

Hairdressers as a resource in addressing family violence

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Family violence

Family violence affects one in three women¹ and is the leading cause of death, disability and illness in Victorian women aged 15 to 44 years.² Within the US, hairdressing and beauty salons have been used as unique settings to deliver health promotion programs. Beauty salons are a place where women, in particular, exchange social support, often in the form of advice, support and empathy.³ Cosmetologists and hairdressers are ideally positioned as lay health advisers due to the regularity with which many women often visit these settings.⁴⁻⁶ In the US topics covered in salons include information about breast screening, and recognising signs of domestic violence and how to refer people to the appropriate support.^{7,8}

This project aimed to enhance the ability of hairdressers to provide information and support regarding mental health issues, including family violence. The intervention was trialled twice, first in Pakenham in the Shire of Cardinia, Victoria, and second in townships in the south of this shire. The initiative was led by a community health nurse and peer educator who was both a former hairdresser and somebody who had experienced family violence. The peer educator

interviewed hairdressers and conducted one focus group prior to the project about their needs, and assisted in the design of marketing materials, project objectives and content, and evaluation materials. It was considered particularly important to involve the peer educator in each aspect of the project to ensure the project was undertaken in a sensitive and appropriate manner for hairdressers, and this included consulting the peer educator regarding the evaluation design.⁹ The interviews and focus group with hairdressers found that they would like the issue of family violence to be covered within a broader program of mental health. The project was approved by the Southern Health Human Research Ethics Committee.

Method

Intervention

The program was advertised throughout the Shire of Cardinia with invitations distributed to all salons. The community health nurse and peer educator facilitated a workshop which was designed to: (1) decrease anxiety about handling client problems; (2) increase confidence and skills in talking

Abstract

Issue addressed: This paper reports on an initiative conducted within the Shire of Cardinia, Victoria, to increase skills and confidence of hairdressers to act as a resource and referral source for mental health issues, including family violence.

Methods: The intervention consisted of a workshop for hairdressers, follow-up telephone, e-mail and drop-in support on how to enhance communication relating to mental health issues, including family violence. The program was conducted twice, with 20 participants in the first program and 15 in the second. There is complete pre and post data for 30 of the 35 participants, who were all female. A questionnaire was developed as a pre and post measure, with five items related to knowledge and confidence in responding to and referring clients with mental health issues, including family violence. This questionnaire was modified slightly after the first intervention phase.

Results: There was an increase in self-confidence to respond to clients raising issues of concern and knowledge was increased about where to refer clients. This change was not significant for the first intervention phase, but was significant in the second intervention trial.

Conclusions: Hairdressers could be receptive to providing mental health and referral information to their clients.

Key words: Hairdressing salons, early intervention for family violence.

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So What

Hairdressing salons have the potential to be an important health and community resource, particularly in rural communities.

with clients about their problems; (3) increase access to information about services and programs that can support clients; (4) increase confidence to consult with colleagues about client problems; and (5) bring about greater support from other professional services (e.g. health centres) to better handle stresses in the workplace.

Each salon received a manual with information on common health issues, including family violence, and a display unit with local resource and referral cards for clients. Hairdressers were encouraged to contact the coordinator for ongoing support.

The first intervention, a two-hour workshop, was held in February 2009 in Pakenham with 20 participants outside of business hours. The second intervention took place in July and August 2009 involving one-hour workshops in hairdressing salons and 15 participants were reached. This method of engagement was designed to cater for hairdressing salons that could not attend an evening session.

Evaluation design

A mixed method design was used, including pre-post assessment along with qualitative feedback from hairdressers on the program using a self-administered questionnaire.¹⁰ Each of the five objectives listed above was addressed in a separate item, using a response format of 'never', 'sometimes', 'most of the time' and 'always'. Given the items referred to specific behaviours the post survey was completed two weeks after the workshop to allow for reflection on whether participants were using the skills addressed, e.g. for objective 3 the question was, "Do you access information about services and programs that can support clients who talk to you about their problems?"

Due to feedback from the hairdressers and peer educator, the tools were changed slightly in the second intervention so that participants could do the post survey immediately following the workshop. The response format was changed to: (1) strongly disagree; (2) disagree; (3) neutral; (4) agree; and (5) strongly agree. For the post workshop survey each item was prefaced by "As a result of this session ..." and altered

grammatically to suit this opening. Although a challenge with the wording of items was that it blurred process and impact indicators,¹⁰ it was felt that this wording would most assist the participants in understanding each item.

The quantitative data were analysed using SPSS Version 17, with paired sample t tests used to compare differences pre and post program. The survey for both intervention times also included open-ended questions on what hairdressers liked about the program, what they didn't like about the workshop, how it could be improved and any benefits they noticed in how this could assist their job. These data were thematically analysed using open and axial coding techniques.¹¹ The process of open coding involved segmenting the data so as to identify initial coding categories or themes and the sub-categories within these.¹¹

Results

Table 1 shows that in the first intervention trial there was only a significant shift on reduction in anxiety about handling clients' problems and close to significant change on confidence in their own skills to address such challenges when using 0.05 as the arbitrary significance level. In the second intervention trial there was a significant shift on all items.

Written feedback about the program reflected two major themes, namely appreciation of how to respond to clients with better knowledge of boundary issues, and recognition and appreciation of their role in the local community. Comments that were made by participants included:

"... we can now send clients to the right places instead of giving our personal advice, which brings us into the situation. We may give wrong advice."

"Being aware that there are resources to help clients and ourselves."

"Great to be acknowledged for what we do for the community, and good to see others in the industry sharing the same views."

Table 1: Change in hairdresser knowledge, confidence and skills to address and refer clients with mental health and family violence issues.

	First Program two-hour workshop (n=16)				Second Program one-hour workshop (n=14)			
	Pre M (SD)	Post M (SD)	t	p	Pre M (SD)	Post M (SD)	t	p
Anxiety about client problems	2.56 (0.73)	2.06 (0.44)	2.24	0.041	3.50 (0.52)	4.00 (0.55)	-2.88	0.013
Skills to address client problems	2.25 (0.86)	2.81 (0.75)	-2.06	0.057	3.14 (0.77)	4.07 (0.47)	-4.76	0.000
Knowledge of services for clients	1.13 (0.50)	1.47 (0.72)	-1.46	0.166	3.00 (0.88)	4.29 (0.47)	-4.84	0.000
Confidence to consult with colleagues	2.50 (0.97)	2.31 (0.87)	0.61	0.549	3.57 (0.51)	4.14 (0.36)	-4.16	0.001
Knowledge of support services for self	1.80 (1.21)	2.20 (1.08)	-1.10	0.288	3.38 (0.87)	4.31 (0.48)	-3.86	0.002

Six months later all seven salons that took part in the first program were using the referral cards provided, six out of seven were using the resource kit, and five out of seven noticed the clients taking the referral cards. An additional five salons requested further training.

Discussion

The findings of this study indicate that participants are receptive to addressing issues of family violence and mental health within their hairdressing role. Hairdressers articulated that discussion of these issues is a common aspect of their current practice and that they appreciated the support and guidance offered through this initiative. Upon evaluation it was decided to provide additional ongoing support to hairdressers in the rural areas of the Shire of Cardinia, given their potential in reaching more geographically isolated women.

The project was limited by not including control groups and the small number of workshop participants. In addition, the survey results need to be interpreted with caution and highlight some of the complexities of designing evaluations consistent with consumer participation principles. The objectives, and so survey items, were very broad, as requested by the peer educator, and the second questionnaire asked participants to reflect on each item in respect of the workshop session. Thus, rather than reflecting an increase in knowledge and confidence to deal with these issues, the participants may have just been expressing satisfaction with the delivery of the workshop, reflecting a process rather than impact measure.¹⁰ Given also that the survey scale was changed between the two interventions, the differences in results may reflect the evaluation questionnaire rather than the content of the intervention. These questionnaires need to be refined for future programs while maintaining the voice of the hairdressers in the design. While there is considerable work required to strengthen the research component of these interventions, the project has revealed the potential of hairdressing salons as a setting through which to address mental health issues, including family violence.

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