

STATE DATA

Based on 2015-2019 American Community
Survey population estimates.

44,761

STUDY POPULATION:

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

16,445

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

1,734

Girls who were likely
AT RISK of FGM/C

STATE LEGISLATION AND POLICY LANDSCAPE

STATUS

Deficient **Existing**¹ **Legislation**²,
Needs Strengthening

IMPROVE BY ADDING

Felony Offense; 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/4650P0v>

² <https://bit.ly/453mZPe>

SUMMARY

FGM/C prevalence was estimated at 40.6% within the study population in Washington with over 60% of the impacted population in the state identifying as Ethiopian (27.6%), Somali (27.4%) or Eritrean (10.1%).

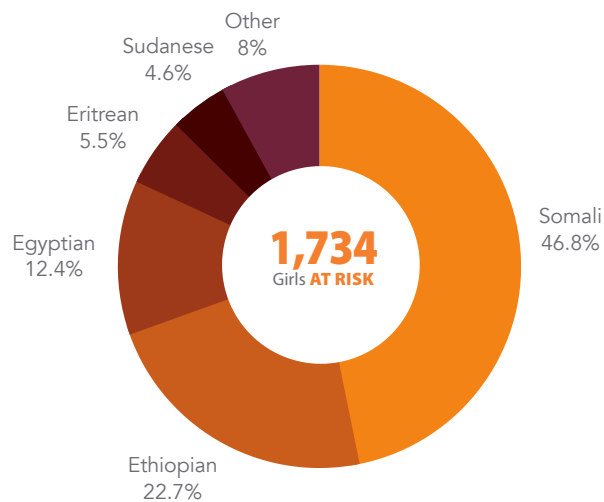
It is estimated that 4,185 women were living with Type 3 FGM/C in Washington. While all survivors may require some level of medical and mental health support, those living with Type 3 would likely require additional medical attention.

Most of those impacted by FGM/C in Washington live in the greater Seattle-Tacoma-Bellevue and Portland-Vancouver-Hillsbro metropolitan areas.

An estimated 240 women and girls from the **Dawoodi Bohra** community live in Washington 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 Washington



NOTE: 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

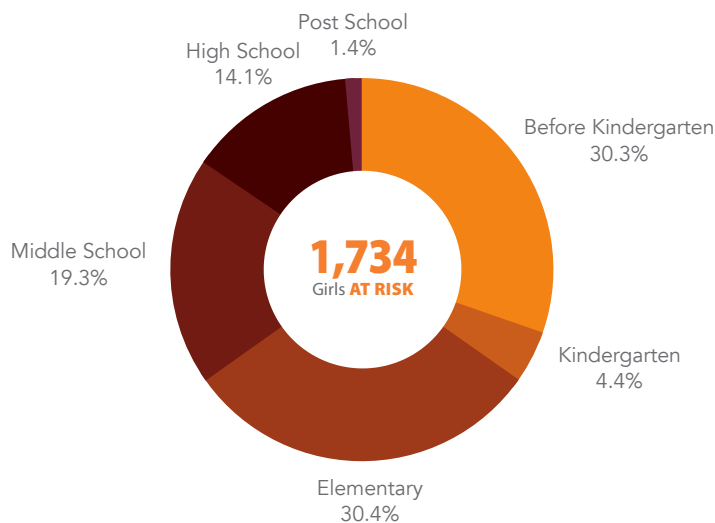


aha**foundation**

TheAHAFoundation.org

AGE DISTRIBUTION

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



SPATIAL DISTRIBUTION

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

King	29,217	11,501	1,354
Snohomish	6,364	2,803	184
Pierce	4,335	870	73
Clark	1,129	443	31
Spokane	981	269	15
Thurston	524	121	12
Kitsap	378	115	-
Benton	355	86	19
Yakima	243	40	20
Whatcom	163	35	4

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

Seattle-Tacoma-Bellevue, WA	39,919	15,175	1,607
Portland-Vancouver-Hillsboro, OR-WA	10,636	3,851	444
Spokane-Spokane Valley, WA	1,001	272	16
Olympia-Tumwater, WA	523	120	12
Bremerton-Silverdale, WA	378	115	1
Yakima, WA	243	41	20
Bellingham, WA	163	35	4
Wenatchee, WA	48	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 Seattle-Tacoma-Bellevue and Portland-Vancouver-Hillsboro metropolitan areas.

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

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

