



## RCOG position statement Virginity testing and hymenoplasty

August 2021

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The Royal College of Obstetricians and Gynaecologists (RCOG), the British Society for Paediatric and Adolescent Gynaecology (BritSPAG), the British Society of Urogynaecology (BSUG), and The British Society for Gynaecological Endoscopy (BSGE) **strongly oppose the practices of virginity testing and hymenoplasty on the grounds that neither is medically required in any circumstance.** We call on the UK Government to introduce a ban on both practices.

### Background

The hymen is a thin piece of skin that partially covers the vagina. It usually breaks during sex, but not always, and can be broken through activities such as horse riding and other sports, using tampons and masturbation.<sup>i</sup> **This means that having a broken hymen cannot be used as an indication that a woman has had vaginal intercourse. An intact hymen also does not mean that sexual intercourse has not occurred as a hymen can stretch to accommodate penile penetration.** It is entirely normal for hymenal remnants to remain even after childbirth. The World Health Organisation is clear that the appearance of a hymen is not a reliable indication of intercourse.<sup>ii</sup>

Both virginity testing and hymenoplasty are procedures that seek to ensure a woman or a girl is perceived as a 'virgin', predominantly so that she will then bleed on her wedding night. The hymen is a membrane with relatively few blood vessels that are unlikely to cause significant bleeding<sup>iii</sup>, and studies have documented that bleeding is not routinely observed after first vaginal intercourse<sup>iv</sup>.

Although we do not have data that shows the scale and demographic of women undergoing these procedures in the UK, it is understood that women requesting this procedure can be at risk of stigma and in some instances violence from their communities if they are not seen to be 'virgins'.

### Virginity testing

Virginity testing is an examination of the female genitalia which looks to determine whether a woman or a girl has had vaginal intercourse. The examination has no scientific merit or clinical indication as the appearance of a hymen is not a reliable indication of intercourse.

There is no known examination that can prove a history of vaginal intercourse, therefore the sole perceived purpose of such a procedure is in itself obsolete.

### Hymenoplasty

Hymenoplasty is a procedure undertaken to reconstruct a hymen. This is done by creating scar tissue in the vagina, with the purpose of allowing a woman to bleed the next time she has intercourse, in order to give the impression that she has no history of vaginal intercourse. It can sometimes be advertised as 'virginity surgery'.

There is no clinical benefit to hymenoplasty, nor any other procedure under a different name that seeks to reconstruct or repair the hymen. The RCOG does not provide any training or clinical guidelines on how to undertake this procedure, and the clinical risks of undertaking it are unknown, with no evidence to prove it has no adverse effects.

Hymenoplasty is often undertaken by the same private clinics that offer virginity testing, and the two are inextricably linked.

In some very limited circumstances, there are procedures that are clinically necessary that could be construed as a 'hymen repair', despite not meeting the definition outlined above. These are when, due to damage caused by external trauma, or during another medical procedure, there is a clinical need to repair hymenal remnants. In this instance this would be to prevent bleeding, infection or discomfort to a woman. These procedures should not be defined as a hymenoplasty or a 'hymen repair', and should sit outside the scope of the ban.

### **Understanding the scale of the problem**

It is not possible to say how many appointments for virginity testing or hymenoplasty procedures are undertaken each year because they are done in private clinics, where data is not available on numbers of procedures.

However, we suspect that demand is increasing for this procedure. A recent investigation by the Sunday Times found that around 9,000 people searched Google for hymenoplasty or related terms within the year preceding the investigation, with at least 22 private clinics in the UK offering hymenoplasty. The report also states that some clinics had reported increasing demand, with one saying inquiries in the past five years had increased fourfold.<sup>vi</sup>

### **Virginity testing and hymenoplasty on the NHS**

There is no evidence that virginity testing is ever undertaken in NHS hospitals.

With regards to hymenoplasty, the picture is more complicated, and has led to media attention<sup>vii</sup> which has suggested that women are able to access a hymenoplasty procedure in an NHS hospital.

This is due to the coding options available in the NHS to describe procedures. All procedures undertaken on the NHS must be given a specific code to describe what care or treatment a patient underwent, in order to ensure that appropriate funding is given to the provider (in most cases the NHS Trust) who provided the care. The code 'hymen repair' has been used on multiple occasions since 2012 and has led to legitimate concern that women are able to access this procedure through the NHS.

The RCOG is continuing to work closely with the Department for Health and Social care to understand the accompanying procedures and diagnoses associated with use of the code 'hymen repair' so it can be established whether hymenoplasty or 'hymen repair' (as defined above) has been performed in an NHS hospital.

### **RCOG position**

We believe that both virginity testing and hymenoplasty should be banned in the UK. Neither procedure has any medical benefit and both are harmful practices that create and exacerbate social, cultural and political beliefs that attach a false value to women and girls in relation to whether or not they have a sexual history.

The concept of virginity itself cannot be defined so narrowly: with many people who have never had penile-vaginal penetrative sex not considering themselves 'virgins', for example. Many people also believe that rape or sexual assault do not affect whether or not you are a 'virgin' as both partners must consent for sex to be valid.<sup>viii</sup>

There are many harmful myths and behaviours that surround the idea of virginity that impact on girls and women. These include a false equivalence between virginity and cleanliness and purity; inappropriate pressure or coercive behaviour encouraging women to remain virgins or 'save themselves' for marriage; and attaching value and respect only to women who adhere to a narrow set of beliefs about virginity.

It is also clear that the way in which some private clinics are advertising these procedures to women is further perpetuating myths around virginity, and in some cases being dishonest about what these procedures can achieve. This falls way below the standards of honesty and integrity that are rightly expected of doctors. The GMC ethical guidance on communicating information explicitly outlines that 'when advertising your services, you must make sure the information you publish is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge'.<sup>ix</sup> Repeating the medically incorrect statement that having an intact hymen signifies a lack of vaginal intercourse, and vice versa, is in no way meeting this guidance.

The RCOG recognises that healthcare professionals might feel that by undertaking these procedures, they are safeguarding women and girls from risk of stigma and violence if they are denied treatment. Implementing a ban on virginity testing and hymenoplasty could therefore be perceived to pose a risk to individual women and girls. However, we are clear that in no circumstances should clinical procedures be undertaken with the sole purpose of safeguarding a patient in this way. Instead, medical professionals should follow the appropriate protocols to refer women and girls perceived to be at risk of violence to police and social services. Wider public services must also be adequately resourced to safeguard these vulnerable individuals.

The RCOG believes that the current availability of these procedures is contributing to entrenching the myths around virginity that are compelling individuals to seek virginity testing and hymenoplasty in the first place. By removing the availability of these procedures, by law, the ability for those currently seeking to infringe on the bodily autonomy and sexual freedoms of women and girls will be significantly limited.

The RCOG recognises the need for a comprehensive approach to dispelling myths and reducing the impact they have on women and girls, including promoting the importance of full choice and autonomy over their own sexual and reproductive health and wellbeing. Where qualitative studies are available on experiences of women undergoing hymen repairs outside the UK, the benefits of counselling and factual sexual and reproductive health education are highlighted<sup>xxi</sup>. A ban on virginity and hymenoplasty is only one part of the solution, and it must be accompanied by education, community engagement and good quality information and advice.

### **RCOG policy recommendations**

**The UK Government should implement a ban on the practices of Virginity Testing and Hymenoplasty in the upcoming Health and Care Bill.** The Government has currently committed to legislating to ban virginity testing, but has not yet made this commitment on hymenoplasty. A ban on virginity testing is undermined without a ban on hymenoplasty as the two practices are inextricably linked. A ban solely on virginity testing is compromised, unless a hymenoplasty is also prohibited.

The Government should add an amendment to the Health and Care Bill currently in Parliament to implement a ban on the practices of both virginity testing and hymenoplasty in the UK. The RCOG supports the wording in amendment proposed by Richard Holden MP to ban hymenoplasty.

**NHS Digital should conduct a review of all the codes that relate to the hymen on the current NHS system, ensuring there are adequate codes available for all procedures that are clinically necessary, and no codes for procedures that allow for clinicians to undertake a hymenoplasty or ‘hymen repair’ as defined above. This review should remove the option to code procedures as ‘hymen repair’.** Following the outcome of this review, adequate training and support for coding staff must be provided to ensure an adequate level of understanding of procedures that involve hymens and to remove the risk of miscoding.

**A space for comprehensive, evidence-based and high-quality information about virginity should be created on the NHS website, as well as within healthcare and other public sector settings.** This information should aim to dispel myths about virginity, and to support women and girls to have ownership over their own sexual and reproductive health. This information should sit within a wider plan for high-quality information around women’s health that should be developed as part of the upcoming Women’s Health Strategy.

**Healthcare professionals should be supported to know what steps to take when they are requested to undertake virginity testing or hymenoplasty.** Healthcare professionals can feel conflicted about undertaking these procedures because of the perceived risk to a woman who is not able to demonstrate she is a ‘virgin’. Healthcare professionals must follow existing GMC guidance on decision-making and consent<sup>xii</sup>, as well as following local safeguarding protocols to ensure women are not put at risk. Comprehensive training should be in place locally to make sure all healthcare professionals are aware of the guidance and know how to support vulnerable patients appropriately.

#### Additional reading

- [Eliminating virginity testing: An interagency statement](#), World Health Organisation (2018)
- [Virginity does not define me](#), IKWRO (2021)
- [Virginity Testing: a systematic review](#) (2017)

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<sup>i</sup> [Does a woman always bleed when she has sex for the first time? NHS Website \[Accessed July 2021\]](#)

<sup>ii</sup> [Eliminating virginity testing: An interagency statement, World Health Organisation](#)

<sup>iii</sup> [Ranit Mishori et al, The little tissue that couldn't - dispelling myths about the Hymen's role in determining sexual history and assault, Reproductive Health, 2019](#)

<sup>iv</sup> [Rogers, DJ and Stark, M. Letters: The hymen is not necessary torn after sexual intercourse, British Medical Journal \(BMJ\), 1998](#)

<sup>v</sup> [Whitley N. The first coital experience of one hundred women. Journal of Obstetric, Gynaecologic & Neonatal Nursing, 1978](#)

<sup>vi</sup> [Restoring virgins is a big earner for British surgeons, The Sunday Times \[Accessed July 2021\]](#)

<sup>vii</sup> [Women are having drastic 'virginity repair' surgeries on the NHS, according to new hospital figures \[Accessed July 2021\].](#)

<sup>viii</sup> [Webpage, Planned Parenthood, Sex and Virginity](#)

<sup>ix</sup> [Good medical practice, maintaining trust, GMC website \[Accessed July 2021\]](#)

<sup>x</sup> [Hymen reconstruction as pragmatic empowerment? Results of a qualitative study from Tunisia, Verina Wild et al, Social Sciences & Medicine, 2015](#)

<sup>xi</sup> [Backgrounds of women applying for hymen reconstruction, the effects of counselling on myths and misunderstandings about virginity, and the results of hymen reconstruction, Bianca R. van Moorst et al, The European Journal of Contraception & Reproductive Health Care, 2012](#)

<sup>xii</sup> [Decision making and consent guidance, GMC website \[Accessed July 2021\]](#)