TEXAS

STATE DATA

Based on 2015-2019 American Community Survey population estimates.

142,149
STUDY POPULATON:
Women and girls with ancestral ties to countries where FGM/C is practiced

37,033
Women and girls who were likely **LIVING WITH** FGM/C

2,099
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/3P3mkbY

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SUMMARY

FGM/C prevalence was estimated at 27.5% within the study population in Texas with over 60% of the impacted population in the state identifying as Nigerian (30.7%), Ethiopian (16.2%) or Egyptian (14.9%).

It is estimated that **4,755** women were living with Type 3 FGM/C in Texas. While all survivors may require some level of medical and mental health support, those living with Type 3 would likely require additional medical attention.

86% of those impacted by FGM/C in Texas live in the Dallas-Fort Worth-Arlington (44%) and Houston-The Woodlands-Sugar Land (42%) metropolitan areas.

An estimated 1,150 women and girls from the **Dawoodi Bohra** community live in Texas 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 Texas

Other 25.6%
Egyptian 31.1%
Somali 11.8%
Ethiopian 17.3%
Sudanese 14.3%

2,099 Girls **AT RISK**
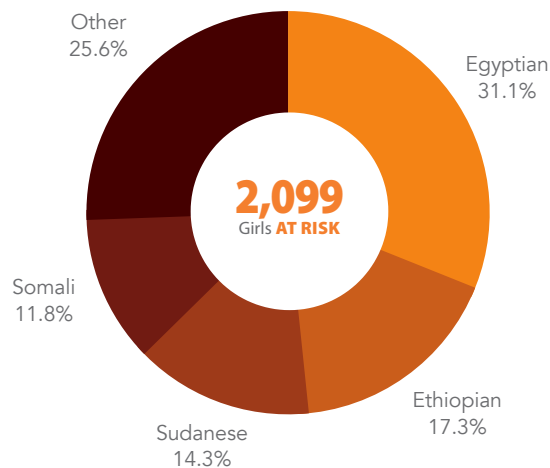
NOTE: Nigerian and Indonesian girls are likely underrepresented in this data since they are cut at a very young age, resulting in most girls being encoded as already living with FGM/C.

STATE PREVALENCE RANKING

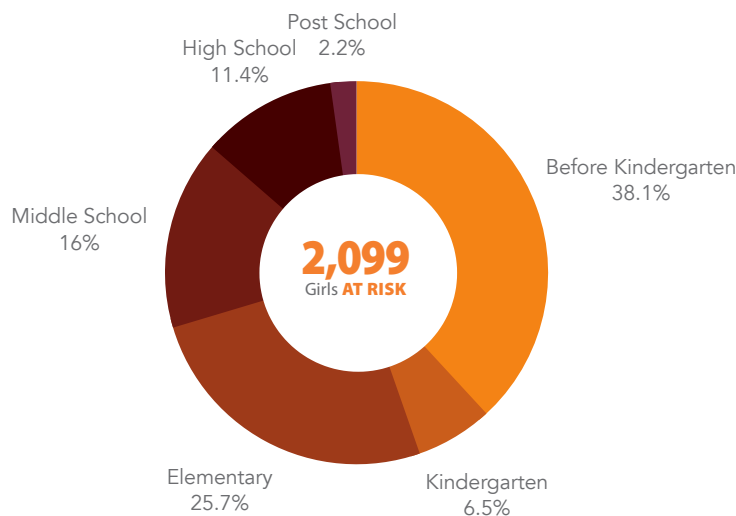| LOW	MEDIUM	HIGH	HIGHEST
LESS THAN 100 PER STATE AT RISK	BETWEEN 100 AND 500 AT RISK	BETWEEN 500 AND 1,000 AT RISK	BETWEEN 1000 AND 10,000 AT RISK

AGE DISTRIBUTION

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

Post School 2.2%

High School 11.4%

Middle School 16%

2,099 Girls **AT RISK**

Before Kindergarten 38.1%

Kindergarten 6.5%

Elementary 25.7%

SPATIAL DISTRIBUTION

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

	STUDY POPULATION	LIVING WITH	AT RISK
Harris	39,879	10,386	550
Dallas	26,042	7,195	402
Tarrant	19,121	4,861	482
Fort Bend	15,917	4,312	163
Collin	9,415	2,422	87
Travis	5,442	1,532	33
Denton	4,919	1,351	18
Bexar	4,419	1,009	86
Williamson	2,101	550	46
Montgomery	1,770	515	17

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

	STUDY POPULATION	LIVING WITH	AT RISK
Dallas-Fort Worth-Arlington, TX	60,450	16,114	1,001
Houston-The Woodlands-Sugar Land, TX	59,456	15,615	767
Austin-Round Rock, TX	7,691	2,132	80
San Antonio-New Braunfels, TX	4,667	1,080	99
Amarillo, TX	940	285	80
Tyler, TX	470	168	-
Midland, TX	741	127	6
Odessa, TX	380	121	3
El Paso, TX	741	115	1
College Station-Bryan, TX	519	113	9

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 Dallas-Fort Worth-Arlington and Houston-The Woodlands-Sugar Land metropolitan areas.

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