# PENNSYLVANIA

## STATE DATA

*Based on 2015-2019 American Community Survey population estimates.*

### 39,591
**STUDY POPULATON**:
Women and girls with ancestral ties to countries where FGM/C is practiced

### 10,096
Women and girls who were likely **LIVING WITH** FGM/C

### 725
Girls who were likely **AT RISK** of FGM/C

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### 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/3qv8aH9

*ahafoundation*
**TheAHAFoundation.org**

## SUMMARY

FGM/C prevalence was estimated at 27.3% within the study population in Pennsylvania with over 60% of the impacted population in the state identifying as Egyptian (24.7%), Liberian (14%), Nigerian (11%) or Ethiopian (10.3%).
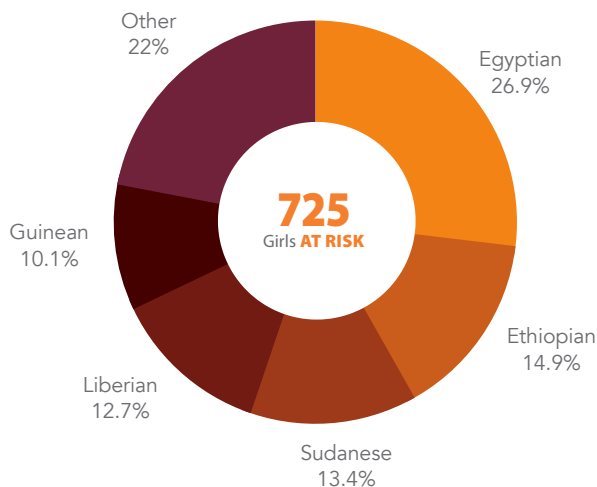
It is estimated that **1,124** women were living with Type 3 FGM/C in Pennsylvania. While all survivors may require some level of medical and mental health support, those living with Type 3 would likely require additional medical attention.

Most of those impacted by FGM/C in Pennsylvania live in the greater New York-Newark-Jersey City, Philadelphia-Camden-Wilmington and Pittsburgh metropolitan areas.

An estimated 120 women and girls from the **Dawoodi Bohra** community live in Pennsylvania 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 Pennsylvania**

Other 22%
Egyptian 26.9%
Guinean 10.1%

**725** Girls AT RISK
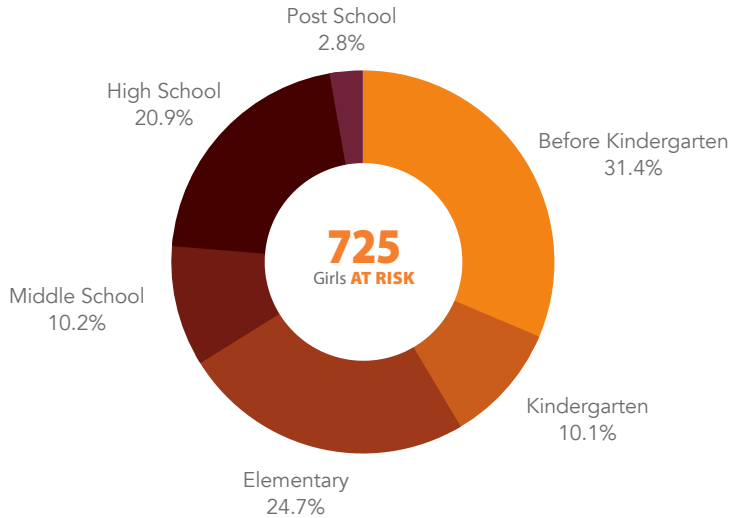
Ethiopian 14.9%
Liberian 12.7%
Sudanese 13.4%

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

| LOW LESS THAN 100 PER STATE AT RISK | MEDIUM BETWEEN 100 AND 500 AT RISK | HIGH BETWEEN 500 AND 1,000 AT RISK | HIGHEST BETWEEN 1000 AND 10,000 AT RISK |
|---|---|---|---|

# AGE DISTRIBUTION

### Distribution of girls most likely to be AT RISK of FGM/C in Pennsylvania



Post School
2.8%

High School
20.9%

Before Kindergarten
31.4%

**725**
Girls AT RISK

Middle School
10.2%

Kindergarten
10.1%

Elementary
24.7%

# SPATIAL DISTRIBUTION

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

| | STUDY POPULATION | LIVING WITH | AT RISK |
|---|---|---|---|
| Philadelphia | 13,417 | 3,686 | 179 |
| Delaware | 6,795 | 1,664 | 80 |
| Allegheny | 3,611 | 629 | 117 |
| Lancaster | 2,015 | 618 | 57 |
| Montgomery | 2,019 | 468 | 26 |
| Chester | 1,499 | 462 | 44 |
| Bucks | 1,947 | 380 | 86 |
| Dauphin | 1,035 | 361 | 4 |
| Erie | 841 | 310 | 37 |
| Lehigh | 665 | 241 | 9 |

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

| | STUDY POPULATION | LIVING WITH | AT RISK |
|---|---|---|---|
| Philadelphia-Camden-Wilmington, PA-NJ-DE-MD | 36,502 | 9,054 | 583 |
| Pittsburgh, PA | 4,038 | 792 | 134 |
| Lancaster, PA | 2,015 | 618 | 57 |
| Allentown-Bethlehem-Easton, PA-NJ | 1,868 | 545 | 31 |
| Harrisburg-Carlisle, PA | 1,369 | 442 | 23 |
| Erie, PA | 841 | 311 | 37 |
| Scranton-Wilkes-Barre-Hazelton, PA | 394 | 154 | 5 |
| Reading, PA | 456 | 152 | 14 |
| East Stroudsburg, PA | 565 | 131 | 3 |

# 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, Philadelphia-Camden-Wilmington and Pittsburgh metropolitan areas.

Child Protection should focus on **Egyptian** girls between the ages of 6 and 14; **Ethiopian** girls throughout their childhood and adolescence; **Sudanese** girls between the ages of 5 and 15; **Liberian** girls between the ages of 0 and 19; and **Guinean** girls between the ages of 5 and 17.

*All estimates are subject to both sampling and nonsampling error.*

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

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