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Black barbers as mental health advocates, and interpersonal violence and suicide preventors in the local community

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ABSTRACT

Homicide and suicide rank first and third among the causes of death for Black males aged under 35 in the US. Black barbers trained in supporting the mental health of their customers are uniquely positioned to intervene in the deaths of young Black males due to their frequent and personal interactions. However, few studies have explored the impact that these targeted early interventions may have on supporting the mental health of young Black men. Thus, this article undertakes a qualitative interpretative phenomenological analysis (IPA) on the impact that early interventions from trained barbers may have on Black youth. Interviews with 32 barbers were carried out to engage with their life stories as community members, trained barbers, and personal experiences as mental health advocates including lessons learned from related training. Findings revealed that Black barbers: 1) act as a mental health lifeline for the community through their listening; 2) help break down stigmas around mental health; 3) are well positioned to intervene and prevent community and domestic violence; and 4) are also women and can be an inspiration to women in the local community. Overall, this study highlights the challenges and importance of supporting barbers of color communities through the US and the need for future studies on barbers both domestically and internationally.

1. Introduction

Homicides and suicides account for the highest and third-highest causes of death among Black males in the United States (US) under the age of 35, which is the definition used for "young Black males" herein. Firearm use made up the highest means of homicides and suicides at over 90% and 50%, respectively (National Center for Injury Prevention & Control [NCIPC], 2023). These traumatic injuries are intentional and highly personal in nature. Subsequently, considerations should be made to see if they may be preventable with effective community-based mental health interventions and support (Bauer et al., 2022; Branas et al., 2021). Homicides, which were highest for non-Hispanic black males, for example, were often caused by "interpersonal conflicts, occurrence in conjunction with another crime, or related to intimate partner violence (particularly for females)" (Fowler et al., 2018, p. 1). Relationships between victim(s) and perpetrator(s) were most often friends or intimate partners. At the same time, this means that the people who are in regular and closest contact with young Black males are in the best position to be able to deter and prevent acts of violence from occurring in the first place. In the case of surrounding community members, this has found to be true with street outreach workers (Dickinson et al., 2021) as well as employees at "schools, primary care, and other community settings" (Bottiani et al., 2021, p. 572).

It is also important to note that these homicides in the African American community can produce a ripple effect and "foster an ongoing cycle of violence in the communities afflicted by this public health disease" (Frazer et al., 2018, p. 3). Violence begets violence, whether in the form of retaliation, preemptive strikes, or immediate responsive actions. As interpersonal violence is a community problem and can result in future crimes, a collective and proactive call to action in the form of target mental health services may be the most powerful step forward. In other words, if interventions on mental health carried out in the confines of a barbershop are effective in preventing one single act of violence or a murder, then it is very possible that other similar acts within the

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community will also be prevented.

Moreover, compared to other races, young Black males are more likely to keep thoughts of suicidal ideation to themselves, refrain from seeking health care services prior to a suicide attempt, and to have parents who decide not to report suicidal ideation if their child denies such claims (Jones et al., 2019). These factors unfortunately become a major hindrance for early intervention. In should be noted that males in the African American community who were diagnosed with major depressive disorder (MDD) subsequently experienced more long-term chronic symptoms and received less professional care than other races (Goodwill et al., 2021; Price & Khubchandani, 2019; Williams et al., 2007). Within the African American community, clinicians need to pay closer attention to particular "risk factors, presentation of disease, type and severity of symptoms, and modalities of care" (Bailey et al., 2019, p.608) since they are chronic and often more severe when compared with other racial groups (Sheftall et al., 2022). In fact, depression is proven to lead to higher levels of both suicidal ideation and suicide attempts for African American males compared to other races and genders (Omary, 2021) as well as health-related issues such as in increase in inflammation due to depression (Toussaint et al., 2022). Thus, the question must be asked as to what kind of approach to community-based mental health services could be most effective in facing disproportionally high rates of suicide and homicide in African American communities among young Black males.

1.1. A public health approach to traumatic injury prevention

A community-based public health approach to traumatic injury and death prevention describes a key focus as being broad and inclusive, examining "all possible interventions, including changing social norms and passing new laws" (Hemenway & Miller, 2013, p. 1). In the case of directly impacting the lives of African American males, this should include engaging a multitude of people and institutions at the grassroots level such as churches (Brewer et al., 2020; Johnson-Lawrence et al., 2019; Privor-Dumm & King, 2020), local community governance boards (Akintobi et al., 2020), and even barbershops (Ferdinand et al., 2020; Piercy & Troiano, 2018), among others. There appears to be strength in utilizing a multitude of community members (i.e., an emphasis on shared responsibility and collaboration) to best support the mental health of young Black men in their communities, and this is something that would ring true across the spectrum of public health issues and contexts.

However, to be most effective, what this would actually look like in practice will likely depend on the needs and resources of a particular community. Within the African American community, Jones-Eversley et al. (2020, p. 263) suggest that more work needs to be done in developing "culturally sensitive and gender-relevant mental health preventions and interventions to address the overall mental health as well as specific stressors that trigger suicide, homicide, and associated causes of premature deaths among young Black males." Indeed, community-based public mental health support systems for young Black men in the US need to be specially designed such that they cohere with socio-cultural assessments and services that understand and highlight the unique challenges they are confronted with (Bernard et al., 2021). With these considerations in mind, it is vital to develop a clear understanding of the kind of model that has the capacity to account for a culture and gender specific design when discussing mental health at a community level within a public health approach to traumatic injury prevention.

1.2. Utilization of a culturally informed adverse childhood experiences (ACEs) model

Designing and implementing community-based public health practices and programs specifically designed for young Black men's mental health is complex. Firstly, it must consider and "engage the historical and contemporary racial contexts within which black people experience mental health problems" (Alang, 2019, p. 346). This includes contexts such as persistent educational inequities (Boutte, 2022; Hugh-Pennie et al., 2022), chronic health conditions leading to increased risk of hospitalizations (Grosicki et al., 2022), mistrust of the health care sector (Bogart et al., 2022), problems with access and trust related to receiving mental health services (Thomeer et al., 2023), and generational trauma among Black men (Hampton-Anderson et al., 2021). Indeed, the challenges increase as young Black people shoulder an unequal proportion of the burdens of income inequality, racial inequity, and community violence resulting from "experiences with racism and discrimination, racial disparities in mental health care utilization, poverty, trauma, violence, and exposure to the death among Black individuals in their neighborhoods" (Sheftall et al., 2022, p. 662).

Manifestations of these generational challenges present in a variety of detrimental ways. Experiences with traumatic life events (e.g., Adverse Childhood Experiences [ACEs]) and poor environmental conditions aid in the unusually high rates of homicides and suicides among young Black males as described earlier. According to Sheats et al. (2018), p. 465), "Blacks reported significantly higher levels of ACE exposure compared with whites," with the volume of ACE experiences correlating with poor health, mental distress, alcohol use and smoking. With disproportionally high ACEs among young Black men compared to white men (Felitti et al., 1998), associated risk factors can compound and carry over into an excessive use of alcohol, bodily injury and/or death in the form of intimate partner violence (i.e., harming one's body and interpersonal violence) (Lee et al., 2022). Although not racially significant, people with higher ACEs tended to have correspondingly higher amounts of mental distress that lead to self-injury, suicidal ideations, and suicide attempts (Meeker et al., 2021).

The culturally informed ACEs model (i.e., C-ACE) presents a solution that is unique to the African American community and accounts for the complex and challenging history that has impacted them. It is explained in the following way by Bernard et al. (2021), pp. 235–236):

> With this historical backdrop serving as the foundation of our C-ACE model, we then present evidence illustrating how historical racism continues to shape present-day social conditions (path a), biological predispositions of Black youth (path b), and overall biopsychosocial vulnerability and risk of ACEs (paths c and d). We next present how contemporary manifestations of racism qualify as ACEs, and how the distinct and stress amplifying characteristics of racism are influenced by post-ACE risk factors (path e and f) to influence health outcomes (path g and h).

This model demonstrates a theoretical framework for community members hoping to take on the challenge of reducing homicide and suicide rates among young Black men in their communities. It emphasizes a holistic (i.e., accounting for the multifaceted historical, environmental, and personal experiences of young Black males), euphemistic (i.e., using trial and error within a culture and gender-specific community-based public health approach to traumatic injury prevention to improve intervention effectiveness over time), and grassroots approach to Black male mental health. For young Black males, existing ACEs compounded by various life stressors and events can indeed have a great impact on mental health, feelings of depression or hopelessness, and even precede or be attributed to avoidable traumatic injury and death (Williams, 2018). Interventions can come in many forms as community workers and researchers look for best practices to overcome these challenges and provide more acute support for these underserved community members. The problem is dire. As a result, it is critical that solutions need to come from all corners of society, and new avenues of support need to be considered and invested in more heavily. However, within the context of the present study, it is important to understand the different ways the C-ACE model has been utilized and understood at the humanistic level within community-based programs for young Black men in places such as barbershops, if at all.

1.3. Lack of relevant humanistic research on black barbers as mental health advocates

In recent years, the use of barbershops for studies on physical and mental health seem to be on the rise globally. They incorporate quantitative and qualitative studies and include both customers and barbers as participants. Regarding health promotion, they have investigated obesity-related chronic diseases (Palmer et al., 2021), hypertension (Ebinger et al., 2020), healthy diets (Williams et al., 2020), and HIV prevention practices (Gardner et al., 2022), to name just a few areas. With regard to studies related to mental health and barbershops, some consider race as a means of comparison, while others use a less stratified approach. In the United Kingdom (UK) for example, one study compared Black and white customers in an online survey and found that Black men were generally more willing to talk openly than white men while getting their hair cut. This environment could make the barbershop a fitting place for Black men to receive wellbeing benefits while in the barber chair (Roper & Barry, 2016). Another small- scale mixed methods study in the UK consisted of 30 surveys and three follow-up interviews amongst barbers investigating if they "were aware of their clients' worsening mental health during the COVID-19 pandemic" (Ogborn et al., 2022, p. 1). Furthermore, a study among Turkish barbershops and beauty salons investigated what topics customers spoke about while getting their hair cut (Gokdag, 2016). Despite the usefulness of these studies as adding to the discussion about the intersection of mental health and barbershops, it seems that in general, studies in this area have mostly been conducted in the US.

A unique challenge to the African American community in offering mental health services in places such as barbershops stems from the fact that these communities generally "are not very open to acknowledging psychological problems and are very concerned about stigma associated with mental illness" (Ward et al., 2013, pp. 1–2). As mentioned earlier, many racial disparities exist in the US both historically and socially; thus, this problem will only be exacerbated further as those who need mental health services the most are not receiving them. The authors of this study suggest that community awareness programs such as those situated in churches may represent the best solution to bridging this gap (i.e., the C-ACE model in action). Despite this challenge, one small-scale qualitative study conducted in Boston examining early childhood mental health interventions found that barbershops were indeed a good location to educate parents on this topic (Ansong-DePass, 2022). With regard to adults, even though a prior small-scale quantitative study of 23 Black barbers in Chicago indicated that the barbers felt that they could not influence the health-related decisions of their customers (Moore et al., 2016), a more recent larger-scale study by Jalloh et al. (2022) of 100 Black barbers in the US found that not only did they desire to learn about mental health but they also felt comfortable guiding their costumers toward professional help when they felt it was warranted. The same was found to be true for Black male customers in California who described a willingness to talk about mental health in the barbershop (Curry et al., 2022). A further study found that the additional use of mobile technology incorporating mental health technologies was relatively easy to share with their costumers (Carlton et al., 2021). Studies such as these highlight how the informal and casual barbershop setting has the potential to be an ideal place to provide mental health services or support to Black men in the local community using the C-ACE model and aid in the process of overcoming generations of stigma and mistrust of both physical and health mental services.

Most recently, after conducting a recent scoping review on the literature about Black barbershops and health-promotion interventions in the US, Wippold et al. (2023) further supported this notion and explained that in order to for mental health supports services to be effective in barbershops, they must "prioritize community engagement and intentional alignment to the gender- and race-based lived experiences of Black men … likely resulting in the satisfactory recruitment, retention, and health-related changes among these men." (p. 1). Thus, the barbershop seems to be an ideal place for the C-ACE model to be utilized and allow young Black men who may otherwise be guarded about sharing their private inner lives to open up in new and profound ways. To do so, this study provides several key recommendations for future studies on Black barbershops and mental health including examining mental health and social outcomes more closely, incorporating young Black men in the process of research, and describing the specific work of Black barbers in greater detail to support future research efforts (Wippold et al., 2023). This study aims to focus on these gaps in the research.

1.4. Aim of the study

Black barbers play a vital role in helping expose young Black men in their local communities to mental health stigmatizations and to support them in overcoming these. However, research to date has not provided an in-depth look at the personal lives of both African American men and women (the latter of whom have been largely ignored in previous research studies) who have chosen to become barbers and how their lived experiences may impact their work as mental health advocates and preventers of homicides and suicides in the community. Moreover, a similarly extensive investigation of how their lives as well as C-ACE informed Black barber-specific training may help these barbers serve these communities in the ways listed above is yet to be conducted. In other words, prior research with barbershops has focused mainly on survey-based quantitative studies which overlook the lived experiences of Black barbers in their communities and humanistic-based studies have failed to provide a holistic understanding of these essential community workers.

Thus, the current study used one-on-one interviews with 32 barbers; the interviews allowed each participant adequate time and space to share their life stories as community members, trained barbers, and personal experiences as mental health advocates including lessons learned from related training. Their collective work experience as barbers includes hundreds of years of local community service. Moreover, while other qualitative studies have focused on just one city or region where Black barbers work, this study includes barber shops from around the US including rural, suburban and urban areas to ascertain whether any commonalities or differences exist in the topics listed above. Using a humanistic and qualitative injury prevention approach to public health centered on the prevention of interpersonal violence and suicide among young Black men in local communities throughout the US, this study considers the following four research questions:

(a) How do the barbers' personal journeys, including challenges to their own mental health and experiences with homicides and suicides in their communities, influence their work as barbers and mental health advocates in the barbershop?
(b) In general, what role do Black barbers play in their local communities as mental health advocates, and interpersonal violence and suicide preventors?
(c) How has mental health advocacy training designed specifically for barbers impacted how they serve their communities, and if relevant, provided opportunities for necessary interventions?
(d) What best practices resulting from barber-specific mental health advocacy training do barbers trained in mental health advocacy utilize in their shops to help confront the disproportionate number of homicides and suicides among young Black men in their communities?

2. Method

2.1. Study design

In this humanistic, or qualitative research study, an interpretative phenomenological analysis (IPA) bottom-up approach is conducted to

understand how Black barbers as experts in working daily one- on-one with customers make sense of their experiences (Smith, 1996). As opposed to a deductive approach that tests for predetermined variables, IPA is an inductive approach that allows the data to speak for itself and build its own themes as the participants answer the open-ended questions and share their experiences (Smith, 1996). Such an approach enables an understanding of the "issues that embrace the perspectives of the study population and the context in which they live" (Hennink et al., 2020, p. 11) and is thus helpful in gaining insight into the different social and cultural norms of different societal groups.

Seidman (2013) notes that interviewing participants with guiding but not overly implicit or structured questioning can help to "build upon and explore their participants' responses to those questions. The goal is to have the participant reconstruct his or her experience within the topic under study" (p. 14).

In this case, the four main research questions provide an avenue to understand the lived experiences of Black barbers through a variety of topics including homicide and suicides in their communities, relationships with their customers, their role as mental health advocates, among other things. Within each research question, the participant was asked to separate and explain their experiences with each phenomenon such as homicides and suicides. However, if the barber, for example, wanted to focus their attention on the latter because it was particularly important to them, then the researcher went along with that method to record as authentic and real experience from the barbers as possible.

2.2. Recruitment and participant description

Recruitment methods included using a provided list of barbers provided by a mental health advocacy training program that had previously reached out to certified barbers to see who might be willing to participate in an IRB-approved university-affiliated interview research study. In total, 70 barbers from around the country were contacted and 32 of the self-selected barbers agreed to participate in the study by means of either telephone interviews (i.e., audio only) or Skype (audio and video). All interviews were voluntary and in no way impacted their relationship with either their specific barbershops or involvement with the aforementioned mental health advocacy training program that they have or will soon participate in.

The barbers included 23 men and 9 women of color from communities around the US. Barbershop locations included rural, suburban, and urban locations in the states of Arkansas, Colorado, Illinois, Indiana, Kentucky, Mississippi, North Carolina, Ohio, and Tennessee. All participants were certified barbers meaning that they underwent the required training in their home states for certification as a barber. Participants were a combination of recently licensed barbers working in someone else's shop, shop owners, barbershop professionals, and those who worked for themselves as freelancers. Participants were unable to participate in the study unless they were a licensed professional. Of the 32 barbers, 29 had already undergone and completed additional training as mental health advocates with the aforementioned mental health advocacy group. Each training was roughly 90 min in length and prepared barbers to be mental health advocates in their respective communities. The three barbers who were not yet certified mental health advocates expressed an interest in mental health advocacy and in becoming program- certified in 2021. The following three people were not asked and did not answer research questions related to training program unlike the other 29 participants.

2.3. Interview procedure

Between September and December of 2020, the first author conducted 32 individual, in-depth phone interviews ranging from roughly 30–90 min in length. Due to the COVID-19 pandemic and geographic challenges with traveling to various locations around the US, phone interviews were considered the most viable and safe option. Prior to interviews, the barbers were not given research questions related to the study. They were simply told that they were participate in a one-on-one interview for a research study. At the beginning of the interview, participants were read the IRB-approved consent form and asked to provide verbal consent to agree to the conditions before proceeding with the actual interview. The consent form made it clear that their identities would be kept confidential and that they could voluntarily leave the study at any time. Participating barbers were also told that they would receive

$25 cash payments from the mental health advocacy training program to thank them for their time upon completion of the interviews. The interviewer began each interview asking the participants basic questions about their backgrounds and how they became barbers. Barbers were given the research questions at various points in the interview but ultimately were encouraged to guide the direction and flow of the conversations. Throughout the interview, the researcher asked clarifying questions when appropriate and/or additional questions that were not directly part of the research questions but provided holistic valuable insight into the barber's individual lived experiences.

2.4. Data analysis

Upon completion of the interviews, each audio recording was transcribed in its entirety. These transcriptions were then put into MAXQDA and QDAS software programs. These software packages allow common themes emerging from the interviews to be identified and highlighted. The transcripts were thoroughly read and re-read so that superfluous or unrelated information could be set aside; following this, a deeper analysis was conducted from the refined data. A key feature of qualitative IPA research requires close engagement with the data – in this case transcripts – as part of the data analysis process. The open-ended questions which investigated the lived experiences of the barbers' past and present work with their customers and others in the community produced several main findings that are described in detail below. It is also important to note that since this humanistic research focuses on sharing the stories of the participants as accurately as possible, member-checking, or contacting the research participants for further clarification on items described in the interviews, was utilized.

3. Results and discussion

3.1. Black barbers as a mental health lifeline for the community: "problems go in the trash with the hair."

3.1.1. African American-owned barbershops as dialogic spaces

According to the barbers in this study, barbershops have become a rare place of physical and intimate interaction for individuals in their communities. Young and old can stop by their shops on a regular basis and at any time and receive one-on-one service. Even while waiting for a barber chair to become available, they can have causal and meaningful conversations with others in the shop. Sometimes members of the community stop in the shop just to hang out. As town squares around the country have disappeared or become unsafe for people to enjoy, and churches have closed, the barbershop has remained an open place of safety and refuge for those in the community and offers both physical and spiritual renewal. "Everyone needs to get their hair done at some point," remarked one of the participating barbers.

The barbers mentioned that the people who visit their shops do not just include local Black community members but also visiting African American customers from other regions of the country as well as people from various international locations (i.e., a true melting pot). They understand the benefits of their customers interacting with one another to discuss life's happenings, be it light-hearted or more serious, in a comforting atmosphere without an institutional environment that might exist in the office of a doctor or mental health provider.

Even in predominately Black neighborhoods, global diversity can be

found in the barbershops throughout the US. For example, one Burmese barber who was hired in a predominately Black barbershop attracts recently arrived immigrants to the business. As they learn English together hanging around the shop, they are exposed to new cultures and build contacts with "locals," making adjusting to their new lives in America easier, and even learning about the topic of mental health for the first time from locally trained barbers. Black barbers from this shop expressed the pleasure they feel seeing the locals interact with foreign customers and the way that it enriches their lives. According to some participants, these diverse interactions do not only occur in a few remote corners of the country but can be observed in most barbershops throughout the US including in urban, suburban, and rural locations. It puts barbershops in a truly unique position to be the metaphorical eyes and ears of the community. According to the barbers, conversations in the chair and throughout the shop can range from casual topics to more serious ones such as interpersonal violence, suicide, and mental health.

3.1.2. Positive impact of black barbers' willingness to "listen, listen, listen" on young black men

As barbers discussed what they see as a lack of mental health support for young Black men in their communities, they also pointed out that their barber chairs have become powerful spaces to learn about mental health, offer healing, and even prevent traumatic injury and death. In some cases, barbers mentioned how their own experience with ACEs allows them to be able to recognize the same kinds of traumatic pasts in their customers – "I offer a time to have a private one-on-one conversation with them whenever they need it. And whatever they say to me stays in the barber chair," remarked one barber. The barbers clearly acknowledge their shortcomings and emphasized their lack of formal education as counselors or psychologists. Nevertheless, they still felt that simply exposing their customers to the importance of positive mental health in their day-to-day lives can have a major impact on them.

Moreover, barbers who lived in communities with mental health support systems already in place could serve as resources for referring at-risk customers to get more professional help.

In many cases, the barbers felt that they may be the only ones intensively listening to their customers while also providing a boost to their value and self-worth. The barbers mentioned learning the importance of listening in their training which forms the basis of their one-on-one physical and emotional connection with their clients that goes beyond casual conversations in the barber chair. Barbers often mentioned how young Black male customers often do not feel heard in their daily lives as few have the time or space to *really* listen to them. This can include their friends, family members, teachers, and employers. Sharing in the chair gives them a sense of validation, they explain. Through the power of listening, utilizing mental health advocacy training designed specifically for Black males in local communities, Black barbers feel empowered to bring positivity into their customers lives. This can even go a step further and aid in their mental health wellness as well as provide an opportunity for smaller issues from evolving into more serious situation that could include interpersonal violence or harm to oneself. As one barber explained, some customers "come in broken, leave feeling fixed".

3.2. Barbers as mental health advocates and breaking stigmas surrounding mental health

3.2.1. "Don't want to die, just don't want to live like this anymore" – barber interventions with suicide

Many of the barbers mentioned that there are three topics of conversation they are taught and learn to avoid – politics, religion, and sports. These topics can often be contentious and lead to destroying an otherwise peaceful or amicable atmosphere in the shop. The motto Communicate, Understand, and Trust (CUT) represents a more constructive benchmark and guide for conversation, with one barber mentioning that "we learn to not judge the individual, but listen to them". In doing so, the topic of choice that a customer decides to introduce is often a good indicator about their state of mind and how "they've been doing recently."

One barber provided an anecdote involving a longtime customer from the shop who entered his shop one day not seeming like himself. After the typical greeting, the barber noticed from his mental health advocacy training that the body language of the customer was worrisome. When the customer was invited to the barber chair, the barber knew not to jump to any judgments about the customer but instead to show a willingness to let the customer open up to him when he was ready. After some time, the man confided in the barber that everything in his life just seemed problematic and destitute regarding his personal relationships. With supportive language and an attentive ear, the barber helped the man feel validated and met him where he was mentally and emotionally. "Life can be like this sometimes," he said. After a bit of time went by, the man opened up further about his troubles while his negative body language began to loosen. "I don't want to die, I just don't want to live like this anymore," expressed the customer. With this key phrase, the barber knew that interventions were needed. The barber recognized signs of suicidal ideation resulting from the mental health advocacy training that he received and provided words of support and affirmation to the customer. Additionally, he offered some self-care advice and directed him to some local and free mental health services. The customer later returned to the shop and it brought the barber great pleasure that his demeanor seemed to return to his normal self.

3.2.2. Underappreciated community members find mental health support in black barbershops

Barbers see customers in close proximity when cutting their hair and often interact with them on a weekly basis over many months and years. Among these people, there are some particularly underappreciated or overlooked subgroups of the community that benefit particularly from exchanges with barbers who have received training as mental health advocates. For example, some barbers talked of providing free haircuts at VA hospitals and having both active and retired members of the armed forces in their shops. Often, veterans and service members who have seen combat have varying levels of traumatic injuries and emotional and psychological trauma (i.e., PTSD). According to the barbers, they want all members of the community to feel at home in their shops and realize that veterans and service members, like other overlooked or underappreciated community members, may not be getting the mental health support services they need. Barbers trained to deeply listen to their customers, and refer them to professional services when deemed necessary, could be the difference between living a quality life and one that continues in pain and isolation.

Homeless customers have also found a welcome community in many barbershops. While other businesses block their entry, barbers often know them by name. Free haircuts, access to food, and a small stylish community that accepts them keep some homeless individuals frequenting these barbershops. In many underserved communities of color, the number of people living below the poverty line is disproportionally high, according to the barbers. Homeless people also often struggle with persistent mental health challenges, ACEs related trauma from their youth, and find themselves unable to get professional help when they need it most. An example might be young Black men who have taken to the streets because of depression resulting from trauma from their youth and engaging in various harmful addictions as coping mechanisms. According to the barbers in this study, this can lead to other major problems and result in otherwise preventable traumatic injury and even death. Alternatively, barbershops can provide practical resources, redefine stigmas associated with how mental health is perceived, and become a bridge for young homeless Black men to find help and support while turning their lives around.

3.3. *Interpersonal violence: "barbershops are water on fire, not gasoline"*

3.3.1. *Barbers in a unique position to recognize and prevent community violence*

Many barbershop customers come in regularly and have lifelong relationships with their barbers while others are "walk-ins". Barbers have often known returning customers since childhood, and this experience with community members places them in an invaluable position to spot and possibly even prevent a violent act from occurring in their communities. Several barbers described how at-risk Black youth who come into their shops are susceptible to community violence (e.g., gang violence). In order to combat this, they volunteer at after-school programs to keep the youth off the streets and keep them from interacting with people they know could cause them trouble. The barbers in this study have an earnest desire to see young people in their communities succeed and thrive in life so they take the time to get to know them personally by inviting them to hang out at their shops. One barber stated that "Barbershops are water on fire, not gasoline". The barber's chair serves as a confessional for past trauma (e.g., trauma related to ACEs) and a place for positive action for both the barber and those in the shop. Black men sharing stories with one another is therapeutic they say and can help set individuals on new paths even if sch efforts are not enough to completely stem local community violence. They still feel it is an important step in the right direction and something they are proud to be a part of. They see overcoming violence as an involved process, and themselves as a vital role in that change.

3.2.2. *Black barbers in a unique position to recognize and prevent domestic violence*

Barbers interviewed in this study also described several situations where issues of domestic violence had been experienced by customers. These customers felt that the barber shop was one of the few places that they could share their problems in confidence without being judged. In fact, some barbers described their shops as the first place in which people experiencing or provoking domestic violence brought up their problems. For the latter, the barbershop was a place of confession and to attempt to set things right and keep themselves from spiraling out of control. These barbers, who had received mental health advocacy training, felt empowered to help resolve these problems. In one case, a woman brought her son to the shop for his haircut because her husband, who is also a customer of the shop, was unable to do so. After the boy's cut, the barber had a chance to talk with her. The barber said she told him the following: "I have two kids with this man, and now I am pregnant with our third. I want to cut him with a knife," at which point the barber knew he had to intervene. He explained that her family needed her here and not in prison, which is where she would likely end up if she did something dangerous and rash to her husband. He helped her see that there were alternatives to retaliatory violence in the home and that it was good that she was telling somebody openly for the first time about her domestic problems. He provided her with information and resources to get professional help and she left the shop no longer feeling alone or without options to handle her situation. The barber said, "I was glad to help that day and give her time to think". The barbershop provided a place for things to cool down, showing they can indeed play a major interventional role in patterns of violence in the home.

3.4. *Women barbers: "it's a man's world, but it would be nothing without a woman in it"*

3.4.1. *Female barbers teaching young black men how to communicate and open up*

One of the key roles that women barbers play in the community is acting as positive influences on young Black men – "These guys just bottle everything up . . . sometimes it takes a female touch to get them to open up," expressed one female barber. They explained how sometimes Black male customers had questions and needed advice about how to communicate better and build deeper relationships with their mothers, wives, and daughters.

The female barbers who received mental health advocacy training described how they enjoyed sharing a female perspective with these men and see "the light turn on" for some of them. One female barber gave her male customer the same advice that she herself received when she was being trained to become a barber: "Listen." They also told the men how they like to be treated and that maybe the females in their lives might appreciate the same level of respect. In a sense, what starts with a physical haircut in the barber chair evolves into a "real-life" practice session for these men where they could practice communicating with a female who does not judge them and can provide real-time feedback. These female barbers are setting a positive example of how they expect to be treated by their male customers, and they hope that this influences how the men treat other women in their lives.

The women barbers also mentioned that they sometimes ask their young Black customers who have families to bring their sons into the shop with them, believing that bringing a young son into the shop can function as a bonding moment between two generations. The boys get to see and hear their fathers talk about their jobs, goals, fears, and emotions with these female barbers, which sets an example of positive, open, and respectful communication of one's emotions. The women barbers stated that hearing these open and honest accounts from their male customers has helped them to better understand the men in their own personal lives and male communication styles.

3.4.2. *Female barbers as an inspiration to women in the local community*

In the same light, female barbers also have the opportunity to interact with many mothers who bring their sons into the shop. In one case, a female barber noticed that a woman was in the shop long after her son had his hair cut, so the barber took time to speak with the customer. During their conversation, the barber noticed bruises on the woman and asked more about what was going on at home. The woman told the barber that she felt like this shop was a place of refuge for her, giving her a much- needed safe place away from home.

A few weeks later, this same customer's husband became suspicious about her whereabouts. When the man entered the shop, the female owner and barber intervened. Upon accusations from the husband, she assured him that she is welcome there anytime and that no male in the shop was pursuing or interested in her. This interaction, according to the female customer, was a wake-up call for the customer to no longer tolerate the emotional and physical abuse she was accustomed to at home. The female customers appreciated seeing "a strong and independent" woman among a group of male coworkers in an environment which is predominately dominated by male clientele.

Another female barber owner shared a story of her experiences with raising a child with special needs. He had trouble sitting still in a barber chair to the frustration of other male barbers. So, she pursued a barber's license so that she could expand her services to reach other single mothers. She eventually became the barber known for cutting hair of special needs children in the community. These examples provide a good insight into the valuable role of female barbers in the community.

4. Potential challenges and limitations of the study

Interpreting this study should be done while considering the following limitations. Research participants included a small sample size of 32 people from around the US. The geographic distribution and combination of urban, suburban, and rural locations where barbers work prevents the data from being understood as coming from one centralized location; consequently, the findings of this study represent a broad and more surface understanding of barber's lives and interactions with the community and therefore are not generalizable. The researchers hope that the time-consuming and in-depth level of interactions with each participant still offers critical insights into the general work of barbers both domestically and internationally. Future

studies should consider not only a larger sample size of in-depth interviewing, but also include a quantitative or mixed methods approach to help to triangulate the research findings. The more data collected on participants the better.

Moreover, the C-ACE model has certain limitations. The researchers who proposed this model point out that "Black youth are not monolithic in their responses to adversity, and as such, it is important to understand individual, community, and contextual factors that may shape both risk and resilience over time" (Bernard et al., 2021, p. 241). In other words, as Black barber mental health advocacy trainings incorporate gender-specific and sociocultural elements relevant to best reaching their communities, the way in which they can actually best impact them should include individual considerations. Just as the IPA model encourages the individual voices and lived experiences of the barbers, so should each barber consider the individual experiences of their customers.

This study also considered barbers who have been or will soon be trained at mental health advocates. This could provide a biased sample of participants who already express a desire to take extra steps to support their communities in mental health and traumatic injury prevention that cannot be extrapolated to the general population of barbers. Therefore, a future study that compares the perceptions of barbers who have and have not undergone training should be considered.

5. Conclusion

This article examines the lives of barbers of color in various American barbershops with a focus on mental health, mental health advocacy training, interpersonal violence, and suicide. The goal is to consider new ways to reduce traumatic injury and death among young Black men while also sharing the stories and work of barbers who have a major impact on their communities. The findings were categorized as salient themes and were grouped together as such. First, Black barbers can be seen as a mental health lifeline for the community. African American-owned barbershops are reliable and rare safe places for open international dialog, and Black barbers' willingness to "listen, listen, listen" is positively impacting the lives of young Black men. Second, Barbers can be viewed as mental health advocates and breaking stigmas surrounding mental health. Barber interventions with suicide and underappreciated and overlooked community members involved welcoming them into Black barbershops to find mental health support. Third, Black barbers are in a unique position to recognize and prevent interpersonal and domestic violence, which is a position of some significance in these communities.

Fourth, women barbers play a critical role in teaching young Black men how to communicate and open up at the same time as serving as an inspiration to women in the local community.

Overall, the study shows the importance of recognizing barbers' roles in the community and the power that mental health training can have on these individuals and their surroundings. This article also shows that more research needs to be conducted with barbers of color in communities around the world. To ignore the historical and cultural-social challenges that disproportionately impact African American communities is to reinforce a narrative that has for far too long marginalized certain groups. Black barbers can engage communities at their grassroots levels and be a powerful agent of change in a way that few others have been able to demonstrate.

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Declaration of Competing Interest

The PI has no relevant financial interest or affiliations with any commercial interests related to the subjects discussed within this article. The secondary author is the founder of The Confess Project which is a mental health advocacy training program intended for barbers of color around the United States. The goal of the Confess Project is to encourage cultural dialog of African American males and speaking about emotional health.

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