



### D38 The Practice of Torture Known as Falaka: Evaluation of Physical and Psychological Outcomes in Asylum Seekers

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After attending this presentation, attendees will learn some peculiarities of the torture method known as “falaka,” still extremely popular throughout the Middle East and some African countries.

This presentation will impact the forensic science community by giving insight on the importance of a thorough medical examination, including medical-forensic support on asylum seekers and refugees, to certify the outcomes of this method of torture.

**Introduction:** The goal of this presentation is to analyze a torture method known as “falaka.” This method is extremely popular and has existed since the Ottoman Empire to recent times, throughout the East and Middle East. Because this is a very common practice, depending on the geographical area, it is sometimes called: *falanga, falaqa, fallagas, bastinado*. Falaka is the most common term which identifies the repeated application of blunt trauma to the feet (more rarely in the hands or hips), usually practiced with a truncheon or a similar weapon. The most severe complication of falaka is the compartment syndrome, which can cause muscle necrosis, vascular obstruction, or gangrene of the distal portion of the feet or toes. Because lesions are often limited to the soft areas (fractures are rare), CT and MRI are the best methods to document them, but a medical examination in the acute phase can be crucial.

The SaMiFo (Health for Forced Migrants) is a health service designed for asylum seekers and refugees, created in collaboration with the Local Health Unit (LHU) of Roma A., in operation since 2007. The SaMiFo aims to facilitate and monitor all health and social services provided by the LHU. The medicolegal examination which certifies the outcomes of torture is the last step of a diagnostic clinical course (Unit VdT-Victims of Torture) that the patient begins at SaMiFo.

**Materials and Methods:** The data of our research are related to the period from January 2011 to June 2011, during which the SaMiFo followed 1,500 applications for international protection. Seven percent of applicants had physical and psychological signs of torture and they were therefore referred for medicolegal examination.

Review of 100 cases was completed to include an introductory interview, the analyzing of all the clinical examinations to detect previous diseases, the threatening of the health of the applicant in case of repatriation, and then the examination to evaluate any injuries. The way in which the clinical examination is carried out and the search for physical evidence are indicated in the Istanbul Protocol.

The presence of a post-traumatic stress disorder is very frequent in this group and it is diagnosed by the Symptom Checklist 90 – Revised, and the Harvard Trauma Questionnaire 67 (HTQ). The HTQ consists of a guided interview that begins by evaluating 46 traumatic experiences. The second section of the interview includes two open-ended questions on experiences perceived by the refugees as by far the worst ever experienced. The third section investigates the experience of trauma or abuse, which are capable of causing brain damage. The fourth section then explores 40 symptoms related to trauma and torture (16 of which related to the diagnostic criteria of DSM IV). As it is a transcultural questionnaire, it has become a widely used tool and reference point for many research fields.

**Discussion and Conclusion:** Considering the local migration, Africa is the country most represented in this research. Women represent 14% of the sample. Almost all asylum seekers have been beaten, 17% underwent falaka, all women have suffered sexual violence. Twenty-four percent have a chronic post-traumatic stress disorder and all patients report anxiety and adjustment disorders. Different methods of torture are used simultaneously; in fact, in falaka cases studied 40% were victims of sexual violence, 50% had signs of cigarette burns on the body, and more than 60% underwent violence in prison.

The percentage of cases of falaka of our study is consistent with data from international literature; however, there is a significant difference in the countries of origin. Africa is the most represented country in this study; other global regions where this kind of torture is practiced are the Middle East, particularly Iran, Iraq, Syria, Turkey, and the countries of the Indian region, especially Bangladesh.

Another important point concerns the long-term outcomes. In the past, it was believed that this method did not leave signs of torture. It has now been shown that a physical examination performed by medical experts and the use of imaging techniques may identify lesions that, with a high level of probability, can be considered a direct consequence of exposure to this practice.

**Falaka, Methods of Torture, Asylum Keepers**