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Suicide amongst young Inuit males: The perspectives of Inuit health and wellness workers in Nunavik

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The rate of suicide amongst Inuit boys and men in Nunavik has risen since the 1980s. Despite this, little is known about the strengths and protective factors, and the unique risks, that contribute to suicidality amongst Inuit males. This article presents the findings of a qualitative interview study conducted with Inuit health and wellness workers in Nunavik to better understand the gendered nature of suicide for young Inuit males. Discussed within a critical masculinities framework, findings highlight the need to consider the gendered nature of intergenerational trauma, the changing nature of the Northern economy and its impact on gender dynamics, and the inequities that some men face within institutional structures. Also offered are culturally meaningful and strength-based strategies for attracting and engaging young males to mental health services. Findings provide important insights into the social determinants of Inuit males' mental health, and advocate for targeted suicide prevention programs for Inuit boys and young men.

Keywords: Inuit, Indigenous, male suicidality, gender, suicide, colonialism, historical trauma

Introduction

Since the late 1970s the rate of death by suicide amongst Inuit men in the Canadian Arctic has increased exponentially (Hicks, Bjerregaard, Berman, 2007). Currently, the rate of suicide amongst Inuit male youth is approximately 500 per 100,000, which is 40 times greater than the rate for age matched men in the rest of Canada (12.6 per 100,000) (Inuit Tapiriit Kanatami (ITK), 2016). Indeed, this rate may be much higher in the Inuit territory of Nunavik. A recent report prepared for the Nunavik Regional Board of Health and Social Services (NRBHSS) indicated a 300% increase in suicides between 2014-2018, and 84% of these deaths were young Inuit males under the age of 25 (Séguin, Chawky, Affleck, 2019).

The predominant explanation for the high and rising rate of suicide amongst Inuit male youth is historical trauma, the loss of culture, and rapid social change resulting from colonization

(ITK, 2016; Wexler, 2006). Since "first contact" with Europeans, Inuit have faced a series of overlapping historical traumas, including forced relocations, residential schools, and the loss of loved ones to communicable diseases. Inuit's traditional beliefs and worldview (Inuit Qaujimajatuqangit) has also been steadily eroded, degrading many of the cultural foundations, including family life and child rearing practices (*inunnguiniq*), with serious implications for personality development in relation to problems such as youth suicidality (Karetak, et al. 2017). The upheaval of these events created the conditions under which protective factors, such as culture and family, were often disrupted across generations, and risks accumulated. Intergenerational trauma, or the ways in which children are impacted by the traumatic events experienced by their parents and grandparents, has been suggested as one mechanism of transfer (ITK, 2019). However, like other mental health challenges facing Inuit, this must be understood within a system of adversity and inequity that disadvantages and denies Inuit many of the services, supports, and infrastructure available to most other Canadian populations (Tester & McNicoll, 2004).

Like many health issues, men's mental illness and suicide behaviours are deeply gendered. For example, depression, which is estimated to be present in approximately 50% of Inuit youth who die by suicide (Chachamovich et al., 2015) can emerge in response to an array of psychosocial risk factors such as job insecurity and financial hardship (Olfiffe et al., 2021). How some men react to mental illness can be influenced by masculine norms that prescribe stoicism and restrict help-seeking. For example, reluctance to seek help for mental illness is especially common in men because it signals vulnerability, attracts significant stigma, and directly contradicts the strength and power synonymous with masculine ideals (Cleary, 2012; Olfiffe et al., 2020).

Solitary discourses central to masculine norms can render some men emotionally inexpressive and socially isolated - known risk factors for suicide (Houle, Mishara, Chagnon, 2008).

Similarly, men who align with traditional masculine norms are more likely to avoid health services, and engage in maladaptive behaviours, such as alcohol and drug use (Moller-Leimhuler, 2003), which are also known risk factors for suicide (Groves & Sher, 2005), including amongst Inuit males (Kirmayer, et al. 1998; Chachamovich et al., 2015).

Despite the sustained rise in suicides amongst Inuit males, especially in youth, little is known about how these gendered norms and coping behaviours shape suicide-related behaviour for Inuit males (ITK, 2019). Indeed, only one empirical study has focused specifically on suicidality amongst Inuit males (Kral, 2013). This qualitative study highlighted connections between suicidality and jealousy and anger in the context of relationship difficulties with girlfriends and parents for young Inuit men (Kral, 2013).

Improved understanding of the gendered nature of suicide amongst Inuit male youth is vitally important, and as members of the community who are on the front lines of providing care, Inuit health and wellness workers are uniquely positioned to offer key insights into causes and potential remedies. The aim of the current study is to explore Inuit health workers' perceptions of male youth suicidality, as a means of informing and potentially enhancing tailored suicide prevention programs for young Inuit males, as well as generating avenues for future research, particularly research that is identified to be of value by and for the community.

Methods

We completed a secondary analysis (Heaton, 2008) of 18 interviews that were conducted with Inuit health and wellness workers as part of a larger study commissioned by the Nunavik Regional Board of Health and Social Services (NRBHSS) (Séguin, Chawky, Affleck, 2019). The analysis sought to answer the research question: What are the gendered dimensions of suicide amongst young Inuit males?

For the original study, ethics approval was received from the Université du Québec en Outaouais and the Douglas Mental Health University Institute. In accordance with the principles of collaborative research (Macaulay et al., 1998) and the Canadian Institute of Health Research (CIHR) Guidelines for Health Research Involving Aboriginal Peoples (CIHR, 2007), all aspects of the study were designed in collaboration with a local steering committee, which was comprised of community members, members of local town councils, the staff of the NRBHSS, and front-line health workers. Local leaders in each community were also consulted prior to data collection to ensure that locally relevant cultural issues were addressed, and that the research proceeded in a culturally sensitive, safe and respectful manner.

The 18 participants were Inuit and hailed from six different communities along the Hudson and Ungava Coasts of Nunavik and ranged in age from 22-63 years-old with an average age of 36. Four participants worked in health policy, while 7 were front-line community wellness workers, 5 were suicide prevention workers, and two worked as youth program facilitators. 17 participants were female and one was male. Participants were recruited through snowball sampling, a form of purposeful sampling, wherein participants are recruited through word of mouth (Creswell, 2013). Interviews were conducted in English or Inuktitut with the help of a local interpreter and lasted

between 1 and 3.5 hours. Along with specific questions garnering participants' perspectives, the interview schedule included general questions such as "Why do you think the suicide rates are high in your community?" and "What do you think needs to be done?". The topic of boys and young men's suicidality emerged early on in the interviews, and we more explicitly asked about young male suicide in later interviews (Kvale & Brinkmann, 2009). Questions included, "Why do you think suicides are particularly high amongst young males?" and "In your opinion, what is the best way to help boys and young men?"

Analysis

For the current study, interviews were analyzed using thematic analysis (Braun and Clarke, 2006). First, the authors read and re-read the interviews multiple times to familiarize themselves with the data. Next, data relating to men's suicidality was identified, and initial codes were generated to organize data pertaining to participants' perceptions of the expressions, causes, and management of men's suicidality. In constantly comparing the coded interview data inductively derived themes were developed to share what predominated as well as explain variations on those themes. To theorize the findings, we drew on Connell's (2005) masculinities framework with an explicit focus on the social determinants of health and health inequities to examine the ways in which marginalization and subordination impacts the mental health and suicidality of young Inuit males. This framework has been recognized as key to advancing men's health research as it allows patterns and diversity to be detailed in distilling interconnecting factors which shape men's health outcomes (Robertson, Williams & Oliffe, 2016). In writing up the findings for the current article the analyses continued in discussions amongst the authors wherein consensus for the thematic labelling and illustrative quotes were collectively made.

Results

The analysis resulted in four themes: (i) *The long reach of emasculation*, outlines how trauma from the Dog Slaughter continues to impact the mental health and wellbeing of Inuit boys and young men; (ii) *Caught between two worlds*, speaks to the work-related gendered struggles that men have faced in the transition to modern life, and how they are implicated in the current suicide rates; (iii) *Falling through the cracks*, discusses how young men's vulnerability to suicidality can be overlooked within institutional structures; Lastly, (iv) *A path forward*, presents participants' ideas of how suicidality amongst Inuit boys and young men should be addressed.

1. The long reach of emasculation

The long reach of emasculation pertained to the role that the Dog Slaughter plays in young men's suicidality. By way of background, the *qimmijjaqtauniq*, meaning "many dogs (or dog teams) being taken away or killed" in Inuktitut (commonly referred to as the Dog Slaughter) was one of many colonial traumas experienced by Inuit in the 20th century. From the 1950s through the 1970s, the number of Inuit sled dogs (*qimmiit*) in the Eastern Arctic declined dramatically. How and why the dogs died is a matter of dispute. Some report that they died from disease, others that they were killed by hunters who thought that sled dogs were not allowed or were no longer useful in newly formed permanent settlements. Many Inuit maintain that the dogs were killed by the Royal Canadian Mounted Police (RCMP). This belief was supported by an official inquiry, which found that during the 1950s and 60s upwards of 1000 dogs had been killed in Nunavik by members of the RCMP who saw them as carriers of disease and threats to public safety (Croteau,

2010). Importantly, however, in line with a similar inquiry conducted in Nunavut by the Qikiqtani Inuit Association (Q.I.A.) (2010), no systematic campaign to kill dogs could be identified. This challenges the belief held by some Inuit that the Canadian government deliberately killed the dogs to hasten their ancestors move off the land.

Irrespective of why the dogs were killed, the impact on Inuit society was devastating. Sled dogs were essential for day-to-day functioning and integral to Inuit identity and culture. Inuit males were particularly hard hit as virtually every aspect of their masculine roles, including hunting, working, and travelling depended on the dogs. When the dogs were killed many men who successfully provided for their family and community lost their livelihoods and were forced to go on social assistance. According to first-hand accounts, these men experienced deep-seated feelings of failure and inadequacy, which over time developed into depression, anger and self-loathing (QIA, 2010).

According to participants, trauma from the Dog Slaughter has been passed down intergenerationally to boys and young men. Within the interviews, several specific mechanisms were outlined. To start, participants spoke of how the Dog Slaughter profoundly changed Inuit masculinity. They described how historically, Inuit masculinity was based upon respect, health and contribution. This changed with the Dog Slaughter, as deeply humiliated and emasculated men became dour and angry, and turned to alcohol and violence as a way of coping with their emotional and psychological distress. This change was illustrated by a health policy worker in her early 50s, who told the story of her father:

He was a real Inuk man, a hunter, a provider, the head the family. He was a great hunter and supplied country food to many families. He was really respected in the community.

He also worked as a guide and brought different white people, missionaries and RCMP, to communities up and down the coast by dog sled. That was one of the first paying jobs that men had. It was a good job. When the dogs were killed he lost everything. He became a completely different person. He just sat at home. He became a severe alcoholic. If alcohol wasn't available he made homebrew. He became mean and angry and used to beat my grandmother and his children. He eventually died from Cirrhosis of the liver. When he died he had lost everyone because he was so mean. Only one of his kids would even speak to him. It's a tragedy of our family, but all the men were like this.

Without positive role models to pass on traditional masculine values, some of the boys of the 1950s and 1960s came to internalize the unhealthy masculinity they witnessed in their fathers, and reproduced the same behaviors of substance abuse and interpersonal violence. Participants explained how these gendered practices had contributed to male suicide and a host of related risk factors in young men. As a 33-year-old suicide prevention worker explained:

Men here are all fucked up. It's not just the suicides, it's the crazy drinking, the violence against women, their morals are fucked because they had nobody to guide them...It's a learned thing. They were raised by broken men who were also raised by broken men.

According to participants, another way that intergenerational trauma of the Dog Slaughter has impacted young men is through increased rates of child abuse within Inuit society. Along with emotional and physical violence, participants described how some emasculated and humiliated men turned to the sexual abuse of children- both girls and boys- as a means of reasserting their masculine dominance. A 46-year-old community wellness worker described this as the “trickle effect”:

After the Dog Slaughter, the men lost their male identity. It created a crisis in men. And when a man is in that crisis, and you add in drinking. There were drunk men all over, partying in everyone's house and around kids all the time...sexual abuse is all about power, it doesn't matter if it's a girl or a boy. It's about power. The men back then were drunk and looking for a power struggle. This kind of thing, this trickle effect of the Dog Slaughter happened very often. I know that by talking to the older men. Every year I give a workshop to Inuit prisoners where I talk about this trickle-down effect of the Dog Slaughter: the disempowerment, alcohol, and sexual abuse. They know exactly what I'm

talking about... Sometimes the older Inuit men who are there, they start to cry a lot. They are the ones that I have to look out for most often, because for them, I hit the nail on the head and I know they have never talked about it before.

Amplifying and illustrating tainted, shamed masculinities, child abuse was inflicted on and perpetuated by generations of Inuit men. According to participants, these practices have lingered, and the associated guilt-ridden traumas still contribute to men's high and rising suicide rates.

Participants explained how in many cases, such child abuse traumas can be compounded by masculine norms, which discourage the expression of emotional vulnerability. As a 24-year-old male youth worker commented, "Inuit guys are all about being tough. They don't talk about feelings. It's drilled into them. They get a lot of shit when they try to talk about stuff like that." As a result of such pressures, Inuit boys often deny childhood trauma, and/or suppress the severity of its impact. This is especially true of sexual trauma, which carries additional stigma for boys and men, and can contribute to their suicidality. As a 38-year-old suicide prevention worker explained,

[childhood] sexual abuse happens very often. Girls and women can talk about abuse, I mean there is less stigma, but boys and men, they really can't talk about it. There is way more secrecy and more shame about sexual abuse for boys than girls... sometimes you see that boys are so much in denial, this is when it's dangerous [referring to suicide].

In sum, trauma from the Dog Slaughter continues to impact male suicidality through the tensions embodied (and transmitted intergenerationally) by unhealthy marginalized masculinities and high rates of emotional, physical, and sexual child abuse flowing from those losses. The extent of these traumas and their impact can also be clouded by masculine norms, which work to conceal

and stigmatize male vulnerabilities, especially sexual abuse, pushing them further underground and leaving some young males to suffer alone and in silence.

2. Caught between two worlds

Participants routinely described Inuit as being "caught between two worlds" referring to tensions experienced in transitioning from traditional life, which was rural, physical, nature-based and collectivist and modern life characterized as urban, sedentary, and individualistic. According to participants, the transition has been rapid and jarring leaving many Inuit to struggle with the changes, as a 41-year-old participant explained:

Our life was always on the land. We didn't have days of the week, times of the day, nothing. It's all brand new to us. Seriously, my mother was born in an igloo. On top of that, we didn't ask for any of it. It was all imposed. The government forced us into settlements and into schools and all of a sudden, we are supposed to be at the same level as everyone. It's like 'sorry, it doesn't work like that'.

Participants explained how these transitions had been especially challenging for Inuit men, arresting their traditional ways for fulfilling and embodying culturally normed masculine identities. Historically, Inuit men provided for their family, were head of the households, and held leadership positions in the community. These roles provided men a sense of masculine identity, purpose, and contribution. However, according to participants, modern life eroded these norms to the extent that "men don't fit anymore" and "there is no place for men anymore".

A central part of this was work. Specifically, over the past 30 years, physical jobs such as hunting, trapping and guiding have been replaced by office jobs, most often with government or non-governmental organizations (NGOs). According to participants, many Inuit men are ill-equipped for such jobs because they tend to leave school early and lack a foundation on which to

adapt to their changing job market. Instead, they often take low-status, low paying jobs or go on social assistance. According to participants, women often have higher paying jobs in the new economy, and increasingly becoming the main provider for the family. In such cases, men not only lose their traditional breadwinner role, but they are expected take on more of the household and childcare responsibilities. For some participants these losses and role reversals run counter to masculine norms and traditional gendered divisions of labour. A 52-year-old participant stated, “many women are the breadwinners now, the providers, and are expecting their men to be a mother at the same time. It’s like, where do men fit?”

The net effects are that men's masculine self-worth becomes diminished, rendering them ill-equipped for the workplace and marginalized as housebound men reliant on others for their resources. As a 28-year-old social service worker explained:

Most of the jobs are white collar, government jobs that sort of thing. They require education, writing skills, computer skills. The guys don’t have those skills. Most didn’t finish high-school so they just get the shitty job that doesn’t pay very much and then they drink that money away. They see their families suffering. I’m sure it hurts them, they are not robots. But I think they are all just hurting. It frustrates men. They feel that they don’t have a role anymore. ‘What am I doing on welfare?’ Or in a shitty job making shitty money? It’s easy for them to get depressed and for bad things to happen [referring to suicide]. How could they not, really?

It is not just men's roles within the family that are changing, participants also spoke of how young men are increasingly abdicating their leadership roles within the community. As one 40-year-old participant described,

When I see the women I feel that they are more advanced, doing better, stronger. I find a lot of women are into politics and that kind of thing. If men are politicians it seems to be the much older men. The younger guys stay out of it. Same thing with the businesses, community programs, things like that. The guys are just becoming invisible.

Interviewees framed these shifting gender dynamics within Inuit society as shaped by and shaping young men's withdrawal. However, for others it was a symptom of the wider cascading challenges facing men. A 31-year-old suicide prevention worker suggested:

They're [young men] killing themselves, they're dropping out...Lots of them just try to stay drunk or high all the time. People want to separate these things, treat them like they are different or separate, but it's all the same really. It's all the same hurt.

For men who try to adapt to modern world work opportunities there are also cultural tensions. Specifically, modern life and work challenge men's ability to hunt because hunting follows a nature-based schedule responsive to seasons, weather conditions, and migration patterns. It also often requires days and even weeks on the land away from the community. These factors render hunting profoundly at odds with the 9-5, weekday-weekend schedule of modern society and work. This forces many men to choose between fulfilling their cultural gendered hunter identity and living successfully in the modern world. A 29-year-old health policy worker explained, this could impose great stress:

There is a pressure on men where they need to know how to hunt, know how to carry themselves as a hunter. There is still a lot of that. And they have to work 9-5. Some can play both roles, but most of them have to choose. They have a lot more stress I think, the men...It is harder for men to adjust. Because of women's activities it is easier for us to live in both worlds, be connected to our culture and participate in the new society. I mean look at me, I'm being interviewed and sewing at the same time (laughs), but for men, you can't be a proper hunter and work at some 9-5 job at the same time, it just doesn't work that way.

Hunting plays a central role in Inuit masculinity. It is a primary cultural masculine activity and a key measure of masculine capital. A good hunter earns deep respect from his peers, and often has a high status within the community. Throughout the interviews, these barriers to hunting were linked to suicide among young males. Without opportunity to develop their hunting skills, men

can come to see themselves, and be seen by others, as inadequate, lesser men. Men who cannot hunt are marginalized in that they garner less respect within the community and have fewer choices in romantic partners, which can erode their sense of belonging and worth. As a 38-year-old participant explained:

For guys, if you are a hunter you have it all...you are out hunting all the time, you are out there being a great father, you have an awesome skidoo, a boat. It is either that group or the drop-out alcoholics. If you don't have the toys and go out hunting with all the big-time equipment you are a loser stuck in town smoking pot in a shed. So you are either a strong Inuk man, a great hunter and you bring country food to your neighbours and all that, everyone knows you and likes you, or you are a guy who stays in town and gets fucked up. These are the guys who are depressed and kill themselves, not the strong hunter types. They get drunk and that's it.

Embedded here were hierarchies wherein some men had the means and skills to be hunters. Regarding means, historically, most Inuit men had access to hunting equipment such as sled dogs, rifles, and kayaks. However, in the modern era, hunting requires expensive equipment, such as trucks, boats, skidoos, and specialized rifles. The cost of this equipment places hunting beyond the reach of many men, particularly young men who tend to struggle financially.

Summing up this theme, the transition to modern life has disrupted many of the community and family roles that men rely upon for their masculine identity and self-worth. Scheduling conflicts and the high cost of hunting equipment also prohibit many young men from fulfilling their cultural identity as hunters, fuelling problematic new hierarchies wherein only those men with the time and resources to hunt have access to the benefits associated with Inuit masculinity. Those without access are forced to remain in the community where their risk of suicidality is significantly increased.

3. Falling through the cracks

Falling through the cracks refers to system factors that underserve and therefore increase young men's risk of suicide. One common example was social housing. In Nunavik, housing is provided by the government of Quebec and is allocated based upon perceived need. Because young men tend to be single and without children, they are the lowest priority to get social housing. As a result, there are many homeless young men in Nunavik communities, sleeping rough in sheds or on friend's couches. Homelessness is often accompanied by other difficulties, such as joblessness, a lack of self-reliance and personal space which likewise increases the risk of mental health challenges, including suicide. As a 41-year-old participant explained:

I've always thought that being a young, single man in Nunavik must be the hardest thing. You are the last on the housing list because you're not old and you don't have any kids. What does that do to you? When you don't have your own space what do you do? You have no place to go. They don't have their own space. You can't work, you can't have a girlfriend. So what are they going to do? They spend as much time outside as possible, hanging out in shacks or whatever. It's easy to get depressed or turn to alcohol and become addicted, and that's when a lot of suicides happen, you know, when people are alone and drinking.

There was also a lack of youth programming. In many communities, youth programs act as central hubs of social and emotional support. It is where youth spend time with their friends and interact with mentors and social service workers. These programs are often school based, meaning that they take place during school hours, or at the school, afterhours. According to participants, this model works well for youth who are enrolled in school. However, youth who leave school can easily become isolated from their peers and youth workers. As discussed above, male youth commonly leave school early. Others finish high school but do not leave the community for college or university. This makes them particularly susceptible to being overlooked. As one youth 24-year-old counsellor explained:

After you leave school there is nothing for you because everything takes place at the school, it's the center of things socially, but lots of young guys don't finish high school. Girls do, but not the young guys. I would say that young guys, once they leave school, they are forgotten about. So that age between 16 and their mid-twenties. That is when guys are most on their own... They can easily disappear because people don't keep track of them. Then everyone is shocked when a suicide happens because nobody knew, I mean everyone cares but nobody knew that he was in trouble.

The timing of when young men leave school can contribute to their vulnerability, as it corresponds with when boys and young men begin to adopt gendered patterns of emotional and psychological distress. Herein influenced by masculine norms to deny vulnerability, men typically withdraw socially so that others will not see their pain. As one 28-year-old counsellor explained: "its about being a man, you have to act tough, you need to be tough. Don't talk about it, don't show it... You see it with the older boys, the teenage guys will just hide out when they are in trouble, not see anyone or whatever so that no one will see it."

By far, the most common discussion of men's structural disadvantage pertained to the lack of gender-specific services for boys and young men. For many participants, this stood in sharp contrast with the services available for girls and women. As one 40-year-old participant described:

There are a lot of women programs, a lot. We're good. There are sewing groups, and cooking groups, and pregnancy groups, AA groups, NA groups, whatever. But not for the men. There is literally nothing available for men. They are just left to try and deal with it themselves.

Without targeted services, men are often left with nowhere to turn for emotional and psychological help, including (and perhaps especially) at times of acute crisis. The impact that the absence of services has on men's suicidality could be severe. One 35-year-old wellness

worker included it alongside trauma, sexual abuse and the lack of role models as major contributors for male suicide:

I think because there is a lack of role models for the young men, then you add trauma and sexual abuse into it, I think that it creates a lot of confusion for young guys. On top of that there are no services or anything for men. So young guys who are thinking of taking their lives, they have nowhere to turn for help.

In sum, falling through the cracks speaks to the structural discrimination faced by young men, and how it contributes to suicidality. As the examples of social housing, youth programming, and mental health services reveal, there are significant health inequities for boys and young men, wherein institutions are without prevention strategies to address the problems and challenges routinely faced by young Inuit males. Furthermore, without a focus on gender, institutions inadvertently contribute to young men's suicidality, isolating them further from their peers and estranging them from social and professional services. Such structural limitations are significant in the lack of care they provide and also the timing in which they occur, namely boys' transition to adolescence and early adulthood.

4. Finding a path forward

Participants offered ideas for how male youth suicide could be addressed in the theme *Finding a path forward*. At a policy level, participants suggested that there should be a greater focus on creating well-paying physical outdoor jobs, such as maintenance positions with the municipalities, and/or jobs in the resource sectors such as mining and commercial fishing. These jobs were anticipated to be more accessible to young men who left school early. Many participants spoke of the importance that these jobs would have for rebuilding men's sense of

contribution and meaning, and with it their sense of self-worth and mental health. As a 51-year-old health policy worker discussed:

In my job I think a lot about how to get men back to being ok. When you look at the whole thing, now today, where are the healthy men? They are the ones who are outside working. I mean, look at the men driving the water and sewer truck. They are out everyday at six in the morning, seven in the morning, in this weather, with the sewage smell, and they are still working. You start to think, maybe that is where they are finding their new meaning. I mean, they even work on Christmas day and they don't seem to mind. It's not even that they don't mind, I mean they are the happy, always smiling, always friendly. They are doing something important and necessary. The work provides men with the new male identity. It doesn't matter that it is -60, that it is six am, that the sewage stinks, they are out there being men.

Another commonly cited remedy was to build targeted mental health programs, ideally led by older men from the community. Intergenerational mentorship between older and younger men remains a central component of Inuit culture, and participants believed that this would be a culturally appropriate approach to suicide prevention. Several also felt that it would be more effective as young men would be more inclined to listen to older men from their community rather than women or white service workers from the South. As one 37-year-old participant explained: "young men listen to older men. On the land or out camping, that's the way. They respect them a lot. [now] we expect them to go see a white person to talk about their problems. They aren't going to do that, but they would talk to an older man, an elder man who they respect, definitely."

Participants suggested that mental health initiatives be designed for young men. Despite being officially gender-neutral and open to both men and women, participants felt that the structure of current mental health services, with their focus on face-to-face communication and talking through problems dissuaded young men from seeking help. As one 31-year-old participant

explained, "the way that services are set up, wanting guys to come and sit and talk about their problems in an office or in some building like this [large government building], it's not realistic. No guy is going to do that". Instead, participants recommended that services incorporate, or be built around, traditionally masculine activities, such as hunting, snowmobiling and wood working. Several participants elaborated, suggesting an indirect approach, in which mental health care is surreptitiously integrated to programs that young men are interested in attending:

That's all they [young men] want to do: hunt and skidoo, hunt and skidoo...that would be a way to help them, sneak it [mental health care] into a group like that... That's the best idea, I think. Its sneaky, but I think it would work. The guys [having difficulties] would be less embarrassed too I think.

In summary, finding a path forward speaks to traditional masculine ideals such as physicality, work, and providing for the family. Embedded within this discussion was the belief that men have the tools, but need the opportunity to use them in strength-based and asset-building ways. In many respects, traditionally masculine activities were offered up as a remedy or cushion for the corrosive elements of modern life and the resilience for working through those transitions. Likewise, the findings speak to the need to meet men where they want to be, to affirm men's traditional ways, rather than force-fitting them into foreign structures.

Discussion

The current study findings provide important insights into some of the gendered and cultural dimensions of young Inuit male suicide from the perspectives of Inuit health workers in Nunavik. The results highlight the intersections of intergenerational trauma, rapid social change, and health inequities, the sum and segments of which assign heightened suicide risk in young Inuit males. Also revealed are opportunities (and imperatives) for marshalling strength-based

asset-building masculinities to reduce suicide risk. In the discussion that follows we elaborate on these findings to lobby action toward tailored suicide prevention programs for young Inuit males.

The current findings intersect with and extend previous Inuit suicide research (Kirmayer et al., 1998; Kral, 2019). For example, *the long reach of emasculation* advances the understanding of how historical trauma contributes to Inuit youth suicide. For Inuit, trauma from residential schools, forced relocations and many other historical abuses has been passed on intergenerationally through altered parenting, language loss, and substance misuse (ITK, 2016). The current study further contextualizes the gendered dimensions of historical and intergenerational traumas in detailing the potentially profound and long-reaching impacts of the Dog Slaughter. Herein protest masculinities emerged as uniquely damaging for Inuit men (and their families) with misplaced assertions of power and control having profoundly destructive effects on their children and community.

That Inuit men could be uniquely impacted by the Dog Slaughter in Nunavik is a key point. For men, potentially traumatic events (PTEs) that challenge traditional masculine ideals and identity invoke profound emotional and psychological damage (Crete and Singh, 2012). Due to the strong relationships between sled dogs and Inuit masculinity in the 1950's and 60s, it is understandable how the Dog Slaughter could have erased important elements of Inuit men's histories and identities, with layering (and amplifying) injurious effects incurred through the many other historical traumas and abuses that took place during this period. This helps to explain participants' accounts of the psychological damage that the Dog Slaughter caused to Inuit men, and why it was singled out by participants who did not discuss other historical traumas, such as

residential schools or forced relocations in relation to men's suicidality. Beyond the marginalizing effects of the Dog Slaughter, there were also clearly silences and stoicism for most men, the sum of which may have led them to internalize and blunt the pain invoked by those (and other) injurious events. Men's trauma experiences are often characterized (and complicated) by feelings of emasculation and the loss of masculine power, eroding culturally prescribed and deeply valued masculine ideals of strength, control, and resiliency (Chamberlain, 2012). Along with being a significant source of distress, such feelings can compound the initial trauma (Affleck et al., 2018).

In the face of such emasculation, some traumatized men adopt unhealthy avenues to assert their masculinity such as high risk-taking activities, alcohol and drug misuse, and aggressive behaviours (Killgore et al., 2008). There can also be increased violence directed towards women, children, and lower-status males, which some traumatized men use to protest their subordination and reassert their masculine authority and dominance (Olivius, 2016). This pattern could help to explain, at least in part, the heightened rates of substance misuse, domestic violence, and child maltreatment described by participants in the current study, which are likewise commonly found in male populations from other cultures and circumstances with a high prevalence of psychological trauma (Timshel et al., 2017).

That some of these maladaptive behaviors could be perpetrated through subsequent generations of Inuit males reflects a social mechanism of intergenerational trauma wherein some children observe and then adopt the distress patterns of their parents (East, Gahagan & Al-Delamy,

2017).¹ This provides a potential explanation for how some Inuit boys and young men of the 1950s and 60s could have adopted the maladaptive behaviors they witnessed in their older mentors. Once established, these patterns can (and do) repeat across generations.

Like other mental health challenges, the alcoholism, violence and child abuse outlined in *the long reach of emasculation* are multi-dimensional and have complex contributing factors, including a number of overlapping historical traumas, the loss of culture and worldview (Inuit Qaujimajatuqangit), and ongoing social inequalities (Kral, 2019). It is important not to attribute these challenges to only one cause or event. That said, the evidence detailed within this theme aligns with what is known about the gendered impact of trauma and makes a compelling case for future research to explore the role of the Dog Slaughter in the problems facing young Inuit males, including suicidality.

Caught between two worlds highlights how the emergence of the office-based economies, shifting gendered labor divisions, and the ever-increasing cost of hunting equipment have separated young Inuit men from their traditional hunter/provider identities. These findings echo past scholarship on the impact of colonialism on Inuit men (O'Neil, 1986; Kral, 2013). For example, diverse events including the decline of the fur trade (Wenzel, 1991) and subsistence hunting (Brody, 1991) along with the gender role reversals that emerged when Inuit moved off the land into permanent settlements (Billson & Mancini, 2007) eroded many traditional masculine values, and by extension men's sense of cultural fit and belonging.

¹ Additional mechanisms are also likely at play, including the way that trauma across generations can impact biology, including the ability to regulate stress and emotion, as well as traits such as aggression and impulsivity.

The findings speak to the changing face of colonialism. Leading Indigenous scholars cogently argue that colonialism is not a thing of the past, but rather an ongoing process. Alfred (2014) labels this "shapeshifting colonialism", explaining how the mechanisms of colonialism change, but the results, namely the devaluation of Indigenous social structures and loss of cultural identity, continue. Clearly, the alienation of Inuit men from their cultural identity as hunters and providers is not a remnant of a by-gone era. Rather, it continues through rapidly changing economic and social structures that are unfolding in real time. Despite the dramatic shifts to the gendered landscape that have taken place over the past 50 years, the current study found that the expectation to be a good provider and a skilled hunter remain key ideals of Inuit masculinity. The failure to achieve these ideals can significantly impact young men's social status, and sense of masculine capital, contribution and worth, leading to poor mental health outcomes, including suicidality.

In line with Connell's (2005) *masculinities*, findings reveal how a problematic hierarchy has emerged amongst Inuit men, wherein only a minority of socially privileged men - who one participant referred to as the "strong hunter types" - have access to the resources and signifiers associated with that dominant masculine ideal, what Connell (2005) might label the *patriarchal dividend*. Conversely, under-resourced men are forced to remain in the community where they are regularly confronted with their low status and low masculine worth. This subordinate status and lack of belonging can significantly increase suicide risk, particularly when combined with ready access to drugs and alcohol in the community. Building on these findings, future research might seek to address the growing inequities amongst young Inuit males to reduce suicide risk. Likewise, at the policy level, attention could be paid increasing the number of skilled trades jobs

in Nunavik, specifically physical and outdoor jobs, which according to participants, are particularly suited to Inuit men's masculine ideals.

Falling through the cracks affirms previous work by Carpenter (2006) and Affleck et al. (2020) highlighting how a lack of attention to gender within institutional policies and structures can exacerbate the vulnerability of marginalized men. Findings reveal how school-based youth programs can overlook young males' vulnerability, increasing their isolation from peer and professional supports needed to detect and combat their suicidality. Similarly, social housing policies can force young men into homelessness, dislocating masculine ideals of autonomy and self-sufficiency. Homelessness may also challenge the private aspects of masculinity so cherished by some Inuit men, as it casts them into the public eye where they can be surveyed and assigned by others as marginal and subordinate. Ultimately, such policies communicate that young men are ill-fitting and perhaps unworthy of subsidized housing, reinforcing the underlying theme of thwarted belongingness identified in *Caught between two worlds*. There might also be a case for revisiting the policies that govern how youth programming is implemented and social housing is allocated. Research has highlighted health inequities as contributors to male suicide vulnerability (Strike et al, 2006; Oliffe et al., 2020). However, this is poorly understood in Inuit men's suicide.

The final theme, *finding a path forward* speaks to the protective qualities found within traditional Inuit masculinity. Participants suggested that rebuilding young men's masculine identities through traditional activities was central to helping them cope with, and eventually overcome, their emotional and psychological distress. This finding aligns with Affleck et al (2018) who

found that rebuilding a sense of masculine self-worth through culturally prescribed masculine ideals was a central coping strategy employed by traumatized Sri Lankan refugee men. These results point to the need to move beyond the "masculinity is bad" discourse. While elements of traditional Inuit masculinity may be harmful, others are sources of emotional and psychological protection, healing and resilience. To deny the protective elements within traditional masculinity may short-change young Inuit men of a powerful tool for coping with, and ultimately overcoming suicidality.

One key area in which Inuit males are overlooked is in the availability of mental health and wellbeing services. In line with a recent working paper from the National Inuit Suicide Prevention Strategy Working Group (ITK, 2019), the current study highlights the lack of targeted services for Inuit men. This finding overlaps with a recent review which found a dearth of evidence-based programs to improve young men's psychosocial wellbeing (Gwyther et al., 2019). Findings also suggest the mental health and wellbeing services available in Nunavik are poorly mated to Inuit men's needs because of their focus on talking and face-to-face communication. This aligns with research indicating that men tend to under-utilize formal mental health and wellbeing services out of the perception that such services are overly 'feminized', and that some men prefer action-based services to formal talk-based interventions (Bilsker, Fogarty & Wakefield, 2018). Indeed, a recent systematic review of young men's well-being programs concluded that 'male targeted interventions may be more beneficial for young men than gender neutral programs' (Gwyther, et al., 2019).

The current study identified a number of culturally appropriate strategies to attract and retain young men to mental health services. To start, participants indicated that services should be led by older men from the community. This suggestion supports recent calls for gender matching in men's mental health services (Whitley & Zhou, 2020). Next, to reduce stigma and gain access to young men who would otherwise not access formal services, participants recommended that services should be built around shared masculine activities such as snowmobiling and hunting that are popular amongst young Inuit males. A community program currently being run in Nunavik incorporates many of the suggestions offered by participants. The UNAAQ Men's Association is a male-led and male-focused group intervention in the community of Inukjuak (<https://www.facebook.com/Unaaq-Mens-Association-of-Inukjuak>) that pairs male youth with elder men from the community to learn traditional skills such as igloo building, snowmobile repair, hunting, and survival on the land. Along with imparting skills and catalyzing personal development, this program helps to address many of the critical social challenges facing young men. This includes many of the challenges related to suicidality identified in this study, such as intergenerational trauma, social isolation and the changing nature of Inuit masculinity.

The UNAAQ model aligns with best practices in men's mental health care. Activity based programs are a successful approach to building men's social connection and engaging them in health promotion and illness management (Oliffe et al., 2020). Another example is Men's Sheds, a community-based health model that attracts vulnerable men to a range of shared masculine activities (Taylor et al, 2018). The focus on activities reduces the pressure on men to directly discuss their psychological and emotional challenges, while also fostering a sense of camaraderie and social support. Within the Men's Shed's model, activities are tailored to the specific health

and social needs of local men and their community, making it highly adaptable to diverse populations and contexts (Golding, 2015). It has also been shown to strengthen bonds between men of different generations (Wilson et al., 2018), which aligns well with participants' interest in intergenerational collaboration. Following the lead of the UNAAQ Men's Association, clinicians and policy makers from across *Inuit Nunangat* can consider the Men's Sheds model when designing their own targeted mental health and suicide prevention interventions, while taking care to incorporate insights from other successful community men's health promotion programs (Oliffe et al., 2020).

Limitations

This study had a number of limitations. First, as a purely qualitative study, it is useful for identifying emerging patterns and raising hypotheses for future research. However, findings need to be verified by quantitative research. A quantitative approach would also offer more precise knowledge of how the contributing factors highlighted in this study impact the mental health and wellbeing of young Inuit males.

Next, the study used a secondary analysis approach, and the data that was analyzed informed the inductively derived research question regarding young Inuit men's suicidality. As a result, it is likely that some additional insights and contexts important to the discussion may be absent from the data analyzed.

Third, although the participants were diverse in terms socioeconomic background and occupation, the majority were adult and female. Thus, the research data was based upon adult women's observation and interpretation of male youth's behavior and attitudes rather than male

youth's lived experience. To address these limitations, future research should undertake a more robust and systematic examination of young Inuit male suicide from the perspectives of young suicidal men themselves.

Lastly, the research team was surprised by the extent to which participants focused upon the Dog Slaughter. In fact, in relation to young men's suicide, none of the many other historical traumas that Inuit have experienced were discussed. This includes abuses such as residential schools, forced resettlements, or tuberculosis interventions. One possible explanation was that the Dog Slaughter was in the public eye at the time the data was collected and therefore front of mind for participants. However, the official inquiry into the Dog Slaughter concluded nearly a decade before the data was collected, and this event was not in the news-cycle at the time of the interviews. Future research should seek to understand the place of the Dog Slaughter in contemporary Inuit culture, specifically as it relates to social problems facing young males.

Conclusion

The current study offers insight into the nuance and complexity of suicidality amongst male youth, and details how services can be designed to attract and engage this population. Attending to the contributing factors, and adopting some of the strength-based, male friendly approaches to services identified in this study should go a long way in reducing the overall rate of male suicides in Nunavik.

BIBLIOGRAPHY

- Affleck, W., Thamotheampillai, U., Jeyakumar, J., & Whitley, R. (2018). "If one does not fulfil his duties, he must not be a man": Masculinity, mental health and resilience amongst Sri Lankan Tamil refugee men in Canada. *Culture, Medicine, and Psychiatry*, 42(4), 840-861.
- Affleck, W., Oliffe, J., McKenzie, S., Ridge, D. T., Jenkins, E., & Broom, A. (2020). Addressing ethical issues in studying men's traumatic stress. *International Journal of Men's Social & Community Health*, 3(1), e16-e23.
- Alfred (2014) Shapeshifting Colonialism. The Sydney Morning Herald, January 13, 2014.
- Billson, J. M., & Mancini, K. (2007). *Inuit women: their powerful spirit in a century of change*. Rowman & Littlefield Publishers.
- Bilsker, D., Fogarty, A. S., & Wakefield, M. A. (2018). Critical issues in men's mental health. *The Canadian Journal of Psychiatry*, 63(9), 590-596.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Brody, H. (1991). *The people's land: Inuit, whites and the eastern Arctic*. Douglas & McIntyre.
- Canadian Institutes for Health Research. CIHR guidelines for health research involving aboriginal people. Ottawa, ON: Canadian Institutes for Health Research. 2007.
- Carpenter, R. C. (2006). Recognizing gender-based violence against civilian men and boys in conflict situations. *Security dialogue*, 37(1), 83-103.
- Chachamovich, E., Kirmayer, L. J., Haggarty, J. M., Cargo, M., McCormick, R., & Turecki, G. (2015). Suicide among Inuit: results from a large, epidemiologically representative follow-back study in Nunavut. *The Canadian Journal of Psychiatry*, 60(6), 268-275.
- Chamberlin, S. M. E. (2012). Emasculated by trauma: A social history of post-traumatic stress disorder, stigma, and masculinity. *The Journal of American Culture*, 35(4), 358.
- Cleary, A. (2012). Suicidal action, emotional expression, and the performance of masculinities. *Social science & medicine*, 74(4), 498-505.
- Connell, R. W. (2005). *Masculinities*. Polity.
- Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publications.
- Crete, G. K., & Singh, A. (2014). Counseling men with trauma histories: Developing foundational knowledge. *A counselor's guide to working with men*, 285-304.

- Croteau, J. J. (2011). *Final report of the Honorable Jean-Jacques Croteau retired Judge of the Superior Court regarding the allegations concerning the slaughter of Inuit sled dogs in Nunavik, 1950-1970*. Government of Quebec.
- East, P. L., Gahagan, S., & Al-Delaimy, W. K. (2018). The impact of refugee mothers' trauma, posttraumatic stress, and depression on their children's adjustment. *Journal of immigrant and minority health*, 20(2), 271-282.
- Galligan, S. B., Barnett, R. V., Brennan, M. A., & Israel, G. D. (2010). Understanding the link between gender role conflict, resilience, and propensity for suicide in adolescent and emerging adult males. *International journal of men's health*, 9(3).
- Golding, B. (Ed.). (2015). *The men's shed movement: The company of men*. Common Ground Publishing.
- Groves, S. A., & Sher, L. (2005). Gender differences in suicidal behavior and alcohol abuse in adolescents. *International journal of adolescent medicine and health*, 17(3), 307-309.
- Gwyther, K., Swann, R., Casey, K., Purcell, R., & Rice, S. M. (2019). Developing young men's wellbeing through community and school-based programs: a systematic review. *PloS one*, 14(5), e0216955.
- Heaton, J. (2008). Secondary analysis of qualitative data: An overview. *Historical Social Research/Historische Sozialforschung*, 33-45.
- Hicks, J., Bjerregaard, P., & Berman, M. (2007). The transition from the historical Inuit suicide pattern to the present Inuit suicide pattern. In *Aboriginal Policy Research: Moving forward, making a difference*. Editors: White, J., Wingert, S., Beavon, P., Maxim, P. AAAI Press, 2007. pg. 39-54.
- Houle, J., Mishara, B. L., & Chagnon, F. (2008). An empirical test of a mediation model of the impact of the traditional male gender role on suicidal behavior in men. *Journal of affective disorders*, 107(1-3), 37-43.
- Inuit Tapiriit Kanatami (ITK) (2016). National Inuit Suicide Prevention Strategy. 2016. ONLINE: <https://www.itk.ca/wp-content/uploads/2016/07/ITK-National-Inuit-Suicide-Prevention-Strategy-2016.pdf>.
- Inuit Tapiriit Kanatami (ITK) (2019). Promising Practices in Suicide Prevention Across Inuit Nunangat. ONLINE: <https://www.itk.ca/wp-content/uploads/2019/07/20190611-NISPS-ScanOfPromisingPractices-FINAL-EN.pdf>
- Karetak, J., Tester, F. J., & Tagalik, S. (Eds.). (2017). *Inuit Qaujimajatuqangit: What Inuit have always known to be true*. Fernwood Publishing.

- Killgore, W. D., Cotting, D. I., Thomas, J. L., Cox, A. L., McGurk, D., Vo, A. H., ... & Hoge, C. W. (2008). Post-combat invincibility: Violent combat experiences are associated with increased risk-taking propensity following deployment. *Journal of psychiatric research*, 42(13), 1112-1121.
- Kirmayer, L. J., Fletcher, C., & Boothroyd, L. J. (1998). Suicide among the Inuit of Canada. *Suicide in Canada*, 187-211.
- Kral, M. J. (2013). "The Weight on Our Shoulders Is Too Much, and We Are Falling" Suicide among Inuit Male Youth in Nunavut, Canada. *Medical Anthropology Quarterly*, 27(1), 63-83.
- Kral, M. J. (2019). *The return of the sun: Suicide and reclamation among Inuit of Arctic Canada*. Oxford University Press.
- Macaulay AC, Delormier T, McComber AM, et al. Participatory research with native community of Kahnawake creates innovative code of research ethics. *Can J Public Health*. 1998;89(2):105–108.
- Möller-Leimkühler, A. M. (2003). The gender gap in suicide and premature death or: why are men so vulnerable?. *European archives of psychiatry and clinical neuroscience*, 253(1), 1-8.
- Oliffe, J.L., Ferlatte, O., Ogrodniczuk, J.S., Seidler, Z.E., Kealy, D., & Rice, S.M. How to save a life: Vital clues from men who have attempted suicide. (2021). *Qualitative Health Research*, 31(3), 415-429.
- Oliffe, J. L., Broom, A., Rossnagel, E., Kelly, M. T., Affleck, W., & Rice, S. M. (2020). Help-seeking prior to male suicide: Bereaved men perspectives. *Social Science & Medicine*, 261, 113173.
- Oliffe, J. L., Rossnagel, E., Bottorff, J. L., Chambers, S. K., Caperchione, C., & Rice, S. M. (2020). Community-based men's health promotion programs: eight lessons learnt and their caveats. *Health promotion international*, 35(5), 1230-1240.
- Olivius, E. (2016). Refugee men as perpetrators, allies or troublemakers? Emerging discourses on men and masculinities in humanitarian aid. In *Women's Studies International Forum* (Vol. 56, pp. 56-65). Pergamon.
- Robertson, S., Williams, B., & Oliffe, J. (2016). The case for retaining a focus on Masculinities. *International Journal of Men's Health*, 15(1).
- Séguin, M., Chawky, N. & Affleck, W. (2019). Suicide Deaths in Nunavik between 2014 and 2018. Study of Life Trajectories. Legal deposit: November 2019. Bibliothèque nationale du Québec.
- Taylor, J., Cole, R., Kynn, M., & Lowe, J. (2018). Home away from home: Health and wellbeing benefits of men's sheds. *Health Promotion Journal of Australia*, 29(3), 236-242.

Tester, F. J., & McNicoll, P. (2004). Isumagijaksaq: mindful of the state: social constructions of Inuit suicide. *Social Science & Medicine*, 58(12), 2625-2636.

Timshel, I., Montgomery, E., & Dalgaard, N. T. (2017). A systematic review of risk and protective factors associated with family related violence in refugee families. *Child abuse & neglect*, 70, 315-330.

Wenzel, G. W. (1991). *Animal rights, human rights: Ecology, economy and ideology in the Canadian Arctic*. University of Toronto Press.

Wexler, L. M. (2006). Inupiat youth suicide and culture loss: Changing community conversations for prevention. *Social Science & Medicine*, 63(11), 2938-2948.

Whitley, R., & Zhou, J. (2020). Clueless: An ethnographic study of young men who participate in the seduction community with a focus on their psychosocial well-being and mental health. *Plos one*, 15(2), e0229719.

Wilson, N. J., Cordier, R., Ciccarelli, M., MacCallum, J., Milbourn, B., Vaz, S., ... & Stancliffe, R. J. (2018). Intergenerational mentoring at Men's Sheds: A feasibility study. *Journal of applied research in intellectual disabilities*, 31(1), e105-e117.

Ethical Statement

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The research presented in this article was conducted in accordance with best ethical principles. It was reviewed and approved by the Research Ethics Board (REB) of the Douglas Mental Health University Institute in Montreal, Canada. It was further reviewed and approved by the studies partner organization, the Nunavik Health and Regional Board in Nunavik, Qc Canada. Funding for all authors was provided by the Nunavik Health and Regional Board.

Declaration of interests

☒ The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

☐ The authors declare the following financial interests/personal relationships which may be considered as potential competing interests:

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