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Support Our Sisters (SOS): A Female Genital Mutilation (FGM) Specialist Psychosocial Service in Salford, Greater Manchester: A Pilot project

Narratives of women whose mental health has been affected by the COVID-19 pandemic

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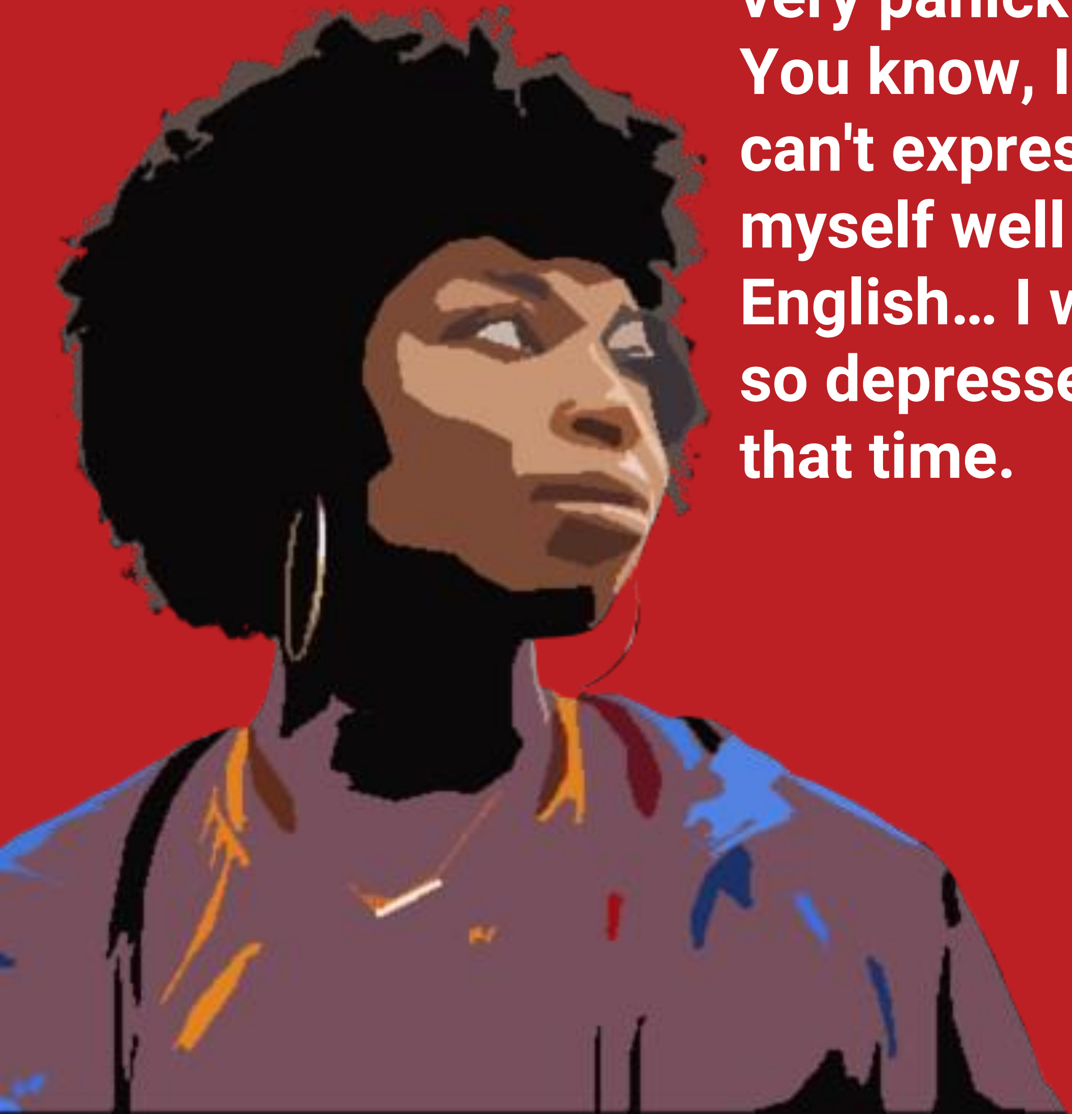
NEW STEP FOR AFRICAN COMMUNITY



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I live here alone. So, it's very panicking. You know, I can't express myself well in English… I was so depressed, that time.

Research Team

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Commissioners

NHS Salford, Clinical Commissioning Group (CCG)

Contractors

NESTAC (New Step for African Communities)
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Cite this report

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About the authors

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Dr Peggy Mulongo is a Lecturer in mental health nursing and practice and the Equality, Diversity and Inclusivity (EDI) Lead in the School of Nursing at the University of Central Lancashire (UCLan). She is also a Cross-Cultural Mental Health Practitioner with 16 years' experience of working with people from diverse ethnic populations in the North-West of England. She developed the Health & Wellbeing programme at NESTAC, a Refugee Community Organisation (RCO) based in Greater Manchester. Peggy is expert in delivering cross-cultural psycho-social therapy to refugees and asylum seekers from diverse ethnic backgrounds. Peggy has a special interest in supporting women and young girls who experience mental distress related to Violence Against Women and Girls and modern slavery, such as that associated with Female Genital Mutilation (FGM) and Domestic Servitude. Peggy is a National Lead (UK) FGM Consultant and an active Campaigner. She initiated several cross-cultural wellbeing projects to promote health equality, including the SOS Project, and was British Journal of Midwifery (BJM) Award-Winner 2015 under the category of tackling Female Genital Mutilation (FGM).

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Until her retirement in July 2021, Dr Sue McAndrew was Professor of Mental health and Young People at the University of Salford. Sue has worked in mental health nursing in numerous clinical settings, including community mental health, and she is a qualified marital and sex therapist. Sue moved to education in 1992 becoming a lecturer at the University of Leeds where she worked for 17 years, during which time she continued to work 1 day per week in primary MH care. In 2009 Sue took up a part time post as Research Fellow [MH] at the University of Salford, was promoted to Reader in 2014 and became Professor in 2017. Sue has published extensively; and presented papers at local, national and international conferences. Sue is an active researcher, her interests including young carers and service users; sexual abuse; self-harm & suicide and therapeutic engagement. Sue is on the editorial board of the International Journal of Mental Health Nursing and chaired the PGR Ethics Panel for the School of Health and Society (2014 – 2019). Sue is a member of Mental Health Nurse Academics UK and is Chair of the Board of Trustees at Start-in-Salford, a charitable organisation offering support to those with mental health problems through creativity and the arts. Sue is now a Honorary Professor at the University of Salford.

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Dr Roxanne Khan is Founder and Director of HARM (Honour Abuse Research Matrix) - a multiagency, cross-disciplinary network that adopts an inclusive approach to safeguarding research, policy, and practice to combat domestic abuse in minoritised ethnic communities in the UK and globally. HARM works in partnership with researchers, charities, support/emergency services, practitioners, policymakers, lobbyists and victims/survivors to eliminate so-called ‘honour’-based abuse, violence and killing, forced marriage, female genital mutilation (FGM), and other under-researched and largely misunderstood forms of domestic abuse.

Professor Mick McKeown, PhD, BA, RMN, RGN
Mick McKeown is Professor of Democratic Mental Health at UCLan. His research interests are informed by critical perspectives on mental health care, including critique of coercive practices in the mental health and criminal justice systems. He has written with others about the desirability of a truth and reconciliation process for mental health services and is currently working on a case for nurses to have a conscientious objection to participating in forced treatment. Earlier research explored anomalous treatment of black and ethnic minority people under psychiatry and associated independent advocacy. Mick is a trade union activist and interested in alliances between worker and survivor activists. Through his union activism he is a supporter of migrant rights and is currently involved in campaigning against discriminatory treatment charges in the NHS.

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ABSTRACT

Aim

This research report outlines key findings from an exploratory study with women, living in the UK, who come from a Female Genital Mutilation (FGM) practicing community, on the psychosocial impact of COVID-19 on their mental health.

Methodology

A focus group discussion took place with seven women recruited from a specialist service for women at risk of, and/or affected by FGM, in Salford, a city located in the Northwest of England. The women were predominantly Muslim, aged between 25 years to 55 years, and were of Black-African and south-Asian heritage.

Findings

The focus group discussion was analysed using thematic analysis. Three major themes emerged: (1) Positive testing, negative interpretation, (2) COVID-19 Lockdowns, and (3) Lack of accurate information.

Conclusions

The study provided insight into the lived experiences of women living in the Northwest of England during the COVID-19 lockdown, in a community in which a high rate FGM is reported to occur. The study identified a range of issues that professionals should explore to better understand how to support the mental health needs of women affected by FGM during pandemics, such as the COVID-19 crisis, in a culturally competent way, without stigmatising their personal beliefs or local communities, and to avoid racial profiling of affected communities.

BACKGROUND

The World Health Organisation (WHO) (2020) defines female genital mutilation (FGM) as “any procedure that involves partial or total removal of the external genitalia or other injury to the female genital organs for non-medical reasons”. Around 200 million women and girls worldwide are living with the life-changing consequences of FGM, which has no health benefits, causes myriad harms, and is globally acknowledged to be a violation of women and girls’ rights (WHO, 2018). The health consequences of FGM, usually committed between infancy and 15 years, are severe, and can result in death during the procedure from shock, extreme blood loss and heart attacks (Malik et al, 2018). FGM is a major concern in the UK due to migration of the populations most at risk, particularly from sub-Saharan Africa, Asia, and the Middle East (Ahinkorah et al. 2020).

Although FGM has been illegal in the UK since 1985, girls are still being cut (Hodes et al. 2021) and Home Office research estimates that more than 100,000 women living in the UK have survived FGM (Cook, 2016). Since 2015, health, safeguarding, and educational professionals have had a mandatory duty of care to report any verified or suspected FGM cases to the police, triggering a national multi-agency safeguarding response. These initiatives are important for identifying females at risk of FGM, however understanding the psychological impact of FGM for women and girls affected by it, is still in its infancy.

COVID-19

There is an established link between times of social adversity, widespread conflict, or disaster, and increased incidence of gender-based abuse, including harmful practices such as FGM (UNICEF, 2021). This is due, in part, to disruptions in public and social systems that act as safeguards against harm in less-adverse times (e.g. health and emergency services) (Bellizzi, et al., 2020). It has been estimated that over the next 10 years, the global impact of COVID-19 may lead to a further increase in the current estimated two million FGM cases, prior to the pandemic (UNFPA, 2020). This stark projection illustrates concerns about the impact of the pandemic on girls and women at risk of, or affected by, FGM.

A large proportion of FGM research, to date, has focused on nursing, midwifery, and law. These investigations are vital given the catastrophic physical health impact on sexuality, pregnancy, reproductive health (Kaplan et al., 2011) and the need for legislative protection (Home et al, 2020). However, far less is known about the emotional impact on females affected or at risk of FGM, either during or pre-pandemic. For example, a systematic review of the literature conducted almost a decade ago retrieved 1,034 studies of which only 10 papers explored the psychological consequences of FGM (Mulongo et al., 2014). Since then, little has changed, with a recent systematic review of four databases found that of the 16 studies retrieved, only six studies focused on the association between FGM and adverse mental health outcomes (Abdalla & Galea, 2019).

Psychosocial Impact of FGM on mental health

In the UK, females at risk or affected by FGM, often suffer manifold. Women report living with a range of traumatic and chronic psychological symptoms, including depression, panic attacks, reoccurring nightmares, hypervigilance, insomnia, loss of appetite, emotional detachment, anxiety, anger, and irritability (Mulongo et al., 2014). Additional suffering occurs when women and girls living in the UK from FGM practicing communities also experience prejudice and racial profiling by safeguarding professionals stemming from cultural incompetence and outdated stereotypes (Hodes et al. 2021). Women who experienced FGM safeguarding in healthcare settings in the UK report feeling stigmatised and traumatised, leading to mistrust and reluctance to seek help from health practitioners (Karlsen et al., 2020; Parikh et al., 2020).

Despite an increasing number of UK based FGM studies over the last decade (e.g., Mulongo et al., 2014; Plugge et al, 2019), further research is needed to draw meaningful conclusions on the psychosocial impact of COVID-19 on women living in the UK, at risk of, or affected by FGM. As Bellizzi et al. (2020, p. 53) state, FGM studies during the pandemic encourages the "*participation of girls and women in decision-making for COVID-19 preparedness and response is fundamental to ensure that their perspectives are heard and represented at the central, subnational and local level.*"

CURRENT STUDY

This study explored the impact of COVID-19 on the mental health of women living in FGM practicing communities in Salford. Salford has been identified as a major hotspot for FGM in England, particularly within the female asylum seeker population, where around 16% of this group are relocated in this region (Greater Manchester Combined Authority, (GMCA), 2019). More specifically, it has been estimated that around 6,200 females aged 15 and older have been affected by FGM, while 380 girls under the age of 15 are at risk of FGM in this area (GMCA, 2019; McAndrew & Ayodeji, 2019).

Despite the British government announcing an easing of national lockdown measures in mid-July 2021 (gov.com, 2021), the Director of Public Health informed Salford residents that a new and highly infectious variant of COVID-19 continues to fuel cases in the city, and that Salford was in the top five highest areas affected in the country (Salford City Council, 2021).

In Salford, amidst this public healthcare crisis, where 10% of the population is Asian or of Black/African/Caribbean heritage (UK census data, 2011), it is also of concern that national data shows people from Black and Asian ethnic minority groups had higher rates of COVID-19 related death compared with the White British population. At greatest risk were people from Black African, Bangladeshi, Black Caribbean, and Pakistani ethnic groups (Office for National Statistics, 2021). Against this backdrop has also been the widely publicised protests and riots prompted by George Floyd’s killing in the USA, and wider scale racial prejudice, social unrest, and risk to the economy– all of this has forced people into the UK into unprecedented personal and social bewilderment for over one year.

The psychological impact of these traumatic events on already vulnerable people needs to be considered, specifically ethnic minority women who are at risk or been affected by FGM, and the implications for their wellbeing, the challenges they have faced.

Due to the link between pandemic conditions and gender-based violence, it is important to explore the lived experiences of vulnerable populations if the psychosocial therapeutic support for women and young girls at risk or who have been affected by FGM is to be improved. The provision of adequate psychotherapeutic services to this target group of women meets the FGM objectives set by UK national standards and quality assurance processes published by the Home Office, including the Multi-Agency Statutory Guidance on Female Genital Mutilation (2020), Ending Violence Against Women and Girls (VAWG) Strategy 2016-2020 (2016); Home Office Mandatory Reporting of FGM (2015), and Department of Health Guidance – Safeguarding against FGM (2016).

Based on focus group discussions with women at risk of, or affected by FGM, living in Salford, England during the COVID-19 lockdown, this study aimed to answer the following questions:

1. What is the psychosocial impact of COVID-19 on their lives and in their community?
2. In what way have they, or their close relatives, been directly or indirectly affected by COVID-19?
3. How have women at risk of, or affected by FGM been mentally or emotionally affected by COVID-19?

The project was fully approved by the University of Central Lancashire's Psychology and Social Work Ethics Committee (HEALTH 0122) and followed the code of ethics governed by the British Psychology Society.

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METHODS

Participants, Procedure and Data Analysis

A total of seven women, aged between 25 and 55 years accepted an invitation to take part in this study. The women were recruited via New Step for African Communities (NESTAC), a registered Charity organisation based in Greater Manchester, England. All women were of Black-African and south-Asian heritage. All participants consented to take part in the online focus group discussion using Microsoft Teams, facilitated by one of the researchers in the team, during which open-ended questions were asked to prompt the women to share their experiences of the impact of COVID-19 crisis on their mental health. The focus group, which lasted for 80 minutes, was audio-recorded, transcribed, and subjected to thematic analysis.

FINDINGS

This section of the report presents findings from the focus group discussion conducted for this study. Findings capture the lived experiences of seven women from ethnic minority background who considered themselves victims of FGM and other forms of abuse, and who have been mentally affected by the COVID-19 pandemic. In response to the research questions focusing on the psychosocial impacts of COVID-19 on participants lives, findings identified three major themes: (1) Positive testing, negative interpretation, (2) COVID-19 Lockdowns, and (3) Lack of accurate information.

Testing positive to COVID-19:

Participants reflected upon their experiences of testing positive for COVID-19 and the psychological impact such results had on each of them. There was a general feeling of fear, with some participants being terrified, associating the diagnosis with death or dying and being ostracised by their community. It also extended to what might happen to their body following death. These thoughts are strongly expressed in the quotes below:

- *Testing positive is like you're dying… You know, I had a nightmare every time when I thought if someone died, how they put the dead body in the grave…*

- *If there is a disease I saw the last two years in that time up, this covid-19. If someone has tested positive, something like this is an awful thing. nobody wants to go to hell because everybody's scared.*

While the result of the COVID test was automatically compared with a death sentence, this further extended to social stigma, and the lack of support in their own communities:

- *So, there's no one to help anyone in my community, they're all scared when they know you are positive.*

- *I live here alone. So, it's very panicking. You know, I can't express myself well in English… I was so depressed, that time.*

- *I think the most disturbing thing for me was that the whole family had COVID. And I was just thinking like, it was out there on our son and daughter's wedding… All I was wondering about that if all the family was ill, who came with this COVID, who infected us… How would you cope, how do you manage that? What other people will think? So, what disturbs me very badly, I see it is near to me. Can't do anything, I am like hopeless and helpless. It is very bad.*

Participants demonstrated a similar degree of despair in the lack of social support for those who have tested positive within their communities. The fear of dying or being ostracised within one's own community when testing positive were the main focus in this theme. This may suggest the need to educate vulnerable women within ethnic minority communities, and tackle social stigma attached to a COVID-19 diagnosis.

COVID-19 Lockdowns – safety or emotional threat?

Participants were asked to discuss how they have been mentally or emotionally affected by COVID-19, and there was overall agreement regarding the negative experiences the women encountered during different episodes of COVID-19 lockdowns. Most participants considered lockdown episodes as emotionally threatening, rather than seeing these as safety nets of protection during the pandemic. The ease of lockdowns was also a concern, as expressed in the excerpt below:

- *So many months, been shielded. It was so scary when they say you can go out. And for me is to go out for the corner shop. I was afraid because of my health condition or because I'm suffering from asthma. So, it's like even up to now, from time to time when I normally go out, if I am in the bus, I don't allow people to come closer for me because I have to think about when somebody comes close up for me, I am going to be affected by the COVID-19. I don't know. It was really disturbing my mental health. So, it's like, I know that I'm going to get it.*

Within this overarching theme, seven subthemes were identified. The seven subthemes encompassed; loneliness, financial crisis, being a victim of abuse and an asylum seeker during lockdown, controlling factors leading to re-traumatisation, feelings of injustice, help or trick, and who is the specialist?

Loneliness

Loneliness during lockdown was a subject of major discussion, acknowledged by many of the participants:

- *I was severely affected, and I know, obviously, lots and lots of people who live alone in my community, around me, that were being severely affected too. I was sad, as if something terrible is coming to destroy my life. I was worrying all the time. I lacked peace. I'm really not sure why that is or why that happened, cos I am supposed to be safe by not going out.*

- *Especially, Oh my God, if you are the only one on Earth that are single, no kids, just sitting down thinking that this thing is going to finish within one, two months… And now we've just stretching, and we are here. We are just stuck in one place.*

Loneliness was also perceived differently by some of the participants; using it as an opportunity to self-care, a coping strategy to survive during lockdowns:

- *I don't have children and I actually live on my own. So, for me it was just a very different experience. I ended up using the time really to get to be a bit more active than I ever was before, so that I don't think too much and internalized things, really. I just was like, right, I'm going to keep myself indoors and keep myself busy here whilst everything else outdoors was just going on. And for me personally, it was just if it wasn't there [COVID], and I used that as a time to kind of focus on trying to betterment.*

Despite using strategies to combat loneliness during lockdown periods, there was still evidence of the women struggling with their emotions:

- *I did mindfulness techniques I learnt with the FGM clinic, you know, things like that. But I was fortunate enough to do that. And to be honest with you, I think it was once lockdown was coming to an end where I felt like what had affected me the most in the sense of the loneliness kicked in at that point… Yeah, it affected my mental health towards the end of the lockdown, not sure why, I tried to avoid this.*

Missing their social life led to difficulties in respecting the lockdown measures in place, and for some this led to breaking the law:

- *It is difficult to isolate… Towards the end of lockdown recently, I know I shouldn't have done this, but me and my friends started meeting together as we missed each other for over a year. Every Saturday I go to my friend's house and we play board games... We were doing it online, but it just wasn't the same. And so, in the last couple of weeks, we're like, right, well, it's ending soon anyway. We'd all had boxes of the COVID tests, so we started meeting up in secret. But then we always felt really guilty because of that. But, um... we felt also good.*

Financial crisis

For some participants, they could recall periods of financial crises that badly affected them while in lockdown, as they were unable to meet some of their basic needs:

- *The first lockdown was very difficult for me. Because there was a time I didn't have any food just in my house, and there was a lot of times I had to look for food for my mum too and there was no money. It was so difficult for me to look at how the second lockdown will be, I was already distressed and very irritated.*

- *We didn't have a laptop. We didn't have enough data. And I was spending all my money behind data for the kids. So, there was a proper crisis of food. There wasn't money. We couldn't do anything.*

- *All the groups that was helping us were closed, whoever we relied on support. So, the nearby, you know, the supermarkets had stopped the offers that they did, so everything was high priced. Then it became I mean, if I could shop for thirty pounds, usually, you know, I can't carry it back home. That time it was thirty pounds with less than a bag, it’s really bad.*

- *… and there wasn't any scope for me to go and access any ethnic food. And this isn't only me. I'm talking about a wider group of women all around the city. And there was proper crisis.*

- *I was only drinking water during lockdown. And if I remember I was having a biscuit that I would live on for the week. Look, I have no one to go to for sure… I was really, really, I was really frustrated. I was really angry about myself because it was really not easy for me.*

Being a victim of abuse and an asylum seeker during lockdown

Some of the participants talked about their daily battle of surviving abuse being exacerbated by their stressors related to their immigration status of asylum seeker:

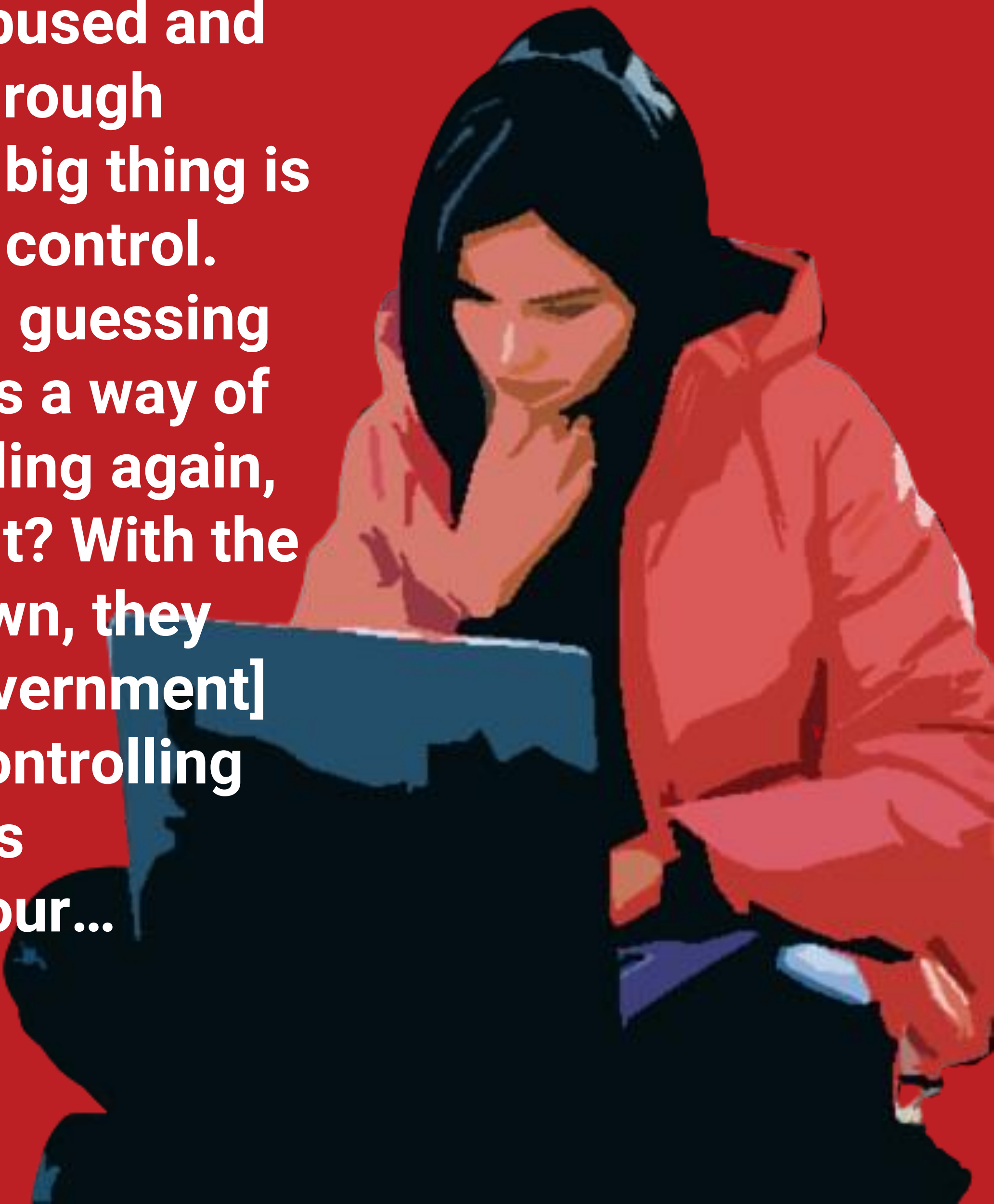
- *My daughter was very ill and she was living with me and they refused our asylum claim, she turned 18 and then by law, she now is an adult. Right, so they stopped all support for her. So, she was supposed to go and claim it all over again on her own right. But because it's a pandemic, we couldn't even do that. We couldn't do anything. So, we were stuck in between. And there was no adjustment for her because we were in a pandemic. She was scared that she didn't even have the NHS certificate… We had that paper, the 82… and she didn't even have that. We kept calling a line to help migrants. And they kept saying we need to do this. We need to do that. And we kept telling them we can't go into a GP anymore because GPS are not allowing you to go anymore, you know… I mean, she is not entitled to GP anymore, and at that time, movement was completely restricted and it was even really, really tough for us at that time, feeling angry and hopeless, abandoned.*

Issues related to asylum status went on to highlight difficulties experienced by those participants who were also homeless during COVID-19 pandemic:

- *… Because I had two episodes of pneumonia... So, I was in isolation three months. It was hard for me. And after that, it was like, you know, very difficult because they moved me from one place to another place, I had to stay in a hotel. In the three months, nearly two months the hotel has been overcrowded with homeless people. So, you're really in risk. I was really nervous here and I have to move from one place to another within this pandemic. Cos I have A, severe asthma and B, pneumonia. Now I am here, but the council didn't bother my health.*

- *And for a homeless woman living outside like me, you know, no security, COVID outside, and you know, the legal problem and no access to public funds, all this effects on your mental health and obviously is related to the COVID as well because it affects a lot, even more during this COVID period.*

> …From my experience, as a woman that has been abused and been through FGM, a big thing is around control. And I'm guessing this was a way of controlling again, wasn't it? With the lockdown, they [the government] were controlling people's behaviour…



Controlling factors leading to re-traumatization

Another important aspect of the COVID-19 pandemic described by participants was how they have been re-traumatised as a result of the lockdowns. They appeared to associate re-traumatisation with controlling factors:

- *The second lockdown… I think somebody said, ah, that it was expected it's going to happen. But the one that hit me was the one in January. It was absolutely horrible. It really got me down. And I actually had to call up the GP and get you know, medication… it was really bad. I actually called up the GP in December to say, I'm thinking I'm not being able to take this. It's really putting me down really badly. I can't take it anymore. It's just a lot of my past abuse and the feelings of how it was, all came back and I was off… not being allowed to do a few things, feeling of the trauma and how it was. I mean, these were just the flashbacks that started coming back again, not being allowed to do just simple things, you know, going out, eating what you want, meeting who you want, just simple things that now I take for granted, you know… I mean, it was really like everything had stopped again and I was controlled again, past memories hunted me...*

- *You're right, that's the world that I was missing. It's like control. You know, it starts again, even when I'm away from my perpetrator. I kept feeling controlled when I started slowly and steadily coming out of the grip of that control. Then with this lockdown, it's like, oh, I'm back there again… My body, my mind even far away, everything is controlled.*

- *Yeah, I don't know. From my experience, as a woman that has been abused and been through FGM, a big thing is around control. And I'm guessing this was a way of controlling again, wasn't it? With the lockdown, they [the government] were controlling people's behaviour. Exactly how you couldn't mix. You couldn't look after anybody. How not be afraid again?*

- *They should think about us. Already gone through lots of trauma and abuse, and when you watch the news, it is even scary. It's like there is a war, like you're dying tomorrow if you don't do what they're saying. How can we not feel controlled? Maybe they can think for example, how we can talk to these women? How we can help them? It's COVID…*

- *It was frustrating. Like who can understand? I could not explain what came out of my mind, the abuse and everything I've been through before, difficult to explain why the thoughts were there. Everything is about COVID lockdown. The GP spoke to me and said, you would need to do a counselling… then the mental health team, and then that kept getting escalated. That's what happened with me. I mean, I've not got what I was told, you know, it was, you know, I don't want to go into how I'm feeling and everything, but I just don't think it's fair.*

Feelings of injustice

Participants' frustrations extended to reporting feelings of injustice related to limited mental health support available to them:

- *Yeah. I know one of my neighbours, I live in a block of flats and one of my neighbours on the first floor had to section himself and he was sectioned for nine months and he came back for a week and he's gone and sectioned himself again. He got support, we don't. It's not fair.*

- *Just want to say, I mean, for me, during the first lockdown, I was under the care of* [name of facility], *which is a mental health clinic, and I was supposed to be a lot regular on that , but my therapy has been cut down significantly and I had my first couple of appointments cancelled with my mental health nurse for over ten years , nearly 11 years… You know, I couldn't actually get any mental health support. I'm still waiting for over 15 months now. I'm still waiting on a medication review because the medication that I'm on is not working for me and they won't increase it and they won't change it. And I've had three times, 20-minute phone calls in 18 months to discuss how I'm feeling in a mental health point of view, all the trauma, the abuse, the cultural issues, that's not good, is it? Not good at all?*

Help or trick?

The above feelings of injustice led to the discussion around help received during the pandemic, where participants expressed their doubts on existing services, even when support was provided. This subtheme appeared to fall into two categories; a lack of trust in the system and questioning who is the specialist?

Lack of trust in the system

Lack of trust was manifested by one participant who received support but continued to doubt on the genuineness of the support received:

- *It was really nice because I live in Salford and I got a phone call from Salford Council to ask if I needed any help. It was good and I was really surprised. And it turned out it was a friend I hadn't seen for a long time…. And he sort of said, Yeah, it's me, blah, bla , blah… I was really surprised. I don't know whether it's because I've been active* in [names political party] *and maybe they had my details on file or they're doing it for everyone? So I wasn't really sure, but it was nice to get help. That was the first lockdown. Not had anything else in the second one.*

Another participant recognised mainly charitable support; minimising the support received from statutory services:

- *Yeah. Even the council I mean, they hadn't helped us. So, we were reliant on charities for lots of help. So, it was really tough. And I think, like a lot of people said that, I just gave up. You know, I was sort of like, I need help. If I don't get some help, I'm sinking and I'm not being able to help myself anymore. So, I did get someone to talk to me and that helped. But then they kept escalating my case and it kept getting further and further and further down, which is very frustrating because you need help then. And there wasn't really enough help going around. It was clear that we were not a priority, they don't understand…*

Who is the specialist?

Most participants expressed their frustrations for the lack of clarity around specialist support services they have been referred to by health professionals:

- *You can't get support from the GP. Because of my health and everything about my abuse, etc., when I talk to a GP, they said, no, I can't do anything because you need to get a specialist. And specialist is not available all the time, they say. So, it's frustrating and there's no help anywhere.*

- *In my situation and everything, I was like, I don't want to go emergency. I don't want to put myself outside in hospital or somewhere. So, I was just stuck. It was really hard.*

- *I was scared. With my mental health problems I couldn't find anybody professional to discuss with somebody. So, when they said, just tried medicine and everything, I said, I already tried everything and I don't know what to do. And they said, OK, I can't do anything because we are both on the same sides. Need to talk to your specialist. That's happened a lot.*

- *But I think it's tough for us to recognize or to identify somebody who we can trust because maybe we're going to talk about something against our family, our culture. And our culture is we don't do something like that. It's something that, you know, is not culturally accepted for us to talk about some of those things. So, who is that person that you really can identify as someone who is a safer specialist for me to talk about my emotions, abuse, who can give me that assurance during this difficult period?*

Possible suggestions from women about potential services that may be culturally aware of their vulnerability and help with their mental health needs were discussed by participants. For example, some participants spoke of how they visualised such a proposed service in an ideal world:

- *Yeah, so how do we sort of break through this barrier? Maybe something like, I mean, I know I'm talking about a fantasy land here, where, you know, the health comes as soon as you want it, with a specialist. Maybe these kinds of things, maybe these would have I think that initial step that a woman takes really, to take a lot out of her chest, if it's made a little easier for her.*

- *Oh, yeah. So, if somebody is an intermediary or even just somebody there for support, who can understand when the NHS cannot help, if they understand what I've gone through and don't judge, someone who can really support you.*

It was observed that the importance of receiving help via statutory health services was still valued by most of the women, highlighting the need to promote equality of health and integrate specialist services for vulnerable women affected by FGM and other forms of abuse they may have exxperienced:

- *I think what we, as a group had spoken about is, especially when you need that support through, I mean, could that support not be linked through mental health services? Why this is like, I mean, so difficult? Could the support be through your GP or maybe, you know, with a health worker or a social worker, or somebody there you can actually have access to easily, face -to-face or online, somebody who understands your culture and the problems that affected you? You know, with this COVID, we need to talk more… because some of the times women in FGM communities don't have access to funds, women don't speak English, women don't know how to dial from an Android phone. So there have been these kind of challenges all the time during COVID pandemic.*

The need to receive support that integrates specialist services was reinforced by conversations around significant contexts, such as feeling suicidal during the COVID-19 pandemic:

- *Yeah. I was feeling suicidal… And we saw a lot of suicide around, you know, last year. I saw some of the suicide, you know, also the suicide I saw and I heard in the news. And it's all over now. So, there is no point I believe I can get well, so to speak to someone who can help and understand me was very important.*

- *Handling of the information that I gave to the FGM clinic and breaking it down to make me understand, this helped. And then you're not really left out. It’s helping me to sort of record my fears and address them slowly and steadily. I was sent to see a specialist in hospital for other issues for the abuse and you know, this comes to grips with what the reality is now and what I'm really living in. I wasn't living in the real world that I’m living in now. I was still in the past, feeling useless, thinking of dying. And to come to that with the pandemic, I think it was really, really helpful talking to someone who understands and can help you access other services in hospital.*

- *With my health problem and my family situation, I was in depression, in a big depression, like I was feeling suicidal. And the counselling provided via GP and support from my social worker didn't work well. Then they sent me to the clinic, and a couple of session I had with the FGM clinic really helped me, because I think they understand the mentality. They understand the fear. And I'm really benefited. And all these couple of special sessions, they gave me the time, I had time with them. So yeah.*

“

…counselling provided via GP and support from my social worker didn't work well. Then they sent me to the clinic, and a couple of session I had with the FGM clinic really helped me, because I think they understand the mentality. They understand the fear…

Lack of accurate information

Limited access to appropriate information related to COVID-19 and associated misinformation widely spread within participants' communities, raising fear, which clearly affected their mental health. Participants related their reactions in response to lack of information and continued misinformation nurtured within their own communities:

- *I didn't have enough information. So, we were scared to go out, even after the second lockdown, even to go out to even collect letters, go out to shop, go out to do, you know, even for a walk, it was just scary.*

- *We were all scared. I didn't have enough information to pass on to say, hey, you know, yes... The correct information. So initially, it doesn't look like we can get it [COVID] just by being outside. But once it came out from the community that it's airborne and you can get it when you're outside, everybody started fearing to go out. I became nervous, very nervous, don't understand what was happening, what was the truth.*

- *Well, yeah, I think especially for us [asylum seeker women], because we don't have access to so many things that everybody else might have... It became a big barrier for us to access enough information to do the right thing, to be, you know, sort of even to follow the news. We didn't have a TV, so we didn't know what to do about it. It was easy to just listen to what was out there, which was always scary information.*

- *Yeah. We didn't know how we could even watch the news to see what's happening, you know, so it took us time. It was really, tough. And that had a huge impact on my mental health, especially. Not so much I would say about my physical health, I suffered a bit when I was positive with COVID, but that wasn't an issue. I was anxious, worrying a lot about what may happen tomorrow.*

Along with a lack of information regarding COVID-19 per se, the women also talked of misinformation and disbelief in relation to vaccination.
Participants were mistrusting of the benefits of COVID-19 vaccine, with many describing a theory of conspiracy:

- *I think it's like the vaccine was being targeted towards the BAME [Black and South-Asian Minority Ethnic] community. We say that it is a way to keep track of the community.*

- *Some people in my community say that it's a way to sort of make us infertile, you know, women of colour… that you wouldn't have a child anymore. So, you couldn't get pregnant anymore. You wouldn't survive the vaccine. It's scary, no one wants to be infertile.*

- *I heard that the vaccine was there to keep a microchip into you and things like that…*

However, the mistrust described by some of the participants was counterbalanced by some positive views expressed by one participant, whose opinion, unfortunately, was in the minority:

- *I think we should get the vaccine, and the thing is, I am fighting on very, very different levels here in my community. I am fighting this information that comes from people's native countries in their native tongue, which it is difficult to get through. Sometimes it's within religious groups.*

The above statement led to discussing some of the barriers that affect awareness raising of COVID-19 vaccination within participants' communities, highlighting cultural barriers in discussing certain topics as a woman:

- *Yeah, and it's difficult to say, no, they are wrong because then you're actually attacking the… you know, the very close personal beliefs. Yeah, it's difficult to talk about those things, especially for us as women.*

- *It is difficult to sort of speak with people when your opinion doesn't really count, and we don't, um… it's like we don't understand the NHS.*

- *You know, all the information that NHS gave out on their website initially was all in English. Not everything was translated. So even to get the right words to translate into different languages most of us here speak, you know, there are too many languages. So, it was difficult for us to even explain to other women in our languages.*

- *And really, we are not equipped to explain the medical terms to start with. It did come eventually in Salford, where we started doing little, you know, meet ups, discussions online with the FGM Group. We had a lot of members came online, a lot of health professionals came online.*

- *Yeah… And we got to know our questions were answered. But initial fear that gripped the community, the effect of that is still visible because a lot of women had flatly refused. They will not get vaccinated. They are not sure. They don't want to get vaccinated. So, it's still a struggle.*

- *It's a new vaccine. It's been fast tracked. We don't know what the effects will be after a year, two years. So, you know, we all have to probably wait and watch.*

Summary of findings

A Focus Group Discussion comprising of seven women from FGM practicing communities, who have been affected by FGM and other forms of abuse, provided their lived experiences of how their mental health has been affected during the COVID-19 pandemic.

Overarching themes that emerged from data collected were as follow: (1) Testing positive to COVID-19, (2) COVID-19 Lockdowns, and (3) Lack of accurate information.

Participants' mental health issues identified within the findings include fear of dying, frustration, anxiety, loneliness, feelings of being controlled, re-traumatisation, anger, hopeless, worry, helpless, suicidal ideations, and stigma.

In addition, the different themes highlighted the significance of understanding the complexity of emotional and mental health problems experienced by vulnerable women within FGM practicing communities during COVID-19. It became evident that participants dealt with conflicted emotional stressors; those linked with COVID-19 as opposed to those related to their abuse experience. These findings indicate that women from minority ethnic communities, who are or have been victims of abuse, are in need of tailored psychosocial support. Such support not only needs to come from specialist services that understand their cultural needs and how they may be linked to the nature of abuse they have been through, but also from statutory mental health services.

Other key points that strongly emerged from the findings were the stress, worry and fear experienced by participants due to lack of accurate information on the COVID-19 pandemic, and more specifically on the vaccine, positive test results and lockdown measures. Such findings could suggest the need to educate women from ethnic backgrounds on the different contexts attached to COVID-19, to help enhance their mental health.

It is important to recognise some limitations within this study. It is based on one Focus Group Discussion that involved seven participants, who had experienced abuse, were living in a targeted area, and whose mental health had been further exacerbated by the COVID-19 pandemic. There is a need to conduct similar narrative research, that would reach a wider sample of women from ethnic minority populations who are victims of abuse, including those who have been admitted in hospital. This would provide a better understanding of the mental health needs of this group of people, and perhaps better identify effective therapeutic interventions that could be used to address these.

RECOMMENDATIONS

There is a need to consider cross-cultural psychosocial interventions that would provide cultural counselling, as well as awareness raising relating to COVID-19. This would have the potential to help alleviate mental health problems highlighted in these findings, which were mainly accentuated by the lack of accurate information on COVID-19.

Preventing re-traumatisation is essential to avoid mental illness for women who already have a history of abuse. Careful attention is needed when assessing their mental health in relation to the COVID-19 pandemic, as the two issues need to be separated in order to provide appropriate support.

It is essential that health professionals pursue continuous educational development in terms of cultural awareness, particularly in light of COVID-19 and in preparation for meeting the needs of women experiencing post-COVID-19 effects. Professionals also need to consider spending more time to breakdown the information that is given to women victims of FGM and other forms of abuse, who come from differing ethnic minority backgrounds.

Mental health professionals should envisage working closely with cross-cultural specialist therapeutic services to develop a strong evidence base through knowledge transfer and research. This will contribute to enhancing the quality of therapeutic interventions provided to the women, as well as promoting equality in health and tackling injustice, as evidenced in the findings.

In this respect, it was evident in the findings that equality in health has been affected by immigration law for asylum seeker women during the COVID-19 pandemic, emphasising the need to review asylum policies under particular circumstances to avoid endangering the lives of these women.

Consideration should be given to the above recommendations, particularly those relating to health and social care professional responsibilities, immigration, and UK policy makers, as these will lead to the promotion of positive mental health and wellbeing for ALL and tackle health inequality.

CONCLUSIONS

This qualitative study used a focus group discussion to explore the lived experiences of seven women from ethnic minority backgrounds, who live in Salford, Greater Manchester. Each of the seven women were victims of FGM and other forms of abuse, and their mental health has been affected by the COVID-19 pandemic.

While the pandemic seems to be coming gradually under control in the UK, findings of this study demonstrate that more needs to be done with regard to the mental health needs of vulnerable women within ethnic minority population. This is particularly pertinent for those dually affected by the COVID-19 pandemic while already struggling with a history of abuse.

Findings from this study also inform the understanding of re-traumatisation, how this has been triggered by the COVID-19 pandemic, and how this has initiated psychological distress. Recommendations resulting from the findings of this study shed light on the specific mental health needs of these vulnerable women and provide opportunity for future research.

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