

The epidemiology of falanga – incidence among Swedish asylum seekers

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Abstract

Falanga (falaka), beating of the soles, is commonly reported by torture survivors. It is known to be used in many countries and regions where torture practice is endemic.

In this study 131 torture victims were examined at the Kris and Trauma Centrum (KTC) of Stockholm. Falanga was reported in 45% of the cases. It was most commonly found among Bangladesian and Syrian patients but was also reported from all Middle Eastern countries and Northern Africa.

Scars and/or pigmentations on the feet and/or lower legs as well as palpable soft tissue irregularities were seen in 82% of the patients reporting falanga, of which 36% had scars or pigmentations in the soles. Persistent pain and tenderness of feet and lower legs were reported in 48%. The signs and symptoms were highly significant when compared with a control group who had not received falanga ($p < 0.0001$).

Keywords: epidemiology, torture, falaka, falanga, refugees

Introduction

Falanga (falaka, bastinado), i.e. beating of the soles, is frequently reported by asylum seekers who allege being tortured. In previous studies we found an incidence of 65% in a selected group of Swedish asylum seekers and alleged torture victims.¹ The differences amongst countries showed great variations in the six countries that were studied, the greatest being 95% in Syria.¹

The use of falanga appears to be especially common in Middle Eastern countries but the circumstances and instruments used vary amongst countries or regions.

One problem with falanga is that it may not always leave any physical marks discernable to the naked eye, but the physical findings when present are quite characteristic.²⁻⁵ However, specific diagnostic tests and investigation by radiological methods may give further diagnostic information.⁶⁻⁸ The frequency of physical signs and chronically disabling symptoms has not been studied in large populations. The present study is a retrospective estimation of the incidence of reported falanga and findings after examination in a group of Swedish refugees.

Patients and methods

In this study 131 refugees were examined at the Kris och Traumacentrum (KTC) in Stockholm during the period 2003-2007.

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Examination procedures adhered to the principles stated in the Istanbul Protocol (United Nations Publications, 1999). Records of visible and palpable injuries to the foot and soles, as well as alleged chronic symptoms that could possibly be related to falanga were analyzed. If any scars or other signs of injury were found, the soles, feet or ankles were photographed.

The patients were divided into countries, geographical regions, and religious confessions. The objective findings were classified as scars and pigmentations in the soles, feet, or ankles, and palpable irregularities in the soft tissues. The symptoms that were accounted for were pain in the soles when walking, and pain in the ankles as well as the lower part of the legs. In cases of falanga, the instruments used when beating, the position of the victim, and if there were any additional procedures in combination with falaka were noted.

The statistical methods used were frequency tables and analysis of differences between groups using Fisher's test for non-parametric data.

Results

The median age of the population was 33 y and mean age \pm sd was 35,4 \pm 9,5 y. 6% (n=8) were females.

The frequency of falanga in the whole population was 45%. None of the females, but 59 out of 123 (48%) of the male patients alleged falanga torture.

The distribution of falanga is shown in Table 1. with data from three studies.

The countries and frequency in which falanga occurred, as well as the details, i.e. weapons used, the position in which it was given, are seen in Table 2. Only countries represented by three or more patients are accounted for. A few patients from Algeria, Eritrea, Georgia, India, Iraq, Jordan, Libya,

Table 1. The distribution and incidence of the practice of falanga in the world. Data taken from the present study and three other studies.^{1,10,16}

Gender and nationality (n)	Falaka (n)	%	Reference
Females (8)	0	0	Present study
Males (123)	59	48	Present study
Algeria (1)	1		Present study
Argentina (25)	1	4	10
Azerbaijan (9)	3	33	Present study
Bangladesh (34)	27	79	Present study
Bangladesh (53)	45	86	1
Bangladesh (82)	65	79	16
Chile (69)	5	8	10
Egypt (2)	2	100	Present study
Eritrea (2)	1	50	Present study
Greece (35)	29	83	10
India (1)	1	100	Present study
Iran (22)	2	9	Present study
Iran (21)	13	62	1
Iraq (2)	1	50	Present study
Iraq (16)	12	75	10
Jordan (2)	2	100	Present study
Libya (1)	1	100	Present study
Palestine (1)	1	100	Present study
Spain (28)	9	32	10
Syria (11)	10	91	Present study
Syria (24)	23	95	1
Tajikistan (1)	1	100	Present study
Turkey (13)	4	31	Present study
Turkey (25)	21	84	1

Palestine, and Tjetjenia reported falanga.

A man from Tjetjenia had experienced torture similar to falanga: he had been beaten repeatedly on the left heel only, with a small rubber hammer.

The alleged procedures of falanga showed some variation amongst countries. In Bangladesh in most instances the victim reported that he was suspended. In Syria he was often immobilized folded double in a tire, and in Turkey the victim most often alleged being tied with a rope or a gun-sling around the ankles lying prone on the floor or a bench.

The distribution of falanga when religious faith was considered showed that citizens of countries of Christian faith (20% of

Table 2. Torture victims of nationalities reporting a high frequency of falanga, weapons used and position when tortured.

Country	Falanga %	Commonest striking weapon	Other striking weapon	Commonest position
Azerbaijan (n=9)	33	Rubber baton	–	Prone on the floor
Bangladesh (n=34)	79	Police baton (lathi)	Roller, hot water bottle	Suspended
Iran (n=22)	9	Electric cable	Baseball bat	Suspended
Syria (n=11)	91	Electric cable	Wooden stick	Body folded in a tire
Turkey (n=13)	31	Baton	Electric cable	Prone on the floor

Table 3. Physical findings and reported persistent symptoms in 131 alleged torture victims. The control group (no falanga) was significantly different from the falanga group.

Physical findings and symptoms	Falanga (n=58) n (%)	No falanga (n=73) n (%)	Fisher's test p-value
Scar foot	38 (66)	14	<0.0001
Scar/pigmentation sole	21 (36)	3	<0.0001
Soft tissue injury	15 (28)	4	<0.0020
Total (1-3 findings)	48 (82)	18 (25)	<0.0001
Pain and tenderness in soles	28 (48)	4	<0.0001
Pain in lower leg	26 (45)	6	<0.0001

the whole study population) 27% had been subjected to falanga. Among Moslems, (72% of the study population), 51% had been tortured by falanga. In the remaining group of different faiths or unknown affiliations (8%), two individuals (25%) both citizens of Moslem countries affirmed falanga.

The physical signs and symptoms corresponding to falanga are listed in Table 3. The occurrence of scars and pigmentations in the soles of those who had suffered falanga were more common than those who had not ($p < 0.0001$). Scars on the upper part of the foot and ankle were also more common in the falanga group ($p < 0.0001$). In 21 patients (36%) who said they had been tortured by falanga, scars or pigmented spots in the sole were noted at the physical examination. Palpable soft-tissue irregularities were less frequent (26%), but these findings were also significantly different from the controls ($p < 0.002$). In the control group 25%

showed physical changes in the foot-ankle region compared to 82% in the falanga group. Subjective symptoms of tender soles and pain in the ankles were also significantly more common in the falanga group ($p < 0.0001$) (Table 3).

Discussion

The study shows that falanga as a torture method is predominantly used in countries of the Middle East, Iran and the Indian region. It also occurs in countries of northern Africa and in the Caucasian region. In those regions, however, there were too few patients to estimate the frequency. In a number of previous studies, falanga has been described in torture victims from the Middle East,^{3,6,9} but also from Greece in the 1970s,^{10,11} Spain,¹⁰ Sri Lanka,^{12,13} and occasionally in Uganda and South America.^{1,10}

In this study the total frequency of falanga was 45%. The population was mainly

Figure 1. World map showing the distribution of the practice of falanga. Data taken from the present study, reference 1 and reference 4 (*italics*). Countries marked with bold/size 12 signifies falanga reported by more than 50% of the patients, bold/size 10, between 25 and 50%, bold/size 8 below 25%. Countries marked with bold/size 6: falanga was reported but the number of patients was too low to make statistical calculations.



comprised of patients from Bangladesh, Syria, Iran, and Turkey. In a study of 200 torture victims by Rasmussen¹⁰ where the examinations were performed during 1975 – 1982, the bulk of the population came from South America; the total frequency of falanga was 29%, but among Iraqi torture survivors (n=16) it was 75%. In Greeks (n=35) it was even higher, 83%, and in victims from Spain (n=28) it was 39%.⁴ On the contrary, in the present study falanga was never reported by patients from Central or Western Africa, Europe, or former Soviet Republics in central Asia.

The practice of falanga is statistically

correlated to countries associated with Islamic religion. It is said that its practice originates from older traditions in Persia and the Arabian Peninsula, and could have been spread very early by the Moslem expansion to northern Africa and the Iberian peninsula as well as India. It was later adopted by the Ottoman empire which can explain its survival into fascist Greece and the Caucasian region. Historical accounts of falanga are, to this author's knowledge, scarce. It is not reported from the Greco-Roman world; neither are there accounts of falanga or similar treatment from the Christian cultural sphere in medieval times or during the In-



quisition.^{14,15} Although not used in torture, falanga might have been known as a method of punishment throughout European history, as there are references to the practice in a play by Shakespeare (*As you like it*) and in opera librettos, e.g. Mozart's *Die Entführung aus dem Serail*.

The examination of the patients in this study was not concentrated primarily on detection of the specific diagnostic signs and symptoms of falanga. By examination and palpation the physical signs of falanga were found to be rather common, but additional evidence might have been found even more frequently with adjuvant diagnostic methods,

e.g. gait analysis,³ bone scintigraphy^{7,8} or MRI.⁹ In the present study, by inspection and palpation, 84% of the patients reporting falanga showed some external signs, i.e. scars on the upper foot, pigmentations and scars in the soles, and irregularities in the fatty tissue of the fore-foot and heel pads, or in the plantar fascia. Moreover, symptoms of pain and tenderness were affirmed in nearly 50% of patients. Using patients with no history of falanga as "controls" showed that all the physical findings and alleged symptoms were highly significant for falanga (Table 2).

In conclusion, apart from beating and kicking, falanga was the most common phys-

ical method of torture in this study population. In this and some previous epidemiological studies¹⁰ the practice was shown to be endemic in the Middle East and Mediterranean region. The practice also appeared to be used regularly in India, Sri Lanka and Bangladesh. Another result of this study is that, in contradiction to previous beliefs⁴ the signs and symptoms of falanga will persist, have a high specificity, and are possible to diagnose even many years after the torture event.

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