

STATE DATA

Based on 2015-2019 American Community
Survey population estimates.

11,167

STUDY POPULATION:

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

3,771

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

444

Girls who were likely
AT RISK of FGM/C

STATE LEGISLATION AND POLICY LANDSCAPE

STATUS

Deficient **Existing Legislation**¹,
Needs Strengthening

IMPROVE BY ADDING

Comprehensive Expanded
Definition of FGM/C;
Prohibition of Transporting
for 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/3tgzZoq>

SUMMARY

FGM/C prevalence was estimated at 37.7% within the study population in Oregon with over 60% of the impacted population in the state identifying as Somali (37.7%), Ethiopian (18.1%) or Indonesian (13.3%).

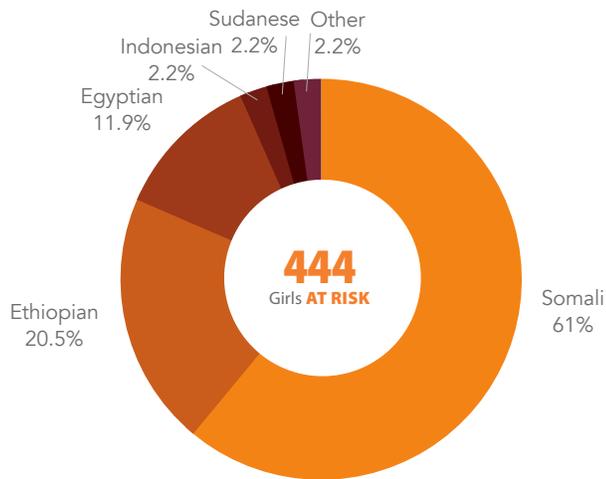
It is estimated that **1,007** women were living with Type 3 FGM/C in Oregon. While all survivors may require some level of medical and mental health support, those living with Type 3 would likely require additional medical attention.

Most of those impacted by FGM/C in Oregon live in the greater Portland-Vancouver-Hillsboro metropolitan area with smaller, yet significant communities across much of the rest of the state.

An estimated 100 women and girls from the **Dawoodi Bohra** community live in Oregon 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 Oregon



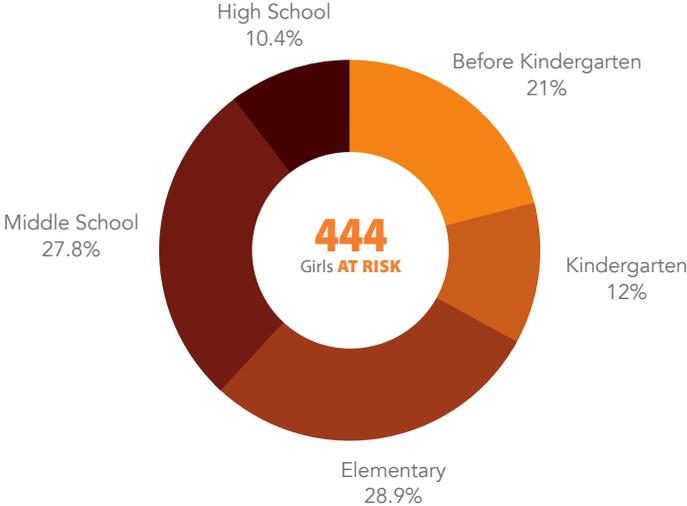
NOTE: Indonesian girls are likely underrepresented in this data since they are cut at a very young age, resulting in most girls being encoded as already living with FGM/C.

STATE PREVALENCE RANKING



AGE DISTRIBUTION

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



SPATIAL DISTRIBUTION

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

Multnomah	5,947	2,319	302
Washington	2,651	927	69
Lane	537	149	7
Clackamas	695	127	42
Linn	227	42	10
Benton	168	31	7
Douglas	67	29	1
Marion	256	27	-
Yamhill	118	25	-
Polk	95	20	-

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

Portland-Vancouver-Hillsboro, OR-WA	10,636	3,851	444
Eugene, OR	537	149	7
Bend-Redmond, OR	129	18	-
Medford, OR	30	16	-

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 Portland-Vancouver-Hillsboro metropolitan area.

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

