Lorena Gonzalez Proposes Ban on "Virginity Testing"

Wednesday, January 8, 2020

No Medical Reasons Exist for Sexist, Traumatizing Hymen Examinations

SACRAMENTO – (Wednesday, Jan. 8, 2020) – California State Assemblywoman Lorena Gonzalez (D-San Diego) introduced legislation today to prohibit licensed medical practitioners from performing so-called "virginity testing" on women.

Under **Assembly Bill 1909,** any medical practitioner who performs or supervises these pelvic exams on a woman's hymen would be subject to professional misconduct penalties.

"So-called 'virginity testing' is a form of violence and harassment against young girls and women," Assemblywoman Gonzalez said. **"There is no medical reason for this examination. It's time for California to listen to calls from the international community and ban this traumatizing, sexist and unnecessary practice."**

Recently, rapper T.I. sparked a nationwide controversy around "virginity testing" when he claimed he annually took his teenage daughter to the gynecologist to check her hymen to determine if she had sexual intercourse. This is a dangerous and false conception. The World Health Organization (W.H.O.) states that the appearance of a girl or woman's hymen cannot prove whether they have had sexual intercourse or are sexually active.

These invasive and traumatizing examinations have no real scientific or medical basis because there is no examination that can prove a girl or woman has had sexual intercourse. The concept of "virginity" is a social and cultural construct.

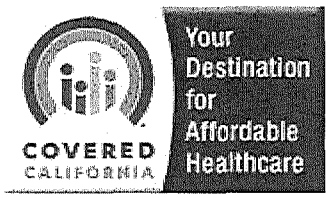
The United Nations, W.H.O., U.N. Women and U.N. Human Rights have called for a global ban on the practice. Currently, there are no federal or state bans on this practice in the United States. In December, a ban similar to **AB 1909** as proposed in New York.

For questions or to request an interview with Assemblywoman Gonzalez, contact Sami Gallegos: **samantha.gallegos@asm.ca.gov (mailto:samantha.gallegos@asm.ca.gov)**

CONTACT LORENA (https://lcmspubcontact.lc.ca.gov/PublicLCMS/ContactPopup.php?district=AD80)

SIGNUP FOR UPDATES (https://lcmspubcontact.lc.ca.gov/PublicLCMS/NewsletterPopup.php?district=AD80)

Resources



(/article/covered-california)

Eliminating Virginity Testing: An Interagency Statement

World Health Organization

UNITED NATIONS HUMAN RIGHTS OFFICE OF THE HIGH COMMISSIONER

UN WOMEN

Eliminating virginity testing: an interagency statement
WHO/RHR/18.15

Suggested citation. Eliminating virginity testing: an interagency statement. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Printed in Switzerland

EXECUTIVE SUMMARY

Virginity testing[a], also referred to as hymen, "two-finger" or per vaginal examination, is an inspection of the female genitalia meant to determine whether a woman or girl has had vaginal intercourse. As shown in a systematic review on virginity testing, the examination has no scientific merit or clinical indication – the appearance of a hymen is not a reliable indication of intercourse and there is no known examination that can prove a history of vaginal intercourse *(1)*. Furthermore, the practice is a violation of the victim's human rights and is associated with both immediate and long-term consequences that are detrimental to her physical, psychological and social well-being *(1)*. The harmful practice of virginity testing is a social, cultural and political issue, and its elimination will require a comprehensive societal response supported by the public health community and health professionals.

[a] Throughout the text the terms *virginity testing*, *virginity examination* and *virginity* are used, with full awareness that there is no scientific merit to, or clinical indication for "virginity testing" or to a "virginity examination", and that the term "virginity" is a social, cultural and religious construct with neither medical nor scientific basis.

Traditionally, the virginity examination is performed on unmarried women and girls, often under force, threat or coercion, to assess their virtue, honour or social value *(2)*. In numerous countries, it is also included as part of the medical assessment of rape *(3)*. The practice of virginity testing has been reported in countries from several regions of the world. It appears to be most established in Asia and the Middle East; countries in northern and southern Africa; and, more recently, among some immigrant groups in Europe and North America, forcing communities, societies and countries to make decisions regarding its use *(3–20)*. The growing attention to eliminating sexual violence has raised awareness of the routine use of virginity testing in some settings *(21)*.

Virginity testing is rooted in entrenched systems of discrimination against women and girls (i.e. gender discrimination). It further reinforces socio-cultural norms that perpetuate women's inequality, including stereotyped views of female morality and sexuality, and serves to exercise control over women and girls. Virginity testing violates well-established human rights *(22)*, such as the right to be protected from discrimination based on sex; the right to life, liberty and security of person [including physical integrity]; the right to the highest attainable standard of health; and the rights of the child (when performed on a girl aged under 18 years).

The virginity examination itself can be painful, humiliating and traumatic. It is associated with a range of physical, mental and sexual and reproductive health problems *(1, 2, 3, 8, 16)*. In extreme cases, women or girls may attempt suicide or be killed in the name of "honour" *(10, 16, 23)*. Effects on an individual's social well-being can also be devastating; women and girls may be ostracized, stigmatized and denied employment and educational opportunities *(24, 25)*. Those who seek redress after virginity testing often face re-stigmatization and retribution. When done in the context of examination for sexual assault, it can lead to re-victimization and re-traumatization *(2, 22)*.

According to the 1964 World Medical Association's Declaration of Helsinki, it is the physician's duty to safeguard the health of the people *(26)*. Health professionals who perform virginity testing are violating the fundamental ethical principle: "first, do no harm".

A number of medical professionals, health-care associations and human rights organizations have explicitly condemned virginity testing as unscientific and harmful *(2, 3, 8, 27–30, 88)*. In addition, some local and national governments have banned virginity testing and enacted laws that criminally punish those who perform the examination *(31, 32)*. Despite some limited progress, virginity testing continues to be performed by health professionals around the world. More work is urgently needed to increase awareness of its detrimental effects on the health of women and girls, and the imperative to eliminate its use.

This statement establishes that virginity testing is unscientific, medically unnecessary and unreliable; it is associated with short- and long-term adverse health outcomes. The statement expresses a commitment to support efforts to eradicate all forms of virginity testing, thereby upholding the human rights of women and girls across the globe. The statement calls on governments; health professionals and their associations; international, regional and national health agencies; and communities at large to take the initiative to ban virginity testing and create national guidelines for health professionals, public officials and community members, particularly in countries where virginity testing is widely practised. It calls for the following specific strategies to eliminate virginity testing from medical practice:

- Medical providers and their professional associations should be aware of the research that shows that virginity testing has no scientific merit and cannot determine past vaginal penetration or virginity. They should also know the health and human rights consequences of trying to establish virginity and never perform or support the practice.

- Governments and health authorities should enact supportive legislative and policy frameworks for the sustained elimination of virginity testing.

- Communities should lead in awareness campaigns that challenge myths related to virginity, and harmful social norms that perpetuate the practice of so-called virginity testing.

The World Health Organization and endorsing agencies confirm their commitment to supporting all women and girls, communities, organizations and national governments in the elimination of virginity testing.

BACKGROUND

ROOT CAUSES OF VIRGINITY TESTING

There is no universal definition of the term virginity – its meaning varies by era, region, culture and religion. The word "virgin" comes from the Latin root virgo, literally meaning "maiden" – interpreted as a young woman who has not had vaginal intercourse *(33)*. The concept of virginity is not a medical or scientific term; rather, it is a social, cultural and religious construct *(34)*. The disproportionate social expectation that girls and women should remain "virgins" (i.e. without having sexual intercourse) until marriage is rooted in stereotyped notions of female sexuality that have been harmful to women and girls globally *(34, 35)*.

In many societies, women are considered property of their fathers or husbands; their bodies are considered objects of male dominance; and their value is quantifiable by their "purity" (35). These social norms are perpetuated by systems of rewards and punishments; historical examples include higher dowries for virgins and the medieval era's use of the chastity belt *(36)*. They also perpetuate stereotypical perspectives of women either as "tempters" of men, which unfairly assigns women as fully responsible for all sexual acts and consequences, or as vulnerable and in need of protection from men, who have uncontrollable sexual appetites. Furthermore, they drive the unequal social expectation for women and girls to remain "virgins" until they marry.

These attitudes create a framework for men to feel entitled to control female sexual behaviour, mandate obedience and warrant punishment, which in some cases includes murder. These deep-seated, discriminatory beliefs and attitudes have led to violence against women, and perpetuate harmful practices like virginity testing that fundamentally violate international standards of human rights. Given that health-care providers are often asked to perform this testing, and viewed as experts by those requesting it, health-care workers can have a major impact as advocates against use of this practice. The medicalization of this harmful practice risks continued social acceptability and further institutionalization of this testing *(10, 34)*.

WHERE IS VIRGINITY TESTING PRACTISED?

Virginity testing is a long-standing practice in several regions of the world. Countries where this practice has been documented include Afghanistan, Brazil, Egypt, India, Indonesia, Iran, Iraq, Jamaica, Jordan, Libya, Malawi, Morocco, Occupied Palestinian Territories, South Africa, Sri Lanka, Swaziland, Turkey, the United Kingdom of Great Britain and Northern Ireland and Zimbabwe *(3–16, 18)*. Owing to increased globalization in the last century, requests for and cases of virginity testing are emerging in countries that have no known previous history of the practice, including Belgium, Canada, the Netherlands, Spain and Sweden *(17, 19, 20)*. It is likely that virginity testing is underreported, particularly in settings where this practice is not seen as desirable.

SPECIFIC POPULATIONS AT RISK

VICTIMS OF SEXUAL VIOLENCE

Medical providers are often asked to perform virginity testing, also known as hymen, "two-finger" or per vaginal examination, on victims of rape *(3, 8, 37–39, 88)*. Despite it having neither scientific basis nor clinical utility, doctors and medical personnel continue to perform the examination, supposedly to ascertain whether or not rape occurred *(5, 8, 14, 38, 40)*. In this context, the examination is likely to cause pain and mimic the original act of sexual violence, leading to re-experience, re-traumatization and re-victimization *(16, 41)*. Performing this potentially harmful and medically unnecessary test violates several ethical standards of the medical profession *(28, 29)*. According to the 1964 World Medical Association's Declaration of Helsinki, it is the physician's duty to safeguard the health of the people *(26)*. Health professionals who perform virginity testing are violating the fundamental ethical principle: "first, do no harm". Furthermore, in many situations, it is performed without the consent of the victim, thus constituting a form of sexual violence; by standards of international legal jurisprudence, this could amount to rape or torture, depending on the context *(2, 3, 5, 42)*.

In the evaluation of victims of rape, the examinee's virginity has no bearing on whether or not rape occurred, nor does it predict how traumatic or severe the effects of rape will be on an individual *(3, 4, 8, 38, 55, 62)*. The result of this unscientific test has an impact on judicial proceedings, often to the detriment of victims and in favour of perpetrators, which results in victims losing court cases and perpetrators being acquitted. This situation exacerbates victims' sense of disempowerment and re-victimizes them *(3, 4, 14, 43)*.

POLITICAL ACTIVISTS, DETAINEES, & PRISONERS

Women prisoners and those in detention facilities are at heightened risk of abuse and mistreatment, including forced virginity examinations. Virginity tests on women prisoners are common, intimidating and humiliating; they violate women's rights to privacy and physical integrity, and further disempower them *(3, 44)*. When performed on women arrested for protesting or other forms of political activism, forced virginity examinations perpetuate a climate of fear and intimidation that prevents women from exercising their civil rights.

The distinct human rights considerations of women prisoners were prominently recognized during the adoption of the United Nations Rules on the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules) *(45)*. The Bangkok Rules specifically declare that women prisoners have the right to refuse medical examinations related to their sexual and reproductive health history, such as virginity tests *(45)*. Additionally, the United Nations Special Rapporteurs on Violence against Women and its Causes and Consequences, and on Torture and other Cruel, Inhuman or Degrading Treatment or Punishment have stated specifically that forced gynaecological examinations of women prisoners constitute a particularly egregious form of mistreatment, discrimination and sexual violence *(25, 46, 47)*.

VIRGINITY TESTING IS A VIOLATION OF HUMAN RIGHTS

International treaties, statements, conferences and agreements, such as those held by the United Nations, have declared that certain traditional practices are harmful and detrimental to the health of women and girls globally and violate a series of international human rights standards. Virginity testing has been recognized by a number of human rights agencies and treaty bodies as a harmful practice.[b]

The 1993 Vienna World Conference on Human Rights, and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in the same year *(49, 50)*, declared that all states must modify discriminatory social and cultural patterns of conduct:

. . . with a view to achieving the elimination of prejudices and customary . . . practices which are based on the idea of inferiority or the superiority of either of the sexes or on stereotyped roles for men and women (49).

The International Conference on Population and Development (ICPD) in 1994 *(51)* and the Fourth World Conference on Women in 1995 *(52)* caused a pivotal shift from population-control policies to programmes that promote women's sexual and reproductive health, reproductive rights, and the advancement and empowerment of women. The ICPD in 1994 issued a call for:

Eliminating all practices that discriminate against women; assisting women to establish and realize their rights, including those that relate to reproductive and sexual health (51).

Additionally, the 1995 Beijing Declaration and Platform for Action of the Fourth World Conference on Women *(52)* called upon all states to ensure women are fully informed and autonomous regarding decisions concerning their bodies and reproductive and sexual well-being, obligating states to:

. . . take all appropriate measures to eliminate harmful, medically unnecessary or coercive medical interventions . . . and ensure that all women are fully informed of their options, including likely benefits and potential side-effects, by properly trained personnel (52).

Since then, numerous international human rights treaties and treaty-monitoring bodies have shifted to recognize harmful traditional and medically unnecessary practices based on discrimination against women as incompatible with the international advancement of all people *(53–55)*.

The specific human rights violated by virginity testing are discussed next.

---

[b] The United Nations Committee on the Elimination of All Forms of Discrimination against Women and the United Nations Committee on the Rights of the Child *(48)*, the United Nations Special Rapporteur on Torture and other Cruel, Inhuman or Degrading Treatment or Punishment *(46, 47)* and the United Nations Special Rapporteur on Violence Against Women, its Causes and Consequences *(25)* have all declared virginity testing to be a harmful practice.

[c] Special care and attention should be paid to a child's or adolescent's evolving capacity to make their own decisions regarding their health. The opinion of a child or adolescent should always be asked and taken into account before any physical examination, and age-appropriate information should be provided. For additional information, refer to the 2017 *WHO clinical guidelines: responding to children and adolescents who have been sexually abused* (64).

The right to be protected from discrimination based on sex

Multiple international human rights agreements have widely recognized women's historical oppression and lack of personal autonomy as central barriers to their overall health, especially in matters of sexual and reproductive health and rights *(51)*. Virginity testing violates the right to be protected from discrimination based on sex, as its harmful consequences are almost exclusively experienced by women and girls. The origins of virginity testing are based in patriarchal systems of gender discrimination and violence against women *(22, 49–51)*.

The right to life

In extreme cases, some women and girls have been murdered or attempted suicide in the name of "honour" after undergoing virginity examinations. In such cases, the practice violates an individual's right to life *(22, 51)*.

The rights to privacy and physical integrity

The practice of virginity testing violates the principle of human dignity, as well as the rights to privacy and physical integrity, as it infringes an individual's control in making an independent decision about an examination that is known to have long-lasting physical, psychological and socioeconomic consequences *(1, 22, 49, 51, 52)*. The practice is routinely performed on victims of rape and sexual assault, a group of individuals who have already been deprived of physical integrity and autonomy, resulting in yet another violation of their human rights *(46)*.

The right to be free from torture or cruel, inhuman or degrading treatment or punishment

Virginity testing violates the right to be free from torture or cruel, inhuman or degrading treatment or punishment, as the examination is often humiliating, degrading and conducted in a manner to intimidate and punish *(22, 47)*. The United Nations Special Rapporteurs on Violence against Women, its Causes and Consequences, and on Torture and other Cruel, Inhuman or Degrading Treatment or Punishment, have stated that virginity testing is a form of sexual violence, and moreover constitutes a particularly gross form of ill-treatment, and custodial violence *(25, 46, 47)*.

The right to the highest attainable standard of health

As virginity testing is an invasive examination of the female genitalia that has no evidentiary value or scientific merit, and is likely to result in a series of adverse health outcomes. It is a violation of the right to the highest attainable standard of health *(1, 22, 56, 57)*.

The rights of the child

Virginity testing violates the rights of children, a group that experiences exceptional vulnerability, as school-aged children have been subjected to forced examinations *(6, 9, 16, 37, 55, 58–63)*. In 1994, the ICPD stated that gender discrimination often begins at the earliest stages of life, and declared an end to all forms of discrimination that violate the rights of girls *(51)*. The Committee on the Rights of the Child (CRC) of 1990 called upon states to uphold the civil, political, economic, social, health and cultural rights of all children *(57)*. Performing virginity testing on children violates their international rights to non-discrimination, protection and participation *(58)*. A child consenting to a virginity test is unlikely to be informed, free or without coercion, as their decision-making capacity is still developing *(55)*. In addition, they are particularly vulnerable to familial and societal expectations and pressures *(55, 58)*. In 2014, CRC joined with CEDAW to endorse provisions that called upon states to end traditional practices that harm girls, including elimination of virginity examinations *(55)*.[c]

REVIEW OF THE SCIENTIFIC EVIDENCE

LACK OF MEDICAL UTILITY OF VIRGINITY TESTING

The two most common techniques for virginity testing are: (i) inspection of the hymen for tears or the size of opening; (ii) insertion of fingers into the vagina (the "two-finger" test). Both are performed under the belief that the appearance of the female genitalia can indicate a girl's or woman's history of sexual activity. Neither version of virginity testing is supported by scientific evidence.

HYMEN EXAMINATION

A recent systematic review on virginity testing confirmed that there is no scientific evidence to support a belief that the appearance of the hymen is a reliable indicator of vaginal intercourse *(1)*. The appearance of the hymen varies widely, according to individual exposure to estrogen, age, pubertal status and method of examination *(1, 63)*. One of the most widespread myths about virginity is that it can be proven by the presence of an "intact hymen". The term "intact hymen" has no anatomical correlate and should not be used. As shown in the systematic review *(1)*, a so-called "normal" finding on hymen examination is likely to occur in those with and without a history of even recent vaginal penetration, owing to wide variation and because injuries to the hymen often heal rapidly *(22, 65–73)*. "Abnormal" hymen findings are extremely difficult to differentiate from normally occurring anatomical variations *(30)*.

Like all human tissue, vaginal and hymenal tissue can be injured during trauma. In the specific context of recent sexual assault or rape, trained medical providers who have obtained informed consent may examine the female genitalia for signs of trauma; however, the purpose of the examination for sexual assault is to evaluate for and treat injuries, and to assess for sexually transmitted infections (STIs). The purpose is not to assess "virginity status". The examination for sexual assault does not require insertion of fingers or anything else into the vagina.

THE "TWO-FINGER" TEST

The "two-finger" test is performed by inserting two fingers into the vaginal cavity in an attempt to assess "laxity of the vaginal wall" – a supposed marker of previous sexual history *(3, 7)*. The vagina is a dynamic muscular canal that varies widely in size and shape, depending on individual, pubertal or developmental stage, physical position and various hormonal factors such as sexual arousal and stress *(74)*. Additionally, normal individual variability, inconsistent examination techniques and innumerable other causes for differences in the musculature of the vaginal wall further contribute to the test's futility. There is no scientific basis to support the validity of the "two-finger" or any other form of virginity test.

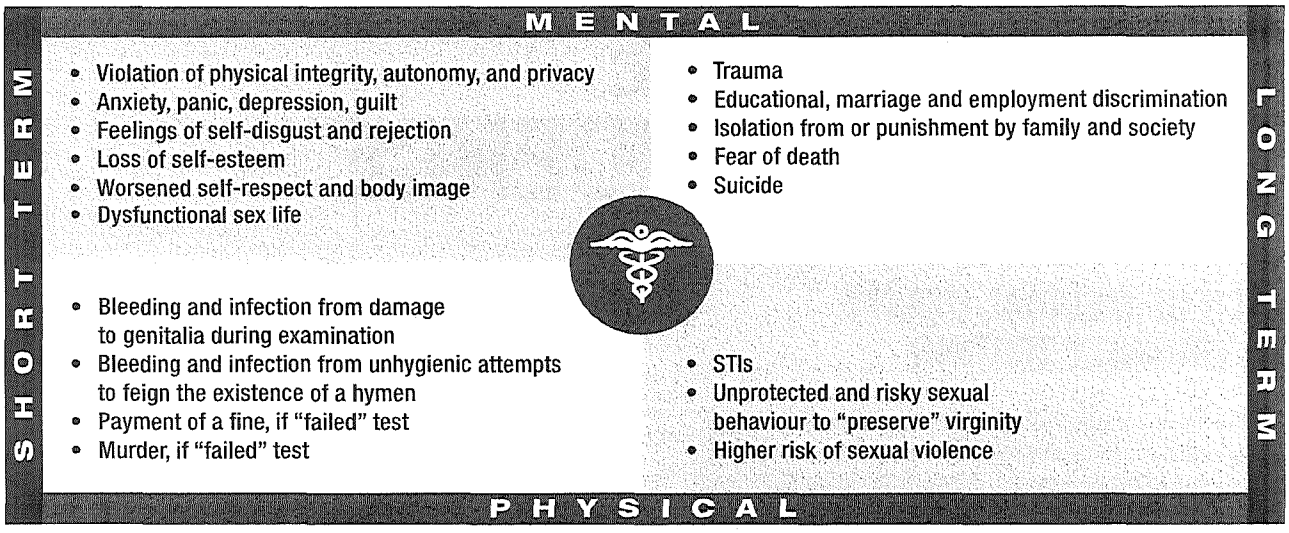
There is consensus among scientific and medical communities that the appearance of the female genitalia does not provide evidence of prior sexual history *(1, 2, 28)*. Moreover, searching for objective measures to determine female virginity undermines women's decision-making capabilities and presumes a lack of credibility. Despite this, virginity testing continues to be practised in clinical settings, and is still included in some medical training and textbooks as part of the assessment to determine whether or not a rape took place *(75–77)*.

HARMFUL CONSEQUENCES OF VIRGINITY TESTING

Virginity testing has been shown to be associated with a series of adverse physical and psychosocial effects, with both short- and long-term consequences *(1)*. Firstly, the examination itself is often painful and traumatic (6, 16). Owing to its invasive and forcible nature, the examination can damage the genitalia and lead to bleeding and infection. On occasion, virginity testing is performed on many girls at once, often by untrained individuals or in unhygienic settings or in an unhygienic manner, such as repetitive use of the same gloves; this could potentially increase the risk of STIs and HIV (9, 78).

The threat of virginity testing can also lead some individuals to engage in oral and/or anal sex, in order to "preserve" virginity, which can be risky when practised without protection *(9, 60)*. Some girls have resorted to inserting unhygienic material into the vagina, such as toothpaste or freshly cut meat, to resemble a hymen-like "white veil", which can lead to local trauma, bleeding and infection *(9, 78)*.

The discriminatory and stigmatizing nature of the virginity examination also results in a series of adverse psychological and social traumas. The examination violates the victim's physical integrity, autonomy and privacy, especially when practised without consent. Studies show that documented harms of virginity testing include intense anxiety, panic, depression, guilt, feelings of self-disgust, loss of self-esteem, worsened self-respect and body image, a dysfunctional sex life, isolation from family and society, and fear of death *(1, 6, 16, 37)*. Virginity testing artificially assigns often undesired



labels as "virgin" or "non-virgin", and leads to harmful psychosocial consequences. In-depth interviews with medical professionals who perform virginity examinations revealed that the virginity test can cause feelings of rejection, weakened self-confidence and depression in their "patients" *(9)*. Women and girls have been reported to experience severe fear and mental torment as a result of the vaginal examination, and have even resorted to suicide *(10, 16, 44, 79)*.

Virginity examinations are also likely to have long-lasting harmful effects on individuals' physical, sexual and reproductive, and social well-being. In some settings, "failing" a virginity test is perceived to bring dishonour and shame to the individual's family and community, and may result in punishment. Documented forms of punishment include being beaten, starved or sexually assaulted, including by gang rape, or even murdered *(9, 16, 44, 63)*. Murders are known as "honour killings", and are often carried out by male relatives who believe the girl or woman who failed the virginity test brought shame to their family *(10, 16, 23)*. An unfavourable result may also lead to familial and societal condemnation and banishment from the community. Isolated, and without family and community support, these women are at heightened risk of certain forms of violence, including forced prostitution *(16, 60, 80)*. Additional socioeconomic consequences include educational, marriage and employment discrimination – several schools and universities, as well as several employers, only enrol or hire "certified virgins" *(9, 10, 25, 38, 44, 81, 82)*. In some communities, those who fail virginity tests can be expected to pay a fine for tainting the community *(9)*. "Certified virgins" may also experience adverse effects, including increased risk of sexual violence, owing to beliefs prevalent in some communities that sexual intercourse with a "virgin" is more desirable, or can cure HIV/AIDS *(9, 80)*.

In summary, available research indicates that the virginity test is detrimental to a woman's or girl's physical integrity and psychosocial well-being and is likely to cause long-lasting damage.

PERCEIVED BENEFITS OF VIRGINITY TESTING

There are many social and cultural reasons put forward for why a person may desire or request a virginity test. Many perceived benefits are based on false understandings of virginity testing. For example, some communities believe virginity examinations will reduce the spread of STIs like HIV, while data shows the practice may increase the risk of STIs *(1, 9, 25, 60, 62, 78)*. Others believe the practice will reduce the prevalence of premarital sex and prevent unwanted pregnancies, but this is not supported by evidence; the results of a virginity test are not an indicator of prior or future sexual activity *(1, 25, 62, 78)*. As a long-standing practice in some communities, some regard virginity testing as a meaningful communal tradition and celebration of cultural values *(9, 60)*. However, a person's human rights are absolute – they may not be limited by invoking cultural or religious justifications for practices that violate international standards of human rights: virginity testing is no exception *(83)*. Finally, since no physical examination can confirm or deny virginity, performing such a "test" does not clarify who is a "virgin" and who is not. There are no benefits to doing it. Ultimately, virginity testing is a way to maintain power and control over women and girls.

GLOBAL STRATEGIES TO ELIMINATE VIRGINITY TESTING

A number of medical professionals, health-care associations and human rights organizations have explicitly condemned virginity testing as unscientific and harmful *(2, 3, 8, 27–30, 88)*. In addition, some local and national governments have banned virginity testing and enacted laws that criminally punish those who perform the examination *(31, 32)*. Despite some limited progress, virginity testing continues to be performed by health professionals around the world. More work is urgently needed to increase awareness of its lack of clinical value and detrimental effects on the health of women and girls, and the imperative to eliminate its use.

Elimination of virginity testing will require long-term commitment and unified action at local, national, regional and international levels. Health-care providers and national authorities have a responsibility to eliminate practices that are harmful to girls' and women's health.

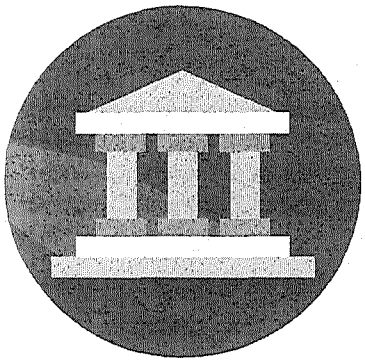
This section provides recommendations for global strategies to end all forms of virginity testing.

Strengthen the knowledge & training of health-care providers

A gap exists between current scientific evidence and medical education and training *(7, 37, 59, 75–77, 84)*. Health-care providers, especially those who work in family practice, obstetrics, gynaecology, sexual health and paediatrics, have a critical role to play in the elimination of virginity testing from medical practice. In order for long-term abandonment of the practice, health-care providers must be knowledgeable about the virginity/"two-finger" test, including reasons why it must not be performed; its lack of scientific merit or clinical utility, and associated health risks and consequences; how to decline requests to perform the examination; how to prevent, recognize and manage complications; and how to counsel women and their families about the test.

NECESSARY ACTIONS INCLUDE THE FOLLOWING:

- Health professionals should be informed of the latest evidence that virginity tests have no clinical value and can have harmful health consequences. They must never perform or recommend the practice.
- Health-professional training must be provided on the recognition, management and sensitive care of patients subjected to virginity testing.
- Health educators should update medical education and textbooks to reflect this evidence, work to dispel myths and misconceptions about virginity, and provide medically accurate information that does not reinforce harmful practices like virginity testing.
- Health professionals must first and foremost "do no harm" *(26)*, which includes treating all patients with respect. In the case of survivors of sexual assault, this requires ensuring that they are not re-victimized in the process of care. The role of health professionals is not to determine whether or not rape occurred, but to provide compassionate, sensitive, confidential and effective clinical care, and document findings, according to best practices.
- Health professionals should respectfully counsel the families of women/girls who request it, and inform them that virginity testing is medically unnecessary, unscientific and potentially harmful, and work to dispel myths and misconceptions about virginity.
- Health professionals should counsel or refer women, and their families, who suffer physical and mental health consequences and complications from virginity testing.
- Health professionals and educators should provide medically accurate information to patients and caregivers, educate women and girls on the anatomy and physiology of their sexual organs, and reaffirm their rights to the safety and integrity of their bodies.
- Health professionals and educators should promote provision of comprehensive sexual and reproductive health information, education and services and adolescent sexual and reproductive education programmes that include accurate messages about virginity tests and associated myths.
- Boys and men should be educated to respect women's and girls' physical autonomy, practise informed sexual consent, and join the movement to end all forms of violence against women and girls.
- Health professionals should advocate for the community at large to abandon virginity testing.



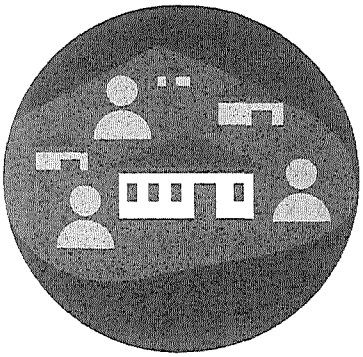
Build supportive legislative & policy frameworks

It is the responsibility of the state to uphold, respect, protect and monitor the human rights of all its citizens, including those violated by virginity testing *(22)*. States and all concerned regulatory bodies should develop plans of action and set milestones to encourage the elimination of this harmful practice.

NECESSARY ACTIONS INCLUDE THE FOLLOWING:

- Governments should enact and implement laws to ban virginity testing and prosecute those who violate the law, in order to make the government's position explicit; prevent and deter its use across all regions; and support and protect those who have abandoned the practice.
- Legislation must prohibit all forms and methods of virginity testing.
- All possible risks, misinterpretations and means of evasion should be analysed, to avoid unintended consequences, such as the practice "going underground".
- Input should be sought from human rights organizations, feminist and women's health and rights advocacy groups, health-care providers and community leaders.
- National authorities must effectively monitor and regulate practices by public and private actors in health-care and community settings, to ensure sustained eradication of virginity testing.
- Authorities should sponsor nationwide education campaigns to inform health-care providers and communities at large that virginity tests are unreliable and do not determine past vaginal penetration, and can have harmful health consequences as well as human rights implications.
- Health-professional organizations, including physician, midwifery and nursing associations and their respective councils, should adopt policies to condemn all forms of virginity testing and mobilize their members to agree not to perform or support any form of virginity testing.
- Medical professionals who perform virginity testing should be disciplined and subject to legislative action.
- Policies must be enacted that ensure no employer, educational facility, detention centre or any other institution requires or requests virginity tests and that training is provided to staff who come into regular contact with those subjected to virginity examinations. This may include juridical staff, law-enforcement personnel, social workers and teachers.
- National authorities must invest in matters that are fundamental to the prevention and sustainable elimination of virginity testing, including provision of universal sexual and reproductive health care and education.

STRATEGIES FOR COMMUNITIES



Empower & mobilize communities

As virginity testing is often community led, community action will be critical to its elimination. Confrontation of cultural or social norms has diverse and unique challenges; interventions must be tailored to specific populations and population subgroups (11, 78, 85–87). With sustained, community-led agreements to eliminate virginity testing, new social standards will emerge that challenge long-standing, harmful social norms (87).

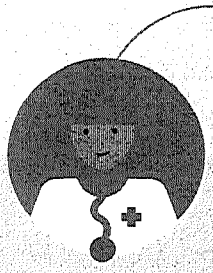
NECESSARY ACTIONS INCLUDE THE FOLLOWING:

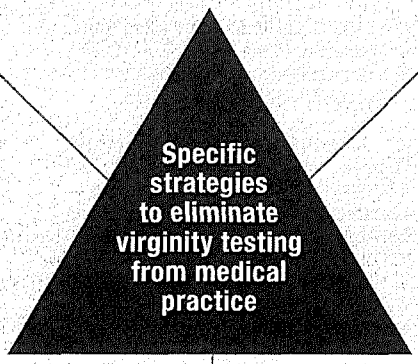
- Communities should lead in identifying problems and solutions regarding the practice of virginity testing. Discussions should examine community beliefs, behaviour, attitudes and systems of power. Trained facilitators should guide the discussion.
- It is important to be creative: community discussion can take the form of classes, debates, and workshops, storytelling, art, music and dance.
- Local advocacy, social justice and women's rights groups should be consulted, to assist in the vision and implementation of community programming and training.
- Community-based education materials that engage and respect local beliefs, attitudes and perceptions should be produced and distributed. Education strategies should be adapted in light of any new knowledge of the community's understanding of virginity testing.
- A public, community-wide joint agreement to ban virginity testing should be considered. This can take the form of a public pledge, where community, religious and political figures can attend to pledge their commitment.
- Community, religious, customary and tribal leaders should advocate for the required change in societal practices. Societal leaders have great influence in the perceived morality or permissibility of harmful practices like virginity testing.
- The media should be utilized to educate, spark dialogue and begin to normalize taboo topics among households and communities, through local radio broadcasting, television commercials and programming, social media campaigns, and endorsement by public figures.

CONCLUSION

This statement establishes that virginity testing is unscientific, medically unnecessary and unreliable; it violates a woman's human rights and is associated with short- and long-term adverse health outcomes. The statement expresses a commitment to support efforts to eradicate all forms of virginity testing, thereby upholding the human rights of women and girls across the globe.

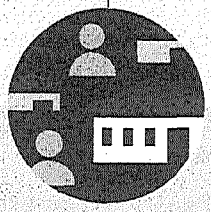
The statement calls on governments; health professionals and their associations; international, regional and national health agencies; and communities at large to take the initiative to ban virginity testing and create national guidelines for health professionals, public officials and community members, particularly in countries where virginity testing is widely practised.





Medical providers and their associations should **be aware of the research** that shows that virginity testing has no scientific merit and cannot determine past vaginal penetration or virginity. They should also **know the health and human rights consequences of virginity testing**, and never perform or support the practice.

Governments and health authorities should **enact supportive legislative and policy frameworks** for the sustained elimination of virginity testing.



Communities should **lead in awareness campaigns** that challenge myths related to virginity, and harmful social norms that perpetuate the practice of virginity testing.

The World Health Organization and endorsing agencies confirm their commitment to supporting all women and girls, communities, organizations and national governments in the elimination of virginity testing.

REFERENCES

1. Olson R, García-Moreno C. Virginity testing: a systematic review. Reprod Health. 2017; 14(1):61. doi:10.1186/s12978-017-0319-0.

2. Independent Forensic Expert Group. Statement on virginity testing. J Forensic Leg Med. 2015;33:121–4. doi:10.1016/j.jflm.2015.02.012.

3. Kashyap A. Dignity on trial: India's need for sound standards for conducting and interpreting forensic examinations of rape survivors. New York: Human Rights Watch; 2010.

4. Amnesty International. It's in our hands. Stop violence against women. London: Amnesty International Publications; 2004 (https://www.amnesty.ie/wp-content/uploads/2016/05/Its-in-our-Hands.pdf, accessed 1 March 2018).

5. Forced gynecological exams as sexual harassment and human rights violation. Kabul: Afghanistan Independent Human Rights Commission; 2002 (http://www.aihrc.org.af/media/files/Forced%20Gynecological%20Exams%20-English.pdf, accessed 1 March 2018).

6. Gürsoy E, Vural G. Nurses' and midwives' views on approaches to hymen examination. Nurs Ethics. 2003;10(5):485–96.

7. Ayotte B. State-control of female virginity in Turkey: the role of physicians. J Ambulat Care Manage. 2000;23(1):89–91.

8. Khambati N. India's two finger test after rape violates women and should be eliminated from medical practice. BMJ. 2014;348:3333–6. doi:10.1136/bmj.g3336.

9. Leclerc-Madlala S. Protecting girlhood? Virginity revivals in the era of AIDS. Agenda: Empowering Women for Gender Equality. 2003;56:16–25. doi:10.2307/4066360.

10. Robatjazi M, Simbar M, Nahidi F, Gharehdaghi J, Emamhadi M, Vedadhir AA et al. Virginity testing beyond a medical examination. Glob J Health Sci. 2015;8(7):152–64. doi:10.5539/gjhs.v8n7p152.

11. Wadesango N, Rembe S, Chabaya O. Violation of women's rights by harmful traditional practices. Anthropologist. 2011;13(2):121–9. doi:10.1080/09720073.2011.11891187.

12. Smith EM, M. Uncovering the 'virginity testing' controversy in the national archives: the intersectionality of discrimination in British immigration history. Gender History. 2011;23(1):147–65. doi:10.1111/j.1468-0424.2010.01623.x.

13. Thomas D. Public bodies: virginity testing, redemption songs, and radical respect in Jamaica. J Latin Amer Carib Anthropol. 2006;11(1): 1–31. doi:10.1525/jlca.2006.11.1.1.

14. Mahadeen E. Doctors and sheikhs: "truths" in virginity discourse in Jordanian media. J Int Womens Stud. 2013;14(4):80–94.

15. World report 2010. New York: Human Rights Watch; 2010 (https://www.hrw.org/sites/default/files/world_report_download/wr2010_0.pdf, accessed 1 March 2018).

16. Shalhoub-Kevorkian N. Imposition of virginity testing: a life-saver or a license to kill? Soc Sci Med. 2005;60(6):1187–96. doi:10.1016/j.socscimed.2004.07.015.

17. Amy J. Certificates of virginity and reconstruction of the hymen. Eur J Contracept Reprod Health Care. 2008;13(2):111–3. doi:10.1080/13625180802106045.

18. Miller A, Barlup Toombs K. Educating physicians internationally in the diagnosis of child sexual abuse: evaluation of a brief educational intervention in Malawi. J Child Sex Abus. 2014;23(3):247–55. doi:10.1080/10538712.2014.888120.

19. Essen B, Blomkvist A, Helstrom L, Johnsdotter S. The experience and responses of Swedish health professionals to patients requesting virginity restoration (hymen repair). Reprod Health Matters. 2010;18(35):38–46. doi:10.1016/S0968-8080(10)35498-X.

20. Christianson M, Eriksson C. Acts of violence: virginity control and hymen (re)construction. Br J Midwifery. 2014;22(5):344–52. doi:10.12968/bjom.2014.22.5.344.

21. Resolution 70/1. Transforming our world: the 2030 Agenda for Sustainable Development. United Nations General Assembly, seventieth session, New York, 2015–2016. New York: United Nations; 2016 (A/RES/70/1; http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E, accessed 2 March 2018).

22. The Universal Declaration of Human Rights. New York: United Nations; 1948 (http://www.un.org/en/universal-declaration-human-rights/, accessed 2 March 2018).

23. Kulczycki A, Windle S. Honor killings in the Middle East and North Africa: review of the literature. Violence Against Women. 2011;17(11):1442–64. doi:10.1177/1077801211434127.

24. Report of the Special Rapporteur on Violence against Women, its Causes and Consequences, Rashida Manjoo. Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development. Human Rights Council, twenty-ninth session, Geneva, 15 June – 3 July 2015. Geneva: Office of the High Commissioner for Human Rights; 2015 (A/HRC/29/27/Add.3; http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session29/Documents/A_HRC_29_27_Add_3_ENG.doc, accessed 14 March 2018).

25. Report of the Special Rapporteur on Violence against Women, its Causes and Consequences on her mission to South Africa (4 to 11 December 2015). Human Rights Council, thirty-second session, Geneva, 30 June to 8 July 2016. Geneva: Office of the High Commissioner for Human Rights; 2016 (A/HRC/32/42/Add.2; http://www.refworld.org/docid/57d90a4b4.html, accessed 2 March 2018).

26. World Medical Association. Declaration of Helsinki: ethical principles for medical research involving human subjects. JAMA. 2013;310(20):2191–4. doi:10.1001/jama.2013.281053.

27. Genuis SJ. Emerging assault on freedom of conscience. Can Fam Physician. 2016;62(4):293–6.

28. Behrens K. Why physicians ought not to perform virginity tests. Ethics. 2015;41(8):691–5.

29. Moaddab AM, McCullough LB, Chervenak FA, Dildy GA, Shamshirsaz AA. Virginity testing in professional obstetric and gynaecological ethics. Lancet. 2016;388(10039):98–100. doi:10.1016/S0140-6736(15)01275-1.

30. Myths surrounding virginity: a guide for service providers. New York City: International Rescue Committee; 2018 (http://hesp-news.org/2018/02/25/myths-surrounding-virginity-a-guide-for-service-providers/, accessed 2 March 2018).

31. Guidelines and protocols: medico-legal care for survivors/victims of sexual violence. New Delhi: Ministry of Health & Family Welfare, Government of India; 2014 (https://mohfw.gov.in/sites/default/files/953522324.pdf, accessed 2 March 2018).

32. Parliament of South Africa. No 38 of 2005, Children's Act 38 of 2005. Cape Town: Juta and Company Ltd.; 2006 (http://www.justice.gov.za/legislation/acts/2005-038%20childrensact.pdf, accessed 2 March 2018).

33. Charlton T, Lewis CS, Andrews EA. Harpers' Latin dictionary. Andrews EA, editor. New York: Harper and Brothers; 1879 (https://archive.org/details/harperslatindict00lewi, accessed 2 March 2018).

34. Holzman D, Kulish N. Nevermore: the hymen and the loss of virginity. Northvale (NJ): Jason Aronson; 1997.

35. Schlegel A. Status, property, and the value on virginity. Am Ethnol. 1991;18(4):719–34.

36. Mvududu SC, Joseph C, Letuka P. Lobola: its implications for women's reproductive rights in Botswana, Lesotho, Malawi, Mozambique, Swaziland Zambia and Zimbabwe. Harare: Weaver Press; 2002.

37. Frank MW, Bauer HM, Arican N, Fincanci SK, Iacopino V. Virginity examinations in Turkey: role of forensic physicians in controlling female sexuality. JAMA. 1999;282(5):485–90.

38. Bagcchi S. Activists welcome Delhi government's ban on "unscientific" two finger test for rape. BMJ. 2015;350:h3316. doi: 10.1136/bmj.h3316.

39. Jayaweera S, Sanmugam T, Institute of Social Studies Trust (New Delhi, India). Impact of macro economic reforms on women in Sri Lanka: garment and textile industries. Colombo: Centre for Womens Research; 2001.

40. Nader Z, Mashal M. Despite ban, invasive tests remain prevalent in Afghanistan. New York Times. 6 January 2017 (https://www.nytimes.com/2017/01/06/world/asia/despite-ban-invasive-virginity-tests-remain-prevalent-in-afghanistan.html, accessed 2 March 2018).

41. Kine P. Dispatches: Indonesia "Virginity tests" run amok. New York: Human Rights Watch; 2015 (https://www.hrw.org/news/2015/02/09/dispatches-indonesia-virginity-tests-run-amok, accessed 2 March 2018).

42. 7(1)g-1, crime against humanity of rape; 8(2)(b)-1 war crime of rape; 8(2)(e)(vi)-1 war crime of rape. In: Elements of crimes. The Hague: International Criminal Court; 2011:8; 28; 36 (https://www.icc-cpi.int/NR/rdonlyres/336923D8-A6AD-40EC-AD7B-45BF9DE73D56/0/ElementsOfCrimesEng.pdf, accessed 2 March 2018).

43. Sirgany S. Outcry in Egypt after lawmaker proposes 'virginity tests' for university entry. CNN. 7 October 2016 (https://edition.cnn.com/2016/10/07/africa/egypt-virginity-test-university/index.html, accessed 2 March 2018).

44. Women's Rights Project. A matter of power: state control of women's virginity in Turkey. New York: Human Rights Watch; 1994 (https://www.hrw.org/reports/1994/turkey/TURKEY.pdf, accessed 2 March 2018).

45. Rules for the Treatment of Women Prisoners and Noncustodial Measures for Women Offenders (the Bangkok Rules). United Nations General Assembly, sixty-fifth session, New York, 2010–2011. New York: United Nations; 2010 (A/C.3/65/L.5; http://www.ohchr.org/Documents/ProfessionalInterest/BangkokRules.pdf, accessed 2 March 2018).

46. Report of the Special Rapporteur on Torture and other Cruel, Inhuman or Degrading Treatment or Punishment. Promotion and protection of all human rights, civil, political, economic, social and cultural rights. Human Rights Council, thirty-first session, Geneva, 29 February – 24 March, 2016. Geneva: Office of the High Commissioner for Human Rights; 2016 (A/HRC/31/57; https://documents-dds-ny.un.org/doc/UNDOC/GEN/G16/000/97/PDF/G1600097.pdf?OpenElement, accessed 14 March 2018).

47. Report of the Special Rapporteur on Torture and other Cruel, Inhuman or Degrading Treatment or Punishment. Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development. Human Rights Council, seventh session, Geneva, 3–28 March 2008. Geneva: Office of the United Nations High Commissioner for Human Rights; 2008 (A/HRC/7/3; www2.ohchr.org/english/bodies/hrcouncil/docs/7session/A-HRC-7-3.doc, accessed 14 March 2018).

48. Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child on harmful practices. New York: United Nations; 2014 (CEDAW/C/GC/31-CRC/C/GC/18; http://undocs.org/CEDAW/C/GC/31/CRC/C/GC/18, accessed 14 March 2018).

49. Resolution 34/180. Convention on the Elimination of all Forms of Discrimination against Women. United Nations General Assembly, thirty-fourth session, New York, 1979–1980. New York: United Nations; 1979 (A/RES/34/180; http://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_34_180.pdf, accessed 2 March 2018).

50. Vienna Declaration and Programme of Action. Adopted by the World Conference on Human Rights in Vienna on 23 June 1993. Geneva: Office of the United Nations High Commissioner for Human Rights; 1993. (http://www.ohchr.org/EN/ProfessionalInterest/Pages/Vienna.aspx, accessed 2 March 2018).

51. Report of the International Conference on Population and Development, Cairo 5–13 September 1994. New York: United Nations; 1994 (A/CONF.171/13; https://undocs.org/A/CONF.171/13/Rev.1, accessed 2 March 2018).

52. Report of the Fourth World Conference on Women, Beijing 4–15 September 1995. New York: United Nations; 1995 (A/CONF.177/20; http://undocs.org/A/CONF.177/20/REV.1, accessed 2 March 2018).

53. Fact sheet no.23. Harmful traditional practices affecting the health of women and children. Geneva: Office of the United Nations High Commissioner for Human Rights; (http://www.ohchr.org/Documents/Publications/FactSheet23en.pdf, accessed 2 March 2018).

54. Ras-Work B. The impact of harmful traditional practices on the girl child. Paper prepared for United Nations Division for the Advancement of Women (DAW) in collaboration with UNICEF Expert Group Meeting: Elimination of all forms of discrimination and violence against the girl child, UNICEF Innocenti Research Centre, Florence, Italy, 25–28 September 2006 (EGM/DVGC/2006/EP.4; http://www.un.org/womenwatch/daw/egm/elim-disc-viol-girlchild/ExpertPapers/EP.4%20%20%20Raswork.pdf, accessed 2 March 2018).

55. Joint general recommendation/general comment no. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child on harmful practices. New York: United Nations; 2014 (CEDAW/C/GC/31-CRC/C/GC/18; https://documents-dds-ny.un.org/doc/UNDOC/GEN/N14/627/78/PDF/N1462778.pdf?OpenElement, accessed 2 March 2018).

56. CESCR general comment no. 14: The right to the highest attainable standard of health (art.12). Adopted at the twenty second session of the Committee on Economic, Social and Cultural Rights, on 11 August 2000. Geneva: Office of the United Nations High Commissioner for Human Rights; 2000 (E/C.12/2000/4; http://www.refworld.org/pdfid/4538838d0.pdf, accessed 2 March 2018).

57. Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health. United Nations General Assembly, sixty-fourth session, 2009–2010. New York: United Nations; 2009 (A/64/272; https://undocs.org/en/A/64/272, accessed 2 March 2018).

58. Convention on the Rights of the Child. United Nations General Assembly, forty-fourth session, 1989–1990. New York: United Nations; 1989 (A/44/49; http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf, accessed 2 March 2018).

59. Behrens K. Virginity testing in South Africa: a cultural concession taken too far? South African Journal of Philosophy. 2014;33(2): 177–87. doi:10.1080/02580136.2014.912471.

60. George ER. Virginity testing and South Africa's HIV/AIDS crisis: beyond rights universalism and cultural relativism towards health capabilities. Cal L Rev. 2008;96(6): 1447–519. doi:10.15779/Z38RD8G.

61. Leclerc-Madlala S. Virginity testing: managing sexuality in a maturing HIV/ AIDS epidemic. Med Anthropol Q. 2001;15(4):533–52.

62. Ndlovu C. Virginity testing raises many questions. Durham (NC): Family Health International; 2005 (https://www.thefreelibrary.com/Virginity+testing+raises+many+questions.-a0135337948, accessed 2 March 2018).

63. Scared at school: sexual violence against girls in South African schools. New York: Human Rights Watch; 2001 (https://www.hrw.org/legacy/reports/2001/safrica/, accessed 2 March 2018).

64. WHO clinical guidelines: responding to children and adolescents who have been sexually abused. Geneva: World Health Organization; 2017 (http://www.who.int/reproductivehealth/publications/violence/clinical-response-csa/en/, accessed 5 March 2018).

65. McCann J, Miyamoto S, Boyle C, Rogers K. Healing of hymenal injuries in prepubertal and adolescent girls: a descriptive study. Pediatrics. 2007;119(5):e1094–106.

66. Adams JA, Harper K, Knudson S, Revilla J. Examination findings in legally confirmed child sexual abuse: it's normal to be normal. Pediatrics. 1994;94(3):310–3.

67. Berenson AB, Chacko MR, Wiemann CM, Mishaw CO, Friedrich WN, Grady JJ. Use of hymenal measurements in the diagnosis of previous penetration. Pediatrics. 2002;109(2):228–35.

68. Berenson AB, Chacko MR, Wiemann CM, Mishaw CO, Friedrich WN, Grady JJ. A case-control study of anatomic changes resulting from sexual abuse. Am J Obstet Gynecol. 2000;182(4):820–34.

69. Heger A, Ticson L, Velasquez O, Bernier R. Children referred for possible sexual abuse: medical findings in 2384 children. Child Abuse Negl. 2002;26(6–7):645–59.

70. Heppenstall-Heger A, McConnell G, Ticson L, Guerra L, Lister J, Zaragoza T. Healing patterns in anogenital injuries: a longitudinal study of injuries associated with sexual abuse, accidental injuries, or genital surgery in the preadolescent child. Pediatrics. 2003;112(4):829–37.

71. Kellogg ND, Menard SW, Santos A. Genital anatomy in pregnant adolescents: "normal" does not mean "nothing happened". Pediatrics. 2003;113(1 Pt 12):67–9.

72. Underhill RA, Dewhurst J. The doctor cannot always tell. Medical examination of the intact hymen. Lancet. 1978;1(8060):375–6.

73. Dubow SR, Giardino AP, Christian CW, Johnson CF. Do pediatric chief residents recognize details of prepubertal female genital anatomy: a national survey. Child Abuse Negl. 2005;29(2):195–205.

74. Lloyd J, Crouch NS, Minto CL, Liao LM, Creighton SM. Female genital appearance: 'normality' unfolds. BJOG. 2005;112(5):643–6.

75. Subrahmanyam BV, editor. Modi's medical jurisprudence and toxicology. New Delhi: Butterworths India; 2001.

76. Parikh CK. Parikh's textbook of medical jurisprudence and toxicology for classrooms and courtrooms. New Delhi: CBS Publishers and Distributor; 2005.

77. Narayan Reddy KS. The essentials of forensic medicine and toxicology, 26th ed. Hyderabad: K Suguna Devi; 2007.

78. Le Roux L. Harmful traditional practices, male circumcision, and virginity testing of girls and the legal rights of children. Cape Town: University of Western Cape; 2006 (https://etd.uwc.ac.za/bitstream/handle/11394/1995/Le%20Roux_LLM_2006.pdf?sequence=1&isAllowed=y, accessed 2 March 2018).

79. Percy J. Love crimes: what liberation looks like for Afghan women. Harper's Magazine. 2015 (https://harpers.org/archive/2015/01/love-crimes/, accessed 2 March 2018).

80. Maharaj A. Virginity testing: a matter of abuse or prevention? Agenda: Empowering Women for Gender Equality. 1999;15(41):96. doi :10.1080/10130950.1999.9675767.

81. Harsono A. Indonesia: 'virginity tests' for female police. Testing applicants is discriminatory, cruel, degrading. New York: Human Rights Watch; 2014 (https://www.hrw.org/news/2014/11/17/indonesia-virginity-tests-female-police, accessed 2 March 2018).

82. Kwok Y. Indonesia's "virginity tests" obsession highlights its truly rotten armed forces. Time. 19 May 2015 (http://time.com/3883558/indonesia-virginity-tests/, accessed 2 March 2018).

83. Grieff S. No justice in justifications: violence against women in the name of culture, religion, and tradition. London: The Global Campaign to Stop Killing and Stoning Women and Women Living Under Muslim Laws; 2010 (http://humanizm.net.pl/reliviol.pdf, accessed 2 March 2018).

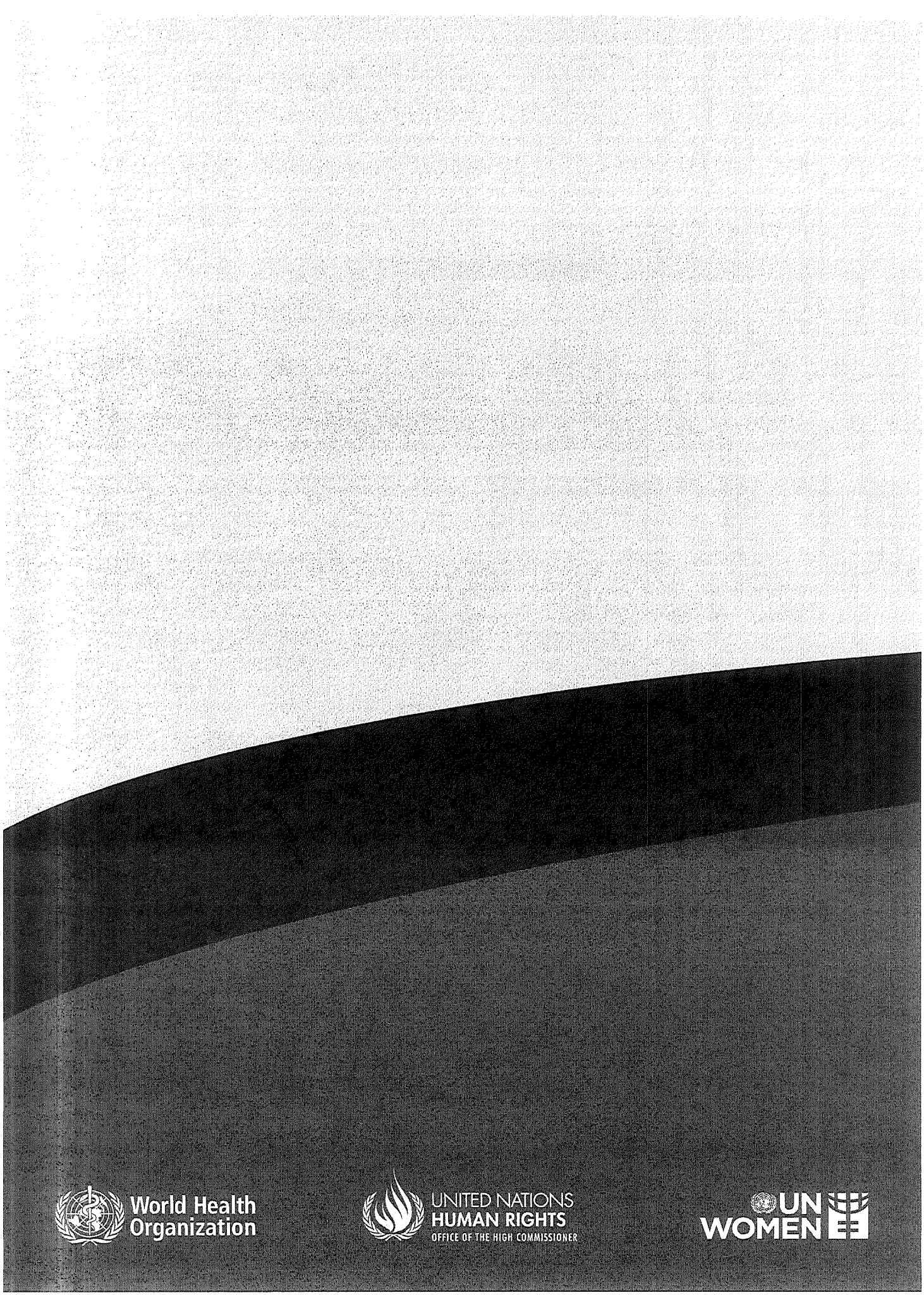
84. Padubidri VG, Daftary S. Shaw's textbook of gynecology, 16th ed. New Delhi: Elsevier India; 2014.

85. Nsibande N. Submission by People Opposing Women Abuse (POWA) to the CEDAW Commission on virginity testing as a harmful traditional practice. Johannesburg: People Opposing Women Abuse; 2013 (http://www.ohchr.org/Documents/HRBodies/CEDAW/HarmfulPractices/PeopleOpposingWomenAbuse.pdf, accessed 2 March 2018).

86. Flood M. Harmful traditional and cultural practices related to violence against women and successful strategies to eliminate such practices – working with men. Paper presented to United Nations Economic and Social Commission for Asia and the Pacific Expert Group Meeting, Strategies for implementing the recommendations from the Secretary-General's study on violence against women with particular emphasis on the role of national machineries, Bangkok, 26–27 April 2015. (http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.581.3370&rep=rep1&type=pdf, accessed 2 March 2018).

87. Kouyaté M. Good practices in legislation on "harmful practices" against women. Expert group meeting organized by United Nations Division for the Advancement of Women, United Nations Economic Commission for Africa, Addis Ababa, 26 to 29 May 2009. Report of the expert group meeting. New York: United Nations; 2009 (http://www.un.org/womenwatch/daw/egm/vaw_legislation_2009/Expert%20Paper%20EGMGPLHP%20_Morissanda%20Kouyate_.pdf, EGM/GPLHP/2009/EP.07; accessed 2 March 2018).

88. Mazoori D. Virginity and hymen testing: no factual, scientific, or medical basis. New York: Physicians for Human Rights; 2015. (http://physiciansforhumanrights.org/library/other/virginity-and-hymen-testing-no-factual-scientific-or-medical-basis.html, accessed 12 June 2018).


World Health
Organization
UNITED NATIONS
HUMAN RIGHTS
OFFICE OF THE HIGH COMMISSIONER
UN
WOMEN

T.I. Gets His Daughter's Hymen Checked Yearly. Assemblywoman Michaelle Solages Plans To Stop Him.

BY ROSE MINUTAGLIO DEC 5, 2019

OFFICE OF ASSEMBLYWOMAN MICHAELLE C. SOLAGES

New York State Assemblywoman Michaelle Solages stared in horror last month at a newspaper feature with the headline, "T.I. takes his virgin daughter for annual hymen check." It explained, in detail, how the Atlanta music artist forces his 18-year-old daughter Deyjah to undergo the archaic practice once a year.

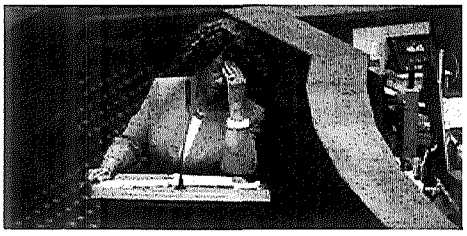
The "Whatever You Like" rapper, whose legal name is Clifford Joseph Harris Jr., first disclosed his medieval version of the "sex talk" on *Ladies Like Us,* a podcast billed as a "modern day women's perspective on the universal issues we face each and every day." Every year, on the day after his daughter's birthday, T.I. posts a sticky note on her door: "Gyno. Tomorrow. 9:30."

Podcast hosts Nazanin Mandi and Nadia Moham laughed at the idea. Solages, a third-term legislator from Long Island, didn't find it so funny. "Hymen examinations have no scientific or clinical basis and it's medically unnecessary. The medieval practice is often painful, humiliating, and traumatic. Not to mention it's a form of violence against women and girls and a mechanism of control," she told me over the phone. "Mr. Harris is an influencer and if he says he does something, I worry other people might say, 'Hey, I need to do that with my daughter, too.'"

Last year, the World Health Organization declared virginity testing unethical and recommended it be banned, but currently there are no laws against the practice in the United States. Solages wants to change that; last week she introduced a bill in New York that would stop virginity testing and make performing examinations a type of medical malpractice.

"I want hymen examinations to be a class D felony," she said. "In a perfect world I wouldn't even have to submit legislation like this. In a perfect world, women are treated as equal beings. But here we are, with celebrities subjecting or just giving out this message that their daughters are property and not people. How unfortunate that this is something we have to act on today. But I refuse to walk around this topic and not address it directly."

+ RELATED STORY



I Voted Against the Alabama Abortion Ban

Solages, who made state history by breastfeeding her now 15-month-old daughter Rose during last year's opening session, says being a mother was a driving force in her legislation.

"Just like my own mother treated me as a human being and empowered me to be a strong independent woman, I'm going to do that for my daughter," she said. "I'll make sure she has all the tool she needs to feel empowered about making decisions that are good for her. But to do a physical exam to determine if she's a virgin? To me that's one of the biggest violations of trust."

T.I. Reveals He Attends Daughter's Doctor Visits to ...

T.I. tried to explain himself during an appearance on Jada Pinkett Smith's *Red Table Talk*, calling his comments "misconstrued" and "sensationalized."

But if if the rapper truly wants to make amends, Solages said, he can meet with her in New York and help get the bill passed.

"The best way to solve an issue is to have action," she said. "I invite Mr. Harris to talk to me. This is something that's very serious. He has come out and, by talking about it, legitimized and endorsed it. Now must act swiftly to ensure doctors, medical professionals, and caregivers are not performing this traumatic exam on their daughters."

ROSE MINUTAGLIO STAFF WRITER

Rose is a Staff Writer at ELLE.com covering culture, news, and women's issues.

+ WATCH NEXT

"Chasing Cosby" Preview Clip