

Assembly Bill No. 2125

Passed the Assembly August 31, 1996

Chief Clerk of the Assembly

Passed the Senate August 23, 1996

Secretary of the Senate

This bill was received by the Governor this ____ day
of _____, 1996, at ____ o'clock __M.

Private Secretary of the Governor

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CHAPTER ____

An act to add Article 8 (commencing with Section 124170) to Chapter 3 of Part 2 of Division 106 of the Health and Safety Code, and to add Section 273.4 to the Penal Code, relating to female genital mutilation.

LEGISLATIVE COUNSEL'S DIGEST

AB 2125, Figueroa. Female genital mutilation.

(1) Existing law requires the State Department of Health Services to maintain a program of maternal and child health.

This bill would require the State Department of Health Services, in consultation with the State Department of Social Services and the appropriate federal agency or department, to establish and implement appropriate education, preventative, and outreach activities, focusing on new immigrant populations that traditionally practice female genital mutilation.

(2) Under existing law, any person who, under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits a child to suffer, or inflicts on a child unjustifiable physical pain or mental suffering, or having the care or custody of a child, willfully causes or permits the person or health of the child to be injured, or willfully causes or permits the child to be placed in such a situation that its person or health is endangered, shall be punished by imprisonment in a county jail not exceeding one year, or in the state prison for 2, 4, or 6 years.

This bill would provide that a person who commits a felony violation of the above provision by an act of female genital mutilation, as defined, shall be punished by an additional term of imprisonment in the state prison for one year, in addition and consecutive to any punishment prescribed by the above provision.

(3) The bill would make legislative findings and declarations.



The people of the State of California do enact as follows:

SECTION 1. This act shall be known and may be cited as the “California State Prohibition of Female Genital Mutilation Act.”

SEC. 2. The Legislature hereby finds and declares all of the following:

(a) Female genital mutilation is an extreme form of child abuse and a violation of women’s basic human rights. Female genital mutilation is a medically unnecessary modification of the female genitalia which typically occurs at about seven years of age, but is known to be practiced on girls any time between infancy and puberty. Female genital mutilation involves the excision of a young girl’s clitoris and other parts of the external genitalia. The most extreme form of this mutilation, known as infibulation, also involves the sewing together of the two sides of the vulva, leaving only a small opening for the passage of menstrual blood and urine.

(b) Female genital mutilation is known to be practiced in 28 nations in the African continent, in a few countries in the Arab Peninsula, among some minority communities in Asia, and among migrants from these areas who have settled in Europe, Australia, and North America. This practice has come to California with the influx of recent immigrant groups from countries that practice female genital mutilation.

(c) Preliminary research suggests that female genital mutilation is occurring in California and that young girls in some new immigrant populations are at high risk of the practice. Researchers have identified young girls at risk of female genital mutilation in several immigrant populations in California, along with clear evidence among recently immigrated parents residing in San Diego that they intend to mutilate their daughters who have not yet had the procedure. These parents stated that they will find a local provider or send their daughters back to visit the country of origin for this purpose. Further, a few individuals have acknowledged performing the practice in California. Clusters of



immigrants from nations where the practice of female genital mutilation is common have been identified in the San Francisco Bay area, in San Diego, and in Los Angeles.

(d) Female genital mutilation constitutes a major health risk to women, with lifelong physical, psychological, and human rights consequences. Complications due to female genital mutilation include, shock, hemorrhage, infection, tetanus and septicemia from unsterilized instruments, bladder infection, and even death. Long-term complications include chronic vaginal and uterine infections, severe pain during urination, menstruation, and sexual intercourse, and obstetric complications due to obstruction of the birth canal by scar tissue. For the obstructed infant, labor can lead to brain damage or death.

(e) This 4,000-year-old cultural practice is not a requirement of any major religion. According to the World Health Organization, most families allow their daughters to undergo female genital mutilation out of fear that no man will want to marry an “uncircumcised” woman and that she will be ostracized from the community. Further, some women believe that clitoridectomy or infibulation are not only more hygienic, but will also increase a woman’s fertility. In some tribes, infibulation is performed to protect family lineage through ensuring that wives are virgins at marriage and that the children are verifiably the men’s descendants.

(f) The World Health Organization, which urges the elimination of the practice, estimates that 2,000,000 girls undergo female genital mutilation each year. Worldwide, approximately 128,000,000 girls and women, now living, have been subject to the procedure.

(g) It is time for this state to join with other states, nations, and major health care and human rights organizations to condemn this harmful and outdated procedure. The state must take a proactive role to prevent these mutilations through education and outreach activities to make recent immigrants aware of California laws, standards, and expectations for child protection. Heightened awareness among child



protective services workers, health care providers, educators, and law enforcement personnel will also aid in achieving this end. Finally, criminal investigations and prosecutions should be carried out, when necessary, to send a strong message that California abhors this practice and views its abolition as paramount to the health and welfare of these young girls.

SEC. 3. Article 8 (commencing with Section 124170) is added to Chapter 3 of Part 2 of Division 106 of the Health and Safety Code, to read:

Article 8. Female Genital Mutilation Prevention

124170. The State Department of Health Services, in consultation with the State Department of Social Services and the appropriate federal agency or department, shall establish and implement appropriate education, preventative, and outreach activities, focusing on the new immigrant populations that traditionally practice female genital mutilation, for the purpose of informing members of those communities of the health risks and emotional trauma inflicted by this practice and informing those communities and the medical community of the prohibition and ramifications of Section 273.4 of the Penal Code.

SEC. 4. Section 273.4 is added to the Penal Code, to read:

273.4. (a) If the act constituting a felony violation of subdivision (a) of Section 273a was female genital mutilation, as defined in subdivision (b), the defendant shall be punished by an additional term of imprisonment in the state prison for one year, in addition and consecutive to the punishment prescribed by Section 273a.

(b) "Female genital mutilation" means the excision or infibulation of the labia majora, labia minora, clitoris, or vulva, performed for nonmedical purposes.

(c) Nothing in this section shall preclude prosecution under Section 203, 205, or 206 or any other provision of law.



Approved _____, 1996

Governor

