

patient had been committed, and in 7 cases the register was correct, i.e. the patient had been admitted voluntarily. This difference in correct registration was statistically significant ( $p < 0.02$ ).

The study concludes that police statistics seem more correct than the Psychiatric Case Register data. This is mainly due to insufficient reporting by the psychiatric departments to the register. For register data to be used in administration, planning and research, this must be improved.

### FC21-6

#### A COMPARISON OF NEED FOR CARE BETWEEN A GROUP OF "HEAVY USERS" OF THE PSYCHIATRIC HOSPITAL AND A GROUP OF "DIFFICULT-TO-PLACE" PSYCHIATRIC PATIENTS IN A DANISH COUNTY

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**Methods:** 63 patients defined as "heavy users" of the psychiatric hospital (group 1) and a group of "difficult-to-place" psychiatric patients (group 2) were selected for the study. In both groups diagnostic and demographic data were obtained and the patients and the staff-members completed the Camberwell Assessment of Need - CAN.

**Results:** Group 1: 48 patients (76%) participated. 62.5% were males. Mean age (SD) was 37 (13) years. 60% were diagnosed as schizophrenics. 52% had drug and/or alcohol abuse. None of the patients had own income. 17% had no accommodation. According to the 26 topics in the Danish version of CAN the mean number of needs identified by the patients was 10.2 +/- 3.9 with a range from 1 to 18. The mean number identified by the staff-members was 12.0 +/- 3.8 with a range from 3 to 22. Group 2: 14 patients (70%) participated. Only 1 patient was woman. Mean age (SD) was 41 (12) years. 86% was diagnosed as schizophrenics. 64% had drug and/or alcohol abuse. They all received pension. 36% had no accommodation. The mean number of needs identified by the patients was 11.0 +/- 4.4 with a range from 5 to 18. The mean number identified by the staff-members was 15.4 +/- 3.6 with a range from 10 to 22. In both groups the patients seldom received help from friends and relatives. Unmet needs assessed by rating of the adequacy of help were found to be low in both groups except from the area accommodation in group 2. The p-value when comparing the number of needs identified in the two groups is 0.013. When comparing the amount of help needed among patients with an identified need for care there is only a significant difference in 2 of the 26 areas. A comparison of the difference in patient and staff-ratings in the two groups shows a p-value of 0.013, which properly reflects the lack of insight in illness and violent behaviour found in group 2 in the diagnostic interview.

**Conclusions:** The difference between the two groups seems mainly to be the amount of need for care overall and not the amount of need for help in each area. Secondly it seems as if the "difficult-to-place" patients lack insight in their need for care opposite the "heavy users".

### FC21-7

#### TRANSLATION OF THE SCALE "THE PSYCHOLOGICAL WELL-BEING SCHEDULE" (PGWB)

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PGWB was elaborated by Dupuy in 1969 and has been applied in several major American studies, among these "The National Health and Nutrition Examination Survey" (Monk K 1980), The Rand Health Insurance Study (Ware J E, et al. 1979) and in the hypertension study by Croog S H et al. from 1986.

PGWB consists of 22 items and that covers both the positive and the negative well-being. The internal consistency is high with an alpha coefficient of 0.96 and a Loewinger coefficient of 0.50 (Guelfi J D 1997). The mean score of the American population is 82.8 point.

PGWB was translated and adapted from American into Danish. The translation procedure is described in "Cross Cultural Adaption of Health Related Quality of Life Measure" (Guillemin et al 1993). This method is based on 1) translation, 2) backtranslation and 3) committee review.

All of the translations were made by professional American/Danish translators. The committee consisted of specialists with psychiatric expertise.

The translations, backtranslations and committee reviews were described in a final report which was sent to the primary author to obtain an approval of the translation.

The Danish edition of PGWB was sent to 1.620 Danes representing a section of the Danish population. A few results from this material will be compared with the American population.

### FC21-8

#### FROM NATIONALLY DEVELOPED TO INTERNATIONALLY APPLICABLE MEASUREMENTS; THE FOCUS GROUP PROCESS

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During recent decades of international research on comparison of mental health services the need for internationally standardised and reliable measurements has emerged. Often instruments are translated without taking into account their cultural and conceptual acceptability. The Focus Group is a formal group interview which in its structure and methodology takes advantage of the methodology of group psychotherapy. It is a qualitative research method which among other purposes is used in health service research to obtain information about a given problem, service or other phenomenon, or to evaluate cross-cultural adaptation of concepts, constructs and instrumentation.

**The Aims of this Paper Are:** 1) to present a method of translation to improve instruments; 2) to present the Focus Group as a method to develop instruments for international comparison; 3) to present results applying this method on five instruments in five European countries.

**Method:** A protocol was developed describing the Focus Group process of each instrument: the designation of professionals and non-professionals (including patients and relatives) participating in the Focus Group, the issues to be raised, and the sequence and the information to report on from the Focus Group. The Focus Group reports were summarised for each instrument to make cross-cultural comparison and to recommend changes of instruments.

**Results:** Changes of measurements were within three areas: 1) We made profound changes of the instrument (2 measurements); 2) we adjusted concepts/structure (1 measurement); 3) we developed extended manuals (3 measurements).

**Discussion:** The Focus Group gave information regarding the applicability of the instruments in different cultures and different health care systems showing the importance of cultural and conceptual adjustments of instruments for international use. The extend to which instruments were adjusted in accordance to Focus Group results varied

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## S22. Aspects of epilepsy and psychiatry

*Chairs:* TG Bolwig (DK), MR Trimble (UK)

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No abstracts received.

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## S23. Psychiatric consequences of violations of human rights and the treatment hereof

*Chairs:* M Kastrup (DK), T Wenzel (A)

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### S23-1

#### AN OVERVIEW OF THE PSYCHOLOGICAL CONSEQUENCES OF TORTURE AND OTHER RELATED TRAUMA

Marianne Kastrup. *Rehabilitation and Research Center for Torture Victims, Copenhagen, Borgergade 13, P.O. Box 2107, 1014 København K, Denmark*

It is increasingly recognized among mental health professional that violence and severe traumatic events including torture pose a major public problem. Due to the nature of the problem it is difficult to estimate the exact prevalence and incidence of severe traumatic events. Yet, they pose a severe problem for psychiatrists and they require access to mental health services. A vast proportion of survivors may present PTSD and other psychiatric conditions. Despite the extent and urgency of the problem, torture and its psychiatric consequences represent an understudied area of research. The paper will present an overview of the current knowledge with regard to the symptomatology and treatment of severely traumatized.

### S23-2

#### CHILDREN EXPOSED TO WAR, TORTURE AND OTHER ORGANIZED VIOLENCE — MENTAL CONSEQUENCES

Edith Montgomery. *Rehabilitation- and Research Centre for Torture Victims, Copenhagen, Denmark*

The aim of the present study was, among Middle Eastern refugee children in Denmark, to assess the amount and types of traumatic events related to war and other organized violence as experienced by the children as well as to study the mental health consequences of such experiences. The study group comprises 311 children (160 boys and 151 girls; mean age 7.5 years (3–15)), who during a 15 month long period in 1992–93, were consecutively registered in Denmark as childhood asylum seekers accompanied by at least one parent.

Shortly after arrival in Denmark, the parents answered a structured interview on their childrens' health and history of exile and any exposure to war conditions, organized violence and human rights violation as well as the parents' own exposure to torture.

The children had experienced a multitude of events related to war and other types of organized violence and often reacted with anxiety and other symptoms of emotional unbalance. Living under prolonged conditions influenced by organized violence (e.g. living with a tortured parent) constituted risk indicators for current anxiety symptoms and sleep disturbances more than specific experiences related to violence (e.g. witnessing events of violence). This suggests that PTSD does not always provide the best framework for understanding children's mental reactions to violence.

### S23-3

#### SEXUAL TORTURE OF WOMEN AS A WEAPON OF WAR — THE CASE OF BOSNIA-HERZEGOVINA

L.T. Arcel. *Institute of Clinical Psychology, University of Copenhagen; International Rehabilitation Council for Torture Victims (IRCT), Copenhagen, Denmark*

Women and men have been tortured sexually by all sides in the wars in Croatia and Bosnia-Herzegovina (1991–1995). However, all documentation proves that systematic rape was committed mainly upon Bosnian Muslim women by Bosnian Serb and Serb militia, military personnel, and other persons in authority as a weapon in "ethnic cleansing". Health and mental health professionals may play an important role in documenting rape in war, as well as in the treatment of survivors. We present data on 55 sexually tortured women who were included in the Danish psychosocial treatment programme Boswofam.

On the basis of the 55 stories, an analysis is presented of specific patterns and characteristics of the war rapes.

The rapes in Bosnia-Herzegovina have led to a change in the conceptualisation of war rape, especially in its legal aspects, that cannot be overvalued with respect to protection of the survivor. From being understood previously as a sexually motivated "by-product" of the war, which often put the blame on the victims, war rape is now defined in legal terms as a politically motivated act and a violation of human rights.

The presentation will discuss the reasonableness of defining war rape as physical torture as well as some of the reasons that contributed to the "conspiracy of silence" with respect to gender-specific violence during war. The role of mental health professionals in the conspiracy of silence about war rape after World War II will also be discussed.

### S23-4

#### THE STRESS OF EXILE — PSYCHIATRIC CONSEQUENCES AND BEYOND

D. Lecic-Tosevski. *The Stress Clinic, Institute for Mental Health, School of Medicine, 11 000 Belgrade, Yugoslavia*

The war in ex-Yugoslavia had disastrous consequences, including the exile of a huge number of people. The exile is a complex psychosocial process with lasting effects upon an individual identity and possible psychological and biological consequences. Most of the refugees have experienced multiple stressors (like losses, imprisonment, torture, sexual abuse, etc.). Acute traumas and chronic stress the refugees were exposed to caused various posttraumatic stress reactions, like posttraumatic stress disorder (observed in 30% of the sample), and the adjustment disorder (40% of the examined refugees). Mental health professionals are becoming increasingly aware of how violence can leave indelible trace on the human psyche and on brain function and structure. They have challenging roles to play in preventing malignant memories and subduing their pernicious effects as well as examining the dramatic