



The Role of Hairdressers in Detecting and Discussing Domestic Violence and Abuse with their Clients in the Netherlands

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Abstract

Purpose This study investigates the perceptions of Dutch hairdressers regarding their role in addressing domestic violence and abuse (DVA), including intimate partner violence and abuse (IPVA), with their clients.

Methods Through a mixed-methods approach, comprising 18 semi-structured interviews and a survey with 54 respondents, we explore how hairdressers perceive, engage in conversations, and reflect on the potential impact of training in recognizing and addressing these issues.

Results Our findings reveal the hair salon's unique role as a space of socio-emotional support in their communities, where hairdressers express a willingness to discuss IPVA and DVA with their clients. However, we also highlight the barriers and the need for specialized training to enhance their ability to recognize, address, and appropriately respond to these sensitive issues.

Conclusion The emotional burden associated with such conversations necessitates training in clear boundary setting. For policymaking, we recommend integrating training programs tailored for hairdressers, encompassing an understanding of their civic duty, and equipping them with the capacity to detect and address IPVA and DVA. These trainings should also be incorporated in hairdressers' vocational education to instill awareness and empowerment from the start of their careers.

Keywords Domestic violence · Intimate partner violence · Hairdresser · Hair salon · Training · Community-based interventions

Introduction

Domestic violence and abuse (DVA), and particularly intimate partner violence and abuse (IPVA), represents a significant social and public health issue in the Netherlands. DVA is an umbrella term for various types of violence and abuse from a known perpetrator, such as child abuse, elderly abuse and IPVA. According to the Statistics Netherlands (CBS, 2023), in 2022, 9% of the population aged 16 and

older in the Netherlands reported having been exposed to one or more forms of DVA in the previous year. The main focus of this study is on IPVA, which accounts for 56% of all DVA cases in the Netherlands, affecting approximately 1 in 5 women in their lifetime (Huiselijkgeweld.nl, 2018). 40% of all domestic violence cases also include male victimization (Huiselijkgeweld.nl, 2020). IPVA refers to behavior within an intimate relationship that causes physical, psychological, sexual, and economic violence and abuse between current or (ex-)partners (WHO, 2013), and it has detrimental effects on survivors, including physical injuries, anxiety, depression, post-traumatic stress disorder (PTSD), social isolation, and employment loss (Ellsberg et al., 2008; Garcia-Moreno et al., 2006). Survivors often face difficulties in seeking help due to fear and shame (O'Doherty et al., 2016; Petersen et al., 2005; Wilson et al., 2007). They are more likely to rely on informal support from family and friends than to seek formal assistance from authorities such as the police and *Veilig Thuis* ("Safe Home"; Dutch national organization for reporting DVA) (Akkermans et al., 2020; CBS, 2020; van Eijkern et al., 2018). Hairdressers often act as informal

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helpers or sources of support (Cowen et al., 1979; Flanagan, 2023). The hair salon can be a space to tackle social and public health issues, such as mental health problems (Anderson et al., 2010; Cohen Goldstein et al., 2023), expressions and questions of queerness (McCann, 2022), and general health information for social groups with limited access to health institutions (Palmer et al., 2021). Cohen Goldstein and colleagues have recently reported how adolescents tend to turn to those with whom they interact regularly for assistance, such as hairdressers, rather than seeking formal help. Furthermore, the hair salon is a historically recognized place for informal social support for women who experience DVA or IPVA (McCann & Myers, 2021; Piscitelli et al., 2021). Hairdressers can provide social support in the form of active listening, empathy, and advice (McLaren et al., 2010). Contact between hairdresser and client is often regular and maintained over extended periods of time (Cowen et al., 1979; Flanagan, 2023) leading hairdressers to perform emotional labor with their clients (Flanagan, 2023; Harness et al., 2021). By using hairdressing as an interview methodology, Flanagan showed how “doing hair” allows space for meaningful, reflective, and in-depth conversations (Flanagan, 2023, p. 20). Qualitative research showed that clients are likely to share stories of DVA with their hairdressers. In an Australian study, hairdressers reported conversations about DVA with their clients, even though they had not received formal training. Hairdressers mentioned that the physical touch and the relaxing and intimate nature of hairdressing allows a level of emotional openness with clients that is unique to service providers (McCann & Myers, 2021). The close and physical contact with their clients allows hairdressers to also notice physical signs of violence, such as bruises or pulled-out hair (Kim, 2021; McCann & Myers, 2021). Quantitative research in Australia and the United States has also demonstrated how the salon could function as a screening point for DVA cases (Beebe et al., 2018; Divietro et al., 2016; McLaren et al., 2010; Sattler & Deane, 2016). In the United States, United Kingdom, Ireland, Belgium and Australia, interested hairdressers are voluntarily trained to identify and discuss DVA and to refer survivors to help (McLaren et al., 2010; Schillewaert, 2021; Todd, 2021; YWCA Nashville & Middle Tennessee, 2021). In the United States, several states mandate DVA training for hairdressers to get their license renewed (Novick, 2022). These laws do not require hairdressers to report suspicions of DVA, and hairdressers do not face civil liability. Most importantly, these trainings are meant to empower hairdressers as first responders when signs or stories of DVA emerge during their work. The training promotes recognizing, responding, and referring amongst salon workers when discussing this sensitive topic with clients. Australian studies revealed that hairdressers need training to adequately address the topic and to gain insight into their own role, setting of boundaries,

and protecting their own mental health (McCann & Myers, 2021; Page et al., 2022). Furthermore, trained hairdressers were more confident in their ability to respond to signs of DVA and more knowledgeable in referring their clients for help (McLaren et al., 2010). In the Netherlands, the Taskforce *Kindermishandeling Hart van Brabant* (“Taskforce Child Abuse in the region Noord-Brabant”) and “*Sterk Huis*” (“Strong Home”; Dutch support organization for survivors of DVA) have developed a training for hairdressers called “*Sterk Knippen*” (“Cutting [Hair] Strongly”), based on the Shear Haven training from the United States (Huiselijkgeweld.nl, 2021; YWCA Nashville & Middle Tennessee, 2021). Between 2021 and 2023 four training sessions have been organized, training approximately 12 hairdressers in the province of Noord Brabant in the Netherlands. Hence, research in the Dutch context on the hairdressers’ perception of DVA and IPVA and their openness and need for training is essential. In the study presented herein, we explored how hairdressers perceive the hair salon in the context of DVA and IPVA, how they experience conversations about the subject with their clients, as well as their reflections on the training, if they participated in it.

Methodology

Study Design and Data Collection

This research is based on a mixed methods study design. The initial qualitative approach, conducted through interviews, enabled us to capture the nuanced perspectives and personal stories of hairdressers, insights that might not be fully understood through quantitative measures alone. However, because our interviews involved a limited sample from a specific region in the Netherlands where a hairdresser training was available, we were also interested in seeing whether these findings would resonate with a larger, more nationally representative study sample, including regions where no training was available. The second phase of our study, the quantitative survey, validated our qualitative findings and offered a broader view on patterns of experiences of hairdressers and conversations about domestic violence with their clients.

For qualitative data collection, interview questions were developed based on previous academic literature (e.g. Harness et al., 2021; McCann & Myers, 2021; Page et al., 2022; Piscitelli et al., 2021). The interview guide is semi-structured, with open ended and optional follow-up questions. Every interview started with a short introduction of the researchers’ understanding of IPVA and DVA. All interviews were conducted in Dutch and at the preferred location of the interviewee between 1st of November 2022 and 31st of March 2023. Interviews were held in the (back

of the) salon during a hairdresser's break, in local café or restaurants, at hairdressers' homes, or, if preferred, online via Teams. The duration of the interviews varied from a minimum of 25 to a maximum of 70 min. For quantitative data acquisition, 38 survey questions were developed before the start of the interview process. Based on our experiences with the interviews, we modified some survey questions in March 2023 to better tailor them to our study population. The survey questions cover demographic information of the respondents, type of work in the hair salon, type of conversations respondents have with their clients, and experience with talking about IPVA or DVA with their clients. Lastly, we asked questions regarding the respondents' wish to follow a training on this topic and their own learning goals. The survey was online from 8th of March 2023 until 31th of May 2023.

Recruitment and Study Population

For both the interviews and the survey, hairdressers who were actively working in their profession, as well as managers, owners, interns and educators of hairdressers in training could participate. Hairdressers of 18 years and older, and all genders, sexual orientations, ethnic backgrounds, educational levels, and geographical locations throughout the Netherlands could participate. For the interview component, we focused solely on hairdressers within the province of Noord-Brabant, because the training was organized in this region. Hence, by recruiting interview candidates in this region, we had a better chance to talk to hairdressers who followed this training. Interview candidates were recruited through targeted emails to participants in the "Sterk Knippen" training, by open call across multiple social media platforms, including LinkedIn, Twitter, Instagram and Facebook, through snowballing and direct contact while handing out flyers for the study. For the survey, an online call for participation was shared via social media, such as LinkedIn, Instagram, Facebook, Twitter and WhatsApp groups of hairdressers. The call for survey respondents was also shared in the newsletter of a prominent National Dutch Hairdresser Association (ANKO; *Algemene Nederlandse Kappers Organisatie*) and a number of smaller hairdresser (-training) organizations. In addition, a printed flyer containing information about the research project and a QR code link to the online survey was designed and distributed personally by the research team to hair salons in major cities, including Amsterdam, Utrecht, Nijmegen, Rotterdam, Den Bosch, Tilburg, and Arnhem. Furthermore, we sent these flyers, together with a short accompanying text, by mail to randomly selected hair salons in the three largest cities of each province in The Netherlands. Each interviewee

received an information letter outlining the study's purpose and content, while survey participants were provided study information online. All research participants provided informed written or digital consent prior to participating in this study. In total, 18 semi-structured interviews were conducted and 54 respondents filled in the survey.

Analysis

The quantitative data was analyzed using SPSS version 27 for descriptive and frequency analyses. All interviews were audio recorded, anonymized, and later transcribed ad verbatim by a professional transcription agency. All interview data was independently double coded by author 1 and author 3 using open thematic coding (Ayres, 2008) in Atlas.ti version 22.2.5, without a predefined codebook. They compared and discussed their codes and coded segments in several discussion rounds and during each round they coded approximately 5 interviews. After the last discussion round, the final codebook was established through mutual discussion between authors 1 and 3. It was used to reread all interviews and check that all segments had been coded. Subsequently, the final codebook was used to define overarching categories and themes from the codes. The outcomes from the quantitative analysis were then linked to the larger themes that emerged from the interview data. The main themes that emerged included "the meaning of salons and conversations between hairdressers and their clients", "detecting and talking about IPVA and DVA among hairdressers' clients" and "training on IPVA and DVA for hairdressers."

Results

Demographic Overview of Research Participants

In total, 18 semi-structured interviews were conducted and 54 respondents filled in the survey. All interviewees were current (11) or previous (7) hairdressers who now work as educators for hairdressers in training. The majority of the interviewees identify as woman (18), heterosexual (15) and of Dutch cultural identity (14). The age range is between 20 and 68 (Table 1). Of the 54 survey respondents, 38 work actively as hairdressers (sometimes in combination with a role as manager, owner, educator or trainer), the other 16 work as managers, owners, educators or trainers in hair salons (Table 2).

The main themes that emerged included (1) "the meaning of salons and conversations between hairdressers and their clients", (2) "detecting and talking about IPVA and DVA among hairdressers' clients" and (3) "training on IPVA and DVA for hairdressers." The first main theme included several subthemes: the perception of hair salons

Table 1 Demographic overview interviewees

	<i>N</i> = 18	Percentages (%)
Age		
20—29	2	11.1
30—39	5	27.8
40—49	6	33.3
50—59	3	16.7
60+	2	11.1
Sex	<i>N</i> = 18	Percentages (%)
Female	18	100
Gender identification	<i>N</i> = 18	Percentages (%)
Woman	18	100
Sexuality	<i>N</i> = 18	Percentages (%)
Heterosexual	15	83.3
Lesbian	2	11.1
Pansexual	1	5.6
Cultural identification	<i>N</i> = 18	Percentages (%)
Dutch	14	77.8
Dutch / Turkish	2	11.1
Dutch / Chinese	1	5.6
Dutch / Polish	1	5.6
Current position	<i>N</i> = 18 ^a	Percentages (%)
(Former) Hairdresser	17	94.4
Educator / Trainer	7	38.9
Owner / Manager	9	50
Intern	1	5.6
Followed “Sterk Knippen” training	<i>N</i> = 18	Percentages (%)
Yes	9	50
No	9	50

^aMultiple responses possible

as "safe havens" for clients, the "self-taught" communication skills of hairdressers, and the types of relationships and conversations they had with their clients. The second main theme showed subthemes such as the interaction of hairdressers with clients who experienced domestic violence and abuse: the signals hairdressers recognized when they suspected a client was this and how they responded when such stories surfaced, as well as the potential barriers to discussing domestic violence and abuse further with their clients. The last theme covered hairdresser's needs and interest for training on detecting and discussing domestic violence, the lessons learned by those who had already participated in such training and the barriers to participating in these trainings. In the following sections, we will examine these themes in detail, integrating them with quantitative data from the survey to show how the broader sample's experiences with detecting and discussing IPVA and DVA with their clients align with the insights gathered from the interviews. Although 54

Table 2 Demographic overview and hairdressing information of survey respondents

	<i>N</i> = 54	Percentages (%)
Age		
18—22	4	7.4
23—32	15	27.8
33—42	14	25.9
43—52	11	20.4
53—62	7	13
62—72	3	5.6
Sex	<i>N</i> = 54	Percentages (%)
Female	50	92.6
Male	4	7.4
Gender identification	<i>N</i> = 54	Percentages (%)
Woman	50	92.6
Man	3	5.6
Non-binary	1	1.9
Sexuality	<i>N</i> = 54	Percentages (%)
Heterosexual	50	92.6
Homosexual	2	3.7
Bisexual	2	3.7
Cultural identification	<i>N</i> = 54	Percentages (%)
Dutch	51	94.4
Chinese	1	1.9
Other ^a	2	3.7
Education	<i>N</i> = 54	Percentages (%)
Vocational education ^b	32	59.3
Private education	14	25.9
Other ^c	8	14.8
Current position ^d	<i>N</i> = 54	Percentages (%)
Intern	2	3.7
Hairdresser (Salaried)	13	24.1
Hairdresser (Independent)	27	50
Hairdresser (At home)	2	3.7
Manager	2	3.7
Owner	31	57.4
Trainer / Educator	5	9.3
Other ^e	1	1.9
How many years working?	<i>N</i> = 38	Percentages (%)
< 1 year	1	2.6
1 – 4 years	3	7.9
5 – 10 years	7	18.4
11 – 15 years	3	7.9
16 – 20 years	7	18.4
21 – 30 years	11	20.4
31 – 40 years	6	15.8
How many hours of work a week on average?	<i>N</i> = 38	Percentages (%)
8 – 16 h	1	2.6
17 – 24 h	4	10.5
25 – 32 h	15	39.5
33 – 40 h	13	34.2
> 40 h	5	13.2

Table 2 (continued)

How many clients per day?	<i>N</i> =38	Percentages (%)
1 – 3 clients	1	2.6
4 – 6 clients	9	23.7
7 – 10 clients	17	44.7
> 11 clients	11	28.9
Language spoken with clients	<i>N</i> =38	Percentages
Dutch	37	97.4
English	23	42.6
French	1	2.6
German	5	13.2
Italian	1	2.6
Dialect	1	2.6

^a“Limburger” (province in the South of the Netherlands) and “world citizen”

^bMBO (level 2 or 3, BBL or BOL)

^cBarber education in Los Angeles, education in hair salon, vocational training level 4, vocational education beautician, still studying, open exam

^dMultiple responses possible

^eRespondent was a freelance hairdresser, but ended hairdressing career in 2021

respondents completed our survey, the following sections primarily focus on the subset of hairdressers who are currently active in the profession (*N* = 38) (see demographic overview and Table 2).

The Meaning of Salons and Conversations between Hairdressers and their Clients

The Salon as a Safe Haven

In conversations with hairdressers, the hair salon is described as a place where clients spend considerable quality time, often visiting every two to six weeks. This frequency of interaction fosters opportunities for hairdressers to develop strong bonds and engage in meaningful conversations with their clients. Hairdressers described the hair salon as a place where clients can pour their hearts out or vent about daily struggles in their lives: “I think that the hair salon is the easiest place to talk to someone who is objective... You don’t address someone on the street like ‘oh I really need to unload my story’” (Hairdresser I11). Many hairdressers describe their salon as “a safe environment for clients to just share their story. They aren’t being condemned or judged for it” (I11). Furthermore, the hair salon is described as a place for relaxation, pampering and self-care. Here, clients can have a moment of “me-time”, away from the daily hassles of the family, children

or work. The homely ambiance in salons promotes comfort and facilitates meaningful connections between clients and their hairdresser. As I3 explains, her team worked hard on making the hair salon feel like a family get-together, promoting the salon as a safe haven for their clients.

Hairdresser Roles: Trust, Intimacy and Emotional Labor

The interviewees discussed various roles that they fulfill and that promote personal relationships with their clients. They make an effort to disprove the stereotype of the “gossiping hairdresser” and show their clients that they can be trusted and are discrete: “when a client tells you something in confidence, you’re not supposed to tell it to their neighbor when they’re in the salon the following week” (I13). One hairdresser (I4) mentioned that sometimes the level of trust is so high that clients share very personal things, for example a client sending her the report of his psychiatrist. This bond of trust is reinforced by the hairdresser’s outsider status in the client’s family, work, or friend dynamics. The physical proximity and touching of head, shoulders and neck involved in hairdressing contribute to the easy development of trust, enabling personal and intimate conversations to arise naturally.

We touch people in places that no one else is ever allowed to except their partner. And that creates an intimacy that leads them to share things ..., if [I sense] something is wrong with someone, I will stand behind them, look at them via the mirror, put my hand on their shoulder and just ask some questions (I15).

Hence, a big part of their work is devoted to emotional labor, such as listening, asking questions and checking in with the emotional wellbeing of their clients. Hairdressers sense how the client enters the salon and how they sit in their chair: “you always have your feelers on” (I3). They observe clients’ body language and energy, providing insights into their emotional state and needs for the day: “when a client sits down, we first check who I have sitting in front of me today. How is the energy? How are you feeling? Because I cannot get to that hair right away. That is all connected to each other” (I10). Active listening, asking pertinent questions, and remembering previous conversations contribute to the bond of trust between hairdressers and their clients. Hairdresser I8 emphasizes the importance of genuine connection and attentive listening, “Really making contact. That you remember what they told you last time, even if it was 6 weeks ago and that you get back to that. That you keep sight of the small details”. Hairdressers feel a sense of responsibility or protectiveness for their clients and assume the roles of advisors, linking clients to appropriate institutions or their network to find necessary help or solutions. Interviewees often mentioned: “Being a hairdresser is not

just learning a trick with cutting hair. It is 50/50, let's say. We always jokingly say that we are psychologists; we just are not paid for it. You know how they [the clients] are, how they react, but often you also know what is going on at home" (I5). The development of these conversational skills is often an experiential process, with hairdressers learning by doing. Personal life experiences, such as relationships, child rearing, and aging, contribute to hairdressers' ability to relate to their clients. As I5 explains: "when you get older, then you also have your own life experience. And then for most people it [communication skills] comes naturally..." Additionally, hairdressers often learn from their more experienced colleagues, adopting their conversational styles and techniques. Especially in the beginning of their careers, hairdressers would "copy" the way their senior colleagues were having conversations with their clients, until they were socialized to speak in a "typical" hairdresser way.

Hairdresser—Client Contact and Conversation Topics

All interviewees and 33 out of 38 (86.8%) of the survey participants reported having only or mostly regular clients.¹ I9 mentioned that "taking good care of your clients means building a relationship. So, if you look at it commercially, if a client feels safe with you, then that client may come to you for the rest of their life". A majority of the hairdressers also indicated that they know much about their client's social network. Oftentimes the hairdresser never met the family members or friends of their client, but they knew a lot about them because of the client's stories. Although many did not know the social network of their clients personally, 27 out of 38 survey respondents (71.1%) did report having contact with their clients outside of the salon, as friends and via social media. Hairdressers reported talking about personal topics with their clients, such as family celebrations (e.g. weddings, births) and related issues; relationships and issues with (ex-) partners; death of a loved one; and (mental) health issues. Nearly all respondents (37 out of 38, or 97.4%) talk with clients about health issues or illness, followed by 36 out of 38 (94.7%) who discuss the death of loved ones. Conversations about family problems and problems at work are reported by 34 out of 38 (89.5%). Additionally, 32 out of 38 (84.2%) talk about emotional problems (e.g., stress, anxiety, depression) and relationship problems, while 31 out of 38 (81.6%) mention problems with friends. To a lesser degree, hairdressers also address financial problems (19 out of 38, or

50%) or being the victim of a crime (24 out of 38, or 63.2%), such as break-ins, theft, scamming, or (sexual) assault. Lastly, some interviewees mentioned talking about their own problems with their clients. Especially those hairdressers, who have experienced IPVA or divorce themselves, mentioned sharing this with their regular clients: "Of course, I have a personal involvement. My clients have gone through that trouble with me, noticed it and they listened to me as well back then" (I4).

Detecting and Talking about IPVA and DVA among Hairdressers' Clients

Signs of IPVA and DVA

Twenty-five out of 38 hairdressers reported no suspicions of IPVA or DVA among their clients in the past 12 months. However, six indicated having suspicions concerning one client and seven reported suspecting IPVA in two to four clients. The clients' narratives were the primary source of suspicion of IPVA or DVA in the past year in combination with specific behaviors, such as signs of withdrawal, nervousness, or fear (5 out of 13, or 38.5%). Half of the interviewed hairdressers attested to having noticed signs that hinted at potential IPVA or DVA situations affecting their clients. One of the most prominent indicators was the evidence of physical injuries. One interviewee, working as a hairdresser-at-home, witnessed a physical fight between family members in their client's own home: "The chairs flew through the garden. They were, the four of them, fighting. I thought: quickly handle the payment and get out of here" (I1). Others, such as I13, recognized physical evidence of abuse, such as bruising:

We did have a household where we knew that she actually got quite a beating. I do know one example where I think 'yes, that man really hits' and you could see that too, because we regularly saw his right hand was bruised.

One hairdresser recounted an instance where her client displayed significant hair loss, accompanied by a missing eyebrow due to a severe blow to the head by her partner. The client herself confirmed the violent incident, revealing the extent of abuse she endured. Furthermore, hairdressers mentioned their ability to recognize signs of IPVA or DVA through their clients' physical appearance, the neglect of their overall appearance, and the condition of their hair. Hairdresser I18 coined the term "stress hair", citing an instance where a client had been experiencing turmoil at home, leading her to pull out her own hair as a response to the stress. Similarly, hairdresser I15 narrated an incident where a client's hair exhibited signs of distress, indicating that a significant emotional event had transpired in her life. Subsequently, the client acknowledged leaving an abusive

¹ Survey respondents also showed that hairdressers have diverse clients, both male and female. Some have about the same number of male and female clients (14 out of 38, or 36.8%), but often they have more female clients than male clients (19 out of 38, or 50%). A minority had only female clients (2 out of 38, or 5.3%), only male clients (1 out of 38, or 2.6%), or more male than female clients (2 out of 38, or 5.3%).

Table 3 Survey responses regarding conversations about IPVA

In the past 12 months, have you ever had suspicions that a client was experiencing (ex-) partner violence?	N=38	Percentages (%)
Yes, I have had suspicions about 1 client	6	15.8
Yes, I have had suspicions about 2–4 clients	7	18.4
No	25	65.8
How often did you have a conversation about it with that/those client(s)?	N=13	Percentages (%)
Never	7	53.8
With one client	4	30.8
With a few clients	1	2.6
With all clients	1	2.6
Have one or more clients ever told you that they or someone in their environment were a victim of (ex-)partner violence?	N=38	Percentages (%)
Yes, this happens sometimes	14	36.8
Yes, but this almost never happens	14	36.8
No, this never happened	10	26.3
When customers talk to you about (ex-)partner violence, does this mostly concern themselves or do they mostly talk about others?	N=27 ^a	Percentages (%)
They mostly talk about their own experiences with their own (ex-)partner	24	88.9
They mostly talk about friends who experience (ex-)partner violence	3	11.1
If customers talk to you about (ex-)partner violence, which forms of this violence do they talk about most?	N=27 ^b	Percentages (%)
Physical violence (e.g. hitting, kicking, strangling)	12	44.4
Sexual violence (e.g. forced sexual acts)	2	7.4
Emotional abuse (e.g. manipulation, stalking, threatening)	22	81.5
Economic abuse (e.g. not being allowed to own money or to work or study)	8	29.6
Other ^c	1	3.7

^aAlthough 14 and 14 respondents indicated “yes” at the question “Have one or more clients ever told you that they or someone in their environment were a victim of (ex-)partner violence?”, only 27 respondents answer the following question “When clients talk to you about (ex-)partner violence, does this mostly concern themselves or do they mostly talk about others?”

^bMultiple responses possible

^cRespondent indicates that the conversation is mostly about the experience of a client with (ex-)partner violence in a relationship that had already ended

relationship. Another observation by some hairdressers was the tense behavior of clients. Some clients would for example not make any eye contact, or they displayed shocked reactions when certain areas, such as their head, neck, or shoulders, were touched:

It's just a huge trigger for her when I touch her head. I now know that washing hair is a thing for her. Every time I lift her head like that to clean the neck, yes, those are just things, then she gets all cramped up. And I know that by now, she told me that her head, that's just the place—that's just her trigger because that's the place her ex-husband used to hit her (I11).

Conversations about IPVA and DVA between Hairdresser and Clients

Subsequently, we asked hairdressers about their willingness to starting explicit conversations about IPVA and DVA, the extent to which clients engage in such conversations, and

the prevalent themes and experiences shared during these dialogues. 13 out of the 38 hairdressers suspected instances of IPVA² among their clients in the past 12 months, of whom seven refrained from initiating discussions on the subject. In the broader context of their career trajectory, the willingness to discuss IPVA was more pronounced, with 14 out of 38 participants (36.8%) reporting occasional conversations, 14 out of 38 (36.8%) mentioning rare instances, and 10 out of 38 (26.3%) stating to have never engaged in such discussions. Among 24 out of the 27 hairdressers (88.9%) who engaged in conversations about IPVA during the span of their careers, clients predominantly discussed their own experiences with their (ex-) partners (see Table 3). Eight of the 18 interviewees had not had conversations about IPVA or DVA during their work as hairdressers. Hairdressers mentioned that clients often recounted experiences of IPVA or

² With (ex-)partner violence as the most common form of domestic violence, in the survey we specifically asked questions about IPVA.

DVA after the abusive period had subsided. According to I15, “people who are really in the middle of it, keep their mouths shut”. This sentiment was echoed by I12, who believed that those who had overcome the worst suffering were more likely to discuss their past experiences in the hair salon. Importantly, some hairdressers described circumstances that they did not consider IPVA or DVA, but could be classified as such within academic literature. This applies specifically to forms of economic abuse as reported by hairdresser I12: “I have clients here who have their hair done and then say: my husband will pay for this. For example, they do not have their own debit card or their husband comes to collect them to pay. And sometimes they wait here for hours, until their husband comes to pay.” Conversations about IPVA or DVA were not limited to hairdresser-client interactions alone; they also took place among hairdressers and their colleagues, as some had personal experiences and openly discussed this with colleagues and clients.

(Re)action and Feelings of Hairdressers when Stories of IPVA or DVA Emerge

Among the six respondents who addressed their suspicions of IPVA or DVA in the past 12 months, five (83.3%) stated that they primarily offered emotional support and listened to their clients when they shared experiences of IPVA or DVA. Two hairdressers (33.3%) further suggested maintaining contact or referred the client to resources for assistance. Others provided advice (one out of six or 16.7%) or discussed the matter with colleagues after the client had left (one out of six, or 16.7%). In situations where hairdressers sensed relationship tension or when conversations about IPVA or DVA arose, creating a private space within the salon setting emerged as a common practice: “If I know something is going on with someone, I just take them aside” (I4). As described in Section “[Study Design and Data Collection](#)”, effective communication during these conversations was mentioned to be important. I12 and I15, for example, check-in with their clients by asking questions such as: “I feel that there's tension, can you explain it...” or “do you want us to continue [talking about this?]”, emphasizing the importance of providing a supportive and safe environment for disclosure. I15 also emphasized active listening techniques, such as paraphrasing and summarizing: “What I mainly do is listen. Actually, just let her tell her story and then repeat what she says so that she knows I heard her, just the conversation techniques and then just try understanding her, but in a professional way, so not too close.” When asked about the feelings evoked by the willingness of a client to discuss IPVA or DVA with them, 30 out of 38 (78.9%) expressed appreciation, 13 out of 38 (34.2%) struggled with such conversations, often recalling them outside working hours, and 11 out of 38 (28.9%) considered

discussions about IPVA or DVA as a normal part of their role as hairdressers. These findings were consistent with the sentiments expressed during the interviews. The hairdressers exhibited a strong sense of responsibility and urgency when addressing the topic of IPVA and DVA, demonstrating a commitment to helping clients in need. However, engaging in conversations about IPVA or DVA was reported as emotionally demanding for some hairdressers. The intensity of these discussions could be exhausting, saddening, and burdensome, sometimes leading to feelings of stress or burnout. As one hairdresser stated, “it's not always nice; sometimes they come up with really intense stories, you don't always want to hear that” (I7). According to I10, her employees’ high sensitivity, empathy and connection-building abilities with clients make them susceptible to the emotional burden of their clients’ experiences. Many found it challenging to “let go” of the emotional weight carried by these stories, leading to worries beyond working hours. One hairdresser aptly described their role as a “sponge,” absorbing the stories shared by clients but finding it difficult to release those emotions (I18). Therefore, despite their dedication, hairdressers acknowledged the importance of establishing boundaries to protect their own emotional well-being and to maintain a healthy balance between work and personal life. Hairdressers, particularly managers and educators, emphasized the importance of imparting boundary-setting skills to younger employees or students, as conversations about IPVA or DVA could be emotionally taxing or confrontational for some. As I15 shared, “I have one [employee] here who is really highly sensitive and if she does the hair of this lady [client], then she really can't work almost all day. So, I also teach her to release energy and let go”. Regarding referrals and follow-up actions, the survey results revealed that 18 out of hairdressers 35 (51.4%) were unsure of the available support options. While a smaller group (nine out of 35, or 25.7%) acknowledged familiarity with help options, they expressed a desire to learn more about it. During the interviews, hairdressers identified referring to formal institutions as the first course of action when conversations about IPVA or DVA arose. Some hairdressers stated that they were already familiar with such institutions, while others indicated that they would conduct online research or utilize their personal network, or consult with colleagues, partners, or close acquaintances to find appropriate resources.

Barriers to Addressing IPVA and DVA among Hairdressers and Clients

Hairdressers encountered various obstacles in addressing IPVA or DVA suspicions with their clients. Uncertainty prevailed regarding the appropriate response and questions to ask, the right course of action, and the best way to offer referrals or advice. To avoid causing discomfort or

confrontation, hairdressers sometimes altered the conversation's direction or refrained from expressing suspicions toward their clients. The foremost barrier mentioned by hairdressers was their apprehension about crossing professional boundaries and many hairdressers expressed concerns about lacking professional training on this, as they differ from psychologists and social workers. For instance, I1 expressed concern about assuming "a new role" in addressing IPVA and DVA, stating, "it's very stupid to enter the medical world ignorantly, you might give people false hope". Some hairdressers argued that their role should primarily revolve around hairdressing rather than undertaking tasks suited for trained professionals:

It's not my profession, so if I notice that someone really needs it [professional support]..., to tell their story and to get some peace of mind, I will also say, perhaps it is an idea to go somewhere else... (I7).

Others expressed wariness about discussing the topic because it entailed a responsibility to take certain actions, such as referring the client to formal help. Some hairdressers feared taking such actions or felt inadequate to do so. As I8 elucidated, "we want to know everything about it, we actually want to do everything we can, but the moment we really have to get into the action ourselves then—I don't know [if we can]". Hairdressers mentioned that this was particularly the case for younger, less-experienced hairdressers, having less confidence, awareness or experience in recognizing and discussing IPVA or DVA, as I2 illustrated: "Back then, sometimes you knew someone with bruises, but at that time, I was of course a bit younger then... maybe if I had known some things back then, I could have signaled some things earlier". Moreover, hairdressers mentioned uncertainty about their clients' private contexts concerning IPVA or DVA as another barrier. Although some hairdressers suspected something was amiss in their client's relationship, they hesitated bringing it up due to their lack of complete certainty. I12, for instance, stated, "I really need to know the situation 100 percent then, or 90 percent maybe" before offering help to a client. Referring a client to formal assistance, such as the police or a general practitioner, was an action hairdressers reserved for situations where they were absolutely certain about the case. Related to this, hairdressers also expressed fears of losing their clients. For instance, I15 recounted an incident where a regular client opened up about her personal experiences with IPVA, only to never return to the salon afterward. I15 noted, "very often when a client has made such an intimate announcement, the chance that she will leave, that she is no longer a regular client, is very high. Because then it is suddenly unsafe here". Other hairdressers also worried that discussing IPVA or DVA with clients might lead to unintended insults and the loss of regular clientele:

That client also brings in money. And you also want to see her again in 4 weeks. So, to start with a conversation about something like domestic violence, that is very ambivalent for a hairdresser. Because if it goes completely [in the] wrong [direction] with a client, you have lost your client (I3).

Another barrier was the fear of aggressive partners causing threatening situations at their workspace:

We [the hairdressers] didn't do what [the client's partner] wanted at all [with her hairstyle]... And then he aggressively enters the salon to teach us a lesson. He also brings friends, and they put the car right in front of the door. Then another cousin goes with him and another brother. And then you get very aggressive situations in the salon (I10).

Hairdressers' Perspectives on Possible Barriers for Survivors

Interviewees mentioned that survivors of IPVA or DVA were experts in keeping their experiences concealed. They wondered about the extent survivors would want to disclose to their hairdresser, as they might be reluctant to do so due to feelings of shame or a dislike for being pitied. Hairdresser I6, who had personally experienced DVA, described how effectively she concealed those experiences:

I think it happens more often than people really realize. Because when I look at myself, no one around me knew about it. Some people are very good at hiding... and also part of not wanting to be found pitiful. Because, often, people say 'how annoying' or 'you are looking for attention'.

Another barrier for survivors, according to hairdressers, was their lack of awareness. Some clients might not fully comprehend what IPVA or DVA entails, and as a result, they may not recognize their own relationships as abusive. Additionally, clients might share stories about IPVA or DVA without necessarily desiring to end the relationship:

I often notice, especially with women, that if he is kind of nice or something and she is pampered again and again, that they always forgive very much. And that they also keep going back to that wrong partner... I find it difficult, what could you have done to really give her a helping hand? Because she is still in denial herself. Only when it explodes in a public space, then it is of course very obvious, 'oh, this is not ok' (I10).

Third, hairdressers noted that the salon environment might be stereotypically associated with gossip, which could deter clients experiencing IPVA or DVA from sharing their stories. The sense of privacy in larger or busier

salons might be compromised, reducing the likelihood of clients divulging intimate experiences of violence and abuse. As I12 mentioned, when all chairs are occupied, “you are close together, so I don't think they would say something like that very quickly”. Last, hairdressers highlighted that some clients might feel hesitant to discuss their experiences of IPVA or DVA due to their lack of trust in formal support systems. Negative prior experiences with institutions such as the police or *Veilig Thuis*, where clients did not feel heard, helped, or taken seriously, could contribute to this mistrust. Furthermore, some hairdressers, such as I14 and I6, also experience a lack of trust in these institutions, for example because of personal negative experiences, creating a barrier to refer a client to them.

Training on IPVA and DVA for Hairdressers

Motivations and Expectations for Participating in Training

During the interviews, the majority of hairdressers expressed interest in training. This corresponds with our survey data, which showed that 42 out of 51 hairdressers (82.4%) would want to learn more about discussing and recognizing IPVA or DVA during their training. Moreover, 47 out of 51 of the survey respondents (92.2%) did not receive any training about DVA or IPVA during their hairdressing training or education. Some of the hairdressers we interviewed (eight out of 19) had already followed the training “*Sterk Knippen*”. Hairdressers expressed several motivations and expectations concerning the content and format of a training on IPVA or DVA. The most prominent motivation mentioned was the importance of personal development in learning about addressing and recognizing IPVA or DVA. For example, I13 emphasized how hairdressers and educators increasingly encounter instances of violence, and a training like “*Sterk Knippen*” could aid her in personal development by imparting the skills to handle such situations and apply them effectively in her hairdressing work. She also saw the potential to communicate these lessons to her students, further enriching her role as an educator. Hairdressers also expressed a desire to learn how to recognize signs of IPVA or DVA among their clients beyond the stereotypical image of a “battered woman” with visible bruises. Hairdressers, such as I16 and I17, sought to be able to identify less obvious forms of violence, particularly when they sense something wrong with their clients, but cannot pinpoint the issue. Moreover, interviewees expressed an interest in learning how to initiate conversations with their clients after recognizing signs of possible IPVA or DVA. They found it challenging to know when there is enough trust and safety to address the client with their suspicion of IPVA or DVA. I11, mentioned that sometimes the signs are there and then it becomes “the elephant in the room”. Hence, hairdressers wished to acquire

the skills to ask appropriate questions and navigate challenging or sensitive conversations. At the same time, hairdressers emphasized the importance of learning how to communicate their personal and emotional boundaries to clients. Subsequently, hairdressers would like to receive guidance on the next actionable steps and to whom they could refer their clients. Although hairdressers were familiar with formal institutions like the police or *Veilig Thuis*, they would like to know of other local resources they could reach out to for support. Additionally, they were concerned about the legal implications of intervening in their clients' personal lives and the extent to which they should respect privacy versus acting upon moral obligations to report instances of IPVA or DVA. These needs and interests expressed by hairdressers during the interviews aligned with the findings from our survey data. Among those surveyed, 36 out of 45 (80%) indicated that they wanted to learn “how to refer clients to (professional) help” as answer to the question “what would you want to learn about in a training about IPVA or DVA for hairdressers.” This was followed by 19 out of 45 (42.2%) who preferred learning “how I can listen and offer support to clients who want to discuss IPVA or DVA.” Regarding the training style, hairdressers expressed a preference for a practical and interactive approach. They emphasized that hairdressers are not inclined to sit through lengthy Power-Point presentations. I15 explained that the training should be engaging and active, incorporating practical exercises, discussions, and role-play to maintain attention. Since hairdressing is an interactive occupation, the training should mirror that. Hairdressers highlighted their preference for learning through role-play, with immediate feedback, or by sharing personal experiences and drawing lessons from past cases during group discussions.

Lessons Learned from Training

Hairdressers who participated in the “*Sterk Knippen*” training reported several key takeaways. First, the training contributed to enhancing their awareness and general knowledge regarding IPVA and DVA. As I5 expressed, they became more mindful of these issues, having them “always in the back of [their] mind”. Second, the focus on “obligations to report” during the training left a strong impact. While hairdressers are not legally obligated to report IPVA or DVA, the training emphasized their duty as citizens to report abusive or violent behavior. As I8 stated, “you as a citizen, so regardless of what role, have the duty to report it [IPVA or DVA]”. Additionally, hairdressers learned about the resources available to support clients experiencing IPVA or DVA. They were informed about helplines like *Veilig Thuis*, where they could anonymously seek advice or support when uncertain about a client's situation. I4 shared how she put up lists of such resources in her salon to ensure easy access and reference for

her employees. However, some hairdressers also raised critical points regarding the training. They noted that a single session might not be sufficient to encourage actual behavioral change among hairdressers. While the initial training raised awareness, it left little room for practical “action points” when hairdressers suspected a client was experiencing IPVA or DVA. Consequently, hairdressers acknowledged the need for follow-up training sessions to delve deeper into intervention strategies. Last, two hairdressers voiced concerns about potential unintended consequences. I5 showed how her clients were jokingly probing, when they learned she had followed the training: “So sometimes there is a joke made about it. If they have a bruise like oh, don’t call the police immediately, right, because you did that training” (I5).

Barriers to Following the Training

The barriers to participate in training programs primarily revolve around practical reasons (e.g. time constraints), financial considerations, and a lack of interest. Many hairdressers, especially those managing or owning salons, struggle with their busy schedules, balancing work with personal and family life. Participating in additional training during working hours could require closing the salon for a day leading to potential financial challenges. Other barriers are questions about whether hairdressers should assume additional professional roles. For instance, I8 expressed concerns about potentially assuming a new role and responsibilities during their work and being overwhelmed by deep involvement in clients' personal issues. Furthermore, some hairdressers worry that undergoing such training might impose a moral obligation on them to take action in IPVA or DVA cases among their clients, leading to apprehension and hesitation.

Discussion

The social functioning of the hair salon makes it an interesting case to explore the role of hairdressers in detecting and addressing IPVA and DVA amongst their clients (Beebe et al., 2018; Divietro et al., 2016; Kim, 2021; McCann & Myers, 2021; McLaren et al., 2010; Sattler & Deane, 2016). This research shows that hair salons in the Netherlands can be places of socio-emotional support and safety for clients (e.g. Cohen Goldstein et al., 2023; McCann & Myers, 2021; Piscitelli et al., 2021). Hair salons are described as places of relaxation, self-care and to share intimate or emotional stories between hairdressers and their clients. Hairdressers from smaller (neighborhood) salons in the Netherlands generally have strong and long-lasting relationships with their clients and are knowledgeable of their clients' social networks. They give space to conversations about sensitive

topics and life events, such as (mental) health issues, the death of a loved one, and problems with a partner or family member amongst others (Anderson et al., 2010; Palmer et al., 2021; Cohen Goldstein et al., 2023). Moreover, hairdressers expressed doing emotional labor for their clients (Flanagan, 2023; Harness et al., 2021) and used specific communication skills to perform a, as they call it, “psychologist-like” role. It is important to note here that, in environments such as large chain salons, where there may be limited or distant connections with clients, circumstances may not always be conducive to broaching such sensitive subjects. In the course of their careers, a majority of the surveyed and interviewed hairdressers have encountered instances where they recognize signs of IPVA and DVA and have conversations about this with their clients. However, these discussions do not occur frequently, they tend to come up only occasionally with a limited number of their clientele, rather than being a regular occurrence. At the same time, hairdressers are not always aware of the signs of IPVA or DVA and could therefore misinterpret or fail to recognize them. The hairdressers mentioned experiencing many barriers in addressing IPVA or DVA with their clients and therefore generally avoid this type of conversations. Hairdressers could benefit from training to learn how to recognize (the less obvious) signs of IPVA or DVA, how to start a conversation about it and how to take supporting actions, such as referring to professional care (Kim, 2021; McCann & Myers, 2021; Page et al., 2022). This training should address the intricate complexities of the lived experiences of individuals affected by IPVA or DVA, including a thoughtful consideration of survivors' decisions to stay with or return to abusive partners. Most importantly, our research has demonstrated the willingness and sense of responsibility that hairdressers have to support those clients who are survivors of IPVA and DVA, and with that they showed a high interest in following such a training. Nevertheless, the emotional labor that comes with those conversations can be exhausting and burdensome (McCann & Myers, 2021; Page et al., 2022), and hairdressers therefore expressed the need for (learning) boundary setting towards their clients. The current training underscores the collective duty of all Dutch citizens to act upon witnessing or detecting violence. While a hairdresser's civic duty technically remains unchanged post-training, it introduces an additional layer of feelings of responsibility and moral obligations to act. Research (de Jesus Santos Nascimento et al., 2023; Drabkin et al., 2021; Minsky-Kelly et al., 2005; Ruijne et al., 2019; Stolper et al., 2020) has indicated the presence of reluctance to act among professionals trained to address cases of IPVA and DVA with a reporting obligation. Additionally, research has raised questions regarding the effectiveness of bystander interventions (Baldry & Pagliaro, 2014; Bennett et al., 2014; Ejbye-Ernst, 2023; Kovács & Noor, 2021; Nordin, 2021; Pagliaro et al., 2020, 2021; Taylor et al., 2019). While acknowledging that everyone possesses a civic duty,

a concise, information-centric training may not be enough in providing hairdressers with a practical perspective for action, hindering their confidence in addressing signs of IPVA and DVA. The training should therefore not only enhance hairdressers' proficiency in detecting survivors of IPVA and DVA, but also empower them on both personal and professional levels, fostering a sense of comfort and confidence in fulfilling their civic duty, while providing a balance between realistic and potential impactful outcomes. Lastly, hairdressers themselves can also experience IPVA or DVA in their private lives, and talking about IPVA or DVA with their clients could be triggering. It is important that policy makers or trainers are aware of this emotional burden when designing training courses for hairdressers. To conclude, in correspondence with studies in other countries, hair salons in the Netherlands represent a suitable setting for low-threshold addressing of IPVA and DVA experiences. If suitably trained, hairdressers could in the future play a significant role in the community-based support system for survivors of IPVA and DVA. In the section on implications, we will outline what these findings in the Dutch context could mean for policy and practice.

Limitations

This study was confronted by several limitations. For example, the participants in this study often have a particular interest in the topic, or have had an experience with a client who has experienced IPVA or DVA, and therefore had a high motivation to participate in the study. This may have influenced how hairdressers framed this topic and could make this study less generalizable for the entire hairdresser population of the Netherlands. In addition, we saw socially desirable answers emerge in the interviews. Hairdressers talk about what they “would do” and not always about what they actually did when stories of IPVA or DVA from clients come up. Oftentimes they would speak both of experiences that actually happened and of how they would behave in hypothetical situations. The distinction between the two could be better investigated with follow-up interviews or participant observation in hair salons. Secondly, the research population in this study is rather homogeneous; the hairdressers are mostly female, heterosexual and of Dutch cultural background. On top of the possible motivation selection, overrepresentation of certain background aspects, although sometimes reflecting the hairdresser population accurately, could lessen this study's generalizability. The overrepresentation of female participants in the study is consistent with the general demographic composition of the Dutch hairdresser population. StatLine revealed a rise in the proportion of female hairdressers from 86 to 91% between 2003 and 2017 (CBS, 2018). The overrepresentation of hairdressers with a Dutch cultural background could have to do with the channels and language (Dutch) we used to reach out to possible research participants. For future research, we would

recommend a more diverse approach to designing tools for data capturing, in terms of language. Related to this, we recognized that it was difficult to find participants for the online survey. The survey in itself was relatively long and time-consuming. This may have led to only those who are comfortable with the Dutch language or who are highly opinionated or motivated about the topic to fill it in. Generally, a survey might not be the best way to approach this research population. Participants seemed more inclined to participate in interviews and focus groups than surveys. For future research, we would recommend those methods primarily and otherwise only using a shorter and less complex survey provided in multiple languages (such as English, Arabic, Turkish) as additional options.

Implications

The findings of this study carry implications for community-based interventions targeting IPVA and DVA survivors. Unlike in the United States (Novick, 2022), hairdressers in the Netherlands are not mandated to undergo training regarding IPVA and DVA, nor are they required to use a DVA reporting code, as is the case for certain other professionals in e.g. healthcare (Ruijine et al., 2019; Stolper et al., 2020). Consequently, the availability of relevant training across the Netherlands is limited, and participation relies on the voluntary commitment of individual hairdressers, making widespread participation challenging at the moment. However, efforts are underway of local NGO's, such as “*Sterk Huis*,” to integrate the available (for now local) training into the curriculum of vocational hairdressing courses. Trade organizations, which organize events and professional courses for hairdressers, could support these initiatives by promoting and facilitating IPVA and DVA trainings. Furthermore, recent national initiatives in the Netherlands address domestic and sexual violence and abuse (DVA/SVA) (Rijksoverheid.nl, 2023a, b). A motion has been submitted for SVA to involve bystanders and community-central groups, such as hairdressers, in the approach (van der Werf, 2022). Our research can inform policy decisions in this domain. We recommend training programs tailored for hairdressers, encompassing an understanding of their civic duty, and equipping them with the capacity to detect and address IPVA and DVA. These trainings should be integrated in the curriculum of hairdressers' vocational education, to instill awareness and empowerment from the start of their careers. Additionally, the training should adopt an interactive and practical approach, utilizing real-world examples to support hairdressers to make referrals to professional support systems. Given the complexity of the subject matter, these trainings should be recurrent to afford hairdressers opportunities for skill and confidence development. Furthermore, considerations for the accessibility and financial constraints of hairdressers should be taken into account in the implementation of these training programs. In

order to encourage as many hairdressers as possible to follow these training courses, we recommend registering such training as a professional qualification. Lastly, evaluations of these trainings are essential to assess how effective they are in supporting hairdressers to detect and discuss DVA while being mindful of their own wellbeing and boundaries.

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Data Availability The datasets generated through interviews and surveys during this study are not publicly available due to participant privacy and confidentiality, in accordance with the ethical standards of the study.

Declarations

Ethical Approval The local Ethics Committee declared the study exempt from medical-ethical review (dossier 2022–15881). This study complies with the Declaration of Helsinki.

Consent All interviewees provided informed consent for participation and publication after reviewing an information letter about the study. Survey participants also consented to both participation and publication before completing the survey. Confidentiality and anonymity were assured for all research participants.

Competing Interests The authors declare that there is no conflict of interest regarding the publication of this paper.

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