

Title: Virginity Testing Ban IA No: 9579 RPC Reference No: Lead department or agency: Department of Health and Social Care Other departments or agencies: Home Office	Impact Assessment (IA)			
	Date: 10/01/2022			
	Stage: Final			
	Source of intervention: Domestic			
	Type of measure: Primary legislation			
Contact for enquiries: Emma Browne & Sarah Horne				
Summary: Intervention and Options				RPC Opinion: Green

Cost of Preferred (or more likely) Option (in 2019 prices)

Total Net Present Social Value	Business Net Present Value	Net cost to business per year	Business Impact Target Status Qualifying provision
£4.2m	NA	NA	

What is the problem under consideration? Why is government action or intervention necessary?
 Virginity testing is not a medical procedure, but a vaginal examination with no scientific or clinical merit. Women and girls are often coerced or forced into virginity testing against their will. The Government considers this a form of violence against women and girls and seen as part of the "honour-based" cycle of abuse. The practice mainly takes place behind closed doors. Education and clinical guidance will only tackle part of the problem. Putting an end to this practice requires government intervention, it will send a clear message that this practice will not be tolerated within the UK.

What are the policy objectives of the action or intervention and the intended effects?

- A ban on virginity testing will safeguard vulnerable women and girls and achieve the wider-aims of reducing honour-based abuse and other forms of violence against women and girls.
- Virginity testing will no longer be legal; it will be criminalised: this will send a clear message to the perpetrators that abuse against women and girls will not be tolerated in the UK. Women and girls and communities will feel more empowered to come forward and report perpetrators.
- Women and girls will not be subjected to this humiliating procedure and feel safer within their communities; health care professionals/clinics/communities will stop performing/offering the service; police see women coming forward to press charges and arrests and convictions of perpetrators.

What policy options have been considered, including any alternatives to regulation? Please justify preferred option (further details in Evidence Base)

Do nothing - the problems would remain, and women and girls would continue to be at risk.

Clinical leadership/guidance - given that the practice is performed by both private healthcare professionals and family/community members issuing clinical guidance will only capture a proportion of the perpetrators. This would increase the number of practices being carried out in non-clinical settings, increasing the risk of harm and infection.

Use existing legislation – it cannot be banned through existing regulatory frameworks or offences – such as battery, FGM or sexual assault.

Amend the Health and Care Bill to criminalise virginity testing - our preferred option. This is the most suitable route to rapidly legislate to prohibit virginity testing. Primary legislation is needed as there is no regulatory framework by which to ban virginity testing nor existing powers to make secondary legislation and there are no existing offences which would cover virginity testing in all circumstances.

Will the policy be reviewed? It will not be reviewed. **If applicable, set review date:** Month/Year

Is this measure likely to impact on international trade and investment?	No			
Are any of these organisations in scope?	Micro Yes	Small Yes	Medium Yes	Large Yes
What is the CO ₂ equivalent change in greenhouse gas emissions? (Million tonnes CO ₂ equivalent)	Traded: N/A		Non-traded: N/A	

I have read the Impact Assessment and I am satisfied that, given the available evidence, it represents a reasonable view of the likely costs, benefits and impact of the leading options.

Signed by the responsible Minister:  Date: 10/01/2022

Description:

FULL ECONOMIC ASSESSMENT

Price Base	PV Base	Time	Net Benefit (Present Value (PV)) (£m)		
2019/20	2019/20	10 years	Low: NA	High: NA	Best Estimate: - £4.2m

COSTS (£m)	Total Transition (Constant Price) Years	Average Annual (excl. Transition) (Constant	Total Cost (Present Value)
Low			
High			
Best Estimate	£2.2m	£0.2m	£4.3m

Description and scale of key monetised costs by ‘main affected groups’

The main monetised costs of this policy are police and criminal justice costs. As with other forms of honour-based abuse offences, like the 2013 Female Genital Mutilation legislation (FGM), this legislative change is intended to be a deterrent and to send a clear signal that virginity testing is an unacceptable practice. In line with experience of the FGM legislation, we assume 1 prosecution during the appraisal period. Court, prison and police investigation costs are estimated. Transition costs involve familiarisation costs to the police with the new legislation.

Other key non-monetised costs by ‘main affected groups’

Virginity tests take place in the home, in the community and in private health clinics. We do not anticipate any material costs to business. Private health clinics provide a wide range of services, of which virginity testing are a small part. We anticipate that there could be a small reduction in profits, but business will seek to minimise this by providing more of their existing services.

BENEFITS (£m)	Total Transition (Constant Price) Years	Average Annual (excl. Transition) (Constant	Total Benefit (Present Value)
Low	Optional	Optional	NA
High	Optional	Optional	NA
Best Estimate			

Description and scale of key monetised benefits by ‘main affected groups’

There is no information on the prevalence of virginity testing in the UK and no studies which quantify the benefit of prevention. A sensitivity analysis is presented, which compares the costs above to the QALY benefit of preventing severe anxiety in the women and girls who would otherwise be subject to virginity testing.

Other key non-monetised benefits by ‘main affected groups’

A ban would stop / reduce the number of procedures taking place, saving many girls and women from harm and abuse, would convey a clear message that this practice is unacceptable in British society; empower women and girls, and the wider community, to speak out against this and other similar practices and be safe to report them; stop many women and girls having to be subjected to the humiliating procedure, saving them from long term physical and psychological harm.

Key assumptions/sensitivities/risks	Discount rate (%)	3.5%
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Key assumptions are on the criminal justice costs, and on the rate that this offence is reported, and prosecuted. The IA contains sensitivity analysis, on the benefits of the policy and the costs to business.

BUSINESS ASSESSMENT (Option 1)

Direct impact on business (Equivalent Annual) £m:			Score for Business Impact Target (qualifying provisions only) £m:
Costs:	Benefits:	Net:	

Evidence Base

Problem under consideration and rationale for intervention

1. Virginity testing, also known as a hymen test or “two-finger” test, is defined by The World Health Organisation (WHO) as a gynaecological examination conducted under the belief that it determines whether a woman or girl has had vaginal intercourse.¹ The process involves placing two fingers or a medical instrument inside the vagina to check for an intact hymen (tissue at the vaginal opening). There is consensus around this definition as virginity testing can also be defined as checking for vaginal laxity (looseness) and examining the size of the vagina which could suggest vaginal intercourse.² It must be noted that this definition is not widely used.
2. There were widespread concerns from the Royal Colleges, public, media, third sector organisations and ministers that virginity testing is a form of violence and abuse against women and girls with stems from a patriarchal and repressive attitude towards women. With women and girls being often coerced and forced into having a virginity test against their will. In response to these concerns the then Secretary of State for Health and Social Care and the Home Secretary commissioned policy officials to conduct an intensive review into both virginity testing and hymenoplasty.
3. The review sought to establish what, if any, government intervention is needed on virginity testing. The key questions were:
 1. Who is carrying out virginity tests,
 2. In what settings is virginity testing being carried out, and
 3. Whether women and girls are being coerced into having virginity tests, and whether these procedures should be considered forms of violence against women and girls.
4. The review used a mixed methods approach and included analysis of qualitative literature (academic papers, grey literature and media coverage), data from published and unpublished sources and evidence submitted to the VAWG strategy call for evidence by third sector organisation, Karma Nirvana. There is a lack of published data on this issue, and very few first-hand accounts of women in the UK who have had a virginity test. It also included qualitative analysis of the interviews that the women’s health team conducted with over 25 stakeholders from across the health and care system including with NHS clinicians, professional bodies, the Royal Colleges, and third sector organisations many of whom have direct experience of working with women who have undergone virginity testing. 7 clinics offering hymenoplasty were approached, but no clinicians who had performed a virginity test were willing to talk to the team.
5. The review concluded that virginity testing is not a medical procedure, but a vaginal examination with no scientific or clinical merit. Women and girls are often coerced or forced into virginity testing against their will.
6. Virginity tests are carried out for cultural reasons and may be done before a young woman or girl gets married as proof of her ‘virginity’ and so called ‘honour’. Virginity testing can also be carried out in other circumstances, for example if a teenage girl is seen with a boy and there is a perceived need to ‘prove’ that she is still a virgin. All stakeholders outlined that women and girls are often coerced or forced into having the ‘test’ by their family members or their intended husband’s family. It is most

¹ *Eliminating virginity testing: An interagency statement*, The World Health Organisation, 2018, p.4 <https://apps.who.int/iris/bitstream/handle/10665/275451/WHO-RHR-18.15-eng.pdf?ua=1>

² *Virginity Testing: A Systematic Review*, BioMed Centra, 2017, p.1 <https://reproductive-health-journal.biomedcentral.com/track/pdf/10.1186/s12978-017-0319-0.pdf>

prevalent in any highly conservative communities. There is anecdotal evidence that suggests girls as young as 13 being subjected to virginity testing. A list of stakeholders is at Annex A.

7. There is no recorded data on virginity testing. Despite it being a long-standing tradition in some communities, formal assessments of the frequency of virginity testing are scarce.³ There are a number of reasons for this. Firstly, virginity testing is legal in the UK, so authorities do not record or regulate the practice. Secondly, virginity tests are booked confidentially at private clinics, and these clinics are not obliged to report on the frequency on tests. The practice is often part of a wider cycle of control and coercion on women and girls which goes undocumented until a woman seeks refuge.⁴ A combination of no regulation and the lack of women speaking out about their experiences makes it difficult to establish how wide-spread virginity testing is. As Dr Meghan Campell, deputy director of the Oxford Human Rights Hub, noted in November 2020

*"One of the things that makes it difficult to get precise data is the social stigma around virginity testing. Women and girls have to admit that it has happened to them and that can be traumatic in itself. Or people have to say they forced someone else to do it, or performed it. On the whole, women, girls and the larger community just don't speak about it".*⁵

8. The review found no evidence of virginity testing being carried out in the NHS, as it is not recognised as a medical procedure. Virginity testing seems to predominantly take place in private healthcare settings and be carried out by healthcare professionals. However, it can also take place in other settings such as the home, where it may be performed by family members or community leaders. Private providers are not required to record or share data, and virginity testing isn't an advertised service. BBC Newsbeat⁶ identified seven clinics in the UK who confirmed they offer virginity testing and several others would not clarify their position. Virginity tests cost between £150 and £300 in these private clinics.
9. **There was clear consensus that virginity testing should be banned**, amongst all stakeholders and in the literature (A bibliography can be found at annex B) The World Health Organisation (WHO) states that virginity testing is a violation of a girl or woman's human rights and is harmful to physical, psychological, and social well-being, and advocates for this practice to be banned. Reasons cited in the literature and by stakeholders are:
 - **Virginity testing is not a medical procedure.** Many stakeholders, including the WHO and the Royal College of Obstetricians and Gynaecologists (RCOG) outlined that virginity tests are not clinically necessary and have no scientific merit, given 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.
 - **Virginity testing is a form of violence against women and girls (VAWG).** Virginity testing is a form of 'honour' based abuse. Women are often coerced or forced into having the 'test' by their family members or their intended husband's family in the name of 'upholding honour' and to fulfil the requirement that a woman remains 'pure' before marriage. Third sector organisations explained that virginity testing is part of an honour-based abuse journey which can lead on to child marriage and forced marriage, and other forms of family coercive control including physical and emotional control. Moreover, women who 'fail' a virginity test are at risk of honour-based violence including emotional abuse, and family/community disownment. In exceptional cases, such as the case of Heshu Yones, women have been the subject of honour-killings for 'failing' a virginity test.
 - **Virginity testing can have short- and long-term impacts on women and girls.** Virginity testing can be physically harmful, in some cases causing damage to the hymen, bleeding and infection. Stakeholders explained that virginity testing can also lead to anxiety, depression and post-traumatic stress disorder and suicide, especially if performed without the patient's consent. Some stakeholders felt that virginity testing should be viewed as sexual assault in cases where a person is forced or coerced into undergoing virginity testing, or where testing

³ *Virginity Testing: A Systematic Review*, BioMed Centra, 2017, p.3

⁴ *It's 2021 and women are still being sent by men to have their virginity checked in the UK*, Glamour Magazine, February 2021
<https://www.glamourmagazine.co.uk/article/virginity-tests-clinics-hymenoplasty>

⁵ <https://www.thesun.co.uk/fabulous/13336834/virginity-tests-age-13-scared-sex/>

⁶ Controversial 'virginity tests' sold by UK clinics, BBC Newsbeat, November 2020 <https://www.bbc.co.uk/news/newsbeat-55078634>

is carried out on a girl under 16 years of age. The Sun quotes a girl as young as 13 having to undergoes annual tests to prove she was a virgin when her got married at 18.

- **A ban would convey a clear message that this practice is unacceptable in British society.** While stakeholders recognised that a ban alone may not stop fully this practice being carried out, they felt strongly that it would send an important message to perpetrators that this practice is not acceptable, and to victims that the government is committed to tackling and reducing the prevalence of VAWG in all its forms. This will enable women and girls in this communities to live freely and to their full potential without fear of being subjected to abuse Stakeholders felt a ban would empower women and girls, and the wider community, to speak out against this practice and report it. This message would help raise awareness that the test is mythical and that there are no means for testing an individual's sexual history. This would also help to educate the wider community and help to dispel the harmful myths that surround virginity and a woman's sexuality. All stakeholders recognised that banning virginity testing could increase the risk to women by pushing the practice further underground. Therefore, it was felt unanimously that a ban should include the provision of education and information to women, girls and the communities on the issue

10. It is worth noting that since the review concluded in April 2021, several position statements and reports have been published that provide further evidence and support to ban virginity testing. These are listed below and have also been added to the bibliography found as annex B.

- [RCOG position statement Virginity testing and hymenoplasty](#)
- [IKROW Virginity Doesn't Define me](#)
- [Karma Nirvana - Virginity Myths Shining the Spotlight on Virginity Testing and Hymenoplasty in the UK](#)

Description of options considered

11. We have explored various options to ban virginity testing and found it cannot be banned through existing regulatory frameworks or offences. We have not identified an existing enforcement mechanism that could be used to outlaw the practice. Whilst a test carried out without consent would be an assault, not all examinations are non-consensual. There is an element of freedom to be able to consent. The coercive and controlling nature of virginity testing, as with other forms of honour-base abuse results in a lack of freedom to be able to ever consent to it willingly.

12. The Female Genital Mutilation Act 2013 is not applicable as there is no mutilation. For a sexual offence to be made out, the examination itself needs to be sexual in nature. In terms of regulation, neither the General Medical Council (GMC) or the Care Quality Commission (CQC) have specific guidance in relation to virginity testing as it is not a medical procedure. It would not be standard practice for them to comment on, or regulate, a specific procedure or examination. GMC provide ethical guidance to doctors surrounding consent and cosmetic interventions for example and CQC regulate the provider. In addition, not all examinations are carried out by healthcare professionals. the practice is also carried out in communities. By strengthening the regulation or restricting the practice for medical professionals, will only increase the prevalence of virginity testing taking place in communities. This not only retains the acute risk of psychological trauma, but also increases the risk of physical harm from the procedure being carried out by those not medically trained and infection from the procedure being carried out in non-sterilised settings. If you are to empower women and educate them about virginity and that this procedure is a form of violence against women and girls, a nuanced regulated approach would not be able to achieve this.

13. This impact assessment assesses 2 options:

Option 0 – Do Nothing

14. Under this option, no changes would be made to the current sentencing framework. As a result, the problems above would remain

Option 1 –Amend the Health and Care Bill to criminalise virginity testing

15. Under this option, it would be a criminal offence to carry out or to offer to carry out a virginity test. A virginity test is an examination of the female genitalia of a women or girl (this includes a person who

is a man with a gender recognition certificate) for the purpose (or purported purpose) of determining whether they are a virgin. This will be a triable either way offence, that will have a similar seriousness to that of Actual Bodily Harm and carry a maximum of 5 years imprisonment. The offence will be UK wide and carry extra territorial jurisdiction, so a UK national or habitual UK resident found committing the offence overseas on a UK national or habitual resident of the UK can be prosecuted. This will include a UK national or habitual UK resident found assisting, aiding or procuring a foreign national to perform the test.

16. Option 1 is the preferred option as it best meets the government's policy objectives.
17. It should be noted that as part of the government's commitment, it was announced in the VAWG strategy in July that banning virginity testing alone will not tackle the source of the problem. DHSC and the Home Office are jointly embarking on a wider societal education programme to dispel the harmful myths and misconceptions that surround virginity and the hymen. The first part of this programme is a roundtable with 20 key stakeholders to discuss i) how best to provide general education and information around these issues, and ii) what targeted work with communities is needed and how this fits in with wider work on preventing and tackling honour-based abuse. This education piece does not form part of this impact assessment. The ban of virginity testing will strengthen the message and is seen as the first step in education. Legislation can send a signal of what is acceptable and is powerful enough to begin to tackle cultural norms. It would enable women's right organisations to engage with communities to provide wider education and support.

Policy objective

18. The overall policy objective is to stop and reduce the number of tests taking place in the UK, reducing the prevalence of violence against women and girls and bring more perpetrators who commit these honour-based abuse crimes to justice. Legislating to criminalise virginity testing will deter clinics, doctors, community leaders and members of the public from performing or offering to perform this procedure. It will ensure that for those that continue to commit the crime are charged and prosecuted.
19. Virginity testing will no longer be legal, it will be criminalised, this will send a clear message to the perpetrators that forms of abuse against women and girls will not be tolerated in the UK. The ban will empower women and girls who might be at risk of other forms of honour-based abuses such as forced marriage to come forward and seek help. It will also empower those in the communities that are witness to this and similar abhorrent practices, to make a stand and report perpetrators.
20. Indicators of success will include health care professionals and clinics stop performing/offering the service, women and girls will not be subjected to this humiliating procedure and feel safer within their communities, police see women coming forward to press charges, arrests and convictions of perpetrators (however we are aware that this number may be small due to the nature of the crime), community and families to stop forcing women and girls to this procedure.

Summary and preferred option with description of implementation plan

21. DHSC's review into virginity testing found that women are coerced or forced into having a virginity 'test' by their family members or their intended husband's family in the name of 'upholding honour' and to fulfil the requirement that a woman remains 'pure' before marriage. Virginity testing is a form of honour-based abuse, which can be the precursor to child marriage and forced marriage, and other forms of family coercive control including physical and emotional control. Moreover, women who 'fail' a virginity test are very likely to experience further honour-based violence including emotional abuse, and family/community disownment.
22. Virginity testing is a form of abuse against women and girls. It is a degrading, extremely intrusive practice, which dehumanises the victim. It can lead to extreme psychological trauma and can provoke conditions including anxiety, depression, post-traumatic stress disorder and suicide. Virginity testing can also be physically harmful, with the test itself causing damage to the hymen, tears, bleeding and infection.

23. Our preferred option is to legislate against virginity testing and as part of the Tackling Violence Against Women and Girls Strategy, published in July 2021, the Government committed to banning virginity testing when parliamentary time allows. The Health and Care Bill provides this vehicle and work is underway with cross government engagement to table an amendment to the Health and Care Bill.
24. It will be a criminal offence to carry out or to offer to carry out a virginity test. A virginity test is an examination of the genitalia of a woman or girl (this includes a person who is a man with a gender recognition certificate) for the purpose (or purported purpose) of determining whether they are a virgin. This will be a triable either way offence, that will have a similar seriousness to that of Actual Bodily Harm and carry a maximum of 5 years imprisonment. The offence will be UK wide and carry extra territorial jurisdiction. There are no transitional arrangements. The Health and Care Bill is due to receive Royal Assent in March 2022, coming into force April 2022.
25. As with all offences it will be the duty of the Police, the Crown Prosecution Service, the Courts, prisons and probation services to ensure the new law is enforced. Statutory guidance will be provided.
26. Given the objective to end the practice of virginity testing and so reduce violence in women and girls and bring perpetrators to justice, there is no flexibility or scope for experiments, pilots or trials.

Monetised and non-monetised costs and benefits of each option (including administrative burden)

27. This IA follows the procedures and criteria set out in the Impact Assessment Guidance and is consistent with the HM Treasury Green Book. The IA summarises the main impacts of the above legislative measure on individuals and groups in the UK. The costs and benefits are compared to the “do nothing” option.
28. There are two potential costs associated with this legislation:
- Costs to the police and criminal justice system, and
 - The costs to business of being prohibited from performing virginity testing,
29. IAs place a strong emphasis on valuing costs and benefits in monetary terms. However, there are often important aspects of a policy that cannot readily be monetised – e.g. the effects on groups in society or changes in equity and fairness. In this case, it is not possible to monetise the benefits of this legislative change. As noted above, virginity testing is an abusive practice, carried out by private clinics, in private homes and in other settings. There are no figures on which to base an estimate of how often these tests take place and how many women and girls are affected. Instead, a sensitivity analysis is conducted to test whether the benefits of the policy could equal the costs.

Criminal Justice costs

30. The Criminal Justice System will encounter costs to the police for familiarisation with the regulation, as well as ongoing prosecution costs. Costs to the Criminal Justice System have been developed in discussion with colleagues in the Ministry of Justice (MoJ).

Costs of police familiarisation

31. It is anticipated that the introduction of a new offence will generate familiarisation costs to the police in the first year following the implementation of the policy. It has been assumed that front line police officers would need to be familiar with the new offence; as of September 2020, there were around 120,400 police officers in England⁷.

⁷ Home Office (2021) *Police workforce, England and Wales: 30 September 2020*. Accessed [here](#)

32. The National Career Service reports that police officers have an average salary of between £19,000 and £41,500⁸ and that the average working week for a police officer TSO is between 37 and 40 hours⁹. Applying a mid-point of £31,250 and 38.5 hours per week gives an hourly cost of a police officer at £18.98. This has been uplifted by an additional 22% to account for employer on-costs, such as National Insurance Contributions, in line with the RPC guidance¹⁰. The Bill Clause will be accompanied by substantial statutory guidance, which the police will need to read, we assume that this will take an hour and will result in a cost to the police for familiarisation of £2.1m.

Costs of police investigations

33. There will also be a cost to the police of investigating this new criminal offence. To estimate this cost we have used the prevalence of FGM offences and published unit costs for policing.

34. In England and Wales in 2019/20¹¹ there were 74 reported FGM offences. Using population to scale, we assume that 70 of these occurred in England. The Home Office publish the economic and social costs of crime¹² which shows that the cost of policing per reported violent crime including injury was £2938 in 2018 or £2995 in 2019 prices, giving a total estimated annual policing cost in England of 70 * £2995 = £0.2m.

Costs of prosecution.

35. We anticipate that there will not be substantial costs from prosecuting this offence. As with other forms of honour-based abuse offences like the 2013 Female Genital Mutilation legislation (FGM) - this legislative change is intended to be a deterrent and to send a clear signal that virginity testing is an unacceptable practice. It will prevent regulated healthcare professionals and private businesses from carrying out and offering virginity tests, and will strengthen the position of women and girls to refuse the examination.

36. As with the FGM legislation, we expect a very small number of prosecutions. There has been one FGM prosecution since the legislation was introduced in 2013, eight years ago. If the legislation on virginity testing had a comparable rate of prosecutions, then we might expect to see 1 prosecution every 10 years.

37. This offence is triable either in a magistrate's court or in crown court. We assume that the case is tried in a crown court, and that the person receives legal aid. Advice from the MoJ is that the average cost per case, including legal aid, where the offence is violence against the person is £4891. This is potentially an overestimate, as only 75% of defendants in this category qualify for legal aid. However, given the very small cost, the full amount is used.

38. The maximum sentence is 5 years imprisonment. If we assume 1 case in any 10 year period, and that the case results in 5 years imprisonment then the maximum cost to the criminal justice system would relate to 1 additional prison space occupied for 5 years, or 0.5 prison spaces per year on average over a 10 year period. This is a maximum, with part of the sentence likely to be served on probation.

39. Table 2a in the 'costs per place and costs per prisoner by individual prison', Ministry of Justice information release¹³, shows that the cost per prisoner in an English prison was £42,670 per year

⁸ National Careers Service (2021) *Police Officer*. Accessed [here](#)

⁹ National Careers Service (2020) *Police Officer*. Accessed [here](#)

¹⁰ Regulatory Policy Committee (2019) *RPC short guidance note - implementation costs, August 2019*. Available [here](#)

¹¹ <https://www.gov.uk/government/statistics/statistics-on-so-called-honour-based-abuse-offences-england-and-wales-2019-to-2020>

¹² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/954485/the-economic-and-social-costs-of-crime-horr99.pdf

¹³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/929417/costs-prison-place-costs-prisoner-2019-2020-summary.pdf

2019/20. So, the cost of the maximum sentence for 1 prisoner would be c.£250,000 in total or c. £25,000 per year over 10 years.

	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	Total
Police costs - familiarisation	2.2										2.2
Police costs - investigations	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	2.1
Court, legal aid & prison costs	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	£0.03	0.3
Total	2.45	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	4.6

Table 1: Police and criminal justice costs over 10 years

Costs to business

40. Once the practice is illegal, private businesses will be unable to conduct or offer virginity tests, and in the absence of alternative business, would lose revenue, and so profit. However, the impact on business, if any, is likely to be very small. It will depend on the number of virginity tests currently performed per year by private businesses and the ability of those businesses to provide alternative services to maintain their revenue. For completeness, we also assess the extent of any sunk costs which the businesses would lose when this practice becomes illegal. Sunk costs, however, are formally outside the scope of this cost benefit analysis.
41. We have no information on the number of virginity tests performed by private businesses each year. An investigation by the BBC's Newsbeat programme identified 21 clinics which may be offering virginity tests, made enquires with 16 and received confirmation from 7 clinics that they offered virginity testing at a cost of £150 - £300 per women or girl¹⁴. Several others refused to clarify their position. We don't know what fraction of the market these 7 clinics represents.
42. However, the sensitivity analysis below shows that a very large number of virginity tests would need to be conducted each year in order for the costs to business of this legislation to be material. For example, if we assume these businesses make a 20% profit¹⁵ then a reduction in the number of virginity tests conducted by private clinics of 100 per year would lead to a loss of profit of £3000 to £6000 across the industry.

Virginity tests prevented in private clinics per year	Maximum lost revenue (£)		Max Profit Lost	
	£150 each	£300 each	£150 each	£300 each
100	15,000	30,000	3,000	6,000
500	75,000	150,000	15,000	30,000
1,000	150,000	300,000	30,000	60,000

Table 2: costs to business sensitivity analysis

43. As an alternative sensitivity analysis, it's possible to assess the plausibility of the costs to business being large. For example, in order for the cost to business in revenue terms to equal £5m per year,

¹⁴ Controversial 'virginity tests' sold by UK clinics - BBC News

¹⁵ 20% profit is a broad assumption and is in line with the rate of return on investment in the private healthcare market generally. Laing and Buisson, UK Healthcare Market Review, 32nd Edition

between 16,667 and 33,333 tests would need to be conducted at a cost of £150 - £300 in by private businesses alone. This is in addition to any tests conducted in homes or other settings.

44. The girls and women who are subjected to virginity testing are predominantly within some sections of the Jewish and Muslim community. The table below estimates the number of girls and women aged 13-20 within these communities as a whole, using population level estimates on religion from the 2011 Census and 2020 Mid Year Population estimates.

Estimating no of Jewish and Muslim girls aged 13-20 in England			£5m revenue lost		% of Muslim and Jewish girls who would need to be subjected to a VT for revenue to equal £5m	
Females aged 13-20 (England)	% Jewish or Muslim (all ages)	Jewish & Muslim girls aged 13-20 (calculated)	No. of VTs (£150 each)	No. of VTs (£300 each)	High	low
2,482,751	6%	136,819	33333	16667	24%	12%

Table 3: costs to business, further sensitivity analysis

45. It shows that between 12%- 24% of young women of these faiths would need to be subjected to a virginity test once a year in a private health care setting in order for the annual cost to business to be in excess of £5m in revenue terms. This number far exceeds the likely number of virginity tests conducted each year in any setting, let alone in private clinics. On that basis we conclude that the maximum cost to business of this Bill clause, once implemented, would be small and far less than £5m in terms of lost revenue, or £1m in lost profits (see para 43 above for profit assumption).
46. The costs are likely to be much lower than the value of the profit on the virginity tests foregone. Private health clinics provide a range of health care services, ranging from hair removal and dermatology to cosmetic procedures like breast augmentation, and are likely to move to provide more of these other services. As such, any drop in profit linked to a ban on virginity testing is likely to be small. Due to the lack of data this has not been quantified.
47. As a sense check on the assumption that these clinics could focus on alternative services, we can look at the range of services offered by clinics which offer hymenoplasty. The BBC investigation found that all of the clinics they identified as offering virginity testing, also offered hymenoplasty. A Sunday Times investigation¹⁶ identified 22 private clinics offering hymenoplasty in the UK, including the Gynae Centre in London. Their website¹⁷ shows that they offer a very wide range of medical services including keyhole surgery and fertility services.
48. For completeness, there are unlikely to be **sunk costs** for these businesses relating to virginity tests, which could be lost when the practice is ended. Virginity tests do not require specialist equipment. Costs to business from this legislative change are very uncertain, and are likely to be small, if any.

Direct costs and benefits to business calculations

49. The direct costs to business calculation should take account of any transitional costs to business resulting from the legislative change. These could include the cost of lost profits, redundancy costs or the costs of recruiting or retraining staff.
50. Virginity testing is one of a range of services that private health clinics could offer. We anticipate that the clinics involved will adapt and concentrate on the provision of their remaining services, with the potential for a small loss of profit. However, given the lack of data this has not been monetised.

¹⁶ <https://www.thetimes.co.uk/article/restoring-virgins-is-a-big-earner-for-british-surgeons-58lb8xg0t>

¹⁷ <https://www.gynae-centre.co.uk/>

51. There could be transitional costs around familiarisation for receptionists, however, we have not quantified this potential costs. We have no information on the number of clinics offering virginity testing on which to base an estimate, although we anticipate that it is small. Secondly, there could be reprinting costs for price lists and redesign costs to amend a business’s website. However, virginity testing is not an advertised service, so these costs are unlikely to materialise.

52. A summary of the discounted costs of this policy is below.

2019 discounted	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	Total
Police costs - familiarisation	2.2										2.2
Police costs - investigations	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	1.8
Court, legal aid & prison costs	0.03	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.3
Total	2.45	0.23	0.22	0.21	0.21	0.20	0.19	0.18	0.18	0.17	4.1

Table 4: Summary of discounted costs over 10 years

Benefits

53. There is a clear international consensus that virginity testing should be banned. As outlined in (para 3) above a ban on virginity testing would have strong and long-term benefits, for example

- A ban would stop or reduce the number of procedures taking place in the UK. It will stop many women and girls having to be subjected to the humiliating procedure, saving them from long term physical and psychological harm. This will enable women and girls in this communities to live freely and to their full potential without fear of being subjected to abuse.
- A ban would convey a clear message that this practice is unacceptable in British society. It would send an important message to perpetrators that this practice is not acceptable, and to victims that the government is committed to tackling and reducing violence to women and girls in all its forms. This message would help raise awareness that the test is mythical and that there are no means for testing an individual’s sexual history. This would educate the wider community and help to dispel the harmful myths that surround virginity and a woman’s sexuality. Which in turn would help to empower women and girls to make a stand and enable them to live their lives without the shame and fear that this test represents.
- A ban would empower women and girls, and the wider community, to speak out against this and other similar practices and be safe to report them. This will enable women and girls in this communities to live freely and to their full potential without fear of being subjected to abuse.

54. A ban will also benefit those organisations who support women and girls at risk of and undergoing virginity testing. The majority of these organisations are currently focusing resources on campaigning to ban virginity testing. An end to the practice will allow them to focus on alternative activities, including for example campaigning in other areas of inequality and harm, education work within communities and providing support to the women and girls that are impacted by such abuses This benefit has not been quantified, as information on the current level of campaigning expenditure is not publicly available, for example in these organisations annual accounts.(see SAMBA below for more detail).

55. It is not possible to monetise these benefits. To do so would require information on the number of women and girls affected, and a quantitative assessment of the harm done by virginity testing. This evidence is not available. Instead, a breakeven sensitivity analysis has been conducted to sense check whether the potential benefits could equal the level of expenditure.

Break Even Analysis

56. As noted above, the quantified costs for this policy relate to potential police and criminal justice costs of up to £4.2m over 10 years. The benefits are to prevent violence against women and girls which would prevent the long term physical and psychological harm associated with virginity testing. For simplicity, this sensitivity analysis looks at the benefit of preventing psychological harm associated with virginity testing.
57. The quality adjusted life years methodology (QALYS) enables a monetary value to be placed on the difference between health states across 5 domains. There are two alternative QALY scales for valuing differences in health states. The EQ5D 3L values¹⁸ (see table below), allow values to be placed on moderate and severe impairment within those domains. The EQ5D 5L values¹⁹ allow for finer gradation within health states, and is applied as a sensitivity below.
58. For both measures, 1 QALY represents 1 year in full health, and each scale quantifies the QALY loss, associated with spending one year a worse health state.

Starting from 1.00 for full health	QALY Loss
Any dimension higher than 1	-0.08
Any dimension at level 3	-0.27
Mobility level 2	-0.07
Mobility level 3	-0.31
Self-care level 2	-0.10
Self-care level 3	-0.21
Usual activities level 2	-0.04
Usual activities level 3	-0.09
Pain or discomfort level 2	-0.12
Pain or discomfort level 3	-0.39
Anxiety or depression level 2	-0.07
Anxiety or depression level 3	-0.24

Table 5: EQ5D 3L QALY values

59. Society values a QALY at £60,000 per year. If we assume that by preventing violence against women and girls the ban on virginity testing would reduce the anxiety of the women and girls affected, then table below shows the value of this benefit if it were to persist for a year.

Life State	QALY Value	QALY Loss (compared to full health)	Benefit from preventing QALY loss for 1 year
Full health	1		
Mild anxiety	0.85	0.15	£9,120
Severe anxiety	0.41	0.59	£35,160

Table 6: Illustration of QALY benefit per year using EQ5D 3L scale

60. However, we don't know how long the psychological harm associated with virginity tests lasts. It may vary between individual women and girls depending on their individual circumstances. Assuming that the benefit of this policy is a reduction in anxiety from severe to mild, and that the benefit can last between 1 week and 1 year - the table below shows how many women would need to benefit from this policy each year, across a range of durations of benefit, in order for the costs to equal the benefits.

¹⁸ <https://www.york.ac.uk/che/pdf/DP138.pdf>

¹⁹ Table 2 https://eq-5dpublications.euroqol.org/download?id=0_63315&fileId=63073

Duration of benefit	Benefit (£) of reduction from severe to moderate anxiety			
	1 week	1 month	6 months	1 year
Benefit per woman or girl	501	2,170	13,020	26,040
Breakeven - No of women/girls benefitting - in total	8,460	1,952	325	163
Breakeven – women/girls benefitting per year	846	195	33	16
Total benefit (£m)	£ 4.2	£ 4.2	£ 4.2	£ 4.2

Table 7: Sensitivity analysis of benefits EQ5D 3L

61. Applying the alternative EQ5D 5L QALY methodology, we find roughly a doubling of the number of women and girls who must benefit from the policy each year in order for the costs to equal the benefits.

Duration of benefit	Benefit (£) of reduction from severe to moderate anxiety			
	1 week	1 month	6 months	1 year
Benefit per woman or girl	240	1,040	6,210	12,420
Breakeven - No of women/girls benefitting - in total	17,653	4,074	682	341
Breakeven – women/girls benefitting per year	1,765	407	68	34
Total benefit (£m)	£ 4.2	£ 4.2	£ 4.2	£ 4.2

Table 8: Sensitivity analysis of benefits EQ5D 5L

62. Using either QALY scale, the breakeven analysis demonstrates that, on reasonable assumptions, this legislation would not require many women to be spared a needless virginity test for the costs over 10 years to be outweighed by the benefits.

Risks and assumptions

63. There is international evidence on the lack of scientific merit and on the harm that virginity testing causes, including from the World Health Organisation²⁰. However, the evidence base on the practice of virginity testing in the UK is sparse. This has been addressed in part by the review noted at para 4 &5 above, including discussions with a wide range of UK stakeholders. However, there are still gaps.
- We have no information on the number of virginity tests performed on women and girls annually in the UK, nor information on how many tests are performed in different settings.
 - We have been unable to have dialogue with anyone who conducts or facilitates virginity tests in a private healthcare clinic, in order to understand the impact this legislation could have on their business model. We have drawn conclusions by looking at the sector as a whole and having conducted the sensitivity analysis above.
 - We have assumed that the prosecution rate for this legislation would be of the same order as the Female Genital Mutilation legislation enacted in 2013, which has been used as the basis of the calculation of the police and criminal justice costs. This legislation is expected to act as a deterrent.

Impact on small and micro businesses

64. The ban on virginity testing will impact small and micro businesses in two ways. Firstly, private healthcare businesses will no longer be able to carry out virginity tests. Secondly, civil society organisations will see a benefit as they no longer need to campaign for legislation on this issue, and are able to focus their resource on other priority areas.

²⁰ [WHO-RHR-18.15-eng.pdf](#)

65. The ban on virginity testing will impact some private healthcare businesses, who will no longer be able to provide or offer this service. We have no information on these businesses, so instead the table below shows data for the entire industry, only a fraction of whom are likely to offer virginity testing. The table presents a snapshot of data taken on 13 March 2020 from the Inter-Departmental Business Register (IDBR) by ONS. It shows that private healthcare businesses are predominantly small and micro businesses²¹.

Industry	Proportion of businesses in each employment size band							
	0-4	5-9	10-19	20-49	50-99	100-249	250+	Total
Hospital activities	67%	4%	3%	6%	6%	4%	10%	100%
Specialist medical practice activities	87%	7%	4%	2%	0%	0%	0%	100%
Other human health activities	81%	10%	5%	2%	1%	1%	1%	100%
All UK Businesses	78%	11%	6%	3%	1%	1%	0%	100%

Table 9 - Percentage of VAT and/or PAYE based enterprises by Standard Industrial Classification (SIC) class by employment size bands

66. However, we anticipate the impact on individual businesses will be very small. Private healthcare firms provide a range of services. We anticipate that firms will adapt and increase the amount of other services that they offer, rather than lose revenue.
67. Given the structure of the private healthcare industry, to exempt small and micro firms from this legislation would markedly reduce the impact of the legislation. Small and micro firms, as well as the home and community settings are where virginity tests are predominantly carried out. There cannot be any exemptions or defence for carrying out or offering a virginity test.
68. Secondly, charities who campaign for legislation to ban virginity testing will benefit, because they will be able to use the funding currently directed towards this campaign to fund other activities, including education campaigns on virginity testing which will strengthen the benefits of this proposal.
69. The 2020 annual reports²²²³ of two leading charities in this area Karma Nirvana and IKWRO, show that they had annual expenditure of between £0.5m and £0.7m in 2019/20. This expenditure funded a range of activities including campaigning, helplines, advocacy, training, education and in the case of IKWRO, refuge and resettlement provision. Within the annual accounts, it is not possible to identify what proportion of this expenditure was exclusively allocated to campaign against virginity testing. To make a blanket assumption on each charities expenditure on campaigning against virginity testing without any basis could be misleading and speculative. So, although it's clear that there will be a benefit to these organisations – it is not possible to quantify that benefit.

Wider impacts

70. An equality impact assessment taking the Public Sector Equality Duty (PSED) section 149(1) Equality Act 2010 into consideration has been completed and attached as Annex C
71. There is likely to be minimum impact on employees and consumers. Virginity testing will no longer be offered, nor will it be able to be performed in any clinic. Those affected by this ban are likely to be the perpetrators, who may seek other interventions as a show of control. As mentioned in the above sections, the impact on private clinics offering the service will be small. The indirect impact for businesses that form part of the supply chain to that private clinic, or those that are in the surrounding locality that may potentially benefit from the passing footfall, will be negligible. Innovation and competition in this area will neither be enabled or restricted, it will be prohibited.

²¹ [UK business: activity, size and location - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

²² [Karma Nirvana Annual Report](#)

²³ [IKWRO Annual Report](#)

72. There will be no direct or indirect impacts on the environment.
73. The cost of prosecution and of policing has previously been discussed. The wider impact on the public sector will be one of safeguarding and ensuring where appropriate guidance and training is provided to those that may encounter a victim of virginity testing. To ensure they are able to spot the signs, ask the right questions, support and signpost to the most appropriate services. As virginity testing is seen as an early step of the honour-based abuse journey, early intervention may potentially save a girl or women from further harm. Statutory guidance highlighting this requirement will accompany the legislation.
74. As previously mentioned, the ban, which will stop or reduce the amount of virginity tests taking place, has direct benefits for the women and girls being subjected to such abuses, empowering women and girls to live freer and fuller life's without the fear of harm. It will also begin to educate the wider community, to help to dispel the dangerous myths and misogynistic attitudes towards a women's sexuality. The ban also has implications for the third sector organisations that have been campaigning for a ban, an end to the practice will allow them to focus on alternative activities, including campaigning in other areas of inequality and harm, education work within communities and providing support to the women and girls that are impacted by such abuses.

A summary of the potential trade implications of measure

75. There are no potential trade implications from this measure.

Monitoring and Evaluation

76. We do not plan a formal evaluation. As highlighted throughout this impact assessment there is no data on the number of virginity tests carried out in the UK nor the number of clinics that are carrying out the tests, as such we do not have any baseline data to compare any evaluation to. The underground nature of honour-based abuses means that it is very unlikely that we will be able obtain data in the future to analyse the impacts in any meaningful way.
77. We will be able to monitor the number of women and girl coming forward and reporting the offence and subsequent convictions, but we expect these numbers to be small. The main purpose of this legislation is to act as a deterrent and to empower women and girls that they do not have to be subjected to any forms of abuse. It will be an offence to offer the procedure as well as perform it, as such we may see a slight increase in those individuals being brought to justice. However, we do not envisage this number to be high due to the underground nature of the offence.
78. We anticipate that the key third sector organisations that currently support victims of honour-based abuses, will see an increase in women and girls contacting them for advice and support once the ban comes into force. We will continue to engage with these organisations, the NHS, Home Office and other key stakeholders to monitor this intelligence. No extra data will need to be captured.
79. As with similar abuses, there will be a risk that some perpetrators will try to continue the practice under a different guise and the wording of the clause does try to minimise this risk. However, this cannot be completely mitigated, and we cannot anticipate how this may manifest. Any evidence that the wording of the legislation is not effective will require review.
80. The secrecy surrounding these offences, does make it difficult to evaluate their effectiveness - there has never been a review into the FGM legislation, for instance. However, the message this legislation will send to both the perpetrator and the victims is powerful and should not be underestimated.

Annex A: List of Stakeholders

Organisation
Third Sector Organisations
Karma Nirvana
Iranian and Kurdish Women's Rights Organisation
The Middle Eastern Women & Society Organisation
Freedom Charity
ALB's
MHRA
NHSE/I
NICE
Advertising Standards Agency (ASA) and Committee on Advertising Practice (CAP)
Public Health England
Care Quality Commission
Royal Colleges
British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS)/ British Association of Aesthetic Plastic Surgeons (BAAPS)
The Royal College of Obstetricians and Gynaecologists
Nursing and Midwifery Council
Government Departments
MHCLG
DfE
The Home Office
MoJ
Other
BBC
Teenage Pregnancy Knowledge Exchange

Annex B

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- *Virginity Testing: A Systematic Review*, BioMed Centra, 2017
<https://reproductive-health-journal.biomedcentral.com/track/pdf/10.1186/s12978-017-0319-0.pdf>
- [virginity-does-not-define-me-briefing-landscape-1.pdf \(ikwro.org.uk\)](#)
- [Karma Nirvana - Virginity Myths Shining the Spotlight on Virginity Testing and Hymenoplasty in the UK](#)
- [RCOG position statement Virginity testing and hymenoplasty](#)

Annex C - Equality Impact Assessment

Title: Virginitv Testing Ban

81. **What are the intended outcomes of this work?** *Include a brief outline of the policy and the main aims. What changes are you proposing, and why?*
82. To make it a criminal offence to carry out or offer a virginity test. To deter clinicians, clinics, community leaders, and members of the public for carrying out or offering a virginity test.
83. Following an intensive review, the government announced in the Violence Against Women and Girls Strategy July 2021 its intention to ban virginity testing at the earliest legislative opportunity.
84. The review concluded that there was clear consensus that virginity testing should be banned, amongst all stakeholders and in the literature. The World Health Organisation (WHO) states that virginity testing is a violation of a girl or woman's human rights and is harmful to physical, psychological and social well-being, and advocates for this practice to be banned. Reasons cited in the literature and by stakeholders are:
- **Virginity testing is not a medical procedure.** Many stakeholders, including the WHO and the Royal College of Obstetricians and Gynaecologist (RCOG) outlined that virginity tests are not clinically necessary and have no scientific merit, given 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.
 - **Virginity testing is a form of violence against women and girls (VAWG).** Virginity testing is form of 'honour'-based abuse. Women are often coerced or forced into having the 'test' by their family members or their intended husband's family in the name of 'upholding honour' and to fulfil the requirement that a woman remains 'pure' before marriage. Third sector organisations explained that virginity testing is linked to child marriage and forced marriage, and other forms of family coercive control including physical and emotional control. Moreover, women who 'fail' a virginity test are at risk of honour-based violence including emotional abuse, and family/community disownment. Virginity testing can have short- and long-term impacts on women and girls. Virginity testing can be physically harmful, in some cases causing damage to the hymen, bleeding and infection. Stakeholders explained that virginity testing can also lead to anxiety, depression and post-traumatic stress disorder, especially if performed without the patient's consent. Some stakeholders felt that virginity testing should be viewed as sexual assault in cases where a person is forced or coerced into undergoing virginity testing, or where testing is carried out on a girl under 16 years of age
 - **A ban would convey a clear message that this practice is unacceptable in British society.** While stakeholders recognised that a ban alone may not stop this practice being carried out, they felt strongly that it would send an important message to perpetrators that this practice is not acceptable, and to victims that the government is committed to tackling VAWG in all its forms. Stakeholders felt a ban would empower women and girls, and the wider community, to speak out against this practice and report it. All stakeholders recognised that banning virginity testing could increase the risk to women by pushing the practice further underground. Therefore, it was felt unanimously that a ban should include the provision of education and information to women, girls

and the communities on the issue virginity testing is a form of abuse against women and girls which represent oppressive and controlling attitudes.

85. It is our intention to bring in an amendment to the Health and Care Bill, which will come in to force in April 2022
86. It will be criminal offence to carry out or to offer to carry out a virginity test. A virginity test is an examination of the female genitalia of a women or girl (this includes a person who is a man with a gender recognition certificate) for the purpose (or purported purpose) of determining whether they are a virgin. This will be a triable either way offence, that will have a similar seriousness to that of Actual Bodily Harm and carry a maximum of 5 years imprisonment. The offence will be UK wide and carry extra territorial jurisdiction, so a UK national or habitual UK resident found committing the offence overseas on a UK national or habitual resident of the UK can be prosecuted. This will include a UK national or habitual UK resident found assisting, aiding or procuring a foreign national to perform the test.
87. **Who will be affected?** *E.g. staff, patients, service users*
88. Private healthcare professionals, family members or members of the community that carry out or offer the test.
89. Women and girls (including trans men, non-binary and intersex) that are subjected to the test.

Evidence

90. **What evidence have you considered?** *List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each protected characteristic. This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, what you will do to close them.*
91. The review used a mixed methods approach and included analysis of qualitative literature (academic papers, grey literature and media coverage), data from published and unpublished sources and evidence submitted to the VAWG strategy call for evidence by third sector organisation, Karma Nirvana.
92. *Calls for 'virginity repair' surgery to be banned*, BBC, January 2020
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104. *Virginity testing: recommendations for primary care physicians in Europe and North America*, BMJ Journals, January 2020 <https://gh.bmj.com/content/5/1/e002057.full>
105. There is a lack of published data on this issue, and very few first-hand accounts of women in the UK who have had a virginity test.
106. It also included qualitative analysis of the interviews with over 25 stakeholders from across the health and care system including with NHS clinicians, professional bodies, the Royal Colleges, and third sector organisations.
107. 7 clinics offering hymenoplasty were approached, but the team were unable to speak to any clinicians who had performed a virginity test.
108. **Analysis of impacts.** *For each protected characteristic below, and based on the evidence you have gathered, consider impacts for each of the three aims of the Public Sector Equality Duty – eliminating unlawful (direct and indirect) discrimination, advancing equality of opportunity, and fostering good relations.*
109. **Disability** - *attitudinal, physical and social barriers for both visible and hidden disability*
110. This legislation is primarily to offer further protection to women and girls from being subjected to a virginity test, a practice which is not predicated on ability or disability.

111. Women and girls with visible or hidden disabilities are potentially more vulnerable and susceptible to risk of coercion and control within their families and wider community. Introducing legislation will advance equality of opportunity around protecting all women and girls (with or without a disability) from undergoing a virginity test, it will empower them and give them the opportunity to live full life's without short and long term psychological and/or physical effects.
112. It would also empower those individuals within the community/family that witness this practice to come forward to report those carrying out, aiding and abetting, and offering the practice. Thus, protecting the most vulnerable women and girls and promoting good relations.
113. **Sex - men and women**
114. The nature of offence is aimed at safeguarding women and girls. Virginity testing is a harmful practice that is predicated on gender, it is a form of abuse against women and girls and is an extreme violation of the human rights of women and girls. Virginity testing reflects deep-rooted inequality between the sexes.
115. The accompanying statutory guidance will ensure that the public sector and related organisations will be better prepared to identify someone potentially at risk a virginity test, and have a better understanding on how to support women and girls who have been victims of the practice. Therefore, the implementation of this legislation will contribute to eliminating unlawful discrimination against women.
116. Additionally, virginity testing reinforces misogynistic views, gender stereotypes and patriarchal values. Those who practice virginity testing as with other forms of honour-based abuses justify it with references to various socio-cultural factors. Other common justifications are closely linked to fixed gender roles and perceptions of women and girls as gatekeepers of their family's honour. This, in many cases, directly relates to women's sexual "purity" and harmful misconceptions surrounding virginity.
117. As a result of all that is stated above, it is clear that virginity testing creates vast inequalities between the sexes. Therefore, by banning virginity testing, and as a result, protecting more women and girls from abuse, will have a positive effect on advancing equality of opportunity between the sexes. By empowering and giving women and girls the opportunity to live full life's without short and long term psychological or physical effects from being forced, coerced to undergo the procedure.
118. As part of our internal review, we are also embarking on programme of education to tackle the harmful misconceptions that surround virginity. It is hoped that by both implementing new legislation along with this education will contribute to changing men's attitudes towards a women's sexuality and women in general and lead to better relations between men and women.
119. **Sexual orientation - heterosexual, homosexual or bisexual**
120. The offence usually takes place as a precursor to marriage of heterosexual relationships and aimed at ensuring that a woman or girl is a virgin on her wedding night. Communities that partake in this practice are unlikely to recognise or accept an individual's sexual orientation they are not heterosexual. These women and girls are more at risk of honour-based abuse offences, particularly if they are rejected by the communities in which they live. For example, it might be the case that

women and girls are forced into a heterosexual marriage and as a precursor for that marriage, they could be forced to undergo a virginity test.

121. The legislation proposed protects all women and girls, irrespective of their sexual orientation. This advances equality of opportunity by strengthening the legislative framework around protecting women and girls, allowing women and girls to live their lives freely.
122. **Race** - *ethnic groups, nationalities, Gypsy, Roma, Travellers, language barriers*
123. *No data is available that* breaks down the prevalence of virginity testing in the UK among particular races, ethnic groups or nationalities.
124. Our internal review, however, did find that virginity testing is most prevalent in conservative communities and it is likely, therefore, that those communities practising virginity testing in the UK are disproportionately likely to share the protected characteristics of race. There may be concerns that virginity testing would result in stigmatising certain communities, however, continuous engagement with communities, the third sector, and statutory organisations will counteract this. Our statutory guidance will also provide support and advice to the public sector and other organisations to address virginity testing in a manner that is not discriminatory against any one community or race.
125. While virginity testing is more prevalent amongst certain communities, the policy objective is to fulfil the government's overarching aim to protect, and reduce harm to, all women. By banning virginity testing, the policy will protect all women, particularly in communities where virginity testing is more prevalent and will be beneficial in the long-term to their wellbeing. This will advance equality of opportunity amongst women and girls from communities where the practice is prevalent, enabling them to live freely without fear of being subjected to abuse.
126. We do recognise, however, that while this policy will be beneficial, members from communities where the practice is prevalent may feel that this has impacted them negatively. This is why we are implementing a policy of education in community and clinical settings to tackle the deep rooted perceptions and myths around virginity. By accompanying the ban with a policy of education, which dispels myths around virginity, we aim to foster good relations between those who share the protected characteristic and those that do not. This is because the legislative ban is reinforced with tailored education, with the aim to reduce hostility and increase understanding.
127. Our statutory guidance will also look to dispel the myths and ensure organisations have the right information about virginity testing which will allow a more considered approach to tackling the issue, helping to foster good relationships.
128. **Age** - *age ranges, old and young*
129. Virginity testing is aimed at girls and young women, usually as a precursor to marriage. We have anecdotal evidence of girls as young as 13 having to undergo the procedure.
130. Banning virginity testing will primarily protect women and girls between the ages of 13-30. This is because virginity testing is often considered as a pre-cursor for marriage, needed to ensure that a woman or girl is a virgin on her wedding night. In many communities where virginity testing is prevalent, women are usually married before the age of 30, with many women being coerced into child marriages long before this (or forced marriages when legal majority is reached).

131. While we anticipate the ban will disproportionately affect girls and young women, the policy is beneficial and will ensure that all women are protected from being subjected to a virginity test, irrespective of their age. Further, girls and young women will be able to live their life freely, without fear of being subjected to a virginity test, increasing equality of opportunity.
132. **Gender reassignment (including transgender)** - *transgender and transsexual people*
133. The main body of the offence is aimed at women and girls with virginity testing being described as “the examination of the genitalia of a woman or girl for the purpose (or purported purpose) of determining whether she is a virgin.”
134. However, there is a risk that a trans man with female genitalia may still be subjected to a virginity test, suffering all the same detrimental effects of having to undergo such an invasive controlling procedure that a woman and girl would experience. There is an added potential risk that where the families/communities refuse to recognise the individuals chosen identity they may subject them to a virginity test as another means to humiliate, control and shame. To mitigate this risk, we have added a subsection to the clause to ensure that people that identify as trans men via a gender recognition certificate (GRC) are captured within the clause included in this definition.
135. We are aware that the risk to those that identify as male but do not have a GRC and non-binary individuals is the same. These individuals are legally captured in the clause. However, they will have to identify themselves as a woman or girl to be able to press charges. This could be a barrier to coming forward and have further detrimental impact on their psychological well-being. The statutory guidance issued alongside the legislation will ensure that non-binary and those that identify as male but do not have a GRC are protected and included within the offence.
136. *These actions* eliminate unlawful (direct and indirect) discrimination, advance equality of opportunity, and fostering good relations.
137. **Religion or belief** - *people with different religions, beliefs or no belief*
138. No data is available breaking down the prevalence of virginity testing in the UK among particular religious groups.
139. However, while virginity testing is not a requirement of any religious group, there is a commonly held misconception in some communities that it is a religious requirement. Evidence does suggest that conservative communities where the practice is particularly prevalent have significant Muslim, Christian and Jewish populations. It is likely therefore that those communities practising virginity testing in the UK are disproportionately likely to also have these religious beliefs. However, the statutory guidance and the education piece will provide a good opportunity to dispel some of these myths and therefore create a positive opportunity to contribute to eliminating any potential stereotyping of any religion. This therefore means that this new offence has positive implications for promoting good relations from a religious perspective.
140. While virginity testing is more prevalent amongst certain conservative communities, the policy objective is to fulfil the government’s overarching aim to protect, and reduce harm to, all women. By banning virginity testing, the policy will protect all women, particularly in communities where virginity testing is more prevalent and will be beneficial in the long-term to their wellbeing. This will advance

equality of opportunity amongst women and girls from communities where the practice is prevalent, enabling them to live freely without fear of being subjected to abuse.

141. **Pregnancy and maternity** - *working arrangements, part time working, infant caring responsibilities*

142. VirginitY tests are usually carried out on women and girls before they are pregnant. There is some anecdotal evidence of virginitY tests damaging the genitalia via trauma and infections, this could cause difficulty in conceiving and giving birth. A ban would reduce this risk advancing the equity of opportunity.

143. **Marriage and civil partnership** - *married couples, civil partnerships*

144. The offence usually takes place as a precursor to marriage, to ensure that a woman or girl is a virgin on her wedding night. We have no evidence of a virginitY test being undertaken after marriage, as sex within a marital relationship is permitted in communities where virginitY testing is practised.

145. **Other identified groups**

146. We have considered if an intersex person (or a person with variations in sex characteristics) could be a victim of virginitY testing and similar to the issues experienced by transgender and non-binary persons there could be risk that these individuals would still be subjected to a virginitY test. The offence ensures these individuals are protected, thus working towards fostering good relations between intersex and endosex people, eliminating discrimination and advancing equality of opportunity.

147. As before, further detail and advice will be provided within the statutory guidance.

Engagement and involvement

148. **How have you engaged stakeholders in gathering evidence or testing the evidence available?** *For each engagement activity, please state who was involved, how and when they were engaged and the key outputs*

149. During the review process over 25 key stakeholders were interviewed from across government, arm's length bodies, police, third sector organisations and media. The list of organisations engaged with can be found below:

- Karma Nirvana
- Iranian and Kurdish Women's Rights Organisation
- The Middle Eastern Women & Society Organisation
- Freedom Charity
- MHRA - Devices Regulatory Group
- NHSE/I
- NICE

- Advertising Standards Agency (ASA) and Committee on Advertising Practice (CAP)
- Public Health England
- Care Quality Commission
- British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS)
- British Association of Aesthetic Plastic Surgeons (BAAPS)
- The Royal College of Obstetricians and Gynaecologists
- Nursing and Midwifery Council
- MHCLG
- DfE
- The Home Office
- MoJ
- BBC
- Teenage Pregnancy Knowledge Exchange
- GMC
- Met Police

150. Each interview was conducted using a standardised template and lasted approximately 45min. Each interview asked the same key questions surrounding participants understanding of the procedures, the circumstances women and girl undergo such procedure and if government intervention was needed. Some of the questions asked are listed below:

- What do you know about virginity testing and hymenoplasty?
- How are virginity testing and hymenoplasty defined? Are there accepted definitions?
- Who is subject to virginity tests and hymenoplasty? Do virginity testing and hymenoplasty take place in certain communities, and/or age groups?
- How prevalent is virginity testing and hymenoplasty?
- In what settings does virginity testing and hymenoplasty take place (NHS, private healthcare clinics, non-healthcare settings)?
- What reasons do clinicians/ clinics / others give for offering these procedures?
- Who is carrying out virginity tests and hymen repair surgery?
- Under what circumstances do women and girls undergo virginity testing and hymenoplasty?

- Is virginity testing and hymenoplasty generally carried out before marriage?
- Do women undergo hymenoplasty and virginity testing through personal choice or are there other reasons? Are women and girls coerced into these procedures?
- In what ways is virginity testing related to hymenoplasty/ hymen repair surgery, or vice versa - do they happen sequentially?
- What impact does virginity testing and hymenoplasty have on women and girls who are subject to these examinations or procedure?
- Can virginity testing or hymenoplasty viewed as a form of violence against women and girls? Why do you think so?
- What are the potential positive impacts from banning virginity testing and/or hymenoplasty?
- Could banning virginity testing/ hymenoplasty have any negative impacts on women and girls or other unintended consequences?

151. **How have you engaged stakeholders in shaping the policy or programme proposals?** *For each engagement activity, please state who was involved, how and when they were engaged and the key outputs*

152. A number of key stakeholders have been involved throughout the development process.

- **Government Legal Department** for preparing detailed legal instructions which outline the legal and policy rationale for the offence. The Office of Parliamentary Council has been engaged for the drafting of the clause, informed by the legal instructions.
- **The Home Office and Ministry of Justice:** involved throughout the review and development of the policy and clause. Regular weekly update meetings.
- **Ministry of Justice, Crown Prosecution Service and Attorney General's Office** - have been heavily involved with the core development of the offence including the sentencing and jurisdictions.
- **Devolved Administrations** - The Scottish, Welsh and Northern Irish Governments to obtain UK wide agreement for the offence.
- **Royal College of Obstetricians and Gynaecologists** regular updates and direct link with clinicians and experts.
- **NHS England and Improvement** – direct link with clinicians, to discuss the possible implications the offence could have on other procedures and medical/forensic explanations.
- **Richard Holden MP, Karma Nirvana, Iranian and Kurdish Women's Right Organisation, Middle Eastern Women & Society Organisation** – Richard Holden introduced a private member's bill to ban virginity testing. Throughout DHSC's review we have engaged with him and his team of stakeholders, who are third-sector organisations in the VAWG and honour-based

abuse space. Richard Holden has introduced two amendments to the Health and Care Bill and officials have engaged with both Richard and his team to discuss the proposed offences.

- **General Medical Council (GMC)** – As a medical regulator that maintains the official register of medical practitioners, we have engaged with GMC throughout the review as a ban on virginity testing would impact on the activities of clinicians.
- **West Midlands Police** – We have engaged with a representative from West Midlands Police who is a subject matter expert in Female Genital Mutilation (FGM) (a form of violence against women and girls that shares similarities with virginity testing). This provides a direct link the police, who are the first stage in the enforcement process.
- **FGM Specialist Advisor** – We have worked with a government specialist advisor for FGM. This has allowed us to learn from other honour-based abuse offences and consider how the virginity testing offence should be drafted, enforced and what guidance will be necessary to accompany the ban.

Summary of analysis

153. **Considering the evidence and engagement activity you listed above, please summarise the impact of your work.** *Consider whether the evidence shows potential for differential impact, is so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services of expand their participation in public life.* How the proposals have an impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and/or promote good relations between groups.
154. Overall, we believe that the proposal to ban virginity testing will have a positive effect on particular groups with protected characteristics under the Equality Act 2010. When there are negative aspects, our policy solutions alongside the ban aim to address them.
155. When considering the characteristics most impacted by the ban, the positive consequences much outweigh any negative consequences that have come as a result of the policy. The policy will enhance equality of opportunity to many people with protected characteristics, as they will be able to live their life freely without the fear of being subjected to a virginity test and the physical or psychological harm that accompanies this.
156. When there is a risk of impacting fostering good relations (i.e. putting one community at odds with another), the policy of targeted education and sensitive statutory guidance should mitigate this risk, effecting long term change which, ultimately, will benefit many women and girls in the United Kingdom. The education policy will aim to increase understanding and reduce hostility between groups of people who share these characteristics and those that do not, by explaining why it is important to dispel the myths around virginity.
157. Our policy is unlikely to impact eliminating direct or indirect discrimination in a negative way. In any event, it is likely that the ban on virginity testing is likely to impact positively in preventing discrimination – by reaching hard to reach groups that may be more susceptible to coercive control and honour-based abuse offences, such as those with disabilities.

158. **What is the overall impact?** *Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact.*
159. The overall impact is positive.
160. However, due to the nature of virginity testing there are several barriers for victims and witnesses coming forward and reporting the crime. This includes the deep-root cultural beliefs surrounding the practice, to controlling and coercive attitudes that surround it and the impotence given to a woman's so called purity before marriage, This will be further impacted upon by a reluctance to come forward to retell traumatic events.
161. Given the location of the communities where this is most prevalent, we do anticipate that they will be regional variations.
162. Statutory guidance and the educational work will be vital here to help dispel the myths surrounding virginity and provide advice to organisations and services that will come into contact with the victims. The guidance will also help to ensure that there is considered and consistent approach taken across all of the UK.
163. **Addressing the impact on equalities** - *Give an outline of what broad action you or any other bodies are taking to address any negative impacts identified through the evidence*
164. The overall impact of the intervention is positive. However, any negative impacts for example, the perception that this will disproportionality impact those of certain religious beliefs will be addressed within the statutory guidance. The guidance offers the opportunity to begin the dispel the myths surrounding the practice and virginity as a whole.
165. **Monitoring and evaluation** - *Give an outline of what processes will be put in place to monitor the policy, including the impacts set out in this assessment, once it is implemented*
166. The impact of the ban will be monitored through the number of women and girls coming forward, pressing charges and convictions. We are aware that by the very nature of honour-based abuses, such as FGM, the number of convictions will be small. The main purpose of this legislation is to act as a deterrent and to empower women and girls that they do not have to be subjected to any forms of abuse.
167. We anticipate that the key third sector organisations that currently support victims of honour-based abuses, will see an increase in women and girls contacting them for advice and support once the ban come into force. We could also see more reports of the procedure when victims of this offence come into contact with other statutory services, such as the health and care system and the forced marriage unit. We will continue to engage with these organisations, the NHS, Home Office and other key stakeholders to monitor this intel.
168. As with similar abuses, there will be a risk that some perpetrators will try to continue the practice under a different guise and the wording of the clause does try to minimise this risk. However, this cannot be completely mitigated against and we cannot anticipate how this may manifest. Any evidence that the wording of the legislation is not effective, will require review.

169. The secrecy surrounding these offences, does make it difficult to evaluate their effectiveness - there has never been a review into the FGM legislation, for instance. However, the message this legislation will send to both the perpetrator and the victims is powerful and should not be underestimated.
170. To strengthen this message and tackle the harmful misconception surrounding virginity, the Department with the Home Office have committed to a programme of wider societal education and awareness, aimed at schools, communities and clinicians. This programme begins with an educational roundtable with key stakeholders to discuss i) how best to provide general education and information around these issues, and ii) what targeted work with communities is needed and how this fits in with wider work on preventing and tackling honour-based abuse.