Services For Education

SAFEGUARDING SUBSCRIPTION RESOURCES

BREAST IRONING

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What is Breast Ironing?

Breast Ironing (sometimes called breast flattening) originated in Cameroon. It is a harmful cultural practice where as soon as a girl enters puberty, her breasts are pressed with a hot object (ironed), massaged, flattened or pounded down. This delays or stops the development of the breasts. Implements such as large stones, a hammer or a wooden spatula are heated and used. Sometimes a cloth or elastic belt is used as a binder to compress the breasts to prevent growth. It is most commonly carried out upon girls aged between nine and fifteen. The procedure is usually repeated between one and three times a week and can last for several years. Typically a female family member (often the mother, grandmother or aunt) will carry it out.

There are negative health implications, both physical and mental. A woman may suffer physical complications throughout her life such as abscesses or cysts and ongoing tissue damage. Breasts may be asymmetrical after puberty. During breast feeding there can be complications as it can lead to inverted nipples and unwanted milk discharge. As this is carried out by family members, there are related and enduring psychological complications in many cases.

What is the Law Around it?

This goes against the child's human rights and is classed as child abuse under the category of physical abuse (and associated emotional abuse). There is no UK law that specifically relates to breast ironing. It could be classed as a type of physical assault under UK laws.

How Common is it?

Breast ironing is practiced in Cameroon and there are also known cases in Benin, Ivory Coast, Chad, Guinea-Bissau, Kenya, Togo, Zimbabwe and Guinea-Conakry. The United Nations says that 3.8 million women worldwide are affected, however it accepts that it is likely to be an under-reported crime.

It is likely that the practice is carried out in other countries and in the UK there are an estimated 1000 young girls at risk. There have been reports of cases, though no prosecutions, in the UK.

Why do People do This?

The practice is led by a belief that breast ironing is good for the girl as it will delay her looking "womanly". The concerns are that if a girl looks like a woman she may be subject to unwanted male attention and possibly rape or abduction.

There is also a reported belief that if the girl was sexually active outside of marriage it would bring dishonour on the family and keeping her "young" would deter this. There is a belief that a girl will be able to continue with her education without distraction – and in practising

communities education is highly valued. However, there is no reason that justifies the practice as it is abuse.

Culturally competent practice means we need to respect beliefs but that does not prevent us acting to end child abuse.

How Can We Empower and Support Young People?

1. Remind children regularly of their human rights to bodily integrity and what constitutes positive relationships. This is usually covered as a key part of your RSHE/PSHE curriculum. In an age appropriate way teach of physical abuse traits and also of how belief and cultural practices cannot be used to cover up abuse.

2. Actively teach children of how to disclose any forms of abuse. Discuss how they can identify trusted adults and work through how to raise concerns about a friend (as a child may have shown distress or disclosed to a close friend).

3. Get to know the community of your setting. Drill down into ethnicity data – saying "African" is not culturally specific enough, would you know if you have a large community from a traditionally practicing country? If you do, the level of knowledge your staff might need to have would potentially be higher than if you don't. All staff should know the basics and know to report and record any information. Staff training is vital.

4. Ensure that if a child from a community which traditionally carries out breast ironing is withdrawn from PSHE/RSHE, a discussion is had with the child, if appropriate with parents (unless you feel to do so would put the child at risk of further significant harm) and if necessary with the MASH. Equally children who are reluctant to change for PE or a girl who seems in discomfort in the chest area might lead to the same discussions.

If you need extra support on this topic, please contact us at
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