Arson assessment and treatment: The need for a consistent evidence-based approach

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In 2018, across England and Wales alone, 770 individuals were sentenced for arson, of which 47% received a custodial sentence or hospital order ^[1]. Despite the number of individuals convicted of arson offences each year, this criminal behaviour remains poorly understood. For example, a paucity of evidence exists regarding risk factors for reoffending. Consequently, few specialist assessment and intervention frameworks are available to assess and treat this highly destructive behaviour.

The scarcity of empirically validated risk assessment tools for arson presents a serious issue for psychologists and psychiatrists tasked with providing evidence-informed and defensible risk-based decisions. The Firesetting Risk Assessment Tool for Youth (FRAT-Y)^[2] and the Multi-Trajectory Theory of Adult Firesetting (M-TTAF)^[3] represent relatively recent developments that provide frameworks which professionals can use to formulate an individual's risk of reoffending with fire. However, despite FRAT-Y and M-TTAF's usefulness for formulating arson offending and risk, their abilities to predict reoffending are yet to be established.

Few attempts have been made to develop and evaluate specialist treatment programmes for arson internationally. Interventions across the world are predominantly offered by fire and rescue services and are aimed at children and adolescents, with few available for adults and young people in mental health and custodial settings. In the past 8 years, focus has increased in this area with the development of two UK psychological treatment programmes specifically aimed at adults who set deliberate fires: *The Firesetting Intervention Programme for Prisoners (FIPP)*^[4] and *The Firesetting Intervention Programme for Mentally Disordered Offenders (FIP-MO)*^[5]. However, despite these advancements, the same progress has not occurred in establishing evidence-based interventions for young people. Further, the availability of specialist interventions for arson (such as FIPP and FIP-MO) across criminal justice and mental health settings worldwide remains varied and restricted in scope. The situation poses substantial difficulties for psychiatrists and psychologists in terms of effective care and sentence planning, and for evidencing to tribunals and parole boards that fire-specific risk factors have been effectively addressed.

Criminal justice system professionals have a responsibility to provide access to effective assessment and interventions to ensure individuals move successfully through their sentence plan or care pathway while also effectively managing arson risk. Thus, collaboration between service providers, policy makers, and researchers, is vital for developing evidence-based practice for arson and reducing reoccurrence of this highly destructive behaviour.

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Conflict of Interest: NT, TAG and KS are involved in providing training and evaluating the FIPP and FIP-MO programmes. TAG is developer of the FIPP and FIP-MO programmes.

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