

WHAT IS TELEFONO?

Telefono is hard slapping to one or both ears causing rapid increase in pressure in the ear canal (1). Synonyms for telefono are: *telephono*, *telephone*, *cuffing the ears*, *the hammer (chakoshi)*, *the welcoming ceremony (khoshamadgoui)*, *piang piang*, and *kalot marasa*. The UN Special Rapporteur on Torture deemed telefono as constituting torture (2).

IN PRACTICE

A study from 1999 showed that 17% of clients referred to a Danish rehabilitation centre were victims of telefono. Victims came from Afghanistan, Chile, Iran, Iraq, the occupied Palestinian territories, Turkey and the former Yugoslavia (3). A Swedish study from 2003 examined 160 refugees from 6 countries and 18.8% were found to have been victims of telefono. All were from Peru (4).

Telefono has been documented in more than 20 countries throughout the world (5).

HEALTH CONSEQUENCES

Beating to the ears may cause bleeding, fracture of the temporal bone, tinnitus (ringing in the ears), hearing impairment and vertigo (6). Direct blows to the ears follow the same pathogenic mechanism as explosion trauma. They frequently cause loss of hair cells which leads to permanent hearing loss or balance degeneration (7).

The rapid beating increases the pressure in the ear canal potentially rupturing the eardrum. Such rupture may result in the formation of scar tissue and in an increased risk of middle ear infection (7). Poor hygiene in places of detention where victims often reside or exposure to cold water further increase the risk of infection. Inadequately treated infections may lead to chronic ear and bone infections and cholesteatoma (destructive skin growth within the ear) (7).

CONCLUSION

There is a dearth of research on Telefono and therefore a dire need for more studies addressing the prevalence of telefono, as well as examination of its health impacts.

REFERENCES

1. United Nations, editor. Istanbul Protocol: manual on the effective investigation and documentation of torture and other cruel, inhuman, or degrading treatment or punishment. Rev. 1. New York: United Nations; 2004. 76 p. (Professional training series).
2. UN Special Rapporteur on Torture. Report of the UNSRT, Sri Lanka, [Internet]. 2008 Feb [cited 2019 Feb 11]. Report No.: A/HRC/7/3/Add.6-E. Available from: <https://undocs.org/A/HRC/7/3/Add.6>
3. Sinding R, Smidt-Nielsen K. The late ear, nose, and throat region sequelae of torture. Torture. 1999;1/99(9).
4. Moisander PA, Edston E. Torture and its sequel--a comparison between victims from six countries. Forensic Sci Int. 2003 Nov 26;137(2-3):133-40.
5. Rejali DM. Torture and democracy. Princeton: Princeton University Press; 2007. 849 p.
6. Amris K, Danneskiold-Samsøe S, Torp-Pedersen S, Genefke I, Danneskiold-Samsøe B. Producing medico-legal evidence: documentation of torture versus the Saudi Arabian state of denial. Torture Q J Rehabil Torture Vict Prev Torture. 2007;17(3):181-95.
7. Graessner S. Tinnitus in torture survivors. torture. 1994;1/94(4):19-22.

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September 2018

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