



Psychiatry & Behavioral Science - 2017

I10 The Complicated Relationship Between Fire Setters and Mental Illness

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After attending this presentation, attendees will understand the relationship between mental illness and fire-setting behaviors. Fire-setting behaviors, the crime of arson, and the psychiatric diagnosis of pyromania will be discussed. Attendees will be made aware of the forensic issues related to fire setters, including the role of the fire department and mental health professionals in determining the intentions of the fire setter. Recommendations regarding psycho-education to health care providers and patients will be explored.

This presentation will impact the forensic science community by educating attendees regarding the relationship between fire setters and mental illness.

As documented by the National Fire Protection Association, an estimate of 282,600 intentional fires was reported to the United States fire departments each year during 2007-2011.¹ These fires were associated with annual losses of 420 civilian deaths, 1,360 civilian injuries, and \$1.3 billion in direct property damage. Outside or unclassified fires accounted for 75% of these incidents, while 18% involved structures, and 7% were vehicle fires.² In 2013 United States fire departments responded to an estimated 29,200 home structure fires that were set intentionally. These fires caused 380 deaths, 880 injuries and \$531 million in direct property damage.² Fire-setting behaviors are described in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, but also have legal implications. Literature surrounding this population has limited guidance for assessing this group. Studies have shown that common motives for fire setting revolve around psychosis (88%), revenge/anger (34%), and suicide (20%).³

This discussion will present a case of a middle-aged male who was admitted after a fire that began in his apartment. According to the patient, the fire began in the context of him falling asleep while smoking a cigarette. The patient had a history of being declared not guilty by reason of insanity after he set a fire as a young man, in the context of a psychotic episode. The patient had spent most of his life in state hospitals and was now living in a residential setting. The forensic evidence clarifying how the fire was set is still pending. This presentation will discuss pertinent clinical evidence in assessing fire setters and will discuss the difference between arson and pyromania.⁴ Along with clinical evidence, resources used by the fire department in determining whether the fire was set intentionally will be presented. Lastly, this case raises the importance of assessing recidivism in this particular population. Risk factors to recidivism in fire setters will be explored.⁵ This presentation seeks to alert the forensic community regarding the complicated relationship between mental health and fire setters and to review current methods of assessing these patients.

Reference(s):

1. <https://www.usfa.fema.gov/data/statistics>.
2. <http://www.nfpa.org/news-and-research/fire-statistics-and-reports/fire-statistics/fires-in-the-us>.
3. Bob Green, Timothy J. Lowry, Michele Pathé, Ness McVie. (2014). Firesetting Patterns, Symptoms and Motivations of Insanity Acquittes Charged with Arson Offences. *Psychiatry, Psychology and Law*. 21:6, 937-946, DOI: 10.1080/13218719.2014.9180.

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4. Burton P.R.S., McNeil D.E., Binder R.L. Firesetting, arson, pyromania, and the forensic mental health expert. *J Am Acad Psychiatry Law.* 40:355–65, 2012.
 5. Repo E, Virkkunen M. Criminal recidivism and family histories of schizophrenic and nonschizophrenic fire setters: comorbid alcohol dependence in schizophrenic fire setters. *J Am Acad Psychiatry Law.* 25: 207– 15, 1997.
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Fire Setting, Mental Illness, Recidivism