for effective, health-based responses. Addressing both substance-related harms and the attitudes that shape community responses will be critical to advancing safety and well-being.

Accessibility of Services

Equitable access to services is a foundation of community well-being. This section explores how residents in the Municipal District of St. Stephen experience access to key supports—such as housing, transportation, mental health care, recreation, and childcare. Survey responses revealed both areas of relative strength and critical gaps, particularly related to cost, location, and awareness of available services.

Barriers to Accessing Local Services

Respondents were asked a series of questions about how accessible they consider various services and programs to be in the Municipal District of St. Stephen. Their responses revealed that many experience significant barriers to accessing essential supports, particularly related to location, cost, and broader system-level issues.

Accessibility of Local Services - Location

Survey responses revealed wide variation in perceived accessibility based on location. *Outdoor and recreational options*—such as sports and recreation activities (42.1% fully accessible) and green spaces or parks (41.9%)—were seen as the *most accessible*. In contrast, services related to *transportation* (77% not accessible), *housing support* (54.1%), and *addiction recovery* (51%) were most frequently rated as *not accessible*.

Services such as *mental health support*, *skill-building programs*, and *community-based programs* were most commonly rated as *somewhat accessible*, suggesting incomplete or inconsistent reach. *Childcare* access was also mixed: only 21% reported it was *fully accessible*, while 12.8% said it was *not accessible at all*.

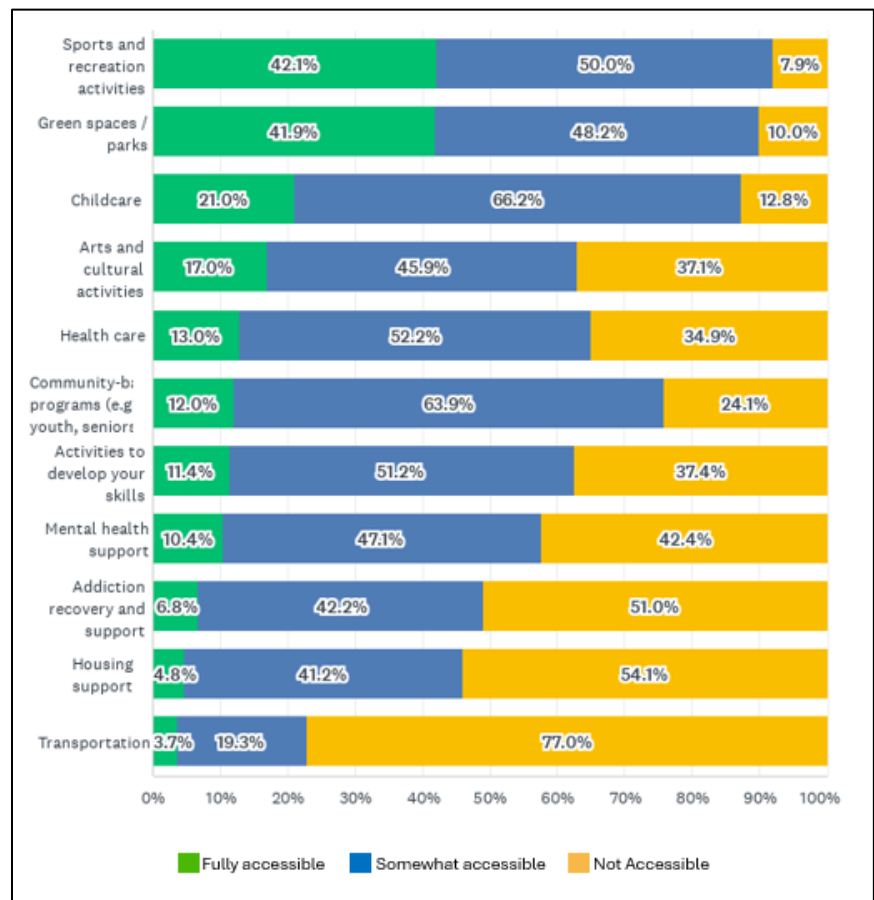


Figure #66: Accessibility of Local Services and Supports - Location

Residents who reported difficulty accessing services by location described a range of challenges in open-ended text. The most commonly cited barrier was transportation. Many residents, especially those in rural areas or without a personal vehicle, reported there is no public transit, taxis are limited or unaffordable, and some services are simply too far away to reach.

Other location-related barriers included:

- Poor physical accessibility, such as buildings not being wheelchair accessible, unsafe or unmaintained sidewalks, and limited access to washrooms or public spaces
- Lack of nearby or local service options, especially for addiction and mental health support
- Limited hours and long waitlists, with residents describing services as unavailable when needed most

Many comments also pointed out that location-based barriers often intersect with broader issues such as affordability, availability, and stigma—particularly when seeking support for mental health, housing, or substance use.

Accessibility of Local Services – Cost

When asked about cost-related accessibility, residents again identified significant disparities. *Green spaces and parks* were rated as the *most accessible* (61.4% *fully accessible*), followed by *health care* (24.7%) and *sports and recreation activities* (20.4%).

Conversely, *transportation* (71.5%), *housing* (46.6%), and *addiction recovery services* (43.3%) were most often rated as *not accessible* due to cost. Services such as *community programs*, *arts and cultural activities*, and *skill-building programs* were also frequently described as unaffordable.

These results suggest that financial inaccessibility extends beyond basic needs to include many services that contribute to social inclusion and well-being.

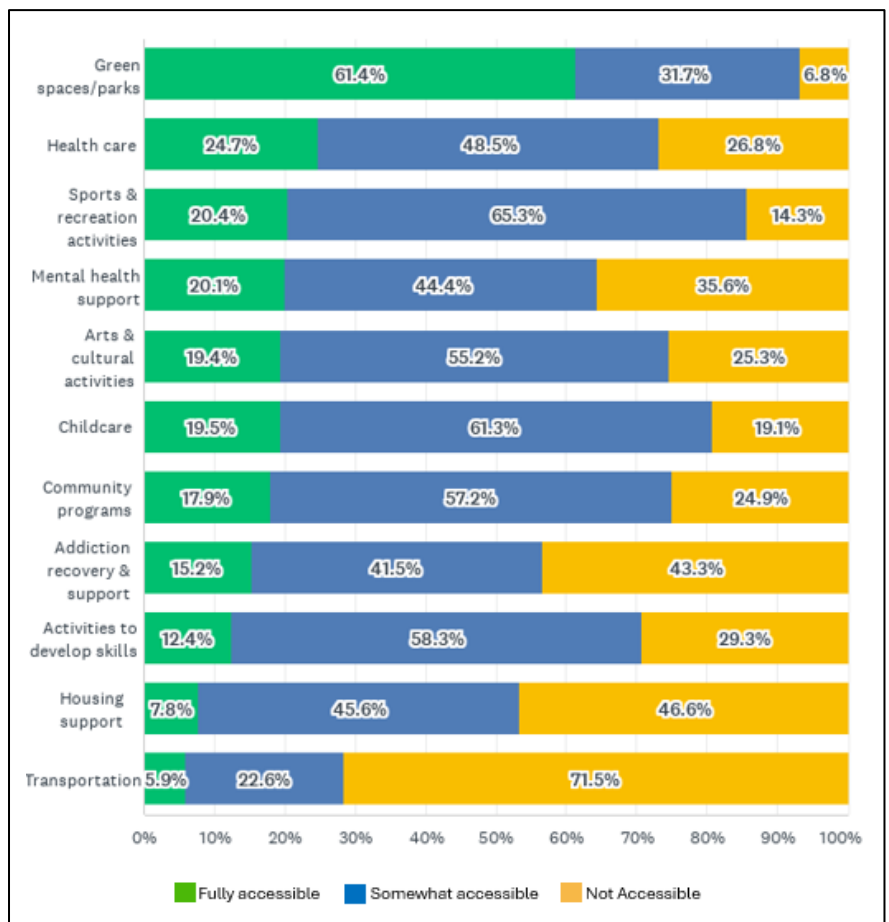


Figure #67: Accessibility of Local Services - Cost

Open-text responses further underscored the impact of financial barriers. Many residents—especially those receiving disability supports, social assistance, or working low-wage jobs—described struggling to meet basic needs. For these individuals, fees for transportation, childcare, counselling, or recreation created insurmountable obstacles.

Key cost-related barriers included:

- Transportation costs, including fuel, repairs, taxis, or travel to other cities for healthcare or services
- High fees for sports, arts, and recreation programs, especially for children, youth, and seniors
- Unaffordable childcare, forcing some parents/caregivers to leave the workforce or reduce hours
- Inability to access services even when willing to pay, due to lack of local options

Some participants emphasized that even if a service existed locally, they often weren't aware of it—or it didn't meet their needs due to long wait times, exclusionary environments, or a lack of accommodations.

Summary of Common Barriers

Across both location- and cost-based questions, respondents consistently described barriers that fall into a few key themes. These include:

Barrier Category	Summarized Concerns
Transportation	<p>Many residents face limited or no access to reliable, affordable transportation, especially in rural areas or for those without a personal vehicle.</p> <p>Key concerns:</p> <ul style="list-style-type: none"> - No public transit within town and nearby areas - Inaccessible or unaffordable taxis (if available) - Long distances for rural residents with no vehicle
Financial Strain	<p>High costs of services, transportation, and housing prevent people from accessing supports or participating in community life.</p> <p>Key concerns:</p> <ul style="list-style-type: none"> - Services are unaffordable (e.g. counselling, recreation) - Inability to afford transportation to services - Cost of housing affecting ability to meet other needs - Lack of affordable and available childcare - Lack of affordable recreation programs or activities for children, youth, adults and seniors
Physical Accessibility and Infrastructure	<p>Inadequate infrastructure—such as inaccessible buildings, poor sidewalks, and lack of accessible facilities—limits mobility for people with physical disabilities or mobility challenges.</p> <p>Key concerns:</p> <ul style="list-style-type: none"> - Buildings not wheelchair accessible - Poor sidewalk maintenance, especially in winter - Lack of accessible bathrooms in public spaces - Inaccessible trails, parks and recreational facilities
Digital	Lack of awareness about available services, complicated navigation



Communication Gaps	<p>systems, and digital access gaps prevent people from finding or using supports.</p> <p>Key concerns:</p> <ul style="list-style-type: none"> - Lack of knowledge about available services - Difficulty navigating service systems - Services not well-advertised or promoted - Some services require internet or phone access that some don't have
Mental Health and Addiction-Related	<p>Stigma, discrimination, and long waitlists create significant obstacles for those seeking mental health or addiction services.</p> <p>Key concerns:</p> <ul style="list-style-type: none"> - Stigma towards those seeking support - Long waitlists for mental health and addictions services - Services needed don't exist locally - Discrimination from providers and community members
Service Gaps and Limited Hours	<p>Massive gaps in services, minimal after-hours support, and long waitlists make it difficult to access help when it is needed most.</p> <p>Key concerns:</p> <ul style="list-style-type: none"> - Overall lack of social service supports - No after-hours support - Long waitlists and minimal options for urgent care - Long waitlists for primary health care
Limited Access to Green Spaces and Parks	<p>Some participants described local parks and green spaces as difficult to access due to locked gates, poor upkeep, or feeling unsafe in these areas.</p> <p>Key concerns:</p> <ul style="list-style-type: none"> - Some parks are kept locked or are often closed - Parks / green spaces not maintained
Limited Access to Arts and Cultural Activities	<p>A lack of arts, cultural, and recreational programs—especially for adults and teens—was raised as a barrier to social inclusion and community engagement.</p> <p>Key concerns:</p> <ul style="list-style-type: none"> - Little to no arts or culture activities

These findings point to a clear need for improved equity in access to essential supports in the Municipal District of St. Stephen. While many residents enjoy access to parks and recreation, systemic barriers—especially around transportation and affordability—continue to prevent individuals from accessing the services they need to stay safe, healthy, and connected.

Accessibility of Services Summary

Access to basic services is a key component of community well-being. In the Municipal District of St. Stephen, residents shared a range of perspectives on how easy—or difficult—it is to access supports that contribute to health, safety, and social inclusion. Their feedback points to both areas of strength and pressing barriers that limit equitable access.

What's Going Well

- **High accessibility of outdoor spaces:** *Green spaces* and *parks* were rated as the most accessible services, with 61.4% of respondents saying they are *fully accessible* in terms of cost, and 41.9% saying they are *fully accessible* by location.
- **Recreation options relatively accessible:** *Sports and recreation activities* were the second-highest rated for both location (42.1%) and cost (20.4%), suggesting more inclusive access to outdoor and recreational offerings.
- **Awareness of barriers is growing:** Many residents identified specific, actionable barriers—such as lack of transit or high fees—indicating growing clarity around what needs to be improved.
- **Some healthcare affordability reported:** While not widely accessible, *healthcare* was the third-most cited service as *fully accessible* by cost (24.7%).

Areas of Concern

- **Transportation is a major barrier:** Lack of *public transit* and unaffordable alternatives make it difficult for many—especially rural and low-income residents—to reach services. 77% of respondents said it was *not accessible* by location, and 71.5% said it was *not accessible* due to cost.
- **Housing supports are widely seen as inaccessible:** Over half of respondents rated *housing services* as *not accessible* due to location (54.1%) or cost (46.6%), reflecting a critical gap in access to stable housing and related supports.
- **Affordability limits access and participation:** High costs for essentials like *childcare*, *recreation*, *housing*, and *transportation* prevent many from accessing supports that promote well-being.
- **Gaps in mental health and addiction services:** Long waitlists, stigma, and limited availability make it hard for residents to access the help they need, especially in urgent situations.
- **Lack of awareness and coordination:** Many residents struggle to find or navigate services, with limited promotion, digital access gaps, and system complexity cited as challenges.
- **Service limitations beyond basic needs:** Arts, culture, and social programming—especially for adults and teens—are seen as lacking, contributing to social exclusion and reduced quality of life.

Concluding Questions

In the final section of the survey, residents were invited to share their top concerns related to community safety and propose ideas for improvement. Their responses offer important insight into the issues they feel most urgently need attention—from drug use and homelessness to policing, mental health, and community division—as well as a wide range of potential solutions.

Main Community Safety Concerns in St. Stephen

Respondents were asked to identify their primary concerns related to community safety in the Municipal District of St. Stephen. Their responses are summarized in the chart below and reflect widespread concerns about drug use, homelessness, property crime, and broader issues affecting safety and social cohesion.

Theme	Key Concerns
Drug Use and Addiction Drug use, overdoses, and public intoxication are frequently cited as the biggest threats to community safety, with many respondents describing open drug use and fear of exposure to harmful paraphernalia.	<ul style="list-style-type: none"> - Open use of hard drugs on streets and in parks - Drug-related litter such as needles and pipes - Overdose incidents near schools and businesses - Few or ineffective addiction treatment options - Community perception that drug use goes unpunished - Concerns about children witnessing drug use
Homelessness Concerns were raised about the growing visibility of homelessness, including people living in tents or abandoned buildings. Some felt unsafe near shelters, while others called for more compassionate support.	<ul style="list-style-type: none"> - People living in abandoned or vacant properties - Shelter location seen as disruptive to nearby residents and schools - Homelessness frequently linked to visible substance use - Belief that people are being "brought in" from outside the region - Calls for more managed or structured housing supports - Perceived rise in crime linked to housing instability
Crime and Law Enforcement Break-ins, theft, vandalism, and property damage were widely reported, with many respondents expressing frustration over a lack of police presence, delayed response times, and perception of "catch and release" justice system that fails to hold offenders accountable.	<ul style="list-style-type: none"> - High rates of thefts, break-ins and property damage - Perception that repeat offenders don't face meaningful consequences - Infrequent or delayed police response - Lack of visible patrols, especially at night - Community members discouraged from reporting due to lack of follow up - Perception that crime is worsening while enforcement remains ineffective



<p>Community Fear and Safety Many people said they no longer feel safe walking alone, especially at night or downtown, due to crime, drug use, or erratic behavior from others.</p>	<ul style="list-style-type: none"> - People avoiding walking alone, even during the day - Fear of confrontation or harassment in public - Parents afraid to let children walk to school or parks - Increased reports of verbal abuse or unpredictable behavior - Concerns about physical safety near shelters and empty buildings
<p>Mental Health Services There were repeated calls for more mental health services and criticism of the lack of support for people in crisis, particularly those with addiction and trauma.</p>	<ul style="list-style-type: none"> - Lack of accessible, local mental health services - People in crisis not receiving timely supports - No mental health facility - Gaps in support for youth, parents, and people with co-occurring issues
<p>Community Division and Stigma Some responses described a growing divide in the community, increased stigmatization of marginalized groups and general lack of compassion.</p>	<ul style="list-style-type: none"> - Polarization between residents who want enforcement and those calling for support-based approaches - Stigmatizing language used to describe people experiencing homelessness or addiction - Perception that some residents are dehumanized or treated as less deserving - Belief that local leadership is ignoring or dismissing concerns - Perception that town is in decline due to poor governance - Lack of transparency and communication from municipal leaders - Lack of community cohesion

Proposed Solutions for Community Safety Concerns in St. Stephen

Respondents were also asked to suggest solutions for improving community safety and well-being. Their proposed actions—ranging from enforcement-based strategies to expanded supports and services—are summarized in the chart below.

Theme	Summarized Considerations and Actions
<p>Increase Law Enforcement and Visibility Many respondents call for a stronger and more visible police presence. Suggestions include a municipal police force, increasing RCMP patrols, enforcing laws more strictly, and ensuring quicker response times.</p>	<ul style="list-style-type: none"> - Calls to reintroduce local or foot patrols - Enforcement of property damage and drug law - Desire for 24/7 police coverage



<p>Address Homelessness through “Relocation” and Regulation</p> <p>Several respondents suggest relocating the shelter out of downtown/town, increasing regulations on shelter users, and providing services only to those meeting behavioral expectations.</p>	<ul style="list-style-type: none"> - Suggestions to move shelters to remote areas - Conditional access to services based on sobriety or behavior - Belief that visible homelessness is tied to safety concerns
<p>Stricter Penalties for Dealers and Drug-Users</p> <p>Respondents frequently called for tougher enforcement on drug dealers, more arrests, and stricter penalties.</p>	<ul style="list-style-type: none"> - Calls to “crack down” on dealers and drug houses - Requests for surveillance and enforcement of public drug use laws - Belief that harm reduction “enables” substance-use - Address drug use near schools and businesses
<p>Expand Addiction and Mental Health Services</p> <p>There is strong recognition that long-term solutions require improved support for people struggling with addiction and mental health issues, including more treatment centers, crisis services, and outreach.</p>	<ul style="list-style-type: none"> - Increase detox and rehabilitation options - Increase mental health supports - Request for trauma-informed care and street outreach - Ensure that people are getting timely support
<p>Transparency, Communication of Leadership OR Municipal Reform</p> <p>Distrust in current leadership is high. Many want a new mayor, council, or more transparent and responsive governance. There are widespread calls for leaders to listen and act on public input.</p>	<ul style="list-style-type: none"> - Meaningful consultation or communication - Calls for leadership turnover - Desire for a proactive and solution-oriented approach
<p>Improve Housing and Infrastructure</p> <p>Respondents raised concerns about abandoned buildings, unsafe rentals, and lack of affordable housing. There are calls for stronger bylaws, housing development, and maintenance enforcement.</p>	<ul style="list-style-type: none"> - Vacant buildings contributing to crime - Calls for affordable or supportive housing - Increase bylaw enforcement around properties - Infrastructure seen as neglected or unsafe
<p>Strengthen Community Supports and Services</p> <p>Suggestions included creating jobs, improving access to food and transportation, offering recreational programs, and investing in services for youth, seniors, and families.</p>	<ul style="list-style-type: none"> - Need for community-building activities - Support for youth engagement and recreation - Calls for subsidized services and basic needs supports - Public health and well-being seen as part of safety
<p>Foster Community Dialogue and Reduce</p>	<ul style="list-style-type: none"> - Division between “support vs. enforcement”

<p>Division</p> <p>Some respondents urged for less polarization and more compassion, suggesting the need for public forums, education, and efforts to rebuild trust among residents.</p>	<p>perspectives</p> <ul style="list-style-type: none"> - Stigmatizing language in public discourse - Need for community conversations and inclusion - Requests for education on addiction, mental health, and equity
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Emerging Priorities for CSWB Planning

As the Municipal District of St. Stephen explores the potential for a Community Safety and Well-Being plan, the survey findings in this report provide a foundation for identifying priority issues and areas for action. While the goal of this research was not to develop a formal Community Safety and Well-Being plan, and while the survey should be considered only one source of information—a comprehensive assessment would be needed as part of a full CSWB planning process—the data nonetheless offers valuable insights. It clearly highlights key perceptions and experiences related to safety and well-being in the community, which can help inform next steps and identify areas that may warrant further exploration.

Emerging Priorities:

- **Interpret Data Through a Lens of Representation and Equity:** Most survey respondents identified as white, housed, and earning moderate to high incomes. As a result, the findings may not fully reflect the experiences of those most affected by poverty, racism, housing precarity, or substance use. Future CSWB efforts should prioritize deeper engagement with equity-deserving groups to ensure that planning reflects a fuller picture of community realities.
- **Widespread Concern About Safety in Public Spaces:** Across the survey, many residents shared that they do not feel safe in public areas—particularly downtown, in parks, and after dark. This sense of vulnerability came up frequently and should be a central consideration in any future safety and well-being planning. Community input on what makes spaces feel safe or unsafe will be important moving forward.
- **Consider Local Communication Patterns:** Most residents rely on informal sources—such as word of mouth, personal experience, and Facebook—for information about safety and crime. Traditional sources like local media or police websites are used far less often. These patterns may be important to keep in mind when planning public communication, education, or outreach related to safety.
- **Address Community Polarization and Stigma:** Strong divisions emerged between those who favour enforcement-based approaches and those advocating for support-oriented strategies. Harm reduction, homelessness, and mental health were especially polarizing. Future CSWB work should explicitly include efforts to reduce stigma, promote inclusive narratives, and build bridges between community perspectives.
- **Acknowledge and Address Stigma Around Homelessness:** Open-ended responses reveal that some community members associate homelessness with crime and disorder, with repeated calls to relocate shelters outside the downtown core. These perspectives reflect underlying

stigma and exclusion, and highlight the importance of promoting inclusive, evidence-based approaches to safety and housing that center dignity and human rights.

- **Support Multi-Sector Collaboration:** While police and mental health services were most commonly identified as responsible for safety, residents also pointed to municipalities, social services, youth programs, and community organizations. CSWB efforts should prioritize coordination across sectors and consider upstream approaches that address social determinants of safety and well-being.
- **Center Equity in Safety Planning:** Safety concerns were not experienced equally. Women, low-income residents, and racialized participants often expressed higher levels of fear, exclusion, or unmet need. A CSWB framework should center equity by addressing systemic barriers and ensuring marginalized voices are at the table.
- **Reduce Barriers to Accessing Support Services:** Many services—especially those related to housing, mental health, and addiction—were described as inaccessible due to cost, location, stigma, or lack of availability. Enhancing service coordination, affordability, and physical/digital access is critical.
- **Address Transportation as a Cross-Cutting Barrier:** Lack of public transit and unaffordable transportation options were cited as major obstacles to accessing services, employment, recreation, and healthcare. This issue was particularly acute for rural residents, people without vehicles, and those with low incomes. Any strategy to improve community safety and well-being in St. Stephen must prioritize transportation solutions as foundational to equity and inclusion.
- **Strengthen Responses to Substance Use Through Education and Harm Reduction:** Drug use—particularly opioids and methamphetamines—was consistently identified as a top safety concern. At the same time, open-ended responses revealed significant stigma toward people who use drugs and toward harm reduction approaches. A CSWB strategy should prioritize public education about addiction, expand harm reduction supports, and ensure that services are delivered in a non-judgmental and trauma-informed way.
- **Expand Social and Cultural Infrastructure to Promote Connection:** Residents consistently identified a lack of arts, culture, and social programming—especially for adults and teens—as a gap that limits inclusion and well-being. While safety concerns dominated, there is an opportunity to strengthen protective factors through investments in community-building spaces and activities that foster connection, belonging, and engagement.

These findings point to clear starting points for the Municipal District of St. Stephen to consider—whether moving forward with a formal CSWB plan or identifying smaller, early actions to improve safety and well-being. Prioritizing safety, belonging, access to care, and trust in local systems will be critical to supporting a more equitable and connected community.

Appendix I - Municipal District of St. Stephen Community Safety Survey

Introduction

Welcome! Thank you for your interest in completing this survey.

The Municipal District of St. Stephen is partnering with the Canadian Centre for Safety Communities (www.ccfsc-cccs.ca) to conduct a community safety and well-being survey. The aim of the survey is to assess current perceptions and experiences related to community safety in St. Stephen. This survey will help understand the community's perceptions and experiences, and identify key concerns, challenges, and priorities related to community safety at the local level. The insights gained from the survey could be used to inform subsequent steps for community safety planning and initiatives in St. Stephen, helping to prioritize funding, allocate resources, and address the community's needs effectively. Additionally, a survey of this nature provides a valuable opportunity for the voices of the community to be heard and to influence local action.

Recognizing that you may have already shared your thoughts on related topics in past engagements, we extend our gratitude for your ongoing participation. Your input is crucial in helping us gather insights that reflect the most recent and up-to-date perspectives on community safety and well-being.

Responding to the Survey

This survey will take approximately 20 minutes to complete, and you can respond until April 30th, 2025.

Demographic information is collected as part of the survey and only to understand how experiences may differ across various populations. All responses will remain confidential and participation in this survey is entirely voluntary.

Content Warning: The survey includes questions about your experience with various forms of victimization. Specific details regarding your experience will not be asked. However, if you require support and would like to discuss your situation with a professional in your area, a list of resources has been included here and again at the end of the survey.

For a list of resources: [click here](#).

If you have any questions about the survey itself, or if you would prefer a paper copy of this survey, please contact Celeste Caswell, Executive Assistant at celeste.caswell@chocolatetown.ca.

Thank you for your participation.

Healthy Populations

People who are healthy physically, mentally, emotionally, and spiritually tend to be happier. A sense of happiness tends to reduce stress and increase the ability to thrive.

1. What do you like about the Municipal District of St. Stephen?

2. How would you rate your overall level of happiness?

- ☐ Happy
- ☐ Somewhat happy



- ☐ Somewhat unhappy
 - ☐ Unhappy
 - ☐ Don't know/prefer not to say
3. Overall, you feel that you have...
- ☐ Full control over decisions that directly affect your life
 - ☐ A lot of control over decisions that directly affect your life
 - ☐ Little control over decisions that directly affect your life
 - ☐ No control over decisions that directly affect your life
 - ☐ Don't know/prefer not to say
4. Overall, you would say your mental health is...
- (Mental health refers to a state of well-being that allows to cope with the stresses of life, realize your abilities, learn well and work well, and contribute to your community).*
- ☐ Excellent
 - ☐ Very good
 - ☐ Good
 - ☐ Fair
 - ☐ Poor
 - ☐ Don't know/prefer not to say
5. Overall, you would say your physical health is...
- (Physical health refers to the condition of your body, taking into consideration everything from the absence of disease to fitness level).*
- ☐ Excellent
 - ☐ Very good
 - ☐ Good
 - ☐ Fair
 - ☐ Poor
 - ☐ Don't know/prefer not to say
6. To what extent has your well-being changed over the last 3 years? *(Well-being refers to how you feel about yourself and your life).*
- ☐ It has improved
 - ☐ It has somewhat improved
 - ☐ It has remained the same
 - ☐ It has somewhat declined
 - ☐ It has declined
 - ☐ Don't know/prefer not to say
7. To what extent do you have access to healthy/nutritious food?
- ☐ Always
 - ☐ Sometimes
 - ☐ Rarely



- ☐ Never
- ☐ Don't know/prefer not to say

8. If you indicated you do not always have access to healthy/nutritious food in question 7, what are the barriers that are preventing you from accessing it? (e.g., cost, accessibility, etc.) What could be done to overcome these barriers?

9. To what extent does your current housing meet your needs (safe, clean, etc.)?

- ☐ Completely
- ☐ Somewhat
- ☐ Not at all
- ☐ Don't know/prefer not to say

10. If your current housing does not meet your needs, please explain why.

Belonging, Trust, and Relationships

A sense of belonging and a high level of trust are indicators of a connected community and general well-being.

11. How would you describe your sense of belonging to the Municipal District of St. Stephen?

- ☐ Strong
- ☐ Somewhat strong
- ☐ Somewhat weak
- ☐ Weak
- ☐ Don't know/prefer not to say

12. Please briefly describe in your own words why you feel this way about your sense of belonging.

13. How often do you feel out of place in the Municipal District of St. Stephen due to ethnicity, culture, race, skin colour, language, accent, gender, sexual orientation, and/or religion?

- ☐ Most of the time
- ☐ Some of the time
- ☐ Rarely
- ☐ Never
- ☐ Don't know/prefer not to say

14. Please indicate the level of trust you feel with each of the following groups.

	Trust all of them	Trust most of them	Trust some of them	Trust none of them	Does not apply
Neighbours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coworkers / colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Community Safety and Perceptions of Crime

The next sections helps us understand how safe residents feel in their community and identify where improvements can be made.

15. Please select three (3) sources of information about safety and crime upon which you rely the most.

- ☐ Personal experience
- ☐ Word-of-mouth / information from other people
- ☐ National newspaper
- ☐ Local newspaper / TV provider
- ☐ News programs on TV
- ☐ News programs on the radio
- ☐ Reddit
- ☐ TikTok
- ☐ Facebook
- ☐ Instagram
- ☐ LinkedIn
- ☐ Other social media platform(s)
- ☐ Internet sources
- ☐ Police website
- ☐ Police social media
- ☐ Other (please specify) _____

16. Generally, how do you feel about your personal safety in the Municipal District of St. Stephen?

- ☐ Satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Dissatisfied
- ☐ Don't know/prefer not to say

17. In thinking about your feeling of safety in the Municipal District of St. Stephen, please indicate to what extent you feel safe **during daylight hours** for each of the following locations.



	Very safe	Somewhat safe	Somewhat unsafe	Very unsafe	Does not apply	Don't know/prefer not to say
In your residence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In your local mall / plaza	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In downtown	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In your neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In your workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. In thinking about your feeling of safety in the Municipal District of St. Stephen, please indicate to what extent you feel safe **after dark** for each of the following locations.

	Very safe	Somewhat safe	Somewhat unsafe	Very unsafe	Does not apply	Don't know/prefer not to say
In your residence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In your local mall / plaza	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In downtown	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In your neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In your workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. If applicable, what could be done to make you feel safer in the Municipal District of St. Stephen?

20. In your opinion, over the last three years, crime in St. Stephen has...

- ☐ Decreased
- ☐ Remained the same
- ☐ Increased
- ☐ Don't know/prefer not to say



21. In your opinion, compared to the rest of New Brunswick, the Municipal District of St. Stephen has...
- ☐ Less crime
 - ☐ About the same amount of crime
 - ☐ More crime
 - ☐ Don't know/prefer not to say
22. How concerned are you about experiencing crime in the Municipal District of St. Stephen?
- ☐ Not at all concerned
 - ☐ Slightly concerned
 - ☐ Moderately concerned
 - ☐ Very concerned
 - ☐ Don't know/prefer not to say
23. In general, how often would you say that worrying about crime keeps you from doing things you would like to do?
- ☐ Always
 - ☐ Often
 - ☐ Occasionally
 - ☐ Rarely
 - ☐ Never
24. In the past 3 years, have you experienced any of the following?



	Yes, and police were called	Yes, police were not called	Yes, I reached out to services other than police	Yes, and I reached out to police and other services	No	Don't know/prefer not to say
Break and enter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Property damage and vandalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Car getting broken into	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Car theft	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Robbery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fraud / scam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dangerous driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harassment or threatening behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assault by a stranger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unwanted sexual contact (including by someone you knew)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence (could include physical, mental, emotional, financial, or social control by an intimate partner or close family member)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identity-based harm (e.g., hate crime, racism)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. To what extent do you feel comfortable allowing your children to play outside in your neighbourhood?

- ☐ Completely
- ☐ Mostly
- ☐ Somewhat
- ☐ Not at all
- ☐ Don't know/prefer not to say
- ☐ Not applicable (i.e., I don't have children?)

26. Briefly describe any other crime and public safety-related problems that you are concerned about in the Municipal District of St. Stephen.

27. Who or what do you think plays a significant role in creating a safer community? Select all that apply.

- ☐ Bylaw enforcement
- ☐ Community services / community-based organizations
- ☐ Employment programs

- Faith-based / religious organizations and groups
- Fire and protective services
- Hospitals
- Mental health services
- Municipalities
- Neighbours
- Police services (RCMP)
- Recreation and leisure services
- Schools
- Social services (e.g. family and youth services)
- Teen / youth after-school programs and spaces

28. As you know, governments today are limited in the amount they can spend in all areas.

When it comes to crime and safety, do you think the major emphasis should be on:

- 100% law enforcement (including detecting crime and punishing lawbreakers)
- 100% crime prevention (including education and programs to prevent crime and reduce risks)
- 50% enforcement; 50% crime prevention
- 75% enforcement; 25% crime prevention
- 25% enforcement; 75% crime prevention

You're over halfway there! Thank you for providing your input to improve community safety and well-being in the Municipal District of St. Stephen!

Substance Use

This section seeks to understand to what degree you think alcohol and drugs are an issue in the Municipal District of St. Stephen.

29. In your opinion, how problematic is each of the following substances in the Municipal District of St. Stephen?

	Not a problem	Somewhat a problem	Very much a problem	Don't know/prefer not to say	
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illicit opioids / Fentanyl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crystal meth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MDMA / Ecstasy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. If applicable, please identify any other substance(s), not in the list above, that you view as problematic in St. Stephen.

31. In your view, to what extent has substance use in the Municipal District of St. Stephen changed over the last 3 years?

- ☐ Increased
- ☐ Somewhat increased
- ☐ Remained the same
- ☐ Somewhat decreased
- ☐ Decreased
- ☐ Don't know/prefer not to say

Accessibility of Services

Access to basic services, sports, and recreation opportunities, personal development opportunities, and arts and cultural events are important markers of a strong community and a positive sense of well-being. Having access to these services and opportunities also increases the sense of belonging in the community.

32. In terms of **location**, in the Municipal District of St. Stephen, how accessible do you consider the following to be?

	Fully accessible	Somewhat accessible	Not accessible
Sports and recreation activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green spaces / parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arts and cultural activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Activities to develop your skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addiction recovery and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based programs (e.g., youth, seniors)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. If you selected “somewhat accessible” or “not accessible” for any of the options above, please describe the barriers to accessibility (location).

34. In terms of **cost**, in the Municipal District of St. Stephen, how accessible do you consider the following to be?



	Fully accessible	Somewhat accessible	Not accessible
Sports and recreation activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green spaces / parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arts and cultural activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Activities to develop your skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addiction recovery and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based programs (e.g., youth, seniors)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. If you selected “somewhat accessible” or “not accessible” for any of the options above, please describe the barriers to accessibility (cost).

Concluding Questions

36. Briefly describe your main concerns with regards to community safety in the Municipal District of St. Stephen.

37. What solutions do you propose for improving community safety and well-being in the Municipal District of St. Stephen?

Demographics

Please tell us a little bit about yourself. This helps us to understand what the issues are for unique groups of people and is critical for making sense of the information. It remains anonymous. We can't link it to you.

38. What is your gender? Select all that apply.

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ Prefer not to say
- ☐ Prefer to self-describe: _____

39. What is your age?

- ☐ Under 18 years
- ☐ 18-24 years
- ☐ 25-34 years



- ☐ 35-44 years
- ☐ 45-54 years
- ☐ 55-64 years
- ☐ 65-74 years
- ☐ 75 years or older
- ☐ Prefer not to say

40. Which of the following best describes your racial or ethnic identity? (Select all that apply).

- ☐ First Nation
- ☐ Métis
- ☐ Inuk (Inuit)
- ☐ Black
- ☐ Arab
- ☐ Asian
- ☐ Latinx
- ☐ White
- ☐ Prefer not to say
- ☐ Prefer to self describe _____

41. Which of the following best describes your employment status?

- ☐ In school
- ☐ Employed, working full time
- ☐ Employed, working part time
- ☐ Self employed / have my own business
- ☐ Contract, seasonal, or temporary work
- ☐ Not employed / looking for work
- ☐ Household work / caring for children or family members
- ☐ Retired
- ☐ Temporary lay off
- ☐ Don't know/prefer not to say

42. What best describes the highest level of education you have completed?

- ☐ Elementary school
- ☐ High school
- ☐ College
- ☐ Trade school
- ☐ Bachelors' degree
- ☐ Graduate degree (Masters', PhD)

43. What is your household's annual income before tax?

- ☐ Less than \$10,000
- ☐ \$10,000 to \$19,999
- ☐ \$20,000 to \$29,999
- ☐ \$30,000 to \$39,999



- ☐ \$40,000 to \$49,999
- ☐ \$50,000 to \$59,999
- ☐ \$60,000 to \$69,999
- ☐ \$70,000 to \$79,999
- ☐ \$80,000 to \$89,999
- ☐ \$90,000 to \$99,999
- ☐ \$100,000 to \$149,999
- ☐ \$150,000 or more
- ☐ Don't know/prefer not to say

44. What Ward in the Municipal District of St. Stephen do you reside in? If you are unsure, you can [click here](#) to view the Ward Map.

- ☐ Ward 1
- ☐ Ward 2
- ☐ Ward 3
- ☐ I do not reside in the Municipal District of St. Stephen
- ☐ Other (please specify) _____

45. How did you hear about this survey?

- ☐ News media
- ☐ Social media
- ☐ Word-of-mouth
- ☐ Municipal promotion
- ☐ Agency promotion
- ☐ Other (please specify)

Thank you for completing this survey!

Should you require supportive resources, please [click here](#).

If you have any additional questions about this survey, please contact Celeste Caswell, Executive Assistant at celeste.caswell@chocolatetown.ca