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Female Genital Mutilation (FGM) trauma and mental health support during the UK lockdown: Exploring women's experiences

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Abstract

Purpose: This paper reports findings from interviews with seven African-heritage women attending an FGM Clinic in the north of England, during the COVID-19 lockdown. The Clinic, established several years prior to the pandemic, provides specialist therapeutic support to women and girls from minority ethnic communities who are affected by harmful 'traditional' practices, including FGM. The services provided by the Clinic include early interventions, peer support, community engagement and empowerment around FGM.

Design/methodology/approach: Data was collected during an online focus group discussion with seven women who had received counselling for FGM, to gain insight into their lived experiences of therapeutic support during the pandemic.

Findings: Using Braun and Clarke (2006) six-steps thematic analysis, four superordinate themes derived from the data: Consistency and continuity; Safety in shared experience and creativity; Feeling heard, feeling stronger; Altruism and desire for change.

Originality: These themes provide an insight into these women's experiences of the trauma associated with FGM and receiving mental health support during the pandemic.

Keywords: COVID-19; counselling support; FGM; African women; ethnic minority communities; therapy; trauma

Introduction

Around 200 million women and girls worldwide are living with the life-changing consequences of FGM. This procedure, which has no medical basis, is recognised as a violation of women's rights (WHO, 2020; 2018). FGM is categorised into 4 types: **Type 1**: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy). **Type 2**: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision). **Type 3**: Narrowing of the vaginal orifice creating a covering seal by cutting and re-positioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation). **Type 4**: All other harmful procedures to the female genitalia for non-medical purposes, for example, pricking, piercing, incision, labia stretching and cauterization, are classified under this group (WHO, 2008).

FGM is practiced in over 30 countries, primarily in Africa, but also in Asia and the Middle East, as well as in diaspora communities in Western Europe (Bhalla, 2021). In England and Wales between April 2015 and September 2019, 22,500 girls and women were recorded by NHS Digital as having undergone FGM (Home, Rowland, Gerry, Proudman, Walton, 2020; Mulongo & McAndrew, 2021). The health costs of FGM (WHO, 2020; Tordrup et al., 2022), which is usually carried out when girls are in their infancy and up to the age of 15 years, can be devastating and are linked with a range of immediate and long-term physical injuries (WHO, 2020; Berg et al., 2014) and emotional trauma (Wulfes, et al., 2022; Mulongo et al., 2014).

Times of social adversity, conflict, and disaster have been associated with an increased incidence of FGM (UNICEF, 2021) and a sharp decline in mental wellbeing (Abdalla & Galea, 2019). This situation is said to be due to wide scale disruption and changes in public and social systems, which may have previously provided a protective shield in less-adverse times (Bellizzi, et al., 2020). For example, the women who participated in this study had all attended a FGM Clinic in the north of England, during the COVID-19 pandemic. The Clinic, established several years prior to the pandemic, provides specialist therapeutic support, particularly to women and girls from FGM practicing communities, who have been affected by FGM, as classified by the WHO (2008). Services provided by the FGM Clinic include early interventions, individual and group therapy, peer support, community engagement and promoting empowerment around FGM. However, in response to the pandemic, services had to be offered online rather than face to face, and little is known of the impact of this significant change. This is important to understand as vulnerable groups have been found to be at risk of mental distress, especially anxiety, due to lack of access to health and social care resources (Moghanibashi-Mansourieh, 2021). This is particularly salient for women who have experienced FGM, as it is associated with a broad range of psychiatric complications (Chen, et al., 2022; Abdalla & Galea, 2019; Plugge et al, 2019; Mulongo et al., 2014).

While research studies have explored the impact of COVID-19 on many facets of social life in the UK, far less is discussed the impact of such events on vulnerable women already engaged in therapy. This is specifically the case for those affected by FGM, whose vulnerability increased during the pandemic period. A recent FGM study conducted during the pandemic concluded that "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" (Bellizzi et al., 2020, p. 53). It is important that research studies consider the voices of women when investigating psychosocial challenges resultant of COVID-19, particularly those faced by survivors of FGM, living in practicing communities in the UK (Mulongo et al, 2021).

Aims

This paper presents findings from a study conducted in Greater Manchester, in the North-West of England, exploring the experiences of seven women who have experienced FGM, and who received therapeutic support during the COVID-19 pandemic.

Methods

This qualitative study used Community-based Participatory Research (CBPR) to explore the impact of COVID-19 on the mental wellbeing of women who had been exposed to FGM. Women aged 18 years and above, from FGM practicing **communities** in Greater Manchester, were recruited via a registered Charitable organisation based in this geographical area. Inclusion criteria were women who had been emotionally affected by FGM, were existing or former clients of the FGM Clinic in the targeted area, and who had a decent proficiency in spoken English. In total 33 women met these criteria and were invited to take part, while only seven of them, aged between 25 and 55 years, accepted the invitation to take part in an online focus group. Participants originated from Somalia, Gambia, Yemen, Nigeria, Eritrea, and Sudan. This was a close representation of countries known to have a high prevalence of FGM.

Using Microsoft Teams, all participants consented to take part in the online focus group discussion, facilitated by one of the researchers in the team. Open-ended questions were used to prompt participants to share their experiences of receiving therapeutic support during the COVID-19 pandemic (appendix 1). The focus group, which lasted for 80 minutes, was audio-recorded, transcribed verbatim, and subjected to thematic analysis. Thematic analysis is used to methodically identify, organise, and evaluate patterns or themes within a dataset (Braun and Clarke, 2014), allowing researchers to better identify and understand the cumulative shared experiences and meanings ascribed by participants. Thematic analysis was undertaken by two of the research team using Braun and Clarke's (2006) six-step process; (1) familiarisation with data, (2) developing initial codes, (3) determining themes, (4) examining themes, (5) defining and refining themes and (6) producing the final report. In this instance steps 1 – 4 inclusive were undertaken independently by two researchers of the research team, who then came together to negotiate and collaborate to achieve step 5.

A constructivist epistemological position underpinned this research, compatible with Thematic Analysis (Braun & Clarke, 2006). It was important to give a voice to participants and recognise the multiple meanings to their experiences of receiving therapeutic support during the COVID-19 pandemic. An inductive approach was adopted to focus on coding data collected exclusively in this research, guided by questions recommended by Braun and Clarke (2006), and carried out manually.

Thematic Analysis started with a systematic coding of data collected from the focus group discussion, to allow overarching themes to emerge. However, carefully consideration was given to floating codes, which may have had significant meanings for participants. It was important to consider the uniqueness of each participant within the group, the different aspects of their experiences, for example in relation with their cultural differences, immigration status, the type of FGM each participant may have undergone, varied levels of trauma experienced and how much these were exacerbated during the pandemic, or the environmental situation during the COVID-19 period. These themes were re-examined by the research team to allow their validation.

The project was fully approved by the University of [XXX] Psychology and Social Work Ethics Committee (HEALTH 0122) and followed the code of ethics governed by the British Psychology Society.

Findings

Four significant themes were derived from data collected and analysed, namely: Consistency and continuity; Safety in shared experience and creativity; feeling heard, feeling stronger; altruism and desire for change.

Consistency and continuity

Women receiving emotional support at the FGM Clinic during the COVID-19 pandemic were overwhelmingly positive about their experiences of being supported. Relational dimensions to the therapeutic support offered by FGM therapists were emphasised, despite a shift from face to face to online delivery. Expressed benefits of engaging with the service were linked to subjective needs relating to FGM:

> *I find it's [given] more confidence to me, I feel like I could explain things because I really meet what I really need, what I need to hear. So I wish everybody kind of this opportunity which I have. So there's a lot of people like me in this shock of FGM that they must come to the sessions… (Participant 5)*

The need to meet online was understood and appreciated:

> *During the coronavirus, we couldn't see face to face. So we start seeing online every week, which was really helpful.*

Anxieties about not receiving support were ameliorated by opportunities to meet online:

> *Before the pandemic, yeah, they told us the Clinic is in our area…. I wanted to see the place with my friend but the COVID started. What am I going to do? Oh I was anxious again. Yeah, I needed help, but the help was not there. Until they said they can see us online. I was so depressed before, now I am so happy.*

Online provision did not impede relational aspects of the support and camaraderie among participants. Participants were refreshingly pragmatic in their valuing of online support as the best that could be expected in the circumstances:

> *Face to face is always good because you are always seeing the person you are talking to; someone can give you comfort. When I have support during the coronavirus time, it was something that I wasn't used to, talking to someone online. But at the end it was OK, because you are also seeing the person in your phone, and this was the best thing we can do during that time.*

This acceptance extended to appreciation of the importance of whatever support was available for ameliorating mental distress, which may have been further exacerbated by isolation and other impacts of the pandemic restrictions:

> *Zoom has helped me and keep me going … Because if we were not using online in coronavirus time, we can become crazy. I don't know about other people, but for me I would have turned mad and the fact that I had meetings with the therapist online was saving my mental* [health].

This also had a benefit for more general mental wellbeing:

> *Those meetings online with the group also help us at that time of the corona, we were doing what we could do and keep our minds in good well-being with the activities they were doing with us.*

Consistency of therapeutic support was highly valued, expressed as appreciation for seeing the same person rather than a series of different people:

> *It was great seeing one person because at least there was like a connection with the therapist, she makes you feel comfortable, and you feel like you can trust her. Because it's not easy if you see like, different people. And I was really glad to see one person.*

This approval encompassed the extent to which inter-personal aspects of support are best enacted in the context of a consistent relationship. The virtual contact did not diminish this:

> *The therapy that I was getting from the Clinic was something that I needed, it was fantastic. That's why I was connecting on zoom with my therapist and I always look forward to seeing her, talking to her, It's nice…*

Once a strong, supportive relationship was established, participants were confident their personhood and needs were understood and attended to. This consistency was also valued for facilitating the sort of sensitive self-disclosure that must be the basis of an effective therapeutic relationship and mutual recognition:

> *I'm someone that I don't easily open up or talk to people about things that I go through. So, if I speak to one person, if I open up, if I have the confidence to open up to one person, I speak to the person and then I like that connection. So, it's better for me to speak to one person that I know and tell my story, that I really connect to, who understand what I am talking about, rather than speaking to different people. And I have not to explain myself all over again and again.*

These relationships could sustain transactions of trust, help and support, in the face of strong disincentives such as stigma and shame:

> *I was having difficulty explaining things because I felt ashamed. The therapist encouraged me just to share, because what I say is confidential and should not be ashamed of anything. So, after some time I got comfortable.*

Conversely, this valuing of consistency was contradicted by some participants who identified positive aspects of seeing different people:

> *I've seen different people during my therapy. But I guess what I really want is for them to hear about my problems... [Its] Good, because they can talk to me differently. it was also good because it seems I'm still talking to the same person I see previously. They're all like the same, I think. OK, might not be? One could speak my language, I could then speak in Somali."*

Continuities and consistencies were still possible, and this was reflected in participants' experiences of cooperative teamworking and effective communication:

> *The doctors I talked with at the Clinic. So, they are all connected. They are working in together, they know everything about FGM. Yes, I feel confidence with them and safe.*

Safety in shared experience and creativity

In line with its objectives, the Clinic provision furnishes a space which offers a sense of safety and security for participants:

> *Face-to-face FGM Clinic is one place I could go every time, they don't change the venue… I used to it, and very comfortable ……. I feel like I know everything I do is in confidence, and I see the same person. So, I felt very welcome.*

Congruent with the experiences of individual support, the group intervention also enabled a safe and secure space:

> *I am benefiting by having the same space to talk about the issue itself very openly, even if it is virtual, but it is my space.*

This safe space and inurement from stigma were enabled by the interaction of the setting and aforementioned creativity:

> *it just feels like a really nice environment to do creative stuff and feel strong, as nothing can hit you again, FGM or domestic abuse.*

> *I don't feel comfortable saying I'm going to therapy … I'm an artist and like I do art, but not have to tell them* [friends] *what else is good there [therapy]. I don't want them to judge me.*

Being able to express artistic talents in the context of mutual support, underpins experiences of satisfaction and a sense of being useful to others. Participants thus appreciated the safe place and also contributed to it:

> *It's a really good way of distracting from the problem, a really good therapy, which is why I like it. But I also like that I have something to do that is useful. Like I feel like I'm contributing to like the world.*

Some participants had telephone therapy and found this helpful as they could get out of the house and walk while receiving therapy.

The recognition of shared experience was appreciated and helpful:

> *I think knowing that other people are also engaging makes me feel like I'm in the right place and in the right headspace. And there's a lot to learn from other people and other people who are healing from their trauma as well.*

Shared identity and reciprocal support within the groups engendered confidence and helped to dismantle shame and negative feelings:

> *In the women group you are more confident when you talk to people, the way everybody is looking at you is like, you know nothing is wrong with you… So that makes it better because you don't feel like miserable, awful… Because when you have a problem mentally, sometimes you can be very aware of people around you because you think they don't care about you.*

The online group work was not a barrier to dynamic interaction between group members:

> *We were able to work together, do some creative work together and share our experience, singing, dancing online. It was fun.*

Similarly, participants reported various benefits of group work, including ways in which collective discussions could minimise a sense of being alone through foregrounding common experience:

The group work tapped into people's capabilities for creativity and generativity, which had a clear route to empowerment and healing:

> *I also like got to the group to do lots of like arts and creative stuff, like I'm a poet…. I was really attracted to the creative side of it, it helped me heal.*

> *I got to see how other women were doing… some women were doing like paintings and women were doing like singing… it was just nice to go somewhere, like work out what was working for everyone else and express myself.*

This, in turn, was linked to therapists' facilitation skills:

> *The therapist guides us, and we now know how we talk a lot about like the artwork we produce, and they represent our problems in another way, we are happy to discuss our artwork and share with others.*

The potentially hard work of therapy was thus leavened by fun and enjoyment, mediated by the creative approach:

> *Giving us wellbeing and good activities to think and do together, which was really good because we are actually having some fun playing games… And it was really fantastic and that I actually enjoyed it.*

The artwork also allowed participants to demonstrate how they have overcome traumatic experiences:

> *The creative side of it that helps with like having something to be like this is what we've been able to make from our, like, trauma and our pain as well.*

Feeling heard, feeling stronger

Participants especially valued the supportive and therapeutic benefits of being listened to. This was more than just having an opportunity to tell one's story. There was a profound sense that opportunities to be listened to were an essential part of the healing process, as was the therapist's ability to hold distressing emotions that were grounded in some abjectly traumatising experiences:

> *The most helpful was about being listened to and learning from them, and how they support and keep me feel calm.*

> *Speaking to someone when I need to speak to someone to tell them of the challenges I'm facing. They're always there, they're always listen.*

The service was clearly sensitive to the special needs of women who had experienced FGM, and this was equally mirrored in participants' views about the value of the service. For some, this was about dispelling ignorance or raising awareness:

> *The support was great at first because where I come from, it's that we don't talk about it and there's nothing to really speak on it anyway…….. when I met with the therapist at the Clinic, she first heard what I said about my story and then she explained all the things that comes with it. So, it was like a bit of an eye opener and a lot of enlightenment because I didn't know anything about this from where I came from.*

Complicated psychosocial consequences were ameliorated at least in part by a compassionate response:

> *You know, your body is not sexy because of FGM and you think that's the end of the world. When it is the situation many of us feel like this in my community. When you get help from the Clinic, you feel relaxed, they show you love and kindness.*

During lockdown problems became worse:

> *In lockdown, my relationship and some of the other problems I was facing were really overwhelming. And so, it was so good that I used to talk to someone about those problems.*

Appreciation for the value of the Clinic was often expressed in terms of specific benefits accruing to individuals. This could be presented in juxtaposition to more critical views of other services:

> *Being able to talk to someone who understood the full context of the situation. Whenever I have access, like any kind of therapy in the past, like through the NHS or the public service, it's been a bit more harder because I find I'm explaining the same thing over and over and over again and not receiving holistic care.*

Perceived benefits were associated with recognition of receiving support from people who properly understood a person's needs and experiences, and, indeed, may have shared some of these. In this sense, the possibility for shared recognition moves beyond the acknowledgement of shared experiences to confer mutual respect for each other:

> *So it's been a massive benefit to be able to receive support by having someone like, listen to me like treat me with dignity and respect and just like take into consideration what I'm saying and validate my experiences.*

A substantial benefit beyond individual healing was raising people's confidence to express views about FGM in their communities:

> *I have now all the tools that I need to be able to challenge it. I know that it's wrong. But it's taken me years to get to a point where I can confidently say that. And I've gotten to that place by engaging in my therapy sessions.*

This also extended to expressions of mutual solidarity and survivorship:

> *We're all survivors. That's the most I just love like we're all strong women now, all survivors.*

In various ways the participants spoke of the sense they had made of the impact of therapy and their existential appreciation for this:

> *The reason I think I'm still here and smiling and woke up this morning and I can talk to you is because I received this support.*

A notion of salvation was redolent in many of the accounts, reflecting the depth of people's previous trauma and isolation:

> *[It] was like I had someone who came to save me, the support that I got during one to one was so good and this was fantastic.*

This readily translated into gratitude and feelings of redeemed personhood:

> *I want to say thank you very much to them for opening my eyes up, and it makes me want to open up and the way they looked at me, made me feel a woman again.*

Participants also gained new knowledge. This was quintessentially linked to moments of personal growth:

> *I didn't know* [FGM was bad]*. I didn't know before because when I started talking about it, I was ashamed at first, but when I start talking about it, talking about the complications that I was having myself and I got the education that the therapist gave to me, that's when I really understood it is true. I felt like I understood why I had problems after my FGM.*

Similarly, there was a consequential regaining of self-confidence and belief in one's own capabilities; ultimately leading to finding one's voice:

> *It was an eye-opener. When my self-esteem and my confidence was gone, and I needed somebody to talk to I received that. So, somebody speaks to me, and it makes me feel like I'm not worthless, because sometimes my feelings make me feel like your life is over and you lose confidence ... Made me feel like I am normal again and I'm able to speak.*

These personal developments were typically associated with increased empowerment and a capacity for moving on with their lives:

> *If it wasn't for this service, I don't think I will be where I am now with my confidence and assurance as a woman. I know now I am not alone, I am now strong.*

Altruism and desire for change

Many of the participants were committed to building upon personal strength gained in therapy to offer something back into their communities. Such activity would be seen to have a reciprocal benefit, feeding back into a consolidation of personal empowerment. This desire for change might extend to campaigning:

> *That is why I campaigned to people around me… to know much about this thing, the bad things that FGM bring to us. That is not something that is good for us and with the Clinic you are in safety hands, and that when you talk to them, I feel most weeks that it is possible, I can go far in life.*

There was a clear link between the personal and the political. Individuals recognised the importance for them to move forward their learning and capabilities to enact change for the benefit of future generations:

> *It supports me a lot mentally by knowing that I'm challenging it within, like, how it's affected me and my personal life, but also like challenging it for people who are younger than me and other people who might be at risk of it*

Despite personal desires to remain involved and in receipt of support, participants' altruism extended to recognising a need to move on and make space for others to benefit as they themselves had:

> *I was going to stay in the group for long time because I enjoy that. But I think we're OK to leave for others to come to the group.*

The capability to overcome was in turn empowering:

> *I really acknowledge that it's a really private and secretive issue. And so I'm trying everything I can do to kind of make it normal, because I don't want to give it that power.*

Participants also voiced ideas for improving the service and extending its reach and justified claiming increased funding, alongside appeals for wider social change:

> *The service is really good. Only thing I would like to see improve is just if they can educate the people who really do it because in this case people talk about it, but most people find it difficult to change because it is in their head because of the culture and it's hard to change their mind, like, really change that if they are not educated in small groups.*

Discussion

The four themes identified above: Consistency and continuity; Safety in shared experience and creativity; Feeling heard and feeling stronger; and Altruism and desire, reflect the experiences of seven women who have undergone FGM, and who received therapeutic support during the COVID-19 pandemic.

Consistency and continuity

Within the therapeutic milieu face to face support is deemed superior, but during the COVID-19 pandemic this was halted. For the women in this study the stress and worry of not receiving support was ameliorated by being given the opportunity to meet online. This is congruent with broader research into digitally delivered health consultations and interventions, rendering this approach more important in light of the COVID-19 pandemic (Jandoo, 2020; Mardani et al., 2020). Participants in the study were pragmatic in their valuing of online support, as within the given circumstances they believed it was '*the best that they could hope for'*. For some participants the online support was an anti-dote to feelings of distress and isolation, which may have been further exacerbated by the isolation imposed by the pandemic.

Consistency of therapeutic support was highly valued by some participants. This encompassed seeing the same person rather than a series of different people throughout their therapeutic sessions. Consistency facilitates the development of trust and is an important cornerstone when developing a therapeutic relationship (Rogers, 1951). Once a strong, supportive relationship was established participants were confident that their personhood and needs were understood and attended to. Consistency within the therapeutic relationship was also appreciated for facilitating sensitive self-disclosure. Knowing that a therapist is constant and reliable, provides the client with reassurance that it is safe to explore emotional issues that might otherwise be avoided, and is said to be a key facet of an effective therapeutic relationship (Mearns & Cooper, 2005). However, despite the valuing of consistently seeing the same person, participants who reported seeing different therapists did not have a negative experience, but rather identified positive aspects of seeing a variety of people.

Safety in shared experience and creativity

When facilitating disclosure, it is important to provide a safe space for clients to express themselves, and for sessions to have enough flexibility to meet their individual needs (Omylinska-Thurston & Cooper, 2014; Simonsen & Cooper, 2015). Within this study the women had experienced therapy via a group intervention, which had also provided them with a safe and secure space to discuss sensitive, and often taboo, topics. Having the freedom to talk openly, without censor, and without fear of upsetting others can instill a sense of relief (Lambert, 2007).

Participants reported various benefits of group work, including the ways in which collective discussions minimised a sense of being alone. Shared identity and reciprocal support within the groups can engender confidence and help to dismantle feelings of shame, the latter often associated with FGM (Mulongo et al., 2021; Ekweme et al., 2010). Shame can lead to feelings of inferiority, being socially unattractive and powerlessness (Harmen & Lee, 2010). The group work experienced by participants encompassed the women's capabilities for creativity and promoted empowerment and healing. Creative arts can facilitate exogenous expression of the aesthetic, communicating feelings and emotions that enable sense making of human experience (Mulongo et al., 2021; Warne & McAndrew, 2010). For the women in this study being able to express their artistic talents in the context of mutual support, prompted experiences of satisfaction and a sense of being useful to others. Likewise, the hard work of therapy was leavened by fun and enjoyment, mediated by the creative approach integral to their group therapy.

Feeling heard, feeling stronger

Participants valued the supportive and therapeutic benefits of being listened to. For the women this was more than just having the opportunity to tell one's story, it was an essential part of the healing process, as was the therapist's ability to hold distressing emotions that were grounded in some of their traumatising experiences, some of which were brought to the fore by stressors linked to the COVID-19 pandemic. Indeed, the most helpful elements of therapeutic endeavor are acknowledged as the therapist's ability to listen and demonstrate understanding (Gostas et al., 2012; Jones et al., 2015). Likewise, the therapist being able to deal with difficult and strong emotions, whilst showing a willingness to explore sensitive issues and provide comfort will promote a feeling of being safe and secure (Oliveira et al., 2012). Within this study the complicated psychosocial consequences of FGM and seeking help during a pandemic appeared to be ameliorated by a compassionate response. The perceived benefits of groups therapy were associated with receiving support from people who clearly understood and shared the women's experiences and needs. Expressions of mutual recognition,

solidarity and survivorship facilitated a move beyond the acknowledgement of shared experiences, to confer valuing and respect for others.

For the participants' regaining self-confidence and belief in one's own capabilities was an important outcome of the group therapy; ultimately leading to finding one's voice (Mulongo et al., 2017). The women's confidence to express views about FGM in their communities was a substantial benefit beyond, but associated with individual healing. These personal developments were associated with increased empowerment and with participants reporting being much better placed for moving on in their lives.

Altruism and desire to change

Altruism has often been associated with promoting mental wellbeing, this particularly being the case during the COVID-19 pandemic (Giovanis & Ozdamar, 2020; Post, 2005). Many of the participants were keen to build on the personal strengths they gained during therapy to offer something back into their communities. Despite participants' desires to remain in receipt of support, their' altruism extended to recognising the need to move on, making space for others to benefit from the service as they themselves had. Participants also voiced ideas for wider social change. Such activity would have a reciprocal benefit, feeding back into a consolidation of their personal empowerment. Participants recognised the importance to move forward, using their learning and new-found capabilities they voiced their desire to enact change for the benefit of future generations.

Limitations and Recommendations for Further Research

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 FGM, were living in a targeted area, and whose mental health had been further compromised by the COVID-19 pandemic. The findings of this study indicate that it is essential to consider participants' experiences of receiving therapeutic support during the COVID-19 pandemic. It was observed that emotional stressors linked with participants' experiences of FGM may be exacerbated by those related to COVID-19. There is a need to conduct similar research, perhaps on an individual basis, that would reach a wider sample of women from ethnic minority populations who are survivors of FGM, including those from FGM practicing communities who have been hospitalised through their deteriorating mental health. This would add to the small, but growing body of evidence, to provide a better understanding of the experiences of their mental health needs during the COVID-19 pandemic, and perhaps better identify effective therapeutic interventions.

Conclusion

The themes identified highlight the importance of listening to participants' experiences of receiving emotional support during the COVID-19 pandemic. It became evident that benefiting from consistent and on-going emotional support during the pandemic period, regardless of the delivery approach adopted, had a significant impact on enhancing their mental wellbeing. Using a creative approach in the group therapy during online sessions had a healing effect through empowerment, feelings of safety, belonging and happiness, further reducing isolation, and additional stress and anxiety linked to the COVID-19 pandemic. The ability of the therapists to creatively adapt therapeutic sessions during the pandemic period while being able to actively listen to the women reinforced the existing value of

an effective therapeutic alliance. This is clearly evident in the theme of altruism, hence the women's desire to move on with their lives, help others and contemplate a positive future. Findings also demonstrate the need to further examine tailored psychosocial support when wanting to enhance mental health service provision for women and girls affected by FGM. 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 FGM they have experienced, but also from statutory mental health services.

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Appendix 1

Table 1: Interview outline – FGM Clinic

1. Please describe your experience of attending therapeutic sessions at the FGM Clinic during the COVID-19 pandemic (face-to-face or online, individual or group therapy).
2. Did you see the same person each time you attended the FGM Clinic? If no – how did you find seeing different people?
3. In addition to being supported in relation to FGM, have you also been mentally or emotionally affected by the pandemic during this period?
4. What do you believe was most helpful to you when attending the session/s, either individual or group therapy? Any value/benefit you would like to discuss?
5. What more would you have liked when attending the Clinic during this pandemic period?
6. Thinking about your experience, please tell us how you think we could improve the support provided at the Clinic?
7. Is there anything more you would like to say about attending the Clinic?