Facts about the Hymen – And What It Cannot Tell Us

Physicians for Human Rights

What is the hymen?
A small membranous tissue with no known biological function, which occupies a portion of the external vaginal opening in most females.

Fact: No medical or legal conclusion may be inferred by hymen examination alone, without a corroborative history, general physical exam, and/or other forms of evidence.

Hymenal measurements of size and width, lacerations, and transections have been shown to lack specificity or sensitivity to confirm previous vaginal penetration.1 Even in children with suspected sexual abuse, the majority will have normal or nonspecific findings.2,3,4 Typically, hymenal injuries heal rapidly and usually leave no evidence of any previous injury.5,6,8 A significant body of scientific evidence demonstrates that the vast majority of children who have been sexually abused, including with vaginal and anal penetration, have normal anogenital examinations.9,10,11,12,13,14

Fact: There is no evidence that any changes to the hymenal tissue’s anatomy are indicative of having had intercourse (consensual or non-consensual).

In most cases, there is no correlation between a hymen’s appearance and the actual history of prior sexual intercourse.15,16 One study comparing hymenal morphology in adolescent girls with and without a history of consensual sexual intercourse found that 52 percent of those who reported having prior intercourse had no identifiable changes to the hymen tissue.17

In prepubertal girls, the hymen and vagina are smaller and less elastic than in adolescent and adult women, and consequently trauma due to penetration is more likely to be evident and more characteristic.18,19 In postpubertal women, the hymen may stretch, allowing vaginal penetration with minimal injury. Only a small portion of these women will exhibit changes in the hymen indicative of penetrating trauma.20

Fact: There is no standardized hymeneal appearance for young girls, adolescents, or adult women; the size of the hymen is variable, measurement depends on the position of the examination, and its appearance changes significantly with age. (See Figure 1 on reverse.)

While there is variability, the diameter of the hymen is generally described as smaller than 6mm in prepubertal girls.21

The hymen’s appearance can also be distinguished by the presence of polyps, tags, ridges, bands, and notches.22 Different configurations of the hymen exist, and include, most commonly: annular (also known as circumferential), crescentic, and fimbriated (with finger-like projections).23,24

Less common hymen configurations are: sleeve-like, septate (in which there are two openings with a band of tissue between them), cribiform (with multiple openings), micro-perforate (in which the hymenal orifice is extremely small), and imperforate (in which there is no hymenal opening at all). An imperforate hymen is often discovered at puberty when a patient presents with amenorrhea (the absence of menstruation) and haematocolpos (a medical condition in which the vagina fills with blood).25,26
Figure 1. Various Hymenal Presentations


In most cases, there is no correlation between a hymen’s appearance and a woman’s history of prior sexual intercourse.

Endnotes

23. Ibid.

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