



Foot Torture (Falanga): Ten Victims with Chronic Plantar Hyperpigmentation

George F. Longstreth, MD, Lydia Grypma, MD, Brittney A. Willis, MA, Kathi C. Anderson, MA

Survivors of Torture, International. San Diego, Calif.

ABSTRACT

BACKGROUND: Falanga is a widespread form of torture, but details of the chronic skin sequelae on physical examination are unreported.

METHODS: In an organization dedicated to the care of torture victims, we prospectively documented examination findings in 10 consecutive, black African falanga victims.

RESULTS: Ten individuals (8 men) suffered 1 or more episodes of falanga, most recently 9 to 29 months (9 cases) or 10 years (1 case) earlier. Examination revealed 3 to 50 or more pigmented macules, most greater than or equal to 0.5 cm in size, on both soles of all 10 victims. The degree of pigmentation and border distinctness of the lesions varied. Two cases had plantar tenderness.

CONCLUSIONS: Plantar hyperpigmentation was present in all cases 9 months to 10 years after suffering falanga. This physical sign can support victims' legal requests for political asylum, and its recognition can aid physicians who care for torture victims.

© 2020 Elsevier Inc. All rights reserved. • *The American Journal of Medicine* (2021) 134:278–281

KEYWORDS: Asylum; Falanga; Feet; Human rights; Hyperpigmentation; Skin; Torture

INTRODUCTION

Torture was reported from 141 countries in 2009 to 2013 to Amnesty International, and many victims seek political asylum in the United States.¹ Their claims are adjudicated based on a well-founded fear of future persecution in their home country. In the complex asylum granting process, the importance of forensic medical and psychological evaluations documenting torture is exemplified by a report that 89% of 746 individuals who had been evaluated by Physicians for Human Rights received asylum status, compared with 38% of asylum seekers who had not been evaluated by the organization.² Objective evidence of torture in forensic medical reports is particularly beneficial, especially when each finding is rated according to a specified degree of consistency with the alleged torture as outlined in the Istanbul Protocol, an international guideline for medical documentation.^{3–5} Also, in medical practice the documentation of

physical signs of torture can supplement history-taking and help physicians identify foreign-born patients who have suffered torture.^{6–7}

Falanga, also known as falaka or bastinado, is torture comprising repetitive, blunt trauma to the soles of the feet. It is perpetrated in many countries.⁸ US physicians rarely see patients with acute manifestations. More often, victims present with chronic foot pain that is associated with reduced foot pad elasticity, aponeurosis, or other findings,⁹ but there may be no pain or abnormalities if victims are evaluated long afterward. Post-falanga scars or pigmented spots on the soles have been only briefly noted.⁸ Various types of torture cause long-lasting skin abnormalities,^{10,11} but we are unaware of published detailed accounts or photographs of chronic skin sequelae of falanga.

A major proportion of asylum seekers in San Diego, California have suffered falanga in West African conflict zones. We summarize our initial clinical observations on black African victims.

METHODS

We conducted forensic medical evaluations at Survivors of Torture, International, an independent, nonprofit organization

Funding: None.

Conflict of Interest: None.

Authorship: All authors had access to the data and a role in writing this manuscript.

Requests for reprints should be addressed to Dr. George Longstreth, 4152 Palmetto Way, San Diego, CA, 92103.

E-mail address: gflongstreth@gmail.com

that cares for survivors of politically motivated torture and their families. After one author (LG) noted plantar skin lesions in falanga victims, we prospectively detailed relevant history and physical findings in 10 consecutive, black African victims on a structured form and photographed the foot lesions.

RESULTS

Ten individuals (8 men), aged 24 to 37 years, suffered falanga in Cameroon (9 cases) or Sierra Leone (1 case). During detention in unsanitary conditions where food and water were restricted, captors beat the victims on various body areas, including the feet. In perpetrating falanga, they immobilized the victims' lower extremities and beat their soles with a baton, electrical cable, military belt buckle, or the flat aspect of a machete. Painful, erythematous edema limited walking for 2 to 10 weeks. Three victims reported single episodes of falanga, and 7 described 2 to 12 episodes.

We evaluated 9 victims 9 to 29 months after the most recent episode and the 10th victim 10 years afterward. One man had persistent foot pain on evaluation at 10 months. Examination revealed pigmented macules on both soles of all 10 victims that either predominated on the arch or heel or were scattered from the heel to the toes. They numbered from 3 or 4 per foot of a victim examined 10 years after falanga to more than 50 per foot of a victim examined at 29 months. Macules ≤ 0.5 cm predominated, but their size increased to a mottled patch measuring > 2.0 cm in 1 case. Their pigmentation varied from lighter (sometimes subtle) to darker than the natural color of the victim's dorsal foot, and their borders ranged from sharply defined to indistinct. **Figures 1 to 3** depict these findings. Three victims had barely detectable punctate or linear plantar scars a few mm in length, 3 had post-falanga first or fifth toenail dystrophy, and 1 had a 1-cm pigmented area above a lateral malleolus resulting from a restraining device-induced abrasion. Two victims had tenderness on palpation of the distal plantar aponeurosis.

DISCUSSION

We found hyperpigmented plantar lesions in all 10 victims, and we have not observed this hyperpigmentation in black Africans who have not suffered falanga. A minority also had subtle plantar scars. Only a minority of our cases had chronic foot pain or plantar tenderness. In our opinion, this macular hyperpigmentation is "typical" or "diagnostic" of falanga, in the hierarchy of evidence in the Istanbul Protocol, depending on an individual's features. Documentation of this level of consistency with alleged torture provides

considerable support for victims seeking political asylum. We consider tiny scars less typical.

Comparison of our findings with another report of "scar/pigmentation sole" is limited because that paper did not enumerate these 2 abnormalities separately, further describe them, or include the time interval between the torture and the observations.⁸ We examined 9 of our victims within 29 months of torture, and the victim with the fewest lesions at 10 years. Further observations are needed on the number of macules and their darkness in relation to time since torture.

Besides its forensic value, knowledge of this finding should also help physicians who care for tortured patients. Physicians are often unaware that their patients have been tortured. For example, among foreign-born outpatients in New York City⁶ and Boston,⁷ 7% and 11% reported torture, respectively.

None of the New York patients' physicians were aware of their torture history, and only 39% of the Boston patients' physicians had asked them about past

CLINICAL SIGNIFICANCE

- Falanga causes chronic, macular, plantar hyperpigmentation.
- The plantar macules vary in number, pigmentation intensity, and distribution.
- This physical sign is important evidence for victims seeking political asylum and for physicians who care for them.



Figure 1 Soles of a 29-year-old man who had suffered falanga on 2 occasions 29 months earlier. Macules ≤ 0.5 cm of intensity varying from lighter to darker than the dorsal foot color are most numerous on the arches.



Figure 2 Soles of a 24-year-old man who suffered 1 episode of falanga 17 months earlier. Macules ≤ 1.0 cm lighter than the dorsal foot color are scattered from the heels to the toes.



Figure 3 Soles of a 31-year-old man who had suffered 7 episodes of falanga, most recently 17 months earlier. Macules vary in size to > 1.0 cm and intensity from lighter to similar to the dorsal foot color.

torture. Geographical origin and immigrant status influence the rate of a torture history. For example, 41% of African-born clinic patients,⁷ 44% of East African refugees,¹² and 56% of Iraqi refugees¹³ reported torture. Physical⁹ and psychological¹⁴ disorders are frequent among torture survivors. We recommend that physicians ask patients born in countries where torture is performed if they experienced it. To minimize re-traumatization, the inquiry should be performed with respect and empathy.³ The detection of macular hyperpigmentation on a patient's soles can help establish a link between a history of falanga and related somatic and mental disorders.

Our description of plantar hyperpigmentation expands the spectrum of hyperpigmented skin scars that can follow various types of physical torture and lighten slowly for years.¹¹ This physical sign has forensic applicability and is useful in practice.

ACKNOWLEDGMENTS

The authors thank Mrs. Lauren Sherby for technical assistance.

References

1. Amnesty International. Torture. Available at: www.amnesty.org/en/what-we-do/torture/. Accessed September 23, 2020.
2. Lustig SL, Kurechi S, Delucchi KL, Iacopino V, Morse SC. Asylum grant rates following medical evaluations of maltreatment among political asylum applicants in the United States. *J Immigr Minor Health* 2008;10:7–15.
3. Office of the United Nations High Commissioner for Human Rights. Istanbul protocol: manual on the effective investigation and documentation of torture and other cruel, inhuman or degrading treatment or punishment. 2004. Professional Training Series No. 8/Rev. 1. Available at: <http://www.ohchr.org/Documents/Publications/training8Rev1en.pdf>.
4. Ferdowsian H, McKenzie K, Zeidan A. Asylum medicine: standard and best practices. *Health Hum Rights* 2019;21:215–25.
5. Rasmussen OV, Amris S, Blaauw M, Danielsen L. Medical, physical examination in connection with torture. Section 1. *Torture* 2004;14:46–53.
6. Eisenman DP, Keller AS, Kim G. Survivors of torture in a general medical setting: How often have patients been tortured, and how often is it missed? *West J Med* 2000;172:301–4.
7. Crosby SS, Norredam M, Paasche-Orlow MK, Piwowarczyk L, Heeren T, Grodin MA. Prevalence of torture survivors among foreign-born patients presenting to an urban ambulatory care practice. *J Gen Intern Med* 2006;21:764–8.

8. Edston E. The epidemiology of falanga—incidence among Swedish asylum seekers. *Torture* 2009;19:27–32.
9. Amris K, Torp-Pedersen S, Rasmussen OV. Long-term consequences of falanga torture. What do we know and what do we need to know? *Torture* 2009;19:33–40.
10. Clarysse K, Grosber M, Ring J, Gutermuth J, Kivlahan C. Skin lesions, differential diagnosis and practical approach to potential survivors of torture. *J Eur Acad Dermatol Venereol* 2019;33:1232–40.
11. Peel M, Hughes J, Payne-James JJ. Postinflammatory hyperpigmentation following torture. *J Clin Forensic Med* 2003;10:193–6.
12. Jaranson JM, Butcher J, Halcon L, Johnson DR, Robertson C, Savik K, Spring M, Westermeyer J. Somali and Oromo refugees: Correlates of torture and trauma history. *Am J Public Health* 2004;94:591–8.
13. Willard CL, Rabin M, Lawless M. The prevalence of torture and associated symptoms in United States Iraqi refugees. *J Immigr Minor Health* 2014;16:1069–76.
14. Suhaiban HA, Grasser LR, Javanbakht A. Mental health of refugees and torture survivors: a critical review of prevalence, predictors, and integrated care. *Int J Environ Res Public Health* 2019;16:1–14.