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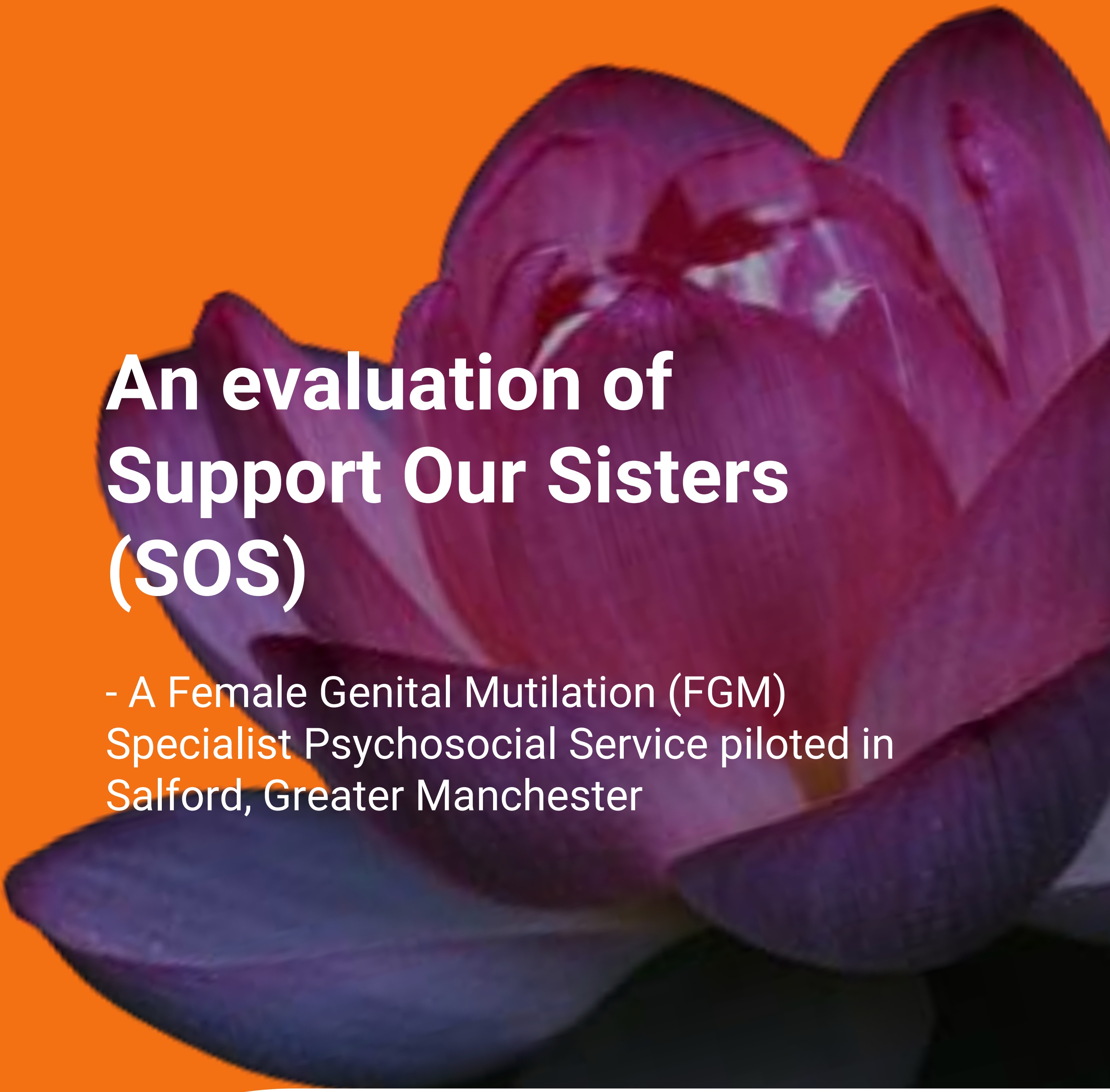

An evaluation of Support Our Sisters (SOS)

- A Female Genital Mutilation (FGM) Specialist Psychosocial Service piloted in Salford, Greater Manchester

nestac
NEW STEP FOR AFRICAN COMMUNITY

> …the training and the experience made me personally more aware of the consequences of having FGM or having gone through FGM…

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Contractors

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CONTENTS

INTRODUCTION

Report aims:

This report details an evaluation of the Female Genital Mutilation (FGM) Support Our Sisters (SOS) Pilot Clinic in Salford, Greater Manchester. The SOS Clinic is hosted by the New Step for African Communities (NESTAC), a third sector organisation based in Greater Manchester, registered as a charity since 2003. NESTAC runs a wellbeing programme for people of Black, Asian, and Minority Ethnic heritage with a focus on women and young girls who are victims of harmful ‘traditional’ abuse, including FGM.

Background of SOS Pilot Clinic:

NESTAC developed the SOS Project several years ago, as a coordinated specialist FGM mental health service already delivered in Manchester. NESTAC has been commissioned by NHS Salford, Clinical Commissioning Group (CCG) to duplicate this existing project in the borough. As a result, a twelve-month SOS Pilot Clinic was implemented in Salford in July 2020. Referral routes to the SOS Pilot Clinic in Salford are varied. NESTAC have their own management committee and regulations who work collaboratively with non-statutory and statutory agencies including health and social care services. The SOS Pilot Clinic tackles health inequalities and provides a tailored specialist service for women affected by, or at risk of FGM, within a community hub. The services provided by the SOS Pilot Clinic include early interventions, peer support, community engagement and empowerment in Salford around FGM, with a view to establishing a sustainable model over time, particularly in light with the long-term impacts caused by the COVID-19 pandemic, which coincides with the launch of this Pilot project.

The provision of psychosocial therapeutic support to women and young girls at risk or, or who have been affected by FGM, has been identified as a gap in the Greater Manchester multi-agency protocol (2014), backed by the Department of Health (2015) guidance. However, this has been scarcely addressed in the region, while the gap is still unmet in Salford. The SOS Pilot Clinic intends to fill this gap to improve FGM services in Salford. Furthermore, the provision of an adequate and well-established psychotherapeutic service to this target group of women contributes to meeting FGM objectives set by UK national standards and quality assurance processes; namely FGM Multi-Agency Guideline (2016); Violence Against Women and Girls (VAWG) Strategy (2016); Home Office Mandatory Reporting (2015); Department of Health Guidance – Safeguarding against FGM (2015) and The Royal College of Obstetricians and Gynaecologist Female Genital Mutilation and its Management (Green-top Guideline 53) (2015).

Report structure:

This evaluation report provides an overview of qualitative data regarding the effectiveness of the SOS Pilot Clinic in Salford, Greater Manchester (a) for those receiving individual online emotional support, and (b) the role of Mental Wellbeing Peer Mentors (MWPMs) at the SOS Clinic. The report is divided into four sections. Section 1 offers the reader an overview of FGM prior to Section 2, which briefly outlines of how the evaluation was conducted and how the data was analysed. Section 3 reports on the evaluation findings and recommendations. Section 4 provides conclusions based on the evidence presented.

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SECTION 1. Overview of FGM & the SOS Pilot Clinic

1.1 Extent of the problem

Around 200 million women and girls worldwide are living with the life-changing consequences of female genital mutilation (FGM) - a harmful practice that is also known as 'cutting' (WHO, World Health Organisation, 2020). FGM is defined by WHO (2020) 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". The health impact of FGM, usually carried out between infancy and 15 years, can be devastating. Girls who are exposed to FGM are at immediate risk of severe pain, bleeding, shock, difficulty in passing urine and faeces, and infections that may lead to longer term chronic pain, injury, and infections. The process of FGM is traumatic and can also be lethal - deaths may occur due to shock, extreme blood loss, and heart attacks (Malik et al, 2018).

FGM is a serious concern in the UK due to migration of the populations most at risk, particularly girls and women from sub-Saharan Africa, Asia, and the Middle East (Ahinkorah et al. 2020). Although FGM has been illegal in the UK since 1985, there are reports that British-born girls are still being cut (Hodes et al. 2021). FGM is recognised as a 'hidden crime' and the number of women and girls who have undergone FGM or are at risk of FGM in Britain is highly contested. This, in part, is due to the many challenges in obtaining reliable data (Macfarlane, 2019).

What is clear from existing data is that some girls and women are at risk of, or have been subjected to, FGM in the UK. During 2016-2017, 5,112 new cases were reported (Moffat, 2017) and research by the Home Office approximated that more than 100,000 women living in the UK were FGM survivors (Cook, 2016). More recently, the FGM Enhanced Dataset that supports the Department of Health and Social Care's FGM Prevention Programme shows that 1,550 individual women and girls' attendance was reported at NHS trusts and GP practices where FGM was identified, between January 2021 and March 2021. Further, that were 690 newly recorded women and girls in this 3-month period and that 82 NHS trusts and 13 GP practices submitted one or more FGM attendance records (NHS, 2021a).

The FGM Enhanced Dataset also shows that in the northwest region of England, there was a total of 885 cases of individual women and girls recorded during the reporting period. In the Greater Manchester Combined Authority (GMCA) region specifically, other data estimates that there are approximately 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 (GMCA, 2019; McAndrew & Ayodeji, 2019). There is, therefore, a clear need for grassroot community, health, and social care organisations in the GMCA region to work with FGM practicing families and communities, to develop education programmes that improve awareness on the impact of FGM practices on girls and women (McAndrew & Ayodeji, 2019).

1.2 Psychosocial impact of FGM & perceptions of professionals in the UK

FGM is a traumatic experience for many girls and women and, aside from the devastating physical consequences, FGM is also associated with chronic and adverse mental health. Studies have established that women and girls affected by FGM commonly report a host of debilitating psychological symptoms, such as depression, panic attacks, reoccurring nightmares, hypervigilance, insomnia, loss of appetite, emotional detachment, anxiety, anger, and irritability (e.g., Mulongo, Hollins-Martin, & McAndrew, 2014; Wood, Richie, & Lavender, 2021).

It is critical to note that FGM is deeply rooted in social convention among some ethnic groups and can carry consequences both when it is practiced and when it is not, leading to a Catch-22 situation for girls and women. For example, FGM can be a source of both self-identity and collective identity. Failure to conform to the practice may lead to difficulty in finding a husband for girls, or her being shamed and stigmatized, in addition to loss of social position, honour, and protection, and the potential for her family to be socially ostracised from the local community (Berg, Denison, & Fretheim, 2010). Therefore, it is important to recognise that in the UK, FGM is largely viewed from a Western perspective by safeguarding professionals who may need to adjust their perceptions to fully grasp a widely held and often strong belief within practicing cultures that a woman needs to be circumcised to be ‘good’ and ‘acceptable’ – a belief that is passed from one generation to the next without question (Mulongo et al., 2014). This presents a challenge for professionals of Western heritage who view FGM from their own cultural expectations, as a human rights violation and mental wellbeing concern (McAndrew & Ayodeji, 2019).

Another challenge is when women and girls from FGM practicing communities in the UK experience prejudice and racial profiling by a range of professionals, which stem from cultural incompetence and outdated stereotypes (Hodes et al. 2021). Women who have experienced FGM safeguarding in British healthcare settings report feeling stigmatised and traumatised, leading to mistrust and reluctance to seek help from health practitioners (Karlsen, Carver, Mogilnicka, & Pantazis, 2020; Parikh, Saruchera, & Liao, 2020).

1.3 Impact of COVID-19

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, which has triggered a national multi-agency response. A broad range of medical, educational, legislative, and social policy initiatives have been rolled out across the UK over the last few years to combat harmful practices in the UK. Although there has been a decreased effort to combat FGM since the COVID-19 pandemic, grassroots organisations and women's right activists have maintained pressure to improve cultural competence in professional practice with Black, Asian, and other Minority Ethnic girls and women, which showed signs of being prioritised across both specialist and generalist services in England and Wales. Prior to lockdown, for example, the NHS opened eight walk-in FGM clinics across England this September (Mahase, 2019). That year also saw the first successful British FGM conviction (Home Office, 2019), which coincided with the Education Secretary announcing new national curriculum guidelines for secondary school pupils in England and Wales, who will be taught about the physical and emotional damage caused by FGM from 2020.

In 2021, it has been estimated that the global impact of COVID-19 over the next decade may lead to an increase in two million FGM cases, compared with estimates prior to the pandemic (UNFPA, 2020). This coincides with a reduction in the number of new FGM cases referred to NHS services in England, which have fallen by a quarter (NHS, 2021b), prompting charities and campaigners to warn that this may be due to difficulties in accessing services during the pandemic. These figures highlight concerns about how COVID-19 pandemic restrictions will affect girls and women at risk, or affected by, FGM. Therefore, while the work of FGM services like the SOS Pilot Clinic in Salford were invaluable prior to lockdown, in the post-lockdown era, they may be a lifeline with potential for significant impact and influence on practice to positively transform victims and survivors' lives.

1.4 SOS Pilot Clinic: 2012 to present

The SOS Pilot Clinic in Salford was initiated in 2012 by a three-year pilot project funded by the Henry Smith Charity, delivered through NESTAC, and evaluated by the University of Salford.
Since 2015, at the end of a three-year pilot project, six FGM projects have been initiated by NESTAC in response to clients' needs. These six inter-related projects are still on-going and collectively, they constitute the SOS Model. These six projects are: (1) The SOS Clinic (adult service); (2) The Guardian Project (children and young girls' service); (3) Wellbeing Peer Mentoring Project; (4) Aspire, Inspire Project – FGM Community Engagement Initiatives through Health Advocacy; (5) Youth Peer Mentoring Project; and (6) FGM Education.

The first two projects are led by mental health specialists. Specifically, the SOS Pilot Clinic is run by cross-cultural mental health specialists, who are assisted by trained Mental Wellbeing Peer Mentoring (MWPM). MWPMs are volunteers, many from FGM practicing communities, who are trained under the SOS project to develop basic cultural counselling skills to support their peers. The remaining four projects aim to feed into the SOS Clinic and the Guardian Project. The overall aim of the four latter projects is to educate professionals and to engage and empower members from FGM communities who want to play a role in the eradication of FGM. An overview of the six projects constituting the SOS Model can be seen in Table 1.

	Project	**Timeframe**	**Outcome**
1	SOS Clinics: Psycho-social therapeutic service for adults	2012 - ongoing	Individual & Group Therapy offered to adult women to women exposed to FGM. Also, men's therapeutic group.
2	The Guardian Project – Psychosocial Therapeutic support for girls and young women (under the age of 21)	2016 - ongoing	Providing support for young females at risk/affected by FGM and their families.
3	Wellbeing Peer mentoring project	2014 - ongoing	Building capacity by training peer mentors (from FGM practicing communities) to assist in providing basic emotional support to their peers.
4	'Aspire, Inspire' Project	2017 - ongoing	Community Engagement Initiatives through Health Advocacy. Capacity building initiative to train women to effectively raise general awareness on FGM within practicing communities. Initiated the FGM Coffee Morning concept across Greater Manchester.
5	Youth Advocacy Project	2012 - ongoing	Based on the long-lasting partnership work with FORWARD, with three distinct strands developed by youths in Greater Manchester: Skills-building and youth-led initiatives Volunteering Creative art workshops
6	FGM Education	2015 – 2019	NESTAC works in schools across Greater Manchester, using youth- friendly materials in primary and secondary schools. This is part of a national consortium led by FORWARD. Further trainings are delivered to college and university students. FGM Training for professionals. A standardised training for multi-agency professionals, covering a variety of FGM topics, as well as tailored training packages highlighting key FGM subjects.

Table 1: Outline of the six FGM projects constituting the SOS Model

SECTION 2. Methods used for evaluation

Rationale for evaluation methods used:

This evaluation is informed by an ethos of community-based participatory research (CBPR). CBPR encourages collaboration between the Evaluation Team and NESTAC, the latter participating in some aspects of the research process by helping with the recruitment of participants. One of the principal ways in which the CBPR approach differs to that of more traditional approaches is that instead of creating knowledge for the advancement of a field of study or for knowledge's sake, CBPR is an iterative process, incorporating research, reflection, and action in a cyclical process.

Evaluation approach:

The evaluation approach has two parts, as follows:
Part 1 – To evaluate the effectiveness of the SOS Pilot Clinic in Salford for women and girls receiving individual online emotional support.
Part 2 – To evaluate the effectiveness of the role of Mental Wellbeing Peer Mentors (MWPMs) based at the SOS Pilot Clinic.

Evaluation aims:

The evaluation aims to assess 3 key themes:

- The ways (mechanisms) by which inclusion of vulnerable and seldom heard groups of women affected by FGM are achieved, as highlighted in the Equality Act (2010).
- The value of framing the role of trained bilingual MWPMs within an FGM specialist psychosocial service initiative
- The ways (mechanisms) by which partnership working are achieved - developing links between Health & Social Care services and a third sector organisation, looking to test and evaluate innovative solutions in this field.

Evaluation participants:

A total of 14 women, aged 18 years and above, volunteered to participate in the study, all of whom had a decent proficiency in spoken English. These were six women who attend the SOS Pilot Clinic at Salford who have had FGM and eight women who work as Peer Mentors alongside senior staffs as MWPMs.

Ethical approval was obtained by the University of Central Lancashire, after which bespoke invitation letters inviting participants to take part in the research project were circulated online by NESTAC, to local statutory and non-statutory services. Full and informed consent was obtained from each individual participant before interviews were conducted.

Evaluation data collection:

Qualitative data was obtained through (1) 1-to-1 interviews which were used to collect data from six women who had received counselling for FGM, (2) a Focus Group Discussion made of eight women in total who were trained to become MWPMs. Interviews lasted between sixty and ninety minutes.

With full permission from each participant, all interviews were conducted online via MS Teams using the inbuilt recording facility (MS Stream), with the camera switched off. To maximise privacy, the interviewer ensured that the set-up of the individual interview did not include any identifiable information regarding participants. Transcripts of the interviews were stored on a password protected computer area and all recordings were deleted.

Data analysis:

Individual interviews and the focus group discussion were subject to thematic analysis. Analysis led to the generation of themes for each of the women across the six individual interviews and for the eight women who took part to the focus group discussion. Findings from this analysis are presented in sections 3 of this report.

“

Yeah [to begin with], I was fighting with everybody… Because when you told me about FGM and I was like, what do you know about FGM? This is my culture… there's nothing wrong with FGM…

SECTION 3. Findings and recommendations

Experiences of Peer Mentoring training.

The findings from the focus group concerned with peer mentoring training are presented here. These are presented in a narrative form, rather than being disaggregated into themes, to aid readability and flow. This also acknowledges that thematic issues, such as appreciation of the training, views on course content, impact on sense of self and the peer mentoring role are heavily intertwined and inter-linked, and thus not easily separated out.

Appreciation for the training

There was a general appreciation of the value of training received, and the peer workers reflected upon the specific peer mentoring training in a context of broader positivity about other training they had experienced. Participants universally valued and appreciated the peer mentoring training and preparation in gaining and consolidating knowledge of culture, FGM and mental health. In fact, the participants were hugely appreciative of a number of different training experiences they had received, and on occasion conflated these within their responses to questioning about the specific peer-mentoring training. Arguably, this suggests that all such previous learning has proven useful for those taking up the peer mentoring roles. In many regards, this appreciation of the training was strongly expressed and, indeed, effusive:

- *So, the peer mentoring during COVID, we had a training on how to support people who are now living alone in the houses, women first but their families too, especially during the COVID period. So, the training was very good.*

- *I enjoy more because the seven weeks was the best seven weeks I had.*
- *It was really cool.*

This appreciation extended to learning about cross-cultural matters and other people’s cultures in more detail:

- *We do understand about it and some of the things which we didn't know about other cultures or other religions, we learnt in the training. So, we came to understand about them as well, the women we support, that how we can support the ladies and women who had FGM from different cultures and groups.*
- *About how all the people perform FGM, how other people's cultures look at it and look at it ? The reason why is being done and the way it's been done. So many things that I didn’t know about and how they actually perform FGM . And so many of these things actually make me learn.*
- *[learned] a lot about so many cultures that what I know about FGM wasn't only FGM, but there are so many cultures and so many different type of FGM that have been practiced in other countries or in other parts of the world. I'm finding out that also, that it could be possible that people could perform FGM right under our nose is also something very new and really very helpful for me.*

The training was seen to progress and come together through complementary stages, building incrementally upon each other with a real sense of progression of learning through these stages. The participants drew attention to comradely aspects of this learning process, despite the course being delivered on-line:

- *Being together with people, especially what they said in the coronavirus time we were on Zoom all the time. And that was the best.*

Valuable course content

When asked to state which course content was most useful the participants demonstrated some reluctance to do this, seeming to value all aspects equally, or to consider the value of the course in its totality rather than as separate elements. As such, there was an overall appreciation of all the content. For most participants, the training was a substantial platform for accomplishing the role of peer worker and the content was useful for ongoing sharing:

- *We should have this shared to actually basically to everyone from my culture and from a different culture.*

Notable opportunities to translate learning from the training directly into the practice of peer mentoring were acknowledge time and again by participants, for example here where this transfer of knowledge is linked to notions of leadership:

- *And it also helps us to cultivate like leadership skills. And we have gained those skills as well, where we were supposed to. We can like teach other women to know how to get on with day-to-day life. So, I think in general, those are like the benefits of the peer mentor programme.*

The training was commended for the extent to which it both raised awareness of key issues and improved individuals' confidence to tackle these issues in the peer mentoring role:

- *The confidence of talking to people … and also more awareness*

The peer workers particularly valued learning about mental health, which for many was something they initially professed to know little about:

- *Especially I'm from a Black background culture and mental health is strange*
- *We did our peer mentoring as well on mental illness, not only FGM*

In the context of being able to support others with mental health difficulties, it was observed that the training helped with the importance of self-awareness and preparedness regarding mental health and distress:

- *Not only does it teach us on how to help others, but also then, because before you can help anybody, you have to obviously help yourself first and be in a stable mindset and then be confident, self-esteem, because a lot of people go through difficulties. And if you don't talk about it and then this is mental health.*
- *The programme helps because the Peer Mentoring helped us to gain confidence, build self esteem and then increase in self- awareness as well. And then also it gave us the ability to cope on our own wellbeing as well, because you cannot help someone else if you yourself are not able to, like, work on your own wellbeing or your mental health.*

This focus on attending to one’s own mental health before turning to help others was reinforced by exploration of important matters of context and circumstances, including commonly occurring stressful situations:

- *It also gave us a platform on how to know, how to gain perspective like stressful situations and how to handle them as well.*

Personal experience of FGM and opportunities to talk about this intersected with people's appreciation of the training provided:

- *And then I will say when I was back home, I didn't talk about FGM. As it is, is something that mark us and our health, until when I came over and then I did the training. I think it gives me a lot of awareness in both health, both mentally and physically. Because, for example, I would take myself as an example. I'm going through a lot and due to operation, which is because of the FGM.*

Intersections of personal experience, culture and peer practice

Perhaps unsurprisingly, the experience of taking part in the training and taking up a peer mentoring role intersected with some key aspects of personal experience and culture. Matters of taboo and silencing had previously operated in people's lives to render them disinclined to be open about discussing FGM or personal experiences of the same. The training was an opportunity for some to change this:

- *So mentally you'll be going through the pain without telling because it's a taboo for you to discuss it in your community so that alone can talk to you , you know, so to come to become to understand everything through the training, I think that's really good.*

Even though the peer workers were typically steeped in culture and awareness of matters such as FGM, the training worked to raise consciousness of important aspects and thus assisted them to be better placed to support the women service users:

- *… and the training and the experience actually made me personally more aware of the consequences of having FGM or having gone through FGM … I came from a culture where FGM in the past was like normal or considered like being normal as a culture. But no one but I have met a few people that they were not quite aware, like the consequences of FGM or like the impact of FGM … and then the training and the experience actually made me more aware.*

This person went on to relate an epiphany-like experience of reaching awareness of the actual impact of FGM for women and girls, attributed to learning on the course:

- *I learned so many things during the peer mentoring course, I learned about FGM side effects, things that people are going through, woman confessing, saying things that they're going through, bad for our kids, the law in the UK, so many things . And I saw myself also in some of those side effects. And then from that on, I'm like, no way. It's OK. But you didn't know that. I was actually, like I say, I'm like, oh, my God. So, this is really what was happening.*

For one participant, the training was truly transformative, facilitating a shift away from a defensive standpoint regarding FGM:

- *Yeah [to begin with], I was fighting with everybody just before I even started. Because when you told me about FGM and I was like, what do you know about FGM? This is my culture … not fighting, but arguing with them like, oh, there's nothing wrong with FGM. So, what happened following the programme, I start realizing and start apologising to people.*

There was particular appreciation of the importance of shared cultural understanding and experience:

- *But the good thing that they were pairing up with people like myself, I was being paired up with people from my background or my country. And when I speak to them, we relate, because sometimes we can talk about, you know, the culture and what happens.*

At a very simple level, when it became possible, participants valued being able to converse with clients in their own first languages. Similarly, participants appreciated being able to support individuals to navigate UK systems, cultures and communities from their own knowledge of having similar journeys. This can extend to a strong befriending and advocacy role, the positive results of such also feeding into the job fulfilment of peer mentors.

Sensitive issues and sensitive practice

The course learning and associated implications for practice ranged over some highly sensitive concerns which demanded sophisticated inter-weaving of knowledge and skill, supported by a highly empathic ethos of care. The peer workers related the importance of being able to convey their understanding and compassion regarding FGM in ways that facilitated disclosure and conversations that ordinarily would be very difficult. The ability of the peer workers to facilitate discussion of sensitive issues, beyond anxieties regarding the pandemic, is shown in this reflection:

- *And some of them have undergone FGM. So, when they know they're talking to somebody who is aware about FGM, domestic abuse, although maybe that would not be the subject, they worry for because of COVID, but they are very comfortable, or they wouldn't even bring up … because she was paired with somebody who comes from an FGM background who understands.*

The ability of the peer workers to facilitate discussion of sensitive issues, beyond anxieties regarding the pandemic, is shown in this reflection:

- *And some of them have undergone FGM. So, when they know they're talking to somebody who is aware about FGM, domestic abuse, although maybe that would not be the subject, they worry for because of covid, but they are very comfortable or they wouldn't even bring up a subject like, for example, my client brought a subject of FGM.*

Interestingly, despite some participants disclosing that they had their own personal experience of FGM, the course was appreciated for adding to knowledge even in these circumstances. Thus, a person who had experienced FGM did not necessarily claim this meant they had decent knowledge about it, or awareness of how to relate to others with shared experience in a helping role. For this, the course was required:

- *I didn't know anything about FGM even if it happened to me, so I didn't know anything about it and I never talked about it. But after that, when I engaged in FGM, you know, meetings, you know, then I became you know, I started researching it online, like and I researched it and I came to know, like, these things also happened in other countries as well, not only in our country. You know, [I became more aware of] some of the communities that do practice these kind of things in their communities.*

Similarly, personal experience could intersect with responses in the context of supporting people with their mental distress, as in this participant's experience which stresses normalisation and points to a reciprocal benefit:

- *I learned so many things in this course and this is actually amazing , so many things that I learned about why mental health is important, we don't know this in our countries. Mental health is crazy, you become crazy. I enjoyed learning about mental health and the truth, that I am so excited to explain to other women and tell them, it is normal if you feel like this, you can get help, you are not crazy. I got help myself.*

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Women supporting women

Participants were very much aware that they purposively comprised an all women workforce and trainee cohort, and this was also valued and seen to be valuable for the support they hope to provide for women service users. The gendered aspects of this support role connects with other observations elsewhere in this report about the highly emotional, psychosocial and compassionate aspects of the peer mentoring role, and how these support matters of self-disclosure, nurture and personal growth in the context of highly sensitive cultural and emotional issues; where the mutual relationship between women peers seems crucial to the experience and outcome. Shared experience as women was, thus, crucial:

- *As we all are women's, you know. So, we do understand about it.*
- *And [the training] helped us to support the women, the people we're supporting, especially women.*

There was much discussion of matters we would recognise as gendered aspects of society, culture and disadvantage which were rightly deemed relevant to the context of women providing support for women. Such matters were reflected in responses that emphasised compassionate mutuality and positive recognition amongst women:

- *These women can process the information, open up and help them smile, I realise that FGM is kind of so many things that can bring sadness and make women feel bad.*

This acknowledgement of gender extended to the implicit rewards of the peer mentoring role (see below) with the transaction of care and mutual regard between women adding to the sense of a job well done and consequent fulfilment:

- *And I have this passion and, when I know that this person, you know, she's very happy. And everything that we learnt and put in practice is very rewarding.*

Preparation for role

The experience of the training was satisfyingly congruent with the objective of effectively preparing people for the role of peer-mentor. Certain participants spoke of their personal journey of consciousness raising whereby they moved away from a judgmental disposition to a more supportive, non-judgement stance. Ultimately, the training prepared people appropriately and adequately to fulfil their peer mentor role:

- *The training gave me, you know, preparedness to go out there to put it into practice.*
- *I had an opportunity to put it into practice and practice my skills of self-awareness, active listening and empathy.*

Knowledge and confidence gained in the training could be seen to translate into the act of providing peer support:

- *And then to give awareness to other women to support them mentally, physically, and then we just let them know that they have to open up a bit more to discuss FGM. Whatever they're going through is not only for them. We are here as Peer mentors, we did the training, we know, and then we can support them in different ways.*

The online platform for learning was not a barrier to creative teaching approaches and the participants were able to successfully practise skills using role play scenarios. Skills acquisition was paramount, and these participants emphasised learning new interpersonal skills:

- *We had to learn how to engage, especially if you're talking to somebody on over the phone for the first time and that wasn't a stranger. So, we had to learn some skills or listening skills and showing empathy over the phone and knowing what to say and how much the limit would go in supporting the person and just to get to befriend the person and make the effort and feel comfortable.*

Participants recalled a general mixture of face to face and online learning, but the peer mentoring training was all conducted digitally because of the pandemic. Despite some teething difficulties with the technical aspects of learning online the experience was overall appreciated:

- *In this study online it was really difficult for us, you know, because we wasn't used to it, you know, using the technology and Zoom, things were difficult at the beginning. But, you know, and gradually as you start attending every week , it goes OK , then , you know , we get used to it and we know how to raise hand and how to give answer to the teacher and how to get engaged and using the group. Everything we came to know gradually, you know. So, it was a good experience.*

Whilst the training was very much appreciated, participants were hungry for learning and support to develop their role and expressed desires for more learning and a culture of continuous learning and development of role. Similarly, they would have appreciated some accreditation of their learning with an ultimate possibility for accumulation of credit counting towards other future learning opportunities or access to further education. There was a corollary desire for more ongoing emotional and supervisory support in the peer mentoring role. Other participants wished for the course content to be introduced into the learning of school age children.

An essentially rewarding role

The training and working in the peer mentoring role had some appreciable impacts in terms of self-regard and personal growth for the participants. These rewards accrued from implicit aspects of the role, not associated with material reward or remuneration:

- *Even though it's on a volunteer basis, but it's really rewarding. The work we are doing in the community, we help a lot. And I think the achievement and what we change right now online has brought so many things that we didn't know before. And we have learned so many things and made connections with other communities, which is really perfect.*

This in turn led to other tangible benefits in people's lives, as in this example:

- *And then you have like a sense of self awareness. And I had grown self, my self-esteem grew. And then I have confidence and teamwork as well, which is like really helping me now that I'm in college. I'm like really implementing everything I learned from them, from the course.*

Moreover, the participants reported interesting aspects of job satisfaction and personal fulfilment in the role of peer mentors, supported by the platform provided by the training:

- *I find it very fulfilling because I was actually applying it and I could see how it is going.*

When the training translates into effective examples of relational practice this further adds to potential for rewarding work. Seeing what has been learnt come to tangible fruition in practice is key to these positive experiences of the role:

- *I get to create a good relationship with the people I'm supporting, and they really open up. And you put on that atmosphere that the person is really looking up to you. When you went to speak to them the next time they're looking forward to. And that really helps because you feel that your support is valued.*

The mutuality of the peer mentoring role operated to reinforce these moments of fulfilment:

- *And, you know, and about the mental health issues, it was really, really very nice for me, and for women I support. Like because I used to give them, you know, telephone supporters, I learnt like, how to support the ladies and some of them in the COVID time, you know, they were really very depressed, and they were really feeling very lonely. So, it was a really very good experience, you know, to support the ladies and listen to their problems. And sometimes, you know, you just wanted to solve their problems. You know you just wanted to do something for them. You know, it was really it was really very emotional as well.*

Despite the potential for much fulfilment in a voluntary role, participants were interested in the possibilities for funding to be secured to enable progression into paid roles. This seems unarguably a sensible suggestion. Such developments, if possible, could situate the currently constituted peer mentoring roles as a form of transitional employment, bridging women from these communities into other job opportunities by building up experience in formal employment. Participants also remarked upon some of the inequities of experiences with the benefits system and migrant regulations, specifically as related to asylum seekers' rights to work, and how the stress and time-consuming nature of having to navigate the system was a distraction from making the most of the peer mentoring opportunity. Similarly, broader policy support for peer-role developments and substantive employment could contribute to addressing some of these matters. Such efforts could be tied into strategic thinking about sanctuary towns and municipalities or be taken up in community campaigns against the so-called hostile environment.

Clearly, the opportunities for rewarding and fulfilling work reflect the emotional charge of addressing important but sensitive issues in a meaningful way and the intensely reciprocal nature of peer work done well. The participants' accomplishments were directly linked to their experiences of the peer mentoring course, and left individuals with strong positive emotions, perhaps best summed up by these final words:

- *I am proud of everything I learnt.*

- *Yeah. It's just I think this peer mentoring is the best idea that has ever happened.*

Experiences of mental health support received via the SOS Clinic.

This section presents findings deriving from individual interviews conducted with six women out of 33 women who received the invitation to take part in the research. Participants originated respectively from Somalia, Gambia, Yemen, Nigeria, Eritrea and Sudan. This was a close representation of countries known to have a high prevalence of FGM.

What was being assessed?

Findings are presented in a narrative form because the researchers felt that adopting such approach would ease the reader's understanding of the results, responding directly to the core objective of evaluating the Support Our Sisters (SOS) Pilot Clinic in Salford. Four significant themes derived from data collected and analysed, namely experience of attending the clinic, rapport with the therapist, benefitting from the SOS clinic, and service improvement.

Experience of attending the clinic

All participants identified their attendance in the clinic as valuable and beneficiary;, as captured in the following quote:

- *The clinic?... I find it's 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…*

While participants' experience of attending the SOS clinic was mainly positive, their main focus was upon discussing their individual online experience and the lack of face-to-face support, leading to discussions around online delivery of the clinic versus face-to-face attendance. Some quotes that highlight these discussions are found under the sub-themes below:

Real versus virtual

The need to meet online was understood and appreciated:

- *… Good. Yeah. During the corona virus, we couldn't see face to face. So, we start seeing online every week, which was really helpful.*

The stress and worry of not receiving support was ameliorated by the opportunity 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.*

Similarly, online provision did not get in the way of relational aspects of the support and camaraderie among participants:

- *I am happy with the online, it is helped all this time… And I forgot to talk about the other women in the online group. This is so, so good because we talk, we chat, you know… But that's nothing like that if face to face, I can see them in person…*

> I just wish I knew that the service existed sooner. And I wish that more people knew about it, I guess. Yeah, that's it. I wish I could have engaged with the SOS well before when I was referred by SARC two years earlier.

That said, for some participants the online format could not wholly substitute for in person support:

- *We get more benefit about seeing each other face to face, not on the internet.*
- *Face to face is better because you can talk directly to the person, she sees your feelings, and with the Zoom is a bit different, you feel like you are getting less.*

Moreover, various economic barriers accompany the shift to online provision:

- *I can't afford equipment.*

Something is better than nothing

The 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. And it helps a lot because if this is one to one wasn't happening at that time, that time of the virus, it was going to affect me personally.*

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

- *But 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].*

Also, 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. It has actually helped a lot during the virus [covid-19 pandemic].

Navigating the relational

An important aspect of appraising the experience of online support was participants' comparisons with the relational ideals of face-to-face support. Hence, some questioned the extent to which the online provision, however valued, could compare to the inter-personal subtleties of communication with another person in the same shared space. So, for example, the experience of feeling properly listened to appeared to be enhanced in the face-to-face scenario:

- *Virtual, you can't compare with face to face. You talk to somebody, you share your feelings, somebody sees how you feel. It's like you're talking to a person, that the person is actually listening to you……*
- *But with the people in the Zoom, it's different….. Probably somebody is not listening or, you know, not getting exact results. So, I think I prefer face to face.*

Perhaps unsurprisingly, some of these appreciated nuances of communication related to the capacity to see people's faces and sense 'being with' the other:

- *But I would probably like to have been able to see these people face to face and like talk about these things face to face…… But online helped us a lot too, otherwise we feel more stressed, more isolated, lonely.*

The fact that face to face support was deemed superior is not surprising. But hearteningly, the online contingency was very much appreciated and to some extent was an anti-dote to feelings of distress and isolation. This is congruent with broader research into digitally delivered health consultations and interventions, rendered more important in light of the Covid-19 pandemic (Jandoo, 2020; Mardani et al., 2020).

A safe space

In line with SOS objectives, the clinic provision furnishes a sense of safety and security for participants, further enhancing the value of the service:

- *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.*

This appreciation of a safe space could be compromised by the shift to digital provision and anxieties about confidentiality and privacy:

- *[The] virtual space? I think sometimes I feel it's not a confidence. It's like maybe somebody is listening from somewhere and I can't be able to see. And even when I went in that place, probably to talk about something private…….It's like, somebody will listen maybe in the other room. So, there's no privacy.*

Some participants had telephone therapy and found this helpful as they could get out of the house and walk while receiving therapy. They found this to be a positive experience as they were ‘heard’, as highlighted in this quote:

- *My house is a trigger for me, so it would have been nice to be able to, like, go somewhere else, get to see everyone in person.*

Attending the clinic physically and benefiting from face-to-face support was identified by all participants as essential, expecting a return to normality. However, the benefits of receiving online support has not been underestimated in terms of importance because although participants indicated their preference for attending the FGM clinic in person, they have all recognised online support as an alternative that contributed to their emotional wellbeing , particularly during the pandemic period:

- *There are some benefits as well for online, especially during COVID lockdowns. We are stuck for days and months at home, so the online service can give you a chance to speak to someone when you feel bad, or to see other people in the group who have the same perspective and to receive counselling and to be supported during this time.*

Rapport with the therapist

Data was also collected to understand the relationship participants established with their therapists, resulting in a range of feedback that informed the mixed use of therapists and therapeutic approaches they received. All participants had six sessions of counselling and they all completed a questionnaire at the beginning and at the end, before discharge. Four of the participants who were interviewed were seen by the same therapist during that period, while the remaining two women were seen by different therapists.

Seeing the same therapist

Consistency of therapeutic support was highly valued, expressed in terms of 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.*
- *I've seen the same person for a long time, I had six sessions, but I got two more, during the corona, she supported me a lot. When she said one to one was finished, I nearly cried.*

This valuing of seeing the same person 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 the participants could be confident that their personhood and needs were understood and attended to:

- *It is good talking to the same person, somebody who is familiar with my situation and listen to what I'm going through is good, I'm taking everything out of my chest. It helps me a lot.*

Participant further discussed the importance of having the same therapist in terms of facilitating the sort of sensitive self-disclosure that must be the basis of an effective therapeutic relationship and mutual recognition:

- *For me, 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. It's not going to be easy for me to change to another person. I have to open up to that person as well, and it will be difficult for me. 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.*
- *The therapist knows about me because I have shared with her. And getting a new person, time to start sharing my story again, I feel is too much for me. So, I am used to the one that I see every time that I feel comfortable with seeing one person throughout.*

These relationships then could sustain the transaction of trust, help and support, in the face of strong disincentives such as stigma and shame, further reinforcing the value of consistently seeing the same person:

- *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. I wanted only one therapist.*

“

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.

Seeing different therapists

Conversely, these positive experiences of consistency were contradicted by some participants who had the opposite experience of seeing multiple therapists. Yet, despite the valuing of consistently seeing the same person on the part of some participants, these individuals did not have a negative experience; identifying positive aspects of seeing different people:

- *I've seen different people during my therapy. But I guess what I really want to 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.*
- *I don't really feel it made a difference seeing more than one person. I feel that when I see different people, they always continued where we stopped last time with the other person. I had three people to see, one speaks my language. It was really good, and I also like the one who helped me for meeting the doctor at the hospital, she knows a lot of things and she is so nice. It depends on how they treat you, you know. Because I needed support for my children too, they said the other therapist will talk to me because she works with children, and she also helped my two daughters. They are all really good and they understand everything about my FGM, and for my daughters too.*

Similarly, the need to see different practitioners for different needs did not undermined appreciation of the service. Continuities and consistencies were still possible, and this was reflected in the experiences of participants of cooperative teamworking and effective communication:

- *That's my own view of 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.*

Group therapy

It was also found that participants have been exposed to group therapy, as women admitted having developed a good relationship with their therapists during individual and group therapy. There was a welcome synergy between the different approaches:

- *I think the group sessions with the women group really complement the one-to-one sessions that I have had. That sense of community and knowing that other people have been impacted by it is really useful even if we've done this online, and weirdly is being able to like put a face to some of the other people who've gone through it because like for a very long time it's just been myself that I'm aware of that has gone through it.*

As with other observations of the value of group work and mutual support, 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.*

Whenever I am in the group, I am always happy and comfortable because I became too familiar with the people that are there.

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.*

Real vs virtual group

Observations on the differential value of real versus virtual setting for the group work mirrored the reported experiences and views on the pros and cons of the one-to-one sessions and pragmatic acceptance of the need to conduct groups digitally:

- *The women group face to face is good too. But it [online] gave me a chance to meet with other women online during the sessions, with other women from the same background, from my culture. But I prefer if it was physically, so that I have the chance to meet people physically and chat and talk about more things: during the sessions and after the session as well. Because the sessions online I feel like they are short, and if it is finished, you don't see the women until next time, you cannot have a chat after the online session. So, I prefer face to face.*

- *She [Therapist] referred me to the group. The one I used to go to is the SOS group therapy, I attended virtually, and we were able to work together, do some creative work together and share our experience, singing, dancing online. It was fun, but sometimes it is difficult because it is online. But it was good because we had nothing else, we cannot meet out there.*

Benefits of the group therapy

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

- *… I've got to like work with other women who've also gone through it to understand that it's wrong and it shouldn't happen……… I did not know other women had the same experience.*

This could then be a strong foundation for mutual support in a safe space:

- *It's that they are [there] for you. [it was] another way that I could talk outside of my normal world.*

Healing, creativity, empowerment

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'm also like quite a creative person. So, in my therapy session, there was a lot of encouragement around … expressing myself. And I also like our opportunities within like NESTAC itself … attending like the Sip and Spill young women's group online, which was like a group therapy session to talk to other young girls who had ……. undergone the same thing, but also had common kind of healing tactics as me, so very creatively driven.*

Again, the value of being in a group reflected opportunities to share and be aware of other participants' contributions and how these were born out of shared experiences:

- *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 identified with the facilitation skills of the therapists:

- *We don't really talk much about our problems in a way we just share, but the therapist guide 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 in the process, mediated by the creative approach:

- *During the conversations in the group, we were having more people like the mentors and the other doctor ladies coming and giving us wellbeing and good activities to think and do together, which was really good because we are actually having some fun playing games, mind games and creating things with our mind games. And it was really fantastic and that I actually enjoyed it.*

The artwork also allowed participants to demonstrate how they have overcome trauma and pain:

- *That's what 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.*

A safe space

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.*
- *We [women in group] just find it really helpful to know that we have somewhere we can go and be creative and like learn from each other, support each other.*

This safe space and inurement from stigma was enabled by the interaction of 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. But like, it's good to see that differently, like 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.*

Hence, 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.*

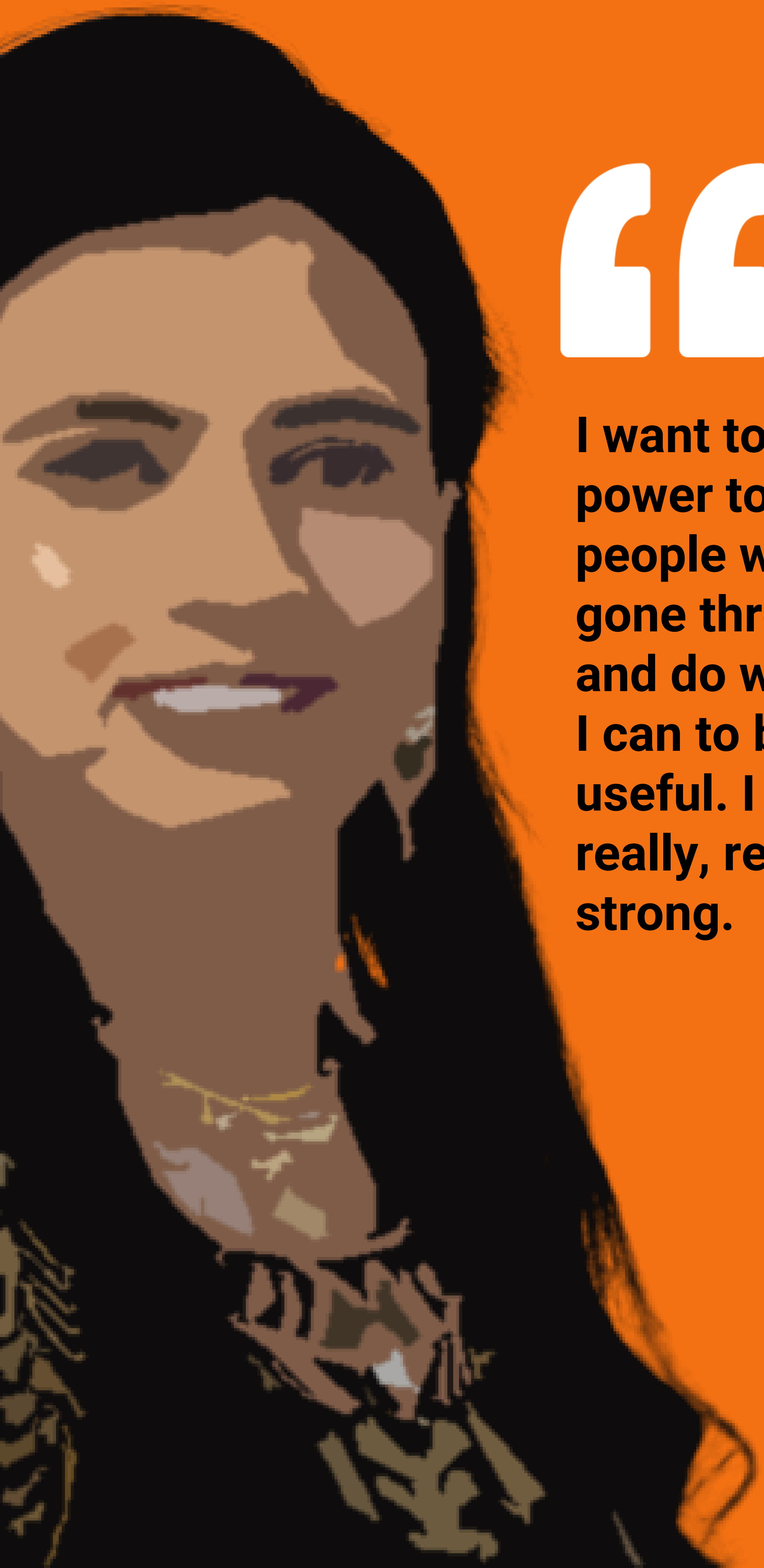
The SOS Team – An ear for you

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 within the service to be listened to was an essential part of healing and holding distressing emotions grounded in some abjectly traumatising experiences:

- *I was really traumatised, I was depressed. I couldn't explain everything here, I really faced a loss. But when I get to talk to this people [SOS Clinic] I felt calm.*
- *The most helpful was about being listened to and learning from them, and how they support and keep me feel calm.*

The supportive impact also harked back to the valuing of consistency, but here regarding the service in its entirety:

- *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 ladies who help us at the women group were also very nice, we call them peer mentor, and they help us during the activities and always check on how I'm doing.*
- *And when I'm worried, I receive emotional support, or I just need to talk to somebody, the peer mentor call me, and we talk about anything.*



> I want to give power to the people who have gone through it and do whatever I can to be useful. I feel really, really strong.

The service was clearly sensitive to the special needs of women who had experienced FGM, and this was equally clearly expressed 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 SOS service, 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. All I knew was it has to be done, that's it.*

This would positively impact upon the huge emotional consequences of traumatic experiences of FGM:

- *I feel calm when they talk to me, because I know I often feel so depressed for having to go through this FGM, and it is very bad in my culture. They teach me about it, I know now what I have, the type for FGM I have is very very bad, I cannot explain here. You know, when I think about the way African and all those things happen, I think end of the world.*

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.*
- *My therapist was able to see that I needed more help and then also told me like where to go as well for even more support for domestic abuse, like even generally with my FGM problems, with doctors. So that helped me understand that what happened was wrong. First and foremost, I shouldn't have gone through it. I was a child and even I didn’t know how to talk to the people who did what they did to me. I don't talk to like my family anymore, because of it. So, I don't think I would have got there without S.O.S clinic.*

Benefitting from the SOS clinic

Appreciation for the value of the SOS 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 . Whereas I found with the S.O.S clinic, because I was speaking to one person weekly or fortnightly, it was just easier to be OK, this has happened, and then not have to continuously explain myself.*

The 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 possibilities for shared recognition moves beyond the acknowledgement of shared experiences to confer valuing and respect for the 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, but associated with, 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.*
- *I think it's [therapy] really important in helping me find my voice.*

This also extended to expressions of mutual recognition and solidarity:

- *We're all survivors. That's the most I just love like we're all strong women now, all survivors.*
- *I liked the support I received, it was new to me, a lot about it made me feel different.*

Altruism and desire for change

Many of the participants were committed to altruistically building upon their 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.*
- *Every time I sit down, I want to tell people to stop it [FGM] because I now able to understand clearly what happened to me. The service I received at the SOS clinic is the one that opens my mind.*

There is a clear link between the personal and the political. Individuals recognised the importance for them to feed 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.*
- *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.*

The capability to challenge this power was in turn empowering:

- *I want to give power to the people who have gone through it and do whatever I can to be useful. I feel really, really strong.*

What therapy has meant?

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 being saved was redolent in many of the accounts, reflecting the depth of people's previous trauma and isolation:

- *I was helped by the therapist 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. I could discuss the problems for my health what the doctor told me because I had FGM, it was difficult to believe but the therapist helped me. {For] first time I understand very well how FGM damaged my health.*

This readily translated into gratitude, here expressed in terms of thankfulness for a redeemed womanhood:

- *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 in me, made me feel a woman again. Thank you very much. It has released my mental well-being so much.*

Participants also highlighted gaining new knowledge as a key aspect of positive view of the service. This was quintessentially linked to moments of personal growth:

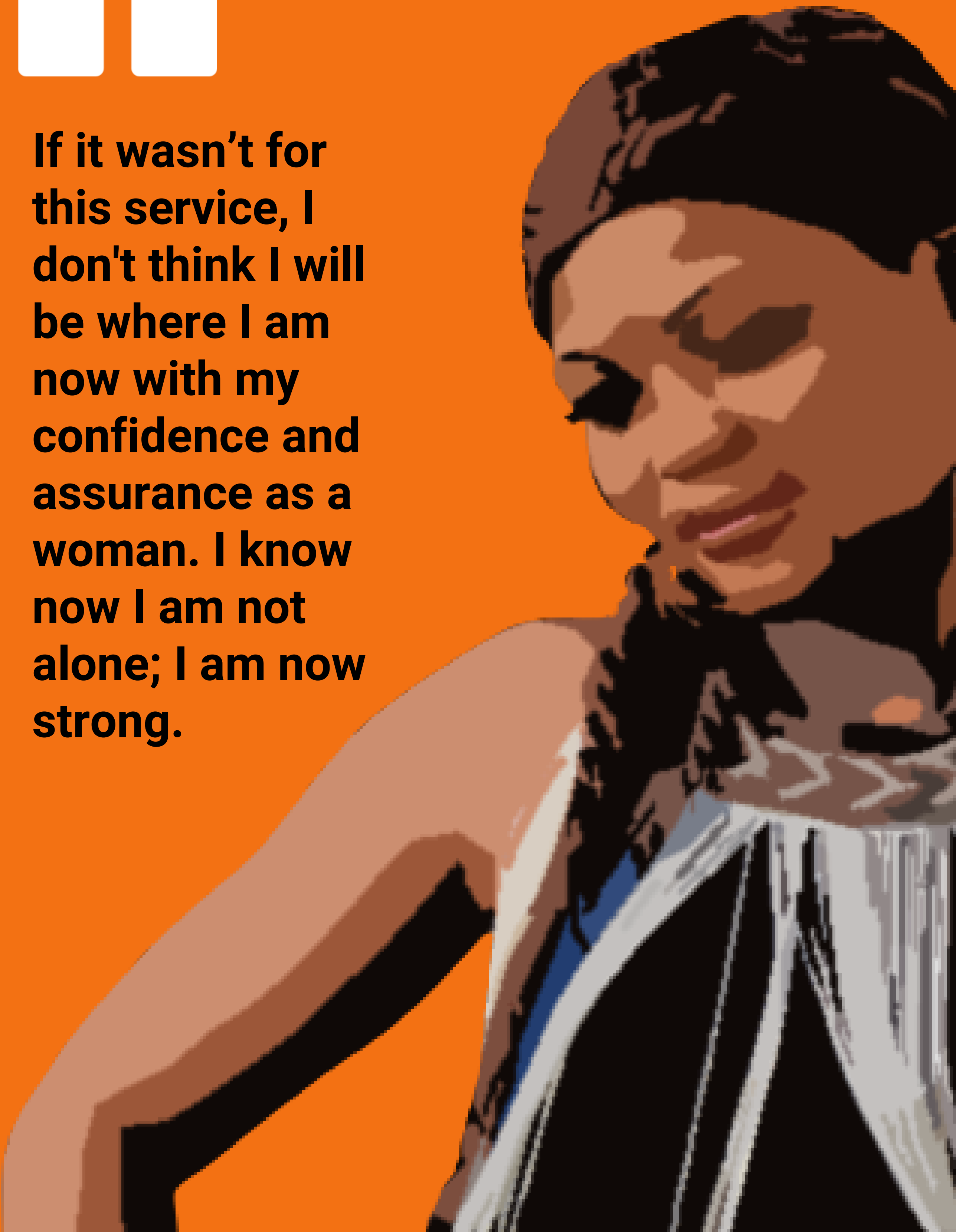
- *I didn't know [FGM was bad]. I didn't know before because when I started talking about it, I was ashamed at first, but when I start talking about it , talking about the complications that I was having myself and I got the education that the SOS therapist gave to me, that's when I really understood 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:

- *You know, the sessions helped me a lot, the emotional support. 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. Speaking to the therapist and getting emotional support. Made me feel like I am normal again and I'm able to speak.*

These personal developments were typically associated with increased empowerment:

> 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.



- *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.*

Individuals reported being much better placed for moving on in their lives:

- *I felt I developed because of what I had through the emotional support. It got me the self-confidence to be able to share with other women and be free to talk about FGM even when we did the creative activities together, and we just feel good about ourselves.*

Service improvement

Data was also collected to understand participants’ views on how the service provided under the SOS clinic could be improved. Participants offered the following ideas which are presented in their own words, with some emphasis on improving resources, and promoting access through enhancing visibility and availability:

- *We just need to raise more awareness for people that are in darkness and don't know anything about this FGM. That's the only thing I think they can add because the clinic is perfect.*
- *I think the clinic is doing everything for me personally, I think they may need more help. More people need to come and get the same service we are getting there. Because this service is helping so many people but still not enough, there are so many of us out there.*
- *I think they need more awareness. People need to know where they are [SOS clinics] that they re here and they are helping women to move on something that other people cannot do, something that they are scared to discuss with their GP.*

- *I want to say, face to face sessions, because that's difficult , of course , because of like COVID and not being able to actually like, um, have any in-person sessions was missing. But I will say it is also beneficial to be able to talk over the phone or virtually as well, because whenever I felt particularly anxious or I'm able to speak to someone.*
- *I just wish I knew that the service existed sooner. And I wish that more people knew about it, I guess. Yeah, that's it. I wish I could have engaged with the SOS well before when I was referred by SARC two years earlier.*
- *I think even in the case of group sessions, it would be nice to have had that in person, particularly like I mentioned about that creative outlets before, to be able to do them face to face, in person.*
- *I just wish that it had more funding. I wish this a very valuable resource. And I just wish like a lot of people knew about it and very early on when they're at risk of it.*
- *The impact [of COVID] has been very high because we used to the things we used to do face to face. We cannot do virtually. It's very difficult. It's very hard. I think we miss face to face.*
- *It was really an excellent service. Well, if they can improve their service better. I would like to see the service offered to more people, as they are many who don't know about this in the area, but if they can reach out and see more women that would be good.*

The online platforms provided through the SOS clinic were actively used during the pandemic period to support women virtually and deliver culturally sensitive emotional support. While participants favoured face-to-face therapy, all six women recognised the necessity to receive virtual emotional support to share their emotions and be listened to, and to connect with others during group therapy.

Bringing changes

Participants also voiced ideas for wider social change. Again, these are presented simply in their own words:

- *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.*
- *I like if the service [SOS Clinic] can help for more people to get engaged in Yemen for like a lot of people to know about It, and about the support they can get from the SOS service. And it just has to come with this emotional support.*
- *I think they can do more campaign or they can introduce it in high schools, colleges and universities as well, because most of the people look high on like people who are doctors, etc. So, if you could do something…*

Recommendations

Based on the findings discussed in this report, the following recommendations are made:

- Consideration should be given in implementing and sustaining the SOS Pilot psychosocial therapeutic service in Salford, and knowledge could be transferred to other areas with high prevalence of FGM regionally and nationally.
- There is a need to secure a long-standing and consistent funding source to sustain the developing work built by the SOS Pilot Clinic in Salford.
- Peer Mentors who participated in this research stressed the significance of seeing the Peer Mentoring role recognised, and for further related training opportunities that may lead to paid work to be developed. It is therefore essential to consider their huge contribution under this paraprofessional role and build further capacity to progress the peer mentoring role from an informal one to a more formal role, where remuneration is implicit.
- It is important to sustain a pro-active multi-agency partnership in Salford where the SOS project is included, to enhance the relationship created during the SOS Clinic Pilot project locally.
- There is a need to further identify, acknowledge and document the psychosocial needs of vulnerable women affected by FGM who live in Salford, to ensure that documentary evidence is available and accessible to appropriate health and social care professionals involved in their physical and mental health care.
- The above recommendations should be considered by UK policy makers, to promote the health and wellbeing of vulnerable women and girls affected by FGM, to be inclusive, and tackle health inequality.

> “…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.

SECTION 4. Conclusions

This report presents qualitative data evaluating the FGM Specialist Psychosocial Service piloted in Salford, Greater Manchester. The focus has been on gathering information from women affected by FGM who attended the SOS clinic, as well those who were trained as Peer Mentors. The pilot project took place during the Covid-19 pandemic between June 2020 and May 2021 and was delivered online. Six participants received 1:1 counselling as part of the pilot project highlighted the importance of being able to talk about emotional stressors related to FGM and share their experiences with a therapist. They all recognised the value of online support and were grateful to be able to use such platform in difficult time, although they showed their preference for face-to-face support.

Eight Peer Mentors offered a positive overview of their training experiences, recognising the importance of supporting their peers, broadening their knowledge, developing their skills and growing in confidence in tackling issues related to FGM. Undertaking the course prompted participants to reflect on self as an individual from a FGM practicing community, developing coping strategies to protect self from the traumatic stories heard and empowering others.

All the peer mentors who engaged in this project evaluation saw their role as being meaningful and wanted more education, believing this would enable them to access employment and further opportunities. Peer Mentors also referred to paid work, for their role to be recognised and for the training to be extended and accredited and embedded in school programmes, suggesting the need to develop the role further and educate the younger generation in colleges and universities about how to tackle FGM and safeguard women and young girls at risk.

Individuals who made use of the services overwhelmingly report a positive experience, and this extended to both individual and group interventions. The use of creative approaches was particularly welcomed. Shared experience and mutual recognition and support is a notable feature of all aspects of the service. Personal benefits were readily translated into an altruism and commitment for change on the behalf of others. Participants offered various opinions for future development of the service and community campaigns. This included acknowledgement that resources are necessary for any such expansion of service and maintenance of quality.

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