Hairdressers as a resource in addressing family violence

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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: Hairdressers, early intervention for family violence.

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. Each assessment along with qualitative feedback from hairdressers 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, 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. The process of open coding involved segmenting the data so as to identify initial coding categories or themes and the sub-categories within these.

**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.”

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<thead>
<tr>
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<th>First Program two-hour workshop (n=16)</th>
<th>Second Program one-hour workshop (n=14)</th>
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<tbody>
<tr>
<td></td>
<td>Pre M (SD)</td>
<td>Post M (SD)</td>
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<tr>
<td>Anxiety about client problems</td>
<td>2.56 (0.73)</td>
<td>2.06 (0.44)</td>
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<td>t p</td>
<td>2.24 0.041</td>
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<tr>
<td>Skills to address client problems</td>
<td>2.25 (0.86)</td>
<td>2.81 (0.75)</td>
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<td>t p</td>
<td>-2.06 0.057</td>
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<tr>
<td>Knowledge of services for clients</td>
<td>1.13 (0.50)</td>
<td>1.47 (0.72)</td>
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<td>t p</td>
<td>-1.46 0.166</td>
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<td>Confidence to consult with colleagues</td>
<td>2.50 (0.97)</td>
<td>2.31 (0.87)</td>
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<td>t p</td>
<td>0.61 0.549</td>
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<tr>
<td>Knowledge of support services for self</td>
<td>1.80 (1.21)</td>
<td>2.20 (1.08)</td>
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<tr>
<td>t p</td>
<td>-1.10 0.288</td>
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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. 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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**References**