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"Telefono"-Type Auditory Injuries in Migrants Crossing the Mediterranean: A Clinical Case Series

Marc Cassone[1,2], Nicole Lessard[1] and Benilde Perez Amez[1]

1 MSF: Mediterranean Search and Rescue Operation
2 Department of Emergency Medicine, University of Vermont

Keypoints:

- Migrants crossing the Mediterranean report having undergone physical violence in Libyan detention centres, including *telefono*.
- *Telefono,* or ear-cuffing, is a type of physical violence that can lead to complications including hearing loss, tinnitus, ear pain, tympanic membrane rupture, and ear infections.
- Healthcare workers treating vulnerable populations, such a migrants, should be aware of subtle presentations of different forms of violence.

Abstract

This case series discusses three instances of *telefono*-type physical violence collected during a *Médecins Sans Frontières* (MSF) mission rescuing migrants crossing the Mediterranean from Libya. These cases demonstrate the various sequelae of repetitive ear-cuffing, including subjective hearing loss, tinnitus, ear pain, tympanic membrane rupture, and infection in this under-studied type of physical violence. The authors hope this case series further demonstrates the importance of awareness and recognition of subtle presentations of different types of torture.

Keywords: Ear Injury, Ear Cuffing, Tympanic Membrane Rupture, Libyan Detention Centres

Introduction

Migrants and other people on the move are an especially vulnerable population. They are exposed to poor living conditions, environmental risks (extreme temperatures, floods, famines, etc.), infectious diseases, various types of violence, and dangerous journeys (across deserts, jungles, seas).

Global migration continues to rise; in 2020, there were an estimated 260 million international migrants worldwide (approximately 3.6% of the global population), not counting internally displaced people (McAuliffe & Oucho, 2024). Many migrants, whether in their country of origin or during transit, are at risk of physical violence and torture (International Rehabilitation Council for Torture Victims, 2017).

These cases were collected during the *Médecins Sans Frontières (MSF*) High Seas Mission in the Mediterranean. Established in 2014, the mission serves as a Search and Rescue (SAR) and advocacy project for the hundreds of thousands of migrants crossing the Mediterranean from North African coastal waters with hopes of reaching Europe (Figure 1). This has been declared as one of the most dangerous and busiest migratory routes; in 2023 alone, 212,100 attempts were recorded across the Central Mediterranean (International Organization for Migration, 2024).

Many of the migrants, asylum seekers, and refugees welcomed onboard have been subjected to violent acts in both their countries of origin and during transit, including various forms of physical, mental, and sexual torture. In 2024, of the 2619 survivors rescued from the sea, 119 reported having undergone acts of physical violence (5%); however, this is suspected to be vastly underreported and under representative of true

Figure 1. *Common Trans-Mediterranean Migration Routes (Source: World Economic Forum)*

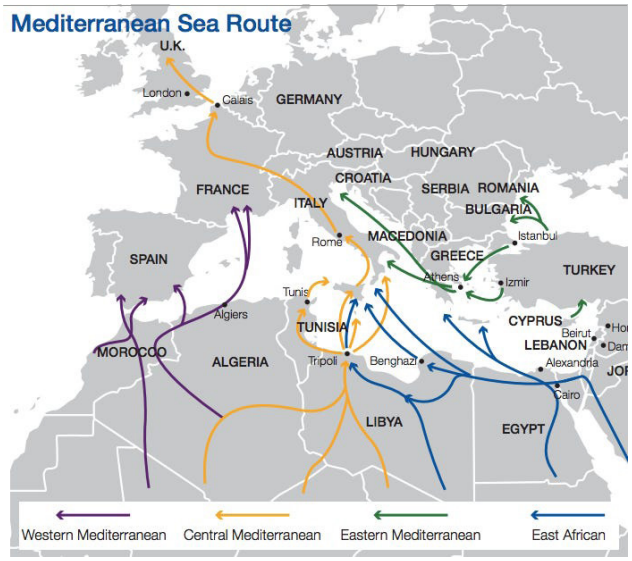


Figure 2. *S/V Geo Barents, the SAR rescue vessel for the MSF High Seas rescue operation. (Source: MSF Italy)*

incidence, especially given limited time of interaction (two days on average) and sensitive nature of many of these injuries. Most of the injuries reported (85%) occurred in transit from their country of departure.

Most of these departures are from Libyan coastal waters, and many of the survivors have reported various acts of physical violence in Libyan detention centres. MSF, Amnesty International, and UNHCR have reported on and denounced the inhumane treatment of men, women, and child detainees in these centres (Médecins Sans Frontières, 2023; United Nations Human Rights Council, 2023; Amnesty International, 2021). This includes overcrowding, unsanitary conditions, poor access to food and water, and various forms of physical, mental, and sexual violence, often for financial or other gains (Médecins Sans Frontières, 2023). Many of these inhuman conditions have been corroborated by survivors on the *Geo Barrents*.

In December 2024, 45 survivors were rescued from the *Geo Barents* (Figure 2), a fibreglass boat, while travelling from Libya to arrive in Italy. Nationalities included Bangladeshi, Pakistani, and Tunisian. Thirteen of the 45 survivors (29%) rescued reported being physically, sexually, or mentally abused during transit. Three reported being subjected to *telefono* for not following orders or not providing money while in Libyan detention centres between 1-2 months prior.

Telefono as an Act of Violence

Many forms of physical torture will show visible scars, deformities, and physical limitations. However, some types of physical violence may not be initially apparent, yet still have lasting consequences. For example, *falanga*, the repeated beating of the soles of feet, may not always show dermatologic evidence of injury (scarring, skin hypertrophy, hyperpigmentation) or gross deformities, but may still cause chronic pain and ambulatory dysfunction (Amris et al., 2009).

Telefono is the repeated cuffing of the victims' ears, often with hands, and can be unilateral or bilateral. It is also known as "the hammer" (*chakoshi*), "the welcoming ceremony" (*khoshamadgoui*), *piang piang*, and *kalot marasa* in different countries (Warborg-Larsen & Appel, 2018). This rapid increase in pressure inside the ear causes severe pain and can damage the auditory canal, including tympanic membrane rupture, scarring, cholesteatomas, and superimposed infections such as otitis media and otitis externa.[9] Outcomes can be worsened by a lack of hygiene or access to healthcare. Long-term sequelae may include auricular hematomas, scarring, chronic hearing loss, and tinnitus (Graessner, 1994; Sinding, 2000; Crosby et al., 2010). To date, limited data exists on this under-recognised and under-reported type of torture (Amris et al., 2009; Warborg-Larsen & Appel, 2018; Graessner, 1994; Sinding, 2000; Crosby et al., 2010).

Cases

Case 1#

A 36-year-old Bangladeshi man with no reported comorbidities reported that he was repeatedly hit over his left ear approx-

imately one month prior while in a Libyan detention centre. His symptoms included persistent headache, left external and internal ear pain, and diminished hearing on the left. He denied tinnitus, ataxia, or bleeding. The external ear exam was unremarkable. Fiberoptic otoscopy showed a ruptured tympanic membrane and associated otitis media with purulence (Figure 3). He was treated with a course of oral amoxicillin. No otic suspension antibiotics were available onboard at the time. On Day 2 after rescue, he reported severe episodes of seasickness with dizziness and several episodes of emesis requiring Dimenhydrinate during high seas. The inner ear injury may likely have worsened these vestibular symptoms.

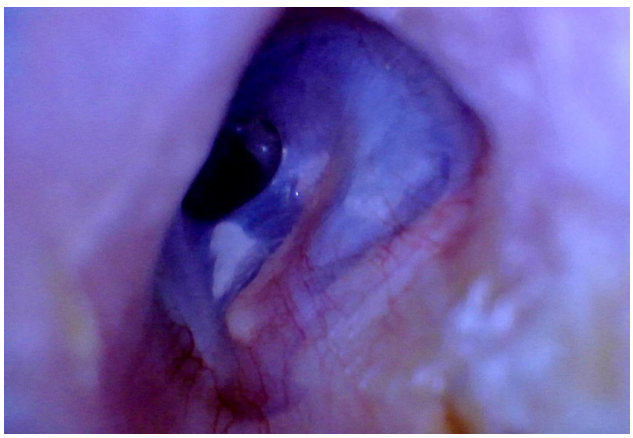
Figure 3. *Fiberoptic otoscopy of ruptured left tympanic membrane with associated purulence and infection.*

Case #2

A 26-year-old Bangladeshi male with no comorbidities reported that the event occurred two months prior while in a Libyan detention centre. He reported persistent left ear pain, partial hearing loss, and tinnitus. External and internal ear exams were without scarring or external signs of trauma (Figure 4). He denied any bleeding at the time of injury.

Figure 4. *Fiberoptic otoscopy of intact left tympanic membrane of patient reporting hearing loss and tinnitus.*

Figure 5. *Fiberoptic otoscopy of ruptured right tympanic membrane and scarring of a patient reporting telefono-type physical violence.*



Case #3

A 20-year-old Bangladeshi male with no comorbidities reported that the event occurred one month prior. He reported persistent tinnitus, partial hearing loss on the right, and internal ear pain. The external ear exam was unremarkable. Auditory canal

exam showed a ruptured tympanic membrane with some scarring (Figure 5).

On day four after rescue, the survivors were transferred to a migrant reception centre in Italy and lost to follow-up; evaluation of chronic symptoms and repeat exams were not obtained. Referrals were placed for specialist evaluation. Due to the brief period of the assessment and the sensitive nature of physical violence, it is possible that other cases were not reported, and the actual incidence of *telefono*-type injuries is underrepresented.

Summary

This case series demonstrates the injuries and disabilities associated with *telefono*-type acts of physical violence occurring in Libyan detention centres. All three cases reported ear pain and hearing difficulties, indicating possible further auditory injuries not apparent on exam. Reported severe seasickness and tinnitus may indicate further injuries to aspects of the inner ear. Two cases had ruptured tympanic membranes, one of which had an associated infection. Patients with ruptured tympanic membranes should keep the ear canals clean and dry until the rupture closes. These often heal on their own, but cases with delayed healing should be referred to a specialist to consider patching (Limb et al. 2024). Tympanic membrane rupture with superimposed infection should be treated with oral antibiotics, and providers may consider adding topical otic antibiotics based on severity (Limb et al. 2024). Patients with persistent hearing loss or vertigo symptoms should be evaluated by hearing and balance specialists.

Providers caring for migrants and other vulnerable populations should understand the different types of torture and physical violence, especially those without obvious external signs of physical injuries. Survivors of detention centres with ear pain, hearing loss, or vestibular symptoms should be asked about and evaluated for *telefono*-type injuries and complications. Mental health sequelae of these are certainly under-reported, and the longitudinal care for these can be difficult in this mobile population.

Patients' verbal consent was given to collect fiberoptic otoscopy photos and testify.

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