

STATE DATA

Based on 2015-2019 American Community
Survey population estimates.

8,360

STUDY POPULATION:

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

3,232

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

587

Girls who were likely
AT RISK of FGM/C

STATE LEGISLATION AND POLICY LANDSCAPE

STATUS

No FGM/C Legislation

IMPROVE BY ADDING

Comprehensive Anti-FGM/C
Legislation

SUMMARY

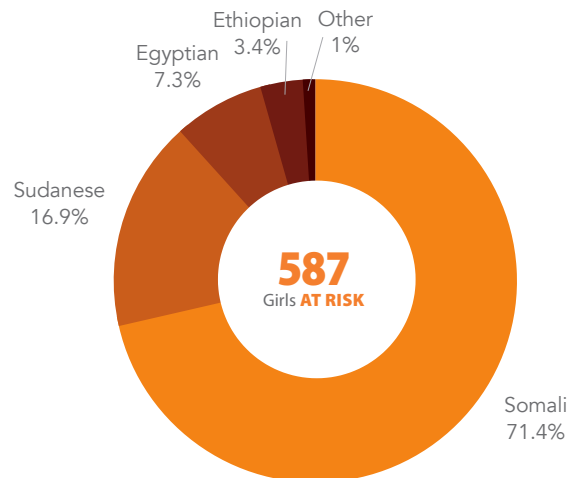
FGM/C prevalence was estimated at 45.7% within the study population in Nebraska with over 60% of the impacted population in the state identifying as Somali (47.5%) or Sudanese (30.8%).

It is estimated that **1,880** women were living with Type 3 FGM/C in Nebraska. 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 Nebraska live in the greater Omaha-Council Bluffs and Lincoln 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 Nebraska

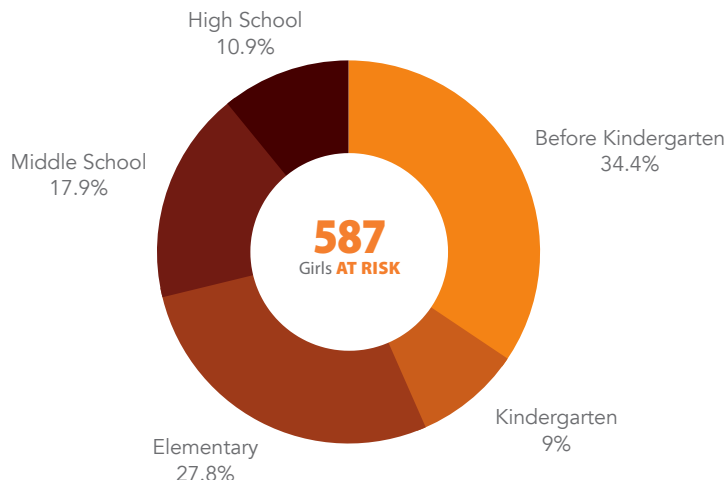


STATE PREVALENCE RANKING



AGE DISTRIBUTION

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



SPATIAL DISTRIBUTION

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

Douglas	4,174	1,515	345
Lancaster	2,436	885	103
Hall	238	131	38
Lincoln	193	99	23
Dawson	134	69	16
Madison	50	40	1
Platte	48	38	1
Red Willow	60	30	7
Keith	46	24	6
Custer	40	22	6

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

Omaha-Council Bluffs, NE-IA	4,377	1,562	350
Lincoln, NE	2,436	885	103

CALL TO ACTION

Interventions tailored to the specifics of the context.

State legislators should prioritize passing comprehensive anti-FGM/C legislation.

Prevention and response interventions should focus on the greater Omaha-Council Bluffs and Lincoln metropolitan areas.

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

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

