

WHAT IS A FORCED GENITAL EXAMINATION?

Two main practices constitute forced genital examinations, namely virginity testing and forced anal examinations. Other genital examinations are addressed in a separate factsheet on invasive body searches. The factsheets do not pertain to consensual medical examinations following claims of sexual assault or rape.

Virginity testing is a gynaecological examination usually conducted by visual inspection of the hymenal region, often combined with inserting finger(s) in the vagina to determine the “laxity” of the vagina and the presence or absence of the hymen, and its “penetrability” (1). It may also include examination of other features of the genitalia such as the colour of the labia and the dryness of the vagina (2). A recent systematic review on the medical utility of virginity testing by hymen examination concluded that this practice neither accurately nor reliably determines virginity (3).

Forced anal examinations refer to the inspection of “characteristic signs” in the anus, mostly to determine acts of homosexuality (4). These signs include dilatation of the anal orifice and the presence of ulcerations or lesions, supposedly left by sex with another man. Examinations may be conducted by inserting fingers or other objects into the anus (5), and using electromyography, that is, recording the electric activity of the muscles of the anus (4). These tests, which are conducted both on men accused of having sex with men and transgender women, have been discredited by experts, deemed methodologically flawed and medically unsubstantiated (6).

International jurisprudence recognises that forced genital examinations can amount to torture and other forms of ill-treatment. Specifically, the UN Committee against Torture has recommended the prohibition of anal examinations based on concerns of consent and medical futility (7) and the European Court of Human Rights has considered virginity testing to amount to “severe ill-treatment” (8).

Further, the Inter-American Court of Human Rights has considered virginity testing to amount to rape and, in turn, torture (9), and the International criminal law also considers virginity testing to amount to rape (10). International forensic experts support the prohibition of both types of examinations, and both the United Nations (WHO, UNWomen & OHCHR) and the World Medical Association (WMA) have called for an end to virginity testing (1, 11, 12).

IN PRACTICE

Virginity examinations are conducted in some contexts by authorities such as the army, and by physicians upon family request in other countries.

In Indonesia, for example, virginity testing is mandatory for women entering the police force (3). Purported reasons may include: determining girls’ and young women’s “eligibility” and “moral character” (3); deterring girls and young women from engaging in pre-marital sexual activity (2); and providing “medical expert’s” evidence of non-virginity in sexual assault cases – without which legal cases cannot be pursued in some countries, this despite the World Medical Association statement that “virginity examinations are medical unreliable and inherently discriminatory” (1, 13). These tests are most commonly performed in situations where individuals, often minors, have not provided or are unable to provide their consent and where privacy is not assured (1).

Virginity testing has been documented in Afghanistan, Bangladesh, India, Indonesia, Iran, Jordan, Palestine, Egypt, South Africa, Sri Lanka, Swaziland, Turkey and Uganda. More recently, physicians in countries with no prior history such as Canada, Spain, Sweden, and the Netherlands have been requested to perform the practice at the behest of families (3).

Although little is known about the true prevalence of forced anal examinations globally (6), research suggests that countries where homosexuality and non-binary gender identities are not accepted (or illegal) have a stronger tradition of conducting such examinations. The practice has been documented in Tunisia, Lebanon, Egypt, Turkmenistan, Cameroon, Uganda, Kenya and Zambia between 2011 and 2015 in the search for “proof” of homosexual conduct (5, 6).

HEALTH CONSEQUENCES

Many victims have reported that they experience forced genital examination as sexual violence and have gone on to develop a form of post-rape trauma and lasting psychological issues (5). Furthermore, reports show these practice are also harmful physically and socially to the examinee (3, 6). In the case of virginity testing, research shows that girls and young women are likely to develop general psychological distress and/or anxiety, depression and in some cases suicidal thoughts and to attempt to commit suicide (3). Physical injuries and pain have also been reported during virginity tests resulting from the forceful insertion of fingers into the vagina (3). Given the contexts in which such examinations are often performed, hygiene may also be a cause for concern.

For example, in a case of mass virginity testing, the same medical gloves were used for 85 girls exposing the victims to a risk of infection of sexually transmitted infections such as herpes, genital warts and chlamydia (2, 14).

Moreover, in cases where virginity testing leads to suspicion that women are sexually active – either by choice or because of rape –, these women may be excluded from their family/community and deemed shameful. This can further lead to social isolation and abuse and, in extreme cases, murder or “honour killing” (13). Psychological health consequences of forced anal examinations are similar to those experienced by women subjected to virginity testing. A report from Egypt demonstrated men who displayed significant signs of psychological distress when interviewed and reported sobbing due to fear, pain and humiliation during the examination (4). Physical injuries may arise from forcibly examining and/or inserting foreign objects into the anus (15). Physical pain can also be amplified due to increased anal sphincter tone because of stress experienced by the examinee (15).

Furthermore, it has been documented that the state’s use of medical professionals to conduct such examinations on marginalised groups contributes to stigma and a breakdown of the crucial trust between a doctor and a patient (6). A Human Rights Watch report yielded serious concerns that these practices drive men who have sex with men and transgender women away from health services, particularly in countries where HIV is prevalent (5).

CONCLUSION

A forced genital examination is a harmful procedure potentially producing adverse physical and psychological suffering. The fact that medical professionals may be engaged in such a practice is contrary to the Hippocratic oath which requires doctors to “do no harm”. As such, these examinations violate both professional ethics and human rights standards.

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