

## *Trauma History*

Starting fires can be a cry for help from the child (Burnett & Omar, 2013). In fact, Root, MacKay, Henderson, Del Bove & Warling (2008) found, in their study on maltreatment and juvenile firesetting, that 48 percent of the 205 firesetters they studied admitted to experiencing some type of abuse. It is important to observe signs of abuse and err on the side of referring firesetters to mental health professionals more often than not. The Illinois Department of Child and Family Services conducted a study in 2010 to identify correlates of past trauma to firesetting behavior. They found that of the 4,155 children entering custody that firesetters had significantly more trauma than non-firesetting offenders. The past trauma for firesetters was mostly sexual abuse (Lyons, McClelland, & Jordan, 2010).

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## *The Intervention Process*

When a child is referred to the Minnesota Youth Fire Intervention Team, we make an appointment to meet with the family and the child. We use a baseline assessment form, the Oregon Assessment tool, which consists of questions for both family and child. The questions are numerically weighted and the totals reflect a low, moderate or extreme risk of repeating the behavior.

The low risk children are sent to a fire science educational program. Moderate risk firesetters require both mental health professionals and the fire science educators. Extreme risk cases are referred directly to a mental health professional prior to the education process. Educators follow the lead of the mental health care professional.

Follow-up and evaluation are an important . Contact is made with the family six, 12 and 18 months after the intervention to determine recidivism rates. And provide additional services.

## *Intellectual Deficits*

Children with intellectual deficits may be more likely to misuse fire. Suggestibility plays a part in firesetting behavior. The media often glorify fire and represent it irresponsibly. Copycat firesetting is another aspect of the behavior. Case in point is the recent social media epidemic — The Fire Challenge. Using flammable liquids such as hand sanitizer, nail polish remover or body spray, juveniles lit themselves or others on fire and posted videos of it online. Interestingly, they were all shocked to find out that it actually hurt.

Impulse control is also prevalent among firesetters. The fire seems like a good idea and without impulse control they start a fire. Fire can also be a self regulating strategy for children with autism. Many diagnoses include these symptoms. Ask your juvenile patients if they start fires. If so, YFIT is here to help. Partnership is important for successful intervention services.

## Multidisciplinary Partnership

It takes a village to stop youth firesetting behavior. Together, mental health professionals, the fire service, juvenile justice and social services can make a difference in minimizing youth firesetting behavior.

Juvenile justice can order firesetters to the youth fire intervention program.

Mental health professionals can help get to the root cause of the behavior and correct it. The fire service can provide education for the child and family about fire science and social service can help the family to get needed services to support the child.

Mental health partnerships are integral to the program's success.



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## *Understand Youth Firesetting*



Youth Firesetting Helpline

**1-800-500-8897**