# NORTHEAST REGION LOW PREVALENCE STATES DATA

### **COMBINED STATE DATA**

Based on 2015-2019 American Community Survey population estimates.

12,652

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

2,757
Women and girls who were likely LIVING
WITH FGM/C

155
Girls who were likely
AT RISK of FGM/C

# STATE LEGISLATION AND POLICY LANDSCAPE

# **STATUS**

Deficient Existing Legislation (<u>Delaware</u><sup>1</sup>), and Severely Deficient Existing Legislation (<u>Rhode Island</u><sup>2</sup> & <u>Vermont</u><sup>3</sup>) Needs Strengthening

- 1 https://bit.ly/3LGt0zj
- 2 https://bit.ly/3Pc7pwd
- 3 https://bit.ly/3saH7kC

### **SUMMARY**

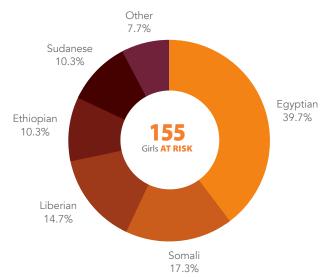
FGM/C prevalence was estimated at 23.0% within the study population in Delaware, Rhode Island and Vermont. The majority of the impacted population in Delaware and Rhode Island identify as Nigerian (24.9%), Liberian (21.4%) or Egyptian (20.5%), while most of the impacted population in Vermont identify as Somali (48.9%) or Sundanese (28.0%).

It is estimated that **264** women were living with Type 3 FGM/C in Delaware (25.4%), Rhode Island (26.5%) and Vermont (48.1%). 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 live in the greater Philadelphia-Camden-Wilmington, PA-NJ-DE-MD, Providence-Warwick, RI and Burlington-South Burlington, VT metropolitan areas.

### **ETHNIC BREAKDOWN**

Ethnic breakdown of girls most likely to be AT RISK of FGM/C in Delaware, Rhode Island, and Vermont



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.

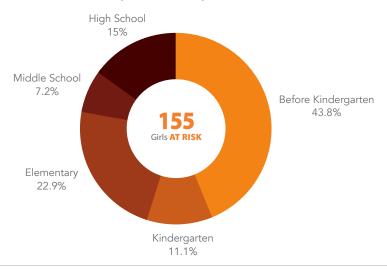
# STATE PREVALENCE RANKING



# **NE REGION**

## **AGE DISTRIBUTION**

Distribution of girls most likely to be **AT RISK** of FGM/C in Delaware, Rhode Island, and Vermont



# SPATIAL DISTRIBUTION

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

5 279	1 170	45
_	_	
_		37
1,179	247	6
319	127	32
332	95	16
222	50	2
94	37	9
193	16	2
73	16	3
43	9	2
	332 222 94 193 73	4,638 957 1,179 247 319 127 332 95 222 50 94 37 193 16 73 16

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

Philadelphia-Camden-Wilmington, PA-NJ-DE-MD Providence-Warwick, RI Dover, DE Salisbury, MD-DE Burlington-South Burlington, VT

36,502	9,054	583
7,647	1,845	95
1,174	246	6
1,001	275	12
428	170	43

## **CALL TO ACTION**

Interventions tailored to the specifics of the context.

Prevention and response interventions should focus on the greater Philadelphia-Camden-Wilmington, PA-NJ-DE-MD, Providence-Warwick, RI and Burlington-South Burlington, VT metropolitan areas.

Child Protection in DE and RI should focus on **Egyptian** girls between the ages of 6 and 14; and **Liberian** girls from birth throughout their adolescence. Child Protection in VT should focus on **Somali** and **Sudanese** girls between the ages of 5 and 15.

State legislators should prioritize strengthening existing legislation.

DE 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; Annual Statistical Reporting; Mandatory Training for Law Enforcement; Mandatory Revocation of Medical License

RI 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 that Culture, Ritual, Religion are Not Defenses to Prosecution; Specification of Mandatory Reporting; Annual Statistical Reporting; Specification of Ability to Prosecute Parents/Guardian; Mandatory Training for Law Enforcement; Mandatory Revocation of Medical License

VT Improve Legislation by Adding: Felony Offense for All FGM/C Types; Education and Outreach; 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

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

