Breast ironing (KCSIE 2026)

What Breast Ironing Is

Breast ironing (also known as **breast flattening**) is a form of **child abuse**, **physical harm**, and **gender-based violence**. It involves using hard or heated objects (stones, spatulas, hammers, pestles, heated leaves, bandages or other tools) to press, massage or flatten a girl's developing breasts. The intention is usually to:

- delay breast development
- "protect" the child from sexual attention or assault
- prevent early marriage or pregnancy
- control the child's body

It is **illegal**, causes significant physical and psychological harm, and must always be treated as a safeguarding concern requiring immediate DSL involvement.

Who Is at Risk

Breast ironing is most commonly associated with certain cultural practices in parts of West and Central Africa, but **any girl may be at risk**, including:

- girls approaching puberty
- girls whose families believe breast development increases risk of sexual attention
- girls experiencing strict gender-based expectations
- girls whose families have recently migrated from communities where the practice occurs

KCSIE 2026 emphasises that **staff must not make assumptions based on ethnicity or background**. Risk is identified through behaviour, disclosure, or physical indicators — not stereotypes.

Physical and Emotional Indicators

Staff should be alert to:

- unexplained chest pain or tenderness
- difficulty raising arms or moving upper body
- burns, bruising or marks on the chest
- wearing unusually tight bandages or restrictive clothing
- avoidance of physical activity (PE, swimming)
- fear of medical examination
- sudden withdrawal, anxiety or distress linked to puberty
- reluctance to get changed in front of peers
- disclosure of "pressing", "massaging", "flattening" or "treatment" of breasts

Girls may not recognise the practice as abuse and may believe it is normal or protective.

Associated Risks

Breast ironing can lead to:

- severe pain
- infection
- tissue damage
- long-term physical deformity
- psychological trauma
- shame, secrecy and isolation
- increased vulnerability to further abuse

It may occur alongside other harmful cultural practices such as FGM, forced marriage or honour-based abuse.

Staff Actions — What You Must Do

If you suspect breast ironing or a girl discloses concerns:

1. **Inform the DSL immediately** (in person wherever possible).
2. **Record concerns clearly on CPOMS**, including the child's exact words.
3. **Do not investigate** or ask leading questions.

4. **Reassure the child** and ensure they feel heard and safe.
5. **Maintain confidentiality** — only share with the DSL/deputy.

The DSL will:

- assess risk and immediate safety
- consider links to other forms of abuse (FGM, forced marriage, honour-based abuse)
- liaise with Police, health and social care
- implement safety planning and support
- monitor patterns through DSL caseload reviews

Policy document for: **Breast Ironing**

Updated: Autumn 2026

This policy forms part of the Trust Safeguarding and Child Protection policy and reflects the latest KCSIE guidance. Keeping children safe in education 2026 (comes into force from 1 September 2026) See page 170- for full details. ***All staff read KCSIE Part one as a minimum.***

Breast ironing

This is now classed under Honor or faith based abuse.

Breast ironing is a form of physical abuse and gender based violence and is also known as breast flattening. It constitutes child abuse and may be linked to honour-based abuse, forced marriage, or cultural control.

It is undertaken by pounding or massaging pubescent girls breasts using hard of heated objects to make them stop developing or disappear. Usually carried out by elder female family members on girls aged 9-15 – the practice is performed to make them appear child-like for longer with the rationale that this will protect them from sexual harassment, rape, pregnancy and forced marriage. This can lead to infection, abscesses, chest pain, breast malformation and future breastfeeding difficulties. It is practised in African countries and is particularly prevalent in Cameroon.

The practice can be carried out by African communities who are resident in the UK.

Indicators include:

- Unexplained chest pain or discomfort (burns, bruising);
- Changes in behaviour such as withdrawal
- Emotional withdrawal or anxiety around puberty
- Reluctance to undress in front of others
- Disclosure of 'flattening' or 'pressing'
- Family reference to "protecting" or "disciplining" girls

Staff Actions

- **Inform DSL immediately** — do not investigate or confront families.
- **Record verbatim disclosure** on CPOMS.
- **Maintain confidentiality** and reassure the child.
- **Do not contact parents** before DSL assessment.

DSL Response

- Assess immediate risk and supervise the child.
- Check CPOMS history and contextual factors (family, cultural, peer).
- IMMEDIATE DANGER? CALL 999.
- Refer to Social Care / Police under Section 47 if risk of significant harm.
- Contact FMU (Forced Marriage Unit) if linked to cultural coercion.
- Initiate Early Help / Family Help if lower-level concerns exist.

All actions, decisions and outcomes will be recorded on CPOMS. This will include the full chronology, rationale and agency contacts. These records are transferred to a new school for the child within 5 days.

Support for the Child

Support for the child is crucial and our schools will:

- Provide safe space and emotional support.
- Offer counselling or mentoring via Early Help.
- Ensure medical assessment for injuries.
- Maintain education continuity and attendance monitoring.

Staff Training

- Annual safeguarding training includes honour-based abuse, FGM, forced marriage, and breast ironing.
- DSLs receive cultural competence and contextual safeguarding updates

DSL flowchart

