Firesetting and Maltreatment

Amy L. Burnett
*University of Kentucky*, amy.burnett1@uky.edu

Hatim A. Omar
*University of Kentucky*, hatim.omar@uky.edu

Follow this and additional works at: https://uknowledge.uky.edu/pediatrics_facpub

Part of the Pediatrics Commons, and the Psychiatry and Psychology Commons

Right click to open a feedback form in a new tab to let us know how this document benefits you.

Repository Citation
https://uknowledge.uky.edu/pediatrics_facpub/105

This Book Chapter is brought to you for free and open access by the Pediatrics at UKnowledge. It has been accepted for inclusion in Pediatrics Faculty Publications by an authorized administrator of UKnowledge. For more information, please contact UKnowledge@lsv.uky.edu.
Chapter 3

FIRESETTING AND MALTREATMENT

Amy L Burnett, APRN, MSN
and Hatim A Omar*, MD
Division of Adolescent Medicine, Department of Pediatrics,
University of Kentucky College of Medicine,
Lexington, Kentucky, US

ABSTRACT

In this chapter we try to determine if a link exists between firesetting offenders and a past history of maltreatment. A literature review was performed using research from various studies and populations. Firesetting is a significant problem that affects the world’s youth today. Even though there is substantial loss of property and life from juvenile firesetters, there is not a great deal of research to provide insight into early identification of those at risk. In the literature review performed, 6 of 7 studies found a link with maltreatment and firesetting behaviors. There does seem to be a correlation between the two, but there is still a need for much more research in this area to establish a definitive connection. By exploring this, and other behaviors, more in depth, risk factors can be identified that will alert care providers to those individuals that could benefit from early intervention. Exploring history of abuse can

*Correspondence: Professor Hatim A Omar, MD, FAAP, Director of Adolescent Medicine and Young Parent programs, J422 Kentucky Clinic, Department of Pediatrics, Kentucky Children's Hospital, University of Kentucky College of Medicine, Lexington, KY 40536 United States. E-mail: haomar2@uky.edu.
help both prevent and treat juveniles who have the potential of engaging in firesetting behavior.

INTRODUCTION

Intentional firesetting is a significant problem with today's children and adolescents. On average, 300 deaths annually are attributed to juvenile firesetters with an average loss of property worth $300 million (1). It is thought that intentional acts of firesetting are a cry for help and express some form of psychological distress or illness (2). Researchers have struggled for decades with making sense of this behavior, including attempting to identify risk factors for firesetting, preventing the occurrence, and treating those patients with exhibited firesetting behaviors. Due to the complexity of the individuals who perform these acts, there are still many questions regarding the care of these patients. One aspect of this behavior that has been explored is the relationship between maltreatment and firesetting.

MALTREATMENT

Approximately 6 million children are the victims of abuse each year. The forms of abuse vary and include neglect, physical abuse, sexual abuse, psychological maltreatment, and medical neglect. It is common for multiple forms of abuse to occur simultaneously (3). The negative effects of abuse manifest in many forms, including varying degrees of behavioral issues. Much speculation has linked a history of abuse with childhood firesetting, but there has been very little research to support this assumption (4). In analysis of a link between maltreatment and firesetting, a literature review was performed.

LITERATURE REVIEW

The first study reviewed looked at the direct relationship between maltreatment and juvenile firesetting. Root et al (4) looked at a study of 205 children aged 4-17 years and their caregivers who were referred to an arson prevention program. It was found that 48% admitted some form of abuse. The maltreated group had more frequent fire involvement, more likely to start a
Firesetting and maltreatment

fire out of anger, and had higher recidivism rates compared to those children with no history of maltreatment. This study concluded that maltreatment is a risk factor for firesetting behaviors (4).

In a cross-sectional study by Martin et al (5) performed on 2,596 South Australian children averaging age 13 years using the Self Report Delinquency Scale 10.6% of boys and 3.0% of girls admitted firesetting. Of the males, 16.7 reported physical abuse and 25.9 reported sexual abuse. Twenty percent of female firesetters reported physical abuse and 15.5 sexual abuse. The authors concluded that physical abuse is an independent contributor to firesetting in adolescents (5).

Another study by Puri et al (6) looked at a small population of 36 individuals who were referred to a psychiatry service over a four year period due to firesetting behaviors. Of this group, 18% of males and 44% of females reported sexual abuse. Physical abuse was reported in 18% of males and 11% of females. Even with the small sample size and the self-reporting nature of this study, the authors feels that there is a link between physical and sexual abuse and firesetting behaviors (6).

In 2010, a large study was performed by the Illinois Department of Child and Family Services. 4,155 children entering state custody were given surveys to obtain an estimate of the prevalence of fire setting behaviors and to identify correlates to this behavior. Through this screening method, it was found that children and youth firesetters have much more significant trauma histories than non-firesetters. This study found a stronger correlation between sexual abuse and firesetting, as opposed to physical abuse (7).

In another study by Jayaraman and Frazer, the authors studied 34 court reports of known firesetters. All results were obtained from medical and legal records and none from the individuals. Of those reports reviewed, 23.5% reported a history of sexual abuse and 50% reported a history of physical abuse at some point. This sample included only seven women and all reported sexual abuse and six also reported physical abuse. The authors of this study felt that there was a link between firesetting and abuse, especially in the female offenders (8).

A study performed in 1987 used a sample of 186 identified firesetters and 165 controls from state psychiatric hospitals, community mental health centers, and a children's hospital in Ohio. Interviews and questionnaires were used to obtain information of these children. With regards to abuse, it was found that 19% of firesetters were sexually abused compared to 15% of the control group. Forty-two percent of firesetters reported physical abuse compared to 28% of the control group. The authors of this study did not link a
Amy L. Burnett and Hatim A. Omar
direct correlation between abuse and firesetting, but they did find that those
children who received an intervention for abuse were less likely to display
firesetting behaviors (9).

While most studies reviewed did link an abuse history with firesetting,
there was one study that found no correlation. A 2004 study explored family
relationships and influences on firesetting and animal cruelty behaviors. This
study used 363 mothers and their children and observed them through surveys
and court records over a 10 year period. The data from this study showed no
correlation between sexual abuse or harsh parenting and firesetting behaviors
(10).

CONCLUSION

Firesetting is a significant problem that affects the world's youth today. Even
though there is substantial loss of property and life from juvenile firesetters,
there is not a great deal of research to provide insight into early identification
of those at risk. In the literature review performed, 6 of 7 studies found a link
with maltreatment and firesetting behaviors. There does seem to be a
correlation between the two, but there is still a need for much more research in
this area to establish a definitive connection. By exploring this, and other
behaviors, more in depth, risk factors can be identified that will alert care
providers to those individuals that could benefit from early intervention.
Exploring history of abuse can help both prevent and treat juveniles who have
the potential of engaging in firesetting behavior.

REFERENCES

[1] Putnam CT, Kirkpatrick JT. Juvenile firesetting: A research overview. Washington,
DC: US Department Justice, Office of Justice Programs, Office of Juvenile Justice
and Delinquency Prevention, 2005.
Administration, 2013.
maltreatment and juvenile firesetting: Correlates and underlying mechanisms. Child
Abuse Negl 2008;32:161-76.
Firesetting and maltreatment


