The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

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Governance and Administration Committee
Parliament Buildings
Wellington

By email: ga@parliament.govt.nz

Tēnā koutou

The Royal New Zealand College of General Practitioners (the College) welcomes the opportunity to make a submission on the Crimes (Virginity Testing Practices) Amendment Bill.

The College is the professional body and postgraduate specialist education college for general practitioners and rural hospital doctors in Aotearoa New Zealand. We represent more than 6,000 specialist GPs and rural hospital doctors, comprising approximately 40 percent of New Zealand's specialist medical workforce. Our motto is Cum Scientia Caritas — with knowledge, compassion. We advocate on behalf of our members and, through them, for the patients, whānau and communities they serve.

Our position

The College supports the Bill, and speaks from a primary care, frontline and safeguarding perspective. Virginity testing has no scientific or clinical basis and cannot determine whether a person has had sexual intercourse (1). Hymenoplasty performed to simulate "virginity" has no clinical benefit, and both practices can cause physical, psychological and social harm and may occur in contexts of gender inequality, coercion, and strong familial or social expectations. The College supports Aotearoa New Zealand joining jurisdictions such as the United Kingdom (UK) in prohibiting these practices (2), and further recommends that the bill explicitly preserve clinically indicated care. We particularly welcome that the Bill protects the person subjected to the practice from prosecution and removes consent as a defence — provisions that appropriately place responsibility on those who perform or facilitate these practices, and enable care-seeking without the fear of self-incrimination. As general practitioners may be among the clinicians to whom affected individuals present for the consequences of these practices, for related health needs, or where the practice is requested, we request that implementation of the Bill be paired with supporting guidance and community-education.

The College supports the core offences in new sections 204D and 204E, which appropriately place virginity testing practices alongside the existing female genital mutilation provisions and extend to acts arranged or committed overseas in relation to New Zealanders. We propose several recommendations and considerations to support the Bill's implementation.

Ensure that the bill allows for legitimate clinical care

The College considers that the purpose-based definition appropriately distinguishes virginity testing from legitimate clinical and forensic examination. Clear implementation guidance should reinforce this distinction so clinicians and patients understand that clinically indicated examinations are not prohibited.

Similarly, the College further recommends that the Bill clearly distinguish prohibited hymenoplasty from clinically indicated procedures that may involve hymenal tissue, including treatment of congenital abnormalities, trauma

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or iatrogenic injury, or procedures incidental to other clinically indicated gynaecological or obstetric care. Any such distinction should be sufficiently clear and narrowly framed so that it does not create a pathway for prohibited hymenoplasty to be characterised as clinically indicated care. The College does not propose specific legislative wording, but recommends that this distinction is addressed either within the Bill or through sufficiently authoritative supporting material to provide clarity for clinicians.

The College notes that the existing female genital mutilation offence in section 204A of the Crimes Act 1961 includes an exception for bona fide medical or surgical procedures performed by a registered health practitioner for a person's physical or mental health (3). Importantly, these exceptions are accompanied by safeguards to ensure that cultural, religious or other customary beliefs about the necessity or desirability of a procedure cannot be relied upon to establish health benefit. The College recommends that the Bill similarly preserve legitimate, clinically indicated care while ensuring that any exception is sufficiently narrow and safeguarded so that it cannot be used to legitimise the prohibited practice of hymenoplasty.

Pair criminalisation with a public-health, support-led response

A criminal prohibition alone will not end these practices and could, if poorly implemented, drive them underground, or deter affected individuals from seeking care, particularly if affected individuals fear that disclosing family pressure would result in prosecution. The College recommends that prohibition be accompanied by culturally safe, trauma-informed education and guidance for the primary care and wider health workforce, similar to that produced in the UK (4).

Guidance should provide clear safeguarding and appropriate referral pathways (e.g., to Oranga Tamariki, police), documentation expectations, privacy safeguards, and advice on how clinicians should manage suspected coercion, and respond when asked to perform virginity testing, provide a certificate, or refer for hymenoplasty.

Furthermore, as recommended by the World Health Organisation, we recommend community-led education and engagement with affected communities (1). Importantly, messaging and implementation should be culturally safe and avoid alienating or stigmatising any ethnic, migrant, refugee or faith community. The focus should be on the human rights and wellbeing of individuals, on support rather than blame, and on partnership with affected communities to build trusted and accessible pathways to support.

Monitoring should assess whether the law and guidance improve safety and access to support, and whether there are unintended impacts on health-seeking behaviour.

Conclusion

The College supports this Bill and its objective of protecting individuals from a harmful, unscientific practice. Our key concern is that the legislation must be clear for clinicians and safe for patients. It should unequivocally prohibit virginity testing practices, while preserving clinically indicated and forensic care. Implementation of the bill should be paired with a supportive, culturally safe, and trauma-informed public-health response which incorporates community-led education and guidance for health practitioners.

Nāku noa, nā

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