



Multi Agency Policy and Procedures

Supplementary Guidance

Multi-Agency Guidance for Recognising and Responding to Breast Ironing

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1. 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 this act.

Breast ironing 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.

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.

2. 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 victims' mother.¹

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- Unusual behaviour after an absence from school or college including depression, anxiety, aggression, withdrawn etc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

¹ http://www.trixonline.co.uk/website/news/pdf/policy_briefing_No-164.pdf

- Fear of changing for physical activities due to scars showing or bandages being visible.

4. 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:

<http://www.ohchr.org/Documents/HRBodies/CEDAW/HarmfulPractices/GenderEmpowermentandDevelopment.pdf>).

5. 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 [LSCB Multi Agency Policy and Procedure for Assessing Need and Providing Help](#)

6. 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 and the practitioner should consult with the child's allocated Social Worker before speaking to the parent in order to obtain advice.

In all cases the SAP 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 Social Work Services.

Referral

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

Professionals who have a concern that a child or young person is experiencing or is at risk of breast ironing must make a referral to Children's Social Work Services. For more information see [LSCB Policy and Procedures Assessing Need and Providing Help](#).

Within one working day of a referral being received Children's Social Work 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 Social Work Services
- An Early Help Plan continue with no further action by Children's Social Work 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 Social Work Services
- The child is in need and should be assessed by Children's Social Work 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 Social Work Services under section 47 of the Children Act 1989
- That the child requires immediate protection and urgent action is required.

For more information see [LSCB Policy and Procedure 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 **may** not be advisable to call or visit a medical practitioner from the local community as this may threaten the security of the child or young person.

7. Sources of Support

North Lincolnshire Children's Services 01724 296500 or 01724 296555 (Extended Hours)

Humberside Police 101 (non-emergency) 999 (emergency)

North Lincolnshire Adult's Services 01724 296607

The Blue Door <http://www.thebluedoor.org.uk>