



Children's MARS Guidance

Recognising and Responding to Breast Ironing

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Introduction and definition

This guidance sets out the local procedures for the recognition and response to breast ironing.

The guidance is relevant to any practitioner operating within North Lincolnshire who may come into contact with any child who has undergone or is vulnerable to breast ironing.

Breast ironing (sometimes known as breast flattening) is the term used to define the pounding and massaging of a girl's breasts (usually during puberty) using hard or heated objects to try to stop them developing or to make them disappear entirely.

In some families, large stones, a hammer or spatula that have been heated over scorching coals can be used to compress the breast tissue. Other families may opt to use an elastic belt or binder to press the breasts so as to prevent them from growing.

Breast flattening usually starts with the first signs of puberty, which can be as young as nine years old and is usually carried out by female relatives.

Breast ironing is typically carried out by the girl's mother with the belief that she is:

- protecting her daughter from sexual harassment and/or rape
- preventing the risk of early pregnancy, which would tarnish the family name
- preventing her daughter from being forced into marriage, so she will have the opportunity to continue with her education

The girl generally believes that the practice is being carried out for her own good and she will often remain silent.

Prevalence

This practice has been documented primarily in Cameroon but is also practiced in West and Central African countries Guinea-Bissau, Chad, Togo, Benin and Guinea.

While it is estimated that 3.8 million young women are vulnerable to breast ironing on a global scale, approximately one thousand 9–15 year old girls are currently thought to be at risk in the UK. According to the United Nations 58% of perpetrators will be the victim's mother.¹

Indicators

Breast ironing is a well-kept secret between the girl and her mother. Often the father remains completely unaware. Some indicators that a girl has undergone breast ironing are as follows:

- Unusual behaviour after an absence from school or college including depression, anxiety, aggression, withdrawn etc

¹ <https://www.trixonline.co.uk/policy-briefs/2019/july/july-252/>

- Reluctance in undergoing normal medical examinations
- Some girls may ask for help, but may not be explicit about the problem due to embarrassment or fear
- Fear of changing for physical activities due to scars showing or bandages being visible.

Consequences

Breast ironing is extremely painful and can cause damage to the tissue. Due to the instruments which are used during the process of breast ironing, for example, spoon/broom, stones, pestle, breast band, leaves etc to crush the budding gland, combined with insufficient aftercare, young girls are exposed to significant health risks.

Other possible health implications include breast infections, the formation of abscesses, malformed breasts or the eradication of one or both breasts. Due to the range of this activity, the short and long term health consequences for these young women vary from limited to significant. The practice is not only extremely painful but also seriously damages their social and psychological well-being.

For further information see:

[Breast Ironing...A Harmful Practice that has been silenced for too long – Gender Empowerment and Development \(2011\)](#)

The law and Breast Ironing

There is no specific law within the UK around breast ironing, however it is a form of physical abuse and if professionals are concerned a child may be at risk of or suffering significant harm they must refer to the [Children's MARS Policy and Procedure for Assessing Need and Providing Help](#)

Protection and Action

Informing the parents/carers and obtaining consent

Due to the research which suggests that the girl's mother is the most likely perpetrator, the practitioner who has identified or suspects breast ironing must consider the possibility that informing the parent/carer may increase the level of risk to the young woman. In this instance the practitioner does not need to obtain consent to make a referral. If the child is already known to Children's Services, the practitioner should consult with the child's allocated Social Worker before speaking to the parent in order to obtain advice.

In all cases, Children's Services must be advised if the parents or carers are aware of the referral.

Prior to making the referral, the practitioner should ensure that they have sufficient information. This would include basic details such as name, date of birth, address, contact telephone

number etc. as well as details of parents/carers and any other relevant background information that is known at the time. Upon identifying a concern, there should be no delay in making a referral to Children's Services.

Referral

Concerns that a child or young person may be at risk of or has suffered from breast ironing should be discussed with a manager and or designated safeguarding lead and a referral made to Children's Services. This discussion must not result in a delay in referring the concerns.

Within one working day of a referral being received Children's Services should make a decision about the type of response that is required.

This will include determining whether:

- information sharing and discussion has agreed that no further action is required
- an Early Help Assessment be undertaken with no further action by Children's Services
- an Early Help Plan continue with no further action by Children's Services
- any services are required by the child and family and what type of services including referral to an agency/service with no further action by Children's Services
- the child is in need and should be assessed by Children's Services under section 17 of the Children Act 1989
- there is reasonable cause to suspect that the child is suffering or likely to suffer significant harm and whether enquiries must be made and the child assessed by Children's Services under section 47 of the Children Act 1989
- that the child requires immediate protection and urgent action is required.

For more information see [Children's MARS Policy and Procedures Assessing Need and Providing Help.](#)

Medical examination

In some cases, it may be necessary to arrange a medical examination. In other cases, children may require attention to injuries for treatment or for evidential purposes. It is not advisable to call or visit a medical practitioner from the local community as this may threaten the security of the child or young person.

Further information

Local contact details

- North Lincolnshire Children's Services Single Point of Contact - 01724 296500 or 01724 296555 (Extended Hours)
- Humberside Police 101 (non-emergency) 999 (emergency)
- The Blue Door <http://www.thebluedoor.org.uk>

Advice and guidance

- [Breast Flattening - Childline](#)
- [Breast Flattening – The National FGM Centre](#)
- [Breast Ironing briefing \(2019\) Tri.X](#)

- [Breast Flattening Leaflet - The National FGM Centre](#)