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

NEW YORK

STATE DATA

Based on 2015-2019 American Community Survey population estimates.

120,452

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

31,564

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

2,137

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

STATE LEGISLATION AND POLICY LANDSCAPE

STATUS

Deficient Existing Legislation[1], Needs Strengthening

IMPROVE BY ADDING

Comprehensive Expanded Definition of FGM/C; Prohibition of Transporting for 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/3ZxvYHg

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SUMMARY

FGM/C prevalence was estimated at 28% within the study population in New York with over 50% of the impacted population in the state identifying as Egyptian (35.5%) or Nigerian (15.8%).

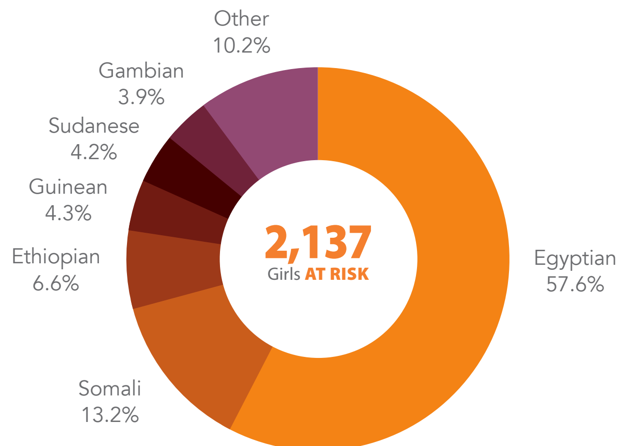
It is estimated that **2,906** women were living with Type 3 FGM/C in New York. While all survivors may require some level of medical and mental health support, those living with Type 3 would likely require additional medical attention.

Most of those impacted by FGM/C in New York live in the greater New York-Newark-Jersey City, Rochester and Buffalo-Cheektowage-Niagra Falls metropolitan areas.

An estimated 300 women and girls from the **Dawoodi Bohra** community live in New York 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 New York



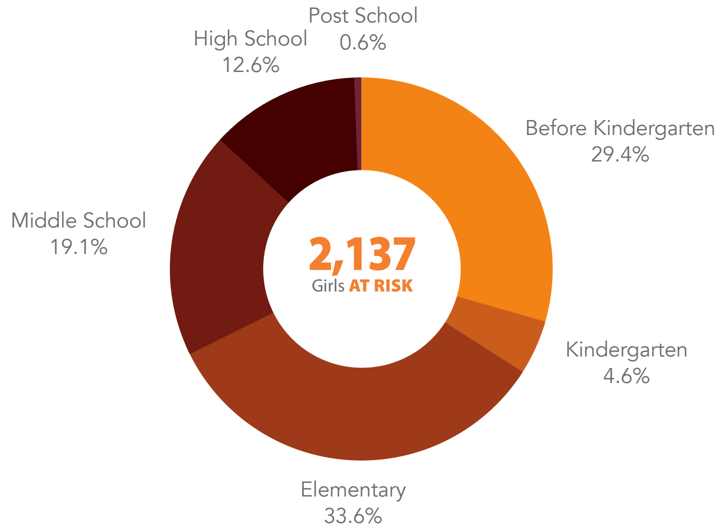
NOTE: Nigerian and Indonesian girls are likely underrepresented in this data since they are cut at a very young age, resulting in most girls being encoded as already living with FGM/C.

STATE PREVALENCE RANKING

NY

AGE DISTRIBUTION

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



SPATIAL DISTRIBUTION

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

County	Study Population	Living With	At Risk
Queens	18,444	6,144	353
Kings	20,497	6,018	368
Bronx	30,158	4,989	218
New York	10,599	3,354	113
Richmond	6,775	2,338	242
Monroe	3,890	1,363	139
Erie	5,065	1,320	111
Nassau	4,355	1,152	135
Suffolk	4,456	1,080	68
Westchester	4,864	1,056	63

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

Metropolitan Area	Study Population	Living With	At Risk
New York-Newark-Jersey City, NY-NJ-PA	156,704	44,356	2,734
Rochester, NY	4,112	1,442	140
Buffalo-Cheektowaga-Niagara Falls, NY	5,330	1,409	128
Syracuse, NY	1,920	584	137
Albany-Schenectady-Troy, NY	2,188	547	60
Utica-Rome, NY	688	168	32
Binghamton, NY	504	147	2
Glens Falls, NY	79	38	-
Ithaca, NY	222	34	-

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 New York-Newark-Jersey City, Rochester and Buffalo-Cheektowaga-Niagara Falls metropolitan areas.

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

All estimates are subject to both sampling and nonsampling error.

For more granular prevalence data contact **info@theahafoundation.org**

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