# VitalSigns. of greater montreal

CC

# **WOMEN AND GIRLS** IN GREATER MONTREAL

Created by





## TABLE OF CONTENTS

A word from the President and CEO	3
Territorial acknowledgement	4
Statement on Justice, Equity, Diversity and Inclusion	5
Foreword	6
Working Group	7
Glossary	9
The Female Population of Greater Montreal	14
Violence Against Women and Girls	27
Mental Health	41
Integration into the Workplace and Working Conditions	50
Conclusion	65
Bibliography	66
Acknowledgements	69

**START CONVERSATIONS. TAKE ACTION.** If you or your organization is moved or motivated by what you read, use this report as a starting point for positive action.

**PASS IT ON.** Share the report with your friends, colleagues, employees, students, neighbours, library, community centre or an elected official at any level.

**FIND OUT MORE.** Learn about the many organizations in our community working to improve how things are, and see how you too can help.

**CONTACT US.** We know about the issues facing our community as well as the organizations working to improve them. If you would like to make a difference, we can help and guide you. www.fgmtl.org





## A WORD FROM THE PRESIDENT AND CEO

With the *Vital Signs of Greater Montreal* series of reports, the Foundation of Greater Montreal (FGM) aims to inform, bring together and mobilize our community around the most important issues it faces. In gathering and disseminating contextualized and reliable data on the state of our community, our goal is to stimulate reflection, collaboration, and the implementation of solutions appropriate to these issues.

Since 2020, FGM has been especially active in working to improve conditions for women and girls in our community. This is evidenced by the creation of the Women's Impact Montreal (WIM) Collective Fund, a circle of women donors and volunteer members who have taken on a mission to support community organizations that specifically work to assist women and girls.

In moving to integrate an approach based on concepts of justice, equity, diversity and inclusion (JEDI), which it placed at the heart of its 2022-2026 Strategic Plan, FGM also reinforced its commitment to those who make up the most marginalized populations in our community. These orientations will underpin all of our interventions as a community foundation.

This new edition of *Vital Signs* is, in that spirit, intended as an overview of the situation of women and girls in Greater Montreal. It is split into three parts, focusing on three issues that warranted in-depth examination: violence against women, mental health, and work and employment. With a view to including the intersectional aspects of these issues, each part will also deal with the particular situations experienced by LGBTQ2S+, Indigenous, immigrant, racialized, young, adolescent, elderly, or single-parent women, as well as those living with a disability or experiencing homelessness.

We want to thank the Institut du Quebec, which compiled the relevant data in a rigorous and adept fashion. We also owe a debt of gratitude to the volunteer members of the Vital Signs working group. With generosity and openness, they shared with us their fine-grained knowledge of the trends and needs on the ground. They helped make this report more detailed, more human and more reflective of what women and girls in Greater Montreal are truly experiencing.

We want this *Vital Signs* report to be a lever and a motor for all actors in our community. Each of us has a role to play in strengthening gender equality and enabling all women and girls to flourish, and take their rightful place in society. Let's commit to working towards this ambitious goal.

Read on, and we hope you find this report useful.

Karel Mayrand President and CEO Foundation of Greater Montreal

# TERRITORIAL ACKNOWLEDGEMENT

The Foundation of Greater Montréal (FGM) wishes to highlight the presence of the Kanien'kehá:ka of the Kahnawà:ke and Kanehsatà:ke communities, which have historically been established on the territory now known as Greater Montreal. It wishes to recognize as well that this territory has also been home over time to several Indigenous nations who established themselves here over several historical periods. Today, a diverse Indigenous population, including First Nations, Métis and Inuit individuals, continues to reside on this territory, in socioeconomically varied conditions.

Greater Montreal has long been a place for interaction and exchange among the First Peoples, and is a historic site where the Great Peace of Montreal was signed by 39 First Nations in 1701. In the spirit of peace, justice, and reconciliation, and by drawing inspiration from the ancestral knowledge of the First Peoples, FGM is working to enhance the well-being of the communities of Greater Montreal, and to protect its territory, now and for future generations.



# **STATEMENT** ON JUSTICE, EQUITY, DIVERSITY AND INCLUSION

The values of justice, equity, diversity and inclusion are at the heart of the Foundation of Greater Montréal's mission. FGM aspires to be a reflection of the community it serves.

In order to break down barriers, and work towards an inclusive society, FGM will listen, learn, and implement purposeful measures in its own organizational culture, its granting activity, its investments, its decisions and its actions. It acknowledges the existence of factors of discrimination towards individuals and groups, manifested both directly and systemically in our society, as well as the intersectionality of different types of discrimination that can be experienced simultaneously, and should not be dissociated nor seen as having a hierarchy.

At the same time, FGM commits itself to:

- continuously making structural changes in its practices, including in its investments and its granting;
- pursuing a program of continuing education on issues of justice, equity, diversity and inclusion;
- contributing to raising awareness among stakeholders and offering spaces for dialogue, exchange and understanding;
- ensuring that the composition of its staff, its volunteer pool and the resources it draws upon reflect the community it serves;
- measuring and evaluating its progress in these areas.

The Foundation of Greater Montreal (FGM) supports equality of the sexes and genders in all its practices, including its communications. It therefore favours an inclusive writing style. FGM has committed itself to adopting over time rules for communication that lead to the reduction of inequalities.





This analytical report will explore three major themes that affect women and girls, in order to understand their multiple impacts on the lives of the female inhabitants of Greater Montreal:

- 1. Violence against women and girls
- 2. Mental health
- 3. Workplace integration and working conditions

As well, in order to take into account the wide diversity in Greater Montreal's female population, the following groups will be the subject of a more nuanced analysis within each of the three themes:



In the course of our research, we dug deep to find data on all of the themes and groups we examined. However, the availability of primary and secondary data varies, so it was difficult to obtain a true picture of how certain groups are doing in Greater Montreal. In these cases, we will present Quebecwide data. Our basic assumption is that the experience of these communities in Greater Montreal is fairly representative of experiences lived across the province, even though, obviously, there are some differences. In some cases, we were also fortunate enough to arrange individual meetings with community organizations, which allowed us to collect additional relevant information.

The results as a whole were submitted to our committee charged with followup and reflection. With that process now complete, we can present quantitative and qualitative results in this threethemed report, with added detail for each of the nine groups we decided to study. The indicators we selected have as their reference point the island of Montreal (the Montreal administrative region), the Communauté métropolitaine de Montréal (CMM) or the Census Metropolitan Area (CMA) of Montreal. The choice of geographic reference has been determined by the availability of data, and is specified in each case.

## WORKING GROUP



#### Alison Abrego Programs and Mobilization Manager Girls Action Foundation

Alison Abrego is animated by her experience of having grown up in the Saint-Michel neighbourhood, her passion for inclusiveness, activist art, her mission in systems change, her work with young people in community action, and the privilege of having a degree in social work. Among her core responsibilities are ensuring that the voices and needs of young people are taken into consideration, and creating alternative safe spaces. We saw that nearly all the young people who were involved in our youth discussions expressed the desire to have safe spaces in which to express themselves on issues that are of concern to them, such as sexual violence against youth in school, the sexualization of the body, systemic racism, the environment, and issues impacting Indigenous communities.

#### **About Girls Action Foundation**

Created in 1995, Girls Action Foundation is a not-for-profit organization that firmly believes in the power of girls, young women and gender-diverse youth to act as agents of social change. With the help of our cross-Canada network of organizations, the Foundation leads, conceives and implements transformative programs that are relevant and adapted to communities' changing realities. Girls Action Foundation inspires and supports empowerment, leadership and healthy development in girls, young women and gender-diverse youth, by enhancing their access to resources and opportunities.



#### Sonia Alimi Research Coordinator DAWN-RAFH Canada

Sonia Alimi is a PhD student in sociology and a lecturer in sociology in the Institut de recherches et d'études féministes at Université du Québec à Montréal. She has worked at DAWN Canada (DisAbled Women's Network of Canada/ Réseau d'Action des Femmes Handicapées Canada) for six years as a research coordinator. Her thesis focuses on anti-racist and decolonizing feminist practices of French women of North African origin.

#### About DAWN-RAFH Canada

DAWN-RAFH Canada's mission is to end the poverty, isolation, discrimination and violence experienced by women with disabilities and Deaf women. DAWN-RAFH Canada is the only national body in Canada specifically dedicated to defending the rights of Deaf girls and women and those living with disabilities, as well as ensuring their advancement and full inclusion in society. DAWN-RAFH Canada's overall strategic orientation involves implementing innovative action, establishing partnerships and creating networks that will lead all levels of government, organizations working for the cause of individuals living with disabilities or women, and other stakeholders to prioritize DAWN-RAFH Canada's key issues and work to resolve them.



#### Monica Dunn Coordinator

Table de concertation en violence conjugale de Montréal (Montreal roundtable on domestic violence)

Monica Dunn has been TCVCM's coordinator since 2018. She has been working in the community sector for more than 20 years, and has been involved in cross-sectoral collaboration for nearly 10 years. She is also a mediator and facilitator. Her background is in sociology, and she is trained in conflict resolution and in non-violent communication.

#### About the Table de concertation en violence conjugale de Montréal

The TCVCM has as its mission to bring together and mobilize the various actors in the field, working in partnership and collaboration. Its overall approach involves analysis, prevention and action, and aims to protect women, children, other victims, or individuals who are especially vulnerable or who have special needs, and make perpetrators accountable for their actions, with a view to combatting domestic violence and its consequences. It currently has more than 50 members from 11 sectors of activity, from both institutional and community contexts.

## WORKING GROUP



#### Justine Gendron General Coordinator

Table de concertation en violence conjugale et agressions à caractère sexuel de Laval (Laval roundtable on domestic violence and sexual assault)

A criminology student and holder of a certificate in feminist studies, Justine joined the Table de concertation en violence conjugale et agressions à caractère sexuel de Laval in 2021 as General Coordinator. Her primary function is to ensure coordination among the different actors fighting domestic and sexual violence in Laval, while promoting the values and principles of the TCVCASL. In both her studies and her activism, she focuses in particular on the traumas suffered by victims of intimate partner violence.

#### About the Table de concertation en violence conjugale et agressions à caractère sexuel de Laval

The TCVCASL is a regional cluster of multidisciplinary community and institutional actors that combat domestic and sexual violence. It promotes collaboration, training and knowledge sharing among its members, and raises general public awareness of these forms of violence, working from a perspective of social change.



#### **Catherine Lavarenne** Funding and Partnerships Officer Conseil Québécois LGBT

Catherine Lavarenne is in charge of funding strategies for the Conseil québécois LGBT, and of support for members in their own quest for funding. Her role is to make funding opportunities known to LGBTQ+ organizations in Quebec, and help them draft grant applications. She is active in advocacy vis-à-vis governments and granting institutions, seeking to focus their attention on the needs of sexually diverse and gender-diverse communities.

#### About the Conseil Québécois LGBT

The Conseil québécois LGBT is the provincial government's preferred interlocutor in all matters regarding the protection of the rights of sexually diverse and gender-diverse persons in Quebec. Its approach is based on collaboration among its members, that is, 63 community groups and organizations that are active on the ground. Apart from being a defender of rights, the CQ-LGBT supports networking, mutual aid and solidarity in the LGBTQ+ community sphere in Quebec.

The Foundation of Greater Montreal and the Institut du Québec would also like to thank Michèle Chappaz of the Mouvement pour mettre fin à l'itinérance à Montréal, Isabelle Gélinas of the Montreal Women's Y, as well as Asmaa Ibnouzahir of the Institut F for the conversations we had with them, in which they provided opinions and expertise on certain groups that are less well represented in the statistical data.

## GLOSSARY

#### Women

For the purposes of the analyses presented herein, and as defined by Statistics Canada up to the 2021 Census, this category corresponds to individuals who have declared that they are of the feminine gender. However, we also drew on work by organizations that may define the term women differently. We will so specify, as needed.

#### Violence against women and girls

Violence against women and girls is defined as any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering. This includes threats to carry out such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. Violence against women and girls encompasses, but is not limited to, physical, sexual and psychological violence occurring in the family or within the general community, and that which is perpetrated or condoned by the State.

Source: UN Women, Types of violence against women and girls.

#### **Mental health**

Mental health is the state of an individual's psychological and emotional well-being. It is a necessary element for living a healthy life and a major factor in overall health. It does not mean the same thing as mental illness. However, poor mental health can lead to mental and physical illness.

Source: Statistics Canada, About mental health.

#### **Workplace integration and working conditions**

Certain groups face difficulties and inequities in the areas of access to employment, good working conditions, remuneration and other spheres of the labour market. Women and girls are particularly affected by these problems, and most notably several of the groups covered in the present study.

## GLOSSARY

## LGBTQ2S+ individuals

Sexual orientations and gender identities other than heterosexuality and cisgender identity are often referred to using the acronym LGBTQ2S+ (or similar acronyms).

#### About gender

Gender is a social construction regarding sexual identity. While the commonly used norms teach us that there are only two options (i.e. the gender binary of man/woman), in reality, humans live and express gender in much more complex and varied ways. There are many different gender identities, including but not limited to:

- Agender: an individual who does not identify with a particular gender, or who identifies with no
  gender. Their gender identity may lie outside of the gender binary. An agender person may or
  may not identify as trans.
- **Two-spirit:** a translation of the Anishinaabemowin term *niizh manidoowag*, which refers to a person who embodies both a masculine and feminine spirit. The activist Albert McLeod developed the term in 1990 to broadly reference Indigenous peoples in the lesbian, gay, bisexual, transgender and queer (LGBTQ) communities. Two-spirit is used by some Indigenous peoples to describe their gender, sexual and spiritual identity.
- Cisgender: a person whose gender identity and gender expression correspond to the gender they were assigned at birth.
- **Gender-fluid:** a person whose gender identity and gender expression are not static and may vary over time or according to circumstances.
- **Queer:** a person whose sexual orientation, gender identity or gender expression is not defined according to dominant norms.
- Non-binary: a generic term used to designate individuals whose gender identity does not fall within the binary male/female axis. The terms non-binary individual, and individual of non-binary gender, include among others, the realities of individuals who are gender-neutral, bigender or agender.
- **Trans:** a person whose gender identity differs from the sex assigned to them at birth.

#### **Other identities**

**L** – **Lesbian:** a person who identifies as a woman and who is physically, sexually, romantically or emotionally attracted to other women, and who identifies as a lesbian.

**G** - **Gay:** a person who identifies as a man and who is physically, sexually, romantically or emotionally attracted to other men, and who identifies as being gay (or homosexual). The word gay is also used in a broader fashion, to designate all persons attracted to a person of the same gender.

**B** – **Bisexual:** a person who is physically, sexually, romantically or emotionally attracted to more than one gender. Some bisexual individuals may also identify as pansexual. A pansexual person may be physically, sexually, romantically or emotionally attracted to any other person without regard to the other's sex, identity or gender.

**T** - **Transgender/Trans:** A term often used by persons whose gender identity differs from that of the gender they were assigned at birth. Persons whose gender identity lies outside the binary categories will sometimes identify as trans.

**Q** - **Queer:** A term that encompasses all sexual orientations and gender identities in the LGBTQ2S+ community, including those that do not identify with any of the other identities included in LGBTQ2S+ acronym.

2S: two-spirit. See definition above.

+ (plus): A way to include other identities under the LGBTQ2S umbrella. For some the "plus" represents love and acceptance.

Source: Jeunesse, J'écoute, 2SLGBTQ+ : Qu'est-ce que cela signifie?, Gouvernement du Canada, Terminologie LGBTQ2 – Glossaire, acronymes fréquents, L'encyclopédie canadienne, Bispiritualité et Interligne, Inclusion LGBTQ+

#### Indigenous women

In Canada, "aboriginal" is a legal term used to define First Peoples and their descendants. The Constitution Act of 1982 recognizes three distinct groups, the First Nations (status or non-status), Inuit and Métis. In Quebec, seeing as how no Métis group has been legally recognized, the term "aboriginal" generally refers to the 10 First Nations (Abenaki, Algonquin, Atikamekw, Cree, Huron-Wendat, Innu (Montagnais), Maliseet, Micmac, Mohawk, Naskapi) and the Inuit people.

In this study, we will use the term "Indigenous" when referring to First Peoples in English.

Source: Institut national de santé publique du Québec.

#### Women living with disabilities

The analyses focusing on women living with disabilities were carried out using data from the Canadian Survey on Disability (CSD), the General Social Survey (GSS) and the Canadian Community Health Survey (CCHS). The CSD is based on the social model of disability: "The social model is based on the principle that disability results from the interaction between the functional limitations of a person and the obstacles they must confront in their environment, notably social or physical obstacles that complicate daily life. Thus, disability is a social disadvantage imposed by an unfavourable environment that is added on to a person's functional limitation (Mackenzie et al, 2009)." The 2017 edition of the CSD provides a range of data on 10 different types of disability, focusing on limitations on activity related to hearing, vision, mobility, flexibility, dexterity, pain, learning, mental health, memory and development.

The terms women living with disabilities and women with functional limitations stem from the same reality and will be used at various times in the analyses in this report.

Source: Canadian Survey on Disability 2017: concepts and methods guide, Cloutier, Grondin, Lévesque, 2018.

## GLOSSARY

#### **Immigrant women**

The term immigrant refers to a person who is, or who has been, a landed immigrant or permanent resident. Such a person has been granted the right to live in Canada permanently by immigration authorities. Immigrants who have obtained Canadian citizenship by naturalization are included in this group.

Source: Statistics Canada.

#### **Racialized women**

A racialized individual is a person who belongs, actually or hypothetically, to a group which has come to be designated as being of a particular "race" based, for instance, on religion (e.g. Muslim), skin colour (e.g. Black), language (e.g. Arabic) or geographical origin (e.g. Asia). The word "racialized" emphasizes that race is not objective, nor a biological trait.

In this report, data available through organizations such as Statistics Canada refers to women from visible minorities. We will use it to describe racialized persons.

Sources: Santé Montréal et Ligue des droits et libertés.

#### **Single mothers**

Mothers without spouses, nor common law partners, who inhabit a dwelling along with one or more children. Single-parent families include: those where children are living with one parent as a result of a split between the parents, single parents having adopted children, a grandparent or other family member who takes care of the children on a daily basis, or widowed parents. Children living in single-parent families may also themselves be adults.

Source: Ministère de la Santé et des Services sociaux.

#### Women experiencing homelessness

Homelessness describes "the situation of an individual, family, or community without stable, safe, permanent, and appropriate housing, or the immediate prospect means and ability of acquiring it."

Source: Canadian Observatory on Homelessness.

#### **Girls and adolescents**

Definition pertaining to persons considered children (0 to 14 years) or adolescents (15 to 24 years), as prescribed by Statistics Canada's classification by age. To the extent possible, we will refer to specific ages, since individuals of different ages experience different realities.

Source: Statistics Canada.

## **Seniors**

Definition pertaining to persons who are considered seniors (65 years and over), as prescribed by Statistics Canada's classification by age.

Source: Statistics Canada.

#### Intersectionality

Interlocking of different forms of discrimination experienced by a person, based notably on their ethnic origin, sex, age, religion, sexual orientation, social class or disability. This overlapping results in an increase in the harm suffered.

Intersectionality as an analytical framework may also be defined as: "[...] a transdisciplinary theory that aims to understand the complexity around identities and social inequalities using an integrated approach. It rejects the compartmentalization and ranking of the major axes of social differentiation inherent in categories of sex/gender, class, race, ethnicity, age, disability and sexual orientation." (Bilge, 2009: 70).

In 1989, Kimberlé Crenshaw, inspired by a well-established African American feminist tradition, became one of the first to explore this subject, focusing in particular on the consequences of the struggles of African American women. The latter have been placed in a very unique position: Black persons have been invisible in discussions of feminist issues, and women have been invisible in movements fighting for racial equality. Intersectionality is a critique of the homogenization of certain categories and the tendency to impose uniformity on life experiences: not all women are white, and not all Black people are men.

Source: Office québécois de la langue française, Grand dictionnaire terminologique, fiche "intersectionnalité" and Corbeil, C. Harper, E., Marchand, I. Fédération des maisons d'hébergement pour femmes and Le Gresley, S-M (2018).

### Sexism

Sexism is an ideology that is based on the idea that women are inferior to men. It manifests itself in diverse ways: ranging from forms that may seem harmless (stereotypes, humour, remarks) to more serious instances (discrimination, violence, assault, murder or femicide). It is the major obstacle standing in the way of true equality between women and men.

Source: Ministère chargé de l'égalité entre les femmes et les hommes, de la diversité et de l'égalité des chances (France)

# THE FEMALE POPULATION OF GREATER MONTREAL

In order to better understand the issues that affect women and girls in the areas of violence, mental health and working conditions, we must first get a demographic picture of them on the territory of Greater Montreal. It is just as important to understand the social and demographic attributes of the various groups that make up the metropolitan region's female population.

## **Greater Montreal**

Greater Montreal, or the greater region of Montreal, is made up of 82 municipalities grouped into five territories within the Communauté métropolitaine de Montréal (CMM). Thus, it encompasses the island of Montreal at its centre, the city of Laval, the agglomeration of Longueuil, and the North and South Shores.

#### Map 1 THE COMMUNAUTÉ MÉTROPOLITAINE DE MONTRÉAL'S TERRITORY, 2017



Source: Communauté métropolitaine de Montréal, 2017.

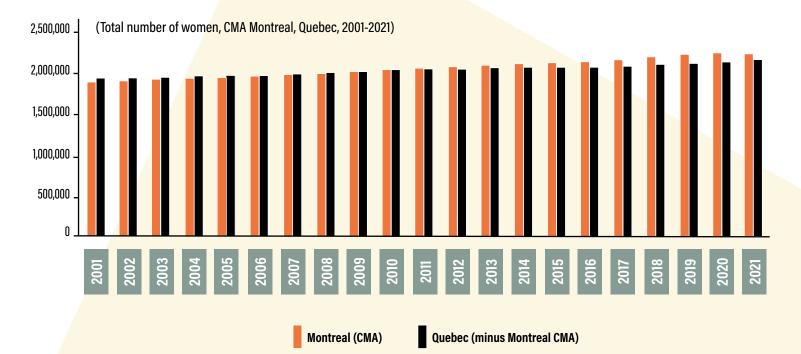
According to data from the 2021 Census, the Montreal Census Metropolitan Area (CMA)<sup>1</sup> had a population of 4,291,732 persons, up by 4.6 % from 2016. By comparison, the populations of the metropolitan areas of Toronto and Vancouver grew by 4.6 % and 7.3 % respectively over the same period of time<sup>2</sup>.

## **Representation of women in Greater Montreal**

The 2021 Census indicated as well that there were more women than men in Greater Montreal in 2021. The female population was estimated to be 2.19 million, versus 2.11 million men, or about 80,000 more women.

As well, over the last few years, the distribution of women across the province of Quebec has changed a bit. At the start of the decade of the 2000s, there were more women in the rest of Quebec than in Greater Montreal. However, since 2008, the number of women in Greater Montreal has slightly exceeded the total in the rest of Quebec.

#### Figure 1 A FEMALE POPULATION THAT IS SLIGHTLY HIGHER IN GREATER MONTREAL THAN IN THE REST OF QUEBEC



Source: Statistics Canada. Table 17-10-0135-01 Estimates of population, July 1, by census metropolitan area and census agglomeration, 2016 boundaries

<sup>1.</sup> Throughout the document, data presented with reference to Greater Montreal will always be for the Census Metropolitan Area of Montreal (Montreal CMA) as gathered by Statistics Canada.

<sup>2.</sup> Statistics Canada. 2022. (table). Census profile, 2021 Census, product nº 98-316-X2021001 in the Statistics Canada catalogue, Ottawa. Release April 27 2022

## LGBTQ2S+ individuals

In 2018, Statistics Canada's Canadian Community Health Survey estimated that in Quebec, 41,600 women identified as lesbian or gay, and 70,600 as bisexual<sup>3</sup>.

Canada's 2021 Census included for the first time a question that allowed all cisgender, transgender or non-binary persons to declare their gender. Based on answers to that question, compared to other provinces, Quebec showed the lowest proportions of transgender (0.14 %) and non-binary (0.09 %) individuals in its population, and almost three quarters (71.5 %) of non-binary individuals and more than half (54.7 %) of transgender individuals lived in the greater Montreal region.

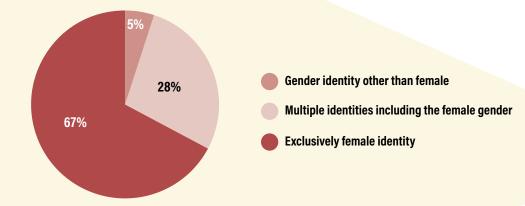
Lastly, Greater Montreal as of last year counted in its population 0.07% transgender men, 0.08 % transgender women and 0.13 % non-binary individuals.

As regards women in couples with other women, the 2016 Census estimated that there were 72,880 persons in same-sex couples in Canada, with 48.1 % of them being women<sup>4</sup>. Of that total, 16.8 % lived in Greater Montreal.

In 2020, the Réseau des lesbiennes du Québec conducted a province-wide study in order to depict as accurately as possible the issues affecting lesbian and sexually diverse communities living in Quebec<sup>5</sup>. The survey was conducted with 705<sup>6</sup> individuals who were women identifying as LGBTQ2S+. It provides the two snapshots you see below of certain characteristics of LGBTQ2S+ women.

#### Figure 2 In Quebec, one third of sexually diverse respondents have a gender Identity other than exclusively female

(Proportion of self-identification of sexually diverse women (n=685), Quebec, 2020)



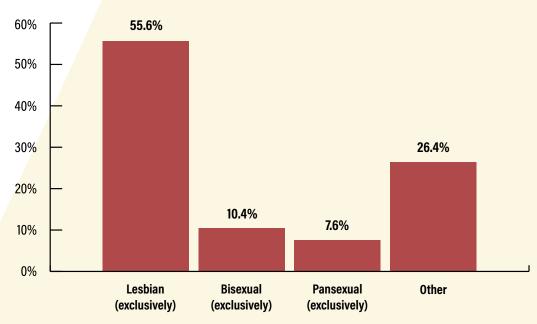
Source: Fontaine, E., Antoine, J., Vaillancourt, J. (2021) Résultats de l'enquête "Portrait des femmes de la diversité sexuelle au Québec". Réseau des lesbiennes du Québec (RLQ).

Statistics Canada. Table 13-10-0817-01 Socioeconomic characteristics of the lesbian, gay and bisexual population, 2015 - 2018 (Even though all the estimates of percentages in this table exclude. No Response, it should be noted that the question relating to sexual orientation had rates of "Don't know" or "No Response" that were higher than most of the questions with multiple answers)
 https://www12.statcan.gc.ca/census-recensement/2016/as-sa/98-200-x/2016007/98-200-x2016007-fra.cfm

<sup>5.</sup> Fontaine, E., Antoine, J., Vaillancourt, J. (2021) Résultats de l'enquête "Portrait des femmes de la diversité sexuelle au Québec". Réseau des lesbiennes du Québec (RLQ).

<sup>6.</sup> At the time the survey was carried out, 46.7 % of respondents lived on the island of Montreal and 59.4% lived in Greater Montreal (including the island of Montreal, Laval and the Montérégie).

#### Figure 3 IN QUEBEC, ONE SEXUALLY DIVERSE FEMALE RESPONDENT IN TWO SELF-IDENTIFIES AS EXCLUSIVELY LESBIAN



(Proportions of sexual orientations of sexually diverse women (n=685)<sup>7</sup>, Quebec, 2020)

Source: Fontaine, E., Antoine, J., Vaillancourt, J. (2021) Résultats de l'enquête "Portrait des femmes de la diversité sexuelle au Québec". Réseau des lesbiennes du Québec (RLQ).



7. The category "Other" covers other different forms of sexual orientation and intersectional orientation.

## **Indigenous women**

As of the 2016 Census (the latest available data) 25% of Quebec's Indigenous women resided in Greater Montreal.

#### Table 1

### PRESENCE OF INDIGENOUS WOMEN BY LOCATION, IN CERTAIN CENSUS METROPOLITAN AREAS, AND IN QUEBEC, 2016

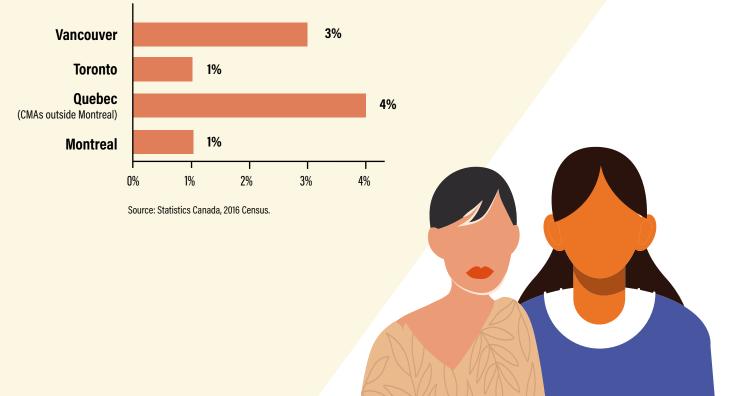
	Montreal	Quebec (CMAs outside Montreal)	Toronto	Vancouver
Indigenous women	18,250	72,745	24,505	32,380
Other women	2,024,840	1,908,175	2,988,360	1,208,450

Source: Statistics Canada, 2016 Census.

The presence of Indigenous women in Greater Montreal (1% of the total female population) is comparable to what is observed in the two other largest cities in Canada.

#### Figure 4 INDIGENOUS WOMEN ARE FEW IN MAJOR CANADIAN CITIES AND IN GREATER MONTREAL

(PROPORTION OF INDIGENOUS WOMEN IN THE FEMALE POPULATION, THREE CENSUS METROPOLITAN AREAS AND QUEBEC, 2016)



## Women living with disabilities

There are (proportionately) slightly more individuals with a disability in the Montreal administrative region than in Quebec as a whole. We should note that more women than men, on average, are living with a disability. In Quebec overall, they total 590,610 individuals aged 15 and over. That figure includes physical and intellectual disabilities, which we were not able to analyze independently.

#### Table 2

#### DISABILITY RATE BY GENDER AND ADMINISTRATIVE REGION, INDIVIDUALS AGE 15 AND OVER, QUEBEC, 2017

	Women	Men
Montreal	18.6%	14.6%
Laval	16.9%	12.8%
Lanaudière	17.1%	12.6%
Laurentians	16.8%	15.5%
Montérégie	17.2%	14.4%
Whole of Quebec	17.8%	14.4%

Source: 2017 CSD, Statistics Canada. Statistical processing: Institut de la statistique du Québec, 2020. Compilation: Office des personnes handicapées du Québec, 2020.

According to the Office des personnes handicapées, women in Quebec more frequently live with serious or very serious disabilities (41.8% of those living with a disability) than men (38.8%).

#### Table 3

### SERIOUSNESS OF DISABILITY BY GENDER, INDIVIDUALS AGED 15 OR OVER WITH A DISABILITY, QUEBEC, 2017

	Women	Men
Light	37.0%	42.2%
Moderate	21.2%	18.9%
Serious	20.5%	17.7%
Very serious	21.3%	21.1%

Source: Office des personnes handicapées du Québec (2021).

## **Immigrant women**

According to the 2016 Census, in the province of Quebec immigrant women are mainly present in Greater Montreal. Indeed, 86% of them reside in Greater Montreal, versus 14% in the rest of Quebec.

#### Table 4

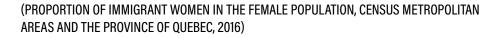
#### PRESENCE OF IMMIGRANT WOMEN BY LOCATION, CENSUS METROPOLITAN AREAS AND THE PROVINCE OF QUEBEC, 2016

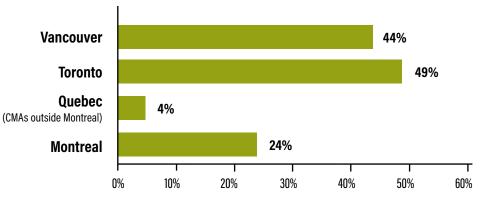
	Montreal	Quebec (CMAs outside Montreal)	Toronto	Vancouver
Immigrant women	483,500	77,480	1,435,560	672,805
Other women	1,526,095	1,896,640	1,508,475	527,885

Source: Statistics Canada, 2016 Census.

Immigrant women make up a significant proportion of the female population of Greater Montreal, at 24%. However, their numbers are rather low when we make comparisons with Canada's two other largest cities. In Greater Toronto, one woman in two was born outside Canada, and in Greater Vancouver that proportion is 44%. In Quebec, immigrant women are not very present outside of Greater Montreal: They represent 4% of the female population in the rest of the province.

#### Figure 5 ONE WOMAN IN FOUR IN GREATER MONTREAL IS AN IMMIGRANT







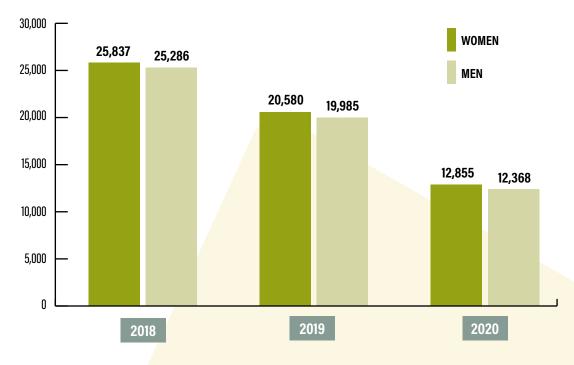
Source: Statistics Canada, 2016 Census.

However, since 2018, the number of immigrant women coming from abroad to settle permanently in Greater Montreal has been decreasing. In 2019, the government of Quebec lowered the number of permanent immigrants that could be admitted. Then, since 2020, the fallout from the COVID-19 pandemic has slowed the admission of immigrants, as borders stayed closed for long periods of time and administrative delays lengthened.

#### Figure 6

#### THE NUMBER OF PERMANENT IMMIGRANT WOMEN ADMITTED TO QUEBEC EACH YEAR IS DOWN

(TOTAL NUMBER OF PERSONS HAVING ACQUIRED PERMANENT RESIDENCE IN THE YEAR, QUEBEC, 2018-2020)



Source: 2016-2020, PORTRAIT de l'immigration permanente au Québec selon les catégories d'immigration, ministère de l'Immigration, de la Francisation et de l'Intégration (MIFI).



## **Racialized women**

In Quebec, racialized women are mainly present in Greater Montreal. Indeed, 88% of them live in the metropolitan area, as compared to 12% in the rest of the province.

#### Table 5

#### PRESENCE OF RACIALIZED WOMEN BY LOCATION, CENSUS METROPOLITAN AREAS AND THE PROVINCE OF QUEBEC, 2016

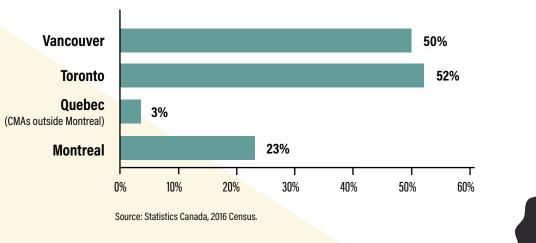
	Montreal	Quebec (CMAs outside Montreal)	Toronto	Vancouver
Visible minority women	462,745	64,440	1,562,675	620,660
Other women	1,580,340	1,916,490	1,450,190	620,170

Source: Statistics Canada, 2016 Census.

As is the case with immigrant women, racialized women (here, meaning women from visible minorities) make up a large proportion of women in Greater Montreal, at 23%. And again in this case, their numbers are small when compared with those of Canada's two other largest cities. In both Greater Toronto and Greater Vancouver, one woman in two is racialized. And, in Quebec, racialized women are not very present outside of Greater Montreal: They only constitute 3% of the female population in the rest of Quebec.

#### Figure 7

#### IN GREATER MONTREAL, ONE WOMAN IN FOUR IS RACIALIZED



#### (PROPORTION OF RACIALIZED WOMEN IN THE FEMALE POPULATION)

## **Single mothers**

56% of Quebec's single mothers live in Greater Montreal, while the overall proportion of Quebec women who live in the city is only 51%. Single mothers are thus present in proportionately larger numbers in the metropolitan area.

It can also be observed that women are more likely to be single mothers than men are to be single fathers. Indeed, there are 3.5 times more women than men in a single-parent situation in Greater Montreal. In cities like Vancouver or Toronto, the proportion of single mothers is even higher.

# Table 6PRESENCE OF SINGLE MOTHERS BY LOCATION, CENSUSMETROPOLITAN AREAS AND THE PROVINCE OF QUEBEC, 2016

	Montreal	Quebec (CMAs outside Montreal)	Toronto	Vancouver
Single mothers	158,625	126,275	241,820	84,740
Single fathers	45,270	49,295	50,325	19,950

Source: Statistics Canada, 2016 Census.



## **Women experiencing homelessness**

In 2018, Quebec's Ministère de la Santé et des Services sociaux (MSSS) produced the most recent overview of homelessness in Quebec<sup>8</sup>. This overview was intended to increase understanding of the homelessness phenomenon as it exists across the province<sup>9</sup>. The study showed that 5,789<sup>10</sup> individuals were experiencing visible homelessness, including 845 who were living on the street. Of these individuals, 678, or 80%, were in the Montreal administrative region.

As regards hidden homelessness, that is, being temporarily lodged by others, or in a hotel, without having a permanent fixed abode, or living in a rooming house, 670 Quebeckers matched this definition in the count. As well, 3,149 individuals experiencing visible homelessness were tallied in the Montreal administrative region (54% of the total), 284 in the Montérégie and 169 in the Laval region. A profile of persons experiencing homelessness was established, and showed that 72% were men, 26% were women and 2% had another gender identity.



8. LATIMER, Eric, et François BORDELEAU. Dénombrement des personnes en situation d'itinérance au Québec le 24 avril 2018, Ministère de la Santé et des Services sociaux, mars 2019

9. 11 regions were included in the 2018 count : Saguenay-Lac Saint-Jean, Capitale-Nationale, Mauricie-Centre-du-Québec, Eastern Townships, Montreal, Outaouais, Chaudière-Appalaches, Laval, Lanaudière, Laurentides, Montérégie

10. The count provided the number of individuals experiencing visible homelessness on a given day. That number is less than the total number of persons who experienced an episode of homelessness in the course of the year.

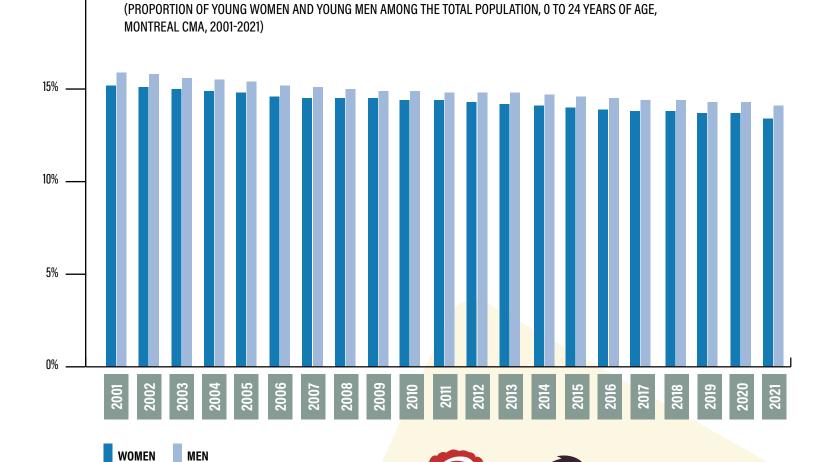
## **Girls and adolescents**

Since the start of the millennium, the proportion of young people among the population of Greater Montreal has been in steady decline. This can be explained by the fact that Quebec's population is aging, that the province has a low birth rate, and that it is welcoming fewer immigrants than the Canadian average. We also note that young women are present in slightly lower numbers than young men in the Greater Montreal area.

#### Figure 8

20%

### THE PROPORTION OF YOUNG PEOPLE AMONG THE POPULATION OF GREATER MONTREAL HAS DECLINED AND YOUNG MEN ARE MORE NUMEROUS THAN YOUNG WOMEN



Source: Statistics Canada. Table 17-10-0135-01 Population estimates, July 1, by census metropolitan area and census agglomeration, 2016 boundaries.

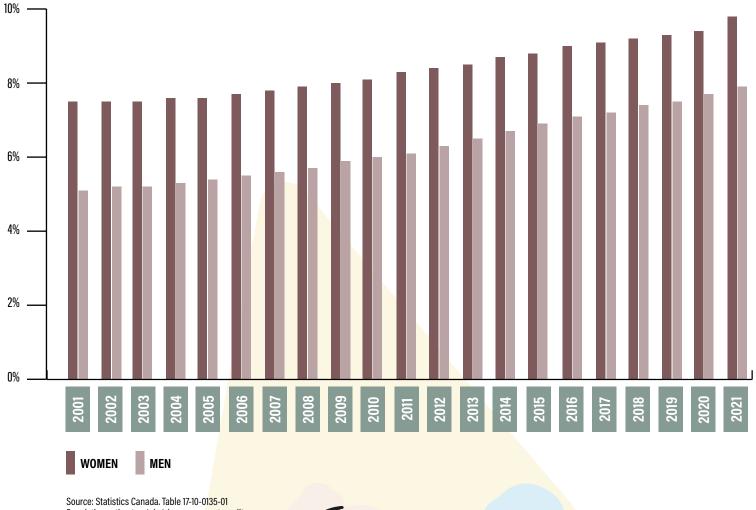
## **Senior women**

The proportion of seniors as a part of the total population of Greater Montreal is on the rise since the start of the decade of the 2000s. Quebec's population is one of the most rapidly aging in North America. The share of female seniors in the population is greater than that of men who are aged 65 and over; this phenomenon can in part be explained by a higher life expectancy among Quebec women than among Quebec men.

#### Figure 9

#### THE PROPORTION OF SENIORS IN GREATER MONTREAL HAS INCREASED AND AMONG THEM WOMEN ARE MORE NUMEROUS THAN MEN

(PROPORTION OF FEMALE AND MALE SENIORS AS A SHARE OF THE TOTAL POPULATION, 65 YEARS +, MONTREAL CMA, 2001-2021)



Source: Statistics Canada. Table 17-10-0135-01 Population estimates, July 1, by census metropolitan area and census agglomeration, 2016 boundaries.

## VIOLENCE AGAINST WOMEN AND GIRLS

In Quebec and in Greater Montreal, the violent acts that women specifically are subjected to have an incalculable impact on their lives. This is a serious social and collective problem, the consequences of which spill over into all our communities, and which we have a duty to address. Sexist violent acts are especially alarming and most often manifest themselves as sexual offences, unlawful confinement, harassment, and many other forms of other wrongdoing.

Women are proportionately<sup>11</sup> the principal victims of these acts (on average 1039.7 women per 100,000 were the victims of a reported offence to the police in Quebec in 2019 versus 975.1 men out of 100,000). In a very significant number of these cases, the alleged perpetrators of the acts of violence are men (in 95% of cases of sexual offences reported to police, a man was the alleged perpetrator of the crime) who know their victims (80% of sexual offences reported to police). Insidiously, domestic violence, of which women are also the principal victims in its more serious forms, often produces many dangerous situations that cause them to fear for their safety or their lives.



<sup>11.</sup> The comparative analyses in this section are in many cases presented in terms of crime rate so as to allow for more relevant comparisons. As described by the ministère de la Sécurité publique du Quebec, the crime rate is the number of reported offences relative to the population, as expressed per 100, 000 inhabitants. It enables comparisons in terms of frequency of offences between territories or segments of the population (by gender or age). The calculation is as follows: number of offences divided by the target population, the whole multiplied by 100,000.

## Victims of offences against the person

In Quebec, in 2019, assault (21,865 cases), sexual assault (7,834 cases), threats (6,502 cases) and criminal harassment (4,228 cases) were the offences most often perpetrated against women and reported to police.<sup>12</sup> It must be noted here that we are referring to reported offences actually tracked by police. It is too often that case that women who are victims of violence do not lodge a complaint or find themselves in a situation where they cannot do so. This is often the case for women who belong to one, or several, marginalized groups.

#### Offences against the person Offences against the person (in any circumstance) committed in a domestic context Women Women Men Men **Category of offence** Number % Rate Number % Rate Number % Rate Number % Rate Homicide 21 26.6 0.5 58 73.4 1.4 11 84.6 0.3 2 15.4 0.1 **Criminal negligence** 11 29.7 0.3 26 70.3 0.6 4 100.0 0.1 0 0.0 0.0 Attempted murder 45 22.8 1.1 152 77.2 3.6 20 90.9 0.6 2 9.1 0.1 Assault (levels 1 to 3) 21,865 45.8 514.9 25,844 54.2 609.8 10,593 71.3 295.0 4,265 28.7 120.0 Sexual assault 5,050 88.3 118.9 672 11.7 15.9 1,062 97.5 29.6 27 2.5 0.8 (levels 1 to 3) Other sexual offences 2,784 82.0 65.6 610 18.0 14.4 174 92.6 4.8 7.4 14 0.4 Kidnapping, trafficking 78.6 259 95.1 953 22.4 21.4 6.1 604 16.8 31 4.9 0.9 and sequestration 33.9 66.1 85.0 Robbery and extortion 1,478 34.8 2,885 68.1 182 5.1 32 15.0 0.9 **Criminal harassment** 4,228 74.0 99.6 1,489 26.0 35.1 2,215 86.4 61.7 350 13.6 9.8 Threats 6,502 44.1 153.1 8,239 55.9 194.4 1,605 78.8 44.7 432 21.2 12.2 Other 1,214 52.6 28.6 1,095 47.4 25.8 256 80.0 7.1 64 20.0 1.8 Total 1039.7 41,329 48.3 975.1 16,726 76.2 465.7 5,219 147.0 44,151 51.7 23.8

# Table 7DISTRIBUTION OF OFFENCES AGAINST THE PERSON BY GENDER,CATEGORY OF INFRACTION AND CIRCUMSTANCES, QUEBEC, 2019

Source: Ministère de la Sécurité publique. Données du Programme DUC 2.2.

12. Police forces can register up to four offences stemming from the same incident. However, only the most serious offence is counted in establishing the crime rate. This practice may result in an underestimation of so-called lesser offences.

## The domestic context

When women are victims of femicide (52.4%), kidnapping, trafficking or sequestration (63.4%) and criminal harassment (52.4%), the offences reported to police are for the most part committed in the context of a conjugal relationship.

To that, we should add that when we look at the totality of offences reported to police, women are three times more likely than men to be subjected to domestic violence: 465.7 victims per 100,000 women, versus 147 victims per 100,000 men.

Beyond the offences committed in a domestic context and reported to police, many women who are in a couple are subjected to violence that they do not report to the authorities, in some cases because they are coerced or threatened by their domestic partner.

To get a clearer idea of violence against women within the context of a domestic partnership, we can look to a study conducted by the Université de Sherbrooke<sup>13</sup> showing that in October 2021, more than one Quebec woman in six who was in a couple (17.6%) manifested some indicator of domestic violence.<sup>14</sup> The Montreal area is the most impacted in Quebec, with a little over one woman in five (22.5%) of those who were in a couple manifesting some sign of domestic violence.

	Frequency
H (Hits): Assaults me physically	3.1%
l (Insult): Insults me or talks to me disrespectfully	24.4%
T (Threaten): Threatens me with physical violence	2.7%
S (Scream): Screams or hurls insults at me	18.0%
Indicator of domestic violence	17.6%

#### Table 8 VIOLENT BEHAVIOURS EXPERIENCED BY WOMEN IN COUPLES, QUEBEC, OCTOBER 2021

Source: Université de Sherbrooke, Violence conjugale subie par les femmes en temps de pandémie : Une enquête qui en dit long, Pelletier, Therrien, Picard-Turcot, Généreux, 2022.

The fallout from domestic violence can be very serious, even going as far as femicide. This same study shows us that women surveyed who manifested a sign of domestic violence twice as often experienced moderate to severe symptoms of anxiety or depression (34.5%), when compared with other women (18.7%). They were also more prone to suicidal ideation (11.3% vs. 4.0%).

<sup>13.</sup> Université de Sherbrooke, Violence conjugale subie par les femmes en temps de pandémie : Une enquête qui en dit long, Pelletier, Therrien, Picard-Turcot, Généreux, 2022. The study was carried out with 3,500 women who were in couples between November 2020 and October 2021. 8.2% of the women in couples chose not to respond.

<sup>14.</sup> Domestic violence is defined as the presence of at least one of the three following characteristics: HITS score of six or more, physical violence (regardless of frequency), fear of one's partner.

#### **INDICATORS OF DOMESTIC VIOLENCE**

#### **PSYCHOLOGICAL OR VERBAL VIOLENCE**

- Insults, blackmail or unwarranted threats
- Humiliation or disparaging statements, aiming to diminish the other person's self-confidence
- · Controlling behaviour towards the victim, e.g. monitoring outings or choices of clothing
- Isolating the victim by limiting their contacts with their circle
- Threatening to kill one's self, used as a means of control
- Threatening to harm or kill the other

#### **PHYSICAL VIOLENCE**

- Throwing objects, banging on the walls
- Inflicting injury or hitting
- · Hiding suspicious injuries and pretending that they are accidental

#### **SEXUAL VIOLENCE**

- · Making a gesture of sexual nature without the victim's consent
- · Refusing to use contraception or protection against STIs

#### **ECONOMIC VIOLENCE**

- Controlling the victim's spending, or even not allowing them to have money
- Not allowing the victim to have a job, so as to keep them from having income
- Forcing the victim to work just so they can give over the totality of their salary to the partner

\*TTable from the Maison du réconfort website: https://maisondureconfort.com/wp-content/uploads/2019/04/MDR\_formes\_manifestations.pdf.

The World Health Organization (WHO) states that violence against women is an urgent public health problem that engenders enormous costs and consequences with regards to the health, safety and well-being of women. Viewing the issue from a public health perspective, the WHO proposes a strategic framework called RESPECT for the implementation of preventive action on several levels. Below are its different components, as well as the potential solutions that have been put in place, or could be put in place, across the province of Quebec.<sup>15</sup>

<sup>15.</sup> Dre Mélissa Généreux, professor in the Department of community health sciences in the Faculty of medicine and health sciences. https://www.usherbrooke.ca/actualites/nouvelles/details/47505

		FRAMEWORK AND ASSOCIATED SOLUTIONS
R	Relationship skills	<ul> <li>Programs to educate and raise awareness regarding healthy dynamics in relationships</li> </ul>
	strengthened	<ul> <li>Project XOX: Interactive virtual experience that explains the cycle of violence and its escalation in order to prevent it in romantic relationships among teenagers</li> </ul>
		<ul> <li>"It's not violent" campaign from SOS violence conjugale: interactive conversations depicting the different types of violence that can be inflicted in a couple; campaign spread via social media</li> </ul>
		<ul> <li>Support and discussion group for victims, but also for perpetrators</li> </ul>
		<ul> <li>Discussion groups and workshops for women on subjects in domestic relations, offered by a variety of organizations</li> </ul>
E	Empowerment of women	<ul> <li>Toolbox for identifying domestic violence situations (in one's own relationship or in that of a loved one), intervention strategies and resources available to victims</li> </ul>
		<ul> <li>Institut national de santé publique du Québec (INSPQ)'s media kit on domestic violence</li> </ul>
		<ul> <li>SOS-Info toolbox from SOS violence conjugale</li> </ul>
S	Services ensured	<ul> <li>Stable funding for community organizations, particularly during the pandemic, when requests for help and shelter increased</li> </ul>
	chourou	<ul> <li>Support for organizations and for the health care system in recruiting specialized personnel for resources that assist in situations of domestic violence.</li> </ul>
Р	Poverty reduced	Programs to mitigate financial losses related to COVID-19
		<ul> <li>At the federal level, temporary income support such as the Canadian Worker Lockdown Benefit, Canada Recovery Sickness Benefit, Canada Recovery Caregiving Benefit, and the employment insurance plans that replaced the Canada Emergency Response Benefit.</li> </ul>
		Guaranteed minimum income for all adults
E	Environnements made safe	<ul> <li>Bill 24, modifying the Act Respecting the Quebec Correctional System and allowing the deployment of a system using electronic bracelets for maintaining distancing, which can provide victims with a feeling of greater safety</li> </ul>
С	Child and adolescent abuse prevented	<ul> <li>Bill 15, modifying the Youth Protection Act, which provides for the addition of dispositions to ensure that children who witness domestic violence or who report it will be better protected, notably by requiring the carrying out of external assessments by experts in domestic violence</li> </ul>
Т	Transformed attitudes,	<ul> <li>Training health care professionals to detect domestic violence and broach the subject in interventions with their clientele</li> </ul>
	beliefs, and norms	<ul> <li>Domestic violence training: recognize, detect, intervene; available in an electronic training environment, which could be made mandatory for specific professionals in the health care network</li> </ul>

Source: UN Women (2020).

## **Victims of sexual offences**

Sexual offences, that is, sexual assaults and other manifestations of violence of a sexual nature, are among the most prevalent forms of violence inflicted on women in Quebec and in Greater Montreal.

#### **Subcategories of sexual offences**

Sexual assault is an act of a sexual nature, that may be with or without physical contact, committed by an individual without the consent of the targeted individual. The Criminal Code sets out three levels of sexual assault:

Sexual assault (level 1) (art. 271)

In this form of sexual assault, the alleged perpetrator causes minor physical injuries or no injuries to the victim.

- Sexual assault with a weapon (level 2) (art. 272) During the sexual assault, the alleged perpetrator:
  - Carries, uses or threatens to use a weapon or imitation of a weapon; or threatens to inflict bodily harm on a person other than the victim; or
  - Inflicts bodily harm on the victim; or
  - Is a party to the offence with another person
- Aggravated sexual assault (level 3) (art. 273)
   During the sexual assault, the alleged perpetrator:
  - Wounds, maims or disfigures the victim; or
  - Endangers the victim's life.

Other sexual offences include more than a dozen different crimes, of which the major ones, in terms of frequency, are:

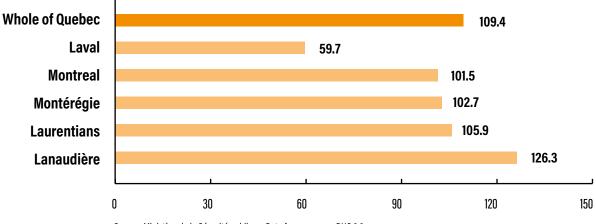
- 1. Sexual interference and invitation to sexual touching;
- 2. Luring;
- 3. Non-consensual publication of intimate photos.

Source: Ministère de la Sécurité publique, Criminalité au Québec Infractions sexuelles en 2019.

In 2019, the prevalence of sexual offences reported in Quebec was 109.4 per 100,000 inhabitants. The administrative regions which make up part of Greater Montreal all showed lower rates than the Quebec average, with the exception of Lanaudière, with a rate of 126.3 sexual offences per 100,000 inhabitants.

#### Figure 10

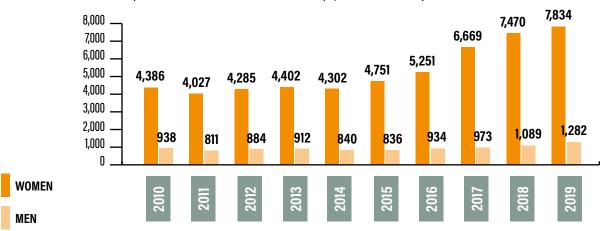
# FOUR OF GREATER MONTREAL'S FIVE ADMINISTRATIVE REGIONS HAVE A SEXUAL OFFENCE RATE THAT IS BELOW THE QUEBEC AVERAGE



(REGIONAL RATE OF SEXUAL OFFENCES, QUEBEC, 2019)

In Quebec, more women than men are victims of sexual offences. Over the years, despite measures implemented to fight this scourge, sexual offences reported to police are on the rise. The increased freedom women feel to speak out may account for the higher number of cases reported over the past decade or so, whereas in the past it was more difficult for women to denounce sexual violence, or to be truly listened to when they did so.

#### Figure 11 SIX TIMES AS MANY WOMEN AS MEN ARE VICTIMS OF SEXUAL OFFENCES



(TOTAL NUMBER OF CASES BY GENDER, QUEBEC 2010-2019)

Source: Ministère de la Sécurité publique. Data from Programme DUC 2.2.

Source: Ministère de la Sécurité publique. Data from program DUC 2.2.

In Quebec, the alleged perpetrators of sexual violence are in very large part men. Indeed, when it comes to sexual assault, 27 times more infractions are alleged to have been committed by men than by women. Regarding other crimes of a sexual nature, 12 times as many men as women are alleged perpetrators.

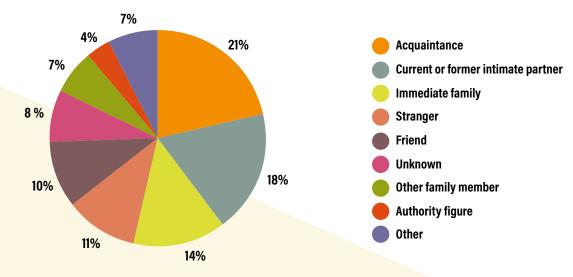
# Table 9NUMBER OF SEXUAL OFFENCES BY SEX OF THE ALLEGEDPERPETRATOR AND CATEGORY OF OFFENCE, QUEBEC, 2019

	Wor	nen	Men		
	Number Rate		Number Rate		
Sexual assault	100 2.7		2, 677	72.6	
Other offences of a sexual nature	132	3.6	1,644	44.6	
Total	232	6.2	4,321	117.2	

Source: Ministère de la Sécurité publique. Data from Programme DUC 2.2.

In the case of sexual offences, the alleged perpetrators are often known to the victim. In Quebec in 2019, in 81% of cases reported to police forces, the victim knew, in some way, the alleged perpetrator. Most often, the alleged perpetrator was an acquaintance (21%), a current or former intimate partner (18%) or a member of the immediate family (14%).

#### Figure 12 8 TIMES OUT OF 10, ALLEGED PERPETRATORS OF SEXUAL OFFENCES ARE KNOWN TO THE VICTIM



(PERCENTAGE OF CASES BY CONNECTION WITH THE VICTIM, QUEBEC, 2019)

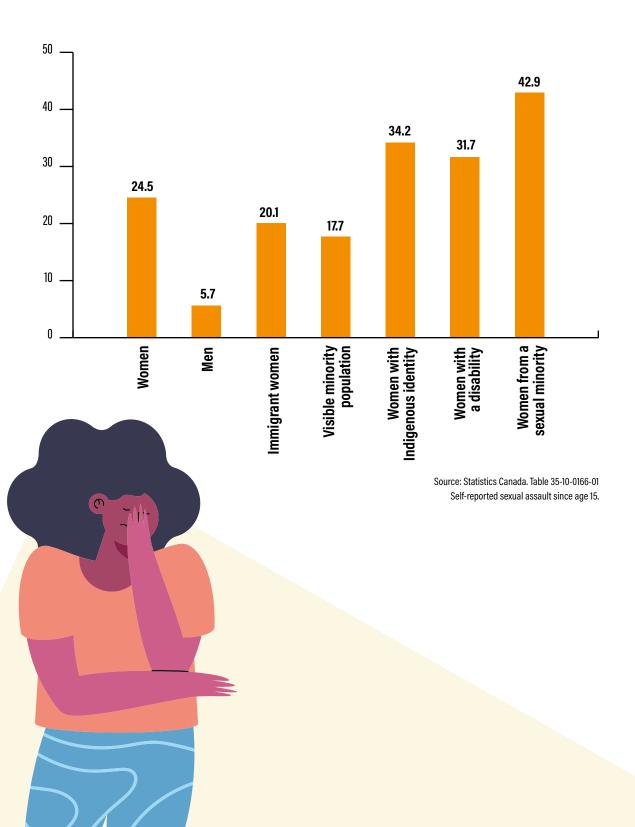
Source: Ministère de la Sécurité publique. Data from Programme DUC 2.2.

In 2018, the most current data on the subject showed that there are observable differences in the situations of each of the different groups that make up Quebec's female population. We can see that Indigenous women, sexual minorities and women living with a disability were the most likely to be subjected to sexual assault, and to report it.

#### Figure 13

#### INDIGENOUS WOMEN, THOSE LIVING WITH A DISABILITY OR WOMEN FROM SEXUAL MINORITIES ARE THE MOST LIKELY TO BE SUBJECTED TO, AND SELF-REPORT, SEXUAL ASSAULT.

(PERCENTAGE OF ALL RESPONDENTS, SELF-DECLARED SEXUAL ASSAULT SINCE AGE 15, 2018)



## **Emergency shelter capacity in Montreal**

Women and girls who are subjected to violence sometimes must turn to emergency shelters for help. In Greater Montreal, these resources are unequally distributed and are mostly situated on the island of Montreal. When it comes to emergency shelters, even if their number went up from 2016 to 2020 (from 8 to 10), the number of available beds actually went down by 20% over the same period. Overall, the resources allocated to transition homes and shelters for victims of violence increased.

#### Table 10 AN INEQUALITY OF RESOURCES AMONG CITIES

(SHELTER CAPACITY FOR WOMEN, NUMBER OF BEDS AND SHELTERS, CITIES OF MONTREAL, LAVAL AND LONGUEUIL, 2016 AND 2020)

		Laval		Longueuil		Montreal		
TYPE OF SHELTER		2016	2020	2016	2020	2016	2020	
Emergency General -	General -	Number of shelters	0	0	0	0	8	10
shelters	women	Number of beds	0	0	0	0	230	185
Transitional	General -	Number of shelters	0	0	0	2	7	18
housing		Number of beds	0	0	0	25	142	419
Shelter for victims of domestic violence	General - Number of shelt women Number of beds	Number of shelters	3	3	1	2	16	17
		Number of beds	45	55	10	38	214	309

Source: Statistics Canada. Table 14-10-0353-01 Homeless shelter capacity, bed and shelter counts for emergency shelters, transitional housing and domestic violence shelters for Canada and provinces, Employment and Social Development Canada.



## LGBTQ2S+ individuals

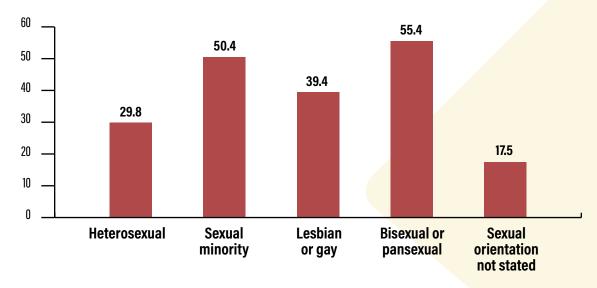
Sexually diverse women are generally more at risk of being subjected to violence, and sexual violence in particular. They are 75% more likely to be the victims of sexual assault, and to report it, than the average Canadian woman.

In Canada, within the group made up of sexually diverse women, bisexual women are at greater risk of being subjected to violence.

#### Figure 14

## AMONG SEXUALLY DIVERSE WOMEN, BISEXUAL WOMEN ARE THE MOST LIKELY TO BE SUBJECTED TO, AND REPORT, SEXUAL ASSAULT

(PERCENTAGE OF THE TOTAL OF RESPONDENTS, SELF-DECLARED SEXUAL ASSAULT SINCE AGE 15, (CANADA, 2018)



Source: Statistics Canada. Table 35-10-0166-01 Self-reported sexual assault since age 15.

## Indigenous women

Indigenous women are generally more at risk of being subjected to violence, and sexual violence in particular. Indeed, they are 34% more likely to be the victims of sexual assault, and to report it, than the average Canadian woman.

What is more, in 2018, Statistics Canada's survey on safety in public and private spaces<sup>16</sup> showed that 42% of Indigenous women reported that they had been the victims of some form of physical assault since age 15. That rate is two times what it is among non-Indigenous women (20%).

<sup>16.</sup> Statistics Canada. Table 35-10-0168-01 Self-reported violent victimization among Indigenous people.

## Women living with a disability

According to the General Social Survey (2014), in Quebec, the rate of violent incidents (sexual assault, robbery or assault) that women aged 15 and over and living with a handicap are subjected to is three times greater than it is for women with no disability: 10 incidents per 1,000 women, versus 35 incidents per 1,000 women (Statistics Canada 2019)<sup>17</sup>.

In Quebec, also according to the GSS (2014), individuals living with a disability are, in general, more susceptible than others to have been victims of physical, sexual, or psychological violence or financial exploitation on the part of a spouse or ex-spouse in the five preceding years (22% versus 13%). As well, psychological violence or financial exploitation are the forms of violence perpetrated by a spouse or ex-spouse that are the most frequently self-reported by women, with or without a disability (23% versus 10%).

### **Immigrant women and racialized women**

For racialized and immigrant women, the data show that they are less likely to self-report violence committed against them, especially violence of a sexual nature. 20% of immigrant women self-reported a sexual assault (it's 18% among racialized women), while the overall proportion of Quebec women to have done so stands at 25%. However, we should bear in mind that this involves self-reporting to police forces, which many marginalized women may seek to avoid, for multiple reasons.

Racialized women, most notably Muslim women, face physical, sexual, economic and psychological violence. Such violence is directly related to sexist and racist behaviours. We note that when Bill 21 was passed by the Quebec government, micro-agressions, racism in hiring and micro-agressions all increased.

In certain contexts, young girls are under great pressure to conform to their family's standards (one should not hang around with boys, one should limit outings with friends, etc.) and this can lead to a disconnect between their personal aspirations and their parents' expectations.

In that way, the violence that women are subjected to can also depend on their environment, since such violence can be internal (coming from the family circle) or external.

- Institut F

17. OFFICE DES PERSONNES HANDICAPÉES DU QUEBEC (2021). Les femmes avec incapacité: un portrait statistique de leurs conditions de vie et de leur participation sociale, Drummondville, Secrétariat général, communications et affaires juridiques, L'Office, 62 p.

## Women experiencing homelessness

It is estimated that at least 90% of women who experience homelessness have lived through some type of trauma. Living on the street often puts a person in a situation where they will witness, or be the victim of, a great deal more violence. These women may be victims of assaults, or being led to prostitution. Racialized women experiencing homelessness may be discriminated against in addition to being targets of gender-based violence. Any woman, when leaving an institution like Youth Protection, a shelter, or a prison, if not given the proper support, can find herself in a situation of homelessness.

 Mouvement pour mettre fin à l'itinérance à Montréal (MMFIM)

## **Girls and adolescents**

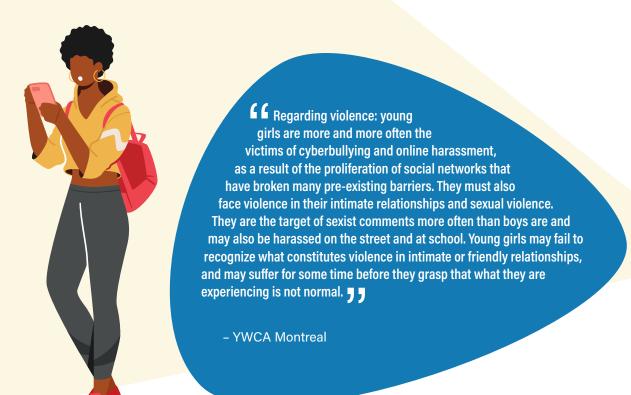
In 2020, we could see that in Quebec, one person in two reporting a sexual assault was under 20 years of age: 53% of crimes involved women in this age group. As regards other sexual offences, the victims are even younger. Nearly three out of four individuals who report these types of crime (73%) are under 15 years of age. Young women are proportionately more at risk of being the victims of sexual offences.

#### Table 11

#### VICTIMS OF SEXUAL OFFENCES BY VICTIM AGE, QUEBEC, 2020

	0 to 11 years	12 to 14 years	15 to 17 years	18 to 19 years	20 to 24 years	25 years or more
Sexual assault (level 1 to 3)						
Number	791	757	1,069	413	710	1,932
Percentage	14%	13%	19%	7%	13%	34%
Other sexual offences						
Number	1,324	1,233	567	50	108	210
Percentage	38%	35%	16%	1%	3%	6%

Source: ministère de la Sécurité publique. Data from Programme DUC 2.2.



### **Senior women**

In 2019 in Quebec, estimates were that 93.800 seniors had been victims of abuse. This abuse took several forms: physical, psychological, sexual, material or financial. A greater proportion of senior women than senior men were victims of these abuses.

#### Table 12

## PREVALENCE OF DIFFERENT TYPES OF ABUSE, PERSONS AGED 65 AND OVER WHO WERE LIVING AT HOME, QUEBEC 2019

	Prevalence after age 65 (includes the last 12 months)		
Type of abuse	%	Estimated number of persons	
Material or financial	1.5	20,000	
Psychological	5.7	76,300	
Physical	1.1	14,700	
Sexual	0.5	6,700	
Total (all types of abuse)	7.0	93,800	

Source: Institut de la statistique du Québec, Enquête sur la maltraitance des personnes aînées du Québec, 2019.

In 2019, female seniors reported 1,401 offences committed against them to police.<sup>18</sup>

<sup>18.</sup> Source: Ministère de la Sécurité publique. Data from Programme DUC 2.2.

## MENTAL HEALTH

Mental health can be defined as an individual's psychological and emotional well-being. Mental health is not only vital for a person to be able to blossom and lead a healthy life, it is an essential element of a person's overall health. In general, available data and research show that women experience more problems with mental health than men do.

Statistics Canada's Canadian Community Health Survey revealed that in Quebec, in 2020, only 66.6% of women declared that they had good or excellent mental health, while among men the percentage was 75.5%. The situation deteriorated between 2015 and 2020, in that the gap between the two groups went from 4.7 to 8.9 percentage points.

On the other hand, when comparisons are made to women in Ontario or in British Columbia, the state of mental health of Quebec women is better. Indeed, in 2020, Quebec women's mental health (with 66.6% of respondents saying it was very good or excellent) was superior to that of Ontarian women (59.3%) or that of British Columbian women (58.1%).



#### Table 13

## HEALTH AND MENTAL HEALTH CHARACTERISTICS FOR INDIVIDUALS AGED 12 AND OVER, QUEBEC, ONTARIO, BRITISH COLUMBIA, 2015-2020

2015202020152020IndicatorsQueballOverall health5.3%65.6%60.9%64.1%Perceived health, fair or poor7.9%8.0%10.1%8.3%Mental health77.7%75.5%73.0%66.6%Perceived mental health, fair or poor3.9%6.5%4.6%6.7%Well-being22.2%20.5%26.2%23.2%Uife satisfaction22.2%95.0%94.8%4.8%Health problems22.2%95.0%6.8%7.4%Mod disorder4.0%4.5%6.8%7.4%Indicators0011.8%11.5%Mod disorder62.7%64.0%59.8%60.8%Perceived health, very good or excellent62.7%64.0%59.8%60.8%Perceived health, fair or poor10.5%10.6%11.8%11.5%Mental health74.0%67.7%70.7%59.3%60.8%Perceived mental health, fair or poor5.0%9.3%7.4%12.1%Well-being74.0%67.7%70.7%59.3%60.8%Perceived mental health, fair or poor5.0%9.3%7.4%12.1%Well-being74.0%67.7%70.7%59.3%60.8%Perceived mental health, fair or poor5.0%9.3%7.4%12.1%Well-being74.0%67.7%7.4%10.5%11.2%Mod disorder6.7%7.4%10.5%11.2%Mod disorder<		М	Men		men
Overall health         Forceived health, very good or excellent         65.3%         65.6%         60.9%         64.1%           Perceived health, fair or poor         7.9%         8.0%         10.1%         8.3%           Mental health         77.7%         75.5%         73.0%         66.6%           Perceived mental health, very good or excellent         77.7%         75.5%         73.0%         66.6%           Perceived mental health, fair or poor         3.9%         6.5%         4.6%         67%           Well-being          22.2%         20.5%         26.2%         23.2%           Life satisfaction         93.7%         95.0%         93.2%         94.8%           Health problems           74%           Indicators         Ontariu         0         74%           Overall health         62.7%         64.0%         59.8%         60.8%           Perceived health, very good or excellent         62.7%         64.0%         59.8%         60.8%           Perceived mental health, fair or poor         50.0%         9.3%         7.4%         11.5%           Mental health          9.3%         7.4%         12.1%           Vereived mental health, fair or poor <t< th=""><th></th><th>2015</th><th>2020</th><th>2015</th><th>2020</th></t<>		2015	2020	2015	2020
Perceived health, very good or excellent         65.3%         65.6%         60.9%         64.1%           Perceived health, fair or poor         7.9%         8.0%         10.1%         8.3%           Mental health          77.7%         75.5%         73.0%         66.6%           Perceived mental health, tair or poor         3.9%         65.0%         4.6%         67.6%           Well-being           77.7%         75.5%         73.0%         66.6%           Perceived life stress         22.2%         20.5%         26.2%         23.2%           Life satisfaction         93.7%         95.0%         93.2%         94.8%           Health problems           74%         59.8%         60.8%           Verall health          4.0%         4.5%         6.8%         7.4%           Overall health          62.7%         64.0%         59.8%         60.8%           Perceived mental health, very good or excellent         74.0%         67.7%         70.7%         59.3%           Perceived inental health, fair or poor         5.0%         9.3%         7.4%         12.1%           Well-being            20.9% <th>Indicators</th> <th></th> <th>Que</th> <th>bec</th> <th></th>	Indicators		Que	bec	
Perceived health, fair or poor         7.9%         8.0%         10.1%         8.3%           Mental health         Perceived mental health, very good or excellent         77.7%         75.5%         73.0%         66.6%           Perceived mental health, fair or poor         3.9%         6.5%         4.6%         6.7%           Well-being         Perceived life stress         22.2%         20.5%         26.2%         23.2%           Life satisfaction         93.7%         95.0%         93.2%         94.8%           Health problems         4.0%         4.5%         6.8%         7.4%           Mood disorder         4.0%         4.5%         6.8%         7.4%           Indicators         Outrat         Outrat         0.6%         7.4%           Metal health         10.5%         10.6%         11.8%         11.5%           Mental health         Ferceived health, fair or poor         5.0%         9.3%         7.4%         10.5%           Mental health         Ferceived mental health, very good or excellent         74.0%         67.7%         70.7%         59.3%           Perceived fiestress         19.9%         19.0%         23.7%         20.9%         Life satisfaction         93.6%         93.1%         93.0%	Overall health				
Mental health         Very good or excellent         77.7%         75.5%         73.0%         66.6%           Perceived mental health, fair or poor         3.9%         6.5%         4.6%         6.7%           Well-being           22.2%         20.5%         26.2%         23.2%           Life satisfaction         93.7%         95.0%         93.2%         94.8%           Health problems          3.7%         95.0%         93.7%           Mod disorder         4.0%         4.5%         6.8%         7.4%           Indicators         Outario         0         1.6%         1.6%         1.6%           Overall health          62.7%         64.0%         59.8%         60.8%           Perceived health, evry good or excellent         62.7%         64.0%         59.8%         60.8%           Perceived mental health, very good or excellent         74.0%         67.7%         70.7%         59.3%           Perceived mental health, fair or poor         5.0%         9.3%         7.4%         12.1%           Well-being           93.6%         93.0%         93.0%         92.6%           Health problems          19.9%         19.0% <td>Perceived health, very good or excellent</td> <td>65.3%</td> <td>65.6%</td> <td>60.9%</td> <td>64.1%</td>	Perceived health, very good or excellent	65.3%	65.6%	60.9%	64.1%
Perceived mental health, tair or poor77.7%75.5%73.0%66.6%Perceived mental health, tair or poor3.9%6.5%4.6%6.7%Well-being22.2%20.5%26.2%23.2%Life satisfaction93.7%95.0%93.2%94.8%Health problems4.0%4.5%6.8%7.4%IndicatorsOuttatt0010.6%11.5%Overall health62.7%64.0%59.8%60.8%Perceived health, very good or excellent62.7%64.0%59.8%60.8%Perceived health, very good or excellent62.7%67.7%59.3%60.8%Perceived mental health, very good or excellent74.0%67.7%59.3%60.8%Perceived mental health, tair or poor5.0%9.3%7.4%12.1%Perceived mental health, fair or poor5.0%9.3%7.4%12.1%Well-being74.0%67.7%70.7%59.3%Well-being74.0%67.7%70.7%59.3%Perceived diffs stress19.9%19.0%23.7%20.9%Life satisfaction93.6%93.1%93.0%92.6%Health problems71.4%67.7%11.2%Overall health60.3%60.7%61.2%59.6%Perceived health, fair or poor12.1%12.5%10.3%10.9%Mord disorder71.4%63.9%65.9%58.1%Perceived health61.1%63.9%58.1%10.9%Mord lib	Perceived health, fair or poor	7.9%	8.0%	10.1%	8.3%
Perceived mental health, fair or poor         3.9%         6.5%         4.6%         6.7%           Well-being         22.2%         20.5%         26.2%         23.2%           Life satisfaction         93.7%         95.0%         93.2%         94.8%           Health problems         93.7%         95.0%         93.2%         94.8%           Health problems         0         91.0%         93.2%         94.8%           Health problems         4.0%         4.5%         6.8%         7.4%           Indicators         Ontario         0         0         10.5%         10.6%         11.8%         11.5%           Mental health         74.0%         67.7%         70.7%         59.3%         60.8%           Perceived mental health, very good or excellent         74.0%         67.7%         70.7%         59.3%           Mental health         20.9%         9.3%         7.4%         12.1%         12.1%           Well-being         93.6%         93.1%         93.0%         93.0%         92.6%           Health problems         93.6%         93.1%         93.0%         92.6%           Mod disorder         6.7%         74.4%         10.5%         11.2%	Mental health				
Well-beingPerceived life stress22.2%20.5%26.2%23.2%Life satisfaction93.7%95.0%93.2%94.8%Health problems95.0%68.9%7.4%IndicatorsOverall health4.0%4.5%6.8%7.4%Overall health62.7%64.0%59.8%60.8%Perceived health, very good or excellent62.7%64.0%59.8%60.8%Perceived health, fair or poor10.5%10.6%11.8%11.5%Mental health74.0%67.7%70.7%59.3%Perceived mental health, very good or excellent74.0%67.7%70.7%59.3%Perceived inental health, teir or poor5.0%9.3%7.4%12.1%Well-being93.6%93.1%92.6%Life satisfaction93.6%93.1%93.0%92.6%Health problems11.2%11.2%IndicatorsBritish Clumbia11.2%11.2%Overall health60.3%60.7%61.2%59.6%Perceived health, very good or excellent60.3%60.7%61.2%59.6%Perceived health, teir or poor12.1%12.5%10.3%10.6%Mord disorder71.4%63.9%65.9%58.1%Perceived health, teir or poor5.5%9.9%7.1%11.8%Well-being12.4%53.6%58.1%Perceived mental health, very good or excellent71.4% <td< td=""><td>Perceived mental health, very good or excellent</td><td>77.7%</td><td>75.5%</td><td>73.0%</td><td>66.6%</td></td<>	Perceived mental health, very good or excellent	77.7%	75.5%	73.0%	66.6%
Perceived life stress         22.2%         20.5%         26.2%         23.2%           Life satisfaction         93.7%         95.0%         93.2%         94.8%           Health problems         4.0%         4.5%         6.8%         7.4%           Mod disorder         4.0%         4.5%         6.8%         7.4%           Overall health         0         0         59.8%         60.8%           Perceived health, very good or excellent         62.7%         64.0%         59.8%         60.8%           Perceived health, fair or poor         10.5%         10.6%         11.8%         11.5%           Mental health         74.0%         67.7%         70.7%         59.3%           Perceived mental health, fair or poor         5.0%         9.3%         7.4%         12.1%           Well-being	Perceived mental health, fair or poor	3.9%	6.5%	4.6%	6.7%
Life satisfaction93.7%95.0%93.2%94.8%Health problems4.0%4.5%6.8%7.4%Mod disorder4.0%4.5%6.8%7.4%Overall healthPerceived health, fair or poor10.5%64.0%59.8%60.8%Perceived health, fair or poor10.5%10.6%11.8%11.5%Mental healthPerceived mental health, very good or excellent74.0%67.7%70.7%59.3%Perceived mental health, fair or poor5.0%9.3%7.4%12.1%Perceived ilfe stress19.9%19.0%23.7%20.9%Life satisfaction93.6%93.1%93.0%92.6%Health problemsOverall health, very good or excellent60.3%60.7%61.2%59.6%Mood disorder60.3%60.7%61.2%59.6%Overall health, very good or excellent60.3%60.7%61.2%59.6%Perceived health, very good or excellent60.3%60.7%61.2%59.6%Perceived mental health, very good or excellent71.4%63.9%65.9%58.1%Perceived mental health, very good or excellent71.4%63.9%65.9%58.1%Perceived mental health, very good or excellent71.4%63.9%65.9%58.1%Perceived mental health, fair or poor5.5%9.9%7	Well-being				
Health problemsMood disorder4.0%4.5%6.8%7.4%IndicatorsOntationOverall healthContationPerceived health, very good or excellent62.7%64.0%59.8%60.8%Perceived health, fair or poor10.5%10.6%11.8%11.5%Mental healthUUUUPerceived mental health, very good or excellent74.0%67.7%70.7%59.3%Perceived mental health, fair or poor5.0%9.3%7.4%12.1%Well-beingUUU20.9%Life satisfaction93.6%93.1%93.0%92.6%Health problemsUUUUMood disorderEntitish CollementNo.10.2%11.2%IndicatorsBritish Collement50.3%60.7%61.2%59.6%Perceived life stress19.9%19.0%61.2%59.6%Overall healthEntitish CollementInterventInterventOverall healthEntitish CollementSite Site Site Site Site Site Site Site	Perceived life stress	22.2%	20.5%	26.2%	23.2%
Mood disorder4.0%4.5%6.8%7.4%IndicatorsOntarioOverall health0ntarioPerceived health, very good or excellent62.7%64.0%59.8%60.8%Perceived health, fair or poor10.5%10.6%11.8%11.5%Mental health10.5%10.6%11.8%11.5%Perceived mental health, very good or excellent74.0%67.7%70.7%59.3%Perceived mental health, fair or poor5.0%9.3%7.4%12.1%Well-being19.9%19.0%23.7%20.9%Life satisfaction93.6%93.1%93.0%92.6%Health problems11.2%10.5%11.2%Mood disorder6.7%7.4%11.2%Perceived health, very good or excellent60.3%60.7%61.2%Overall health60.3%60.7%61.2%59.6%Perceived health, very good or excellent60.3%60.7%59.6%Perceived health, fair or poor12.1%12.5%10.3%10.9%Perceived health, fair or poor5.5%9.9%7.1%11.8%Mental health71.4%63.9%65.9%58.1%Perceived mental health, fair or poor5.5%9.9%7.1%11.8%Well-being11.4%63.9%65.9%58.1%Perceived mental health, fair or poor5.5%9.9%7.1%11.8%Well-being11.4%63.9%65.9%58.1%Perceived life stress18.3%<	Life satisfaction	93.7%	95.0%	93.2%	94.8%
Indicators         Ontario           Overall health         62.7%         64.0%         59.8%         60.8%           Perceived health, very good or excellent         62.7%         64.0%         59.8%         60.8%           Perceived health, fair or poor         10.5%         10.6%         11.8%         11.5%           Mental health          74.0%         67.7%         70.7%         59.3%           Perceived mental health, fair or poor         5.0%         9.3%         7.4%         12.1%           Well-being          93.6%         93.1%         93.0%         92.6%           Health problems          93.6%         93.1%         93.0%         92.6%           Health problems           11.2%         11.2%           Mood disorder         6.7%         7.4%         10.5%         11.2%           Overall health          12.1%         10.5%         10.3%           Overall health          60.3%         60.7%         61.2%         59.6%           Perceived health, very good or excellent         60.3%         60.7%         61.2%         59.6%           Perceived mental health, fair or poor         12.1%         12.5%	Health problems				
Overall healthPerceived health, very good or excellent62.7%64.0%59.8%60.8%Perceived health, fair or poor10.5%10.6%11.8%11.5%Mental health74.0%67.7%70.7%59.3%Perceived mental health, very good or excellent74.0%67.7%70.7%59.3%Perceived mental health, tair or poor5.0%9.3%7.4%12.1%Well-being93.6%93.1%93.0%92.6%Life satisfaction93.6%93.1%93.0%92.6%Health problems5.7%7.4%10.5%11.2%Mod disorder67.7%7.4%10.5%11.2%Nord disorder6.7%7.4%10.5%11.2%Perceived health, very good or excellent60.3%60.7%61.2%59.6%Perceived health, fair or poor12.1%12.5%10.3%10.9%Mental health71.4%63.9%65.9%58.1%Perceived mental health, very good or excellent71.4%63.9%65.9%58.1%Perceived mental health, very good or excellent5.5%9.9%7.1%11.8%Well-being71.4%63.9%65.9%58.1%Perceived mental health, fair or poor5.5%9.9%7.1%11.8%Well-being71.4%63.9%65.9%58.1%Perceived mental health, fair or poor5.5%9.9%7.1%11.8%Well-being71.4%63.9%65.9%92.4%Well-being7	Mood disorder	4.0%	4.5%	6.8%	7.4%
Overall healthPerceived health, very good or excellent62.7%64.0%59.8%60.8%Perceived health, fair or poor10.5%10.6%11.8%11.5%Mental health74.0%67.7%70.7%59.3%Perceived mental health, very good or excellent74.0%67.7%70.7%59.3%Perceived mental health, tair or poor5.0%9.3%7.4%12.1%Well-being93.6%93.1%93.0%92.6%Life satisfaction93.6%93.1%93.0%92.6%Health problems5.7%7.4%10.5%11.2%Mod disorder67.7%7.4%10.5%11.2%Nord disorder6.7%7.4%10.5%11.2%Perceived health, very good or excellent60.3%60.7%61.2%59.6%Perceived health, fair or poor12.1%12.5%10.3%10.9%Mental health71.4%63.9%65.9%58.1%Perceived mental health, very good or excellent71.4%63.9%65.9%58.1%Perceived mental health, very good or excellent5.5%9.9%7.1%11.8%Well-being71.4%63.9%65.9%58.1%Perceived mental health, fair or poor5.5%9.9%7.1%11.8%Well-being71.4%63.9%65.9%58.1%Perceived mental health, fair or poor5.5%9.9%7.1%11.8%Well-being71.4%63.9%65.9%92.4%Well-being7	Indicators		Ont	ario	
Perceived health, very good or excellent62.7%64.0%59.8%60.8%Perceived health, fair or poor10.5%10.6%11.8%11.5%Mental health </td <td></td> <td></td> <td>Unt</td> <td></td> <td></td>			Unt		
Perceived health, fair or poor         10.5%         10.6%         11.8%         11.5%           Mental health   <		62.7%	64.0%	59.8%	60.8%
Mental healthPerceived mental health, very good or excellent74.0%67.7%70.7%59.3%Perceived mental health, fair or poor5.0%9.3%7.4%12.1%Well-being74.0%23.7%20.9%Life satisfaction93.6%93.1%93.0%92.6%Health problems11.2%Mood disorder6.7%7.4%10.5%11.2%IndicatorsBritish Columbia11.2%Overall health, very good or excellent60.3%60.7%61.2%59.6%Perceived health, fair or poor12.1%12.5%10.3%10.9%Mental health, fair or poor5.5%9.9%7.1%11.8%Perceived mental health, very good or excellent71.4%63.9%65.9%58.1%Perceived mental health, fair or poor5.5%9.9%7.1%11.8%Well-being18.3%21.4%21.8%21.2%Life satisfaction92.5%92.7%93.6%92.4%Health problems11.8%21.2%				11.8%	11.5%
Perceived mental health, very good or excellent74.0%67.7%70.7%59.3%Perceived mental health, fair or poor5.0%9.3%7.4%12.1%Well-being99.0%23.7%20.9%Life satisfaction93.6%93.1%93.0%92.6%Health problems11.2%Mood disorder6.7%7.4%10.5%11.2%IndicatorsBritish CumbiaOverall health, very good or excellent60.3%60.7%61.2%59.6%Perceived health, fair or poor12.1%12.5%10.3%10.9%Mental health, fair or poor5.5%9.9%7.1%11.8%Perceived mental health, fair or poor5.5%9.9%7.1%11.8%Well-being21.4%21.2%Perceived mental health, fair or poor5.5%9.9%7.1%11.8%Well-being21.4%21.2%Perceived life stress18.3%21.4%21.8%21.2%Life satisfaction92.5%92.7%93.6%92.4%					
Perceived mental health, fair or poor         5.0%         9.3%         7.4%         12.1%           Well-being	Perceived mental health, very good or excellent	74.0%	67.7%	70.7%	59.3%
Perceived life stress         19.9%         19.0%         23.7%         20.9%           Life satisfaction         93.6%         93.1%         93.0%         92.6%           Health problems          93.6%         93.1%         93.0%         92.6%           Health problems          6.7%         7.4%         10.5%         11.2%           Mood disorder         6.7%         7.4%         10.5%         11.2%           Indicators           British Columbia           Overall health         60.3%         60.7%         61.2%         59.6%           Perceived health, very good or excellent         60.3%         60.7%         61.2%         59.6%           Perceived health, fair or poor         12.1%         12.5%         10.3%         10.9%           Mental health         71.4%         63.9%         65.9%         58.1%           Perceived mental health, fair or poor         5.5%         9.9%         7.1%         11.8%           Well-being          21.4%         21.8%         21.2%           Life satisfaction         92.5%         92.7%         93.6%         92.4%           Health problems           21.4%		5.0%	9.3%	7.4%	12.1%
Life satisfaction93.6%93.1%93.0%92.6%Health problems6.7%7.4%10.5%11.2%Mood disorder6.7%7.4%10.5%11.2%IndicatorsBritish ColumbiaOverall healthPerceived health, very good or excellent60.3%60.7%61.2%59.6%Perceived health, fair or poor12.1%12.5%10.3%10.9%Mental health71.4%63.9%65.9%58.1%Perceived mental health, very good or excellent71.4%63.9%65.9%58.1%Perceived mental health, fair or poor5.5%9.9%7.1%11.8%Well-being21.4%21.8%21.2%Life satisfaction92.5%92.7%93.6%92.4%Health problems </td <td>Well-being</td> <td></td> <td></td> <td></td> <td></td>	Well-being				
Health problemsMood disorder6.7%7.4%10.5%11.2%IndicatorsBritish ColumbiaOverall healthBritish ColumbiaPerceived health, very good or excellent60.3%60.7%61.2%59.6%Perceived health, fair or poor12.1%12.5%10.3%10.9%Mental health58.1%Perceived mental health, very good or excellent71.4%63.9%65.9%58.1%Perceived mental health, fair or poor5.5%9.9%7.1%11.8%Well-being21.4%21.8%21.2%Life satisfaction92.5%92.7%93.6%92.4%Health problems </td <td>Perceived life stress</td> <td>19.9%</td> <td>19.0%</td> <td>23.7%</td> <td>20.9%</td>	Perceived life stress	19.9%	19.0%	23.7%	20.9%
Mood disorder         6.7%         7.4%         10.5%         11.2%           Indicators         British Columbia           Overall health         British Columbia         0           Perceived health, very good or excellent         60.3%         60.7%         61.2%         59.6%           Perceived health, fair or poor         12.1%         12.5%         10.3%         10.9%           Mental health         12.1%         12.5%         10.3%         10.9%           Perceived mental health, very good or excellent         71.4%         63.9%         65.9%         58.1%           Perceived mental health, fair or poor         5.5%         9.9%         7.1%         11.8%           Well-being           21.4%         21.8%         21.2%           Life satisfaction         92.5%         92.7%         93.6%         92.4%           Health problems	Life satisfaction	93.6%	93.1%	93.0%	92.6%
IndicatorsBritish ColumbiaOverall healthPerceived health, very good or excellent60.3%60.7%61.2%59.6%Perceived health, fair or poor12.1%12.5%10.3%10.9%Mental healthPerceived mental health, very good or excellent71.4%63.9%65.9%58.1%Perceived mental health, fair or poor5.5%9.9%7.1%11.8%Well-beingPerceived life stress18.3%21.4%21.8%21.2%Life satisfaction92.5%92.7%93.6%92.4%Health problems	Health problems				I
Overall health           Perceived health, very good or excellent         60.3%         60.7%         61.2%         59.6%           Perceived health, fair or poor         12.1%         12.5%         10.3%         10.9%           Mental health         Perceived mental health, very good or excellent         71.4%         63.9%         65.9%         58.1%           Perceived mental health, fair or poor         5.5%         9.9%         7.1%         11.8%           Well-being         Verleite stress         18.3%         21.4%         21.8%         21.2%           Life satisfaction         92.5%         92.7%         93.6%         92.4%	Mood disorder	6.7%	7.4%	10.5%	11.2%
Overall health           Perceived health, very good or excellent         60.3%         60.7%         61.2%         59.6%           Perceived health, fair or poor         12.1%         12.5%         10.3%         10.9%           Mental health         Perceived mental health, very good or excellent         71.4%         63.9%         65.9%         58.1%           Perceived mental health, fair or poor         5.5%         9.9%         7.1%         11.8%           Well-being         Verleite stress         18.3%         21.4%         21.8%         21.2%           Life satisfaction         92.5%         92.7%         93.6%         92.4%	Indicators		British (	olumhia	
Perceived health, very good or excellent         60.3%         60.7%         61.2%         59.6%           Perceived health, fair or poor         12.1%         12.5%         10.3%         10.9%           Mental health <th< th=""></th<>			Diftion	orumbiu	
Perceived health, fair or poor         12.1%         12.5%         10.3%         10.9%           Mental health         Perceived mental health, very good or excellent         71.4%         63.9%         65.9%         58.1%           Perceived mental health, fair or poor         5.5%         9.9%         7.1%         11.8%           Well-being         Perceived life stress         18.3%         21.4%         21.8%         21.2%           Life satisfaction         92.5%         92.7%         93.6%         92.4%           Health problems         U         U         U         U		60.3%	60.7%	61.2%	59.6%
Mental health         71.4%         63.9%         65.9%         58.1%           Perceived mental health, very good or excellent         71.4%         63.9%         65.9%         58.1%           Perceived mental health, fair or poor         5.5%         9.9%         7.1%         11.8%           Well-being         71.4%         21.4%         21.8%         21.2%           Life satisfaction         92.5%         92.7%         93.6%         92.4%           Health problems					
Perceived mental health, very good or excellent         71.4%         63.9%         65.9%         58.1%           Perceived mental health, fair or poor         5.5%         9.9%         7.1%         11.8%           Well-being           21.4%         21.8%         21.2%           Life satisfaction         92.5%         92.7%         93.6%         92.4%           Health problems		121170	121070	1010 / 0	1010 / 0
Perceived mental health, fair or poor         5.5%         9.9%         7.1%         11.8%           Well-being           21.4%         21.8%         21.2%           Perceived life stress         18.3%         92.5%         92.7%         93.6%         92.4%           Health problems		71.4%	63.9%	65.9%	58.1%
Well-being         Image: Perceived life stress         18.3%         21.4%         21.8%         21.2%           Life satisfaction         92.5%         92.7%         93.6%         92.4%           Health problems         Image: Perceived life stress         Image: Perceived life stress         Image: Perceived life stress         92.7%         93.6%         92.4%					
Perceived life stress         18.3%         21.4%         21.8%         21.2%           Life satisfaction         92.5%         92.7%         93.6%         92.4%           Health problems	· · ·	0.070	0.070		11070
Life satisfaction92.5%92.7%93.6%92.4%Health problems	, and the second s	18.3%	21,4%	21.8%	21,2%
Health problems					
· · · · · · · · · · · · · · · · · · ·					
Mood disorder 7.2% 7.3% 12.3% 11.4%	Mood disorder	7.2%	7.3%	12.3%	11.4%

Source: Statistics Canada. Table 13-10-0096-01 Health characteristics, annual estimates.

In terms of well-being, in 2020 in Quebec, more women than men stated they were experiencing stress in their lives (23.2% versus 20.5%). The percentage who said they felt satisfied with life is a little bit lower (94.8% versus 95.0%).

Compared to women in Ontario (20.9%) and British Columbia (21.2%), more Quebec women say they have stress in their lives. On the other hand, they seem more satisfied with their lives (94.8%) than their Ontario (92.6%) or B.C. counterparts (92.4%).

In Quebec in 2020, more women (7.4%) than men (4.5%) stated that they had received at least one diagnosis of a mood disorder. However, this mental health problem is more widespread in women in Ontario (11.2%) and British Columbia (11.4%)



## LGBTQ2S+ individuals

In 2020, UQAM's Chaire de recherche sur la diversité sexuelle et la pluralité des genres (CR-DSPG) conducted a province-wide survey in order to better understand the realities, issues and challenges experienced by sexually diverse groups.

The survey found that 66.4% of individuals in Quebec who described themselves as lesbian, bisexual, trans, queer or +, felt they did not have good or excellent mental health, in other words two respondents out of three. In the Montreal administrative region, this percentage reaches 70%.

We can also see that one out of two respondents does not feel satisfied with life, and some 40% report having had a diagnosis of a mental health disorder. These results are higher than the average for women in Quebec.

#### Table 14

#### HEALTH AND MENTAL HEALTH CHARACTERISTICS FOR SEXUALLY DIVERSE WOMEN, MONTREAL ADMINISTRATIVE REGION AND PROVINCE OF QUEBEC, 2020

	Montreal		Quebec		
	n	%	n	%	
Percentage of respondents who report having "excellent" or "very go	od" mental h	ealth			
No	360	70.0	911	66.4	
Yes	154	30.0	462	33.6	
Percentage of respondents who report feeling satisfied with their live "every day" or "nearly every day"	S				
No	372	50.4	934	47.2	
Yes	366	49.6	1,044	52.8	
Percentage of respondents who report feeling happy "every day " or "	nearly every	day"			
No	334	45.2	799	40.4	
Yes	405	54.8	1,180	59.6	
Percentage of respondents who report a high level of psychological w "every day" or "nearly every day"	vell-being				
No	544	74.2	1,416	72.4	
Yes	189	25.8	539	27.6	
Percentage of respondents experiencing acute solitude					
No	475	65.0	1,293	66.5	
Yes	256	35.0	650	33.5	
Percentage of respondents diagnosed with a mental health condition	Percentage of respondents diagnosed with a mental health condition				
No	335	60.6	853	58.9	
Yes	218	39.4	594	41.1	

Source: Enquête SAVIE-LGBTQ+. Analyses statistiques : Chaire de recherche sur la diversité sexuelle et la pluralité des genres (CR-DSPG), Université du Québec à Montréal (UQAM).

At the start of 2021<sup>19</sup>, in Quebec, 52.8% of women in the LGBTQ2S+ community felt their mental health was not as strong as it had been prior to the COVID-19 pandemic. Among women who were not sexually diverse, on the other hand, only 40.7% stated that their mental health was not as strong as it had been.

<sup>19.</sup> Statistics Canada. Table 13-10-0809-01 Canadians' health and COVID-19, by region, age, gender and other characteristics.

## **Indigenous women**

In 2017, Statistics Canada's Aboriginal Peoples Survey showed us that 62% of Indigenous women in Quebec had good or excellent self-perceived mental health, which is less than the percentage for adult males at 66.4%. Indigenous women in Quebec self-perceived their mental health more positively than those in Ontario (48.2%) or British Columbia (44.3%).

In Quebec, one Indigenous woman in five has thought about suicide (19.7%, whereas 13.9% of men have) compared to 23.9% in Ontario and 22.8% in British Columbia.

#### Table 15

#### SELF-PERCEIVED MENTAL HEALTH, AND SUICIDAL THOUGHTS AMONG INDIGENOUS WOMEN, QUEBEC, ONTARIO AND BRITISH COLUMBIA, 2017

		Quebec	Ontario	British Columbia
Women	Self-perceived mental health: excellent or very good	61.9%	48.2%	44.3%
	Seriously contemplated suicide	19.7%	23.9%	22.8%
Men	Self-perceived mental health: excellent or very good	66.4%	58.9%	51.7%
	Seriously contemplated suicide	13.9%	14.2%	17%

Source: Statistics Canada. Table 41-10-0021-01 Self-perceived mental health and suicidal thoughts by Aboriginal identity, age group and sex.

## **Immigrant women**

At the end of 2021, more specifically from September to November 2021, according to the Canadian Community Health Survey (CCHS), in Quebec, 30.1% of women who were immigrants and had been here for at least 10 years felt their mental health was less good than it had been prior to the pandemic. Among non-immigrant women, 26.4% gave the same response. On the other hand, immigrant women were shown to be in better shape than immigrant men, since among the latter 42.2% stated their mental health was less good than it had been pre-pandemic.<sup>20</sup>

<sup>20 .</sup> Source: Statistics Canada. Table 13-10-0809-01 Canadians' health and COVID-19, by region, age, gender and other characteristics.

### **Racialized women**

Among racialized women, for that same period at the end of 2021, the CCHS found 31.2% of them to have poorer mental health than prior to the pandemic. By comparison, the percentage of non-racialized women giving that response was 25.2%. Racialized women and racialized men were similar in their assessments of the state of their mental health.

• Over the last 15 years, the social context and the political debates in our society have been the sources of considerable pressure and negative effects on the mental health of many women from racialized groups, and in particular Muslim women. We have seen more and more situations where women become less sure of their skills, are afraid to go out of the home, or experience increased stress. Psychological distress has become more acute for some of these women.

– Institut F

## **Single mothers**

With the pandemic, the complications of everyday life, isolation and stress all increased significantly for single-parent families. As stated by Centraide of Greater Montreal: "41% of parents in single-parent families, versus only 20% of those in two-parent des families, felt their mental health to be poor or very poor in January 2021".<sup>21</sup> Women are especially impacted, since many more of them head single-parent households.



<sup>21.</sup> https://www.centraide-mtl.org/en/blog/families-are-feeling-the-stress/ and a Léger survey conducted in partnership with the Association for Canadian Studies, 13 January 2021 : https://acs-aec.ca/wp-content/uploads/2021/01/Sante%CC%81-mentale-et-confinement-1-13-janvier-2021.pdf.

### **Women experiencing homelessness**

In Greater Montreal, the Mouvement pour mettre fin à l'itinérance à Montréal (Movement to end homelessness in Montreal) and several specialized organizations are collaborating on the 2000 Solutions project in order to assist individuals experiencing homelessness, and gather data that could be of use in improving their situation. Among the findings are that, between March of 2015 and December of 2020, 35% of homeless women who were being helped by Montreal community organizations were found to be suffering from mental health issues (compared with 65% of men).<sup>22</sup>

In our daily work on the ground, among those experiencing homelessness, more women than men are reporting complicated mental health. For these populations, accessing mental health care, or other services, can be an uphill battle. When the path to getting care is weighed down with paperwork (documents, Medicare card, etc.), homeless women are not well equipped enough to obtain the services and care they need. For Indigenous women experiencing homelessness, access to services can be even more difficult, since they may harbour a certain amount of distrust towards services that are provided by Caucasian individuals.

 Mouvement pour mettre fin à l'itinérance à Montréal (MMFIM)

## **Girls and adolescents**

In 2019-2020, among Quebec females between the ages of 15 and 29, the prevalence of diagnosed anxio-depressive disorders was higher than for Quebec males in the same age group. Disorders of this kind were present for 8.8% of females and 4.5% of males.

#### Tableau 16

#### ANNUAL PREVALENCE OF DIAGNOSED ANXIO-DEPRESSIVE DISORDERS AMONG 15-29 YEAR OLDS BY GENDER, QUEBEC, 2016-2017 TO 2019-2020

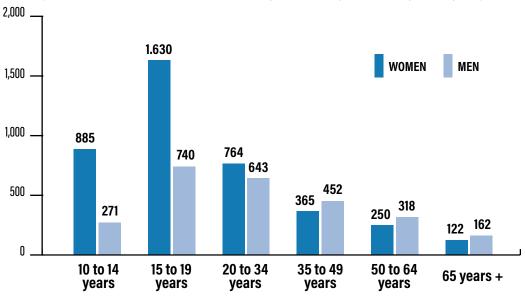
	2016-2017	2019-2020
Women	8.4%	8.8%
Men	4.4%	4.5%

Source: Institut national de santé publique du Québec (INSPQ), Système intégré de surveillance des maladies chroniques du Québec (SISMACQ). Adaptation by the Institut de la statistique du Québec.

<sup>22.</sup> https://2000solutions.mmfim.ca/page/bilan

In 2021, in Quebec, adolescent girls were more likely to need to go to the hospital because of suicidal thoughts or because they had in fact attempted suicide.

#### Figure 15 ADOLESCENT GIRLS FROM 15 TO 19 YEARS OF AGE ARE THE MOST AT RISK OF WINDING UP IN AN EMERGENCY WARD AS A RESULT OF SUICIDAL IDEATION

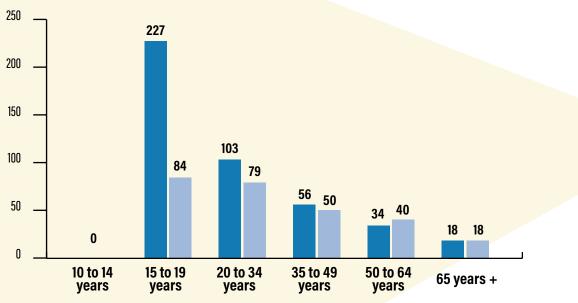


(EMERGENCY VISITS DUE TO SUICIDAL IDEATION, RATE PER 100,000 PERSONS, QUEBEC, 2021)

Source: Levesque, P., Rassy, J., Genest, C. (2022). Le suicide au Québec : 1981 à 2019 — Mise à jour 2022. Québec, Bureau d'information et d'études en santé des populations, Institut national de santé publique du Québec. 56 pages.

#### Figure 16 ADOLESCENT GIRLS AGED 15 TO 19 ARE THE MOST AT RISK OF WINDING UP IN THE EMERGENCY WARD AS A RESULT OF A SUICIDE ATTEMPT

(EMERGENCY WARD VISITS AS A RESULT OF ATTEMPTED SUICIDE, RATE PER 100,000 PERSONS, QUEBEC, 2021)



Source : Levesque, P., Rassy, J., Genest, C. (2022). Le suicide au Québec : 1981 à 2019 — Mise à jour 2022. Québec, Bureau d'information et d'études en santé des populations, Institut national de santé publique du Québec. 56 pages. The mental health of some young girls has been under severe strain over these last few years. They are grappling with problems that can lead to eating disorders, fatphobia, anorexia, depression, anxiety, body dysmorphic disorder, and even attempts at suicide. In our era, young people are constantly judged, watched, and connected, all of which tends to amplify the harm caused by these difficult experiences.

- YWCA Montreal

### **Senior women**

In November of 2021, a report presenting the findings of the Survey on Elder Abuse in Quebec (2019)<sup>23</sup>, showed that in 2019, 5.7% of women 65 and over reported having been victims of some form of psychological violence in the last 12 months. Elderly women were much more likely to be subjected to such violence than elderly men, 3.3% of whom reported the same situation.



<sup>23.</sup> GINGRAS, Lucie (2020).Survey on Elder Abuse in Quebec 2019. Portrait de la maltraitance vécue à domicile,, Institut de la statistique du Québec, 153 p. [www.stat.gouv.qc.ca/statistiques/ conditions-vie-societe/securite/victimisation/maltraitance-personnes-ainees-domicile-2019-portrait.pdf].

## INTEGRATION INTO THE WORKPLACE AND WORKING CONDITIONS

Certain groups face more difficulties and inequities when it comes to access to jobs, good working conditions and quality of life at work, remuneration and other job-market-related issues. Women are particularly impacted by these difficulties, and the picture is even grimmer when we take a closer look at the conditions for the various groups we have identified within the female population. In the world of work and employment, there is still quite a ways to go on the path towards equality.

Over the past few years, more women have been entering the job market in Greater Montreal (their employment rate was 80.5% in 2021). They are, however, still present in lesser numbers than men. Despite having made undeniable headway, their average hourly remuneration remains below that of men (a gap of 10.1% persisting into 2021), and more of them occupy low-quality jobs than men do (24% for women, 22% for men).

### The employment rate for women<sup>24</sup>

Over the years, women in Greater Montreal have occupied an increasingly large space on the job market. Their employment rate has improved in recent years thanks to their determination, and also notably due to the efforts of governments and of several organizations. Many nonprofits also work to provide women with the right tools and enhance their employability. Nonetheless, this rate remains below the rate for men. As 2021 came to a close, employment for women still had not come back up to its 2019 level, that is, the pre-pandemic level. Montreal women are, however, employed in greater numbers (80.5%) than those in Toronto (75.5%) or Vancouver (79.6%).

#### Table 17

#### EMPLOYMENT RATE FOR AGES 25 TO 54, MONTREAL, TORONTO AND VANCOUVER METROPOLITAN AREAS, 2011 TO 2021

		Montreal	Toronto	Vancouver
2011	Men	82.6%	83.9%	82.9%
2011	Women	77.4%	74.1%	73.7%
2010	Men	86.2%	86.3%	88.5%
2019	Women	81.5%	76.4%	80.5%
2021	Men	85.3%	84.5%	87.6%
2021	Women	80.5%	75.5%	79.6%

Source: Statistics Canada. Table 14-10-0385-01 Labour force characteristic, annual.

<sup>24.</sup> GINGRAS, Lucie (2020).Survey on Elder Abuse in Quebec 2019. Portrait de la maltraitance vécue à domicile,, Institut de la statistique du Québec, 153 p. [www.stat.gouv.qc.ca/statistiques/ conditions-vie-societe/securite/victimisation/maltraitance-personnes-ainees-domicile-2019-portrait.pdf].

According to Statistics Canada's most recent monthly data, as of March 2022, the employment rate for women in Greater Montreal among those aged 25 to 54 had returned to, and even surpassed, its pre-pandemic level, having moved up to 83.3%.

Source: Labour Force Survey (LFS), Statistics Canada.

## The unemployment rate for women

Over the last decade, the unemployment picture has seen some improvement for women in Greater Montreal. Their unemployment rate went from 6.7% in 2011 to 4.7% in 2019, before going back up to 5.9% in 2021. To that extent, the situation of women is better than that of men, since there are fewer of them on the unemployment rolls. Montreal women have also made a better showing at 5.9% than those of Toronto (7.5%) but not as good as women in Vancouver (5.5%).

Table 18

#### UNEMPLOYMENT RATE FOR AGES 25 TO 54, MONTREAL, TORONTO AND VANCOUVER METROPOLITAN AREAS, 2011 TO 2021

		Montreal	Toronto	Vancouver
2011	Men	7.6%	7.2%	6.4%
2011	Women	6.7%	7.7%	6.4%
2010	Men	5.3%	4.9%	3.4%
2019	Women	4.7%	5.3%	4.3%
2021	Men	6.6%	7.1%	5.5%
2021	Women	5.9%	7.5%	5.5%

Source: Statistics Canada. Table 14-10-0385-01 Labour force characteristics, annual.

According to Statistics Canada's most recent monthly data, as of March 2022, the unemployment rate for women in Greater Montreal aged 25 to 54 had fallen below its pre-pandemic level, standing at 3.7%.

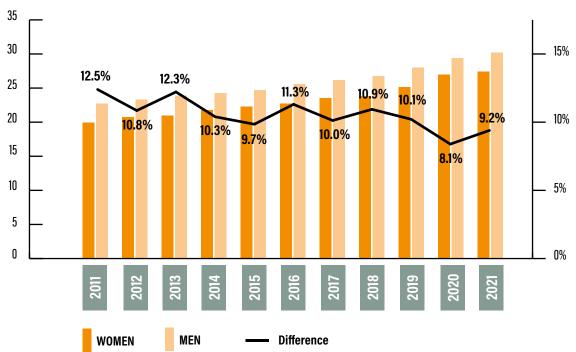
Source: Labour Force Survey (LFS), Statistics Canada.

### Hourly wages for women

Historically, one of the main sources of inequality between men and women is remuneration for employment. In Quebec, we find confirmation of this phenomenon. Thus, women's hourly wages are quite a bit lower than men's. In 2021, women's average hourly wage was 9.2% lower than that of men, and the gap is one that has persisted over time, with only a small decrease over the last 10 years.

#### Figure 17 WOMEN'S HOURLY WAGE IS INFERIOR TO THAT OF MEN IN QUEBEC

(HOURLY REMUNERATION FOR WOMEN AND MEN IN DOLLARS, AND GAPS IN %, AGES 15 AND OVER, QUEBEC, 2011 TO 2021)



Source: Statistics Canada (SC), Labour Force Survey, 2021, adaptation by the Institut de la statistique du Québec (ISQ).

It is therefore not surprising to find that women, on average, live in poverty more than men do. Indeed, in 2020, on the basis of the "Low-income cut-offs after taxes", 10.9% of women in Greater Montreal lived in poverty, while 8.1% of men in the region did. On the other hand, since 2011, poverty in terms of absolute numbers has gone down among women, even though the situation remains unfavourable relative to men year in and year out.

#### Figure 18

#### **DESPITE IMPROVEMENTS SINCE 2011, MORE WOMEN THAN MEN EXPERIENCE POVERTY**

(LOW-INCOME CUT-OFFS AFTER TAXES IN %, WOMEN AND MEN, MONTREAL METROPOLITAN REGION, 2011-2020)



Source: Statistics Canada. Table 11-10-0135-01 Low-income statistics by age, sex and economic family type.

### The quality of women's jobs

Women on average hold down more low-quality jobs than men. Indeed, in 2020, in Quebec, slightly fewer women than men (76% to 78%) held down jobs of high or medium quality.

Job quality is calculated with regards to employees only, in other words excluding freelance workers. As well, students who are employed are also excluded, so that findings ultimately focus only on individuals whose main activity is holding a job.

#### Low quality

This level includes jobs that are part-time, but not by choice, and jobs remunerated at less than \$15/hr and that either: (1) require few qualifications; (2) are occupied by overqualified workers; (3) are not stable; (4) are full-time at 41 hours or more.

#### **Medium quality**

This level includes jobs requiring more qualifications and which are remunerated at less than \$15/hr, and jobs remunerated at more than \$15/hr and which either: (1) require few qualifications or are occupied by an overqualified worker; (2) not stable (3) full-time at 41 hours or more.

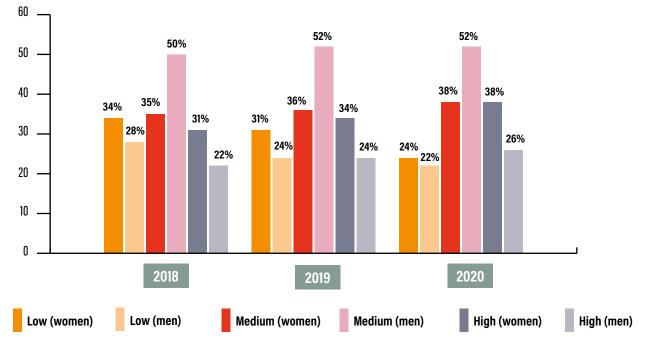
#### **High quality**

This level includes stable jobs requiring more qualifications, that are part-time, but voluntarily so, or full time at 30-40 hours, remunerated at \$15/hr or more.

#### Figure 19

#### WOMEN IN QUEBEC HOLD DOWN FEWER HIGH AND MEDIUM QUALITY JOBS THAN MEN

(DISTRIBUTION OF SALARIED WORKERS, (NOT STUDENTS) WOMEN AND MEN, 15 YEARS OF AGE AND OVER, QUEBEC, 2020)



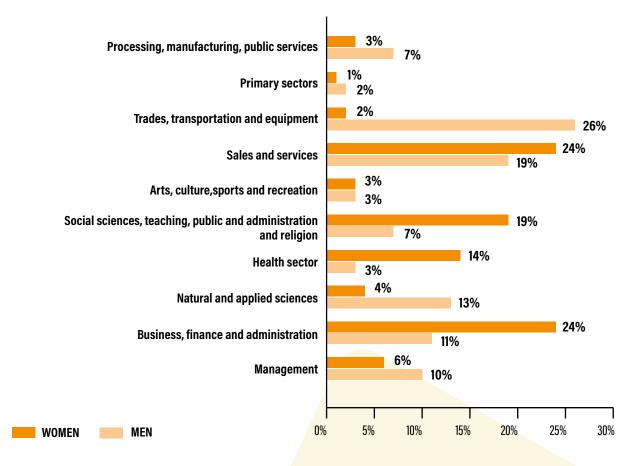
Source: Statistics Canada (SC), Labour Force Survey, 2020, adapted by the'Institut de la statistique du Quebec (ISQ).



## Which economic sectors are women working in?

Through the years, women were often confined to jobs connected to services and the care economy. In Quebec in 2021, the situation has progressed but women are still numerous in these fields and we find them mainly occupying positions related to the social sciences, administration, services, and health.

#### Figure 20 THERE ARE MORE WOMEN THAN MEN IN THE HEALTH, ADMINISTRATION, SOCIAL SCIENCE, SALES AND SERVICE SECTORS



(EMPLOYMENT BY PROFESSIONAL GROUP, WOMEN AND MEN, QUEBEC, 2021)

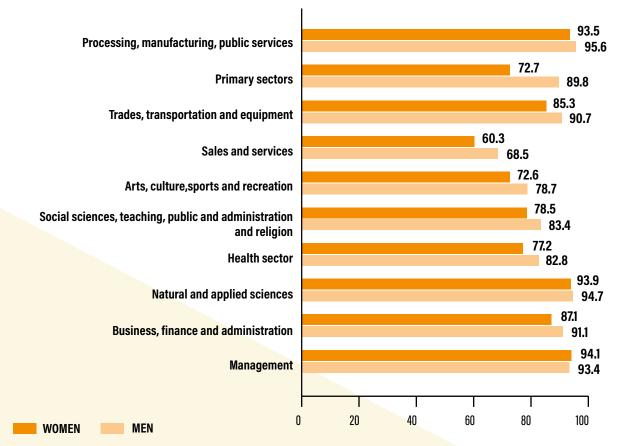
Source: Statistics Canada (SC), Labour Force Survey, 2021, adaptation by the Institut de la statistique du Quebec (ISQ).

## Women's hours of work

More women than men occupy part-time jobs. This can be seen in all sectors of the economy in Quebec, with the exception of management-related professions.

#### Figure 21 MORE WOMEN THAN MEN OCCUPY PART-TIME JOBS

(EMPLOYMENT BY HOURS OF WORK, WOMEN AND MEN, QUEBEC, 2021)



Source: Statistics Canada (SC), Labour Force Survey, 2021, adaptation by the Institut de la statistique du Québec (ISQ).

## LGBTQ2S+ individuals

In 2020, the survey carried out the CR-DSPG<sup>25</sup> at UQAM showed that a majority of sexually diverse women reported having encountered at least one obstacle in the course of their professional career (55% in Quebec and 57.3% in the Montreal administrative region).

One positive element coming out of the survey is that the majority of those responding found that their work environment is very accepting of LGBTQ2S+ persons (62.7% in Quebec overall and 58% for the Montreal administrative region). However, in terms of pay, stability and job quality, sexually diverse women tended to give negative evaluations of the positions they occupied.

#### Table 19

#### CHARACTERISTICS OF THE EMPLOYMENT SITUATION FOR SEXUALLY DIVERSE WOMEN, MONTREAL ADMINISTRATIVE REGION AND QUEBEC, 2020

	Mon	treal	Que	bec
	n	%	n	%
Percentage of respondents having met at least one obstacle (e.g., refusal to hire, demotion, unfair dismissal) during their		se of their p	orofessional	career
No	320	42.7	898	45.0
Yes	429	57.3	1,098	55.0
Percentage of workers who are overqualified				
No	348	65.8	957	70.2
Yes	181	34.2	406	29.8
Percentage of workers who report a work environment that i	s very acce	epting of LG	BTQ+ individ	duals
No	201	42.0	459	37.3
Yes	278	58.0	770	62.7
Percentage of workers with a high-quality job				
No	216	69.5	518	65.1
Yes	95	30.5	278	34.9
Percentage of workers with a higher level of remuneration				
No	204	65.6	507	63.7
Yes	107	34.4	289	36.3
Percentage of workers with a higher degree of job stability				
No	223	71.7	501	62.9
Yes	88	28.3	295	37.1
Percentage of workers whose skills are well utilized in their jobs				
No	180	57.9	478	60.1
Yes	131	42.1	318	39.9

Source: Enquête SAVIE-LGBTQ+ (CR-DSPG, UQAM).

<sup>25.</sup> Enquête SAVIE-LGBTQ+. Analyses statistiques : Chaire de recherche sur la diversité sexuelle et la pluralité des genres (CR-DSPG), Université du Québec à Montréal (UQAM).

## **Indigenous women**

In Quebec, in 2021, the employment rate for Indigenous women (79.5%) is lower than that for non-Indigenous women (82.8%). Still, relative to Indigenous women in Ontario (71.2%) and British Columbia (70.1%), Indigenous women living in Quebec are more active on the job market.

#### Table 20

EMPLOYMENT RATE FOR INDIGENOUS WOMEN, AGED 25 TO 54, QUEBEC, ONTARIO, BRITISH COLUMBIA, 2011, 2019 AND 2021

		2011	2019	2021
Quebee	Indigenous population	68.3%	80.0%	79.5%
Quebec	Non Indigenous population	78.6%	83.4%	82.8%
Orteste	Indigenous population	58.5%	69.9%	71.2%
Ontario	Non Indigenous population	76.5%	78.3%	77.4%
Pritich Columbia	Indigenous population	65.8%	73.5%	70.1%
British Columbia	Non Indigenous population	75.1%	81.0%	79.9%

Source: Statistics Canada. Table 14-10-0364-01 Labour force characteristics by province, region and Indigenous group.

## Women living with a disability

In Quebec in 2017, the employment rate for women living with a disability was lower (56.4%) than that of women who did not have a disability (72.8%). However, a greater percentage of them were employed than men living with a disability, as the employment rate for the latter in 2017 was 52.6%.

#### Table 21

## EMPLOYMENT STATUS BY GENDER AND THE PRESENCE OF A DISABILITY, POPULATION RANGING FROM AGES 15 TO 64 WITH OR WITHOUT DISABILITY, QUEBEC 2017

	Employed	Unemployed
Women with a disability	56.4%	4.2%
Women without a disability	72.8%	4.3%
Men with a disability	52.6%	6.9%
Men without a disability	77.8%	5.9%

Source: Canadian Survey on Disability (CSD) 2017, Statistics Canada, processed by the ISQ 2019, Compilation Office des personnes handicapées du Québec 2021.

In Quebec in 2017, 19.8% of women living with a disability judged that they had been discriminated against within the last five years due their condition. Among men living with a disability, the percentage was a bit higher at 21.7%.

#### Table 22

#### PERCEIVED DISCRIMINATION WITHIN THE LAST FIVE YEARS DUE TO STATUS, BY GENDER, POPULATION RANGING FROM 15 TO 64 YEARS OF AGE WITH A DISABILITY, QUEBEC, 2017

	Women	Men
Refusal to hire	12.9%	15.6%
Promotion refused	10.3%	11.8%
Interview refused	7.5%	10.4%
One or another of these situations	19.8%	21.7%

Source: CSD 2017, Statistics Canada, processed by the ISQ 2019, Compilation Office des personnes handicapées du Québec 2020.

In terms of personal income derived from employment, women living with a disability earn less than women who do not have a disability. More than 68% earned less than \$30,000 per year in 2017, while 51% of women in the latter category were in that bracket.

#### Figure 22 WOMEN LIVING WITH A DISABILITY HAVE LOWER SALARY RANGES AND EARN LESS THAN WOMEN WHO DO NOT HAVE A DISABILITY

(TOTAL PERSONAL INCOME, WOMEN WITH AND WITHOUT DISABILITIES, 15 YEARS OF AGE AND OVER, IN DOLLARS, 2017)



Source: CSD 2017, Statistics Canada, processing by the ISQ 2019, Compilation Office des personnes handicapées du Québec 2020.

## **Immigrant and racialized women**

In Quebec, in 2021, the employment rate for immigrant women (57.3%) was higher than that for Canadian-born populations (56.3%). What is more, compared to immigrant women in Ontario (52.2%), immigrant women in Quebec are more active on the labour market. The Canadian average stands at 54.5%.

As regards unemployment, the situation for Quebec's immigrant women is more difficult. Indeed, 9.6% of them were unemployed in 2021, which is double the rate of Canadian-born women. Immigrant women in Ontario (9.2%) also did better on this score. The Canadian average is 9%.

Table 23

## UNEMPLOYMENT AND EMPLOYMENT RATES FOR IMMIGRANT WOMEN, AGES 15 AND UP, QUEBEC, ONTARIO, CANADA, 2012 AND 2021

	Unemployment rate		Employment rate	
	2012	2021	2012	2021
Immigrant women Quebec	11.9%	9.6%	51.4%	57.3%
Canadian-born population (Quebec)	6.2%	4.8%	57.1%	56.3%
Immigrant women Ontario	8.9%	9.2%	49.7%	52.2%
Immigrant women Canada	8.7%	9.0%	51.5%	54.5%

Source: Statistics Canada (SC), Labour Force Survey, 2021, adaptation by the Institut de la statistique du Québec (ISQ).

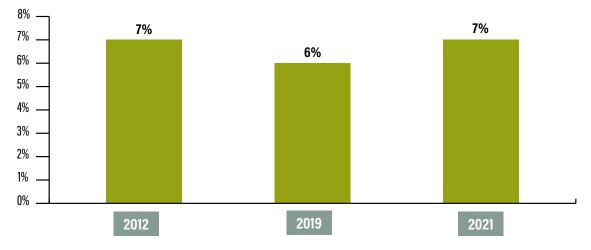
In 2021, the average weekly remuneration of immigrant women in Quebec was 7% lower than that of Canadian-born women residing in Quebec. That gap has been present since at least the previous decade, and has remained over time.

A Many of the women we assist are victims of discrimination in their workplaces. Among these forms of discrimination, we see prejudice and hostility towards those who wear a headscarf. We have been told of discriminatory behaviours occurring upon hiring towards women who display visible religious signs, as they may be perceived as not trustworthy and their competencies not valued. We organized groups where women can speak out and get support. In these groups, some participants have said that they are perceived as "docile" or "submissive" in their workplaces, which leads their employers to give them a bigger workload than those of their colleagues.

– Institut F

#### Figure 23 THE GAP IN AVERAGE WEEKLY PAY BETWEEN IMMIGRANT WOMEN AND CANADIAN-BORN WOMEN PERSISTS IN QUEBEC

(GAP IN AVERAGE WEEKLY PAY, IMMIGRANT WOMEN VERSUS CANADIAN BORN WOMEN, AGES 15 AND OVER, 2012-2021)



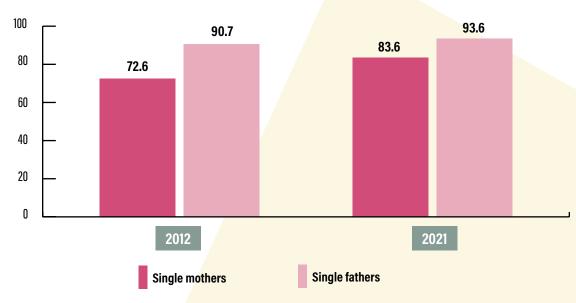
Source: Statistics Canada (SC), Labour Force Survey, 2021, adaptation by the Institut de la statistique du Québec (ISQ).

## **Single mothers**

For single mothers, holding down a job while being the lone parent can be difficult, especially with young children. From 2012 to 2021, single mothers' employment outlook improved, with increased labour market participation, (an increase of 11 percentage points over nine years), but their employment rate remains below that of single fathers.

#### Figure 24

## WHILE THE SITUATION HAS IMPROVED SINCE 2012, THERE ARE FEWER SINGLE MOTHERS THAN SINGLE FATHERS ON THE JOB MARKET



(EMPLOYMENT RATES FOR SINGLE MOTHERS AND SINGLE FATHERS, 25-54 YEARS OF AGE, 2012-2021)

Source: Statistics Canada (SC), Labour Force Survey, 2021, adaptation by the Institut de la statistique du Québec (ISQ).

### **Women experiencing homelessness**

Many homeless women have not often been employed in their lives, and insertion into the job market can be difficult. We have to be able to find them jobs that suit them; sometimes re-insertion in the job market can start with volunteer activity. It is hard to get them into full-time employment quickly, and in a sufficiently structured environment. When women experiencing homelessness do have the capacity to work, they may be victims of discrimination.

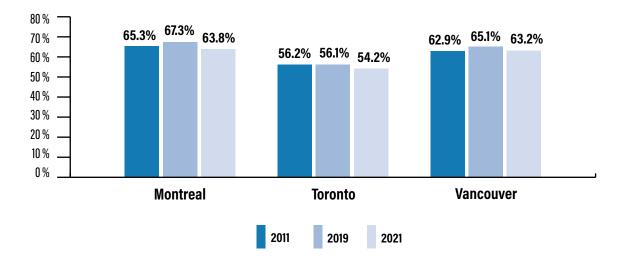
 Mouvement pour mettre fin à l'itinérance à Montréal (MMFIM)

## **Girls and adolescents**

In 2021, young women in Greater Montreal had a lower employment rate than women between the ages of 25 and 54. That is normal, since young women are often in school at that point in their lives. Still, when their employment rate (63.8%) is compared to that of young Toronto women (54.2%) or young Vancouver women (63.2%), we see that they are more active on the labour market.

#### Figure 25

## YOUNG WOMEN ARE MORE ACTIVE ON THE LABOUR MARKET IN GREATER MONTREAL THAN THEY ARE IN TORONTO AND VANCOUVER



(EMPLOYMENT RATE, WOMEN AGES 15 TO 24, 2011, 2019 AND 2021)

Source: Statistics Canada. Table 14-10-0385-01 Labour force characteristics, annual.

In Quebec, young women between the ages of 15 and 29 are less likely than young men to be in the three-pronged situation of not being employed, not being in education and not being in any other form of training. Indeed, in 2018, only 9.1% of young women were in this situation, compared with 9.6% of young men. Over the last 10 years, for both women and men, the situation is getting better in this regard, with fewer younger people not having any occupation at all.

#### Figure 26 YOUNG WOMEN IN QUEBEC ARE LESS LIKELY THAN YOUNG MEN TO BE NOT IN EMPLOYMENT, EDUCATION OR TRAINING

(PERCENTAGE OF YOUNG PEOPLE NOT IN EMPLOYMENT, EDUCATION OR TRAINING (NEET), BY GENDER, AGES 15-29, QUEBEC, 2009 TO 2018)



Source: Statistics Canada, Labour Force Survey, 1998 to 2018. Adaptation by the Institut de la statistique du Québec.

Young women come up against particular problems in employment. They can experience harassment and sexism, through sexually charged or sexist remarks from customers (on a first cashier's job, for instance), something that does not happen to young boys. Gender-based discrimination tends to manifest itself in their very first jobs. In grocery stores for example, the jobs that involve gathering up shopping carts or filling bags go to boys, and they wind up being better paid than the girls, notably because those jobs bring them tips.

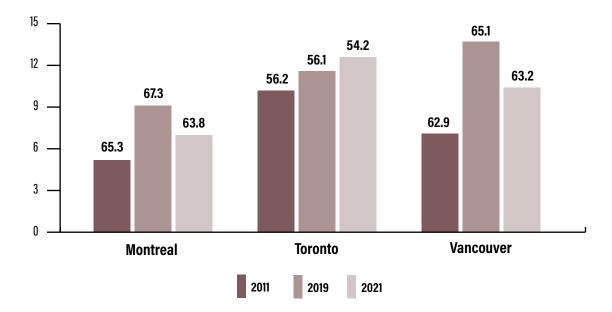
- YWCA Montreal

## **Senior women**

In 2021, female seniors in Greater Montreal had an employment rate lower than that of women aged 25 to 54, the main group active in the labour market. That is to be expected, since female seniors are very often retired at that point in their lives. However, when their employment rate (7%) is compared to that of Toronto senior women (12.6%) or that of Vancouver senior women (10.4%), there are far fewer of them active in the labour force.

#### Figure 27

#### THERE ARE FEWER SENIOR WOMEN ACTIVE IN THE LABOUR FORCE IN GREATER MONTREAL THAN IN TORONTO AND VANCOUVER



(EMPLOYMENT RATE, WOMEN 65 YEARS AND OVER, 2012-2021)

Source: Statistics Canada. Table 14-10-0385-01 Labour force characteristics, annual.



## CONCLUSION

You have no doubt understood the subtext of this report: in matters of gender equity, inclusion and justice, there is still much work to be done in our community. Undeniable progress has been made over the years and decades, such that Quebec and Greater Montreal can compare themselves favourably to many of their neighbours. We must of course recognize and celebrate such progress, but it should not serve to paper over what still needs to be done. Despite our collective progress, many women and girls – and especially those in marginalized groups – have been left behind.

Fortunately, many of them can count on resources, especially community resources, to help them face the obstacles that come their way. You have been presented, throughout this report, with the insights and the findings of in-depth analyses that many of these organizations have produced.

Many of the community organizations we spoke to in the course of this exercise are facing major challenges in fulfilling their missions. First, there is the very significant labour shortage. They have trouble holding on to staff, as it is very hard for them to compete with businesses on the hunt for talent. As well, the inadequacy and instability of funding (be it from public or private funders) remain impediments that can get in the way of their capacity to meet the needs of the individuals they accompany. The pandemic certainly reinforced the essential nature of these organizations, acting along with public services provided by the state, in aiding women from all backgrounds. In order for them to be able to carry out this indispensable work, investments in community organizations must support the implementation of new projects, yes, but also the pursuit of their core mission and activities.

Our interviews with the community organizations consulted have enabled us to zero in on two main courses of action that would allow both public services and private organizations to better assist them:

1) Governments must maintain, and increase, funding to community organizations. It will be equally important to put in place laws and public policies that match up with the reality on the ground for women, and that sustain them rather than imposing added burdens on them. The fight against homelessness, the struggle against violence towards women, and support for improving mental health for vulnerable individuals are among the areas most often mentioned.

2) For private funders like the Foundation of Greater Montreal or other philanthropic foundations, the priority would be to enhance community organizations' reach and capacity, not only by funding their projects but also by amplifying their voices. The organizations that work alongside women and girls are among those in the best position to raise issues and identify trends and needs as well as the possible solutions that our community can implement to build a more just, inclusive and equitable society for all.

With this report, the Foundation of Greater Montreal hopes to have helped lay a bit of the groundwork for this building process. But what happens in the future will be the responsibility of each and every one of us.

## **BIBLIOGRAPHY**

Statistics Canada, Census Dictionary https://www150.statcan.gc.ca/n1/en/catalogue/98-301-X

UN Women, Ending violence against women https://www.unwomen.org/en/what-we-do/ending-violence-against-women

Government of Canada, About mental health https://www.canada.ca/en/public-health/services/about-mental-health.html

Kids Help Phone, 2SLGBTQ+: What does it mean? https://kidshelpphone.ca/get-info/2slgbtq-what-does-it-mean/

Government of Canada, LGBTQ2 terminology – Glossary and common acronyms https://women-gender-equality.canada.ca/en/free-to-be-me/lgbtq2-glossary.html

The Canadian Encyclopedia, Two-Spirit https://www.thecanadianencyclopedia.ca/en/article/two-spirit

Interligne, Inclusion LGBTQ+ https://interligne.co/en/

Institut national de la santé publique du Québec, Violence in Indigenous communities https://www.inspq.qc.ca/en/violence-indigenous-communities-brief

Statistics Canada, Canadian Survey on Disability: Concepts and methods guide, Cloutier, Grondin and Lévesque https://publications.gc.ca/site/eng/9.860384/publication.html

Santé Montréal, Racialized populations. https://santemontreal.qc.ca/en/public/coronavirus-covid-19/situation-of-the-coronaviruscovid-19-in-montreal/survey-of-the-health/racialized-populations/

Ligue des droits et libertés, Personne racisée ou racialisée https://liguedesdroits.ca/lexique/personne-racisee-ou-racialisee/

Ministère de la Santé et des Services sociaux, Familles monoparentales https://www.msss.gouv.qc.ca/professionnels/Statisticss-donnees-sante-bien-etre/Statisticss-de-sante-et-de-bien-etre-selon-lesexe-volet-regional/familles-monoparentales/

Canadian Observatory on Homelessness, Canadian definition of homelessness https://www.homelesshub.ca/resource/canadian-definition-homelessness

Statistics Canada, Age Categories, Life Cycle Groupings https://www.statcan.gc.ca/en/concepts/definitions/age2

Office québécois de la langue française, Grand dictionnaire terminologique, fiche "intersectionnalité" https://gdt.oqlf.gouv.qc.ca/fiche0qlf.aspx?ld Fiche=26532478

Corbeil, C. Harper, E., Marchand, I. Fédération des maisons d'hébergement pour femmes et Le Gresley, S-M (2018). L'intersectionnalité, tout le monde en parle ! Résonnance et application au sein des maisons d'hébergement pour femmes. Montréal : Services aux collectivités de l'Université du Québec à Montréal/Fédération des maisons d'hébergement pour femmes https://reqef.uqam.ca/wp-content/uploads/sites/23/rapport\_intersectionnalite\_corbeil\_harper\_marchand\_fede\_final.pdf

Ministère chargé de l'égalité entre les femmes et les hommes, de la diversité et de l'égalité des chances (France), Qu'est-ce que le sexisme ? https://www.egalite-femmes-hommes.gouv.fr/dossiers/sexisme-pas-notre-genre/vos-droits/

Statistics Canada. 2022. (table). Census Profile, 2021 Census of Population, product n<sup>o</sup> 98-316-X2021001 in the Statistics Canada catalogue. Ottawa. Updated April 27, 2022. https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E

Statistics Canada. 2017. Census profile, 2016 census, product n<sup>o</sup> 98-316-X2016001 in the Statistics Canada catalogue. Ottawa. Release date November 29,2017. https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E

Statistics Canada. Table 17-10-0135-01 Population estimates, July 1, by census metropolitan area and census agglomeration, 2016 boundaries. https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710013501

Statistics Canada. Table 13-10-0817-01 Socioeconomic characteristics of the lesbian, gay and bisexual population, 2015-2018 https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310081701&request\_locale=en

Fontaine, E., Antoine, J., Vaillancourt, J. (2021) Résultats de l'enquête "Portrait des femmes de la diversité sexuelle au Québec". Réseau des lesbiennes du Québec (RLQ), https://rlq-qln.ca/wp-content/uploads/2021/06/Rapport-du-RLQ-Portrait-des-femmes-de-ladiversite%CC%81-sexuelle-au-Que%CC%81bec-1-1.pdf

OFFICE DES PERSONNES HANDICAPÉES DU QUÉBEC (2021). Les femmes avec incapacité : un portrait statistique de leurs conditions de vie et de leur participation sociale, Drummondville, Secrétariat général, communications et affaires juridiques, L'Office, 62p., https://www.ophq.gouv.qc.ca/fileadmin/centre\_documentaire/Enquetes/Internes/Femmes\_incapacite\_au\_Quebec.pdf

Ministère de l'Immigration, de la Francisation et de l'Intégration. 2016-2020, PORTRAIT de l'immigration permanente au Québec selon les catégories d'immigration. http://www.mifi.gouv.qc.ca/publications/fr/recherches-Statisticss/Portraits\_categories\_2016-2020.pdf

LATIMER, Eric, et François BORDELEAU. Dénombrement des personnes en situation d'itinérance au Québec le 24 avril 2018, Ministère de la Santé et des Services sociaux, mars 2019

https://publications.msss.gouv.qc.ca/msss/fichiers/2018/18-846-10W.pdf

Ministère de la Sécurité publique (2022). Criminalité au Québec – Infractions contre la personne commises dans un contexte conjugal en 2019. http://www.quebec.ca/gouv/ministere/securite-publique/publications/Statisticss-criminalite-quebec

Ministère de la Sécurité publique (2022). Criminalité au Québec – Principales tendances 2019 http://www.quebec.ca/gouv/ministere/securite-publique/publications/Statisticss-criminalite-quebec

Université de Sherbrooke, Violence conjugale subie par les femmes en temps de pandémie : Une enquête qui en dit long, Pelletier, Therrien, Picard-Turcot, Généreux, 2022

https://www.usherbrooke.ca/actualites/nouvelles/details/47505

UN Women (2020). Overview: How to use the RESPECT framework implementation guide. https://www.unwomen.org/sites/default/files/ Headquarters/Attachments/Sections/Library/Publications/2020/RESPECT-implementation-guide-Overview-en.pdf Statistics Canada. Table 35-10-0166-01 Self-reported sexual assault since age 15 https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3510016601&request\_locale=en

Statistics Canada. Table 14-10-0353-01 Homeless shelter capacity, bed and shelter counts for emergency shelters, transitional housing and domestic violence shelters for Canada and provinces, Employment and Social Development Canada https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410035301&request locale=en

Statistics Canada. Table 35-10-0168-01 Self-reported violent victimization among Indigenous people https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3510016801&request locale=en

BUKKFALVI-CADOTTE, Alix (2021). "La maltraitance envers les personnes aînées au Québec: liens avec les violences vécues antérieurement", Zoom société, n° 1, novembre, Institut de la Statistique du Québec, p. 1-9. https://Statistics.quebec.ca/fr/fichier/maltraitance-envers-personnes-ainees-quebec-liens-avec-violences-vecues-anterieurement.pdf

Statistics Canada. Table 13-10-0096-01 Health characteristics, annual estimates https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009601&request\_locale=en

Enquête SAVIE-LGBTQ+. Analyses Statistiques : Chaire de recherche sur la diversité sexuelle et la pluralité des genres (CR-DSPG), Université du Québec à Montréal (UQAM)

### BIBLIOGRAPHY

Statistics Canada. Table 13-10-0809-01 Canadians' health and COVID-19, by region, age, gender and other characteristics https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310080901&request locale=en

Statistics Canada. Table 41-10-0021-01 Self-perceived mental health and suicidal thoughts by Aboriginal identity, age group and sex https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=4110002101

Centraide of Greater Montreal. Families are feeling the stress, May 10, 2021, https://www.centraide-mtl.org/en/blog/families-are-feeling-the-stress/

Association for Canadian Studies. Léger survey conducted in collaboration with the Association for Canadian Studies, Mental Health Outlook 2021, January 13, 2021

https://acs-metropolis.ca/wp-content/uploads/2021/01/Mental-Health-and-Lockdowns-1-2.pdf

Mouvement pour mettre fin à l'itinérance à Montréal (MMFIM), 2000SOLUTIONS Pour mettre fin à l'itinérance. Bilan des résultats https://2000solutions.mmfim.ca/page/bilan

Secrétariat à la jeunesse et Institut de la Statistique du Québec, Vitrine Statistique sur les jeunes de 15 à 29 ans https://Statistique.quebec.ca/vitrine-15-29-ans/#/

Levesque, P., Rassy, J., Genest, C. (2022). Le suicide au Québec : 1981 à 2019 — Mise à jour 2022. Québec, Bureau d'information et d'études en santé des populations, Institut national de santé publique du Québec. 56 pages https://www.inspq.qc.ca/sites/default/files/publications/2842-suicide-quebec-2022.pdf

GINGRAS, Lucie (2020) Survey on elder abuse in Quebec 2019. Seniors living at home: how many are victims of mistreatment, Québec, Institut de la Statistique du Québec, 153 p.

https://statistique.quebec.ca/en/document/survey-on-elder-abuse-in-quebec-2019

Statistics Canada. Table 14-10-0385-01 Labour force characteristics, annual https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410038501&request\_locale=en

Statistics Canada. Table 14-10-0378-01 Labour force characteristics, three-month moving average, unadjusted for seasonality https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410037801&request\_locale=en Institut de la Statistique du Québec, Hourly earnings and weekly earnings, results for immigrants and those born in Canada

https://statistique.quebec.ca/en/document/hourly-earnings-and-weekly-earnings-results-for-immigrants-and-those-born-in-canada

Statistics Canada. Table 11-10-0135-01 Low income statistics by age, sex and economic family type https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1110013501&request\_locale=en

Institut de la Statistique du Québec, Distribution of non-student employees among the three levels of job quality https://statistique.quebec.ca/en/document/distribution-of-non-student-employees-among-the-three-levels-of-job-quality

Institut de la Statistique du Québec, Employment and proportion of full-time employment by industry or occupational group https://statistique.quebec.ca/en/document/employment-and-proportion-of-full-time-employment-by-industry-or-occupational-group

Statistics Canada. Table 14-10-0364-01 Labour force characteristics by province, region and Indigenous group https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410036401&request locale=en

Institut de la Statistique du Québec, Labour market indicators amongst immigrants, https://statistique.quebec.ca/en/document/ indicateurs-du-marche-du-travail-pour-les-personnes-immigrantes

Institut de la Statistique du Québec, Family responsibilities and work https://statistique.quebec.ca/en/document/responsabilites-familiales-et-travail

Institut de la Statistique du Québec, Regard Statistique sur la jeunesse, https://statistique.quebec.ca/en/document/regard-statistique-sur-la-jeunesse

## **ACKNOWLEDGEMENTS**

**Institut du Québec Team** Mia Homsy Daye Diallo Dina Husseini

**FGM's Vital Signs Team** Catherine Fisette Marion Daul

**English Translation** Daniel Chonchol

**Editing** Traductions Hermès

**Graphic Design** Patricia Gaury

Impression Protech LP

Also available in French.

ISBN: 978-2-924893-29-6



For more information about Vital Signs<sup>™</sup> across Canada, please visit:

www.vitalsignscanada.ca



The Vital Signs<sup>™</sup> is used with permission from Community Foundations of Canada.



# The Foundation of Greater Montreal, a community foundation

Community foundations are charitable organizations that devote themselves to improving living conditions in communities in specified geographic areas by attracting and investing charitable gifts from donors to create endowment funds, then redistributing the income produced by these investments in the form of grants to community organizations. Community foundations also play a key social role: they monitor the quality of life in their area, and they match people with resources and ideas so as to build stronger and more resilient communities.

#### **OUR MISSION**

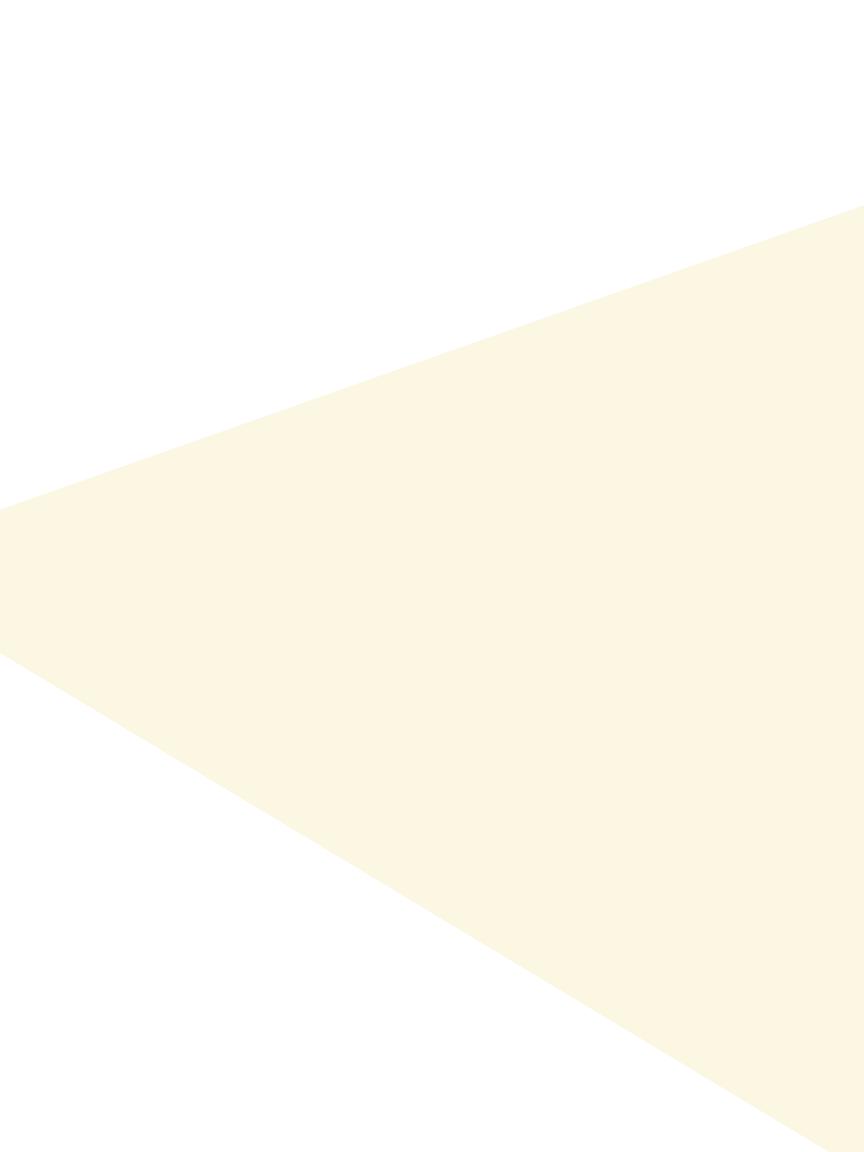
The Foundation of Greater Montréal is here to serve and listen to its community. In collaboration with its partners, it mobilizes philanthropic resources, disseminates knowledge, sparks initiatives and supports its community, all with a view to advancing the Sustainable Development Goals (SDGs) in Greater Montreal.

#### **OUR VISION**

The Foundation of Greater Montréal has a vision of a community that is free of poverty and discrimination, where all can realize their potential and live in a healthy environment, now and in the future.

#### **OUR VALUES**

- JUSTICE, EQUITY, DIVERSITY, INCLUSION: Work to eliminate all forms of discrimination. Amplify the voices of underrepresented groups and ensure that every individual feels included, valued and respected.
- **COLLABORATION**: Facilitate the sharing of skills and ideas, and bring together the community's strengths.
- **LISTENING**: Be attentive to the needs and solutions identified by the community, and nurture relationships based on trust.
- **CREATION AND INNOVATION**: Experiment with, and adopt, innovative approaches so as to increase our agility as well as our impact in the community.
- **INTEGRITY**: Demonstrate honesty, transparency, high ethical standards, humility, accountability and professionalism.



Foundation of Greater Montréal



the All

▶ 514 866-0808
 ➤ info@fgmtl.org

www.fgmtl.org





The FGM is a registered charity (#88197 9124 RR 0001) with the Canada Revenue Agency.