### Firesetters with Intellectual Disabilities in Denmark

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Firesetters with Intellectual Disabilities in Denmark
Abstract

Purpose:

To gather epidemiological information concerning firesetters with intellectual disabilities in Denmark to identify the assessment and treatment needs of this population and inform further research in this area.

Method:

The records held by the Danish Ministry of Justice concerning all firesetters with intellectual disabilities convicted of deliberate firesetting were reviewed for the period January 2001 to December 2010 inclusive. File information was extracted for 83 offenders concerning: demographic and personal characteristics; mental health characteristics; offending behaviour; offence-specific factors; and motives for offending. A sub-group of seven offenders were interviewed to explore some of the themes that emerged from the file review.

Results:

The majority of study participants were male and were classified as having mild intellectual disability and around 50% had additional mental health problems. Many came from disturbed and deprived backgrounds. Two thirds had set more than one fire and over 60% had convictions for offences other than firesetting. Alcohol was involved in the firesetting behaviour a significant proportion of cases (25%). The motives for setting fires were – in descending order – communication (of anger, frustration, distress), fire fascination and vandalism. Interviews with participants indicated the important communicative function of firesetting, the difficulties people had in talking about and acknowledging their firesetting behaviour, and lack of access to targeted interventions.

Implications:
Interventions for Danish firesetters with intellectual disabilities, as for firesetters with intellectual disabilities elsewhere, need to target the communicative function of this behaviour, along with offenders’ lack of insight and initial reluctance to accept responsibility for their behaviour and associated risks. Adjunctive treatment is required to address the psychiatric comorbidity experienced by many of these offenders, along with the alcohol use/misuse that associated with many of these offences.

**Keywords:** firesetters, intellectual disabilities, offenders, Denmark, motives, comorbidity
Introduction

It is estimated that in Denmark there are between 80,000 and 110,000 people with intellectual disabilities (ID), which corresponds to between 1.5% and 2% of the total population of 5.5 million (Sørensen & Larsen, 2006). This figure is consistent with research which estimates that in England the population of people with ID is around 2%; that is, 1.1 million out of a total population of circa 55 million (Emerson et al., 2012).

In the Danish criminal justice system people with ID are defined as having a measured IQ of 70 or less, but individuals with higher IQs may be treated as if they have an ID if, on examination by a psychiatrist, they are found to have clear social, drug, or other psychosocial problems that affect their level of intellectual and/or adaptive functioning. In the Danish system, as in several other countries, people with ID are considered ‘not punishable’ by the courts due to their lack of mens rea or understanding that their behaviour is wrong or unlawful. Following conviction such offenders may be sent to secure facilities sanctioned under section 108 of the Services Act for appropriate treatment and support. The first two authors work at Kofoedsminde in Rødbyhavn, Denmark. Established in its current form in 1983, Kofoedsminde is a section 108 sanctioned secure service that comprises 14 secure units and one open unit. It provides assessment, treatment and a range of occupation, education and leisure activities for approximately 80 mentally disordered adult offenders who have committed serious crimes but are considered under the Danish Mental Health Act 1989 to be unsuitable for detention in regular prisons. Holst and Lystrup (2013) noted that more than half (52.7%) of the 55 residents with ID at Kofoedsminde had convictions for firesetting along with other crimes.

Research involving 477 adults referred to ID services in the UK due to offending and antisocial behaviour found that firesetting behaviour accounted for only a small proportion (4%) of those referred (O’Brien et al., 2010). Historically, however, it has been suggested
that firesetting is over-represented amongst offenders with ID (e.g. Day, 1993; Raesaenen et al., 1994; Walker & McCabe, 1973), but the research in this area is probably too is sparse and limited by methodological problems to be conclusive. That said, in more recent studies the proportion of people with histories of firesetting in secure ID services in the UK has been found to be significant. In a hospital-wide study of male forensic inpatients with ID in England, Taylor et al. (2002) found that 20% (that is, 26 of 129) had convictions for arson prior to admission. Similarly, Hogue et al. (2006) found that just over 21% of those detained in low and medium secure services in a UK study sample had an index offence of arson. In 2008, there were 523 people with ID serving sentences in specialist secure services in Denmark, of which 76 (13%) were convicted of firesetting (Sorensen et al., 2010). Thus it can be seen, that irrespective of the prevalence of firesetting behaviour in the wider ID population, it is an area of clinical concern for specialist forensic services in Denmark as it is in the UK.

There have been many attempts to organise information about firesetters into different schemes to help our understanding of this phenomenon. Many authors have offered typologies of firesetters based on the personal characteristics of perpetrators, their motives for firesetting, and other features such as place of residence (e.g. Alexander et al., 2015; Enayati et al., 2008; Douglas et al., 2006; Geller, 1992; Prins, 1994; Ravetetheino, 1989). Motives for firesetting have been the focus of some of the more extensive studies. Firesetters released on parole from a US prison over a five-year period were the subject of a file review study by Inciardi (1970). Those motivated by revenge comprised the largest group (58%). More pertinent to the context of the current study, Rix (1994) conducted clinical interviews with 153 firesetters referred to psychiatric services in the UK over a 10-year period. Similar to Inciardi’s findings, Rix found revenge to be the most frequently cited motive for firesetting (33%) in this study group. In a different clinical context, Murphy and Clare (1996) found that
anger was the most frequently reported antecedent to firesetting in a group of 10 adults with ID. This finding was replicated by Taylor et al. (2002) in their assessment of 14 adults with ID detained in secure hospital settings following convictions for arson. Underlining the ‘anger-revenge’ construct as an antecedent to firesetting, numerous other studies have also reported revenge as the most prevalent motive for firesetting amongst adult populations (see Gannon & Pina, 2010 for a review).

The aim of the current study was to gather epidemiological information concerning firesetters with ID in Denmark. The purpose of this enquiry was to identify key areas for further research concerning this sub-group of mentally disordered offenders; and to identify the prevention, treatment and risk assessment needs of these clients in a Danish context.

Method

Participants

The study covers a ten year period from the 1st January 2001 to the 31st December 2010 inclusive. These dates were selected on the recommendation of the Danish Ministry of Justice Research Department, as the nationwide Danish criminal register was complete from the beginning of 2001 onwards and it was therefore possible to determine the exact number of mentally disordered people who were been convicted of firesetting during this period.

Eighty-three people with ID were convicted of firesetting in 271 separate incidents during this time. All of these cases are included in this study. The participants were all convicted for deliberate firesetting according to §§180 and 181 in the Danish Penal Code, but they were not, according to the Code, punishable because of their ID or a similar condition (Frese Jensen et al., 2006).

Study Procedures and Approach
The study is made up of quantitative and a qualitative elements. Following approval from the Danish Data Protection Agency official records concerning all 83 participants’ convictions were available and were accessed by the researchers. This included psychiatric and other associated reports. For the quantitative arm of the study, the files were reviewed manually and information from the records was organised into four main categories, each with a number of sub-categories. Descriptive statistics derived from this file review and coding of information were originally presented in an internal project report in Danish (Holst & Lystrup, 2013). Key findings are re-produced here.

The categories used to organise and record the file review information were derived from an earlier Danish study conducted in 1993 at the psychiatric hospital in Risskov, Aarhus where the details of all firesetters who had contact with the department during that year were recorded (Kjeldberg, 1995). We expanded the categories used by Kjeldberg and added sub-categories specific to ID after piloting the categorical framework on the file records of five study participants (see Table 1).

The official file records for all study participants were also searched for statements made by perpetrators concerning their reasons and motives for setting fires, usually given in response to questioning by police, psychiatric assessors and judges. A thematic analysis was performed on these statements to identify and patterns concerning participants’ motives for their firesetting.

The qualitative part of the study consists of semi-structured interviews with seven firesetters with ID drawn from the study cohort. Twenty-five (30%) of the study cohort had more than one conviction for firesetting. Fifteen people from this sub-group were approached to be interviewed given their recidivist nature. These people were randomly selected from the total cohort. Seven of the 15 (all male) consented to be interviewed, five from Kofoedsminde
and two from further afield. These participants were interviewed by one of the first two authors.

The aim of these interviews was to give a number of study participants an opportunity to talk about their firesetting behaviour in their own words; as well as giving the researchers an opportunity to ask about and elaborate some of the findings from the quantitative arm of the study. The interview guide\(^1\) used was based on the outcome of the quantitative study and included questions/prompts about thoughts, feelings and behaviours before, during and after setting fires. The interviews were coded using MAXQDA qualitative data analysis software (https://www.maxqda.com/) and analysed in line with two of Kvale’s (1996) three contexts of interpretation: self-understanding and critical common sense. The third Kvale context, the theoretical frame, was not used as the sample size was too small.

As in the original study report (Holst & Lystrup, 2013) the results of the qualitative study are presented as quotations linked to the different motives for firesetting which emerged during the process of open coding of the interviews.

Results

a) Quantitative Results

Demographic and Personal Characteristics

Most of the 83 study participants were ethnic Danish (77 or 92.8%). The mean age of the group was 30.98 years (SD = 10.84, median = 28 years, range = 17-60 years). Seventy-two (85.9%) were male and just 11 (14.1%) female. This gender ratio is similar to that found amongst non-ID people men and women who were convicted for firesetting in Denmark –

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\(^1\) A copy of the interview schedule is available from the first author (SH).
that is, 84.4% and 15.6% respectively during the period 2006 – 2010 (Statistics Denmark, nd).

Many study participants came from disturbed and deprived backgrounds. Eleven percent (n = 9) had been sexually assaulted in childhood, while 29% (n = 24) had experienced childhood violence and approximately a quarter (26.5%) had been exposed to drug abuse during childhood. Over 50% (n = 46) had problems at school. People in this group are more likely to come from large families. Fourteen (16.9%) came from families with sibships of five or more children compared with 0.65% in the Danish population as a whole (Statistics Denmark, nd).

A third (33.7%) of the fathers of study participants, and a quarter (25.3%) of mothers were unskilled workers. Just 8.4% of fathers and 10.8% of mothers were skilled workers, while 2.4% and 1.2% of mothers and fathers respectively had jobs that required higher education qualifications. We found also that more than 24% of the mothers and 20% of fathers were either unemployed or retired.

**Mental Health Characteristics**

Intellectual disability diagnoses were made in psychiatric reports on study participants using a Danish classification system that maps on to ICD-10 ‘mental retardation’ diagnoses (World Health Organization, 2009). Almost 90% of participants were in the ‘mild mental retardation’ category (see Table 2), and just under 50% had a co-occurring psychiatric condition. These included ADHD, behavioural, developmental, and personality disorders. Of note, five participants (6%) had a Klinefelter Syndrome diagnosis. This is a high proportion for this rare condition which has a prevalence of approximately 0.2% in the general population.
As can be seen from Table 2, up to 43% of firesetters with ID in the current study have histories of alcohol and/or drug misuse, around 10% have exhibited self-harming behaviour, and significant numbers have shown some form of suicidal behaviour.

**Offending Behaviour Characteristics**

In terms of firesetting behaviour during the study period, 27 participants (33%) were responsible for setting one fire only, 40 (48%) set 2-4 fires and 16 (19%) set between 5 and 18 fires. The mean age at which the study group set their first fire was 25.04 years ($SD = 9.07$, $median = 22$ years, $range 7-59$ years).

Fifty-two participants (62.6%) had convictions for other offences in addition to firesetting. The main types of other offences committed were: property crime ($n = 31$, 37.3%); violence – including three threats of violence, one threat to kill, and one murder ($n = 19$, 22.9%); vandalism ($n = 12$, 14.6%); road traffic offences ($n = 11$, 13.2%); vice ($n = 6$, 7.2%); and fraud ($n = 4$, 4.8%).

**Offence-Specific Factors**

There was evidence from the files that although a quarter ($n = 21$) of participants were under the influence of alcohol at the time they set the fire, prior planning was involved in 42.2% ($n = 35$) of cases - and almost three quarters ($n = 61$) participants were aware of the potential risk of loss of life to humans and/or animals. A large majority of participants (79.5%, $n = 66$) had some affiliation to the scene of the fire. Apart from alcohol, study participants were not noted to have used other substances (e.g. illicit drugs) at the time of their firesetting offences.

**Motives for Firesetting**

File analysis showed that study participants’ reasons for their firesetting behaviour were many and of varying content, including: to relieve boredom, to get respect, to please
others, fascination with fire and fire paraphernalia, anger, frustration, feeling sad, loneliness, a wish to be moved to another accommodation facility, to get attention, and to feel listened to and understood. Analysis of these motive statements resulted in three distinctive themes emerging – communication, fire fascination, and vandalism.

**Communication.** This group is the largest and accounts for 77.1% (n = 64) of the study group’s motive for setting fires. That is, there is a communicative aim with the firesetting behaviour. However, there is great variation in what participants wanted to communicate. It might have been an expression of anger, frustration, a desire to be seen or heard, a need to be taken seriously, or to transmit feelings the person had difficulty containing. For people in this group, the fire becomes a means to be heard as it elicits a quick and powerful reaction from the outside world.

Fires committed by people in this group were often spontaneous, while some had a degree of planning. It was reported in several cases that the perpetrator contacted support staff or others to tell them what they have done immediately after they had started the fire.

**Fire Fascination.** This group accounts for 18.1% (n = 15) of the study group. Aspects of fire itself attracts some the firesetters in this group. Others are attracted to what unfolds around the fire, e.g. the arrival of fire tenders, firefighters, police, blue lights and sirens. They are spectators, and some fantasise about helping the firefighters. One participant in this category told his girlfriend that he was a firefighter in his spare time. In this group, the fire was often planned in more detail. Firesetters in this group committed twice as many fires as those in the other two groups, and their fires were larger and more costly.

**Vandalism.** This category comprises just 4.8% (n = 4) of the total study group. Those in this category often ganged together with others to set fire. They encouraged each other and it is not the fire itself that is exciting, but the joint endeavour to make things happen. The fires
were typically set in rubbish bins or cars. People in this group often had a history of other juvenile crimes such as theft, violence, or violation of traffic laws. They sometimes said that they were bored and wanted to kill time.

b) Qualitative Analysis

Semi-structured interviews were conducted by the first two authors with seven study participants to encourage them to discuss their firesetting behaviour and to give the researchers an opportunity to explore some of the themes that emerged from the quantitative component of the study. In line with the thematic analysis of motives described above, those interviewed indicated that they often started fires for communication purposes. They told us that they used fire to communicate their feelings of loneliness, anger, depression and lack of attention.

But when I feel so bad, so that I can’t think what I should do to feel better. Then I have to sneak off to start a fire!

Although some interviewees indicated that firesetting had not helped with their problem(s), and had even made things worse, others saw firesetting as a solution to their problem(s). They had learnt that setting fires resulted in changes to, or relief from intolerable conditions. Some had used fire to secure a move to another placement.

There I had just one cigarette once an hour, and I wouldn’t put up with that. I began to become restless ... so I set fire to the curtains!

A number of interviewees found it difficult to talk about their firesetting, but many others expressed regret for their actions. Some found it difficult to acknowledge or accept that they were in fact firesetters. This is reflected by the fact some tended down play responsibility for the danger caused by the fires they had set. For example, one participant said:
So from the moment I get a flame from the lighter, it [what happens next] is out of my hands!

Others appeared to feign difficulty with remembering how many fires they had set, or they reported a smaller number of fires than they had actually committed.

So the next day I heard that there had been a fire. Then I became a little shaken because ... I've been there, but then ... and I couldn’t remember if it was me who had done it. But I could remember that I had been there.

Several interviewees answered a question about fire interest by stressing that they did not consider themselves to be pyromaniacs. Others said that they enjoyed looking at fire just like other people. It was clear that the interviewees had a sense that it is wrong to be considered to be fascinated by fire. It was apparent also that the interviewees did not have a lot of insight in to or understanding of how dangerous it is to set fires. They were often not aware of or had no appreciation that other people’s lives may have been endangered by their actions.

One participant was asked what he thought would happen when he set a fire and if people could hurt. He said:

No, I didn’t think about that at all. I only thought about it when I was in the police station.

Not all those interviewed had difficulty in accepting responsibility for their actions. A few participants gave vivid and detailed descriptions of their firesetting behaviour:

I've done it lots of times. [...] I have set fire to my workplace in the harbour three times. And I have burned some houses too. And in my old neighbourhood, I also...
Danish Firesetters with ID 14

burned down an apartment. And the dining room upstairs. And the living room too - twice.

Participants were asked what they liked about watching the scene of a fire. It was clear that some interviewees thought that it is more acceptable to watch the firefighting operation than the fire itself. One said:

Yes, yes! Because I called the fire department. They came after 5-10 minutes - and then I'm there!

Some also had an interest in emergency vehicles, and one participant owned a police radio that he used to eavesdrop on the work of the emergency services.

I like to watch it! There are about 30 firefighters and then the police come. I went to the scene of crime and watched the fire-trucks and things like that!

The degree of planning involved in their firesetting behaviour varied widely among the interviewees. Some interviewees claimed that didn’t makes plans and they set their fires impulsively. Others said that they did some limited planning, while a couple of interviewees told us they planned setting fires over a longer period of time.

The last fire I planned for some time! [Because he had to pay for something that he felt was unjust.]

The interviewees did not feel that the nursing staff in their secure treatment facilities were judgmental about their firesetting behaviour. By contrast, they talked about the anger expressed and grief experienced by their supporters and family members as a consequence of their actions.

Interviewer: What did your girlfriend say about all this?
Respondent: She was sad. Really upset and did not know what to do with herself. Yes [sigh]. Everything stopped for her... that I should be arrested again. There was a hope that I could finally get out of it... soon. And then I did it again

I: What did other people say - what did the staff say?

R: They didn’t say so much.

I: What about your parents?

R: They were upset when I told them that I had done it again. I’d promised it was the last time.

In terms of access to targeted treatment for their firesetting behaviour, some interviewees said they had discussed their offending behaviour with their keyworkers, and one mentioned a conversation about their firesetting with a psychologist. Beyond these limited attempts to address this behaviour, it seems that none of the interviewees had been offered any offence-specific interventions despite this being the reason for their court ordered detention. As one interviewee put it:

But I would like it if, just like alcoholics, you sit together in a group and talk about what it was that attracted you [to fire/firesetting], why and how!

Discussion

This is the first study concerning the characteristics of firesetters with ID in Denmark. It involved all such offenders who received court orders to be detained in specialist secure facilities for care and treatment between 2001 and 2010. The great majority of the study cohort were male and had mild ID. Psychiatric comorbidity was present in half of the participants. That five people in the sample had a diagnosis of Klinefelter Syndrome is noteworthy given the rarity of this condition in the general population. More research into the
association between this syndrome and firesetting behaviour is indicated, building on previous studies (Eytan et al., 2003; Miller & Sulkes, 1988).

The role of alcohol in the firesetting behaviour of the study participants requires attention given that almost a third were reported to have a history of alcohol abuse. Following a policy of deinstitutionalisation, people with ID in countries with advanced health and social care systems have been mainly living in community settings for the last two or three decades. As such, they have had much greater access to alcohol and drugs than would have been the case previously in institutions. There is some evidence that amongst people with ID who use alcohol, a relatively high proportion experience significant alcohol-related difficulties such as aggression and alcohol-related crime (e.g. Krishef & DeNitto, 1991; Rimmer et al., 1995). It would seem that for firesetters with ID in Denmark, interventions aimed at reducing alcohol misuse should be an important adjunct to firesetter treatment programmes. Lindsay and Taylor (2018) describe some promising approaches to addressing alcohol-related crime in people with ID.

In terms of firesetting behaviour, on average, people were young adults (mid-twenties) when they set their first fire and over 80% were repeat firesetters. Although fire fascination and vandalism combined accounted for the motives of almost a quarter of study participants, for the great majority (77%) setting fires had a communicative function noted by other researchers in the ID field (e.g. Alexander et al., 2015; Devapriam et al., 2007; Dickens et al., 2008). As for other pathological firesetters (Taylor & Thorne, 2014), it appears that for these Danish firesetters with ID, socially disadvantaged backgrounds and abusive early experiences is associated with significant difficulties in communicating in a pro-social manner with others. This can lead to the expression of emotion, or attempts to resolve interpersonal problems through the medium of fire. The choice of fire as the only
viable option might be particularly relevant for people with ID given the social and emotional problems often associated with such conditions.

Jackson et al. (1987) described the kind of recidivistic arson shown by these study participants within a “functional analysis paradigm” (p. 175), wherein deliberate firesetters are seen as a psychosocially disadvantaged group with associated mood and self-esteem problems, and impairments in their abilities to communicate effectively and to influence their environments. Within this framework, arson is conceived as a dysfunctional response influenced by setting factors, reinforcing contingencies and other social-learning processes. Triggering events are likely to be emotionally significant, for example perceived slights and frustration that can lead to feelings of anger and low mood. Fire is selected as a response as it provides a non-confrontational form of communication for people lacking assertiveness. While other people may not be the direct targets of this behaviour, it elicits immediate and powerful reinforcing consequences in the forms of care-giving, revenge or the alleviation of negative affect. Perhaps due to the function of firesetting in this population, people with ID may set fires more often than people who do not have an ID. The figures in this study indicate that people with ID set fires from 2.6 to 3.8 times more often than people who do not suffer from ID, according to data provided by Statistic Denmark (nd).

The communicative function of the firesetting behaviour of many of the participants in the current study was to express a range of negatively toned emotions (e.g. anger, frustration, hopelessness) that require interventions aimed at helping people to develop more adaptive means of letting others know how they feel and affecting change in their lives and environments. Taylor and Thorne (2018) describe a model group treatment for firesetters with ID that addresses this issue along with the denial and minimisation issues that are often found in this population and were identified in the qualitative arm of the current study. The availability of a suitable interventions is no guarantee, however, that offenders with ID can
access them easily. Lindsay et al. (2013) found that few offenders in specialist secure settings in the UK received treatment targeted at offending behaviour (anger/aggression, sex offending, or firesetter interventions) during the first two years following detention.

In recent years in Denmark, there has been interest in the development and use of assessment tools for assessing the risk of violence, sex offending and other crime and antisocial behavior. The current study indicates that this effort needs to be extended to firesetters with ID who comprise a significant proportion of people with developmental disorders detained by the courts in secure facilities due to their offending behaviour. Similarly, attention needs to be given to the development, provision and evaluation of effective interventions for this important and disconcerting form of offending behaviour in the Danish health and social care context.
References


Table 1

File Review Categories and Sub-Categories (after Kjeldberg, 1995)

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<td>• Parents’ occupation &amp; socio-economic status</td>
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<td>• School/education experience</td>
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<td>• Drug use in the family home</td>
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<td>• Domestic violence</td>
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<td></td>
<td>• Experience of sexual abuse in childhood</td>
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<td>Mental Health Characteristics</td>
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<td>• Other psychiatric diagnosis</td>
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<td>• History of drug/alcohol abuse</td>
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<td></td>
<td>• History of self-harm</td>
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<td>• Personality disorder characteristics (e.g. levels of empathy, introversion/extraversion, insight)</td>
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<td>• Use of alcohol/drugs at the time of the offence</td>
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<td>• Awareness of the risks to others</td>
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Table 2

*Mental Health Characteristics – obtained from case file psychiatric reports (N = 83)*

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