Guest editorial

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Firesetting has very significant consequences for individuals, communities and the economy. There were 182,825 fires in the England in 2018–2019, resulting in 253 fatalities and 7,160 non-fatal casualties, including 3,145 casualties requiring hospital treatment (Home Office, 2019). In total, 40 per cent (73,214) of these fires were recorded as more serious and deliberate "primary" fires. As those who set fires for financial or political gain do not generally come to the attention of health and social care services, the focus of this special issue is on adults with intellectual and developmental disabilities (IDD) who deliberately set fires in the context of associated mental health or emotional problems.

Firesetting is a conceptually complex phenomenon. Swaffer *et al.* (2001) distinguished between *arsonists* who are apprehended, charged, and convicted of starting deliberate fires, and firesetters who have committed acts of arson that have not have resulted in charges being brought or convictions. Services that work with people with IDD and offending histories frequently deal with offenders who have committed acts of arson that have not been processed through the criminal justice system. In categorical diagnostic terms, Pyromania is classified under "disruptive, impulse-control, and conduct disorders" in DSM-5 (American Psychiatric Association, 2013). These disorders are characterised by problems with the self-control of emotions and behaviours. Somewhat confusingly, the defining features of this impulse-control disorder include "deliberate and purposeful" setting of fires on more than one occasion that may involve "considerable advance preparation" (p. 476). The DSM-5 definition also includes fascination and pleasure and gratification associated with setting fires as diagnostic criteria. The effect of these criteria is to narrow the Pyromania definition and make it unlikely to apply to all but a very few firesetters. The DSM-5 definition also specifically excludes firesetters with intellectual disabilities (ID) as a group whose firesetting is a result of impaired judgement.

Gannon and Pina (2010) and Dickens and Sugarman (2012a) have provided a helpful reviews of the significant literature describing the features of firesetters in terms of their socio-demographic, developmental, mental health and offending history characteristics. These descriptions may be of interest to researchers and clinicians, however they do not offer a coherent account of the aetiology, development and maintenance of firesetting behaviour that provides the basis of a formulation to guide clinical intervention and management plans.

There have been many attempts to organise information about fire-setters into different schemes to help our understanding, assessment and treatment of this phenomenon Dickens and Sugarman, 2012b). Over the years, 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. Geller, 1992; Prins *et al.*, 1985). Motivation for firesetting has also been the focus of some of the more extensive studies (e.g. Gannon and Pina, 2010, Inciardi, 1970; Rix, 1994) with anger and revenge emerging as the most prevalent motive for firesetting amongst adult populations. One limitation of schemes that categorise firesetters or firesetting behaviour is that they don't account for the diversity or heterogeneity of firesetter characteristics, or the complex interaction of dispositional, situational and environmental factors that can lead to firesetting behaviour.

It has been suggested that people who set fires are characterised by low intellectual functioning along with other social difficulties and psychological problems (e.g. Bradford and Dimmock, 1986). Despite this apparent association, estimation of the prevalence of firesetting amongst people with IDD is difficult for a number of reasons (Taylor and Thorne, 2018). Services – particularly forensic

services – working with offenders with IDD are, however, dealing with significant numbers of people with firesetter histories who present complex clinical and management challenges (Alexander *et al.*, 2015; Hogue *et al.*, 2006). In this special issue a range of papers are presented dealing with different aspects of, and international perspectives on our knowledge concerning firesetters with IDD including prevalence, assessment and treatment needs.

Holst *et al.* describe demographic and mental health characteristics, offending behaviour, offence-specific factors, and the motives for offending of a population of firesetters with ID detained in special services in Denmark. In particular, in addition to high levels of mental ill-health, histories of deprivation and alcohol problems, the communicative function of firesetting for this population was a strong theme. This study helps to identify the assessment and treatment needs of this particular population. A study by Curtis *et al.* compares characteristics of firesetters with ID with those of people with ID and index offences of violence and sexual aggression in secure services in the UK. Results indicated that firesetters, violent and sex offenders with ID share may stable characteristics. However, firesetters were found to be somewhat different to other groups on dimensions that might be amenable to intervention such as emotional regulation, acceptance of responsibility for offending behaviour and empathic concern.

In their paper, Allely *et al.* report on a review of studies which have investigated arson and firesetting behaviour in individuals with autistic spectrum disorder (ASD). A small number of studies were identified that met the study inclusion criteria. The tentative findings from this review are that particular characteristics of ASD may contribute to firesetting behaviour in this population, including poor consequential thinking, a lack of empathy and fire fascination. There was also some limited evidence to show that in specialist mental health service settings, ASD is significantly more prevalent amongst those who had committed arson compared to those who had committed other types of offences; and firesetting is more prevalent amongst people with ASD compared a with non-ASD controls. Finally, in their practice-based paper, Taylor and Thorne describe an approach to collecting, collating and assessing the clinical, risk and fire-specific dimensions of firesetting behaviour within a functional analytic framework. This enables practitioners to consider the developmental, individual and environmental factors contributing to an individual's drive to set fires and to formulate a treatment plan. The authors provide an updated and revised scheme for assessing risk of firesetting behaviour incorporating empirically derived historical and clinical factors based on established structured professional judgement approaches.

This collection of articles indicates the limited research and clinical development work completed to date concerning the nature of firesetting and appropriate clinical responses to firesetting behaviour and arson carried out by people with IDD. It is hoped, nonetheless, that these papers will be of assistance to practitioners working with people with IDD in a range of settings by providing some relevant knowledge and guidance in approaching the perplexing issue of firesetting behaviour – as well as pointing to areas of potentially fruitful future enquiry in this field.

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Further reading

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