

**Equality Impact Assessment Record**

**Scotland's National Action  
Plan to Prevent and Eradicate  
Female Genital Mutilation  
(FGM) 2016 – 2020**

September 2017



Scottish Government  
Riaghaltas na h-Alba  
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## EQUALITY IMPACT ASSESSMENT RECORD

<b>Title of policy/ practice/ strategy/ legislation etc.</b>	<b>Scotland's National Action Plan to Prevent and Eradicate Female Genital Mutilation (FGM) 2016 – 2020</b>	
<b>Minister</b>	<b>Cabinet Secretary for Communities Social Security and Equalities</b>	
<b>Lead official</b>	<b>Lesley Musa</b>	
<b>Officials involved in the EQIA</b>	<b>Name</b>	<b>Team</b>
	<b>Bruce Sutherland</b>	<b>Equality Policy Team</b>
<b>Directorate: Division: Team</b>	<b>Local Government and Communities Equality Unit</b>	
<b>Is this new policy or revision to an existing policy?</b>	<b>Existing policy delivery</b>	

### Screening

### Policy Aim

The aims of Scotland's National Action Plan to Prevent and Eradicate FGM are to strengthen understanding of how communities in Scotland are affected by FGM and to deliver changes in attitudes, behaviours, practice and policy to ensure FGM is prevented and ultimately eradicated.

## **The National Outcomes this contributes to are:**

- ◆ *Our children have the best start in life and are ready to succeed.*
- ◆ *We have improved the life chances for children, young people and families at risk.*
- ◆ *We live our lives safe from crime, disorder and danger.*
- ◆ *We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.*
- ◆ *We take pride in a strong, fair and inclusive national identity.*
- ◆ *We have tackled the significant inequalities in Scottish society.*
- ◆ *Our young people are successful learners, confident individuals, effective contributors and responsible citizens.*

## **Who will it affect?**

The recommended actions in the National Action Plan will directly impact on all members of affected communities, and also frontline practitioners who may have to respond to individuals affected or who are potentially at risk of the practice. It will indirectly affect all members of society with the roll out of awareness raising.

## **What might prevent the desired outcomes being achieved?**

Implementation of the recommended actions will be taken forward by Scottish Government, Statutory, Third Sector and Community Organisations. The hidden nature of this practice and cultural sensitivities could also have an effect on achieving outcomes.

## **Stage 1: Framing**

### **Results of framing exercise**

We looked at the report commissioned by the Scottish Government from the Scottish Refugee Council, *Tackling Female Genital Mutilation in Scotland: A Scottish model of Intervention* and found that further evidence is needed on the views of people potentially affected by FGM across all protected characteristics.

We have some information or evidence related to all protected characteristics but there is limited data captured from Scotland's 2011 Census in relation to the number of people living in Scotland that were born in FGM practicing countries, and the number of females who were born in Scotland with mothers from FGM practicing countries.

In the report by the Scottish Refugee Council *Tackling FGM in Scotland (2014)* the issue of lack of engagement was identified. This has been addressed by a programme of meetings with colleagues in Education, Child Protection, Analytical Services, Police Scotland, NHS Social Work, Third Sector and Community Organisation stakeholders to inform the framing exercise

The Scottish Government is also funding the 'My Voice' project, which uses Participatory Ethnographic Evaluation and Research (PEER) methodology to engage with young women, men and extending to religious leaders.

PEER is an innovative approach to qualitative research. Members of a community (researchers) are trained to carry out in-depth conversational interviews with friends in their social networks. PEER is highly effective in generating insights into sensitive issues among hard to reach groups, where stigma and marginalisation makes traditional research methods difficult to implement. The process enables programmes to engage communities in discussions, and ensures that the views of marginalised and disadvantaged groups can be heard.

### **Extent/Level of EQIA required**

As a result of the framing exercise, a full EQIA was carried out.

## Stage 2: Data and evidence gathering, involvement and consultation

Characteristic <sup>1</sup>	Evidence gathered and Strength/quality of evidence	Source	Data gaps identified and action taken
<b>AGE</b>	<p>23,979 men, women and children born in one of the 29 countries identified by UNICEF (2013) as an 'FGM-practising country' were living in Scotland in 2011, with 363 girls born in Scotland to mothers born in an FGM-practising country in 2012. In June 2012 there were 1,038,464 children (under 18 years old) in Scotland. Of this, 518,655 children were aged 0-8 years. This is the main 'target group' for perpetrators of FGM. However, this figure does not differentiate between girls and boys. We do not know many were born in FGM practising countries.</p>	<p>Scotland's population 2011 &amp; SRC Report: <i>Tackling Female Genital Mutilation in Scotland; A Scottish model of Intervention</i><sup>2</sup></p> <p><i>National Records of Scotland. (August 2015) Scotland's Population, Annual review of demographic trends, 2014.</i></p> <p>Scotland's National Action Plan to Prevent and Eradicate Female Genital Mutilation (FGM) 2016 - 2020<sup>3</sup></p>	Data availability around age is strong.

<sup>1</sup> Refer to Definitions of Protected Characteristics document for information on the characteristics

<sup>2</sup> [http://www.scottishrefugeecouncil.org.uk/assets/0000/9061/FGM\\_Report\\_FINAL\\_A4portrait.pdf](http://www.scottishrefugeecouncil.org.uk/assets/0000/9061/FGM_Report_FINAL_A4portrait.pdf)

<sup>3</sup> <http://www.gov.scot/Publications/2016/02/8232/downloads#res493752>

	<p>Research carried out by UNICEF shows that FGM can be carried out on girls of any age but is most commonly carried out between the ages of 5 - 14 years old. There are approx. 909,092 children under the age of 16 in Scotland in 2014. Again this figure includes boys and girls.</p>		
<b>DISABILITY</b>	<p>In 2011, the proportion of people in Scotland with a long-term activity-limiting health problem or disability was 20 per cent (1,040,000 people), the same proportion as reported in 2001 (1,027,872 people).</p> <p>In 2012, 28 per cent of men and 35 per cent of women in Scotland reported a limiting long-term condition or disability; however there are no direct links between FGM and disability.</p> <p>That is to say, there may be conditions and health implications as a result of</p>	<p>2011 Scotland Census</p> <p>Scottish Health Survey</p>	<p>Data availability around disability is strong.</p>

	<p>undergoing FGM that are not reported as being consequential and no causal link is reported. It should however be recognised that in FGM practising communities disabled women and girls would be at the same risk of the practice as non-disabled women and girls.</p>		
<b>SEX</b>	<p>In 2011, 52% of Scotland's population were female and 48% were male. This proportion has not changed much since 1947.</p> <p>By its very nature FGM is a form of extreme gender based violence that affects women and girls because they are female. The National Action Plan is rooted in the understanding that FGM affects women and girls exclusively. However the objectives, actions and activities within the plan recognise that to</p>	Scotland's population 2011	Data availability around sex is strong.

	<p>address FGM effectively there is a need to engage with both women and men to ensure that there is confidence to report and to develop capacity to challenge it. Capacity building is being progressed through Scottish Government funded work such as the 'My Voice' project and the continuing development of relationships with community organisations such as Community Info Source. Both organisations are working with men in educating and raising awareness of the consequences and health implications of FGM. We are aware of an argument by some trans activists that the term Female Genital Mutilation is oppressive to them because it denies their identity of being woman and excludes them from being female.</p> <p>FGM is performed on some ME girls because they are identified as girls by virtue of their biology. This social reality results in inferior treatment compared to</p>		
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	<p>males. Even if these girls later identify as transgender men, it will have no bearing on their subjugation from patriarchal forces that require females to be cut in order to be valued as “pure” within society. It is precisely because they are identified as girls that they experience the oppression of FGM.</p>		
<p><b>PREGNANCY AND MATERNITY</b></p>	<p>There were 363 girls born in Scotland to mothers who were born in FGM practicing countries in 2012. This represents a fivefold increase over the last 10 years.</p> <p>There are various issues surrounding recording data on pregnancy and FGM. The National Action Plan has outcomes with activities aimed at addressing this.</p> <p>Healthcare professionals have been asked to record the diagnosis and types of FGM,</p>	<p>SRC Report: Tackling Female Genital Mutilation in Scotland; A Scottish model of Intervention</p>	<p>Data availability around pregnancy and maternity is limited.</p>

	<p>together with any corrective procedures in the appropriate clinical records, including the hospital discharge summary. The condition is then able to be coded and relevant codes for hospitals and primary care have been provided to encourage national consistency. This should assist in collecting baseline information regarding some of the aspects of FGM, starting with the healthcare services.</p>		
<p><b>GENDER REASSIGNMENT</b></p>	<p>The Registrar General for Scotland maintains a Gender Recognition Register in which the birth of a transsexual person whose acquired gender has been legally recognised is registered showing any new name(s) and the acquired gender. This enables the transsexual person to apply to the Registrar General for Scotland for a new birth</p>		<p>There is no data relating FGM to Gender Reassignment.</p> <p>No additional action is considered necessary to obtain direct evidence as it does not directly or indirectly impact upon the policy.</p>

	<p>certificate showing the new name(s) and the acquired gender. In 2014, there were 16 entries in the Gender Recognition Register, the same number as in 2013. The Gender Recognition Register is not open to public scrutiny.</p>		
<p><b>SEXUAL ORIENTATION</b></p>	<p>Statistics published in the Integrated Household Survey shows that the number of people who self-identified as lesbian, gay or bisexual in Scotland was 1.4%. A comparison by gender showed that 93.6% of men and 94.3% of women identified themselves as heterosexual/straight. The out gay population in Europe is estimated to be around 22.6 million (2.6% of the population). Those who practice FGM justify it with references to various socio-cultural factors. Other common justifications for FGM are closely related to fixed gender roles and perceptions of women and girls as</p>	<p>Integrated Household Survey April 2010 to March 2011: Experimental Statistics</p>	<p>There is no data or published research relating FGM to Sexual Orientation.</p> <p>No additional action is considered necessary to obtain direct evidence as it does not directly or indirectly impact upon the policy.</p>

	<p>gatekeepers of their family's honour, which in many cases is closely linked to strict expectations regarding women's sexual "purity" and lack of desire. In some societies, the prevailing myth is that girls' sexual desires must be controlled early to preserve their virginity and prevent immorality. In other communities, FGM is seen as necessary to ensure marital fidelity and to prevent "deviant" sexual behavior. Regardless of sexual orientation FGM is violation and abuse.</p>		
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<p><b>RACE</b></p>	<p>Although there does seem to be a larger proportion of known cases coming from predominately West African countries, FGM is not fixed on any particular race. The size of the visible minority ethnic population in 2011 was just over 200,000 or 4 per cent of the total population of Scotland (based on the 2011 ethnicity classification); this has doubled since 2001 when just over 100,000 or 2 per cent of the total population of Scotland (based on the 2001 ethnicity classification) were from a minority ethnic group.</p>	<p>Scotland's population 2011</p>	<p>See Annex A</p>
<p><b>RELIGION OR BELIEF</b></p>	<p>Some people practice FGM as part of their religion and there can be huge pressures to make girls have it done. However FGM is not recommended by any religion or in any religious texts. It is not religious but might have become symbolic in some communities as a demonstration of faith. In fact it is not a condition of belonging to</p>	<p>Scotland's population 2011</p>	<p>Evidence around faith is limited. However available evidence shows that engagement with faith leaders is valuable in communicating the message that FGM is a harmful procedure.</p>

	<p>any faith group. Representatives from organisations including the International Relief Foundation, FORWARD and the Muslim Women's Network UK met government ministers during a summit at the Home Office in London on 19 June 2014. By signing a joint declaration against the practice of FGM, they hope to send a clear message to communities across the UK that the practice is an extreme form of violence against women and girls and is not supported by any religious doctrine.</p> <p>After Christianity, Islam was the most common faith with 42,600 people in Scotland describing their faith as Muslim. No particular barriers to the engagement of majority faith communities, however religious leaders are more difficult to engage with.</p> <p>The need to engage with</p>	<p><a href="https://www.gov.uk/government/news/faith-and-community-leaders-unite-to-condemn-fgm">https://www.gov.uk/government/news/faith-and-community-leaders-unite-to-condemn-fgm</a></p>	
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	religious leaders has been highlighted by community organisations. Work to engage with religious leaders is being taken forward with community based organisations, funded by the Scottish Government, in this area.	Scotland's National Action Plan to Prevent and Eradicate FGM.	
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### Stage 3: Assessing the impacts and identifying opportunities to promote equality

Do you think that the policy impacts on people because of their age?

Age	Positive	Negative	None	Reasons for your decision
Eliminating unlawful discrimination, harassment and victimisation	X			This policy development is primarily for the elimination of a specified practice which is not predicated on age, however is primarily carried out on young girls.
Advancing equality of opportunity	X			This policy aims to prevent harmful practices against young girls and women with a long term goal of advancing equality and opportunity. The policy aims to do this through: raising awareness of the right of all women and children to be free from FGM, enabling public sector organisations to understand their duties to prevent FGM and providing services to those affected by FGM.
Promoting good relations among and between different age groups	X			This harmful practice is mainly performed by older members of the community/family on very young girls and by eliminating this; there is an opportunity for relationships between both to flourish.

**Do you think that the policy impacts disabled people?**

<b>Disability</b>	<b>Positive</b>	<b>Negative</b>	<b>None</b>	<b>Reasons for your decision</b>
Eliminating unlawful discrimination, harassment and victimisation			X	This policy development is primarily for the elimination of a specified practice which is not predicated on ability or disability. Within this aim there are no particular impacts around eliminating unlawful discrimination, harassment and victimisation.
Advancing equality of opportunity	X			The elimination of this harmful practice will give young girls in particular more opportunity to live full, pain free lives and become active members of the Scottish community and lead to health improvements of survivors of FGM. Whilst elimination of the practice will not result in health improvements for those affected. Identification of FGM may help in addressing some of the health related consequences associated with certain types of the practice.
Promoting good relations among and between disabled and non-disabled people			X	The elimination of this practice is not predicated on ability or disability. However, there is an opportunity for relationships between both to flourish with the elimination of this practice.

**Do you think that the policy impacts on men and women in different ways?**

<b>Sex</b>	<b>Positive</b>	<b>Negative</b>	<b>None</b>	<b>Reasons for your decision</b>
Eliminating unlawful discrimination	X			This policy development is primarily for the elimination of a specified practice which is primarily carried out on young girls. The implementation of this policy will contribute to eliminating unlawful practices against girls and women.
Advancing equality of opportunity	X			For some women in certain communities, marriage and reproduction are the only means to ensuring economic security and social status and FGM can be seen in those communities as a prerequisite for marriage. However FGM is recognised widely as a form of violence against women and girls and a violation of their human rights. Therefore any reduction in this occurring will give young girls and women more opportunities in education and society as a whole.
Promoting good relations between men and women	X			FGM reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. By eradicating this practice, it is hoped that men's attitudes and behaviour towards women will improve thus improving their relationships, and it will lead to women feeling and being more empowered.

**Do you think that the policy impacts on women because of pregnancy and maternity?**

<b>Pregnancy and Maternity</b>	<b>Positive</b>	<b>Negative</b>	<b>None</b>	<b>Reasons for your decision</b>
Eliminating unlawful discrimination	X			By highlighting FGM or the potential risk of FGM during the early stages of pregnancy, the correct pathways and procedures can be followed to the benefit of all prospective mothers and their unborn children.
Advancing equality of opportunity	X			The implementation and development of these policies will advance equality of opportunity by making sure pregnant women have access to all available services and protection for their child is maintained through the relevant pathways.
Promoting good relations	X			It is hoped the relationships between pregnant women and their health care professional will be strengthened by an increased awareness of FGM and appropriate measures to safeguard families and respond appropriately when required.

**Do you think your policy impacts on transsexual people?**

<b>Gender reassignment</b>	<b>Positive</b>	<b>Negative</b>	<b>None</b>	<b>Reasons for your decision</b>
Eliminating unlawful discrimination	X			This National Action Plan is in place to protect all women and girls, this also includes people who may have undergone gender reassignment or are in the process of transitioning. There are no negative impacts related to eliminating unlawful discrimination of transgender people. Even if these girls later identify as transgender men, it will have no bearing on their subjugation from patriarchal forces that require females to be cut in order to be valued as “pure” within society. It is precisely because they are identified as girls that they experience the oppression of FGM.
Advancing equality of opportunity	X			The policy’s inclusiveness has the potential to advance equality of opportunity and there will be no barriers to engagement of transgender people. There are no negative impacts related to eliminating unlawful discrimination of transgender people.
Promoting good relations	X			It is hoped this policy implementation will build on relationships and help form new bonds with people transitioning and other members of the community as a whole. There are no negative impacts related to eliminating unlawful discrimination of transgender people.

**Do you think that the policy impacts on people because of their sexual orientation?**

<b>Sexual orientation</b>	<b>Positive</b>	<b>Negative</b>	<b>None</b>	<b>Reasons for your decision</b>
Eliminating unlawful discrimination			X	There are no particular positive or negative impacts related to eliminating unlawful discrimination of LGBTI people.
Advancing equality of opportunity			X	There are no particular positive or negative impacts related to eliminating unlawful discrimination of LGBTI people.
Promoting good relations			X	There are no particular positive or negative impacts related to eliminating unlawful discrimination of LGBTI people.

**Do you think the policy impacts on people on the grounds of their race?**

Race	Positive	Negative	None	Reasons for your decision
Eliminating unlawful discrimination	X			There are positive impacts related to eliminating unlawful discrimination because of race. Whilst drawing attention to a certain ethnicity may lead to profiling ongoing engagement with communities can address any negative perceptions. While, the activities contained in the National Action Plan in relation to education and awareness focus on women and girls, they are for all members of the community and across all practitioners across statutory, third sector and community organisations at all levels.
Advancing equality of opportunity	X			The policy's inclusiveness has the potential to advance equality of opportunity for ethnic minorities. An aim is that this policy provides a broad platform to encourage further engagement of minority ethnic communities. The solution to the elimination of this practice lies within the communities potentially affected by it.
Promoting good race relations	X			One of the key benefits of this policy is the strong partnerships formed. The Scottish Government and a number of community organisations now collaborate to enhance engagement of minority ethnic communities.

**Do you think the policy impacts on people because of their religion or belief?**

<b>Religion or belief</b>	<b>Positive</b>	<b>Negative</b>	<b>None</b>	<b>Reasons for your decision</b>
Eliminating unlawful discrimination	X			It is a cultural practice, which does not have any basis in any religion, although there is a commonly held misconception in some communities that it is a religious requirement. It is also commonly seen as a rite of passage to adulthood and a prerequisite for marriage. This policy is working to dispel the myth that this practice is related to religion. For some women in certain communities, marriage and reproduction are the only means to ensuring economic security and social status.
Advancing equality of opportunity	X			The policies inclusiveness has the potential to advance equality of opportunity and there will be no barriers to engagement of faith groups. The policy looks to achieve this by raising awareness of FGM and the services available, and development of all communities, including young people, men, religious leaders and others, recently arrived migrants, asylum seekers and refugees.
Promoting good relations	X			One of the key benefits of this policy is the strong partnerships formed. A number of community organisations and Scottish Government have met to discuss partnership opportunities to enhance engagement of faith groups within potentially affected communities and religious leaders.

## Stage 4: Decision making and monitoring

### Identifying and establishing any required mitigating action

Have positive or negative impacts been identified for any of the equality groups?	YES
Is the policy directly or indirectly discriminatory under the Equality Act 2010 <sup>4</sup> ?	NO
If the policy is indirectly discriminatory, how is it justified under the relevant legislation?	N/A
If not justified, what mitigating action will be undertaken?	N/A

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<sup>4</sup> See EQIA – Setting the Scene for further information on the legislation.

## **Describing how Equality Impact analysis has shaped the policy making process**

We held a series of roundtable events in summer 2015 with key community stakeholders, including DARF, Kenyan Women in Scotland, Community Infosource and others. These were used to listen to both their anxieties about how aspects of this approach would be carried out so as not to cause harm to relationships between community organisations and the communities they are so vital to, and also to ensure the cultural sensitivity surrounding this practice and its deep rooted origins in cultural tradition was fully taken on board in the development of the National Action Plan. We also listened to their ideas around how best to engage and consult with communities and ensure that the aims of this policy are met by them.

Some of the issues raised at these meetings include but are not limited to:

- Identify the correct questions to ask and when they need to be asked
- Engagement has to inform processes and be embedded
- Engaging with communities and what this actually means
- Language used/ Definitions
- Cultural awareness
- Joining up of grassroots work and service provision
- Community leaders identified and engaged with – Engagement and Communication co-ordination
- How can we measure progress?

The development of this policy has been informed by the outcomes of this Equality Impact Assessment. As a result of the data and evidence gathered, the Scottish Government is looking to work with community organisations and partners to ensure there is a more robust recording procedure, and that those cases that have been identified are dealt with in a professional and sensitive manner. Healthcare professionals have been asked to record the diagnosis and types of FGM, together with any corrective procedures in the appropriate clinical records, including the hospital discharge summary. The condition is then able to be coded and relevant codes for hospitals and primary care have been provided to encourage national consistency. This should assist in collecting baseline information regarding some of the aspects of FGM, starting with the healthcare services.

Information Services Division (ISD) has plotted data collection approaches, to deliver more robust monitoring system in place for 2016/17 in Scotland. ISD have also issued guidance on the use of FGM codes to coders in the Scottish Clinical Coding Standards March 2016.

- **Impact of any new legislation**

Any issues in relation to any new legislation in Scotland (along the lines of that contained in Part 5 of the Serious Crime Act 2015) were discussed with the Female Genital Mutilation Short Life Working Group (FGM SLWG) throughout the development of the FGM National Action Plan. Due consideration was also given to the impact on equality as actions within the plan were agreed.

The SLWG comprised of membership from Scottish Government, Police Scotland, Social Work, NHS Scotland, Education Scotland, third sector and community based organisations

This EQIA has helped develop better outcomes for people and communities by working with community organisations and engaging with communities to ensure they are empowered to become part of the solution, and by ensuring they have been heavily involved in forming the Actions that are the basis of this policy. The feedback received from the various roundtable events coupled with comments received on the draft National Action Plan helped to shape the Actions required to address the complex needs of FGM survivors. The draft National Action Plan also went to consultation with community organisations, grass roots activists and those affected by FGM. All of this contributed directly to the final draft of the National Action Plan.

There have been no cost or resource implications as a result of this EQIA analysis.

## **Monitoring and Review**

As part of the implementation and development of this policy, an implementation group will be set up to monitor and evaluate the specific actions identified in the National Action Plan. There will be a number of sectoral based implementation plans to take forward the actions and activities for particular areas and organisations. These will then nominate representatives to report to the larger National Implementation Group on progress. As part of the implementation process, we will build in an Equality Impact Assessment review to ensure that all and any impacts of this policy are not having any adverse effects and that opportunities to advance equality and foster good relations are considered.

## Stage 5 - Authorisation of EQIA

Please confirm that:

- ◆ This Equality Impact Assessment has informed the development of this policy:

Yes  No

- ◆ Opportunities to promote equality in respect of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation have been considered, i.e.:

- Eliminating unlawful discrimination, harassment, victimisation;
- Removing or minimising any barriers and/or disadvantages;
- Taking steps which assist with promoting equality and meeting people's different needs;
- Encouraging participation (e.g. in public life)
- Fostering good relations, tackling prejudice and promoting understanding.

Yes  No

- ◆ If the Marriage and Civil Partnership protected characteristic applies to this policy, the Equality Impact Assessment has also assessed against the duty to eliminate unlawful discrimination, harassment and victimisation in respect of this protected characteristic:

Yes  No  Not applicable

## **Declaration**

**I am satisfied with the equality impact assessment that has been undertaken for Scotland's National Action Plan to Prevent and Eradicate Female Genital Mutilation (FGM) 2016 – 2020 and give my authorisation for the results of this assessment to be published on the Scottish Government's website.**

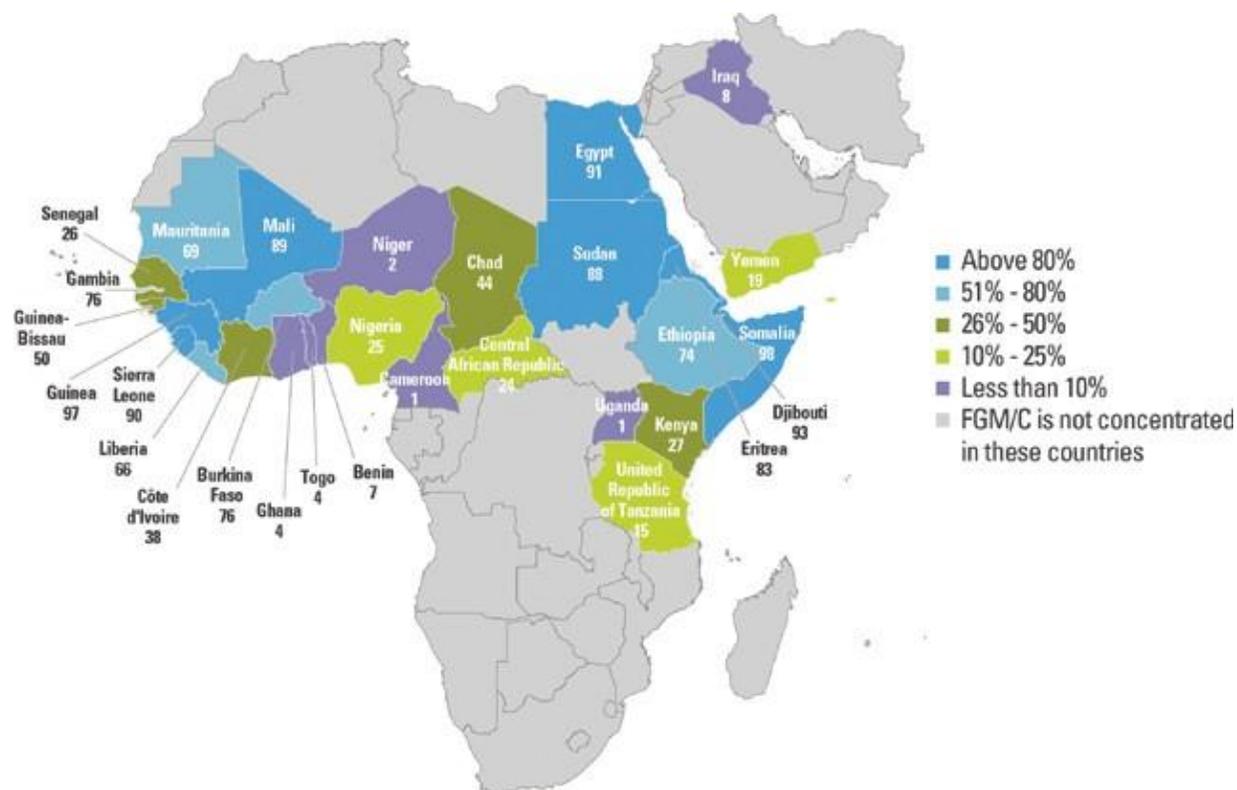
**Name: Lesley Irving**

**Position: Head of Equality Policy**

**Authorisation date: 31/07/2017**

## Annex A

Female Genital Mutilation/Cutting (FGM/C) is concentrated in a swathe of countries from the Atlantic coast to the Horn of Africa



FGM has also been documented in communities including:

- Iraq
- Israel
- Oman
- the United Arab Emirates
- the Occupied Palestinian Territories
- India
- Indonesia
- Malaysia
- Pakistan

Percentage of girls and women aged 15 to 49 years who have undergone FGM/C

Note: In Liberia, girls and women who have heard of the Sande society were asked whether they were members; this provides indirect information on FGM/C since it is performed during initiation into the society.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2004-2013. <http://www.data.unicef.org/child-protection/fgmc>



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