

STATE DATA

Based on 2015-2019 American Community
Survey population estimates.

84,363

STUDY POPULATION:

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

30,228

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

5,478

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 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

¹ <https://bit.ly/47AqizU>

SUMMARY

FGM/C prevalence was estimated at 42.3% within the study population in Minnesota with over 70% of the impacted population in the state identifying as Somali (67.9%) or Ethiopian (12.1%).

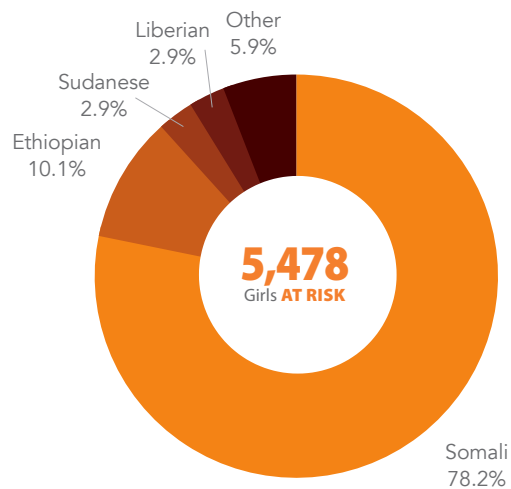
It is estimated that **15,795** women were living with Type 3 FGM/C in Minnesota. While all survivors may require some level of medical and mental health support, those living with Type 3 would likely require additional medical attention.

Most of those impacted by FGM/C in Minnesota live in the greater Minneapolis-St. Paul-Bloomington metropolitan area.

An estimated 80 women and girls from the **Dawoodi Bohra** community live in Minnesota 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 Minnesota

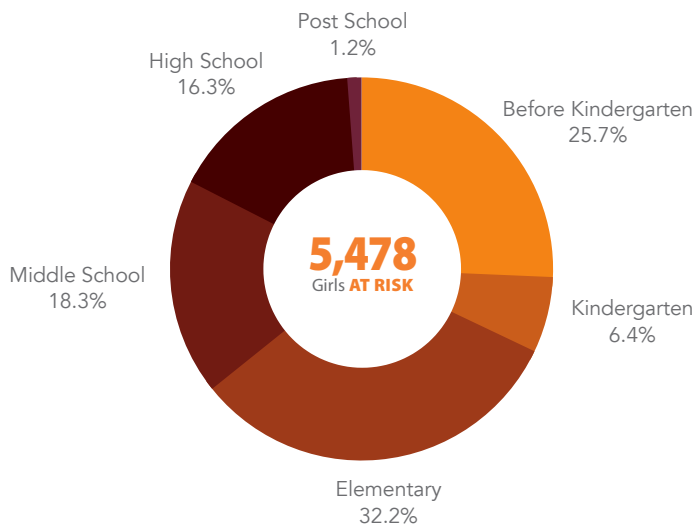


STATE PREVALENCE RANKING



AGE DISTRIBUTION

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



SPATIAL DISTRIBUTION

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

Hennepin	38,915	13,990	2,262
Ramsey	12,561	4,142	730
Dakota	7,144	3,264	394
Anoka	6,452	1,933	315
Stearns	4,688	1,842	717
Olmsted	2,781	1,210	221
Washington	1,969	604	109
Scott	1,789	536	128
Sherburne	470	310	14
Rice	614	205	105

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

Minneapolis-St. Paul-Bloomington, MN-WI	70,417	25,032	4,001
La Crosse-Onalaska, WI-MN	140	58	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 Minneapolis-St. Paul-Bloomington metropolitan area.

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

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

