Screening asylum-seekers in Denmark for torture using a structured questionnaire

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Abstract

Background: The United Nations Committee against Torture recommends systematic torture screening throughout the asylum process. The goal of this study is to evaluate the workflow following introduction of a structured questionnaire, coding for torture.

Material and Methods: The screening questionnaire is built up as a check list meeting the legal definitions of torture according to United Nations Convention Against Torture (UNCAT), article 1. The screenings were carried out during a 2 years period as a part of the routine health screening of newcoming asylymseekers, and alleged torture victims were referred to further medical examination and offered assistance to carry information about the torture to the Immigration Service. Results of the screenings were registered retrospectively, using electronic medical records.

Results: The participation rate was 85.2%, and torture was reported among 27.8% of the males and 14,1% of females with a mean of 21.2% among both sexes. The Immigration Service refused access to asylum documents.

Conclusions: The screening test for torture needs further validation (e.g. for interrater reliability), but offers preliminary data for early identification of tortured asylum-seekers. Data are easily extracted from electronic medical records and urge the medical service and legal authorities to ensure as full rehabilitation as possible to victims of torture.

Keywords: Torture, screening, questionnaire, asylum-seekers, UNCAT

Key findings

Identification of torture survivors in big groups of asylum-seekers must take place throughout the asylum process but early identification of torture survivors is crucial to both rehabilitation and the legal asylum procedure.

A checklist based on the legal definition of torture (UNCAT) is applied and is well accepted by staff

Introduction

The United Nations Committee against Torture published their concluding observations on their periodic reports of Denmark in 2016 and expressed *concern at the lack of a regular mechanism for the identification of victims of torture throughout the asylum process. …..It is also concerned at the lack of a system for handling victims of torture upon their identification during administrative detention* (arts. 3, 13 and 14).

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https://doi.org/10.7146/torture.v31i2.122245

Moreover, the Committee recommended Denmark: "*to put into place procedures for the systematic screening and medical examination of alleged torture victims by qualified personnel throughout the asylum process, including at reception centres and places of detention and ensure, that victims of torture have prompt access to rehabilitation services"* (The United Nations Committee against Torture, 2016).

In saying this, the Committee recognises that identification of torture survivors by the authorities must be an ongoing effort throughout the asylum process and the validity of an initial screening cannot be sufficient. Asylum seekers who are torture survivors might be identified in different settings during the asylum process such as the health system and the legal system and the clinical symptoms after trauma may get worse over time caused by post migration stressors and vulnerability.

Asylum seekers in Denmark have expenditures and necessary healthcare services defrayed by the Danish Immigration Service in accordance with the Aliens act. Since 1984 Red Cross has performed this task on behalf of the Danish Immigration Service including offering all newly entered asylum-seekers a health interview in connection with the first accommodation in the asylum centre system (Medical Reception).

The Operation Contract 2017 between the Danish Immigration Service and Red Cross stipulates that Red Cross must screen *"for consequences of torture according to the Convention against Torture (UNCAT), Article 14 for the purpose of treatment by a psychologist, psychiatrist, physiotherapist or dentist etc. in accordance with the guidelines issued by the Danish Immigration Service for health services and dental treatment* ". Furthermore identification of a torture survivor impose the State Party not to extradite him/her to another State, where there are substantial grounds for believing that he/she would be in danger of being subjected to torture. (Article 3)

Screening for torture therefore must take place early in the asylum procedure and fulfill both medical and legal purposes.

In a systematic review of research literature, only three studies deal with torture and newcoming asylum-seekers (Sigvardsdotter, E. et al., 2016). One study aimed to validate own testimonies of their possible previous exposure to torture according to the definition of torture in the Declaration of Tokyo (World Medical Association, 1975). This definition does not claim an acting of a public official during torture. A structured interview was conducted by a nurse, including questions about nine frequent types of deliberate violence. A clinical reference thereafter was produced by the conduct of a semi-structured in-depth interview by a trained psychologist. This interview lasted one to two hours. It was found that the sensitivity (true positives) was 81,8% and specificity (true negatives) was 92,3%, and it was concluded that refugees own testimonies of torture appeared fairly valid. (Montgomery, Foldspang, 1994). The second study performed the entry medical assessment of 573 asylum-seekers within the first 15 days of arrival using a short questionnaire recording physical and mental symptoms and a list of traumatic events. There was no reference to the definition of torture. The checklist was easy to administer and it usually required 15 minutes per person. Torture was reported by 18% of the sample (27% of men and 3 % of women) Overall, persons who reported torture had a higher frequency of psychological symptoms than those who did not. (Loutan et al., 1999). The third study was conducted by medical doctors. 142 newly arrived asylum-seekers were examined according to the Torture Convention (UNCAT) and the principles of the Istanbul Protocol (UN Office of the High Commis-

sioner for Human Rights, 2004). (Masmas et al.2008). The examination lasted 1 hour and showed that 45% had been exposed to torture and among these 63 percent fulfilled the criteria for post-traumatic stress disorder, and 30-40 percent were depressed, in anguish, anxious, and tearful. These figures are rather high regarding the extent of mental health among the non-tortured asylum-seekers (5-10%), but at the same time they indicate, that not all torture survivors have clinical symptoms at arrival. Classifying potential torture survivors is of crucial importance in forensic settings and medical staff often are the first among professionals to become aware of post-traumatic symptoms compatible with torture. In situations with large influx of asylum-seekers data collection might be time limited and clinical or anamnestic information about former torture always must be followed up by clinical or legal examinations.

A study used a coding checklist (Torture Screening Checklist) extended with two psychological symptom measures to classify potential clients' history as torture or not torture as specified by WMA, UNCAT and United States' Torture Victims Relief Act (TVRA) (US Torture Victims Relief Act, 1998). (Rasmussen, A. et al., 2011). It was found that there were minor differences classifying torture according to WMA (99,2%), UNCAT (97%) and TVRA (93,9%). Thus the gateway criterion, abuse by an authority, was consistent with the WMA and UNCAT criteria and somewhat less consistent with the TVRA criteria. Adding the criterion from the Torture survivors program (Office of Refugee Resettlement, Torture Survivors Program, 2010), (that the asylum applicant was under the custody of the perpetrator) to the Torture Victims Relief Acts definition reduced the number of identified victims with 24.8 %. It was concluded, that adding an external criterion turns out to be very powerful, resulting in decisions that appear inconsistent with the definition they refer to. On the other hand no differences were found between tortured and non-tortured cases using the severity of psychological symptoms.

Consequently it might make sense in first line assessment to check for torture and mental health symptoms in separate procedures.

Since 1984 the medical reception of newcoming asylum-seekers in Denmark has been conducted by a nurse using a semistructured questionnaire as a gate to the health service system.. Former exposure to torture has been addressed during an opportunistic screening, but the reference to delimit the concept of torture has not been clarified . An early evaluation of the medical reception showed that 18.5% of men and 3.8% of women stated to have been subjected to torture. (Kjersem, H.J., 1996).

This study reports the results of implementing a screening test for torture based on the UNCAT definition in the reception of newly arrived asylum-seekers in order to

respond the request from the Committee against Torture to put into place procedures for the systematic screening and medical examination of alleged torture victims, and

to assist the asylum seeker in informing the authorities about his or hers subjection to torture as part of the legal asylum procedure

Methods

Since 2017 the medical reception in Denmark has been implemented with a structured health interview by a nurse, and the information is registered in a database with algorithms for different clinical issues.

The questionnaire contains 110 questions, but only relevant questions are used e.g. questions related to cardio-vascular, respiratory or psychological complaints. The questionnaire

includes information on age, gender, schooling and marital status. Mental health complaints are recorded as part of the health interview, but next to the clinical mental symptoms a universal screening test for torture is included (screening checklist).

If medical follow-up is needed in connection with the medical reception, a medical action plan for necessary health professional intervention is automatically drawn up by the algorithm or by the nurse e.g. for pharmacotherapy, diagnostics or therapy.

Newly arrived asylum-seekers are registered by the police in the reception centre and invited for a voluntary medical reception. The invitation is given to all accommodated asylum-seekers, including persons included in the "obviously groundless procedure" (persons from countries which are not supposed to persecute civilians) and those included in the Dublin procedure. The asylum seeker is summoned via call for an interview with a nurse, and an interpreter is ordered for the interview. If the asylum seeker does not show up, he/she is recalled, if the interview can be carried out within 10 days. If medical reception is not implemented in the reception centre, including the torture screening, the medical reception shall be offered at the residence centre.

Time spent at the medical reception is assumed to be 30 minutes including torture screening . This means that a proper balance between open and closed questions is important in order to maintain respect for the interviewee, while respecting the time frame.

The torture screening checklist was introduced in 2017 in the medical reception and presented to the nurses (interviewers) through locally held introductory programmes. This has been followed up through peer to peer training.

The screening checklist for torture builds only on the UNCAT torture definition and does not include clinical variables. (Checklist is posted in full in Annex 1). It is divided into 2 parts: (1) Questions for the interviewee and (2) Coding of the torture criteria. The conclusion as to whether torture or ill treatment has taken place or not are embedded in a clinical computerized algorithm. If torture has taken place, the asylum seeker will be referred to a doctor who may take further action if treatment is needed. The doctor is not expected to write a medical report for the authorities, but instead the asylum seeker is urged to inform the authorities about torture. The authorities bear the responsibility for the final legal decision according to art. 3 ("non-refoulement")

Evaluation of the whole medical database is outside the scope of this study, but shall be published by another group later on including mental health findings.. The present study presents result of screening for torture of asylum-seekers during the period of September 1, 2017 to August 31, 2019.

Ethics

All participants gave written informed consent to participate in the health screening procedure. The study was conducted with reference to the Danish Health Act Article 42d, 2, 2a. According to the Health Act an authorized medical professional may collect health informations and other confidential informations from electronical patient records, if the collection is necessary in connection with quality assurance or development of treatment processes and workflows.

Consequently permission from the Danish Patient Safety Authority according to the Privacy Act was not required in this case.

Results

During the study period, a total of 3081 new

asylum-seekers were registered including 2075 males and 1006 females. The medical reception was offered to 2368, since 713 had previously been screened within a 6 months period. They already had a medical file, and may have been asylum-seekers for a longer period thus belonging to another cohorte.

Of the 2368 asylum-seekers, medical reception was carried out for 2019, 255 did not wish to participate in the medical reception, and 94 were absent for unknown reasons.

The mean participation rate was 85.3% (2019/2368). 3.4% of the torture checklists were filled out in centres outside the reception centre. 34 nurses participated and among these, 4 nurses completed 82.7 % of all questionnaires. Inter-rater reliability data was not collected as the study was retrospective. However the feedback from the nurses confirms, that the simplicity of the questionnaire (Y/N answers) reduces the emotionality of the interview and the help questions are used first of all in individual cases e.g. language barriers or illiteracy.

Table 1 shows the demographical data of the screened asylum-seekers.

The figures show, that the age of males was higher than the age of females (p=0,002), and females more often are married and accompanied by their spouse than males.

Table 2 shows the outcome of screening tests distributed by nationalities with more than 50 asylum-seekers registered and others.

Positive screening tests differed among nationalities, but the mean proportion of positive test for torture was found to be 21.2%, much higher for males (27.8%) than females (11.4%).

In all 429 cases, a public official was involved in the alleged torture. These persons were offered a clinical assessment with a physician and among these 392 persons accepted to inform the Immigrations Service of previous exposure to torture.

Table 1. Demographical data of the screened asylum-seekers.

		Gender	
		Males	Females
Number of screened persons		1218	801
Medium age		33	30
Range		69	71
Number of married persons		480 (39,4%)	491 (61,3%)
Number of accompanying spouse		248 (51,7%)	303 (61,7%)
Education	#		
No schooling	168		
1-5 years (Elementary school)	96		
6-9 years (Middle school)	391		
10-12 years (High school)	596		
13-20 years (Higher Education)	768		
Medium years of schooling; 11 years			

Table 2. Number of screening tests for torture of newcoming asylum-seekers.

Country	Screening tests carried out	Males	Females	Torture positive screening tests	%	Male positive screening tests	%	Females positive screening tests	%
Afghanistan	64	40	24	10	15,6	8	20	2	8,3
Albania	67	41	26	5	7,5	4	9,8	1	3,8
Eitrea	61	35	26	18	29,5	13	36,1	5	19,2
Georgia	232	163	69	49	21,1	43	26,4	6	8,7
Iraq	108	60	48	16	14,8	14	23,3	2	4,2
Iran	188	123	65	60	31,9	47	36,7	13	20
Russia	76	44	32	25	32,9	21	47,7	4	12,5
Stateless Palestinians	64	41	23	10	15,6	7	17,1	3	13
Syria	418	165	253	46	11	38	23	8	3,2
Ukraine	59	40	19	16	27,1	8	20	8	42,1
Others	682	466	216	174	25,5	135	28,8	39	18
Total	2019	1218	801	429	21,2	338	27,8	91	11,4

Discussion

Implementing a screening test for torture based on the UNCAT definition in the reception of newly arrived asylum-seekers partly meets the request from The United Nations Committee against Torture. The simplicity of the questionnaire forming yes- and no-answers was appropriate both to the emotionality caused by questions and time involved. It should be kept in mind, that the interviewees in most cases are interviewed within 10 days after arrival not yet exposed to postmigration stressors. Test positive persons are referred to medical examinations by a doctor and might later display new or insignificant symptoms, but this information is not present in data from medical reception. The doctors predominately are specialists in general medicine and their primary task is to evaluate the need of treatment of physical and psychological sufferings.

Determining whether the answers indicate torture or other cruel, inhuman or degrading treatment or punishment is of minor importance in relation to need for rehabilitation. Handling of the asylum case on the other hand requires a more definite demarcation of the difference on a case-by-case basis and in a context of a political / legal discourse (e.g. European Court of Human Rights). (Lehtmets, 2013).

Most studies on the prevalence of torture originate from treatment institutions and statements of torture are therefore from selected

populations. The prevalence rates of torture differs and vary between 1 and 76% (median 27%) (Sigvardsdotter et al. , 2016). Torture rates are higher among men and older persons . This study shows an average life prevalence for torture of 21,2%, and here too the rate is highest in men (27,8%). In this study 118/429 persons (27.5%) have not been imprisoned or detained. This finding is in line with the findings of Rasmussen's study (2011) and would mean that the prevalence of torture among asylum-seekers would be restricted by adding new external criterias (e.g. ORR).

The UNCAT definition of torture does not implicate clinical findings. Therefore the test result from the screening must be validated through a more in-depth clinical investigation either in General Practise, at trained Psychologists/Psychiatrists or Forensic Medicine.

The second goal of this study was to evaluate the legal importance of early identification of victims of torture by systematic screening. 255/2019 did not accept to participate in the medical reception and 37/429 did not want to inform the Immigrations Service of previous exposure to torture. From a medical perspective, information about previous torture often is not surfacing until months or years after arrival, as the patient shows clinical symptoms of PTSD. The reason for this delay may be because the asylum seeker is not even perceiving the authorities' unlawful use of force in the homeland as torture, or because they may dread that the information ends in the wrong hands. Also, asylum-seekers may fail to tell about torture as memory failures as part of cognitive disabilities in the context of post-traumatic stress disorder (Herlihy, Turner, 2006) and finally information about torture may be associated with shame or guilt. In such cases the asylum interview with the Immigration Service must take into consideration that avoidance often is part of the post-traumatic syndrome. It may therefore be in favor of the asylum seeker that the Immigration Service is informed in advance of possible exposure to torture for the sake of conducting the asylum interview. The result of the torture check is not sent to the authorities, but the asylum seeker is urged to inform the authorities him/herself. The nurse may support this correspondence. The authorities afterwords may request informations from the medical reception which can be released with the consent of the asylum seeker.

It has not retrospectively been possible to trace information on how often torture information is crucial to the outcome of asylum cases. Instead questions have been submitted to the Migration Service and the Forensic Institutes in Denmark

In an email the Immigration Service has announced that case management has not been changed during 2017-18 while Red Cross has informed Danish Immigration Service about asylum-seekers who have been exposed to torture (asylum officer K. Knudsen, personal communication, march 3, 2020). The Immigration Service states, that granting asylum to tortured asylum-seekers depends on their risk of prosecution or violation at repatriation. The immigration Service refers to the Report from the Danish Refugee Appeals Board, 2018, p. 215 concerning assessment of evidence for torture

There are no figures from the authorities documenting the number of tortured asylum-seekers, who spontaneously transmit information about torture to the Immigration Service. Neither are there figures showing the total number of tortured asylum applicants.

The immigration authorities can arrange for a medical examination by forensic institutions in cases, where an applicant claims to have been subjected to torture and if it is assessed that a medical evaluation is needed.

However, a torture investigation will not be initiated in cases where the applicant's explanation must be rejected in its entirety as untrustworthy. Credibility as a subjective concept is inevitable for the verdict in asylum cases, and it has been shown that the likelihood of being granted a residence permit is associated with the asylum-seekers education but not with traumatization or human rights violations (Montgomery, Foldspang , 2005). Another study shows, that presence of physical signs and symptoms and their consistency with the refugee's story was positively associated with being granted asylum, but the presence of psychological symptoms and their consistency with the refugee's story was not. (Aarts et al., 2019)

During the period 1996-2002, 59 investigations were examined at the Department of Forensic Medicine, University of Aarhus. (Leth & Banner 2005). Overall 293 examinations were made including the Universities in Odense and Copenhagen. In the same period, the registration figures for asylum-seekers were 48609 persons.

The professors of the forensic institutes in Copenhagen, Odense and Aarhus state in emails , that they have conducted 2 studies in Copenhagen in 2018 and 1 study in Århus (personal communication from J. Banner, February 16. 2020, P.M.Leth, January 21. 2020 and L. Boel, January 21. 2020). In 2018 the gross number of asylum-seekers entering Denmark was 3559 persons. The Immigration Service has refused access to documents, showing how many asylum-seekers who had been referred to medicolegal examinations in 2018 (email from asylum officer J. Kampmann, personal communication January 16. 2020). The figures above cannot directly be compared without further analysis, but the number of referrals for medicolegal examinations has decreased in 2018 apparently with factor 7,5. (293/48609 – 3/3559).

In other words it has not been possible to gather information about legal case management supported by informations about torture from the medical screening.

The questionnaire has been easy to implement in screening procedures as a initial gate to information about torture and need for further examination and communication. The simplicity of 10 yes/no questions makes the interview short without emotionality, and promotes new staff to learn about torture and UNCAT, but it is not sufficient as a medico-legal report and a documentation tool in asylum cases. Interrater reliability is not known and ought to be determined.

Limitations

Implementing a test for torture in the medical reception of asylum-seekers is a cheap and fast procedure but is not intended to be diagnostic. The medical reception constitutes a socalled mass public health screening i.e. *multiple screening has been offered at ad hoc clinics staffed by auxiliary workers, positive results being notified to general practitioners*. (Wilson & Glover, Jungner, & World Health Organization, p18, 1968) The main object is to detect cases and bring those concerned to further examinations. The weakness of the checklist therefore is, that the proportion of false negatives is not known. All the same an older study showed, that refugees own testimonies of torture appeared fairly valid. (Montgomery & Foldspang 1994). The screening test is a check list referring to the definition of torture established in UNCAT. This definition does not contain clinical variables, but only legal terms. The legal terms of course are variables which should bee clarified in the checklist but also the observer (e.g. nurse) is involved in the reliability or efficiency of the test. The inter-

rater reliability is not known., so validation of reliability is needed.

It was shown that 255/2368 (10,7%) refused to participate in the screening. It is not known how many of these are victims of torture but participation in the medical reception and torture screening is voluntary and further identification of victims of torture from this group is expected to emerge from examinations within the medical service and legal case management.

Conclusions

Newcoming asylum-seekers have since 2017 been screened for former torture or degrading treatment using a structured questionnaire designed on the criterias of torture listed in United Nations Convention Against Torture (UNCAT).

According to this checklist and semi-structured interview, there is a mean self-declared prevalence of 21.2%, much higher for males (27.8%) than females (11.4%).

In this programme asylum-seekers subjected to torture or degrading treatment are referred to further medical examination and the asylum seeker is urged to inform the authorities about former torture to ensure both a medical and legal follow up.

Based on feed backs from the nurses the questionnaire has been well accepted by the asylum-seekers., easy to implicate as a screening instrument and used for learning about the Torture Convention. The checklist does not form a medicolegal documentation, but need further validation primarily to exclude false negative conclusions. The study is carried out during 2017-2019 during high migration movements in Europe with high proportion of Syrians with potential war related traumas. Though a growing number of asylum-seekers seems to have been granted asylum during 2017-2019 it has not been possible according to the Immigration Service to evaluate which proportion of the recognised refugee population who have been subjected to torture. This information is of crucial importance if repatriation is proposed.

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Annex 1

DIGNITY and Danish Red Cross Screening Instrument for Torture

Part 1. Questions for the interviewee

1	Have you ever been arrested, detained, or imprisoned?	□ Yes	□ No
2	Have you ever been subjected to severe violence, threats or degrading treatment?	□ Yes	□ No
3	Have you witnessed others being subjected to severe violence or degrading (abusive) treatment?	□ Yes	□ No

If the answer is no to all the first three questions, the screening closes with the conclusion that the interviewee has not been subjected to torture. If the answer is yes to just one of the three questions, the interviewee is encouraged to provide a narrative account:

4	Would you mind telling me what happened?

Help questions for the narrative presentation:

a. What did they do to you?
b. Who exposed you to it?
c. Do you know why they did it?

The help questions are intended as inspiration to guide the interviewee's narrative and do not necessarily need to be read out. The answer also serves as a guide to the interviewer as to whether there has been inhuman treatment or punishment. If the interviewee has been subjected to several incidents, he/she is asked to choose the incident that affected him/her the most. After the interview, the interviewer completes Part 2 of the form encoding the torture criteria

Part 2 Coding of Torture Criteria

To be filled in by the interviewer based on the interviewee's narrative statement

1	Was the person exposed to severe pain or suffering, physically or mentally?	□ Yes □ No
2	Was it done intentionally?	□ Yes □ No
3	Was there a purpose to the action?	□ Yes □ No
4	Was it a public official who committed or instigated the action?	□ Yes □ No

Conclusion

Coding result	Screening result
Y Y Y Y	The interviewee has probably been subjected to torture
Y N NY	The interviewee has probably been subjected to ill-treatment
Any other combination	The interviewee has probably been subjected to other forms of trauma