



COUNCIL OF THE DISTRICT OF COLUMBIA
OFFICE OF COUNCILMEMBER BROOKE PINTO
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WASHINGTON, D.C. 20004

April 13, 2023

Nyasha Smith, Secretary
Council of the District of Columbia
1350 Pennsylvania Avenue, N.W.
Washington, DC 20004

Dear Secretary Smith,

Today, I, along with Councilmembers Brianne Nadeau, Charles Allen, Matthew Frumin, Vincent C. Gray, and Christina Henderson, am re-introducing the “Female Genital Mutilation Prohibition Act of 2023.” Please find attached a signed copy of the legislation.

Female genital mutilation or cutting (“FGM/C”) is a practice with no valid medical purpose that causes extensive, lifelong harm to the physical and mental wellbeing of young women. More than 200 million girls and women alive today have been subjected to this practice,¹ and many more are at risk. In some instances, women are taken across state lines or abroad by a parent, guardian, or other caregiver to places where FGM/C may legally be performed. The World Health Organization estimates that, each year, more than 3 million girls are at risk of being subjected to female genital mutilation or cutting.²

Tragically, this practice occurs across the United States, including in the District. The CDC estimates that as many as 500,000 girls and women in the United States have undergone FGM/C in the past or are at risk³—a number that has tripled over the last two decades.⁴ The CDC estimate includes more than 51,000 women in the Washington metro area, the second highest rate in the country after the New York metro area.⁵

Laws prohibiting FGM/C help ensure that no woman is subjected to female genital mutilation, whether in their home country or abroad. To date, more than half of states have passed

¹ World Health Organization. *Female genital mutilation: Evidence brief*. 11 November 2019, WHO/RHR/19.19 (available at: <https://www.who.int/publications/i/item/WHO-RHR-19.19>).

² *Id.*

³ Goldberg, Howard, Paul Stupp, Ekwutosi Okoroh, Ghenet Besera, David Goodman, and Isabella Danel, *Female Genital Mutilation/Cutting in the United States: Updated Estimates of Women and Girls at Risk*. Public Health Rep. March-Apr 2016, 131(2):340-7.

⁴ United States Government Accountability Office. *Female Genital Mutilation/Cutting: Existing Federal Efforts to Increase Awareness Should Be Improved*. June 2016, GAO-16-645 (available at: <https://www.gao.gov/assets/gao-16-645.pdf>).

⁵ Mather, Mark, and Charlotte Feldman-Jacobs, Population Reference Bureau. *Women and Girls at Risk of Female Genital Mutilation/Cutting in the United States*. 5 February 2016 (available at: <https://www.prb.org/resources/women-and-girls-at-risk-of-female-genital-mutilation-cutting-in-the-united-states/>).

laws specifically prohibiting FGM/C, with many explicitly prohibiting the removal of a person from the state for this purpose.⁶ Unfortunately, the District is one of only ten states that have not adopted any specific law regulating or prohibiting this practice. What's more, since all of the District's neighboring jurisdictions have passed laws explicitly banning FGM/C, women and girls may be brought to the District for this practice.

This legislation would broadly prohibit the practice of female genital mutilation and cutting in the District, including prohibiting a parent, guardian, or conservator from removing a person under their care from the District for the purpose of facilitating FGM/C abroad. The bill also establishes a cause of action for violation of the Act, expands existing mandating reporter requirements to include suspicion that a person is at imminent risk of being subjected to FGM/C, and requires that DC Health develop educational training and materials for community members and mandated reporters on the harms associated with female genital mutilation and cutting and how to recognize the signs that a person might be at risk.

This legislation will bring the District in line with a number of other jurisdictions, including both Maryland and Virginia, that have acted to prohibit FGM/C. Importantly, it will set in place a number of safeguards that, taken together, will help ensure that the more than 51,000 girls and women in the District at risk of FGM/C are protected from this harmful practice.

Should you have any questions about this legislation, please contact my Committee Director, Michael Porcello, at mporcello@dccouncil.gov or (202) 724-7808.

Thank you.

Best,



Ward 2 Councilmember Brooke Pinto

⁶ Equality Now. *US Laws Against FGM – State by State*. (available at: https://www.equalitynow.org/us_laws_against_fgm_state_by_state/).

1 Brianne K. Nadeau
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3 Councilmember Brianne Nadeau

BE R
Councilmember Brooke Pinto

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5 Charles Allen
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7 Councilmember Charles Allen

Matthew Frumin
Councilmember Matthew Frumin

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9 Vincent C. Gray
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11 Councilmember Vincent C. Gray

Christina Henderson
Councilmember Christina Henderson

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14 A BILL

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19 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

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24 To prohibit female genital mutilation of a person under care, to expand mandated reporter
25 reporting requirements to include female genital mutilation, and to provide for a civil
26 action for female genital mutilation.

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28 BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this
29 act may be cited as the “Female Genital Mutilation Prohibition Act of 2023”.

30 TITLE I. PROHIBITION ON FEMALE GENITAL MUTILATION.

31 Sec. 101. Definitions.

32 For the purposes of this title, the term:

33 (1) “Conservator” shall have the same meaning as provided in D.C. Official Code
34 § 21-2401.02(2).

35 (2) “Female genital mutilation” means any procedure that results in the partial or
36 total removal of the external female genitalia or any procedure harmful to the female genitalia,
37 including:

- 38 (A) A clitoridectomy;
- 39 (B) The partial or total removal of the clitoris or the prepuce;
- 40 (C) The excision or the partial or total removal of the clitoris and the labia
41 minora, with or without excision of the labia majora;
- 42 (D) The infibulation or narrowing of the vaginal orifice with the creation
43 of a covering seal by cutting and appositioning the labia minora or the labia majora, with or
44 without excision of the clitoris;
- 45 (E) Pricking, piercing, incising, scraping, or cauterizing the genital area; or
- 46 (F) Any other action to purposely alter the structure or function of the
47 female genitalia for a nonmedical reason.

48 (3) “Guardian” shall have the same meaning as provided in D.C. Official Code §
49 21-2401.02(3).

50 (4) “Person under care” means an individual under a conservatorship or
51 guardianship.

52 Sec. 102. Prohibition on female genital mutilation.

53 (a) A person commits the offense of unlawful female genital mutilation if her or she:

54 (1) Knowingly performs female genital mutilation on a person under care;

55 (2) Is a parent or guardian, or has immediate custody or control of a person under
56 care and knowingly consents to, permits, or otherwise facilitates female genital mutilation of the
57 person under care; or

58 (3) Knowingly removes or facilitates the removal of a person under care from the
59 District for the purpose of facilitating the female genital mutilation of the person under care.

60 (b) Any person who violates this section shall be guilty of a felony and shall be punished
61 by imprisonment for not more than 10 years or a fine of not more than the amount set forth in §
62 22-3571.01, or both.

63 (c) It is not a defense under this section that:

64 (1) The unlawful conduct is required as a matter of religion, custom, ritual, or
65 other standard practice; or

66 (2) The person under care's parent, guardian, or custodian consented to the female
67 genital mutilation.

68 (d) It shall not be a violation of this section if the acts or conduct that otherwise would be
69 considered female genital mutilation occurred in the furtherance of a surgical or other lawful
70 medical procedure, performed by a licensed medical professional, and:

71 (1) The acts or conduct were necessary to preserve or protect the physical health
72 of the patient upon whom the medical procedure was being performed; or

73 (2) Was part of a sex reassignment procedure requested by the person under care
74 on whom the surgery is to be performed.

75 (e) The statute of limitations for an offense under this section shall not begin to toll until
76 the victim of the offense reaches 18 years of age.

77 Sec. 103. Civil action.

78 (a) A person under care may bring a civil action against a person for a violation of section
79 102.

80 (b)(1) If a court determines that an individual violated section 102, the court may award
81 the payment of actual, compensatory, and punitive damages, and any other appropriate relief.

82 (2) A prevailing plaintiff shall be awarded attorney's fees and costs.

83 Sec. 104. Education for community members and mandated reporters.

84 (a) The Director of the Department of Health shall develop or obtain, and make available
85 to the public, include informational materials on:

86 (1) The health risks caused by female genital mutilation, including the emotional
87 trauma inflicted;

88 (2) Recognizing the signs that an individual may be a victim of female genital
89 mutilation, or at risk of female genital mutilation; and

90 (3) How to report that an individual has been or is in imminent danger of being
91 subjected to female genital mutilation.

92 (b) The Director of the Department of Health, in coordination with other, relevant District
93 agencies, shall develop and make available to the public informational materials, or integrate
94 information into existing publicly-available informational materials, on mandated reporters’
95 obligation to report that a person under care known to him or her in his or her professional or
96 official capacity has been subjected to, or is in imminent danger of being subjected to, female
97 genital mutilation.

98 TITLE II. CONFORMING AMENDMENTS.

99 Sec. 201. Section 16-2301(9)(A) of the District of Columbia Official Code is amended as
100 follows:

101 (a) Sub-subparagraph (ix) is amended by striking the phrase “; or” and inserting a
102 semicolon in its place.

103 (b) Sub-subparagraph (x) is amended by striking the period and inserting the phrase “; or”
104 in its place.

105 (c) A new sub-subparagraph (xi) is added to read as follows:

106 “(xi) who has been subjected to, or is in imminent danger of being
107 subjected to, female genital mutilation pursuant to Title I of the Female Genital Mutilation
108 Prohibition Act of 2019, as introduced on DATE, 2019 (Bill 23-XXX).”.

109 TITLE III. FISCAL IMPACT STATEMENT; EFFECTIVE DATE.

110 Sec. 301. Fiscal impact statement.

111 The Council adopts the fiscal impact statement in the committee report as the fiscal
112 impact statement required by section 4a of the General Legislative Procedures Act of 1975,
113 approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

114 Sec. 302. Effective date.

115 This act shall take effect following approval by the Mayor (or in the event of veto by the
116 Mayor, action by the Council to override the veto), a 30-day period of congressional review as
117 provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December
118 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of
119 Columbia Register.