



Myths surrounding virginity

A guide for service providers

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This booklet was developed by the Reproductive Health Team at the International Rescue Committee (IRC). Based on years of discussions with service providers from the health and protection sectors, it aims to break down some of the persistent myths concerning female virginity and establish provider responsibilities around virginity testing. The information provided is based on existing literature and international recommendations.

The IRC would like to thank the IRC staff for their contributions and RFSU in Sweden for sharing their illustrations.

Any organization or institution is free to use this tool. For further information, please contact clinicalcare@iawg.net.

Virginity

Virginity is a sensitive subject. The concept itself has a complicated history and, while it describes sexual activity for all genders, there is greater value placed on female virginity. For women and girls, virginity is too often tied to moral character, purity, honor, and social, moral and religious values. It can even determine whether or not a woman is suitable for marriage.

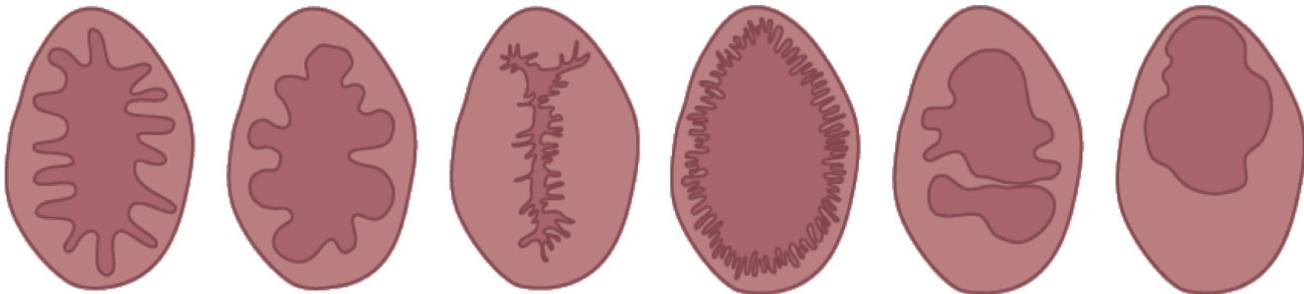
Health providers are often asked to confirm the virginity of women and girls either as a routine examination for unmarried girls or as part of a clinical examination following sexual assault, to establish marriage eligibility, as a requirement for employment applications, or in extreme cases by national authorities to determine legal cases.

Virginity testing creates fear and serves to shame, punish and control female sexuality. It is rooted in patriarchal and discriminatory practices. For health providers, the request to perform an examination is contrary to their professional responsibilities, including respect of patient/provider confidentiality and true informed consent from the patient.

The hymen

The vaginal hymen, also known as the vaginal corona, is commonly assumed as the physical manifestation of female virginity and is subject to many myths and misunderstandings. The hymen does not seem to have a specific physiological function or purpose, but it is most likely thought to be a remnant of fetal development.

Located 1-2 cm inside the vaginal opening, the hymen forms part of the vulva, or external genitalia, and is similar in structure to the vagina. 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, color and flexibility and changes throughout a woman's life depending on age, stage of sexual development and hormonal levels.



These drawings show examples of how normal vaginal hymens can look like.
Illustration: RFSU

There is no medical evidence to support the belief that the hymen can determine whether or not sexual intercourse has taken place. Numerous studies undertaken in different contexts and different countries over time unequivocally disprove the idea that a hymen is indicative of sexual status.

Can the hymen break?

Like all human organs, vaginal tissue (including the hymen) can be harmed during trauma or injury. Some of the most common vaginal lacerations appear following childbirth and in particular violent cases of sexual assault. **In cases where micro lacerations do occur, vaginal tissue bleeds easily but heals quickly – often leaving no trace of harm.**

The hymen itself has relatively few blood vessels that – even if torn – may not bleed significantly. Bleeding can occur but is not routinely observed after vaginal penetration for the first time. In fact, research shows that between 40-63% of women or girls report not having bled following their first experience. More than 50% of women and girls with previous intercourse had no signs of trauma to their hymen.

The hymen also has no nerve endings. Any pain and bleeding following sexual intercourse is more likely to be caused by lacerations to the vaginal wall as a result of either forced penetration and/or lack of lubrication, rather than 'perforation' of the hymen.

In pre-pubertal girls, the hymen and vagina are smaller and less elastic than in adolescent and adult women. Consequently, trauma caused by penetration is more likely to be evident and more characteristic in pre-pubertal girls.

For women and adolescent girls, the hymen stretches, allowing vaginal penetration with no or very minimal injury.

Only a small portion of these women and adolescent girls will exhibit changes in the hymen as a result of penetration trauma. In these cases, the hymen tends to heal naturally without evidence of injury within a matter of days.

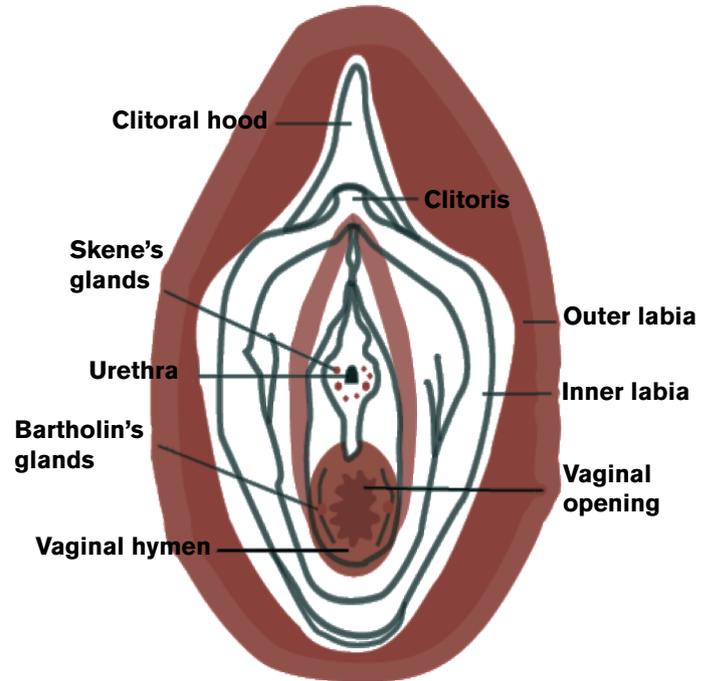


Illustration: RFSU

It is extremely difficult to differentiate between a healed, partial hymeneal tear and a naturally occurring superficial notch, even as experienced physicians. In most cases, there is no correlation between a hymen's appearance and the actual history of sexual activity.

Can the hymen determine if sexual abuse has occurred?

Although determining penetration based on an examination of a woman's or girl's hymen is not medically justified, there are circumstances where forced penetration causes significant damage to the internal and external genitals. Survivors of sexual assault sometimes suffer physical injuries to the vulva and vagina, along with other parts of her body – injuries that can be life-threatening. **The absence of physical injury, however, does not mean that a rape did not occur.**

Following clinical care for survivors of gender-based violence (GBV), providers are often asked to confirm, and sometimes even certify, whether or not a survivor is still a virgin. This can put a provider in a difficult situation as they are stuck between the request of the family members and/or local authorities and acting in a survivor's best interest based on medical standards that virginity testing is not a justified medical intervention.

It is not the provider's job to prove that sexual abuse or rape has taken place. These are legal designations to be proven in court, and unless asked to give a specialist testimony in court, the provider's responsibility is to carefully and objectively document clinical findings and offer any medical treatment and care indicated based on the patient's medical history and the clinical findings. Providers should make no assumptions, no conclusions and no judgments.

What are the consequences of carrying out virginity testing?

The two most common techniques of virginity testing are 1) inspection of the hymen for size or tears, and/or 2) insertion of fingers into the vagina (also called 'two-finger test'). Both are performed with the belief that a specific appearance of the female genitalia can demonstrate whether or not sexual intercourse has occurred.

Exposing women and girls to unnecessary genital examinations can have a wide range of physical, psychological and social consequences. First, a genital examination (external or internal) without true consent violates a patient's integrity, privacy, dignity and autonomy. For women and girls, these unnecessary exams aggravate stress and trauma – especially for survivors of sexual violence. The examination is also inherently coercive because refusal to consent to the examination may be interpreted as a sign of 'having something to hide'.

Secondly, the findings of the virginity examination can have legal, physical, emotional and social consequences. This includes exclusion from marriage, fewer employment opportunities, perceived dishonor brought to the family and community, and/or inability to access the justice system in cases of rape. In some cases, women have committed suicide or been assaulted and murdered when the test 'proved' them not to be virgins.

'Any attempt to medically examine for virginity is not only unethical but it is considered by WHO an act of sexual violence against the sexual integrity of women. In my opinion, it is an absolute contraindication to any human being.'

Reuben Nyaora, Clinical Officer

Other psychological traumas with long-lasting consequences include but are not limited to anxiety, depression, and loss of self-esteem. It has also been identified as a contributing factor to other types of GBV and social exclusion.

Finally, nonconsensual virginity testing have on several occasions been classified as a form of inhuman, cruel or degrading treatment and may also amount to a form of torture. **From a human rights perspective, virginity testing is gender discriminatory and, when carried out without consent, a form of sexual violence.**

Can the hymen be 'fixed' surgically to restore virginity?

Surgical repair of the vaginal hymen is an intervention that is widely practiced. However, surgery on the hymen is expensive and offers no guarantees regarding bleeding upon penetration. In some cases, it can lead to chronic discomfort and pain. Vaginal plastic surgery such as hymen reconstruction mostly takes place in the private sector and can under no circumstance be justified in a public facility unless there is a medically justified indication. **In the case of hymen repair, there is no such indication.**

Rather than resorting to unnecessary surgery, women and girls seeking surgery should be offered counseling. This involves sessions with a gynecologist, counselor/social worker and physiotherapist intended to validate the patient's concerns, strengthen her self-confidence and reduce any feeling of stigma and shame. Since this is often an issue that involves other people in a woman's life, facilitating linkages to a counselor or social worker should be offered to address concerns the woman or girl may have around virginity, and to keep her safe and address the root cause and misunderstandings of the problem.

'Virginity tests are a human right violation. It is traumatic for women and girls. It also places providers at odds with their medical responsibilities – especially in view of the negative consequences that can occur from the test's result. The way out is to discourage such practices entirely'.

Augustin Paluku, Clinical Specialist.

'Virginity testing goes against the Hippocratic Oath and the do no harm approach to clinical care. I think about the emotional and physical trauma to the women and girls, the lack of privacy and trust, but also the consequences when virginity is perceived to have been lost leading to stigma, shame and even physical harm. Health workers should not be a part of this process'.

Lilian Kiapi, Medical Doctor & Technical Advisor.

'Virginity is a socio-cultural, religious and moral view with no known medical definition and legal consequences in the modern world. There is no available biological description of what it means to retain, lose or gain virginity. The available explanations on virginity are shrouded in the myth of the hymen'.

Reuben Nyaora, Clinical Officer.

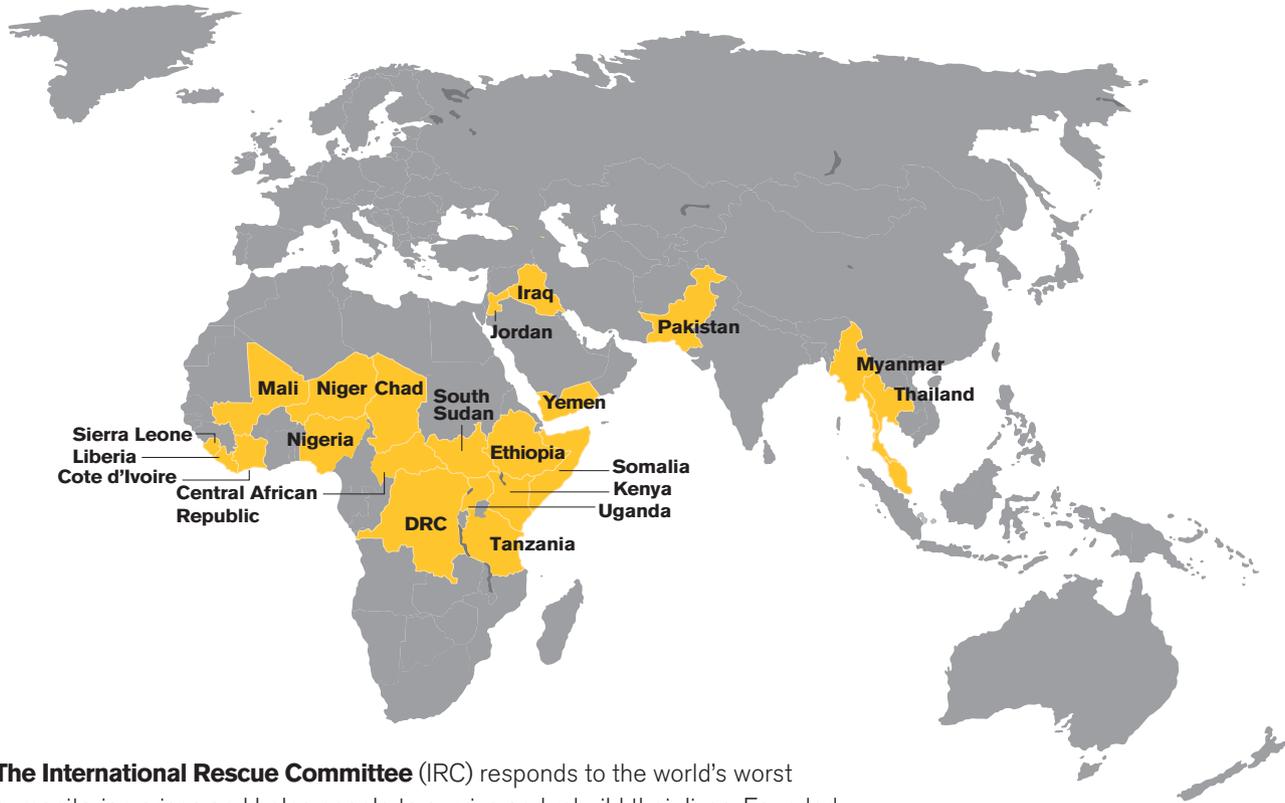
Recommendations for service providers

Health professionals have no medical foundation for conducting virginity examinations. Virginity examinations are not only meaningless and irrelevant in determining sexual status, they are also harmful. Given that these examinations are medically unnecessary, it is unethical for physicians or health professionals to perform them. As a health provider you should therefore:

- **Familiarize yourself with the newest evidence and best practices and act accordingly.** Being able to hold yourself and your colleagues accountable and distinguish best practices from culturally driven and potentially harmful practices is essential to the medical profession. Never under any circumstance conduct a virginity test.
 - **Ensure survivors of sexual assault are treated with respect and protected from further harm.** Your responsibility as a provider is to provide clinical care that prevents and treats medical conditions, refer to other sectors and document findings according to international standards in a competent, confidential and compassionate manner. You are NOT to determine whether or not rape took place.
 - **Provide medically accurate information to patients and caregivers that does not reinforce harmful practices.** Carefully and respectfully communicate medically accurate messages, including dispelling myths and misconceptions during consultations or among colleagues. Meet the requests with open dialogues and clearly communicate what your responsibilities are.
 - **Demystify virginity and the hymen through education or parenting programs.** Including this topic in adolescent sexual and reproductive health education with communities will eventually lead to a broader and more nuanced understanding of virginity and myths surrounding female sexuality.
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Relevant literature:

Olson, R. M., García-Moreno, C. (2017), Virginity testing: a systematic review *Reproductive Health*, vol 14:61.
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UNFPA, (2009), Partnering With Men To End Gender-Based Violence.



The International Rescue Committee (IRC) responds to the world's worst humanitarian crises and helps people to survive and rebuild their lives. Founded in 1933 at the request of Albert Einstein, the IRC offers lifesaving care and life-changing assistance to refugees forced to flee from war, persecution or natural disaster. At work today in over 40 countries and 22 U.S. cities, we restore safety, dignity and hope to millions who are uprooted and struggling to endure. The IRC leads the way from harm to home.

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