

## STATE DATA

Based on 2015-2019 American Community  
Survey population estimates.

# 9,018

### STUDY POPULATION:

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

# 3,086

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

# 253

Girls who were likely  
**AT RISK** of FGM/C

## STATE LEGISLATION AND POLICY LANDSCAPE

### STATUS

Deficient Existing Legislation<sup>1</sup>,  
Needs Strengthening

### IMPROVE BY ADDING

Education and Outreach;  
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;  
Specification of Ability to  
Prosecute Parents/Guardian;  
Mandatory Training for Law  
Enforcement; Mandatory  
Revocation of Medical License

<sup>1</sup> <https://bit.ly/46vKwrc>

## SUMMARY

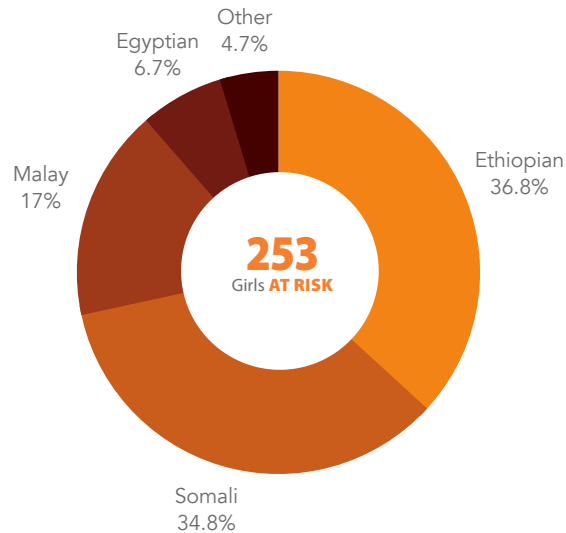
FGM/C prevalence was estimated at 37% within the study population in Wisconsin with over 50% of the impacted population in the state identifying as Somali (33.4%), Malay (12.7%) or Gambian (9.5%).

It is estimated that **1,041** women were living with Type 3 FGM/C in Wisconsin. While all survivors may require some level of medical and mental health support, those living with Type 3 would likely require additional medical attention.

Those impacted by FGM/C in Wisconsin live in the greater Minneapolis-St. Paul-Bloomington, Chicago-Naperville-Elgin and Milwaukee-Waukesha-West Allis metropolitan areas.

## ETHNIC BREAKDOWN

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



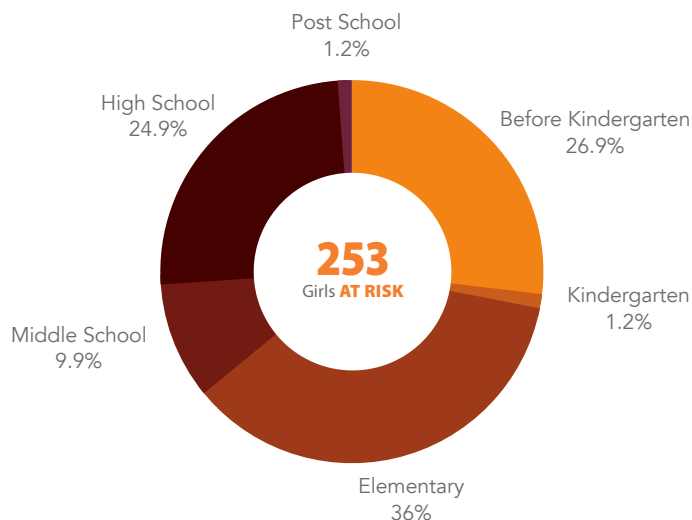
NOTE: Nigerian and Indonesian girls are likely underrepresented in this data since they are cut at a very young age, resulting in most girls being encoded as already living with FGM/C.

## STATE PREVALENCE RANKING



## AGE DISTRIBUTION

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



## SPATIAL DISTRIBUTION

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

|           |              |              |           |
|-----------|--------------|--------------|-----------|
| Minwaukee | <b>3,846</b> | <b>1,215</b> | <b>92</b> |
| Dane      | <b>2,397</b> | <b>837</b>   | <b>67</b> |
| Brown     | <b>578</b>   | <b>382</b>   | <b>22</b> |
| Winnebago | <b>304</b>   | <b>69</b>    | <b>5</b>  |
| La Crosse | <b>140</b>   | <b>58</b>    | <b>1</b>  |
| Barron    | <b>77</b>    | <b>49</b>    | <b>10</b> |
| Waukesha  | <b>142</b>   | <b>48</b>    | <b>-</b>  |
| Polk      | <b>74</b>    | <b>47</b>    | <b>10</b> |
| St. Croix | <b>124</b>   | <b>36</b>    | <b>1</b>  |
| Clark     | <b>57</b>    | <b>36</b>    | <b>7</b>  |

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

|   |               |               |              |
|---|---------------|---------------|--------------|
| Minneapolis-St. Paul-Bloomington, MN-WI | <b>70,417</b> | <b>25,032</b> | <b>4,001</b> |
| Chicago-Naperville-Elgin, IL-IN-WI      | <b>33,054</b> | <b>8,574</b>  | <b>492</b>   |
| Milwaukee-Waukesha-West Allis, WI       | <b>4,173</b>  | <b>1,276</b>  | <b>106</b>   |
| Oshkosh-Neenah, WI                      | <b>304</b>    | <b>69</b>     | <b>5</b>     |
| La Crosse-Onalaska, WI-MN               | <b>140</b>    | <b>58</b>     | <b>1</b>     |
| Racine, WI                              | <b>77</b>     | <b>24</b>     | <b>-</b>     |
| Sheboygan, WI                           | <b>19</b>     | <b>10</b>     | <b>-</b>     |
| Janesville-Beloit, WI                   | <b>104</b>    | <b>4</b>      | <b>-</b>     |
| Eau Claire, WI                          | <b>89</b>     | <b>3</b>      | <b>-</b>     |

## 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, Chicago-Naperville-Elgin and Milwaukee-Waukesha-West Allis metropolitan areas.

Child Protection should focus on **Ethiopian** girls throughout their childhood and adolescence; **Somali** girls between the ages of 5 and 15; and **Malay** girls between the ages of 0 and 4.

*All estimates are subject to both sampling and nonsampling error.*

For more granular prevalence data contact [info@theahafoundation.org](mailto:info@theahafoundation.org)

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