

STATE DATA

Based on 2015-2019 American Community
Survey population estimates.

3,274

STUDY POPULATION:

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

1,085

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

188

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/45htxl.c>

SUMMARY

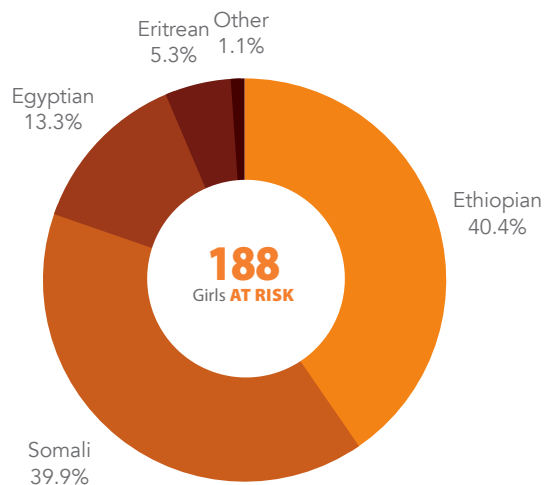
FGM/C prevalence was estimated at 38.9% within the study population in South Dakota with over 60% of the impacted population in the state identifying as Ethiopian (35.1%) or Somali (31%).

It is estimated that **331** women were living with Type 3 FGM/C in South Dakota. 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 South Dakota live in Minnehaha county.

ETHNIC BREAKDOWN

Ethnic breakdown of girls most likely
to be **AT RISK** of FGM/C in South Dakota

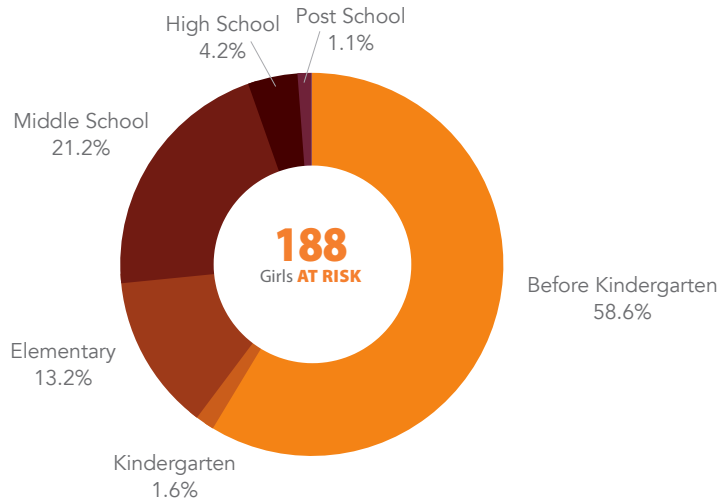


STATE PREVALENCE RANKING



AGE DISTRIBUTION

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



SPATIAL DISTRIBUTION

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

Minnehaha	2,039	703	76
Lincoln	520	181	20
Brown	84	33	12
Codington	62	25	9
Yankton	43	17	2
Union	31	12	1
Clay	28	11	1
Brookings	56	9	9
Roberts	23	9	3

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

No Metropolitan Areas	-	-	-
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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 Minnehaha county.

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

