

Aggressive and Non-Aggressive Juvenile Fire Setters

A study by Stickle and Blechman (Journal of Psychopathology and Behavioral Assessment, 2002) found that fire setting was associated with early onset severe and varied antisocial behaviors among juveniles. A new study by Seifert examined the characteristics of a group of 153 fire setters. Fire setters were defined as youth who set fires that are not of a utilitarian nature and may have a risk of harm to others.

There appear to be two groups of fire setters: aggressive and non-aggressive. Aggressive youth are those who have hit, pushed or shoved another person that is not in self defense and causes some level of distress to the victim. Non-aggressive fire setters do not have a history of hitting others. The non-aggressive group appear to have more psychiatric problems, while the aggressive group are similar to the severe behavior problem group with multiple problems and childhood trauma. The aggressive fire setters ranged in age from 6 to 19 (average age was 14), while the non-aggressive fire setters ranged in age from 8 to 16 (average age was 13).

Among the aggressive fire setters, all had a history of moderate to severe behavior problems and assaultive behaviors, 97% had behavior problems that began before the age of 13, 87% had one or more parents not involved in the child's life, 86% had poor social skills, 83% had a history of family violence, 82% had a history of childhood trauma, and 76% were delinquent. For the non-aggressive fire setter group 94% had a history of moderate to severe behavior problems, 89% had poor social skills, 89% had anger management problems, 83% were impulsive, 74% had moderate to severe behavior problems before the age of 13, 72% had average or better IQ, and 72% had psychosis or self harm.

Looking at the characteristics of these two groups, it becomes clear that the intervention strategies may be different for youth in aggressive vs non-aggressive patterns. The aggressive group has more trauma and histories of family violence. Therefore therapy would need to address any ongoing home violence or trauma and use techniques to help the youth heal from past trauma, including domestic violence. Both groups have some social skill deficits and cognitive behavioral treatment for skill building would be appropriate. The non-aggressive fire setter may have more psychiatric problems and will need a psychiatric evaluation, especially for psychosis, self harm and impulsivity. The majority of both groups had average or better intellectual functioning, but examination of how they are doing in school is always appropriate.

In conclusion, as in most groups of behaviorally disordered youth, comorbidity, family, and trauma issues need to be examined in order to provide the most effective therapy. An effective assessment on the front end can save time and trouble later on. Early intervention (before the age of 12) is of primary importance.

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About the Author

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