

Asylum seekers in Denmark

A study of health status and grade of traumatization of newly arrived asylum seekers

Tania Nicole Masmás MD*, Eva Møller MD Student*, Cæcilie Buhmann MD*, Vibeke Bunch MD*, Jean Hald Jensen MD*, Trine Nørregård Hansen MD*, Louise Møller Jørgensen MD*, Claes Kjær MD*, Maiken Mannstaedt MD*, Annemette Oxholm MD, DM Sci*, Jutta Skau MS Student*, Lotte Theilade MD*, Lise Worm MD*, Morten Ekstrøm MD, PhD*

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Abstract

Background: An unknown number of asylum seekers arriving in Denmark have been exposed to torture or have experienced other traumatising events in their country of origin. The health of traumatised asylum seekers, both physically and mentally, is affected upon arrival to Denmark, and time in asylum centres leads to further deterioration in health.

Methods: One hundred forty-two (N=142) newly arrived asylum seekers were examined at Center Sandholm by Amnesty International Danish Medical Group from the 1st of September until the 31st of December 2007.

Findings: The asylum seekers came from 33 different countries, primarily representing Afghanistan, Iraq, Iran, Syria, and Chechnya. Of the asylum seekers, 45% had been exposed to torture – approximately one-third within the year of ar-

rival to Denmark. Unsystematic blows, personal threats or threats to family, degrading treatment, isolation, and witnessing torture of others were the main torture methods reported. The majority of the asylum seekers had witnessed armed conflict, persecution, and imprisonment. The study showed that physical symptoms were approximately twice as frequent and psychological symptoms were approximately two to three times as frequent among torture survivors as among non-tortured asylum seekers. However, even the health of non-tortured asylum seekers was affected. Among the torture survivors, 63% fulfilled the criteria for post-traumatic stress disorder, and 30-40% of the torture survivors were depressed, in anguish, anxious, and tearful in comparison to 5-10% of the non-tortured asylum seekers. Further, 42% of torture survivors had torture-related scars.

Interpretation: Torture survivors amid newly arrived asylum seekers are an extremely vulnerable group, hence examination and inquiry about the torture history is extremely important in order to identify this population to initiate the necessary medical treatment and social assistance. Amnesty International Danish Medical group is currently planning a follow-up study of the present population which will focus on changes in health status during their time in Denmark.

Keywords: torture; health status; post-traumatic stress disorder; physical examinations; interview; Denmark; survivors

*) All authors are from the medical group, Amnesty International, Copenhagen, Denmark

Introduction

In recent years, the number of asylum seekers arriving in Denmark has decreased. Currently, around 2,000 asylum seekers come to Denmark each year.¹ An unknown number of these asylum seekers has been tortured or experienced other traumatising events in their country of origin. Several studies show that the health of traumatised asylum seekers, both physically and mentally, is affected upon arrival in Denmark, and that the waiting time in asylum centres leads to further deterioration of their health.²⁻⁸

As a result of this knowledge, Amnesty International Danish Medical Group conducted a study, where all newly arrived asylum seekers, who arrived at Center Sandholm, were offered a health examination within the first few days after arrival. The study had two objectives, one was to identify the number of asylum seekers having been exposed to torture, severe war trauma, or other traumatising events prior to their arrival. The second objective was to assess the asylum seekers general health status upon arrival and the health related consequences of exposure to torture. Amnesty International Danish Medical Group consists of doctors, who document torture, both nationally and internationally. The Medical Group has more than 30 years of experience and its members have received specific training enabling them to examine potential torture survivors. The project was conducted in collaboration with the Danish Red Cross. All medical examinations were performed at Center Sandholm.

Materials and methods

From the 1st of September until the 31st of December 2007, Amnesty International Danish Medical Group offered a health examination to all newly arrived asylum seekers at Center Sandholm. Center Sandholm

is responsible for the registration of all newly arrived asylum seekers in Denmark, except for unaccompanied children under the age of 18 years. Two project coordinators were employed by Amnesty International and worked at Center Sandholm. The project coordinators were responsible for making contact with the newly arrived asylum seekers and for providing general information about the project including information about voluntary participation, anonymity of identity, and confidentiality of data collected by Amnesty International Danish Medical Group. Written information about the project had been prepared in seven different languages (available on request), with the intention that most asylum seekers should be able to read the information in their mother tongue. During the medical examination the asylum seeker received additional information about the project and if they wished to participate they gave their written informed consent.

If written material or consent form was not available in the mother tongue of the asylum seekers, a translator was used and an English or Danish consent form was used. The routinely used Red Cross' telephone translators in the Center Sandholm were used during the vast majority of the medical examinations. Translators were not used if the asylum seeker and the examiner were able to communicate in the same language. The study intended to include all newly arrived asylum seekers regardless of age, however all children under the age of 18 were required to have a parent or a guardian present during information and examination. Unaccompanied children were not examined.

The medical examination lasted on average one hour and took place in Center Sandholm's medical examination rooms. The medical examination consisted of a structured interview (questionnaire available

on request), which sought to disclose the following information:

- Background (age, country of origin etc.)
- Imprisonment, torture and other traumatizing events
- Health status prior to traumatizing event
- Current physical and psychological symptoms
- Self rated psychological health status
- Current use of medicine and abuse
- Objective physical and psychological health status

The definition of torture and the medical examination were based on the principles described in the United Nation's "Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment".⁹ The World Health Organization's (WHO) International Classification of Disease Codes (ICD-10)¹⁰ was used for diagnosing Posttraumatic Stress Disorder (PTSD).

The WHO's General Health Questionnaire was used for the self-judged psychological health status.^{11,12} Scores vary by study population. Scores about 11-12 are typical. A score >15 is evidence of distress. A score >20 suggests severe problems and psychological distress.

In both the physical and psychological examination of the asylum seekers, emphasis was placed on finding a connection to torture sequel.

No advanced investigations, such as for example gynaecological examinations or radiological examinations, were carried out.

Ethics

The project was reported to the local ethical committee in June 2007. The committee had no objection to the execution of the project.

The project was also reported to the Danish Data Protection Agency. The considerations of Amnesty International Danish Medical Group in relation to the present project are based on the following ethical codes and protocols: The International Code of Medical Ethics,¹³ the Helsinki Declaration,¹⁴ and the ethical protocol described in the United Nation's "Istanbul Protocol".⁹

The medical interview conducted by the doctors within Amnesty International Danish Medical Group had no curative purpose, however, if during an examination the doctor found that an asylum seeker needed medical treatment, the doctor contacted the health personnel at the Red Cross after having received verbal consent from the asylum seeker in order to let the Red Cross initiate the appropriate diagnostic and treatment.

All asylum seekers exposed to torture can free of charge have a more detailed medical examination done by the Amnesty International Danish Medical Group. The medical report can be used as documentation in their asylum case.

The Amnesty International Danish Medical Group is financially independent and all asylum seekers and doctors have participated voluntarily in this study.

The asylum seekers were informed that Amnesty International and Danish Red Cross are politically independent organizations and that participation in the project would have no consequences for the asylum seekers' asylum case in Denmark.

Results

According to The Ministry of Refugee, Immigration and Integration Affairs in Denmark, 720 asylum seekers arrived in Denmark during the project period.¹ Amnesty International's project coordinators were in contact with 164 asylum seekers at Center Sandholm during the project period. Four

of these did not wish to participate in the project and 18 asylum seekers had agreed to participate, but did not show up for the medical examination. Consequently, a total of 142 people were included in the project. Ten of the 142 asylum seekers were Iraqi asylum seekers, who had been granted asylum due to their work for the Danish armed forces in Iraq.

The asylum seekers in the study population came from 33 different countries, mainly Afghanistan, Iraq, Iran, Syria and Chechnya (Figure 1). The average age of the included asylum seekers at the time of the examination was 32 years (16-73 years), among these were 29% (N=41) women and 71% (N=101) men. As for education, 17% (N=24) had 5 years, 41% (N=58) had 5-10 years, and 42% (N=60) had more than 10 years of schooling. At the time of the medical examination, 44% (N=63) of the asylum seekers were married, 48% (N=68) were unmarried and 7% (N=10) were divorced or widowers. One asylum seeker did not disclose his civil status.

A total of 45% (N=64) of the asylum seekers stated that they had been exposed to torture, of these 14% (N=9) were women, and 86% (N=55) were men. They will in the following be referred to as torture survivors. Among the torture survivors, 31% (N=20) had been tortured within the year that they arrived to Denmark, 36% (N=23) in the period of 2002 to 2006, and 22% (N=14) before 2002. In 11% (N=7) of the cases the year of the torture was not disclosed.

In 81% (N=49) of the cases of torture survivors the examining doctor evaluated that there was a strong correlation between the stated torture history, the symptoms, and the objective findings. In 13% (N=8) of the cases the examining doctor found that there was some correlation between the stated torture history, the symptoms, and the ob-

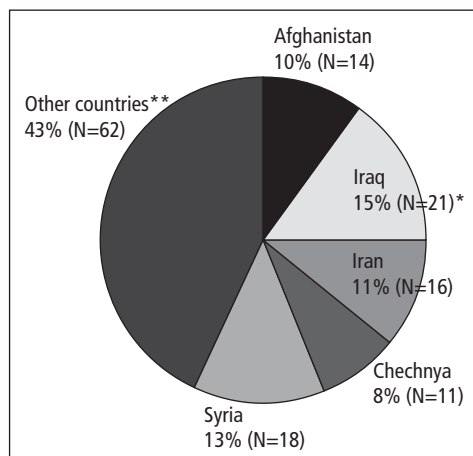


Figure 1. Nationality of the asylum seekers (N=142).

*) Among the asylum seekers there were 10 Iraqi asylum seekers, who had been granted asylum, due to their work for the Danish armed forces in Iraq.

**) "Other countries" cover the following 28 countries: Algeria (1%), Angola (1%), Armenia (1%), Azerbaijan (2%), Bhutan (1%), Bosnia (3%), Democratic Republic of Congo (1%), Eritrea (1%), Gambia (1%), India (3%), Kina (1%), Kosovo (3%), Croatia (1%), Lebanon (3%), Macedonia (1%), Marocco (1%), Montenegro (1%), Nigeria (2%), Pakistan (2%), Palestine (1%), Russia (1%), Serbia (1%), Senegal (1%), Somalia (2%), Sri Lanka (4%), Sudan (1%), Turkey (1%), Zimbabwe (1%).

jective findings of the torture survivor, and in 5% (N=3) it was evaluated that there was no correlation between the stated torture history, the symptoms, and the objective findings.

Of the entire population, 44% (N=62) had been imprisoned prior to their arrival in Denmark, 59% (N=83) had witnessed armed conflicts, and 68% (N=97) had experienced persecution (Table 1).

Methods of torture

Among the 64 torture survivors, 91% (N=58) had been subject to unsystematic blows, 88% (N=56) to personal threats or

Table 1. *Types of traumatisatisation of the asylum seekers prior to arrival in Denmark.*

Trauma	All asylum seekers (N=142) N (%)	All torture survivors (N=64) N (%)	Female torture survivors (N=9) N (%)	Male torture survivors (N=55) N (%)	Non-tortured asylum seekers (N=78) N (%)	Female non-tortured asylum seekers (N=32) N (%)	Male non-tortured asylum seekers (N=46) N (%)
Torture	64 (45)	64 (100)	9 (100)	55 (100)	0 (0)	0 (0)	0 (0)
Imprisonment	62 (44)	52 (81)	5 (56)	47 (85)	10 (13)	1 (3)	9 (20)
Armed conflict	83 (59)	40 (63)	7 (78)	33 (60)	43 (56)	16 (50)	27 (59)
Persecution	97 (68)	58 (91)	9 (100)	49 (89)	39 (50)	16 (50)	23 (50)

Table 2. *Applied methods of torture.*

Torture methods	All torture survivors (N=64) N (%)	Female torture survivors (N=9) N (%)	Male torture survivors (N=55) N (%)
Unsystematic blows, incl. with object	58 (91)	7 (78)	51 (93)
Falanga	25 (40)	4 (50)	21 (38)
Suspension	19 (30)	2 (25)	17 (31)
Electric torture	16 (25)	1 (13)	15 (27)
Forced positions	25 (40)	2 (29)	23 (42)
Isolation	41 (65)	5 (56)	36 (67)
Personal threats or threats to family	56 (88)	8 (89)	48 (87)
Witness to torture of others	40 (63)	7 (88)	33 (60)
Mock execution	18 (29)	2 (25)	16 (29)
Degrading treatment	56 (88)	8 (89)	48 (87)
Sexual abuse	6 (10)	4 (44)	2 (4)

In addition to the above methods the following methods were also used: Sleep deprivation, forced confessions, witness to hanging of fellow prisoners, threats with knives to cut out organs (eyes, liver, heart), being forced to drink urine, denial of food and water, forced labour incl. in bad weather, being kept in a hole, stabbing with knives and needles, blindfolding and being pushed around, burning on hands and feet, being forced to look directly at the sun, being placed into ice-cold water, ligation of penis, fixation to bench with stick in between legs.

threats to family, 88% (N=56) were subjected to degrading and inhuman treatment, 65% (N=41) had been put into isolation, and 63% (N=40) had witnessed torture of others (Table 2).

The torture survivors were most frequently from Afghanistan, Iran, Syria and Chechnya. Only 1% (N=1) of the asylum seekers from Iraq had been tortured, while 57% (N=8) of the asylum seekers from Af-

ghanistan, 44% (N=7) of the asylum seekers from Iran, 78% (N=14) of the asylum seekers from Syria, and 45% (N=5) of the asylum seekers from Chechnya had been tortured. Among the Syrian torture survivors 12 of the 14 persons were of Kurdish origin.

The level of education and civil status among the torture survivors was comparable to the rest of the study population.

Table 3. *Physical and psychological symptoms present in the study population upon arrival in Denmark (i.e. symptoms within two weeks of the medical examination).*

Symptoms	All asylum seekers (N=142) N (%)	Torture survivors (N=64) N (%)	Non-tortured asylum seekers (N=78) N (%)
<i>Physical symptoms</i>			
Headache	76 (54)	48 (75)	28 (37)
Pain or loss of sensibility in the sole of feet	26 (19)	21 (33)	5 (7)
Pain in back and/or neck	66 (48)	44 (69)	22 (30)
Pain in pelvis and/or legs	50 (36)	31 (48)	19 (25)
Pain in arms	41 (30)	26 (41)	15 (20)
Loss of hearing/buzzing in ears/dizziness	42 (30)	26 (41)	16 (21)
Symptoms from the gastrointestinal system	40 (29)	24 (38)	16 (21)
Symptoms from the urinary tract/system	18 (13)	11 (17)	7 (9)
Sexual problems*	16 (13)	10 (17)	6 (9)
<i>Psychological symptoms**</i>			
Recurring bad memories, flashbacks, nightmares	74 (61)	55 (86)	19 (33)
Discomfort in circumstances resembling the traumatic events	68 (57)	53 (84)	15 (27)
Avoidance of situations resembling the traumatic events	54 (45)	44 (71)	10 (18)
Loss of memory of parts of the traumatic events	23 (19)	22 (35)	1 (2)
Sleeping difficulties	77 (63)	51 (80)	26 (45)
Heightened irritability	60 (50)	42 (67)	18 (32)
Difficulty in concentration	65 (53)	45 (70)	20 (34)
Alertness	61 (51)	48 (76)	13 (23)
Increased vigilance	53 (45)	40 (63)	13 (24)

*) 13 % of the asylum seekers were not asked about sexual problems, as it seemed inappropriate and too insisting to ask.

**) Only about 85% of the asylum seekers answered questions about psychological symptoms.

Health

A total of 32% (N=45) of the asylum seekers had prior to their arrival in Denmark and independently of exposure to torture, experienced relatively chronic health-related problems. The health problems were generally related to diseases of arms/legs/back, cardio-vascular diseases and bowel-diseases. Among the torture survivors, 38% (N=24) had health issues, in comparison to only 27% (N=21) of the non-tortured asylum seekers.

The distribution of symptoms present in the study population upon arrival in

Denmark (i.e. symptoms within two weeks prior to the medical examination) is illustrated in Table 3. Physical symptoms are approximately twice as frequent among torture survivors as among asylum seekers who had not been tortured, whereas psychological symptoms were two-three times more frequent. Of the physical symptoms, headaches, pain in extremities and back/neck were most frequent, whereas recurring memories, discomfort in circumstances resembling the traumatic event, nightmares, and sleeping difficulties were the most frequent psychological symptoms among the torture survi-

Table 4. *Objective physical findings among the torture survivors.*

Objective physical examination	Torture survivors (N=64) N (%)
Scars compatible with torture	26 (42)
Facial/head injuries compatible with torture	7 (11)
Injuries to eyes/ears/nose/throat compatible with torture	4 (6)
Injuries to mouth/teeth compatible with torture	4 (7)
Pathological alterations of heart and lungs	3 (5)
Pathological alterations of abdomen	7 (11)
Impaired mobility of musculoskeletal system compatible with torture	15 (24)
Sequel of fractures of arms/legs/back compatible with torture	7 (11)
Neurological injuries compatible with torture	5 (8)

Table 5. *Objective psychological findings of all asylum seekers.*

Objective psychological examination	All asylum seekers (N=142) N (%)	Torture survivors (N=64) N (%)	Non-tortured asylum seekers (N=78) N (%)
Anxious	20 (14)	17 (27)	3 (4)
Depressive	35 (25)	27 (42)	8 (11)
Tearful	24 (17)	16 (25)	8 (11)
Confused	5 (4)	5 (8)	0 (0)
In anguish	28 (20)	25 (39)	3 (4)
Psychotic	5 (4)	4 (6)	1 (1)

vors. In the entire study population, 34% (N=48) fulfilled the criteria of PTSD, 51% (N=72) did not fulfil the criteria, and 15% (N=22) had not answered all questions pertaining to the PTSD diagnosis.

Among the torture survivors 63% (N=40) fulfilled the criteria for PTSD, whereas only 10% (N=8) of the asylum seekers who had not been tortured were diagnosed with PTSD. The WHO's General Health Questionnaire was completed by 128 of the 142 asylum seekers. The average score within the entire study population was 17 (range 3-36). The torture survivors had an average score of 20 (range 5-36), in comparison to asylum seekers who had not been tortured, who had an average score of 14 (range 3-28).

In total, 6% (N=9) of the asylum seekers were receiving antidepressants. Among the

torture survivors, 11% (N=7) took antidepressants in comparison to only 3% (N=2) among the non-tortured asylum seekers. In the whole study population, 20% (N=29) took painkillers; the distribution among torture survivors and non-tortured asylum seekers was 28% (N=18) and 14% (N=11) respectively.

Only one of the asylum seekers indicated having an alcohol abuse problem, this asylum seeker had been tortured.

The most common objective physical findings among torture survivors were tissue injuries (scars) and impaired mobility in the musculoskeletal system as a consequence of the torture (Table 4). There were also many objective psychological findings among the torture survivors in comparison to the non-tortured asylum seekers (Table 5). Depressed mood, tension/uneasiness, anxiety,

and tendency to cry were the most common objective psychological findings among the torture survivors. In four cases the examining doctor diagnosed the torture survivors with psychoses.

Discussion

During a four-month period in 2007, 142 of 720 newly arrived asylum seekers to Denmark were medically examined by Amnesty International in collaboration with the Danish Red Cross. The objective of the project was to determine the share of asylum seekers having been exposed to torture and other traumatising events, as well as to assess the asylum seekers' general health status. To achieve this objective a medical examination of newly arrived asylum seekers was conducted. However, it was not possible to make contact with all the newly arrived asylum seekers, because not all of them passed through the Center Sandholm. Women travelling on their own were moved to Center Fasan, children without a parent or guardian were moved to Center Gribskov, and other refugees continued to other countries in order to seek asylum there. In addition to this, the time spent at Center Sandholm was often short before the asylum seekers were moved to other centres or living areas in Denmark. Only a limited number of asylum seekers decided not to participate or did not show up for the medical examination. The reasons for this could be miscommunication or cultural misunderstandings. The asylum seekers who did participate in the project came from countries that Denmark primarily has been receiving asylum seekers from over the recent years.¹ The asylum seekers who participated in the project were predominantly young men with more than pre-school education, with equal distribution between married or single. This distribution of the above mentioned parameters is com-

parable to the distribution of these parameters among all newly arrived asylum seekers in Denmark when considering the recent statistical survey published by The Ministry of Refugee, Immigration and Integration Affairs.¹

This project showed that almost half (45%) of the medically examined asylum seekers had been tortured in various degrees and in most cases this had happened within the past years. The study showed that the torture survivors were primarily men from the Middle East and Chechnya. The methods of torture were common and previously well described from many parts of the world. This project showed that unsystematic blows and kicking, isolation, threats, witness to torture and degrading treatment were the most frequent types of torture. In a Norwegian study from 2007, 85 relatively newly arrived asylum seekers filled out a questionnaire concerning among other things traumatising events and psychological well-being. Among the person interviewed, 57.5% indicated that they had been tortured.¹⁵

Previous reports from Denmark have also indicated relatively high frequencies of torture survivors among asylum seekers, but in more selective populations.^{16,17} In a cohort of asylum seekers from the 1990's from the Middle East approximately half the male asylum seekers had been tortured¹⁷ and 28% of parents with children.¹⁶ A study, published in 1996, based on an unselected material of newly arrived male asylum seekers from various countries, found that approximately 20% had been tortured.¹⁸

The prevalence of torture survivors seeking asylum will always reflect the existing national and international political situation. This study demonstrated a relatively high prevalence of torture survivors, considering that this was an unselected population of asylum seekers. As previously mentioned,

the number of asylum seekers arriving in Denmark has decreased over the past years, however the prevalence of torture survivors remains high among the asylum seekers in this study. The high number of torture survivors among asylum seekers to Denmark has to be taken into consideration by the political, legal, social, and health professional systems dealing with asylum seekers on a daily basis.

The high frequency of physical and psychological symptoms among all the asylum seekers is a clear indication that their health is affected. Furthermore, torture survivors as an especially vulnerable group among the asylum seekers had a much higher prevalence of psychological symptoms. Many fulfilled the PTSD diagnosis and in general they had a high score in the General Health Questionnaire.

The various health-related symptoms among the asylum seekers in Denmark may have been caused by other traumatising events than torture, such as the flight, the armed conflict and the separation from family, although exposure to torture still seemed to be one of the most crucial factors for the many health-related problems of newly arrived asylum seekers. This is also supported by the prevalent finding of 34% PTSD among all newly arrived asylum seekers, but with a marked difference in the prevalence of the diagnosis between torture survivors and non-tortured asylum seekers. Medical examination and questioning about torture is therefore essential in the identification of asylum seekers who have an increased need for professional and social assistance.

The findings from the objective medical examination were dominated by psychological findings among torture survivors. In this project there was a high degree of correlation between the stated torture history, the symptoms, and the objective findings of

the torture survivors. Objective findings can be of both physical and psychological nature and both are considered in the overall evaluation of the history of the torture survivors. Among some torture survivors objective physical finding cannot be identified. This may be due to the fact that certain methods of torture do not leave visible or lasting signs or scars. Thus a lack of objective findings does not exclude exposure to torture.

Several studies have shown that long waiting periods before being granted or rejected asylum have a negative impact on health status, especially on mental health status.^{5,7,19} Amnesty International Danish Medical Group is currently planning a follow up study of the population of the present project in order to examine how the health of the asylum seekers is affected during their stay in Denmark, and furthermore to investigate if there is any correlation between having been exposed to torture and being granted asylum in Denmark.

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