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High-angle view of historic downtown Medicine Hat, Alberta.  
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# STOP ANTI-HATE OUTREACH PROJECT HATE THE MEDICINE HAT REPORT

The **StopHateAB** Anti-Hate Outreach Project examines the impact of hate in smaller Alberta communities beyond Edmonton and Calgary. This report provides the foundation for regional coalitions to address and reduce hate.

**StopHateAB.ca**

# STOPHATEAB ANTI-HATE OUTREACH PROJECT

StopHateAB (formerly known as Alberta Hate Crimes Committee) is a non-profit organization comprised of government, law enforcement and community partners who work together to raise awareness and education related to hate crimes and incidents in Alberta.

In 2001, shortly after the attacks on the World Trade Centre in New York City, Alberta-based representatives from the justice sector, government, law enforcement, human rights institutions and community organizations concerned with hate and bias motivated violence formed what would become StopHateAB.

The initial aim of the committee was to develop a province-wide framework to encourage a collaborative, integrated approach between law enforcement, the courts, and the community in preventing and responding to hate and bias motivated crime and incidents as well as advocating for the reform of hate crime laws. The mission of StopHateAB is to provide comprehensive insight into hate-motivated crime and incidents by raising community awareness through education, information, outreach, research, advocacy, and StopHateAB's online reporting tool. The vision of the StopHateAB is to ensure that all Albertans are living in a safe, caring, and respectful community where crimes and incidents of hate are not acceptable values of a democratic and pluralistic society.

## THE MEDICINE HAT REPORT

### *Land Acknowledgement*

StopHateAB acknowledges that the City of Medicine Hat is located on Treaty 7 Territory and is a neighbour to Treaty 4 Territory. These lands are the traditional territories of the Siksika, Kainai, Piikani, Stoney Nakoda, and Tsuut'ina Nations, as well as the Cree, Sioux, and Saulteaux bands of the Ojibwa peoples. This area is also the homeland of the Métis Nation, including Métis Nation District 2 of the Battle River Territory.

We honour the Indigenous Peoples who have lived on and cared for this land since time immemorial and we pay respect to their histories, cultures, and enduring relationship with the land. We recognize their past, present, and future contributions and commit ourselves to learning, respect, and reconciliation.

## PROJECT OVERVIEW

The StopHateAB Anti-Hate Outreach Project seeks to enhance awareness and strengthen understanding of the impact of hate crimes and incidents in smaller communities across Alberta. Four regions outside of the major centres of Edmonton and Calgary were selected based on criteria informed by available local information, previous research and data from the StopHateAB reporting tool. In each region, the project began by connecting with community members, non-profit organizations, and local institutions to gather information about where hate is occurring, who is being affected, and what strategies may help counteract it. The publishing of this report will serve as the foundation for establishing an anti-hate coalition equipped to address and reduce hate in each of the regions.

The purpose of this report is to document and analyze the nature and impact of hate incidences and hate crimes occurring in Medicine Hat based on 27 virtual and in person interviews with non-profit organizations, public institutions and community representatives.

The primary guiding questions during the conversations were - *“How is hate affecting Medicine Hat?”*, *“What demographics are being targeted by hate crimes and incidents?”*, *“What supports and mechanisms are currently in place to report a crime or incident?”* and *“What anti-hate work is needed in Medicine Hat?”*

By amplifying the experiences, stories and perspectives of those working directly with impacted communities, the report will:

- **Increase understanding of the patterns, contexts, and impacts of hate**
- **Inform education and advocacy efforts aimed at preventing and combatting hate**
- **Serve as a foundation for collective action in the community and guide policymakers and support organizations towards effective anti-hate strategies & approaches**

Most importantly, the report is intended as a community resource—a tool to raise awareness, promote dialogue, and support evidence-informed strategies to combat hate and build a more informed and equitable city. It will serve as a valuable resource for those who want to stand up against hate and join the Medicine Hat StopHateAB Anti-Hate Coalition - a locally informed anti-hate collaborative that will bring to life awareness, advocacy initiatives, education, and resources for a safer, more inclusive community in Medicine Hat.

## KEY FINDINGS

The following key findings summarize the themes that emerged from the interviews. They reflect the perspectives, experiences, and priorities shared by participants, and highlight the patterns and trends that shape these findings. Most also reflect provincial and national trends identified in reporting by Statistics Canada, the Organization for the Prevention of Violence and other sources including StopHateAB’s research projects.

- **Hate crimes and hate incidents are under reported.** Many individuals and groups choose not to report hate incidents because they distrust the police, fear retaliation, assume their concerns will be dismissed and/or are uncertain if what they have experienced is a hate crime. This finding is near universal across all hate crime and incident reporting.
- **There is a lack of clarity about what constitutes a hate crime or incident.** Community members often struggle to confidently identify what a hate crime or hate incident is. This is one of the key factors impacting their ability to respond and report.
- **There are little to no local resources available to address hate.** Most respondents indicated that they were not aware of any resources in the community for those who have experienced a hate crime or incident - other than the option to report it to the police. However, as identified above, many are not even aware of what constitutes a hate crime or incident thus impacting the value of resources even if they did exist.
- **Normalization of hate:** Many people reported that hate and intolerance are becoming more commonplace in Medicine Hat. Rising sentiment and rhetoric in the public and political sphere are impacting this, as well as hateful comments becoming more commonplace in online spaces.
- **Both overt and covert acts of hate exist in the community** - while you will find many overt acts of hate cited in this report, it was indicated by a number of people that hateful sentiment often lives itself out in quieter ways. This includes systemic racism (for example – challenges accessing or retaining housing and getting work) - and a perspective shared by a number of the participants that deep conservatism in a smaller Alberta community contributed to general hateful & discriminatory sentiment.

## KEY RECOMMENDATIONS

Based on the findings of the report, and the local context, there are several recommendations that would support the community in combatting hate. These are preliminary recommendations that could be made possible through advocacy initiatives and with the creation of a coordinated coalition to stop hate in Medicine Hat. More detail on these recommendations are offered in the 'Recommendations' section of the report.

### *These include:*

- Empowering the community through education and training, including bystander training and learning about hate incidents and crimes.
- Strengthening partnerships and engagement between marginalized groups, municipal leaders, and police services.
- Creating community events and projects that bring together members of minority communities and the public.
- Supporting initiatives that bring anti-hate work to children and youth in schools, sports organizations, and youth groups.
- Establishing a dedicated local support resource for people who experience a hate incident or crime.

## THE MEDICINE HAT REGION

Medicine Hat was selected for this research because of its consistently high levels of hate-related incident reporting, ranking among the highest in Alberta outside of Calgary and Edmonton. Data from sources such as StopHateAB and Statistics Canada indicate a pattern of ongoing hate-motivated activity in the region, reinforcing the need for deeper examination. As a medium-sized city, it offers an important context for understanding how hate manifests in communities that are large enough to experience diverse forms of discrimination, but with less resources and community supports than major centres.

Several notable incidents over the past decade have contributed to growing concern. In 2018, Loki Hulgaard was charged after distributing currency stamped with antisemitic messages, later pleading guilty in 2020 to willful promotion of hatred and receiving a conditional sentence. That same year, the rainbow crosswalk at Medicine Hat College was vandalized, and hateful graffiti appeared in an underground tunnel and on the side of a downtown building - events that gave a small indication of what was happening in the city. More recently, hateful stickers were found in Medicine Hat that said, 'Mass Deportations Now' and graffiti continues to be found across the city.

## STATISTICS & DEMOGRAPHICS

Medicine Hat is the eighth-largest city in Alberta, with a 2021 population of 63,271. The city has experienced modest growth - less than 5% - over the past decade.

2021 Census	Alberta	Medicine Hat	Lethbridge
Population	4,262,635	63,271	98,406
Non-Visible Minorities	72.2%	85.8%	83.8%
Visible Minority	27.8%	8.54%	15.3%
Filipino	5.2%	1.8%	2.4%
Black	4.3%	1.5%	3.2%
South Asian	7.1%	1.9%	3.1%
Indigenous	6.8%	5.2%	6.6%
First Nation	3.4%	1.6%	4.1%
Metis	3.1%	3.9%	2.1%
Immigrants	23.2%	11.5%	15.1%

Percentages may not add up to 100% due to rounding and individuals being in multiple categories  
Percentages calculated based on 2021 Census data  
Only a select number of visible minorities are represented here. \*\*

It is also important to note that a significant number of immigrants have arrived in Medicine Hat over the past decade. Between 2021 and 2024 alone, a total of 975 arrived, primarily from African, the Middle East & South Asian countries.

Over the past decade, the community has experienced a noticeable rise in the number of unhoused individuals, accompanied by more visible open drug use and an increasing presence of vulnerable people in the downtown core. These shifts have placed additional pressure on local services and intensified concerns about safety, wellbeing, and access to support. A 'Resilient and Inclusive Community Task Force' was launched in March 2025 to "bolster community capacity, enhance community safety and promote social cohesion". It will be in place until at least March 2026 and includes local MLAs, municipal and police services, and leaders in the non-profit sector.

The situation in Medicine Hat has been further strained by the recent closure of key shelter services. One of the city's two adult community shelters closed in September 2025, with no confirmed replacement as of the date of this publication. The youth shelter ceased operations around the same time following significant reductions in provincial funding. Safelink, a non-profit, harm-reduction organization, is also at risk of closure due to funding reductions. As a result, fewer formal supports are available for unhoused individuals, and this lack of resources will contribute to hateful and discriminatory attitudes and behaviours toward the unhoused population.

## COMMUNITY ASSESSMENT APPROACH

Qualitative data was collected through interviews with community support organizations—primarily non-profits—and key institutional partners including police services, educational institutions, and municipal representatives. Data gathered covered the following areas in its exploration:

**How is hate affecting Medicine Hat?** This served as the primary focus of the conversations. This question was designed to encourage participants to share their perspectives on hate incidents, hate crimes, and hate in general. It allowed individuals to guide the conversation in the most relevant direction to their experiences. Participants often spoke about their own encounters with hate, the impacts on their clients or customers, and

any recent incidents they felt were significant. Follow-up questions were asked when needed, either to clarify specific examples raised or to explore whether participants were aware of other hate-related incidents that had not surfaced naturally.

**What demographics are being targeted by hate crimes and incidents?** This helped deepen understanding of which groups may be most affected. Although participants frequently addressed this topic in their initial responses, this direct check-in provided a clearer sense of perceived vulnerabilities within the community.

**What supports and mechanisms are currently in place to report a crime or incident?** This allowed for an exploration of the community's existing supports. Participants discussed the resources they were aware of and highlighted concerns related to accessibility, effectiveness, and perceived outcomes of reporting. This input provided valuable context for understanding both current gaps and potential opportunities to strengthen local response systems.

**What anti-hate work is needed in Medicine Hat?** This shifted the conversation toward solutions. Participants were invited to reflect on actions that could reduce or prevent the hate described earlier, as well as to share examples of initiatives they had participated in or observed. Their insights will help guide the StopHateAB Medicine Hat Anti-Hate Coalition as it plans future efforts following this report.

**Would your organization consider joining the StopHateAB Anti-Hate Coalition?** This ask was non-binding for participants but ensured the project had an indication of where there was interest in participating in the coalition, which represents the next phase of the project.

**Are there any other organizations we should contact that could be of benefit to this project?** The data gathered here helped ensure connections were made with organizations that would be supportive during this data gathering phase. Many participants have connections within the community that StopHateAB would not be able to easily approach or may not have been aware of. The responses also help to ensure we are connected to as many potential partners as possible.

Secondary research was also conducted to understand what other organizations have reported about hate crimes and incidents across Canada and in Alberta. A list of resources can be found in the References section.

## *Limitations*

Despite efforts to gather a broad range of insights, there are several limitations. The sample size is shaped by the organizations who agreed to participate. Underreporting within communities—due to stigma, fear of being outed or targeted, or distrust of authorities—means the data may not fully capture the extent of hate incidents occurring in the community. Additionally, the perspectives collected are influenced by biases inherent to the people and organizations interviewed, as well as the absence of voices from groups or organizations that did not respond or could not be reached. It should also be noted that in this report, there is a much smaller set of data specific to addictions, mental health, and religious groups.

## LEARNINGS

Drawing from the questions identified above, the following is a detailed summary of what was shared in the interviews.

## ***How is hate affecting Medicine Hat?***

Several overarching themes were identified across groups, as well as distinct issues unique to particular marginalized populations. In the next section, a more detailed breakdown of each of the targeted groups is provided.

### ***Distrust of Institutions***

Participants from racialized communities, the 2SLGBTQIA+ community, and organizations supporting unhoused individuals frequently reported low levels of trust in police. This distrust stems from fears of their concerns being dismissed, past negative encounters with law enforcement or perceptions of police based on the experiences in their country of origin. Trust in city council and social support services also varied, with the majority of participants reporting inconsistent experiences and perceptions of low institutional responsiveness.

### ***Online Platforms Provide an Outlet for Hateful Rhetoric***

Online social media was widely identified as a key space where hateful messages are shared. Often posted from anonymous accounts, this content includes racist, xenophobic, anti-2SLGBTQIA+, and anti-unhoused rhetoric. Online spaces also circulate harmful myths about immigrants, including claims that they spread disease, displace workers, drive up housing costs, or contribute to crime. Such narratives reinforce negative stereotypes and deepen stigma.

For example, the social media group *'Medicine Hat and area Roast and Toast!'* contains, at a minimum, weekly comments expressing anti-immigration sentiment, hostility toward unhoused individuals, or derogatory remarks about the transgender community. Comments targeting the transgender community have intensified in recent months following changes to Alberta legislation.

### ***Verbal Abuse and Slurs are the Most Commonly Cited***

Verbal assaults are the most prevalent form of hate reported in Medicine Hat. These include racial slurs, targeted remarks toward members of the South Asian community, and derogatory language directed at 2SLGBTQIA+ individuals. Unhoused individuals also experience frequent harassment, such as people shouting at them from passing vehicles, physical abuse, discriminatory treatment by store owners, dismissive body language, and passive-aggressive interactions.

### ***Anti-Immigrant Sentiment***

Anti-immigrant sentiment is increasing in Medicine Hat, reflecting a broader trend across the province and country. Immigrants are frequently blamed for pressures within public systems and claims that immigrants are responsible for overcrowded classrooms, strained services, and job shortages. Narratives suggesting that immigrants are “taking our jobs” have become increasingly normalized in public discourse.

These views were expressed publicly during the Alberta Next Panel, a provincial engagement forum that visited Medicine Hat in early September 2025. During this event, provincial government leaders and panel participants openly stated that immigration is responsible for crowded classrooms, increased crime, and reduced employment opportunities for Albertans.

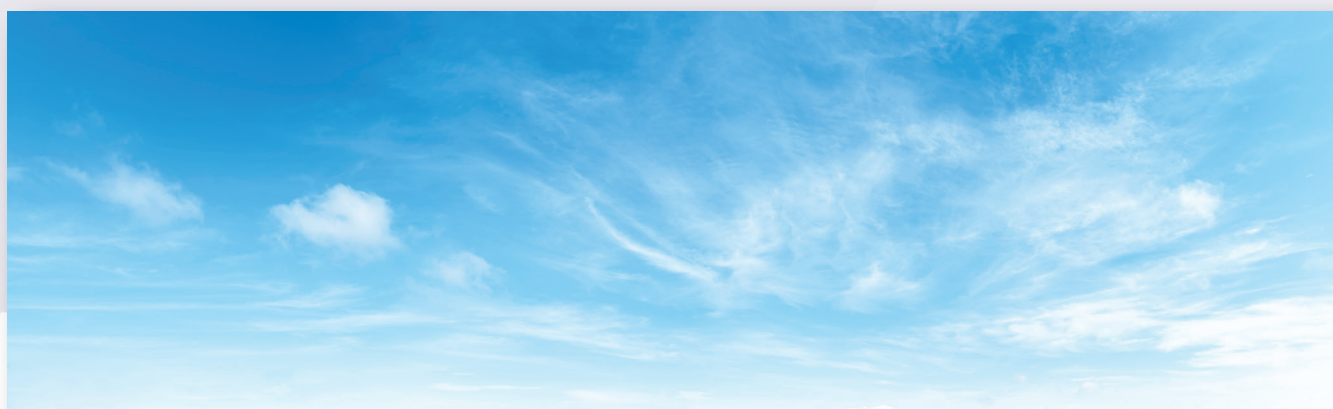
Online spaces also contain a significant number of hateful comments targeting immigrant communities. These include statements suggesting that immigrants are “taking over,” accusations that newcomers are exploiting public systems, and calls to “send them all back.”

Anti-immigrant sentiment often overlaps with racism, affecting visible minorities in the community regardless of how recently they immigrated to Canada.

## ***Bullying & Hate in Schools***

Several participants noted that young, racialized students are disproportionately affected by hate-related incidents, despite making up a small proportion of the overall student population. Participants described incidents ranging from hateful comments and racial slurs to physical altercations in school settings. Students reported being subjected to overtly demeaning language, including being called “monkey” or the n-word, highlighting the explicit nature of the racism encountered. Most examples occurred in high schools.

High school settings can make these issues worse, as peer pressure is stronger, social identities are still forming, and schools may struggle to respond effectively. Adolescence is a particularly vulnerable time, when peer dynamics and questions of identity can heighten both how often racialized hate occurs and how deeply it affects students.



## ***Impact of Environmental and Structural Factors***

Public spaces such as libraries and fitness centres are important hubs for community dialogue and social interaction. However, it is in these same spaces that members of the public make attempts to influence who is able to use the facilities and what is available for public consumption. For example, people have brought complaints and requests to remove unhoused people and stop them from utilizing facilities.

Broader structural challenges, such as limited shelter capacity, the closure of the youth shelter, and community discomfort with support homes in their community, were seen to worsen stigma towards the unhoused and people with disabilities.

## ***What demographics are being targeted by hate crimes and incidents?***

A breakdown of marginalized / vulnerable groups targeted by hate in Medicine Hat:

### ***Racialized Community (visible minorities, excluding Indigenous)***

The most common experiences of hate reported by visible minorities involved racial slurs and verbal abuse. Many examples included comments directed at individuals accusing them of stealing jobs, taking advantage of social benefits, or “having too many children.” In one instance, a young girl told a female caregiver that she did not like

her because she was Black. While the child may not have understood the impact of her words, the comment likely reflected attitudes she had heard from adults in her life.

The South Asian community was specifically mentioned in several interviews, with participants noting that hateful comments also appear frequently in online spaces. As the number of South Asian immigrants has grown, so has the visibility of South Asian-owned restaurants and stores. Participants described an increase in comments directed at South Asians as a result, including accusations of taking jobs from young people, such as “why are you taking our jobs?”, as well as direct statements like “you should go back to where you came from.”

There was an account shared on social media about a man leaving a grocery store who was saying that South-Asian people are bad drivers, and how the “b\*stards” should be deported. Another example included someone who posted asking about restaurants in Medicine Hat that aren’t owned by ‘Indian people’ (referring to South Asians).

Racialized students in high school settings were identified as experiencing hateful comments and racial slurs from other students, and graffiti has been found in and near school property. It was also identified that some black students have experienced negative mental health outcomes and isolation, a common thread that was identified by newcomers in the African community.

## ***The 2SLGBTQIA+ Community***

There was a wide spectrum of hateful acts noted, including verbal harassment from passing vehicles, physical assaults, targeted online abuse, employment discrimination, and derogatory graffiti. Some community members have also reported being publicly outed by others, particularly in online spaces and even in some cases public institutions. It was expressed that there is a lack of trust in police services by the 2SLGBTQIA+ community, shaped by both personal experiences and broader community concerns.

Local businesses have expressed fear that openly supporting the community could jeopardize their livelihood. One story shared described someone being denied the chance to drop off a resume after being recognized from a protest. Another example recounted an incident in which a transgender woman faced direct verbal degradation from an angry store employee, stating “you will never be a woman”.

A Veteran's crosswalk was recently painted in Medicine Hat and there were a lot of hateful comments about rainbow crosswalks. Examples included ‘just paint over the rainbow sh\*t’, ‘better than those gay rainbow ones’, and ‘bout time, get that gay crap out of communities and honor actual heroes’.

In a post about recent changes to provincial legislation on transgender youth, there were several comments about the transgender community having a mental illness.

## ***The Unhoused***

Unhoused individuals were mentioned most frequently in interviews as the demographic experiencing the most hate.

Reports described pervasive stigma, assumptions of criminality, physical assaults, and complaints about their presence in public and semi-public spaces such as recreation facilities. Witnesses reported people driving by and shouting insults such as “you guys are losers” or “let them die.” In one incident, frozen water bottles were thrown at unhoused individuals; in another, high school students threw eggs. One account described several people jumping out of the back of a truck to beat an unhoused man.

Similar hostility appeared in online communities, with comments such as “Move them and get them the hell out of here” and “I have nothing but loathing for you,” referring to unhoused people with addictions.

Access to housing has become increasingly difficult due to limited shelter availability and landlords stating their refusal to work with support organizations that assist certain individuals.

## ***The Indigenous Community***

While a small proportion of the overall population in Medicine Hat, the Indigenous community experiences systemic hate, including trouble accessing housing and jobs and being subject to racial slurs. A story was shared about a woman who had been invited for an interview. He had called her an hour before the interview to confirm that she was coming but when she arrived, the manager looked at her and said ‘Never mind, the position is filled’. Another story was shared about a woman who was followed by man who was shouting racial slurs at her in a park.

In high school, there have been incidents reported where Indigenous students were called a ‘lazy Indian’ and ‘dumb Indian’. This is yet another example of hate happening in schools.

## ***Disabled Community***

Participants indicated that members of the disabled community sometimes experience hate or discriminatory behaviour in public spaces, including on public transit. The examples shared primarily involved young people making offhand or mocking comments, often spoken quietly, which nonetheless contributed to feelings of exclusion and harm.

## ***Religious Communities***

Very few participants spoke about hate affecting religious communities, which may be partly due to the limited number of interviews conducted with religious organizations. As a result, experiences related to religious-based hate were not widely discussed. One example of Islamophobia was shared, involving a high school student who was called a racial slur for wearing a hijab, highlighting that religious identity can still be a visible and targeted marker in school settings.

It is also important to note that antisemitic hate has been documented in the community outside of these interviews. In 2018, Loki Hulgaard was charged with distributing currency bearing antisemitic messages and later pleaded guilty in 2020 to the willful promotion of hatred. While not raised directly by participants, this incident points to the presence of religiously motivated hate within the broader community context.

## ***Intersectionality and Increased Vulnerability***

The experiences of marginalized individuals are inherently layered and shaped by intersecting identities and perceptions. For instance, assumptions are often made that a person’s skin colour, particularly Black or Brown, signifies recent immigrant status. In a context of rising anti-immigrant sentiment, such assumptions can intensify and compound the lived experiences of racialized individuals.

Several interviewees emphasized that people with multiple marginalized identities face heightened risk. Those who are unhoused and also racialized or 2SLGBTQIA+ experience compounded levels of hate and harassment. Increased visibility because of being unhoused makes them especially vulnerable to these attacks.

## ***What support and mechanisms are currently in place to report a crime or incident?***

Most respondents indicated that there has been little to no work being done to address hate in Medicine Hat. Though, as mentioned, many are not even aware of what constitutes a hate crime or incident. It was consistently shared that impacted people do not know what to do or who to talk to if they experience a hate incident. However, some did report that they turn to faith communities, families, or community organizations for empathy and support. The only reporting indicated as available was the police and people were not aware of the StopHateAB reporting tool. It was noted, that there are positive things happening in the community that have the potential to work at catalysts for the future.

### ***Dialogue Within Community Spaces***

Public institutions such as libraries and recreation facilities play an important role in promoting respectful dialogue and awareness. Staff and community members in these spaces frequently engage in informal conversations about inclusion and safety, which contributes to a broader community understanding of what is impacting residents. The opportunity to bring anti-hate work to these public spaces has a lot of potential.

### ***Community Collaboration***

Participants highlighted strong collaboration among community organizations. Agencies often share resources and support one another's efforts to address hate, discrimination, and social exclusion. However, since addressing hate is not a core aspect of their work or mandate, it is often done off the side of their desks and subsequently does not yield the most effective outcomes.

An Action Team has recently been formed in Medicine Hat, led by the Local Immigration Partnership. The team focuses on addressing anti-immigrant sentiment and brings together the municipality, police, and health institutions, along with immigrant-serving organizations and support services. The work of this group will offer valuable insight and resources for StopHateAB and provides a strong starting point for collaboration within a broader Anti-Hate Coalition that centres the experiences of all marginalized communities facing hate. StopHateAB has been invited to take part in this initiative.

### ***Police Services & Frontline Support***

Some reported positive interactions with frontline supports, including police and health services. This included several people noting that the downtown police officers were approachable and helpful and had the added benefit of getting to know people in the downtown community. Access to services like SafeLink, are also seen as a positive support opportunity for those living with addiction.

### ***Opportunities for Anti-Hate Work in Medicine Hat***

Based on the interviews conducted, and conversations about what is possible in Medicine Hat, a number of important opportunities were identified.

Below is a summary of the responses to the question - "What anti-hate work is needed in Medicine Hat?"

- **Education, Training, Awareness, and Youth Engagement**
  - Deliver Hate Crime & Hate Incident training to the community.
  - Re-educate the community on Diversity, Equity, Inclusion and Accessibility (DEIA)

- Address perception-versus-reality gaps by correcting common myths about marginalized populations with accurate information.
  - Expand education and dialogue with young people through schools, sports organizations, and youth groups.
  - Develop visual awareness campaigns that promote inclusion and counter harmful narratives.
  - Educating businesses on the economic value of fostering inclusive, hate-free environments.
  - Provide specialized training for police on hate-motivated behaviour, mental health, and the experiences of unhoused individuals.
  - Provide bystander intervention training
- **Storytelling, Cultural Understanding, and Humanization**
    - Promote cultural understanding by sharing stories about diverse cultures, immigrant experiences, and newcomer challenges.
    - Humanize marginalized groups by elevating personal stories that highlight lived experiences and the harm caused by hate.
    - Implement a Human Library initiative to foster empathy. A Human Library is a program that promotes understanding by facilitating respectful, one-on-one conversations with people from marginalized or misunderstood communities.
    - Create spaces for open, respectful conversation—even where disagreements exist—encouraging curiosity, shared learning, and connection across perspectives.



## RECOMMENDATIONS

Based on the information gathered as a part of this project, and considering the findings of other previous research, including “Victimized Community Perceptions About Hate Crimes and Incidents in Alberta: A 2019-2022 Analysis”, the following recommendations are offered:

### *Create a coordinated coalition to address hate*

Establish a cross-sector collaborative that provides sustained advocacy, shared leadership, and ongoing support for marginalized individuals and communities experiencing hate. The coalition will offer a coordinated, community-driven approach to anti-hate initiatives. It will bring together community organizations, institutions, and passionate community members to strengthen collaboration and allyship, improve awareness and education, and support a clearer pathway for reporting. It will also provide an opportunity to build trust between marginalized groups and law enforcement, engage marginalized groups in decision-making, and enable more agile and tailored responses to hate incidents in the community.

## ***Empower the community through education and training***

Implement community-wide learning initiatives that clarify what hate incidents and hate crimes are, explain how to report them, and offer practical ways to participate in anti-hate efforts. There is also an opportunity to educate the community on where hate is happening and who it is impacting. By providing learning such as bystander intervention training and by offering workshops on implicit and unconscious bias that could help build confidence for people to safely speak up. It was noted in more than one interview the importance of reaching the right people with this work – middle and upper management in municipal government and key decision makers – moving beyond the front-line workers who are already familiar and educated on these concepts. This could also serve to inform policy developments and policy reform.

## ***Strengthen partnerships between marginalized groups, municipal leaders & police services***

There is an important opportunity to develop or deepen formal partnerships with city officials and local law enforcement. Given persistent challenges around reporting, trust, and perceived inaction, these partnerships could prioritize transparent and continuous communication, shared accountability, and ensure consistent engagement and follow-through.

Coordinated response protocols, regular check-ins, and joint problem-solving around hate-related incidents can help build trust and improve outcomes.

## ***Create community events and projects that bring together members of minority communities and the general community***

This recommendation came with the specific need for minority community voices and stories to be heard. Participants shared that othering and blame is common and by bringing people together and hearing the stories of people affected by hate humanizes them. It also helps make the community stronger and more resilient to hate.

## ***Prioritize anti-hate children and youth focused initiatives in schools, sports organizations, and youth communities***

Most interviewees indicated the value of connecting with youth to help them learn and understand the impacts of hate. Given the significant number of cited incidents of hate in high school, the need is further compounded. This could include anti-bullying initiatives, education, community partnerships, and bystander intervention training.

## ***Establish a dedicated local support resource for victims of hate***

Establish a safe, accessible, non-police resource such as a community hub where people can seek support, receive guidance, and report hate-related incidents. StopHateAB resources could form the backdrop for such services.

## CONCLUSION

Hate crimes and incidents have been impacting the Medicine Hat community. As a medium-sized city experiencing slow but steady growth, Medicine Hat is well positioned to respond in ways that are intentional, collaborative, and community-driven. In 2021, the city set an ambitious goal to end homelessness and committed substantial resources to achieving it. While the achievement was temporary, lasting eight months, it demonstrated what is possible when a shared priority is established and sustained action follows. That same level of commitment, coordination, and investment could be applied to addressing hate.

By treating the reduction of hate as a collective priority, Medicine Hat has the potential to build safer, more inclusive systems that support newcomers, affirm marginalized communities, and reduce harm for those most affected. The capacity to make meaningful progress already exists. What remains is the choice to direct it with purpose.

## ACKNOWLEDGEMENTS

StopHateAB would like to thank the Department of Canadian Heritage who funded this project through the Anti-Hate grant. We would also like to thank all the participants who shared their stories and acknowledge the tremendous bravery it takes to disclose lived experiences of hate. We would also like to thank the organizations that have shown interest in developing an anti-hate coalition in Medicine Hat and look forward to continuing to work together to eliminate hate throughout Alberta.



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