What is Virginity Testing?

‘Virginity testing’ is the inspection of the female genitalia to assess if the examinee has had or has been habituated to sexual intercourse. ‘Virginity testing’ is a practice some communities use to detect which women or girls are ‘virgins’ (i.e. have not had sexual intercourse). Some medical practitioners use ‘virginity testing’ as part of the sexual assault assessment of female rape survivors.

The two most common techniques used for ‘virginity testing’ are the visual inspection of the hymen for size or tears and the two-finger vaginal insertion. In the latter, the aim is to measure the size of the introitus or the laxity of the vaginal wall and the presence of the hymen, which is a thin membrane in the vaginal opening that some communities believe remains intact until women have sexual intercourse.

However, evidence has shown that this type of testing does not produce accurate results, since presence and features of the hymen differ from woman to woman and the membrane can be ruptured or stretched during daily activities, other than sexual intercourse.

What are the consequences of ‘Virginity Testing’?

‘Virginity testing’ causes physical, physiological and social harm.

Physical harm: ‘Virginity tests’ may result in physical harm to women and girls being examined, including by aggravating existing injuries, in case of survivors of violence. Harm may also come from relatives who, as consequence of a perceived ‘failed’ test may hurt or kill the woman or girl, in the name of so called ‘honour’. Self-harm as attempted suicide has also occurred in some women or girls as a result of the ‘virginity testing’.

Psychological harm: Women and girls who have been subject to ‘virginity tests’ report experiencing extreme fear and anxiety before the test, and screaming, crying, and fainting during the test. Long-term effects including self-hatred, loss of self-esteem, depression, a sense of violation of one’s privacy, and re-victimization (for survivors of sexual assault) have also been reported by women and girls.

Social harm: ‘virginity testing’ is often associated with harmful traditional and cultural norms that expose women and girls to stigma and perceived shame and dishonour to themselves, their families and communities. Women or girls can be ostracized or even killed because they have had (or they are believed to have had) sexual intercourse outside of norms imposed by society – for example before marriage. Additionally, early marriage is used in some communities as a sort of wrongly interpreted “protective” measure to avoid the shame and consequences of a girl who had sexual intercourses before marriage. Some girls may therefore be married off early to avoid any kind of sexual activity before marriage.

Medical Relevance: is ‘Virginity Testing’ a Determinant for Vaginal Intercourse?

According to a 2014 WHO publication, the invasive and degrading “virginity test” or the “two-finger test” - still used in some countries to “prove” whether a woman or girl is a virgin - has “no scientific validity”.¹ “The WHO handbook upholds the widely accepted medical view that ‘virginity tests’ are worthless”² and provide no evidence of whether a woman or a girl has had sexual intercourse or has been raped.

In fact, some women may be born without a hymen and the membrane can also rupture or stretch from other activities like, among others, sports and lifting weights.

The vaginal hymen is located 1-2 cm inside the vaginal opening and forms part of the vulva, or external genitalia. Its structure is similar to the vagina, as it looks like a ruffled wreath and consists of folds of mucous tissue, which may be tightly or more loosely folded. The appearance of the hymen varies in shape, size, colour and flexibility and changes among women and throughout a woman’s life depending on age, stage of sexual development and hormonal levels.³

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¹ WHO, Health care for women subjected to intimate partner violence or sexual violence, a clinical handbook; 2014 http://apps.who.int/iris/bitstream/10665/136101/1/WHO_RHR_14.26_eng.pdf
² Liesl Gerntholtz, women’s rights director at Human Rights Watch.
It is also important to know that the hymen has very few blood vessels, which means that it is possible that a woman or girl will not bleed after her first vaginal intercourse, as confirmed by several scientific studies.

On the other hand, because of the stretching capability of the membrane and its ability to heal, in many women and girls who already had sexual experience, no signs of trauma to the hymen could be observed, hence proving the inaccuracy and unreliability of ‘virginity testing’.

**Gender, Protection and Human Rights Implications**

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979) and other human rights treaties prohibit discrimination against women.

‘Virginity testing’ constitutes discrimination against women as it has the effect or purpose of denying women their rights on a basis of equality with men. ‘Virginity testing’ is a violation of women’s and girls’ rights, a form of gender discrimination and a form of sexual violence.

‘Virginity tests’ have been recognized internationally as a violation of human rights, particularly the prohibition against “cruel, inhuman or degrading treatment”.

**Recommendations to Medical Practitioners**

In some cultures and societies, women can be subjected to ‘virginity testing’ in various circumstances, including at the behest of their families. “Prejudice and negative stereotypes against women and girls are passed off as medical science by many doctors who wrongly believe they can determine a woman’s virginity”.

Sometimes, this request is made in the case of the examination of a survivor of sexual assault, however, it is not the job of the health professional to prove that sexual abuse or rape has taken place nor if the woman or girl is still a virgin. Medical practitioners should abide by the WHO handbook ensuring that all women and girls are treated with respect, privacy and dignity.

Regardless the reason it is done, the practice of ‘virginity testing’ should be immediately abandoned by all medical professionals and should be omitted from medical textbooks, guidelines and trainings.

‘Virginity testing’ should NEVER be performed by medical professionals or in medical settings. It is not a useful clinical tool as forensic evidence, it has no medical utility, it has no scientific relevance and it is not a “reliable” method to determine if a girl or a woman ever had sexual intercourse. Moreover, the practice goes against the medical and humanitarian ethical code of conduct because it breaks the principles of true informed consent and of patient confidentiality and it goes against the do no harm approach to clinical care.

Women and girls who request ‘virginity testing’ for themselves should be presented with evidence-based information and, if necessary, referred to a counsellor or a social worker, in a way that does not breach their confidentiality, privacy and safety.

Talking about ‘Virginity Testing’ at community level

Among Syrian communities, ‘virginity’ testing is still a widespread reality, due to traditional norms that support the use of this practice out of a cultural belief that the test can confirm that women and girls have not had sexual relations before marriage. Tests have also been performed when women are accused of crimes deemed ‘immoral’ or have ‘run away’ from home. These tests have also been used to try to ‘confirm’ ‘virginity’ before marriage.

In these communities and in order to gradually overcome harmful traditions, communities should be targeted with awareness raising messages, such as:

- ‘Virginity tests’ do not provide any medical proof if a woman or girl has had sexual intercourse or is a ‘virgin’.
- ‘Virginity tests’ is considered an inhuman and degrading treatment, a human rights’ violation that has severe physical, psychological and social consequences for the women and girls who are subject to it.

5 WHO, Health care for women subjected to intimate partner violence or sexual violence, a clinical handbook; 2014 http://apps.who.int/iris/bitstream/10665/136101/1/WHO_RHR_14.26_eng.pdf

6 Awareness raising sessions could include a culturally appropriate explanation of why the test provides no medical proof as indicated in the “Medical relevance” session above.
Virginity Testing
Evidence-Based Guiding Note

- ‘Virginity tests’ can be considered a form of GBV, in particular sexual violence, when it is practiced against the will of the woman or girl.

- The practice of ‘virginity tests’ should be immediately interrupted as it is inhuman and unethical, it is an affront to women’s and girls’ dignity and it causes psychosocial distress and trauma.

Talking About ‘Virginity Testing’ with Women and Girls

In some Syrian communities, girls and women approach medical facilities to directly ask for a ‘virginity testing’. When this happens, many doctors find it difficult to refuse; they consider that if the request comes from the woman or girl herself then it is their duty to perform the examination.

It is important to understand that the medical (in) validity of the test as well as the human rights implications of it do not change, regardless who requests the examination.

Moreover the reasons behind such a request lie in power inequalities between men and women and in gender unequal cultural norms.

The person asking for the test, most likely cannot fully enjoy her right to freedom of choice and the pressure that is put on her to demonstrate her ‘virginity’ is a rights’ abuse in itself.

It is therefore critical that women and girls are targeted with awareness raising messages to empower them to avoid feeling the need to resort to this harmful practice.

The doctors, midwives, nurses or psychosocial workers that receive these requests should:

- Welcome the woman warmly, make her feel comfortable and reassure her that whatever she tells them will be treated confidentially.

- Understand what is the reason (why the woman thinks she needs such a test). Active and respectful listening to the woman or girl may lead to disclosure of an abusive or threatening situation that must be dealt with according to protocol.

- Share information with the woman on the reasons why the test is not scientifically reliable, why it is a practice that needs to be stopped and provide details of its abusive patterns (i.e. creating shame and fear to enforce control over women and girls).

- Do not perform the examination, but support the woman or the girl in finding alternative ways (among others referral to case workers and developing safety plans) to overcome the situation she is facing, ensuring her safety and security at all times.

Virginity is not a medical condition, therefore a medical assessment is not necessary or useful and it is potentially discomforting and harmful.

Supporting Women and Girls that were Subject to ‘Virginity Testing’

Women and girls that are subject to ‘virginity testing’ will react differently to the examination, depending on a number of factors including their age, existing coping mechanisms, and/or social status. Organizations should consider support interventions on a case-by-case basis and following the wishes of the women or girl. Organizations with ongoing case management programmes can assist women and girls who disclose having undergone a ‘virginity test’ through different steps. As a minimum, medical and psychosocial support should be available to these women and girls either directly or through referrals to service providers providing GBV focussed services.
References:

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