

WHAT IS FALANGA?

Falanga is the most common term for repeated application of blunt trauma to the feet (foot whipping) or, rarely, to the palm(s) of the hand or the hips. It is usually applied with a truncheon, a length of pipe or similar weapon (1). Synonyms for falanga are falaka, falaqa, bastinado, bastionade, karma, and arma (2,3,6,9).

Falanga has been recognized as a form of torture by the European Court of Human Rights “when the purpose is to punish or to obtain a confession” (3-5) and is further listed as a method of torture by the UN Special Rapporteur (6).

IN PRACTICE

A Danish study from 2008 shows 40% of torture survivors among asylum seekers had been subjected to falanga (7). A Swedish study from 2009 found that 45% of torture survivors among asylum seekers had been subjected to falanga (8). Both studies show a higher frequency of falanga in men.

The use of falanga has been historically documented in Afghanistan, Algeria, Argentina, Azerbaijan, Bangladesh, Cameroon, Chile, Egypt, Eritrea, Ethiopia, Greece, India, Iran, Iraq, Israel, Jordan, Kenya, Lebanon, Libya, Mauritius, Nepal, Palestine, Peru, Sierra Leone, Spain, Somalia, South Africa, South Korea, Syria, Chechnya, Turkey and Uganda (1,11,12).

There are two variations of falanga. In the first one, the victim lies on their stomach with the legs bent and the soles of the feet facing upwards. In the second one, the victim lies on the back with their feet bound by the ankles tightly to a pole. The pole may be suspended or held by two persons, with the soles of the feet exposed outward. Some victims are forced to walk around in between or after the blows to increase the impact of the torture (1,9).

HEALTH CONSEQUENCES

Victims of falanga often report impaired walking, including alterations in gait pattern and reduced stride and walking speed potentially leading to chronic disability (9,10). Fractures of the feet bones, specifically the tarsal, metatarsal, and phalanx bones are uncommon, but do occur (1).

Two types of pain are usually described, both of which can seriously affect daily activities:

1. A deep, dull cramping pain in the feet, which becomes more intense with weight bearing and muscle activity spreading up to the lower leg.

2. A superficial burning, stinging pain in the foot soles, often accompanied by sensory disturbance (10).

Closed compartment syndrome is a reported complication of falanga. In this situation, swelling of the tissue can lead to necrosis (irreversible muscle damage) due to vascular obstruction (blockage of a blood vessel). This can further develop into gangrene (tissue death caused by a lack of blood supply) of the distal portion of the foot or toes potentially requiring amputation (1).

Crushed heel and footpads which lead to loss of the cushioning effect and loss of the feet’s ability to absorb the stresses produced by walking (1).

Rupture of the plantar aponeurosis which is the connective tissue located beneath the skin of the soles of the feet. An oedema occurring in the period after falanga may cause the rupture. It can be ruptured completely or torn partly at the base of the proximal phalanges and/or partly at the skin. Since the aponeurosis will not tighten normally, the supportive function that is needed to arch the foot may disappear. This can make walking difficult and muscle fatigue may occur (1).

Plantar fasciitis, i.e. inflammation of tissue that runs across the bottom of the foot, may occur as a complication of falanga. Irritation is often present in the whole aponeurosis which can cause chronic aponeurosis (1).

Post-traumatic acute kidney injury was investigated in a South African study involving 136 patients following blunt force assault. Damage to underlying muscle by beating can cause release of myoglobin which sequesters in the kidneys. This may lead to kidney failure (12).

Falanga victims appear more likely to require surgical intervention compared to victims of extensive beatings. In the South African study, 35 of the 136 patients had received falanga with ten (29%) of them requiring surgical interventions. In contrast, only two in the comparison group of 101 required surgery (2%). The needed surgical intervention was debridement (medical removal of tissue), digit amputation and below knee amputation (12).

Plantar hyperpigmentation and scars may be observed in those who have suffered falanga. The hyperpigmentation is a consequence of inflammation. The pattern of the pigmentation can assist in identifying the likely cause and in documenting torture for potential redress (8,11,13).

CONCLUSION

Falanga is practiced in many countries and has serious health consequences. Currently there is a dearth of treatment protocols for falanga survivors derived from a systematic study of treatment and outcome of treatment.

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