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

NORTH CAROLINA

STATE DATA

Based on 2015-2019 American Community Survey population estimates.

28,315
STUDY POPULATON:
Women and girls with ancestral ties to countries where FGM/C is practiced

7,452
Women and girls who were likely **LIVING WITH** FGM/C

586
Girls who were likely **AT RISK** of FGM/C

STATE LEGISLATION AND POLICY LANDSCAPE

STATUS
Deficient Existing Legislation[1], Needs Strengthening

IMPROVE BY ADDING
Education and Outreach; Comprehensive Expanded Definition of FGM/C; Civil Cause of Action; Extended Civil Statute of Limitations; Specification of Mandatory Reporting; Annual Statistical Reporting; Mandatory Training for Law Enforcement; Mandatory Revocation of Medical License

1 https://bit.ly/48twkCT

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SUMMARY

FGM/C prevalence was estimated at 28.4% within the study population in North Carolina with over 50% of the impacted population in the state identifying as Egyptian (23.8%), Ethiopian (12.6%), Nigerian (11%) or Sudanese (9.4%).

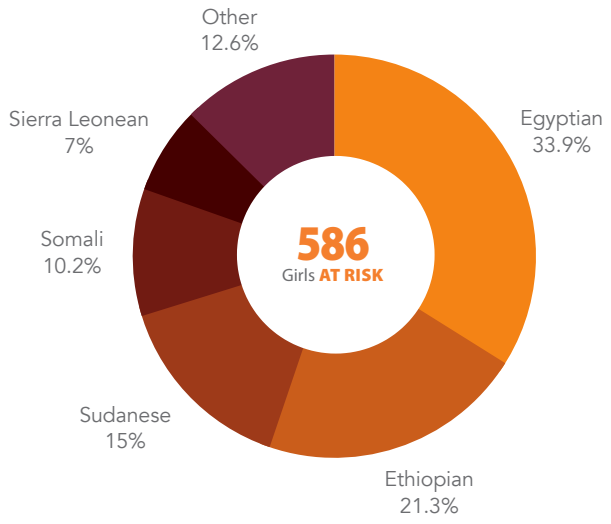
It is estimated that **1,212** women were living with Type 3 FGM/C in North Carolina. While all survivors may require some level of medical and mental health support, those living with Type 3 would likely require additional medical attention.

Most of those impacted by FGM/C in North Carolina live in the greater Charlotte-Concord-Gastonia, Raleigh, Virginia Beach-Norfolk-Newport News and Greensboro-High Point metropolitan areas.

An estimated 100 women and girls from the **Dawoodi Bohra** community live in North Carolina 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 North Carolina



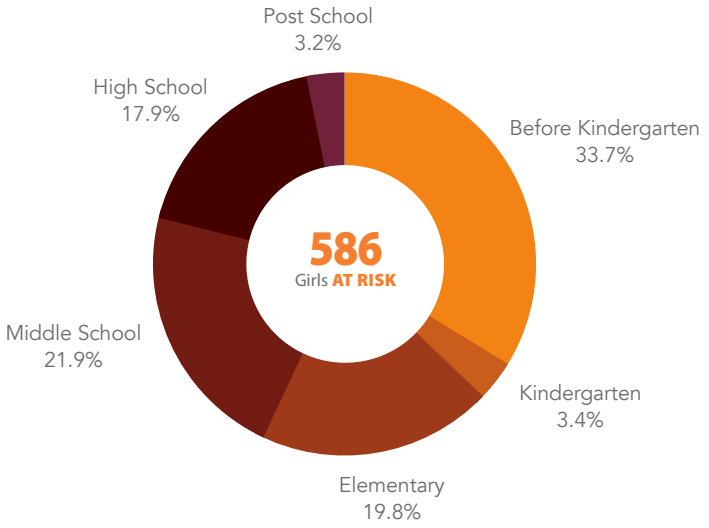
NOTE: Nigerian and Indonesian girls are likely underrepresented in this data since they are cut at a very young age, resulting in most girls being encoded as already living with FGM/C.

STATE PREVALENCE RANKING

NC

AGE DISTRIBUTION

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



SPATIAL DISTRIBUTION

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

	STUDY POPULATION	LIVING WITH	AT RISK
Wake	6,793	1,914	193
Mecklenburg	6,947	1,898	150
Guilford	3,169	969	85
Durham	2,846	605	11
Orange	606	252	19
Cumberland	1,164	247	25
Forsyth	1,108	233	11
Cabarrus	664	146	13
Union	682	133	19
New Hanover	245	114	-

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

	STUDY POPULATION	LIVING WITH	AT RISK
Charlotte-Concord-Gastonia, NC-SC	9,121	2,405	178
Raleigh, NC	7,313	2,055	193
Greensboro-High Point, NC	3,281	1,001	85
Virginia Beach-Norfolk-Newport News, VA-NC	3,989	992	103
Fayetteville, NC	1,166	247	25
Winston-Salem, NC	1,153	238	12
Wilmington, NC	273	121	-
Greenville, NC	368	69	6
Goldsboro, NC	239	52	-
Asheville, NC	295	51	6

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 Charlotte-Concord-Gastonia, Raleigh, Virginia Beach-Norfolk-Newport News and Greensboro-High Point metropolitan areas.

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

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