

June 2021

Female Sexual Autonomy, Virginity, and Honour-based Violence with Special Focus on the UK

Mukaddes Gorar

Follow this and additional works at: <https://vc.bridgew.edu/jiws>



Part of the [Women's Studies Commons](#)

Recommended Citation

Gorar, Mukaddes (2021). Female Sexual Autonomy, Virginity, and Honour-based Violence with Special Focus on the UK. *Journal of International Women's Studies*, 22(5), 72-83.

Available at: <https://vc.bridgew.edu/jiws/vol22/iss5/5>

This item is available as part of Virtual Commons, the open-access institutional repository of Bridgewater State University, Bridgewater, Massachusetts.

Female Sexual Autonomy, Virginity, and Honour-based Violence with Special Focus on the UK

By Mukaddes Gorar¹

Abstract

In honour-based patriarchal societies, young girls and women are expected to remain virgins until marriage. If this expectation is not met, the consequences can be very harmful and may even lead to honour killing. Honour killing occurs when a victim (mainly female) is murdered by a relative, due to the perpetrator's assumption that the victim has brought shame or dishonour upon the family. Having sexual freedom before marriage is considered to be shameful, and it attracts honour related punishment. Chastity of the female members of a family until the wedding night is perceived as a means of safeguarding the family's honour. In this paper, I argue that these chastity requirements are discriminatory and diminish young girls' and women's self-autonomy and dignity. Furthermore, this is a violation of young girls' and women's human rights. These oppressive conducts and harmful practices have entered Western modern societies via immigration. Therefore, such practices have become issues for host countries to tackle. The complexity and persistency of such a mentality and practice are a hurdle that needs to be addressed by the UK as well.

Keywords: Virginity, Sexual autonomy, Virginity examination, Virginity restoration, Hymenoplasty, Honour-based violence, Gender-based violence, Patriarchy.

Introduction

This paper will look at the issue of female sexual autonomy, starting by situating the requirement of virginity within the context of other types of honour based oppression. This will be followed by a discussion on the legitimacy of hymenoplasty and the ethical dilemma posed to medical practitioners when they are confronted with the decision of performing (or not) a virginity test and/or a hymenoplasty. Finally, a review of cases where virginity has been raised as a legal issue will lead to an overview of the international human rights law on this topic.

The concept of patriarchy is essential in the analysis of gender relations and gender based violence. Honour-based violence, as a form of gender based violence (Reddy, 2014), is perpetrated for the purpose of sustaining the social order generated by patriarchal structures (Begikhani et al., 2015a). Walby states that in order to analyse patriarchy, one must consider the continuities in its manifestation as well as its historical and cross-cultural variations. This approach to patriarchy can capture the differences in women's experiences across cultures and ages while acknowledging the common characteristics (Walby, 1989).

Cultural beliefs are at the root of promoting society and family cohesion. If these

¹ Dr. Mukaddes Gorar is a senior law lecturer at the University of Hertfordshire with a special interest in women's rights, human rights, and gender studies. Her teaching areas include gender and crime, hate crimes, and ethnicity and crime. She has a PhD in honour crimes. Her email is m.gorar@herts.ac.uk.

cultural beliefs include harmful practices, such as allowing men to dominate women and to use violence, this will cause profound problems. Deeply held gendered beliefs and cultural traditions are participating factors in the commission of honour crimes (Begikhani et al. 2010b). However, patriarchy is a feature of all societies and religions, and violence against women is an element of this as a means to maintain power over women. Sev'er and Yurdakul (2001) state that purely focusing on the role of culture and/or religion fails to address this issue.

Control over female virginity and sexuality is one of the primary concerns of the concept of honour; honour is used as a tool to maintain gender inequality. Under the strict norms of an honour-based patriarchal society (Begikhani, 2015a) women and young girls are expected to remain virgins until they are married. Not meeting this expectation may lead to very serious consequences, including honour killing. In such societies, women and girls' sexuality directly correlates to the honour of her family or community. Therefore, virginity is perceived as an asset, a matter for the family and the community to be concerned about, not as the individual choice of a girl or woman (Cindoglu, 2000). Honour-based patriarchal communities place a high premium on women's virginity for social, economic, and religious reasons (Welchman and Hossain, 2005).

The concept of honour is a social construct, and this concept is at the heart of virginity control. 'An integral part of this construct is the social construction of femininity and masculinity, which renders women powerless, and at the same time, manages to create and maintain a powerful social control apparatus aimed at dominating, exploiting, and in extreme cases, killing women. Thus lending legitimacy to gender based violence. Virginity control best illustrates the workings of this social control apparatus' (Awwad, 2011:105).

Christian, Jewish, and Muslim faiths all attach considerable importance to female premarital virginity (Amy, 2008). Virginity tests are increasingly being requested, mainly by members of diasporic immigrant communities, and such experiences have been reported in European countries including Spain, Sweden, the Netherlands, and the UK as well as other countries in Europe and North America with large immigrant communities (Behrens, 2015; BBC News, 2020).

Female genital mutilation, such as clitorrectomy (Izett and Toubia, 2000), is also a type of practice that has similarities with that of hymenoplasty; they are mainly performed as a cultural requirement in certain communities. Both practices involve genital violation, unnecessary and irreversible medical interferences (Hankins, 2007; Byrne, 2014). The acceptability of these practices are mainly based on cultural and social reasons (Hankins, 2007).

For the purpose of this paper, the term 'patriarchy' will imply 'honour-based patriarchy'. In addition, since, the nature and name of the hymen reconstruction surgery depends on the condition of hymen remnants to work with, either an operation called hymenorrhaphy or hymenoplasty (Blank, 2007: 72), the word 'hymenoplasty' will be used to indicate such operations.

Virginity and Honour-based Violence

Like any other instance of honour related violence, the virginity requirement of female members of a family is all about subordination of women. It is perceived as a means of safeguarding the family's honour. As a result, when a woman is sexually abused, her male relatives are also viewed as victims (Welchman and Hossain, 2005). Bond, exploring the concept of family honour through the lens of property theory, states that honour appears as an intangible type of property (Gill et al., 2014). Although honour is bestowed on female bodies, it is largely owned by the male members of the family. A man's honour is associated with his power to protect his

property, and his women are his most prized possession (Shalhoub-Kevorkian, 2005a). When women and girls act honourably, the price of the property increases for the family, and vice versa, when they act dishonourably, the value of the property decreases significantly (Gill et al., 2014).

The virginity of young girls and women is controlled in three main ways: first, via the bloody sheet as evidence of first instance of sexual intercourse on the wedding night. Second, it is controlled via virginity checking and virginity certificates. When a newly married bride fails to bleed after the first sexual intercourse, she is very likely to be taken for a virginity check (Shalhoub-Kevorkian, 2005b). Similarly, in the case of any rumour indicating a girl having contact with a male, families may require a virginity check. After a virginity check, a so-called virginity certificate may be requested (Juth and Lynöe, 2014); Amy, 2018; Behrens, 2015). The third way of controlling female virginity is through hymen reparation surgeries. The second and third practices (virginity examination and hymen reparation surgery) may be undertaken voluntarily or imposed by family members of the woman or girl involved.

Experts submit that 'from an anatomical point of view, the state of the hymen has in reality little to say about previous sexual activity or experience' (Essen et al., 2010). Paterson-Brown (1998) quotes a report which states that after physical examination of hymens, only 16 out of 28 women's virginal status was certain, corresponding to 57%. Sometimes the hymen does not remain intact for a number of different reasons: it might be ruptured during exercise or inserting tampons, or a girl may be born without it (Wadesango et al., 2011). Despite this, it is commonly believed that the hymen will break at first intercourse, causing bleeding. Added to this, the fact that in patriarchal societies honour is dependent on virginity, it can be concluded that the absence of an intact hymen is one of the main causes of honour crimes. If there is no blood on the wedding night sheets or the virginity test is negative, the consequences can be very serious, even leading to honour killing.

There are other examples of misunderstanding that can make families think that their daughter's virginity has been lost. Relatives of girls with blocked hymens or with their bellies swollen may think this as a sign of pregnancy through illegitimate sexual relationships. Similarly, those girls whose stomachs swell with tumours, or whose periods stop due to anaemia are easily subjected to the same conclusion. If a young woman is killed, the autopsy has revealed in some cases that the girl was indeed still a virgin (Centre for Egyptian Women's Legal Assistance, 2005).

Medical Virginity Examinations and Virginity Repair Operations

Medical virginity testing of women is a gynaecological intervention which involves an examination to reveal whether the hymen is intact. Virginity testing is used for legal reasons, in cases of assessing a sexual assault (especially for victims of rape), for child or mentally disabled victims. In these cases, virginity testing fulfils a crucial function legally. However, it is also commonly used in non-medical cases when the real motive is to protect the honour of the family (Shalhoub-Kevorkian, 2005a).

Examinations for virginity certificates pose an ethical dilemma to the medical profession (Behrens, 2015), especially in countries where the medical code of practice is based on liberal values. For example, in Canada physicians are entitled to refuse to perform virginity examinations. In October 2013, the Quebec College of Physicians warned doctors that when they were linked to bridal purity issues, virginity testing was unethical and that they should not be performed (Behrens, 2015). Such tests, aside from not being scientifically based, can also cause a potential harms to the patients (Behrens, 2015). Furthermore, from a medical point of view, the hymen serves no

known biological function. Therefore, its rupture has no medical consequence. Recently, in the UK there have been calls for banning hymenoplasty. The General Medical Council's guideline on this matter requires the patient's informed consent before the procedure. Such consent 'may not be valid if it is given under pressure or duress exerted by another person' (BBC News, 2020).

It is also stated that, in order to erode these practices, physicians' associations in countries where such examinations are tolerated 'should join Quebec's in its rejection of the practice. The practice of virginity testing legitimises an oppressive and repressive system of 'honour' (Cook and Dickens, 2009: 266–269). Furthermore, the World Health Organisation acknowledged the implication and harms of virginity testing as an example of sexual violence against women (World Health Organisation Handbook, 2014).

However, if a physician refuses to perform the test, this may be against the welfare of the patient. Leaving young girls or women to contend with their families without proof of their virginity may have serious consequences. A research study conducted in Iran revealed that, in order to protect girls, some practitioners have issued false virginity certificates (Robotjazi et al., 2016). Moreover, if doctors are banned from performing such examinations, this demand may be met through extremely unsafe virginity tests being performed by a female member of the family, a mother, aunt, or neighbour inserting a finger in the vagina of the girl to check if the hymen is intact (Wadesango et al., 2011).

In some cases, after a negative test result, the patient or her family may request a virginity repair operation. At such request, gynaecologists and plastic surgeons may reconstruct the hymen. These surgeries restore the hymen so that there will be bleeding after the next instance of sexual intercourse. These operations are described by Shalhoub-Kevorkian (2005a: 1190), as 'restor[ation] [of] an illusory virginity'.

Families from a patriarchal culture that are living in more liberal societies in Western countries may undergo some internal conflicts regarding their values and lifestyle. Younger family members may wish to enjoy the same level of sexual freedom as their Western peers. In such situations, young girls and women are very likely to enter into a sexual relationship secretly from their families, with the hope that the relationship will end in marriage. If the relationship breaks down, the young woman may request a hymenoplasty. In this scenario, the consent of the patient to undergo the operation is not genuine. The pressure to appear to be a virgin on a future wedding night, and the fear of consequences otherwise, are the reasons behind the woman's consent. It is impossible for her to make a free choice between hymenoplasty and injury or death at the hands of a family member or relative. Cook and Dickens (2009: 267) argue that 'revirginating, renewing the dedication of a woman to the use, pleasure and/or proprietary control of a man, may appear to perpetuate a human rights offence against the equality of women with men.' There is no doubt that whichever way it is requested, either as an imposed virginity testing or as a voluntarily hymenoplasty, the practice is promoting patriarchy. Shalhoub-Kevorkian (2005b: 174) refers to it as 'a game by the patriarchal system to further control women'.

Despite all these concerns, when a woman's almost only means of escaping serious harm is to have a hymenoplasty performed, it appears to be a viable option. Doctors are under oath to promote a patient's welfare, and the concept of deception is not relevant as the operation is performed for the welfare of the woman, and the principle of confidentiality prevails (Paterson-Brown, 1998). Thus, when the issue is so important in that it might save a woman's life, then such operations should be performed by the National Health Service (NHS) for free. The UK Royal College of Obstetricians and Gynaecologists, Ethic Committee's Opinion Paper (2013: 1) states

that, in general, female genital cosmetic surgery should not be undertaken within the NHS unless it is medically indicated. The definition of female genital cosmetic surgery is:

Female genital cosmetic surgery refers to non-medically indicated cosmetic surgical procedures which change the structure and appearance of the healthy external genitalia of women, or internally in the case of vaginal tightening. This definition includes the most common procedure, labiaplasty, as well as others, such as hymenoplasty and vaginoplasty...

However, the Ethical Opinion Paper mainly focuses on labiaplasty. Hymenoplasty is purely considered a cosmetic surgery as it does not carry any medical necessity. There is no discussion on the importance of hymenoplasty in certain circumstances. Furthermore, the Ethical Opinion Paper recommends that the use of public resources in this area should be significantly considered (Royal College of Obstetricians and Gynaecologists, 2013: 8). Since the nature of and reasons behind hymenoplasty are not explained, it is likely to be treated as labiaplasty and thus unlikely to be seen as a necessity. In the absence of national guidance on hymenoplasty within female genital cosmetic surgery, it is purely up to medical professionals' awareness of honour-based violence to save a patient's life. Regionally, some of the NHS Trusts seem more aware of the importance of hymenoplasty. The North East London NHS Foundation Trust urges staff to take clients' fears of honour-based violence seriously. Even if the 'offence' may seem trivial to the individual concerned, it is not necessarily trivial to his or her family (North East London NHS Foundation Trust, 2015: 9, para 5.4).

Performing virginity examinations and hymen reparation operations appears to lend support to archaic and patriarchal practice. However, there are surgeons who feel that these surgical procedures are acceptable. Ross (1998: 462) supports surgeons that perform hymenoplasties, stating that, 'awareness of multicultural complexities is needed' when considering such requests. Accordingly, 'if a woman believes that reconstructive surgery is in her best interest, then the surgeons should respect her autonomy and proceed with the repair or refer her to doctors who will do it' (Ross, 1998: 462).

The desperation of women looking for hymen reparation has given rise to a new private sector: medical centres offering hymen restoration surgeries. Although the full scale of the hymenoplasty operations are unknown, there appears to be at least 22 private clinics across the UK offering hymen repair surgery. The operation takes about an hour and costs approximately £3,000 (BBC News, 2020). A London based private clinic states that they have been performing hymenoplasty since the late 1990s, helping many women from different backgrounds and cultures. They also state that such operations have subsequently reduced the death rate of women killed because of the loss of their virginity (Regency International Clinic, London).

Abroad, a market for virginity operations is common in some North African countries where many agencies offer virginity reparation trips for around £1000, which is significantly lower than what these operations would cost in Britain (Booth, 2008). Egypt is considered to be 'an Arab centre for performing illegal operations of hymen repair' (Kandela, 1996: 1615). The operation costs between \$100-600. The Egyptian Medical Association has forbidden its members from performing hymenoplasty under the risk of being struck off the medical register in addition to a year in prison. Egypt's highest religious authority, Al Azhar, has condemned these operations by describing them "as 'cheating', since the Koran states the bride has to be a virgin" (Kandela, 1996:

1615). However, the same source reported that, over the past ten years, use of such operations has reduced honour killings by 80%.

Those who cannot afford going to a private clinic are left to explore other options on the black market. It is a fact that cheaper hymenoplasty will be performed by non-professionals, leading to the risk of infections or other complications emerging (Robotjazi et al., 2016). Alternatively, other remedies are advertised such as so-called Chinese hymen restoration kits. For as little as \$29.95 online, the kit claims to provide 'a type of prosthetic membrane created for the purpose of simulating an intact human hymen' (Hymen Shop, 2019).

Vulnerable young girls and women who cannot afford private surgery will be exposed to cheaper and unsafe options. A feasible solution is to issue a guidance that can be uniformly followed by all health care professionals when a request for hymenoplasty comes to the NHS. The performance of such operations should depend on the severity of each case, especially when family honour is at stake.

Virginity as a Legal Issue

It is not unusual to see, in countries where patriarchal values prevail, that the non-virginity of a wife is accepted as the grounds for a divorce or annulment of the marriage. In the Indian case of *P v Kair* AIR (1982), concealing non-virginity prior to marriage was considered as fraud. Similarly, in Turkey the non-virginity of the wife is one of the attributes that satisfy the requirement for the annulment of a marriage (Turkish Civil Code 4721). This is illustrated in a Turkish case (Yargitay, 2007) where a husband claimed that his wife was not virgin and sought annulment of their marriage. The wife obtained a medical certificate clarifying her virginal status and sought a divorce rather than an annulment. The court granted a divorce. However, the unhappy husband further appealed, and the annulment of the marriage was granted as a result.

In the absence of a range of cases on this issue in Western countries' courts, a relatively new French case is worth mentioning. The case involved an engineer man in his 30s who married a student nurse in her 20s. As part of their traditional ceremony, while the wedding celebrations were ongoing, the bride's blood-stained sheet had to be produced. However, when the groom came downstairs, he complained that his bride could not produce the customary evidence of her virginity. The next morning, he went to court to seek an annulment of the marriage on the grounds of his bride not being a virgin. The wife did not oppose the annulment and admitted that she had experienced sex before marriage (Booth 2008).

The French court in Lille considered the virginity requirement as 'one of the essential elements' of marriage, and accordingly, the annulment was granted on the grounds of the deceit by the wife. However, the Minister for Women's Rights described the decision as diminishing the status of women, and it was condemned by cross-party politicians, the media, feminists, and civil rights organisations (Booth, 2008; Smith, 2008). Similarly, Badinter, a pioneer of women's legal rights, said that such a decision would encourage young girls to seek hymenoplasty (Booth, 2008). The decision has also been criticised as being sexist because the cultural norms of Muslim women cannot question male virginity (Welstead, 2009). The decision was overturned by the Northern French Court of Appeal (CA Douai, 2008). It was held that a wife's lie about her virginity was only relevant to her life prior to marriage, but not to her and her husband's future married life together. This time, the wife sought annulment of their marriage because her husband had destroyed the mutual trust between them by seeking an annulment of their marriage in the first place, but the court refused this.

An analogous situation in English law can be found in the very old case of *Moss v Moss* (1987) which involved a woman's concealed unchastity and pregnancy by another man. Mr. Moss thought he was marrying a virgin, and when he found that she was not he sought annulment of their marriage. His claim failed, as it was stated that such an error did not affect the validity of the marriage. The grounds which would allow one party to seek annulment of their marriage are as a consequence of duress, mistaken unsoundness of mind, or other grounds (Section 12 (c) Matrimonial Causes Act 1973). However, a groom believing that a bride is a virgin is not likely to be considered a 'mistake'. As Booth (2008) submits, the mistake must be far more fundamental; 'mistake refers to identity and not to the attributes of the person concerned'. A mistake on the nature of a wedding ceremony for example is considered grounds for legal action (*Valier v Valier* (otherwise Davis), 1925) and *Mehta* (otherwise John) v *Mehta*, 1945). In addition, no English court has considered the meaning of "other reason" under the sec 12 (c) Matrimonial Causes Act 1973 as of yet. However, unlike Indian and Turkish courts' decision, the domestic court in *Moss* and the French court in Lille made their stance clear that virginity cannot be used as a reason to seek an annulment of a marriage.

Virginity Testing and the International Human Rights Law

Virginity testing is physically invasive, and it interferes with women's right to bodily integrity. The tests are only performed on female bodies; therefore, it is discriminatory. Such practices infringe several international human rights instruments. An individual's dignity, and physical and mental integrity is protected by the Articles of the Universal Declaration of Human Rights 1948 (Articles 1, 2, 3 and 7). Furthermore, Article 12 of the Universal Declaration of Human Rights 1948 states that 'No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and attack and diminish a victim's honour, dignity and reputation. The reputation. Everyone has the right to the protection of the law against such interference or attacks' (also see Article 17 of the International Covenant on Civil and Political Rights (ICCPR) 1966 which makes express referral to prohibition of unlawful attacks to individual's privacy, honour and reputation'). Although the virginity test is performed in order to maintain family honour, in reality, such tests attack and diminish a victim's honour, dignity, and reputation. The ICCPR 1966 also reinforces this under its Article 7, which requires protection for both the dignity and the physical and mental integrity of the individual. Also, under its Article 3, States Parties are under obligation to ensure the equal right of men and women to the enjoyment of all their civil rights (also see Articles 3 and 24 of the ICCPR 1966).

Article 14 of The European Convention on Human Rights and Fundamental Freedoms (ECHR) 1950 prohibits discrimination on any grounds, such as sex. The case law of the European Court of Human Rights has illustrated that imposed virginity testing can amount to a degrading treatment, which is prohibited under Article 3 of the ECHR 1950 and infringes the right to privacy under Article 8 of the same. The decision of the European Court of Human Rights on virginity checking imposed by state authorities is considered in the Turkish case (*Salmanoglu and Polattas v Turkey*, 2009). In this case, two girls aged 16 and 19 were taken into police custody on suspicion of their membership in an illegal political organisation. On the same day they were taken into police custody, they both were taken to the hospital for virginity status checking at the request of the head of the anti-terrorist branch of the police headquarters. They both were examined by a medical expert and declared to be virgins. In addition to the virginity checking, both applicants claimed that they were subjected to ill-treatment while in custody. Taking into consideration the

circumstances of the case as a whole, in particular the virginity tests carried out without any medical or legal requirement at the beginning of the applicants' detention, the Court was satisfied that the applicants were subjected to severe ill-treatment during their detention in police custody. Therefore, the court concluded that there had been a breach of Article 3 of the Convention.

Similarly, in another Turkish case (*Yazgul Yilmaz v Turkey*, 2011) a 16-year-old Turkish girl was arrested in connection with her links to an illegal armed organisation in Turkey. On the second day of her arrest, the applicant was put through a gynaecological examination to indicate her virginity status. The applicant stated that the gynaecological examination was taken without her consent, and there was no official document to prove the contrary. The Court decided that the virginity test was not part of the standard medical examination applied to persons in detention, but rather a discretionary decision taken in order to safeguard the members of the security forces involved in this arrest against a potential accusation of sexual assault by the applicant. In sum, the Court found that the gynaecological examination was imposed on the applicant without her free and informed consent, and that even though she had consented, she was in a vulnerable position to refuse it. The Court, in its previous decision, clarified that such examinations had not been shown to have been 'in accordance with the law' or to have been 'necessary in a democratic society' (*Juhnke v Turkey*, 2008: para 76). There had accordingly been a violation of the applicant's rights under Article 3 of the Convention (*Avrupa İnsan Hakları Mahkemesi İkinci Daire*, 2006: 8).

The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) 1979 under Article 16 provides that States Parties must eliminate discriminatory matters relating to marriage and family relations and ensure a parity of women's equality with men. In addition, Article 5 (a) states that these States Parties shall take all appropriate measures 'to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudice and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women'. Furthermore, when virginity testing is imposed on young girls, then the articles of the Convention on the Rights of the Child 1989 become relevant to consider. Under the 1989 Convention, Article 2 requires States Parties to respect and ensure the rights of all children irrespective of their sex. It also, under Article 19, urges states to take all appropriate legislative, educational, administrative, and social measures to protect the child from all forms of violence. The UN definition of honour crimes "*must be broad enough to encompass 'honour'-based violence in all its forms, such as murder, attempted murder, driving to suicide, rape, gang rape, torture, assault, virginity testing, kidnapping, forced marriage, forced eviction, harassment, threats, stove burnings, acid attacks and maiming*" (UN Women, 2012).

Nevertheless, despite all of these international legal efforts, women continue to have their sexual autonomy restricted out of fear of being subjected to virginity testing (either via bloody sheet practice or medical testing) and its consequences. In cases where virginity tests have been imposed by States, the European Court of Human Rights has repeatedly held that such practices are breaches of the Convention (as seen in the cases of *Juhnke v Turkey*, 2008; *Y.F. v Turkey*, 2003). But there has been no individual case on forced virginity issues taken against a private person (originating from family and community pressure). Beyond the legal remedies, if a woman prefers to exercise sexual autonomy she will become *unmarriageable*, or alternatively she will be forced to marry someone not of her choice. Therefore, the issue is very likely to be settled before it takes the form of a legal challenge on an individual basis.

Conclusion

The practice of placing virginity requirements on young girls and women upholds patriarchy. Like any other women's rights struggle, virginity testing and hymenoplasty are socially oppressive practices. From a legal point of view, the virginity requirement of women and girls is a gender-based discrimination, and it is against their fundamental human rights and freedoms. Virginity testing, regardless of its result, causes harm to women and young girls (Robatjazi et al., 2016). Cultural and social values must change so that a girl's virginity is not judged by an intact hymen' (Robatjazi et al., 2016: 160).

Hymen restoration surgeries reflect social injustice and hypocrisy (Usta, 2000) as well as the validation of discrimination and social inequality. Shaw and Dickens (2015) state that individual self-determination or autonomy entitles competent women to request a hymenoplasty for themselves. Demands for hymenoplasty or fake virginity by unmarried women can also be seen as a sign of the weakening of traditional patriarchal control of female sexuality (Ozyegin, 2009). It is empowering women and protecting them from abuse, and, in the worst case scenario, of being victims of honour killing. On the other hand, going through with hymenoplasty can also be perceived as women being forced to give up their rights in order to comply with what is expected from them by the patriarchy. However it is perceived, hymenoplasty is a temporary solution to the larger issue and it does not alter double social standards in patriarchal culture.

It is impossible to achieve social changes quickly. And not all aspects of patriarchal facets can be tackled via the law effectively. In the long term, the only effective way to tackle this is to achieve social change via education, as the issues related to virginity are mainly a 'social product' (Robatjazi et al., 2016). Migrant families need to be educated on the equality of men and women; in simple terms, they need to abandon "their adherence to the 'bloody sheet' theory" (Paterson-Brown, 1998: 461). That is the only way to tackle issues around virginity, which has 'become a symbol of successful patriarchy' (Blank, 2007:31).

References

- A. Byrne, 30 April 2014, Supporting women after genital mutilation, *Nursing Practice Research Review Nursing Times*, 110 (18):12–14.
- A. K. Gill, C. Strange, K. Roberts, 2014, *Honour Killing and Violence, Theory, Policy and Practice*, Palgrave Macmillan, Basingstoke.
- A. M. Awwad, October 2011, Virginity Control and Gender-Based Violence in Turkey: Social Constructionism of Patriarchy, Masculinity, and Sexual Purity, *International Journal of Humanities and Social Science* [Special Issue] 1(15): 105–110.
- A. Sev'er and G. Yurdakul, 2001, Culture of Honour, Culture of Change: A Feminist Analysis of Honour Killing in Rural Turkey, *Violence Against Women Journal*, 7(9): 966-1000.
- BBC News, Calls for 'virginity repair' surgery to be banned (27 January 2020).
- B. Essen, A. Blomkvist, L. Helström and S. Johndotter, 2010, The experience and responses of Swedish health professionals to patients requesting virginity restoration (hymen repair), *Reproductive Health Matters*, 18 (35):38–46.
- C. Hankins, 2007, Male Circumcision: Implications for Women as Sexual Partners and Parents, *Reproductive Health Matters, An International Journal on Sexual and Reproductive Health and Rights*, 15:62–67.
- CA Douai, 17 Novembre 2008, RG 08/03786.
- Centre for Egyptian Women's Legal Assistance, 2005, 'Crimes of honour' as violence against women in Egypt. In: L. Welchman and S. Hossain, 2005, *'Honour' Crimes, Paradigms, and Violence Against Women*, Zed Books, London.
- D. Cindoglu, 2000, Virginity tests and artificial virginity in modern Turkish Medicine, *Women for Women's Human Rights Publications: Istanbul*.
- D. Shaw and B. M. Dickens, 2015, A new surgical technique for hymenoplasty: A solution, but for which problem? *International Journal of Gynecology & Obstetrics*, 130(1):1–2.
- E. Zimmerman, 2011, Circumcision in boys and girls: why the double standard? *BMJ*, 342: d978.
- G. Ozyegin, 2009, Virginal Facades, *European Journal of Women's Studies*, 16(2):103–123.
- H. Blank, 2007, *Virgin*, Holtzbrinck Publishers, Bloomsbury.
- Hymen Shop website <<http://www.hymenshop.com/>> accessed on 27/11/19.
- I. Usta, 2000, Hymenorrhaphy: what happens behind the gynaecologist's closed door? *Journal of Medical Ethics*, 26(3): 217–218.
- J.J. Amy, 2008, Certificates of virginity and reconstruction of the hymen, *Eur J Contracept Reprod Health Care*, 13(2):111–113.
- Juhnke v Turkey* (Application no. 52515/99) 13 May 2008.
- K. G. Behrens, 2015, Why physicians ought not to perform virginity tests, *J Med Ethics*, 41:691– 695.
- L. F. Ross, 1998. Commentary: Surgery is not what it seems, *BMJ*, 316(7129): 462–462.
- L. Welchman and S. Hossain, 2005, *'Honour' Crimes, Paradigms, and Violence Against Women*, Zed Books, London.
- M. Robotjazi, M. Simbar, F. Nahidi, J. Gharehdaghi, M. Emamhadi, A–A Vedadhir and H. Alavimajd, 2016, Virginity Testing Beyond a Medical Examination, *Global Journal of Health Science*, 8 (7):152–164.
- M. Smit, *The Telegraphy*, 'France appeals annulment of Muslim marriage over bride's virginity lie', 05 June 2008.

- M. Welstead, January 2009, Family: The virtue of virginity, *New Law Journal*, 159 (95): 23.
Mehta (otherwise John) v Mehta [1945]1 All ER 689.
- Moss v Moss* [1987] P 263.
- N. Begikhani, A.K. Gill and, G. Hague, 2015a, *Honour-Based Violence*, Ashgate, Surrey.
- N. Begikhani, A. Gill, G. Hague and K. Ibraheem, 2010b, Final Report on Honour-based Violence and Honour-based Killings in Iraqi Kurdistan and in the Kurdish Diaspora in the UK, Centre for Gender and Violence Research, University of Bristol, UK, and Roehampton University, UK, in partnership with Kurdish Women’s Rights Watch, 1–166.
- N. Juth and N. Lynöe, December 2014, Are estimations of female patients’ need of hymen restoration and virginity certificate value-impregnated? Empirical study of physicians’ attitudes, *Woman - Psychosomatic Gynaecology and Obstetrics*, 1: 24–29.
- N. Shalhoub-Kevorkian, 2005a, Imposition of virginity testing: a lifesaver or a license to kill? *Social Science & Medicine*, 60(6):1187–1196.
- N. Shalhoub-Kevorkian, 2005b, Researching women’s victimisation in Palestine: a socio-legal analysis. In: L. Welchman and S. Hossain, 2005, *‘Honour’ Crimes, Paradigms, and Violence Against Women*, Zed Books, London.
- N. Wadesango, S. Rembe and O. Chabaya, 2011, Violation of Women’s Rights by Harmful Traditional Practices, *The Anthropologist*, 13(2):121–129.
- North East London NHS Foundation Trust, Responding to Domestic Violence and Harmful Practices and Child Sexual Exploitation Practice Guidance and Procedures (implemented 18/08/15).
- P. Booth, 2008, Nullity, Sharia, Virginity and Outrage: An Everyday Story of Marriage and Religion, *Family Law Online Family Law Journal*, 38(8):707–820.
- P. Kandela, 8 June 1996, Egypt's trade in hymen repair', *The Lancet*, 347:1615.
P v Kair AIR (1982 Bom 400).
- R. J. Cook and B. M. Dickens, 2009, Hymen reconstruction: Ethical and legal issues, *International Journal of Gynecology & Obstetrics*, 107(3):266–269.
- R. Reddy, 2014, Domestic Violence or Cultural Tradition? Approaches to “Honour Killing” as Species and Subspecies in English Legal Practice. In: A. K. Gill et al, *‘Honour’ Killing & Violence*, Palgrave MacMillan.
- Regency International Clinic official website, London, Hymen Reconstruction & Repair (Hymenoplasty), <http://regencyinternationalclinic.co.uk/hymen-reconstruction/> (accessed on 14/01/2020).
- Royal College of Obstetricians and Gynaecologists, 2013. Ethical Considerations in Relation to Female Genital Cosmetic Surgery (FGCS), RCOG Ethics Committee Opinion Paper.
- S. Izett, N.Toubia, 2000, Female Circumcision/female Genital Mutilation, Women and Health, Elsevier Inc.404–419. In: M Goldman and M Hatch, 1999, *Women and Health*, 1st Ed (eBook ISBN: 9780080543857) Academic Press.
- S. Paterson-Brown, 7 February 1998. Commentary: education about the hymen is needed, *BMJ*, Volume 316 (7129):461.
- Salmanoglu and Polattas v Turkey* (Application no. 15828/03) 17 March 2009.
- S. Walby, 1989, Theorising Patriarchy. *Sociology*, 23(2): 213–234.
- The Advocates for Human Rights (stopvaw.org), *Virginity Tests*, June 2010 [online] Available at: <http://www.stopvaw.org/harmful_practices_virginity_tests> [Accessed 2 April 2020].

Turkish case of 92007/2504, Yargitay, Decision Date 22.02.2007.

Valier v Valier (otherwise Davis) (1925) 133 LT 830.

UN Women, Virtual Knowledge Centre to end Violence Against Women and Girls, 2012.

<http://www.endvawnow.org/en/articles/731-definition-des-crimes-dhonneur-> [Accessed 22 March 2021].

World Health Organisation Handbook, November 2014.

Y.F. v Turkey (Application no. 24209/94) 22 July 2003).

Yazgul Yilmaz v Turkey (Application no. 36369/06) 1st February 2011.