AHA FOUNDATION STUDY FINDINGS ON FEMALE GENITAL MUTILATION IN THE U.S.

CALIFORNIA

STATE DATA

Based on 2015-2019 American Community Survey population estimates.

149,342
STUDY POPULATON: Women and girls with ancestral ties to countries where FGM/C is practiced

51,907
Women and girls who were likely **LIVING WITH** FGM/C

2,940
Girls who were likely **AT RISK** of FGM/C

STATE LEGISLATION AND POLICY LANDSCAPE

STATUS
Deficient Existing[1] Legislation[2], Needs Strengthening

IMPROVE BY ADDING
Prohibition of Transporting for FGM/C; Civil Cause of Action; Extended Civil Statute of Limitations; Specification that Culture, Ritual, Religion are Not Defenses to Prosecution; Specification of Mandatory Reporting; Annual Statistical Reporting; Mandatory Training for Law Enforcement; Mandatory Revocation of Medical License

1 https://bit.ly/3PC5qju
2 https://bit.ly/4690pGd

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SUMMARY

FGM/C prevalence was estimated at 36.7% within the study population in California, with over 60% of the impacted population in the state identifying as Egyptian (32.1%), Indonesian (19.5%) or Ethiopian (12.8%).

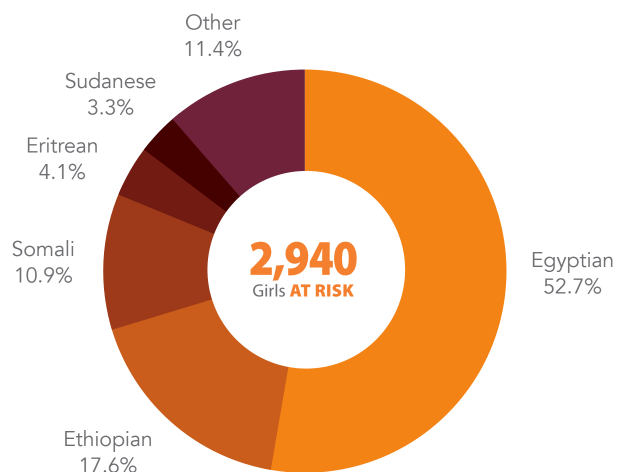
It is estimated that **4,756** women were living with Type 3 FGM/C in California. While all survivors may require some level of medical and mental health support, those living with Type 3 would likely require additional medical attention.

79% of those impacted by FGM/C in California live in one of four metropolitan areas: Los Angeles-Long Beach-Anaheim (40%); San Francisco-Oakland-Haward (18%); Riverside-San Bernardino-Ontario (11%); and San Diego-Carlsbad (10%).

An estimated 1,150 women and girls from the **Dawoodi Bohra** community live in California and are not included in the population extrapolation calculation.

ETHNIC BREAKDOWN

Ethnic breakdown of girls most likely to be AT RISK of FGM/C in California



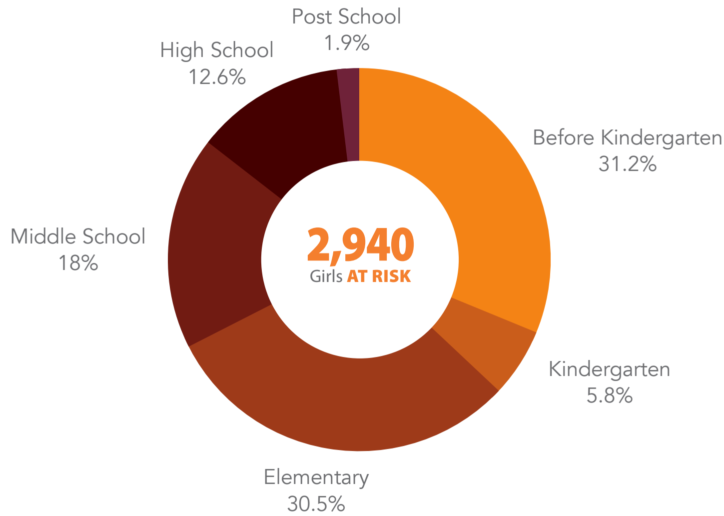
NOTE: Nigerian and Indonesian girls are likely underrepresented in this data since they are cut at a very young age, resulting in most girls being encoded as already living with FGM/C.

STATE PREVALENCE RANKING

CA

AGE DISTRIBUTION

Distribution of girls most likely to be **AT RISK** of FGM/C in California



SPATIAL DISTRIBUTION

Counties with the highest
STUDY POPULATION | **LIVING WITH** | **AT RISK** population

County	Study Population	Living With	At Risk
Los Angeles	43,377	15,608	738
Orange	12,972	5,193	432
San Diego	13,207	4,942	479
Alameda	12,392	4,530	138
Santa Clara	9,015	3,740	201
San Bernardino	9,878	3,208	149
Riverside	8,062	2,573	236
Contra Costa	7,188	2,304	125
Sacramento	5,844	1,669	114
San Francisco	3,472	1,045	60

Metropolitan Areas with the highest
STUDY POPULATION | **LIVING WITH** | **AT RISK** population

Metropolitan Area	Study Population	Living With	At Risk
Los Angeles-Long Beach-Anaheim, CA	56,353	20,802	1,154
San Francisco-Oakland-Hayward, CA	26,719	9,167	400
Riverside-San Bernardino-Ontario, CA	17,937	5,779	387
San Diego-Carlsbad, CA	13,207	4,939	479
San Jose-Sunnyvale-Santa Clara, CA	9,017	3,742	200
Sacramento-Roseville-Arden-Arcade, CA	7,315	2,016	128
Oxnard-Thousand Oaks-Ventura, CA	1,851	744	31
Stockton-Lodi, CA	2,499	687	27
Bakersfield, CA	2,229	684	29
Santa Rosa, CA	1,519	570	2

CALL TO ACTION

Interventions tailored to the specifics of the context.

State legislators should prioritize strengthening existing legislation.

Prevention and response interventions should focus on the greater Los Angeles-Long Beach-Anaheim, San Francisco-Oakland-Haward, Riverside-San Bernardino-Ontario, and San Diego-Carlsbad metropolitan areas.

Child Protection should focus on **Egyptian** girls between the ages of 6 and 14; **Ethiopian** girls throughout their childhood and adolescence; and **Somali** girls between the ages of 5 and 15.

All estimates are subject to both sampling and nonsampling error.

For more granular prevalence data contact
info@theahafoundation.org

scan
to access
the full report

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