

COMBINED STATE DATA

Based on 2015-2019 American Community
Survey population estimates.

19,615

STUDY POPULATION:

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

4,480

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

281

Girls who were likely
AT RISK of FGM/C

STATE LEGISLATION AND POLICY LANDSCAPE

STATUS

Alabama and Mississippi have
No Existing Legislation

Arkansas¹ has Strong Existing
Legislation

Louisiana², **South Carolina**³
and **West Virginia**⁴ have
Deficient Existing Legislation
that Needs Strengthening

1 <https://bit.ly/3Z0ySrv> <https://bit.ly/3PTwdZX> <https://bit.ly/46edlec>

2 <https://bit.ly/3P2wXvp>

3 <https://bit.ly/3EUrf93>

4 <https://bit.ly/45vxH1B>

SUMMARY

FGM/C prevalence was estimated at 24.3% within the study population in Alabama, Arkansas, Louisiana, Mississippi, South Carolina and West Virginia. The largest impacted population across these states, except Mississippi, identify as Egyptian (30.1%). While the second largest identify as Nigerian (16.1%) with significant populations in all states except South Carolina and West Virginia.

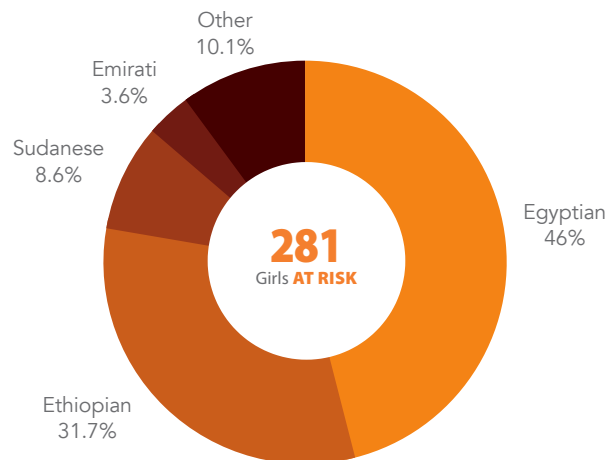
It is estimated that **431** women were living with Type 3 FGM/C in Alabama (36%), Arkansas (3.2%), Louisiana (28.3%), Mississippi (16.7%), South Carolina (9%) and West Virginia (6.7%). While all survivors may require some level of medical and mental health support, those living with Type 3 would likely require additional medical attention.

Those impacted by FGM/C in Alabama, Arkansas, Louisiana, Mississippi, South Carolina and West Virginia live in the greater Washington-Arlington-Alexandria, DC-VA-MD-WV and Charlotte-Concord-Gastonia, NC-SC metropolitan areas with smaller, yet significant communities across much of the rest of the region.

An estimated 30 women and girls from the **Dawoodi Bohra** community live in South 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 Alabama, Arkansas, Louisiana, Mississippi,
South Carolina and West Virginia



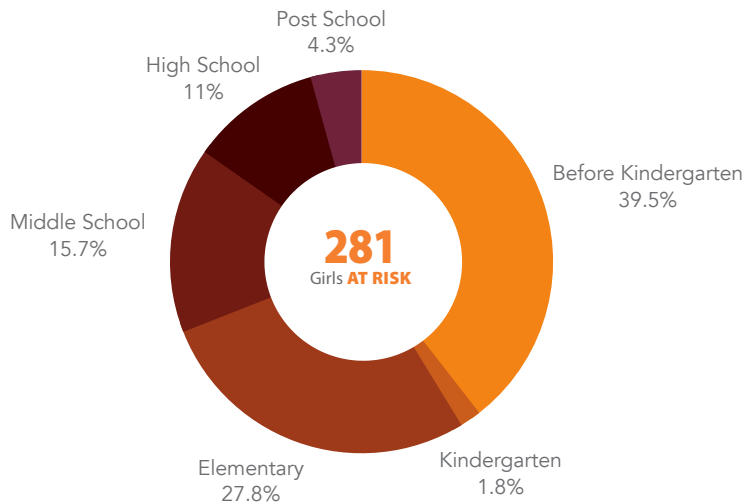
NOTE: Nigerian and Indonesian girls are likely underrepresented in this data since they are cut at a very young age, resulting in most girls being encoded as already living with FGM/C.

STATE PREVALENCE RANKING



AGE DISTRIBUTION

Distribution of girls most likely to be **AT RISK** of FGM/C in Alabama, Arkansas, Louisiana, Mississippi, South Carolina and West Virginia



SPATIAL DISTRIBUTION

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

Jefferson, AL	1,040	250	7
Madison, AL	1,351	237	18
Richland, SC	864	237	7
Jefferson Parish, LA	756	231	14
Orleans Parish, LA	921	190	9
East Baton Rouge Parish, LA	956	143	6
Lafayette Parish, LA	239	123	-
Hinds, MS	452	114	2
Greenville, SC	410	112	8
Tuscaloosa, AL	434	107	1

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

Washington-Arlington-Alexandria, DC-VA-MD-WV	133,213	39,001	2,008
Charlotte-Concord-Gastonia, NC-SC	9,121	2,405	178
Memphis, TN-MS-AR	4,421	1,609	101
New Orleans-Metairie, LA	2,138	515	51
Birmingham-Hoover, AL	1,328	317	18
Columbia, SC	1,129	313	13
Huntsville, AL	1,664	303	23
Greenville-Anderson-Mauldin, SC	672	220	8
Charleston-North Charleston, SC	668	193	22
Lafayette, LA	605	179	5

CALL TO ACTION

Interventions tailored to the specifics of the context.

Prevention and response interventions should focus on the greater Washington-Arlington-Alexandria, DC-VA-MD-WV and Charlotte-Concord-Gastonia, NC-SC metropolitan areas.

Child Protection should focus on **Egyptian** girls between the ages of 6 and 14; **Ethiopian** girls throughout their childhood and adolescence, particularly in LA, MS and WV; and **Sudanese** girls between the ages of 5 and 15 in AL and MS.

AL and MS state legislators should prioritize passing comprehensive anti-FGM/C legislation while LA, SC, and WV state legislators should prioritize strengthening existing legislation.

LA Improve Legislation by Adding: Education and Outreach; Comprehensive Expanded Definition of FGM/C; Civil Cause of Action; Extended Civil Statute of Limitations; Annual Statistical Reporting; Mandatory Training for Law Enforcement; Mandatory Revocation of Medical License

SC Improve Legislation 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

WV Improve Legislation by Adding: Education and Outreach; 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

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

