

STATE DATA

Based on 2015-2019 American Community
Survey population estimates.

63,177

STUDY POPULATION:

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

19,940

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

1,327

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/3ta53zi>

SUMMARY

FGM/C prevalence was estimated at 33.7% within the study population in New Jersey with over 70% of the impacted population in the state identifying as Egyptian (63.6%) or Nigerian (12.9%).

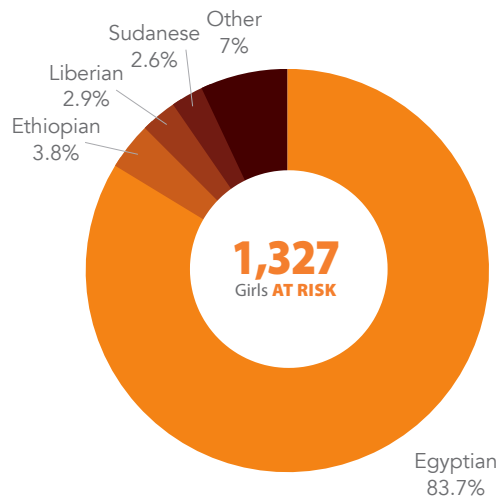
It is estimated that **879** women were living with Type 3 FGM/C in New Jersey. While all survivors may require some level of medical and mental health support, those living with Type 3 would likely require additional medical attention.

Most of those impacted by FGM/C in New Jersey live in the greater New York-Newark-Jersey City and Philadelphia-Camden-Wilmington metropolitan areas.

An estimated 500 women and girls from the **Dawoodi Bohra** community live in New Jersey 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 New Jersey



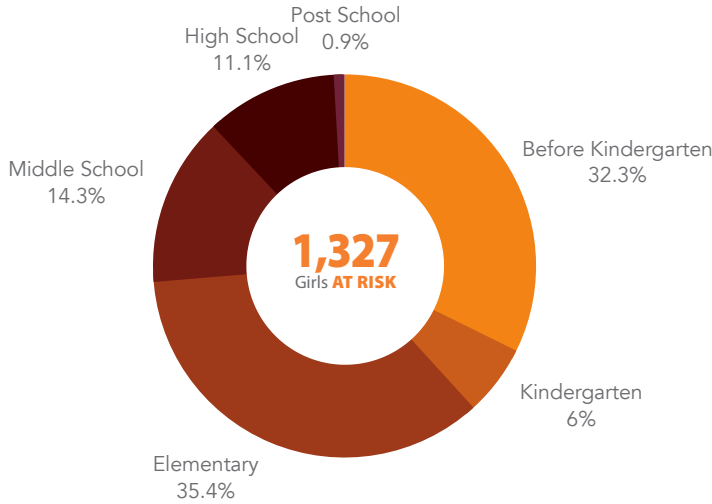
NOTE: Nigerian girls are likely underrepresented in this data since they are cut at a very young age, resulting in most girls being encoded as already living with FGM/C.

STATE PREVALENCE RANKING



AGE DISTRIBUTION

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



SPATIAL DISTRIBUTION

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

Middlesex	10,704	4,273	257
Hudson	8,984	3,974	345
Essex	14,821	3,081	74
Bergen	4,795	1,683	119
Monmouth	2,741	1,243	63
Union	4,035	976	53
Burlington	3,733	972	80
Somerset	1,942	686	84
Mercer	3,219	675	55
Morris	1,389	511	8

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

New York-Newark-Jersey City, NY-NJ-PA	156,704	44,356	2,734
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	36,502	9,054	583
Trenton, NJ	3,216	674	55
Allentown-Bethlehem-Easton, PA-NJ	1,868	545	31
Atlantic City-Hammonton, NJ	381	160	-
Ocean City, NJ	90	20	1

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 New York-Newark-Jersey City and Philadelphia-Camden-Wilmington metropolitan areas.

Child Protection should focus on **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

