City Research Online

City St George's, University of London

Citation: Ali, A. & Corcoran, P. (2026). An Interpretative Phenomenological Exploration of the Lived Experiences of Female Anti-FGM Activists in the United Kingdom. Journal of Community & Applied Social Psychology, 36(2), e70250. doi: 10.1002/casp.70250

This is the published version of the paper.

This version of the publication may differ from the final published version. To cite this item please consult the publisher's version.

Permanent repository link: https://openaccess.city.ac.uk/id/eprint/37137/

Link to published version: https://doi.org/10.1002/casp.70250

Copyright and Reuse: Copyright and Moral Rights remain with the author(s) and/or copyright holders. Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge, unless otherwise indicated, provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way. For full details of reuse please refer to City Research Online policy.

City Research Online: http://openaccess.city.ac.uk/ publications@citystgeorges.ac.uk

Check for updates

Journal of Community & Applied Social Psychology

WILEY

RESEARCH ARTICLE OPEN ACCESS

An Interpretative Phenomenological Exploration of the Lived Experiences of Female Anti-FGM Activists in the United Kingdom

Amal Ali | Paula Corcoran

City St Georges, University of London, London, UK

Correspondence: Amal Ali (amal.ali.4@citystgeorges.ac.uk)

Received: 20 October 2025 | **Revised:** 20 October 2025 | **Accepted:** 9 February 2026

Keywords: activism | change agent | community empowerment and participation | diaspora community | female genital mutilation | grassroots | interpretative phenomenological analysis

ABSTRACT

This study examines the experiences of grassroots activists who are campaigning to end FGM. Seven semi-structured interviews were conducted with women from the diaspora community in the United Kingdom. Using interpretative phenomenological analysis the researchers constructed five themes: 'The path to activism', 'conflict and struggle', 'engagement with the community', 'doors opening and closing', and 'navigating between two worlds'. These results indicate that the participants' position within the diaspora community is an advantage for education and engagement purposes but there is a personal toll on their personal lives due to the cultural prominence of their work. This study also highlights that some of the participants do not feel that their activism work is always recognised or valued by Western anti-FGM campaigns. Our research has implications for future support options for activists on the frontline of the anti-FGM movement.

1 | Introduction

This research was motivated by a concern that much of the debate surrounding the topic of FGM overlooks voices from affected communities. The End FGM European Network identified 5 principles to tackle racism in the anti-FGM movement. One key recommendation was the recognition of expertise from the affected communities, including the lived experience of survivors and other community members (End FGM EU 2022). This article explores the experiences of women from the diaspora community, living in the United Kingdom, who are motivated to actively campaign against FGM. This study supports the understanding that change makers exist within the community and are capable of making a significant contribution in the fight to end FGM. Understanding their experiences and motivations could change the way we perceive communities and how they can be self-motivated to bring about change for themselves.

Female Genital Mutilation/Cutting (FGM/C) is a practice that is common in many African countries, parts of Asia and the Middle East (European Institute for Gender Equality 2013). It is estimated that approximately 230 million girls and women worldwide have undergone a form of FGM (WHO 2024). Transnational migration means that FGM is no longer particular to these regions but exists amongst diaspora communities in Europe and worldwide. In the United Kingdom, it is estimated that there are 137,000 women and girls who had FGM in their country of birth but who are now permanent residents in England and Wales (Macfarlane and Dorkenoo 2015). FGM is a practice that is deeply embedded in the cultural identities of practicing communities (Taher 2023).

For interventions to be effective it is important that the practice be understood within a socio-cultural and historical context (Gruenbaum 2005; Ali et al. 2020). The most commonly

This is an open access article under the terms of the Creative Commons Attribution License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

© 2026 The Author(s). *Journal of Community & Applied Social Psychology* published by John Wiley & Sons Ltd.

stated motivations for FGM include cultural tradition (Norman et al. 2009), transition to adulthood (UNICEF 2010; Berg and Denison 2013), religious obligation (Ahmed et al. 2019; Rashid and Iguchi 2019), aesthetics (Boddy 2020), hygiene (Norman et al. 2009), marriageability (UNICEF 2010; Rashid and Iguchi 2019; Ahmed et al. 2019) and male dominance (Gruenbaum 2005; Mohammad 2005). Many women adhere to the tradition because of the fear of stigmatisation or social ostracization if they fail to cut their daughters (Siddig 2016). These deeply engrained notions of feminine identity and the role of the female in the community (Boyle et al. 2001) give FGM a social and cultural significance that is difficult to interrupt.

In the UK FGM has been illegal since 1985 and in 2003 the FGM Act was introduced which extended the maximum penalty from 5 to 14 years imprisonment for cutting a girl, either in the United Kingdom or abroad (Female Genital Mutilation Act 2003). The United Kingdom introduced further measures to support the 2003 Act: FGM Mandatory Reporting Duty (Home Office 2016a), FGM Protection Orders (Home Office 2016b), and Operation Limelight (Home Office and Border Force 2020), a safeguarding initiative that enables border officials to approach and potentially detain passengers travelling to countries where FGM is prevalent. The introduction of these measures has raised concerns that such a vigorous legal approach is too heavy handed and therefore runs the risk of causing distress and harm to the 'at-risk girls', their families and the wider communities (Berer 2015; Karlsen et al. 2020; Carver et al. 2019).

One notable consequence of the 2003 FGM Act is that FGM has been framed as a crime and this creates a tension between the health and psychological needs of the community and the mandatory reporting and surveillance measures of other professional bodies. The dominance of criminal law for tackling FGM in the United Kingdom has been questioned (Berer 2015) because these approaches fail to bring together protection and prevention strategies and are lacking the involvement of affected communities (Carver et al. 2022; Dustin 2010). Whilst campaigns to end FGM date back to the early 20th century (Duivenbode and Padela 2019), the first global campaign was constructed on a health framework (Shell-Duncan 2008) with a particular focus on community-based education programmes that outlined the physical harms of FGM. Campaigns with a human-rights framework began to appear in the 1990s and currently The United Nations (2023) frames FGM as a violation of girls' human rights and is considered a form of gender-based violence. Given that FGM mainly affects young girls it has also been perceived as a gendered form of child abuse (WHO 2008).

Carver et al. (2022) criticised the 'blinkered hegemonic narrative' put forward by the United Nations and the WHO that led to a policy framework of 'prevention-through-criminalisation' (p. 4548). The language and rhetoric employed by some NGOs and feminist organisations is perceived by some as potentially 'imperialist, oppressive and discriminatory' (Khaja et al. 2009, 737). Some women from the community feel characterised as 'inferior' and 'barbaric' (Khaja et al. 2009; Njambi 2004) and perceived as incapable of challenging the practice in their own communities (Khaja et al. 2009). These views also constitute and keep alive representations of women from African communities as those who are oppressed by strong patriarchal forces that consigns them to inferior social positions without voice or choice (Ripero-Muñiz 2020).

Holding assumptions that FGM affected women are victims that need to be appropriately enlightened overshadows significant social or cultural meaning and leans heavily on a feminist and colonial discourse. Activist Nawal El Saadawi refers to this as 'them-helping-us'-rhetoric which she translates as 'colonialism in disguise' (El Sadaawi 1980). El Saadawi argues that women from the community have to bring this change about for themselves because they understand the culture and how to navigate social norms. However, cultural or local meanings are often represented as polar opposite to global opinions on FGM and seen as homogenous or 'deeply entrenched' in the minds of FGM affected communities (Gruenbaum 2005; Shell-Duncan 2001).

Some campaigns have been exclusionary of the diaspora communities (FORWARD 2023) and their knowledge and expertise is often overlooked. Connelly et al. (2018) found that the role of affected communities was inconsistent and therefore community participation and engagement was directly affected. Therefore, within practising communities, there are a diversity of experiences and views that are not being acknowledged (Abdelshahid and Campbell 2014). In the anti-FGM campaign, the contributions of existing change makers and the internal cultural critique that already exists are dismissed as insignificant (Abusharaf 2001). Empowering people through community-focused initiatives has more benefits than a legally framed authoritative approach. This requires a bottom-up approach that engages the community in positive action (Ali et al. 2020). All engagement must be contextualised, respectful and sensitive towards the dignity of the community (Coomaraswamy 2003).

Writing about change agents, Gruenbaum (2001) argued 'those working at the 'grassroots' level are not likely to achieve international fame as anticircumcision leaders, but their impact is significant' (p. 178). Community change has long been influenced by grassroots movements, which were often driven by ordinary people campaigning for reform (Hoffman 2008). Njambi (2004) suggested that women from the community who live on 'the cultural margins' can provide a useful understanding of how they 'survive and negotiate structures of power, but also more importantly, how they resist such structures in the best ways they know how' (p. 299). Education and empowerment of practicing communities should form the cornerstone of any long-term strategy (Hussain and Rymer 2017; Mwendwa et al. 2020), and it is essential that the voices of change makers are heard (Coomaraswamy 2003) and that all efforts to end FGM must come from the women in the community (Abusharaf 2023).

This study aims to explore the experiences of women from diaspora communities who campaign to end the practice of FGM. The role of women with lived experience and 'an insider perspective' has a big part to play in the campaign to eradicate FGM. To the best of our knowledge this is the first study to explore the experiences of female anti-FGM activists from the diaspora communities in the United Kingdom. It is hoped that this study will expand our understanding of how the inspiration for change can be conceptualised and driven from within the diaspora community itself. Understanding the lived experiences of these women activists could help facilitate the recruitment and

10991298, 2026, 2, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/casp.70250 by Publications Team - City University Of London , Wiley Online Library on [20/03/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

support for more change agents from the diaspora community. Additionally, it could be useful for better understanding the importance of community voices in any global campaign.

This study aims to answer the following research question: What are the lived experiences of anti-FGM activists living in the United Kingdom?

2 | Method

Interpretative phenomenological analysis (IPA) (Smith et al. 2022) was considered the most appropriate method to gain a detailed understanding of the participants experiences and how they make sense of activism in a UK context. This inductive and ideographic approach is underpinned by a hermeneutic enquiry and pays attention to the influence of social and cultural process and linguistic practices so we come to understand the person in context (Larkin et al. 2006). Smith refers to 'double hermeneutics' where the role of the researcher is recognised in the analysis process. This iterative process involves the participant trying to make sense of their social world and the researcher trying to make sense of their sense-making. The bottom-up approach used in this IPA study allowed the researchers to engage fully with the participant's lived experiences and produce an in-depth analysis of the data. It was not our goal to produce generalisations but rather to produce contextualised, modest claims from an in-depth analysis of these female activists' experiences.

2.1 | Recruitment of Participants

Seven female grassroots activists from the diaspora community in London were recruited for this study. Two participants were recruited through personal contacts of AA and subsequent participants were recruited using a snowball sampling technique. Participants had been actively campaigning to eradicate FGM for an average of 8 years. The women were from Guinea, Sierra Leone, Sudan and Somalia and were aged between 23 and 50 years. Personal experience of FGM was not part of the inclusion criteria; however, all seven participants reported experience of FGM in early childhood.

2.2 | The Interviews

This study was approved by the City St George's, University of London Department of Psychology Ethics Committee (ETH1819-0263). Written consent was gained from all participants. One-to-one interviews were conducted by AA and lasted approximately 70 min. The interviews took place at the participants' workplaces or in their homes and all interviews were tape-recorded. The participants were asked to describe their experiences of campaigning to end FGM in the United Kingdom. Using open-ended questions, AA encouraged participants to reflect on their experiences of grassroots activism and to elaborate on how they navigate the diaspora community and other statutory agencies in the course of their work. All interviews were tape-recorded and transcribed verbatim. To protect their identities, all participants were appointed pseudonyms during the transcription process.

2.3 | Analysis

The transcripts were analysed by AA and PC using IPA guidelines (Smith et al. 2022). During the initial stage of the analysis the researchers familiarised themselves with the data by reading and re-reading the transcripts. In the second stage the researchers noted aspects of the data that were interesting or appeared significant, taking care to pay attention to the participants' language. In the third stage the researchers began to identify experiential statements which captured the conceptual nature of what emerged in the notetaking phase. Experiential statements were clustered and a table of personal experiential themes was developed for the participant. To honour the idiographic nature of IPA this process was repeated for each participant. Throughout this process the researchers moved between the themes and the transcripts in a cyclical manner to check the participants' words and meaning were recognised and represented. We paid attention to convergence and divergence in each participant's experience (Nizza et al. 2021) and focused on the use of metaphors and their meanings throughout (Shinebourne and Smith 2010). In the final stages of the analysis process a table of five group experiential themes was produced.

2.4 | Reflexivity

One of the goals of IPA is to understand the participant's experience from an 'insider perspective' (Smith 1996). Finlay (2002) posits that 'meanings are negotiated within particular social contexts so that another researcher will unfold a different story' (p. 212). How then can two researchers with their own distinct cultural backgrounds and set of values work together to make sense of our participants experiences? AA identifies as British Somali and has lived in the United Kingdom all her life. Her cultural understanding of FGM gives her an insider perspective and this was recognised during the interview process where the participants felt comfortable to share their stories with her. AA recognised that she also holds an outsider perspective because she did not have lived experience of FGM. PC identifies as Irish and grew up in a small community in Ireland and this gives her an outsider perspective. PC read expansively to ensure that she had a deep and diverse theoretical understanding of FGM from different perspectives. Whilst reading and familiarising herself with the transcripts PC felt an affinity with the participants experiences of social rules and social taboos, having had similar cultural experiences in rural Ireland. In terms of social conventions and cultural rules PC held an insider perspective albeit in a different culture. Through ongoing discussions and mutual reflexivity AA and PC remained consciously aware of how our diverse perspectives shaped our analysis (Willig 2022). We remained open and curious as we navigated our way through this research process and supported each other to find spaces of commonality and departure, not just between ourselves but with our participants experiences also.

2.5 | The Terminology

Tracy (2010) champions the importance of transparency in qualitative research as one of her eight key markers of quality and this motivated our reflections on the use of suitable language

10991298, 2026, 2, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/casp.70250 by Publications Team - City University Of London , Wiley Online Library on [20/03/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

in this report. Whilst the term FGM is now commonly used in published work we are aware that the term 'mutilation' is contentious for some. Abusharaf (2023) argues that this term is 'extremely alienating and value-laden' (p. 180). For others this term has been perceived as prejudiced and oppressive (Khaja et al. 2009). Gruenbaum (2001) adopts the term female circumcision in her writing and whilst acknowledging 'I am fully cognizant of its inadequacies' (p. 4) she is primarily motivated by a desire not to offend her Sudanese friends. Toubia (1993) alternates between different terms (FGM or FGC) in her writing, depending on her audience. We had long discussions about what terminology to use in our paper and ultimately we chose to use the term FGM in order to honour the terminology and language used by our participants.

3 | Results

3.1 | Theme One: The Path to Activism

This first group experiential theme captures the participants' paths to activism through a personal process of critical reflection. For many of the participants, this journey began by addressing their own experiences of being cut as young girls. Fatou described her personal childhood memories of FGM:

> You can't say anything and it sort of terrorises you, you have this face. They wear a mask and they say if you ever talk about what you've gone through, if you ever tell anybody, even your husband and even your children, if you tell anybody this devil will visit you or something bad will happen in their curse
>
> (Fatou).

Fatou's description is infused with a sense of threat and her use of '*terrorises*' conjures an understanding of how intensely she experienced the fear of speaking about FGM. Later in the interview Fatou described how these emotions were carried into adulthood. After moving to the UK Fatou's fear and trauma manifested in mental health problems that persisted for many years. Fatou candidly described her depression and periods of self-harming and described how this affected her children and her marriage. Overall, the participant's accounts evidenced some form of health issue or mental health issue that persisted into adulthood. Living in communities where FGM was not openly discussed meant that in order to ward off uncomfortable feelings of trauma they had to forget or bury their memories of being cut as children. Idil compared this to a form of '*amnesia*', a sentiment echoed by Maya who described it as 'hiding from reality'. Connecting with repressed emotions was not easy for many of the participants. Idil recalled when she was asked to prepare a written piece on FGM for the Headmaster of the school she worked in. She recalled feelings of anger when she looked back on herself as a six-year-old child and realised what had happened to her. Maya recalled feeling '*extremely angry*' after the birth of her daughter. This process of reflecting on the meaning of FGM and the recognition of their own feelings of anger and trauma were critical moments on their path to activism. For Idil, initially there was no motivation to speak in a public space about FGM but she was moved to do so when she was helping a young girl in the school where she worked. Idil's critical moment was a desire to protect the next generation of young girls. Idil's experience is mirrored by Maya who expressed a strong desire to protect her baby daughter from being cut. All of the participants were driven by a desire to educate and protect young girls and women from the community. '*I wanted a service to help someone like me*' (Nadia). As these emotions arose the participants were challenged to process their feelings and this entailed personally reflecting on FGM itself: '*How do you do that to someone? What's the logic behind it?*' (Mariama). Maya struggled with similar feelings in her attempts to understand why her mother had her cut. Through therapy Maya found ways to reconcile with her mother and come to a new understanding of why it happened:

> It was during therapy I realised that my mother just lived in a totally different environment to me, my therapist got me to see because my Mum was like her family, expected to do type 3 on me but she didn't do that, so it was her way of protecting us. So I had to really recognise that bit and the conclusion we both came to and we had to both accept, I had to accept that she felt she had no choice and she had to accept I felt she had a choice
>
> (Maya).

Maya and many of the participants confronted their experiences of FGM through the support and help of other women:

> She became like a sister to me and I think that when you are vulnerable and talk about something like that your emotions are all over the place, you're very raw, you need that support and safety net under you
>
> (Idil).

Support from other women helped the participants to reflect on their experiences of FGM as children and reconcile with what happened. As they processed their own repressed feelings they began to find their voices and engaged in anti-FGM activism to help others: '*I feel like I'm educating them, I feel that I am doing something positive and I am happy about it*' (Aminatou). This exemplifies the participant's journey from silence to empowerment. Their identities as anti-FGM activists were moulded from their own personal journeys. And this journey was being shared to inspire others:

> What would I lose from not speaking? At least I can speak out and people can relate to my story and think maybe this isn't right, it can inspire people from not doing it
>
> (Mariama).

3.2 | Theme Two: Conflict and Struggle

This group experiential theme depicts the conflict and struggle the participants experience through their involvement with activism. Their work is perceived by certain members of the community as a disruption to the existing '*social rules*'. Many of the

10991298, 2026, 2, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/casp.70250 by Publications Team - City University Of London , Wiley Online Library on [20/03/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

participants drew on the metaphor of a *battle* to convey their struggle to challenge ingrained cultural customs and beliefs. Some extended the use of the *battle* metaphor by drawing on the imagery and language of '*fighting*'. Here Idil describes her own personal fight when she experienced pressure from members of her own family:

> I had that pressure when I had my first daughter and they asked me why I wasn't cutting her. I had to fight and say you know this is my family, I raise them the way I want to, you raise yours the way you want to
>
> (Idil).

Many of the participants experienced similar pressure from family members. Their work made their own personal choices more visible in their communities and these choices were not supported by everyone. For Idil and many of the participants this was initially where their '*fight*' began. Idil described how other women '*do crumble under the pressure*' and this gives us an insight into how intense this social pressure is. This personal experience of a '*fight*' then extended further beyond their own families and into the community. Hawa recalled comments on social media that questioned why her hair was showing: '*they didn't think about what I was talking about, all they cared about was my hair showing*'. Mariama and Aminatou discussed how they were accused of being '*Westernised*' and thinking like *'white people'*. Idil was challenged on a public bus by the Mother of a girl at a school where she gave anti-FGM talks. '*The bus driver had to stop the bus and take her out... that... they actually thought, hmmm, I might be actually physically in danger*'. Maya also experienced threats and was physically attacked in the street on one occasion: '*I got physically attacked one time by a group of boys, I mean, they were wearing balaclavas, I don't know, it was actually a day I was having exams, I went to the exam with a massive fat lip*'.

In order to understand these threats and this '*backlash*' the participants had to make sense of the context where FGM takes place:

> It's almost like a layer, layer, layer of things that have happened around three local modernity and all of that has been happening. It has sort of cemented on our people's thinking and brain and mindset that these things are alright. So you are literally fighting things that you are probably in it
>
> (Fatou).

Fatou's use of the metaphor *cemented* depicts her perception of the weight and influence of her culture and her repeated use of *layer* represents a practice being passed from one generation to the next. We come to understand the challenges the participants face as they attempt to break through this *'cement'* and challenge these '*layers'* which represent decades of cultural norms and expectations. The women also experienced change in how some members of the community spoke to them: '*The people that I'm actually fighting for were the ones attacking me*' (Hawa). Idil also tried to make sense of how her community position and identity were challenged:

> You're a traitor to your community and how do you deal with that? How do you try to help a community when if you talk about the hard-hitting subjects that's going on in our community, you are seen as a traitor
>
> (Idil).

Hawa and Idil described the distressing reactions from their communities that challenged their sense of cultural identity and required them to make sense of their activism work. '*It's something that I've come to understand, that communities have rules and if you speak against it there's a social death attached to it*' (Idil). The price of activism was *social death* which could leave them isolated and cut off from their communities. We begin to get a sense of the cost of activism and the deep and personal challenges that the participants face. For many the backlash was experienced as hurtful and for some, frightening.

> The worst part is being judged 24/7 because of the work that I do, you are not you know, you are not escaping, there's always something that people going to say about you in this line of work
>
> (Idil).

Idil later described '*living under the microscope*' and this conjures a sense of claustrophobia where the line between the *battle* of activism and everyday community life was blurred. The participants accounts highlighted the emotional challenges that they faced as they continued to enter potentially hostile spaces in support of their anti-FGM campaign. The negative views of certain members of the community changed how the women viewed themselves. They recognised themselves as vulnerable and relationships with their own neighbours and friends were now uncertain and fraught with threat. Fatou described how she tried to keep part of herself private so that she had an *armour* to protect herself and to fend off the *backlash* from parts of the community.

> You've got to be like a soldier, you've got to have your armour around you, you can't just always be going to the war front and just be exposed
>
> (Fatou, line 583–585).

Maya and Idil's metaphor of '*thick skin*', echoed Fatou's *armour* and this psychological strategy infused their work with a pragmatic stoicism that enabled them to continue with their activism despite the backlash they received.

3.3 | Theme Three: Engagement With the Community

This group experiential theme illustrates how the participants recognise the importance of engagement with the community to effect change. This theme is set against the backdrop of the UK anti-FGM campaign that is governed by laws and monitoring systems. Many of the participants discussed how the '*very hostile laws*' impacted not only the community but also their activism work. '*Everybody is scared that they'll come and take their*

10991298, 2026, 2, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/casp.70250 by Publications Team - City University Of London , Wiley Online Library on [20/03/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

children' (Aminatou). Working in a climate of fear and distrust, Idil outlined the impact the laws have on her work:

> Right now what's going on is heartache, what's going on right now is professionals have been given all kinds of tools, most of them are hostile tools and they go and ask really hostile questions to the women and they make them feel alienated
>
> (Idil).

Idil drew attention to the beaurocracy and tools of the professionals who represent the Western anti-FGM campaign. Her use of the word *heartache* reminds us of her insider status in the community and how she empathises with them on a personal level. Idil and other participants articulated their concerns about a national UK campaign that is perceived as authoritative and judgemental. They described prioritising engagement in their own campaign, which they described as the act of reaching out and inviting the community into a space for dialogue and reflection.

> They don't need all that, they need a helping hand which means education and coming to the table to be part of it
>
> (Idil).

Idil's image of a '*helping hand*' evokes the qualities of compassion and connection. Her campaigning approach was in direct opposition to the '*hostile tools*' and '*hostile questions*' of other statutory services. For many of the women education was more than sharing information about FGM, it symbolised their attempts to inspire other women in the community, stating that '*knowledge is power*' (Nadia). Each of the women described the importance of the community itself in their fight to end FGM. Fatou commented:

> The best way forward is to work with the community, or work with those from within the community who have already got that leverage, have already established the trust of the community they have built because this work is not work that you wake up in the morning, its years of connecting with your community
>
> (Fatou).

Fatou highlights the importance of trust which takes a long time to establish. Later she explained how trust was established through the day-to- day commitment that she provides: '*This is not just a job, it's real life, this is what I live for, I live it everyday*' (Fatou). The participants navigated their roles within the community carefully, fostering trust because they understood that '*the safe space was absolutely crucial*' (Maya). The participants had to create that safe space and for Mariama this was achieved by focusing on her own relatability:

> At least I can speak out and people can relate to my story and think maybe this isn't right, it can inspire people from not doing it, so I would speak about my experience and what I went through so people can understand what impact it can have on several individuals
>
> (Mariama).

Similarly, Idil and Hawa drew on their own personal experiences when engaging the community in their campaigning work. The participants opened themselves up to the community and shared their own experiences and health challenges with FGM in order to '*open their eyes*' (Mariama). Their personal experiences served as an invitation to other women to enter this space for reflection. In this way the participant's lived experiences became the message that would spread '*through word of mouth*' (Nadia) and '*a ripple effect*' (Maya). They educated from an insider perspective and reflecting on their own journey helped them to understand the potential journeys for other women in the community. The women did not distinguish themselves as separate from the community. Their identities as activists was fused with their identity as community members.

3.4 | Theme Four: Doors Opening and Closing

This theme illustrates the complex social interactions that the participants had to navigate in their personal and social worlds. Framing FGM as '*child abuse*' (Maya and Hawa) and '*violence against women*' (Fatou) placed the women at odds with the community and, in some instances, their own mothers and grandmothers. Navigating complex relationships proved challenging in all contexts for the participants. Here Idil describes how she was propelled into a new social role that she was not prepared for when she gave her first interview to the BBC:

> I spoke of my own experience, that was the difference, they were, oh, all kind of things were said, all kinds of things were said behind my back apparently I was the talk of every wedding and every community gathering, which I didn't go to, I felt like I didn't want to go. I felt even if I'm invited I will have some sort of conflict with someone or something happening and I didn't want to. So it was a very tough first few years, they were very tough and I didn't expect the backlash that I got
>
> (Idil).

Idil details her profound sense of shock, distress and disappointment in her first years of activism. She did not anticipate such a reaction from the community and how this would change her own social standing. Many of the participants came to feel the effects of what it was to speak publicly about this taboo subject. Idil later described the loss of friends which she experienced as '*trust sacrifices*':

> It was really horrible, it was truly, truly hurtful, very, very hurtful. I was somebody who loved going to weddings, I'm somebody who likes dressing up in colourful clothes and I don't like weddings anymore,

10991298, 2026, 2, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/casp.70250 by Publications Team - City University Of London , Wiley Online Library on [20/03/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

> after the backlash I stopped going because it had an effect on me
>
> (Idil).

The loss of long-term friendships demonstrates how potent the anti-FGM message is for the community. Idil's description of giving up '*colourful clothes*' and '*weddings*' illustrates how her social identity and her sense of safety were challenged. Surviving her activism role required the protection of an integral part of her identity. Maya also experienced change in her social relationships:

> At the beginning I felt I lost that connection with part of the community but I gained another part of the community, especially young Somali women. Let me tell you I would not be sitting here if it wasn't for young Somali women who stood with me. It literally makes me emotional to think about it, those girls really stood with me
>
> (Maya).

In contrast to Idil, Maya addressed her loss of friendships and social connection differently. She focused on new connections and alliances that were forged as she adapted to a new identity. Maya described the strength she drew from new allies who were '*like a sisterhood*'. Later in the interview Maya described how she wore the dirac when she was campaigning in public spaces in order to assert her Somali identity.

> To me it was like a very proud moment so my identity is actually more stronger than its ever been, that was important for me, you can easily run away from that when people are attaching you but it was like, you know what, fuck you, its mine too. People have accepted it, they literally had no choice
>
> (Maya).

Maya and Idil experienced their losses in different ways and whilst Idil shielded parts of her cultural identity from the pubic Maya put her Somali identity on display. Despite their differences both participants were making sense of how to navigate the complex changes they experienced when they embarked on their journeys into activism.

3.5 | Theme Five: Navigating Between Two Worlds

This final group experiential theme illustrates how the participants found themselves on the fringe of the Western anti-FGM campaign. Maya articulated how she felt her contribution to the anti-FGM movement was at times overlooked: '*because sometimes when you're doing this work, its I guess Westerners, when you do great work they like to take credit for it*' (Maya). Similarly Idil also felt a sense of not being valued: '*Grassroots workers like me, there is no funding for them*'. (Idil). Idil's reference to '*grassroots workers like me*' depicts how she draws a self-comparison to other professionals in the United Kingdom who get recognition and funding for their anti-FGM work. Later Idil spoke directly about '*the professionals*' which conveys her experiences of outsider status:

> I think as a I told today in the Home Office, they should come back to me when they want to include the community in their projects because at the moment it's all about the professionals, lets equip the professionals, lets do this with professionals, they never mentioned community one time and I think this is where they are going wrong because the community are ignored
>
> (Idil).

Like Idil, Aminatou experienced a similar sense of feeling excluded: '*If you take the current FGM scenario and look at the top people involved, its only white people*' (Aminatou). Aminatou questioned why women like her and women from the community were being sidelined:

> If you had asked me who I would want to put at the top to lead people, I would say myself, Forward, so many people that are from Africa. Someone that has gone through FGM, so many NGOs are just doing it but they're not cut and are not even from practicing communities but the NGOs are still being used
>
> (Aminatou).

This extract can be understood in the context of insider/outsider status. The prominence of NGO professionals at the head of the Western campaigns introduced the devaluation of lived experience and cultural knowledge. Many of the women felt that their insider status was overlooked in favour of other non-African professionals. Fatou commented on this tension between her own work and the work of people from outside the community:

> So I think the government have got to rethink the efforts that what I call unsung heroes who nobody sees but we do a lot, we make things happen in our community yet nobody knows who we are and the pain we sometimes go through, its not easy as well
>
> (Fatou).

In this extract Fatou's use of '*we*' suggests that she sees herself also as one of the '*unsung heroes*' and she highlights her own sense of invisibility in the Western campaign. Fatou later uses the imagery of being '*brought to the table*' and this deepens our understanding of how marginalised Fatou and most of the participants feel.

4 | Discussion

The main aim of this study was to explore the lived experiences of women from the diaspora community in the United Kingdom who campaign to end FGM. Our five themes illustrate a detailed picture of the challenges that these female activists continuously face. Based on our participants' accounts, their representations of FGM are in opposition to the traditional ideological

10991298, 2026, 2, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/casp.70250 by Publications Team - City University Of London , Wiley Online Library on [20/03/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

frameworks of pro-FGM advocates who are ardently committed to the preservation of the practice. This positions them directly on the frontline for backlash from the practicing community. This study highlights the value that the participants bring to the anti-FGM movement but also the costs and personal burden that they endure.

Participants reported many examples of the negative consequences of activism that they experienced over the years. In this study, participants experienced activism as '*a battle*' and '*a fight*' and we got a sense of the burden of activism that led to experiences of being othered and ostracised by some members of the practicing community. The Bristol PEER study (FORWARD 2010) highlights how challenging and shameful it is for members of the community to speak publicly about FGM. Some of our participants experienced intense '*backlash*' and their work positioned them as '*traitors*' and '*Westernised*'. Our findings resonate with the work of Bedri and Bradley (2017) who found that activists who campaign to end FGM are often faced with 'a tangled set of abuses' (p. 31). Similarly, a report from FORWARD (2023) emphasised how challenging and shameful it is for members of the community to speak publicly about FGM. In addition to their campaigning work, by refusing FGM for their own daughters, some of our participants faced the additional challenge of being recognised as 'different' (Berg and Denison 2013). The metaphors '*thick skin*' and '*armour*' illuminate the high degree of personal vulnerability experienced by the participants.

What was notable in our theme *Conflict and Struggle* was that despite a recognition of their own vulnerability they demonstrated considerable courage and stoicism in their work. How then do participants, who find themselves on '*the cultural margins*' (Njambi 2004), find the motivation and conviction to campaign to end FGM? The participants' initial pathway into activism required them to open themselves up to memories that for some proved painful and traumatic. It was this process of self-reflection and acceptance that ignited their motivation and passion to protect future generations of young girls. The participants put forward their own life stories and embodied experiences as the central message of their campaign. By voicing and naming their own experiences they were role modelling strategies for change for other women in affected communities. Life in a new host country can enable novel ways for migrants to perceive and represent themselves (Elise and Johansen 2007). A transformation of both practices and beliefs may come about if the new environment affords different freedoms from their home community and its cultural norms (Gele et al. 2012). The participants expanded their own representations of FGM through critical reflection and dialogue and their work became an invitation to other women from affected communities to also reconstruct their normative thinking towards FGM.

All of our participants believed that resistance and other change agents exist within the practicing communities. In societies that are perceived as traditional or patriarchal there is an assumption that women are lacking freedom of choice and live culturally conditioned, restricted lives (Nussbaum 1999). Recognising individual agency as 'the individual's ability to act according to her own best interests and to resist oppressive power relationships' (Mack 2003, 151) our research shows that the participants in this study demonstrated agency and decision-making power in their own lives. The participants also recognised the potential for resistance in affected communities and they role model change to inspire resistance in others. However, they also recognised the relational aspects of FGM (Abusharaf 2001) that take priority over individual beliefs or values. Most of the participants recognised that they underwent FGM because their mothers and grandmothers wanted a good life for them. This resonates with the work of Mackie (1996) who argues that families who practice FGM 'are good people who love their children' (p. 1015). The participant's ability to hold these conflicting representations allowed them to move beyond monolithic views of practicing communities and embrace an understanding of their communities as complex and dynamic with a multitude of varied views and perspectives. Whilst the participants were unequivocal in their rejection of FGM they also understood that it did 'fulfil a function for those who practice them' (World Health Organization & United Nations Population Fund 1997). Therefore, our participants have the knowledge and insight to demonstrate how FGM can be challenged without alienating and othering the diaspora communities in order to bring about change.

The United Kingdom, like many Western Countries, has introduced 'punitive legislation' (Dustin 2010, 19) as their primary apparatus for intervention (Leye et al. 2007). For some the heavy-handed UK approach is seen as detrimental to efforts to eradicate FGM. In the United Kingdom, the diaspora communities find themselves at the crossroads of acquiescence or enforced compliance and it was this complex and challenging intersection that the participants had to navigate. Whilst legislation may create an 'enabling environment' (European Institute for Gender Equality 2013) that is conducive to supporting those who have elected to abandon FGM, the participants identified challenges that legislation presents in their work. Gruenbaum (2001) argues that an overly simplistic denigration of FGM will lead only to a greater defence and adherence to the practice. In order to overcome this defence the participants had to work harder to gain the trust of the community and to encourage engagement. Idil's metaphor of a '*helping hand*' demonstrated that the participants campaign approach supported what Khalifa and Brown (2016) call a 'culturally affirmative approach' (p. 16).

Whilst this study highlights the positive contribution that our participants have made in the campaign to end FGM, it also illustrates how at times they felt that their work was not valued. The participants occupy spaces of social and political exposure and simultaneously spaces of social and political marginality. At different times and in different contexts, they felt both visible and invisible in the global anti-FGM campaign. Our findings resonate with Marquam et al. (2022) who suggest that many grassroots ventures struggle to be recognised, secure funding or demonstrate the effectiveness and validity of the work that they do. Change agents exist in many communities, but they can exist under the radar against the might of the larger international campaigns (Bedri and Bradley 2017). Participants' accounts suggest that a lot of their work was unpaid and self-funded despite their activism contributing to the wider global agenda to eradicate FGM. Whilst many African women have assumed leading roles in the fight to eradicate FGM (Gruenbaum 2001), it is clear that some women from affected communities still don't feel like their anti-FGM work is recognised or valued. Other grassroots

10991298, 2026, 2, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/casp.70250 by Publications Team - City University Of London , Wiley Online Library on [20/03/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

activists have raised the issue of a lack of funding (Kamara 2022; UNFPA 2022) which resonates with the experiences of some of our participants. It is important that this is explored further and steps are taken to ensure women from the diaspora community feel included and valued.

A limitation of this study relates to the composition of our sample. FGM is practiced in Africa, parts of Asia and the Middle East. Our participants were recruited through personal contacts using a snowball technique and therefore only the voices of women from African countries are represented. Although generalisation is not the goal of an IPA study it is still important to note that many voices from different cultures and communities are missing from this report. We also had a small sample size but we recognise that Smith et al. (2022) support small homogenous sample sizes for an IPA study. We were informed by Melterud et al. (2016) who argue in favour of information power. Our participants had been activists for many years and had personal experiences of both FGM and the communities that practice FGM. Therefore, we were satisfied that our data was rich and detailed and had sufficient information power.

The implications of this study point to the importance of supporting grassroots activists who are on the frontline of this contentious global campaign. The role of women with lived experience has been recognised as fundamental to any anti-FGM campaign (Bedri and Bradley 2017; Khaja et al. 2009). Our participants' accounts reveal the valuable contribution that change makers from the community can make. Dixon et al. (2018) argues that future efforts to end FGM should be collaborative and inclusive of the affected communities. They propose a bottom-up approach that puts the community at the heart of any future initiatives above other professionals or the authorities. Activists from the community have the connections and insider knowledge to engage affected communities. The relationships of trust that our participants have fought for is a potential bridge between the rhetoric of the global anti-FGM movement and the local traditions and values of affected communities (Bedri and Bradley 2017). Ali et al. (2020) advocated for inclusive ways of working with the community, 'working "with" communities rather than "on" them' (p. 13). One way to achieve this would be to value and support the work of all activists like the participants in our study. Participants like Fatou recognised activists from the community as '*unsung heroes*' and she expressed a clear desire to be '*brought to the table*'.

5 | Conclusion

Our findings bring a new perspective to the anti-FGM movement, highlighting the invaluable contribution that women with lived experience have to offer. Our study has put forward a rich and detailed analysis of the women's journeys into activism, showing how they navigated strong social and cultural ties and withstood intense backlash from some members of the community. The careful idiographic approach adopted in this study supports an understanding that activism for many of these participants is more than a role or a profession.

The women made sense of their activism on a deeper and personal level, finding themselves aligned with Western views of FGM but in disagreement with those who hold derogatory and judgemental views of communities that practice FGM. It is important to recognise the invaluable role that female activists with lived experience can play in the Global FGM movement, challenging harsh and punitive laws in favour of an educational approach, offered with a non-judgemental *helping hand*.

Acknowledgements

The authors have nothing to report.

Funding

The authors have nothing to report.

Ethics Statement

This study was approved by the Psychology Department research ethics committee (ETH1819-0263) on December 10, 2018.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Research data are not shared.

References

Abdelshahid, A., and C. Campbell. 2014. "'Should I Circumcise My Daughter?' Exploring Diversity and Ambivalence in Egyptian Parents' Social Representations of Female Circumcision." *Journal of Community & Applied Social Psychology* 25: 49–65.

Abusharaf, R. M. 2001. "Virtuous Cuts: Female Genital Circumcision in an African Ontology." *Differences (Bloomington, Ind.)* 12, no. 1: 112–140.

Abusharaf, R. M. 2023. "Notes on the History of Feminist Activism in Sudan: Editors' Interview With Prof. Rogaia Mustafa Abusharaf." In *Female Genital Mutilation/Cutting: Global Zero Tolerance Policy and Diverse Responses From African and Asian Communities*, edited by K. Nakamura, K. Miyachi, Y. Miyawaki, and M. Toda. Springer Nature Singapore.

Ahmed, H. M., S. A. Shabu, and N. P. Shabila. 2019. "A Qualitative Assessment of Women's Perspectives and Experience of Female Genital Mutilation in Iraqi Kurdistan Region." *BMC Women's Health* 19, no. 1: 66.

Ali, S., N. de Viggiani, A. Abzhaparova, D. Salmon, and S. Gray. 2020. "Exploring Young People's Interpretations of Female Genital Mutilation in the UK Using a Community-Based Participatory Research Approach." *BMC Public Health* 20: 1132.

Bedri, N., and T. Bradley. 2017. "Mapping the Complexities and Highlighting the Dangers: The Global Drive to End FGM in the UK and Sudan." *Progress in Development Studies* 17, no. 1: 24–37.

Berer, M. 2015. "The History and Role of the Criminal Law in Anti-FGM Campaigns: Is the Criminal Law What Is Needed, at Least in Countries Like Great Britain?" *Reproductive Health Matters* 23, no. 46: 145–157.

Berg, R. C., and E. Denison. 2013. "A Tradition in Transition: Factors Perpetuating and Hindering the Continuance of Female Genital Mutilation/Cutting (FGM/C): Summarized in a Systematic Review." *Health Care for Women International* 34, no. 10: 837–859.

Boddy, J. 2020. "Rethinking the Zero-Tolerance Approach to FGM/C: The Debate Around Female Genital Cosmetic Surgery." *Current Sexual Health Reports* 12, no. 4: 302–313.

10991298, 2026, 2, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/casp.70250 by Publications Team - City University Of London , Wiley Online Library on [20/03/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Boyle, E. H., F. Songora, and G. Foss. 2001. "International Discourse and Local Politics: Anti-Female Genital Cutting Laws in Egypt, Tanzania, and the United States'." *Social Problems* 48, no. 4: 524–544.

Carver, N., S. Karlsen, M. Mogilnicka, and C. Pantazis. 2022. "Tolerated Citizenship and FGM-Safeguarding Experiences of Unbelonging for Those of Somali Heritage Living in Bristol, UK." *Journal of Ethnic and Migration Studies* 48, no. 19: 4547–4566.

Carver, N., C. Pantazis, S. I. Karlsen, and M. Mogilnicka. 2019. *When Safeguarding Becomes Stigmatising: a Report on the Impact of FGM-Safeguarding Procedures on People With a Somali Heritage Living in Bristol*. University of Bristol. https://research-information.bris.ac.uk/en/projects/when-safeguarding-becomes-stigmatising-a-report-on-the-impact-of-/.

Connelly, E., N. Murray, H. Baillot, and N. Howard. 2018. "Missing From the Debate? A Qualitative Study Exploring the Role of Communities Within Interventions to Address Female Genital Mutilation in Europe." *BMJ Open* 8, no. 6: e021430.

Coomaraswamy, R. 2003. "Integration of the Human Rights of Women and the Gender Perspective Violence Against Women—Statement by Ms Radhika Coomaraswamy." https://www.ohchr.org/en/statements/2009/10/integration-human-rights-women-and-gender-perspective-violence-against-women.

Dixon, S., K. Agha, F. Ali, et al. 2018. "Female Genital Mutilation in the UK-Where Are We, Where Do We Go Next? Involving Communities in Setting the Research Agenda." *Research Involvement and Engagement* 4, no. 1: 1–8.

Duivenbode, R., and A. I. Padela. 2019. "Female Genital Cutting (FGC) and the Cultural Boundaries of Medical Practice." *American Journal of Bioethics* 19, no. 3: 3–6.

Dustin, M. 2010. "Female Genital Mutilation/Cutting in the UK: Challenging the Inconsistencies." *European Journal of Women's Studies* 17, no. 1: 7–23.

El Sadaawi, N. 1980. "Creative Women in Changing Societies: A Personal Reflection." *Race & Class* 22, no. 2: 159–182.

Elise, R., and B. Johansen. 2007. "Experiencing Sex in Exile: Can Genitals Change Their Gender? On Conceptions and Experiences Related to Female Genital Cutting (FGC) Among Somalis in Norway." In *Transcultural Bodies: Female Genital Cutting in Global Context*, edited by Y. Hernlund and B. Shell-Duncan, 248–277. Rutgers University Press.

End FGM European Network. 2022. "FGM, Antiracism and Intersectionality Position Paper." https://endfgm.eu/content/documents/reports/FGM%20antiracism%20paper%20Web-version.pdf.

European Institute for Gender Equality. 2013. "Female Genital Mutilation in the European Union and Croatia." Vilnius, Lithuania. https://eige.europa.eu/sites/default/files/documents/eige-report-fgm-in-the-eu-and-croatia.pdf.

Finlay, L. 2002. "'Outing' the Researcher: The Provenance, Process, and Practice of Reflexivity." *Qualitative Health Research* 12, no. 4: 531–545.

FORWARD. 2010. "Female Genital Mutilation: Voices of Young People in London, Bristol and Middlesbrough—A PEER study." https://forwarduk.org.uk/wp-content/uploads/2019/06/Forward-Research-Brief-1Oct-2010.pdf.

FORWARD. 2023. "Female Genital Mutilation in Europe: Exploring Young African Diaspora Women's Views, Experiences, and Activism on FGM." https://www.forwarduk.org.uk/wp-content/uploads/2023/08/FGM-in-Europe_Young-African-Diaspora-Women_Peer-Study_2023.pdf.

Gele, A. A., B. Kumar, K. H. Hjelde, and J. Sundby. 2012. "Attitudes Toward Female Circumcision Among Somali Immigrants in Oslo: A Qualitative Study." *International Journal of Women's Health* 4, no. default: 7–17.

Gruenbaum, E. 2001. *The Female Circumcision Controversy: An Anthropological Perspective*. University of Pennsylvania Press.

Gruenbaum, E. 2005. "Socio-Cultural Dynamics of Female Genital Cutting: Research Findings, Gaps, and Directions." *Culture, Health & Sexuality* 7: 429–441.

Hoffman, B. 2008. "Health Care Reform and Social Movements in the United States." *American Journal of Public Health (1971)* 98, no. 9 Suppl: S69–S79.

Home Office. 2016a. "Mandatory Reporting of Female Genital Mutilation—Procedural Information." https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf.

Home Office. 2016b. "FGM Protection Orders: Factsheet." https://www.gov.uk/government/publications/fgm-protection-orders-factsheet.

Home Office and Border Force. 2020. "Operation Limelight—A Multi-Agency Safeguarding Operation at the UK Border Responding to Female Genital Mutilation (FGM)." https://www.gov.uk/government/publications/operation-limelight-instructions-to-police-and-border-force-staff.

Hussain, S., and J. Rymer. 2017. "Tackling Female Genital Mutilation in the UK." *Obstetrician & Gynaecologist* 19, no. 4: 273–278.

Kamara, S. 2022. "Ending FGM Through Grassroots Activism." https://www.ippf.org/featured-perspective/ending-fgm-through-grassroots-activism.

Karlsen, S. I., N. Carver, M. Mogilnicka, and C. Pantazis. 2020. "'Putting Salt on the Wound': A Qualitative Study of the Impact of FGM-Safeguarding in Healthcare Settings on People With a British Somali Heritage Living in Bristol, UK." *BMJ Open* 10, no. 6: 1–9. https://www.ncbi.nim.nih.gov/pmc/articles/PMC7304797/#R13.

Khaja, K., C. Barkdull, M. Augustine, and D. Cunningham. 2009. "Female Genital Cutting: African Women Speak Out." *International Social Work* 52, no. 6: 727–741.

Khalifa, S., and E. Brown. 2016. "Communities Tackling FGM in the UK: Best Practice Guide." The Tackling Female Genital Mutilation Initiative and Options Consultancy Services Limited London. https://options.co.uk/wp-content/uploads/2023/08/Communities-Tackling-FGM-in-the-UK-Best-Practice-Guide.pdf.

Larkin, M., S. Watts, and E. Clifton. 2006. "Giving Voice and Making Sense in Interpretative Phenomenological Analysis." *Qualitative Research in Psychology* 3, no. 2: 102–120.

legislation.gov.uk. 2003. "Female Genital Mutilation Act." (c.31). https://www.legislation.gov.uk/ukpga/2003/31/section/5.

Leye, E., J. DeBlonde, J. Garcia-Anon, et al. 2007. "An Analysis of the Implementation of Laws With Regard to Female Genital Mutilation in Europe." *Crime, Law & Social Change* 47: 1–31.

Macfarlane, A. J., and E. Dorkenoo. 2015. "Prevalence of Female Genital Mutilation in England and Wales: National and Local Estimates." https://www.city.ac.uk/__data/assets/pdf_file/0004/282388/FGM-statistics-final-report-21-07-15-released-text.pdf.

Mack, P. 2003. "Religion, Feminism and the Problem of Agency: Reflections on Eighteenth-Century Quakerism." *Signs: Journal of Women in Culture and Society* 29, no. 1: 149–177.

Mackie, G. 1996. "Ending Footbinding and Infibulation." *American Sociological Review* 61, no. 6: 999–1017.

Marquam, N., A. Irby, N. Swigonski, K. Casavan, and J. Turman Jr. 2022. "Needed: Grassroots Leaders to Lead Systems Change Efforts That Reduce Infant Mortality." *Humanity and Society* 46, no. 1: 110–127.

Melterud, K., V. D. Siersma, and A. D. Guassora. 2016. "Sample Size in Qualitative Interview Studies: Guided by Information Power."

10991298, 2026, 2, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/casp.70250 by Publications Team - City University Of London , Wiley Online Library on [20/03/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Qualitative Health Research 26, no. 13: 1753–1760. https://doi.org/10.1177/1049732315617444.

Mohammad, S. 2005. "Legislative Action to Eradicate FGM in the UK." In *Female Genital Mutilation*, edited by C. Momoh. CRC Press.

Mwendwa, P., N. Mutea, M. J. Kaimuri, A. De Brún, and T. Kroll. 2020. "'Promote Locally Led Initiatives to Fight Female Genital Mutilation/ Cutting (FGM/C)' lessons From Anti-FGM/C Advocates in Rural Kenya." *Reproductive Health* 17, no. 1: 30.

Nizza, I. E., J. Farr, and J. A. Smith. 2021. "Achieving Excellence in Interpretative Phenomenological Analysis (IPA): Four Markers of High Quality." *Qualitative Research in Psychology* 18, no. 3: 369–386.

Njambi, W. N. 2004. "A Discourse in Transition: Extending Feminist Dialogues on Female Circumcision." *Feminist Theory* 5, no. 3: 325–328.

Norman, K., J. Hemmings, E. Hussein, and N. Otoo-Oyortey. 2009. "FGM is always with us. Experiences, Perceptions and Beliefs of women affected by Female Genital Mutilation in London: Results from a Peer Study." https://www.forwarduk.org.uk/wp-content/uploads/2019/FGM-is-always-with-us-July-2009.pdf.

Nussbaum, M. 1999. *Sex and Social Justice*. Oxford University Press.

Rashid, A., and Y. Iguchi. 2019. "Female Genital Cutting in Malaysia: A Mixed-Methods Study." *BMJ Open* 9, no. 4: e025078.

Ripero-Muñiz, N. 2020. "Agency of Somali Migrant Women in Nairobi and Johannesburg: Negotiating Religious and Cultural Identifications in Diasporic Spaces." *African Studies Review* 63, no. 1: 65–92.

Shell-Duncan, B. 2001. "The Medicalisation of Female 'Circumcision': Harm Reduction or Promotion of a Dangerous Practice?" *Social Science & Medicine* 52: 1013–1028.

Shell-Duncan, B. 2008. "From Health to Human Rights: Female Genital Cutting and the Politics of Intervention." *American Anthropologist* 110, no. 2: 225–236.

Shinebourne, P., and J. A. Smith. 2010. "The Communicative Power of Metaphors: An Analysis and Interpretation of Metaphors in Accounts of the Experience of Addiction." *Psychology and Psychotherapy* 83, no. 1: 59–73.

Siddig, I. 2016. "Female Genital Mutilation: What Do We Know So Far?" *British Journal of Nursing (Mark Allen Publishing)* 25, no. 16: 912–916.

Smith, J. A. 1996. "Beyond the Divide Between Cognition and Discourse: Using Interpretative Phenomenological Analysis in Health Psychology." *Psychology and Health* 11: 261–271.

Smith, J. A., P. Flowers, and M. Larkin. 2022. *Interpretative Phenomenological Analysis: Theory, Method, and Research*. 2nd ed. Sage Publications Ltd.

Taher, M. 2023. "Examining FGC Survivor and FGC Impacted Community Involvement Behind FGM/C Legislation in the United States: A Response to Bader's 'From the War on Terror to the Moral Crusade Against Female Genital Mutilation: Anti-Muslim Racism and Femonationalism in the United States'." *Violence Against Women* 29, no. 10: 1944–1952.

Toubia, N. 1993. *Female Genital Mutilation: A Call for Global Action*. Women, Ink.

Tracy, S. J. 2010. "Qualitative Quality: Eight 'Big-Tent' Criteria for Excellent Qualitative Research." *Qualitative Inquiry* 16, no. 10: 837–851.

UNFPA. 2022. "Frontline Activists Call for Great Support to Grassroot Movement in Fight Against FGM." https://kenya.unfpa.org/en/news/frontline-activists-call-greater-support-grassroot-movement-fight-against-fgm.

UNICEF. 2010. "The Dynamics of Social Change. Towards the Abandonment of Female Genital Mutilation/ Cutting in Five African Countries." UNICEF, Innocenti, Florence. https://data.unicef.org/resources/the-dynamics-of-social-change-towards-the-abandonment-of-female-genital-mutilation-mutilationcutting-in-five-african-countries/.

United Nations. 2023. "Intensifying Global Efforts for the Elimination of Female Genital Mutilation." https://documents.un.org/doc/undoc/gen/n22/759/70/pdf/n2275970.pdf?token=QCINBWTuLCWM8MUKUw&fe=true.

Willig, C. 2022. *Introducing Qualitative Research in Psychology*. 4th ed. McGraw-Hill.

World Health Organisation. 2024. "Female Genital Mutilation—Factsheet." https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation.

World Health Organization & United Nations Population Fund. 1997. *Female Genital Mutilation: A Joint WHO/UNICEF/UNFPA Statement*, edited by World Health Organization. https://apps.who.int/iris/handle/10665/41903.

World Health Organization. 2008. "Eliminating Female Genital Mutilation: An Interagency Statement." https://iris.who.int/bitstream/handle/10665/43839/9789241596442_eng.pdf?sequence=1.

10991298, 2026, 2, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/casp.70250 by Publications Team - City University Of London , Wiley Online Library on [20/03/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License