

STATE DATA

Based on 2015-2019 American Community
Survey population estimates.

45,770

STUDY POPULATION:

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

14,042

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

1,348

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; Specification of
Ability to Prosecute Parents/
Guardian; Mandatory
Training for Law Enforcement;
Mandatory Revocation of
Medical License

¹ <https://bit.ly/45eA1ua>

SUMMARY

FGM/C prevalence was estimated at 33.6% within the study population in Ohio with over 60% of the impacted population in the state identifying as Somali (41.6%), Ethiopian (12.1%) or Egyptian (11.7%).

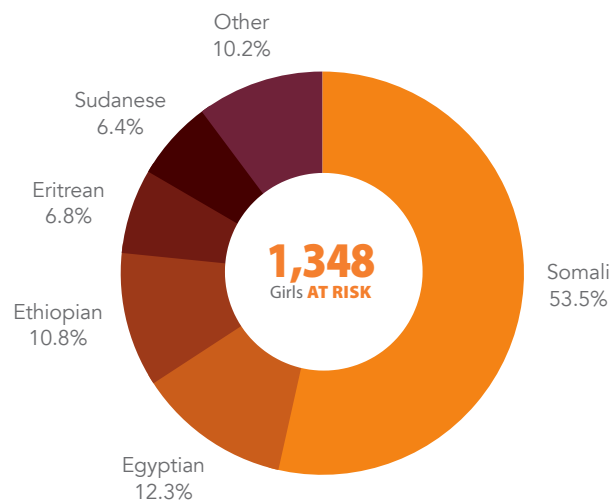
It is estimated that 5,212 women were living with Type 3 FGM/C in Ohio. While all survivors may require some level of medical and mental health support, those living with Type 3 would likely require additional medical attention.

Most of those impacted by FGM/C in Ohio live in the greater Columbus, Cincinnati and Cleveland-Elyria metropolitan areas.

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



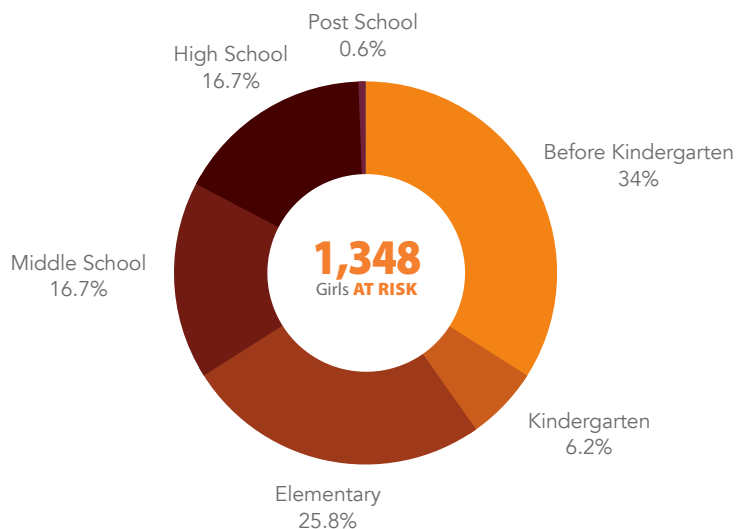
NOTE: Nigerian girls are likely underrepresented in this data since they are cut at a very young age, resulting in most girls being encoded as already living with FGM/C.

STATE PREVALENCE RANKING



AGE DISTRIBUTION

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



SPATIAL DISTRIBUTION

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

Franklin	25,104	9,236	998
Cuyahoga	4,140	1,060	121
Hamilton	3,205	960	66
Fairfield	1,317	487	25
Montgomery	1,582	473	5
Lucas	1,345	371	19
Butler	1,784	237	5
Summit	1,697	148	32
Greene	601	114	4
Delaware	575	103	2

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

Columbus, OH	27,465	9,919	1,038
Cincinnati, OH-KY-IN	6,543	1,487	108
Cleveland-Elyria, OH	4,816	1,195	145
Dayton, OH	2,380	664	10
Toledo, OH	1,638	461	27
Akron, OH	2,093	189	37
Youngstown-Warren-Boardman, OH-PA	522	69	12
Canton-Massillon, OH	289	66	-
Lima, OH	39	7	-
Mansfield, OH	126	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 Columbus, Cincinnati and Cleveland-Elyria metropolitan areas.

Child Protection should focus on **Somali** girls between the ages of 5 and 15; **Egyptian** girls between the ages of 6 and 14; 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

scan
to access
the full report

