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Learning Disability and Serious Crime - Arson

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Abstract

This review paper follows on from a previous review of the literature with regard to learning disability and murder (Read, S. 2008). This paper, in turn, examines the relationship, if any, between learning disability and fire setting.

The approach taken in both these papers involves the concept of Disruptive Behaviour Disorder as being the group of behaviour and personality disorders most involved in the aetiology of these criminal and anti-social behaviours. Disruptive behaviour disorders (Read, 2007) comprise:

Oppositional Defiant Disorder
Conduct Disorder
Anti-social Personality Disorder
Intermittent Explosive Disorder
(DSM IVR, 2001, APA)

The common characteristics of these disorders comprise aggression, irritability, over-activity, high arousal, and repetitive behaviour.

In this context, perhaps we can see there is a continuum of offences. As we will show in the third paper (on Learning Disability and Sexual Offence), the sexual offences most often carried out by individuals with an intellectual disability are those of a less serious nature (for example, exhibitionism or indecent assault), than compared to the more serious sexual offence of aggravated rape. If serious crime involving individuals with a learning disability can then be graded as to gravity along a continuum from sexual offence to arson, through to murder as the most serious, then the involvement of learning disabled people becomes less as the offence becomes more serious then the involvement of learning disabled people becomes less as the offence becomes more serious. Consequently, a conclusion of the paper concerning murder was that learning disabled people are not disproportionately involved.

This is not true of arson, where learning disabled people are over-represented (however, this over-representation should be treated with some caution as there may be methodological problems within studies that support this finding). This paper, as with the paper concerned with murder (Read, 2008), shows that the predominant diagnoses of arsonists are those in the group of Disruptive Behaviour Disorders. Mental illness is a minority diagnosis amongst those fire-setters who suffer from learning disability.

This accords well with the Review findings of Whitaker and Read (2007), who evidenced that there is little to support the notion that learning disabled people suffer disproportionately high levels of mental illness. However, behaviour and personality disorders are over-represented. The aetiology of these conduct and personality disorders is not so clear and these review papers regarding murder and arson relate the common occurrence of environmental factors in the developmental years as being of direct relevance to the offending behaviour as well as the association with learning disability which dates from birth or very early years.

Such observations are seen to have import with regard to treatment which is likely to be as much supervisory, educational and psychological as it is pharmacological. Medical treatment cannot be ignored as it represents the first step in psychiatric rehabilitation, involving as it does the drug treatment of conduct and personality disorders. However other treatment modalities, importantly individually tailored, are liable to be of great importance with regard to reducing risk of repeated offending.

Introduction

The criminal act of arson has always posed a problem for society. Being so essentially destructive, it is a difficult thing for individuals and for communities as a whole to understand and deal with. Is it a thoughtless act, or is there reason behind such actions? If there is some kind of motivation behind such injurious behaviour, is it calculated, or are these firesetters driven by uncontrollable emotions? This leads onto the question of culpability – should arsonists be held completely responsible for their acts, or do certain mitigating factors relieve them of blame?

In the 19th century the widely held belief was that arson was committed by young, intellectually disabled (ID) women (Bradford, 1982). In 1860, Isaac Ray cited Marc's definition of pyromania, 'a single fixed idea…an irresistible propensity, immediately followed by its gratification', to define the actions of these young women. Pyromania - the obsessive desire to set fire to things - was the first explanation offered up by those trying to account for such apparently insane behaviour.

In the 1930s, the interest in pyromania increased when Freud's psychoanalytic movement referred specifically to firesetting impulses. Pyromania was still used as a diagnosis up until the 1960s, but as more and more studies were carried out on arsonists that revealed motivations and contributing factors, pyromania was proving to be an inaccurate diagnosis for the substantial majority of cases. That is not to say it did not and does not exist, only that it in no way adequately defines the varying reasons why some individuals set harmful fires.

Male Predominance

Contrary to previous beliefs, more recent studies have shown that arson is not usually committed by adolescent intellectually disabled women, but rather that it is a predominantly male activity. In Yesavage et al's 1983 study on arson in the mentally ill and criminal population, of the fifty subjects evaluated only two were female, and in Rasanen et al's 1994 study on the cognitive functioning of arsonists, 62 of the 70 subjects were male.

According to Bradford (1982), in the Province of Ontario 1977, the sex ratio of 1647 (87.3%) males to 238 (12.6%) females for all convicted arsonists is a clear indication that men are more likely to commit arson than women. These figures, however, are for convicted arsonists, and there are issues that may affect these statistics (such as whether women are less likely to be convicted because of their gender, or they have been not been deemed competent to stand trial due to a psychiatric diagnosis which a similar male would not have been diagnosed with).

Of the studies focusing on juvenile arsonists, males are again shown as more likely to commit arson. In Lewis and Yarnell's (1951) follow-up study of 238 child

firesetters, 220 of the children were male. Other examples include Strachan's (1981) evaluation of 79 youths referred to juvenile court - of which only one was female, and Showers and Pickrell's (1987) study of child firesetters which found that 82% of juvenile arsonists were male.

The aforementioned research has shown that the original profile of the arsonist as being predominantly female is inaccurate, but what about the remaining characteristics – that firesetters are young and intellectually disabled?

Arson and Youth

It is quite clear from research conducted over the past century that arson is committed by children, adolescents and adults. Studies have looked into the motivation behind each group's firesetting tendencies, and the situation in which the arson occurs. There have been studies conducted that focus on each particular group, analysing their psychiatric, psychosocial, criminological and environmental issues.

Where an age group seems to be prolific with regards to the number of individuals who commit arson at that particular time of life, the motivation and mental health of each of those individuals needs to be closely scrutinised. Arsonists need to be categorised according to their motivation as well as their age in order to determine the best course of treatment and the appropriate legal action.

Showers and Pickrell's (1987) study looked at arson committed by children. They studied the characteristics of 186 child firesetters and 165 age and sex-matched controls, sourced from psychiatric hospitals, community mental health centres and a children's medical hospital.

The overall results support the belief that firesetting is more prevalent among males than females, male firesetters set more fires more frequently and are less discriminating about site selection, and that males manifest more complex behaviour problems. The study's results clearly supported previous findings that young firesetters have a multiplicity of conduct problems, such as disobedience and aggression. The 'average' firesetter manifested four social-behavioural problems – almost twice as many as the average control.

A previous study conducted in 1986 by Bradford and Dimock analysed adolescents and adults who wilfully set fires. Both groups showed significant and similar handicaps; namely alcohol abuse and major psychiatric illness. Intellectual disability was diagnosed in more than 10% of both groups. There was a history of physical abuse and a variety of psychosocial difficulties.

Their study of adolescent firesetters showed that the younger children set fires at home when they were on their own, whilst the older youths set fires with peers. Again, males greatly outnumbered females. They found that most juvenile arsonists came from disruptive homes and that they behaved disruptively at school. Specific learning difficulties were also prominent, but not to the same extent in adolescent arsonists as in the adult arsonists.

Adult Arsonists

The analysis of the adult arson group confirmed previous findings that the profile of a typical adult firesetter is male, late twenties, unemployed with poorer occupational and educational status, even when compared to a general forensic psychiatric population. Alcohol abuse was an important associated factor, and the main motive was revenge.

Although the findings from more recent research indicate that the mean age is around thirty (Bradford and Dimock 1986, Rasanen 1994, Lindberg et al 2005), the age range is actually rather large. There have been numerous studies on arsonists conducted over the past few decades, and the age of the offenders has not been limited to the younger end of the spectrum. In Geller's (1987) study on arson the age range of the participants was 12-63, and there was a similarly wide age range of 16-63 in Rasanen et al's study conducted in 1995.

Not all studies support the age profile of late twenties/early thirties. Smith and Short stated in their 1995 study of mentally disordered firesetters that they are 'young, mostly in their teens with less than a third of imprisoned arsonists aged over 25' (Smith & Short, 1995) However, what should be noted is that this statement is regarding 'mentally disordered' firesetters. The study's specific sample pool of mentally disordered fire setters draws attention to the significant issues of mental illness and behavioural disorders. Smith and Short cited a study by Rix (1994) who found that 87% of his series of convicted arsonists had a psychiatric diagnosis, the most common being personality disorder. 11% of the sample studied were 'mentally handicapped', and a further 13% had a borderline 'mental handicap'. Some qualified for more than one diagnosis, the most common combination being personality disorder and alcohol abuse.

Motivation

In 1968, Macht and Mack stated that arson is 'a highly complex behaviour' and that it is not 'the result of a breakthrough of an impulse', as had previously been suggested. Arson can be committed for financial gain or for emotional reasons, and for the sake of this review financially motivated arson will not be considered. This is due to the fact that for all studies on ID arsonists, their motivation was not found to be financial.

The main motivation for committing arson (once financial gain has been discounted) appears to be revenge, with anger being a common emotion felt at the time of the crime. Hill and Langevin (1982), Bradford (1982), Bradford and Dimock (1986), and Smith and Short (1995), all state revenge as being the most frequent motivation found in their research findings.

According to Bradford (1982) another common motivation for committing arson was as a 'cry for help'. He stated that those arsonists who fell into the 'cry for help' category were 'attention-seeking' and motivated by anxiety or depression. This categorisation of arsonists is supported by Murphey and Clare's (1996) analysis of mildly ID people who commit arson. They found that the common motivations included feelings of anger, of not being listened to and of feeling sad or bored.

In 1984, Geller conducted a study that looked at the effects that deinstitutionalisation had on the act of arson. He theorised that individuals who

had previously been in institutions but who were then moved out into the community, committed arson in order to get reinstitutionalised. He stated that arson 'can be used as a vehicle to communicate a wish, need, or demand for an exchange in location of service'.

Lindberg et al (2005) apply a similar hypothesis when analysing the over-representation of intellectually disabled arsonists in their sample of male arson recidivists. They proposed that this over-representation might be explained by the idea that these individuals express their feelings of anger, frustration and sadness through specific, repetitious action models (in this case, arson). Otherwise, they do not express interest in criminal activities. They are not interested in the criminal aspect of the act, rather in its ability to relieve them of emotions they otherwise cannot express. This is why, Lindberg et al conclude, ID firesetters are 'pure arsonists', i.e. persons guilty only of arson during their criminal careers.

These notions support the findings of a previous study conducted by Barnett et al in 1997, which stated that mentally disordered firesetters had fewer registrations of common offences and alcohol related offences. They claimed that mentally disordered firesetters in general do not engage in particularly intense criminal careers though they are prone to setting fires.

Jackson et al (1987) have formulated a model using functional-analysis to try to explain recidivistic arson. Firesetting is seen as an individual's attempt to exert a change over his or her life, when other behaviours are seen to be ineffective. The longer-term consequences are believed to then maintain and aggravate the initial problems the firesetting behaviour was used to resolve, rather than ameliorate or lessen them (pp.175). Jackson et al also look at firesetting behaviours that develop from play in childhood through to adulthood, and suggest that the transition from firesetting in the presence of others, to firesetting in isolation is a major factor in recidivistic arson.

So, when considering the research findings of these studies with regards to the age of the arsonist, there appears to be no limit at either end of the spectrum. However, there does appear to be certain age ranges where intentional acts of firesetting are prone to take place, and more research needs to be done in order to discover why this is the case.

Intellectual Disability

Back in the 19th century the other widely held belief was that people who intentionally set fires were of below normal intelligence. Since then the link between arson and intellectual disability has been hotly debated and has been the focus of several studies: some supporting the link between the two, some suggesting a correlation but not a direct link, and some stating that ID individuals are no more likely to set fires intentionally than those of normal intelligence.

Significant progress has been made in the field of psychiatric diagnosis. Where people were once labelled as being 'mad' or 'feeble minded', there became diagnoses of 'mental retardation' and mental illness, and this then led to modern day diagnoses of intellectual disability, mental illness, psychiatric and personality disorders, and behavioural and conduct disorders. Over the years, as diagnoses have become more detailed and subsequently more accurate, greater insight into

any mental health issues that may directly or indirectly link to why anyone would commit arson has also become possible.

An individual may have none, any one, a combination of, or all of the above diagnoses. It is still not clear if any or all of these conditions predetermine whether or not an individual will commit arson. It is very difficult to diagnose an individual who may be suffering from any of the above conditions, and when they could in fact have more than one condition, i.e. intellectual disability, mental illness and a conduct disorder, an accurate diagnosis becomes even harder to achieve.

Dual or multiple diagnoses also make it trickier to determine what, if any, relationship exists between these diagnoses and arson. Is it an individual's intellectual disability which makes them more likely to commit arson, or is it their conduct disorder? Perhaps it is neither, but how can we tell? Throughout the recent decades, research studies have looked at the characteristics of arsonists. Psychiatric histories and mental state at the time of the arson were closely analysed, with statistics revealing how relevant the presence of intellectual disability, mental illness and (in later studies) personality, conduct and behavioural disorders were.

Throughout the 1980s, study research findings consistently showed that the intellectually disabled were over-represented in the act of committing arson. In Hill and Langevin's (1982) study on arson in psychiatric referrals, 18% were intellectually disabled, and in Yesavage et al's (1983) analysis of arson in the mentally ill and criminal population stated that almost half of the mentally ill group were intellectually disabled. Bradford and Dimock (1986) quoted statistics of 10% for both their sample groups of arsonists (juvenile and adult) as having sub-normal intelligence, and Geller (1987) also noted an association between ID and arson in his study on arson in the adult psychiatric population.

Mental Illness and Personality Disorders

However, later studies (reviewed below) conducted during the 1990s and 2000s have contested the direct link between intellectual disability and firesetting. Instead, an indirect link was proposed in the form of a correlation between intellectual disability and mental illness and personality disorders.

The above studies conducted throughout the 1980s took arsonists for their sample groups from populations with psychiatric histories. In Hill and Langevin's study, a significant number of arsonists had a psychiatric diagnosis, with most being diagnosed with a personality disorder. There was also a trend for the arsonists to have a psychiatric history (83% of the sample group). Significantly, arsonists also had a high incidence of intellectual disability.

In Yesavage et al's (1983) study of arson in the mentally ill and criminal populations, mentally ill (MI) arsonists were compared to non-mentally ill (NMI) arsonists. They stated that a high proportion of mentally ill arsonists were intellectually disabled. None of the NMI had a diagnosed psychiatric disorder, whilst diagnoses in the MI group included schizophrenia, severe neurotic disorders and personality disorders. Significantly, 11 of the 27 MI arsonists were intellectually disabled.

Bradford and Dimock (1986) compared adolescent and adult firesetters. They found that conduct disorders were prevalent in the adolescents, and that

alcoholism, personality disorders and schizophrenia were the most common diagnoses in the adult group. Again, significantly 10% of each group was diagnosed as being intellectually disabled. The relevance of Disruptive Behaviour Disorders is confirmed.

Based on the above information taken from these studies, it is clear that mental illness is a factor. The intellectually disabled also seem to be over-represented, but what needs to be noted is that many individuals with an intellectual disability have a dual diagnosis of mental illness and/or personality disorder. Throughout the 1990s studies were conducted on arsonists whose motivation was not financial. These studies found a significant link between arson and mental illness and personality disorder.

Smith and Short (1995) conducted a study on mentally disordered firesetters. They found that personality disorders were common amongst these arsonists. In their study, Barnett et al (1997) analysed pathological firesetters and found that when compared to non-mentally ill firesetters they were more likely to have a history of arson and were more likely to re-offend. They stated that patients with treatable mental disorders were less likely to re-offend than those who were difficult to treat. Distinctions between conduct and personality disorders may be difficult to make.

A study was carried out by Lindberg et al (2005) that looked at the characteristics of male criminals with histories of recidivist firesetting. They found that the most important diagnostic criteria were personality disorders, psychosis and intellectual disability.

Personality and Conduct Disorders

A recent study conducted by Whitaker and Read (2007) looked at the prevalence of psychiatric disorders amongst individuals with learning difficulties. They concluded that there is evidence that the prevalence of psychiatric disorder is greater in children with ID when compared to children with normal IQs, and that it is higher in both adults and adolescents with severe ID than in those with mild or no ID. The rate of Disruptive Behaviour Disorder is higher in both adults and adolescents with ID when compared to their non-ID peers.

These findings are significant as they could provide insight into the over-representation of the intellectually disabled in the arson group as a whole. If it is an individual's behaviour disorder which predisposes one to set fires intentionally, and one is more likely to suffer from a behavioural disorder if one is intellectually disabled, then this could explain why so many ID people become firesetters.

In 1994, Rasanen et al alleged that low intelligence does not directly explain criminal behaviour like arson, but that it does have a link with learning difficulties and poor concentration. This in turn may lead to poor social integration and low socio-economic status, to poor self-esteem and various psychiatric symptoms, finally resulting in unsocial criminal behaviour, i.e. arson. They stated it could be assumed that 10-15% of arsonists will have ID.

Misdiagnosis could be another explanation for the over-representation of the ID arsonist. In his study on firesetting in the adult psychiatric population, Geller (1987) noted that some individuals who might have been classified as being intellectually disabled are now seen as having attention deficit disorder, infantile autism or specific developmental disorders.

As more and more research is conducted on the act of arson and those who commit it, the profile of the arsonist has changed. It is fair to say that there does not appear to be one stand-out profile, rather that when certain characteristics and criteria are found in any one individual, they are more likely to commit arson and/or to re-offend.

Making the correct diagnosis and identifying the root cause of why individuals commit arson will lead to improvements in treatment and reduction in re-offending rates. It is very difficult to combat arson and prevent it from happening again if indirect causes are not treated as well. If an individual states that he intentionally burnt down his house because he felt he was not being listened to, this 'cry for help' would be the motivation. However, his inability to express emotion in a less destructive way could be due to social skill deficits caused by a behaviour disorder. If this behaviour disorder is not treated, then the likelihood is this individual will carry on setting fires.

An individual's psychiatric diagnosis could also provide insight into the risk of them re-offending. According to Barnett et al (1997), arsonists with mental disorders are more likely to have a history of arson and to be convicted again, and that multiple firesetting offences were an indication of psychiatric abnormality. They concluded that patients with treatable mental disorders are in less danger of re-offending than those with less treatable conditions such as personality disorders or intellectual disability.

Barnett et al's later study (1999), looked at the act of repeated arson. They noted that mentally disordered individuals and psychiatric patients pose an increased risk for firesetting behaviour. These arsonists were found to have diminished responsibility, but were still partly culpable for their actions. The individuals who were found to have diminished responsibility for their actions were more likely to be diagnosed with a personality disorder. Their study also found that subjects diagnosed with intellectual disability, psychosis or organic brain disease were not held responsible for their actions.

As commented on earlier, in their study of male criminal firesetting recidivists, Lindberg et al (2005) found that the most important diagnostic categories were personality disorders, psychosis and intellectual disability. Persons guilty only of committing arson tended to be psychotic or have ID, whereas for those diagnosed with personality disorder the act of arson appeared to be only one form of expression in a wide range of criminal activity.

Murphy and Clare (1996) reported that re-offending rates amongst mentally disordered firesetters were likely to be high. Their qualitative study used personal interviews to analyse ten mildly ID individuals' perceptions of events, feelings and cognitions prior to and after setting fires. These people were noted to have disruptive behaviour, and some of these subjects were also thought to have a mental illness. However, the connection between this fact and the firesetting is complex; sometimes it appears to be directly related, sometimes indirectly and sometimes not at all.

Treatment

When it comes to treating arsonists and preventing recidivism, there are many issues that need to be addressed. Treatment needs to be successful in order to reduce the danger to the community and to the acting individual himself. If treatment is unsuccessful, or indeed not attempted at all, then there is a severe

risk of re-offending, resulting in future injury to persons and destruction of property.

Bradford (1982) concluded from his study that arsonists 'must first be properly classified and the natural history of the cognition closely observed before we can be confident about treatment and other immediate action'. Each arsonist's case needs to be individually evaluated. The risk of re-offending in arsonists has an effect on the type of treatment available.

As mentioned earlier, Barnett et al (1997) commented that individuals with difficult to treat conditions were more likely to re-offend. They stated that because intellectual disability was (practically) untreatable, individuals with such a diagnosis are at greater risk of re-offending.

In their survey of the criminal careers of restriction order patients, Gibbens and Robertson (1983) highlighted the problem of assessing the risk of re-offending in intellectually disabled criminals. They argued that seeing as one cannot foretell when an ID individual will recover or become risk-free, orders without limit of time should be preferred, especially if the crimes previously committed were violent or sexual.

Bradford and Dimock (1987) also found the treatment of ID firesetters problematic. In their study there was a significant sub-group of ID arsonists (10% adults, 15% adolescents) who were difficult to deal with. This sub-group's firesetting was directly linked to its members' abuse of alcohol. Strict control of access to alcoholic substances was necessary for the safety of others and the individuals themselves, and this prevented suitable dispositions in residential treatment centres.

Geller (1984) stated that sensitisation to the communicative use of arson including its antecedents and its consequences may help those treating psychiatric patients who use arson as a cry for help achieve success. By becoming attentive to this use of firesetting, these individuals may be shown other ways to express their desires and fears about their new situation and/or environment.

Support of this proposition comes from Geller (1987). He states that 'contemporary thinking leads to the framing of a social skills deficit-social learning paradigm'. Psychiatric patients who resort to arson have significant social skills deficits, and that arson is best understood through a social skills deficit-social learning model. He goes on to state that changes in classification, available clinical interventions and loci of care and treatment are significantly affecting our understanding of pathological firesetting.

Murphy and Clare (1996) concluded from their qualitative study of ten mildly ID arsonists that in order to reduce the risk of re-offending, these individuals need treatment that will help them cope with people and events in the community. Assessment should include an attempt to understand the emotional, cognitive and situational antecedents to firesetting. Treatment should be aimed at developing better coping strategies, with assertiveness training a viable option.

Showers and Pickrell (1987) noted that within the sub-group of child firesetters, conduct problems were most prevalent, with the 'average' firesetter manifesting four social-behavioural problems (almost twice as many as the average control). They stated that improvements in parental nurturing skills and early and

appropriate intervention for children who are abused and neglected would reduce firesetting. Intervention needs to be early on in childhood.

In conclusion, treatment needs to be early and it needs to address the exact issues of each individual. Any psychiatric disorders must first be accurately diagnosed and then treated accordingly with the relevant medication and models. Due care and attention must be taken to identify any conduct and/or behaviour disorders which may increase the likelihood of wilful firesetting, and increase the risk of future recidivism.

If treatment is to be successful, then understanding the motivation behind each arsonist's actions is essential. Treatment can then be focused on these problematic areas. If these issues are tackled and (hopefully) resolved then that person will no longer feel that setting destructive fires is the only resort left available to them.

When it comes to the question of culpability, there is no straightforward answer. There are many arsonists who set fires in full knowledge of the destructive nature of their acts, and they do so with the intent to cause damage for financial gain or to deliberately hurt themselves and/or others.

There are, however, other arsonists whose mental statuses when committing such acts alleviate them of some, if not all, responsibility. Research studies over recent decades have shown that correlations exist between arson and intellectual disability, mental illness, personality disorders, and behavioural and conduct disorders. It is not yet clear what the exact links are, only that individuals with any of, or a combination of, these diagnoses are susceptible to intentional firesetting.

Studies have also shown that many acts of arson are committed whilst under the influence of alcohol. Lindberg et al (2005) found that in their study sample of male criminals with histories of recidivist firesetting, 68% were under alcohol intoxication during the index crime. Should such individuals then be held responsible for their actions? It is true that they initiated this intoxication, but what were the circumstances that drove them to resort to excessive drinking and consequently to commit arson? Once in an inebriated state many claim they were not aware of their destructive actions and many could not recollect what they had done when intoxicated. Alcohol abuse was prolific in many studies, with researchers commenting on the significance of alcohol abuse as a characteristic found in the personal history of the arsonist.

Conclusion

Certain factors have been proven to affect an individual, either directly or indirectly resulting in them intentionally setting destructive fires. Intellectual disability, mental illness, personality disorders, and behavioural and conduct disorders all seem to contribute to an individual's predilection towards pathological firesetting. However, due to the fact that many arsonists are diagnosed with two or more of these conditions, it is not always possible to state what the ultimate cause of such destructive behaviour is.

Research should now focus on establishing successful treatment for arsonists who, once accurately diagnosed, need help to deal with any psychiatric conditions, social skill deficits, or environmental issues which have led them to resort to arson. By directly treating any mental illnesses, personality disorders

and/or conduct and behavioural problems, these troubled individuals are more likely to respond well to other aspects of treatment, such as assertiveness training and social skills learning models.

Treating arsonists with intellectual disability may prove to be more difficult, but not impossible. Through their qualitative research on mildly ID arsonists, Murphey and Clare (1996) found that for many individuals, a treatment plan that took into account a number of prior subsequent events, feelings and cognitions would reduce the risk of re-offending and increase the ability of that person to cope in the community.

Understanding arson and why any single person would commit such an act can be a very long and difficult process. The behaviour itself is essentially destructive, and so the underlying motivations may not seem rational or logical and so many factors complicate issues of culpability and blame. Where pathological firesetting had previously been labelled as thoughtless or as an act of insanity, it has since been revealed as an act of revenge or as a cry for help from individuals who believed they had no other way of expressing their emotions or escaping their current desperate situation.

Arson will be a problem for communities throughout the world as long as it remains a viable option for any individual who views its destructive capabilities as a means of financial gain, property offence and injury to others or themselves. However, when arson is committed as a last resort by someone who feels they have no other way of communicating to others or coping with events in their lives, there are means and methods of preventing such behaviour from reccurring.

By treating these individuals early enough with the appropriate medication and behavioural models, they can develop better coping strategies. This will in turn lead to them reacting more rationally to any obstacles that need overcoming and will improve their quality of life in general. By reacting more positively and not resorting to such essentially destructive and negative behaviour, these arsonists will be able to carry on living life in their community and interacting with others. By helping these people with their problems and not merely labelling them as ‘insane’, ‘thoughtless’ or criminally motivated, there is a far greater chance of reducing harm reduction rates and recidivism, ultimately making the community safer for everyone.

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