NEW HAMPSHIRE

STATE DATA

Based on 2015-2019 American Community Survey population estimates.

3,893
STUDY POPULATON:
Women and girls
with ancestral ties to
countries where FGM/C
is practiced

1,343
Women and girls who
were likely **LIVING
WITH** FGM/C

165
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/3PrwwcY

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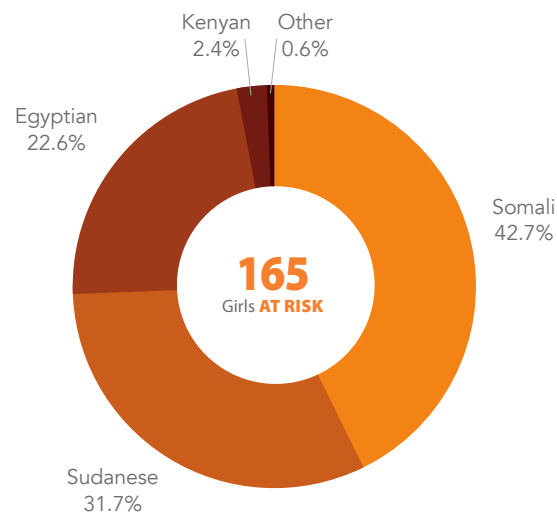
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SUMMARY

FGM/C prevalence was estimated at 38.7% within the study population in New Hampshire with over 60% of the impacted population in the state identifying as Sudanese (24%), Somali (21.8%) or Indonesian (17.8%).

It is estimated that **390** women were living with Type 3 FGM/C in New Hampshire. 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 New Hampshire live in the greater Boston-Cambridge-Newton and Manchester-Nashua metropolitan areas with smaller, yet significant communities across much of the rest of the state.

ETHNIC BREAKDOWN

**Ethnic breakdown of girls most likely
to be AT RISK of FGM/C in New Hampshire**

Kenyan 2.4%
Other 0.6%
Egyptian 22.6%
Somali 42.7%
Sudanese 31.7%
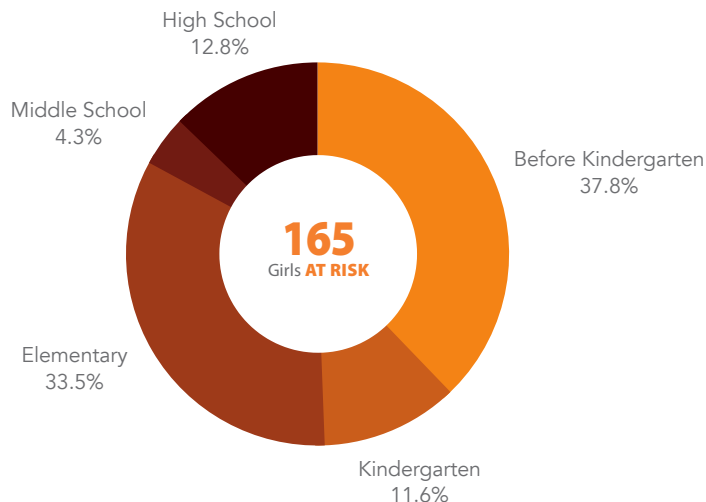
165
Girls **AT RISK**

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

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AGE DISTRIBUTION

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

High School
12.8%

Middle School
4.3%

Before Kindergarten
37.8%

165
Girls AT RISK

Elementary
33.5%

Kindergarten
11.6%

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 Boston-Cambridge-Newton and Manchester-Nashua metropolitan areas.

Child Protection should focus on **Somali** and **Sudanese** girls between the ages of 5 and 15; and **Egyptian** girls between the ages of 6 and 14.

SPATIAL DISTRIBUTION

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

	STUDY POPULATION	LIVING WITH	AT RISK
Hillsborough	2,312	696	145
Strafford	503	228	8
Merrimack	340	158	1
Rockingham	391	110	7
Grafton	207	91	-
Coos	71	31	-
Carroll	39	17	1
Belknap	26	11	1

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

	STUDY POPULATION	LIVING WITH	AT RISK
Boston-Cambridge-Newton, MA-NH	31,343	7,801	480
Manchester-Nashua, NH	2,219	691	145

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

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