Author's response to reviews

**Title:** Early identification of adult offenders in high risk child psychiatric in-patients: A 30 years follow up study using official crime records.

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**Author's response to reviews:** see over
Dear Editor,

Thank you for the possibility to clarify important issues in the manuscript MS:1498013407475368 “Early identification of adult offenders in high risk child psychiatric in-patients: A 30 year follow up study using official crime records”.

We appreciate the editor’s comments, to which we respond in the following section. Two revised manuscripts are attached, one with all alterations written in red and one with all alterations integrated.

Question 1:

“Is it possible for someone who is arrested in Norway to be found unable to stand trial due to mental retardation? And if so, is it possible that the strong negative association between low IQ and convictions is an artefact of such practice? If so, please consider other outcome variables (e.g., arrests, regardless of outcome). If not, please state in the text.”

Response 1:

This is an important question made by the editor and warrants comment. In Norway, people with mental retardation are able to stand trial. People with mild mental retardation (IQ between 70-55) can be sentenced to ordinary prisons. Offenders in the category of severe mental retardation (IQ below 55) are seldom prosecuted, but can be sentenced to mandatory care for a period of 3 years. This issue is now stated in the revised manuscript at page 6. The mentally retarded were therefore not excluded in this paper considering sentenced criminality.

However, we also ran analyses where sub grouping of mental retardation was more fine-meshed, and where those with severe mental retardation were excluded; the results remained the same with the exception of IQ below 70 not being a protective factor (added in the manuscript at page 12). Thus, as you correctly questioned, the strong negative association between low IQ and convictions could be considered as an artefact of those with severe mental retardation seldom being sentenced. This issue has now been discussed and stated in the text, pages 16-17. We also omitted “IQ below 70” as a significant protector in the abstract.

Because the present study considered only sentenced criminality, this probably underestimates criminal behaviour, and perhaps especially among those individuals with severe mental retardation which often are exempted from criminal prosecution. Other outcome variables such as arrests were unfortunately unavailable. This issue is discussed under limitation in the text, page 18.
Question 2:
“While I can see that "IQ below 70" is a reliable category, it is not clear to me how exactly the reference to IQ is. It does not seem that you have actual IQ-data based on population specific norms. Thus, a more general term such as "mental retardation" would possibly be more appropriate.”

Response 2:
We agree with you that the general term “mental retardation” is a more appropriate term for intellectual level in this study as our IQ measures are based on diagnostic criteria for level of mental retardation according to ICD-10 and not standardized IQ measures. All available clinical information in the hospital records made it possible to assess whether diagnostic criteria for mental retardation were fulfilled or not. We have revised the term to “mental retardation yes/no” in the text, pages 8, 9, 11, 23 and 25.

Question 3:
“As it appears that there are children with mental retardation who have co-morbid F9 diagnosis, I would need some information about the procedure that was used in regard to deciding that the F9 diagnosis is not best explained by the F7 diagnosis (which has a lower number).”

Response 3:
In the multiaxial system of ICD-10, axis I refers to clinical condition (F9) and axis III to cognitive level (F7). According to this multiaxial assessment, all the children were assessed according to both these axis to capture a most fully picture of the children. When a child fulfilled criteria for a F9 diagnosis according to diagnostic criteria in ICD-10, in addition to mental retardation, the child received both diagnoses. The child thus had specific symptoms beyond what could be ascribed to the mental retardation.

Hopefully, these responses clarified your questions. If something still is unclear, we will be grateful to elaborate or revise further in the text.

Yours Sincerely,

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