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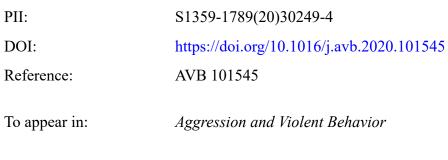
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Adults with intellectual disabilities and/or autism who deliberately set fires: A systematic review

J. Collins, M. Barnoux, P.E. Langdon



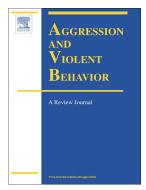
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Adults with intellectual disabilities and/or autism who deliberately set fires: A systematic review Collins, J^{a1}, Barnoux, M^a, Langdon, P.E.^b

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Abstract

Fire setting behaviour has devastating consequences and a significant number of adults who set fires have intellectual disabilities and/or autism. However, there has been no comprehensive review of the characteristics and treatment needs of this group of offenders, with existing reviews being limited in terms of sample population and methodological rigour. The purpose of this review was to systematically examine and synthesise existing research to deter. in what is known about adults with intellectual disabilities and autism who set fires. PsychNFC, PsychARTICLES, Medline, CINAHL Plus with Full Text, Criminal Justice Abstracts, SCOl'US, Open Grey, and the University of Kent arson library were searched for articles. The methodologi, al quality of studies was assessed using the Mixed Methods Appraisal Tool. Searches result ⁴ in 100 articles that met the specific inclusion criteria. Findings indicated adults with intelloctual disabilities and autism share some characteristics with other adults who set fires (e.g. ag, recsion, impulsivity). They also face additional challenges, which may have implications for .rea ment and risk formulation (e.g. communication difficulties, lack of support). However, current . search is generally of poor methodological quality, limiting our ability to understand the unique characteristics and treatment needs of this population.

Key Words

Intellectual disabilities; Learning disabilities; Autism; Developmental disabilities; Firesetting; Arson

Abbreviations

 $MMAT^2$

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Introduction

The Fire and Rescue Service attended to 83,221 incidents of deliberate fire setting over the financial year 2018 to 2019 in England, which resulted in 50 fire-related fatalities and 1,014 non-fatal casualties requiring hospital treatment (Home Office, 2019). Further, the economic cost of deliberate fire setting is estimated to be as high as £1.45 billion within England and Wales (Arson Prevention Forum, 2017) with sentencing guidelines acknowledging the wide impact of fire setting (i.e., economic, social, financial, psychological; Sentencing Council, 2018). Consequently, approximately

¹Corresponding author at Tizard Centre, University of Kent, Cornwallis North East, University of Kent, Canterbury, CT2 7NZ. Email: <u>j.collins-2001@kent.ac.uk</u>. Tel: 01227 824770. ² Mixed Methods Appraisal Tool (Hong et al., 2018)

1% of the prison population in England and Wales has a conviction for Arson (n= 759 males, n=88 females) and a further 953 adults, with a conviction of Arson, are under the supervision of the National Probation Service (n=766 males, n= 187 females: Ministry of Justice, 2019a). The most recent statistics report that in December 2018, there were 510 adults (n = 368 males, n = 142 females) with a conviction for Arson detained under Part III of the Mental Health Act (2007) in hospitals across England and Wales (Ministry of Justice, 2019b). A proportion of these individuals will have intellectual disabilities and autism, as fire setting amongst this group is frequently reported within the literature (e.g. Lees-Warley & Rose, 2015; Simpson & Hogg, 2001). However, our current understanding of the characteristics and treatment needs of adults with intellectual disabilities and autism who set fires is limited.

Different terminology, with somewhat different meanings, has coren used within the literature to describe offending behaviour that involves fire. In England and Vale, the term 'Arson' is a legal term used to describe the crime of either intentionally or recklet sly's arting a fire in order to destroy or damage property (Criminal Damages Act, 1971). However, not all intentional acts of starting a fire result in a conviction of Arson. For example, an offender who has committed Arson where a person has died may result in a Murder conviction, rather than Arson.

The term, 'pyromania' refers to an impulse control disorder characterised as repeatedly setting deliberate fires to either relieve tension on affective arousal, or to experience instant gratification (American Psychiatric Association, 2013). Reported prevalence rates of pyromania range between zero (Geller & Bertsch, 1985; O'S. Ilivan & Kelleher, 1987) and 10% (American Psychiatric Association, 2013; Lindberg et al., 200.); Ri chie & Huff, 1999). Consequently, the term 'fire setting' has been widely adopted within the literature and will be used throughout this review to include all acts of intentionally setting fire to $_{\rm F}$ roperty, land, other people and individuals themselves (Barnoux et al., 2015; Dickens & Sugarma.) 2012; Gannon & Pina, 2010), inclusive of pyromania.

Characteristics and treatn ent , eed of adults who set fires

Research into the scene conduct of adults without intellectual disabilities and/or autism who set fires suggests they are white, poorly educated, unskilled, single males of low economic status (Barrowcliffe & Gannon, 2015; Barnett et al., 1997; Blanco et al., 2010; Gannon & Barrowcliffe, 2011; Gannon & Pina, 2010; Lewis & Yarnell, 1951; Soothill & Pope, 1973; Soothill et al., 2004; Vaughn et al., 2010). This population is more likely to come from large families, single parent households, characterised by unstable or poor parenting styles (i.e., absent parents, abusive experiences, conflictual family environment) compared to population comparison groups (Anwar et al., 2011) and other offender comparison groups (Bradford, 1982; O'Sullivan & Kelleher, 1987). Other background factors include a family history of antisocial behaviour (Vaughn et al., 2010), experiences of violence, neglect, abuse and trauma (Barnoux et al., 2015; Tyler et al., 2014).

Although not well supported by empirical evidence, biological features associated with fire setting among adults without intellectual disabilities and autism, include a central monoamine

(particularly serotonin) deficit and glucose metabolism abnormalities (Roy et al., 1986; Virkkunen, 1984; Virkkunen et al., 1989), frontal lobe dysfunction (Bosshart & Capek, 2011; Calev, 1995; Friedman & Clayton, 1996; Kanehisa et al., 2012), electroencephalographic abnormalities (Meinhard et al., 1988), epilepsy (Carpenter & King, 1989; Mende, 1960), and Klinefelter's or XYY syndrome (Eytan et al., 2002; Stochholm et al., 2012).

Furthermore, a number of psychological and personality traits have been associated with fire setting perpetrated by adults without intellectual disabilities and/or autism, including an external locus of control, social competency problems (Gannon et al., 2013), emotional or self-regulation problems, a lack of assertiveness skills, and limited communication skills (Jackson et al., 1987; Rice & Chaplin, 1979; Rice & Harris, 2008; Rix, 1994; Stewart, 1993). Furthermore, adults who set fires have been found to have dysfunctional attachment styles, difficulties forming and maintaining healthy relationships, and low self-esteem (Barnoux et al., 2015; Bell et al., 2013; Duggan & Shine, 2001; Gannon & Pina, 2010; Noblett & Nelson, 2001; Saunders & Aviad, 991). Maladaptive coping strategies, aggression, impulsivity, a low threshold for frustration tolerance and loneliness are also reported in the literature as risk factors for fire setting (e.g., Barnoux et al., 2015; Gannon & Pina, 2010; Gannon et al., 2013; Inciardi, 1970; Rice & Chaplin, 1979).

In addition, early positive or negative experiences of fire during childhood may impact on the presence of psychological vulnerabilities and rise factors for fire setting behaviour during adulthood (Barnoux et al., 2015; Tyler et al., 2014). Factor, include having normalised the criminal use of fire, an interest in serious fires or everyday fires, either positive or negative affect about fire, or reduced fire safety awareness. (Gannon et al., 2015). Offence supportive norms and schemas may develop and are common, which predispose adu¹ s to engage in fire setting behaviour (Barrowcliffe & Gannon, 2016; Barrowcliffe et al., 2019; Garnon et al., 2013; Tyler et al., 2014).

When reviewing offen. e-specific characteristics for adults without intellectual disabilities and/or autism who set fires a criminally versatile offending history is common with evidence suggesting behavioural proclems start in childhood (e.g., Doley et al., 2011; Ducat et al., 2013; Gannon et al., 2013; Hagenauw et al., 2015; Hill et al., 1982; O' Sullivan & Kelleher, 1987; Ritchie & Huff, 1999; Sapsford et al., 1978; Soothill et al., 2004). Research comparing different types of offenders has suggested that those who set fires are often younger compared to other types of offenders, and most comparable to property offenders (Gannon & Pina, 2010).

Motivations for fire setting among adults without intellectual disabilities and/or autism include revenge (Gannon et al., 2012; Koson & Dvoskin, 1982; Lewis & Yarnell, 1951; O'Sullivan & Kelleher, 1987; Rix, 1994), peer influence (Barnoux et al., 2015; Molnar et al., 1984), vandalism, excitement (Gannon & Pina, 2010; Icove & Estepp, 1987; Inciardi, 1970), to conceal another crime (Barnoux et al., 2015; Dennet, 1980), self-protection (Tyler et al., 2014), political motivation (e.g., terrorist attacks, riots; Prins, 1994), financial gain (Dennett, 1980; Prins, 1994; Nanayakkara et al., 2020) and self-injury or suicide (Barnoux et al., 2015; Gannon et al., 2012; Jayaraman & Frazer,

2006; Noblett & Nelson, 2001).

Mental illness is also common amongst adults without intellectual disabilities and/or autism who set fires (Barnoux et al., 2015; Bell et al., 2018; Jayaraman & Frazer, 2006; Räsänen et al., 1995; Tyler & Gannon, 2012; Tyler et al., 2014). Common diagnoses associated with adults who set fires are personality disorder (i.e. anti-social and borderline personality disorders; Blanco et al., 2010; Dickens & Sugarman, 2012; Ducat et al., 2013; Lindberg et al., 2005; MacKay et al., 2006; Martin et al., 2004), schizophrenia (Anwar et al., 2011), substance dependence (Ducat et al., 2013; Enayati et al., 2008), affective disorders (Ducat et al., 2013; Tyler et al., 2014), and anxiety disorders (Barnoux et al., 2015).

The current evidence base also suggests lower general intellectual functioning, with intellectual disabilities and other developmental disorders common amo. a dults who set fires (Devapriam et al., 2007; Hall et al., 2005; Murphy & Clare, 1996; i ees- Warley & Rose, 2015; Simpson & Hogg, 2001). Prevalence studies suggests around 1 o 22 % of fire setters may have lower general intellectual functioning or intellectual disabilities debe. Aing upon the population sampled (i.e. inpatient, community, prison samples; Alexander et al., 2011; Devapriam et al., 2007; Hall et al., 2005; Murphy & Clare, 1996; Lees-Warley & Rose, 2015; Simpson & Hogg, 2001). However, the aetiology of fire setting by people with intellectual disabilities and/or autism is not well understood and little evidence is available to support profess onals when considering assessment and formulation for this population (Taylor & Thorne, 2019). Therefore, further research is required in order to better understand these behaviours within this population.

Recent research is beginning to it ve stigate the differences in the aetiology and pathways to fire setting for different groups of in live als. For example, self-protection was highlighted as a motive for fire setting among adure, with a mental disorder (Tyler et al., 2014). Nanayakkara et al. (2020) concluded firesetting a nong females frequently occurs within the context of personality disorder, self-harm, and mood cysregulation, and was associated with the motive to relieve or express frustration. Conversely, malles were more likely than females to set fires for financial profit and as an act of revenge within context of intimate partner violence (Nanayakkara et al., 2020).

Nevertheless, current knowledge on the characteristics and treatment needs of people who set fires comes from research conducted primarily with adults who do not have intellectual disabilities and/or autism, which may not adequately capture some factors that may be more relevant to those with intellectual disabilities and/or autism (e.g. increasing social exclusion). Other areas of research have demonstrated the characteristics and treatment needs of adults with intellectual disabilities and/or autism who offend are different to adults without developmental disabilities who have an offending history (e.g., sexual offending; Gleaser & Deane, 1999), which warrants an in-depth examination of existing knowledge pertaining to fire setting perpetrated by adults with intellectual disabilities and/or autism more specifically. Whilst there is a body of research on this topic, there has to date been no comprehensive systematic review of the literature, with existing reviews being limited

in terms of sample population and methodological rigour (e.g., Allely, 2019; Campbell et al., 2016; Lees Warley & Rose, 2015). This review therefore seeks to answer the following research question, 'What does the evidence tell us about adults with intellectual and other developmental disabilities who set fires?'

Aims

The aim of this project was to complete a systematic literature review of unpublished/published articles about adults with intellectual disabilities and autism who have set fires. The specific aims were:

- To identify the prevalence of adults with intellectual disabilities and autism who set fires.
- To highlight the characteristics and treatment needs of adults w. b intellectual disabilities and autism who set fires.
- To highlight offence related characteristics of adults with intellectual disabilities and autism who set fires.
- To evaluate the assessment tools and interventions overlable to clinicians working with adults with intellectual disabilities and autism who can fires.

Method

Design

A systematic review of the research or adults with intellectual disabilities and autism who set fires was conducted, published/unpubliched articles, incorporating quantitative and qualitative data. Database and ancestry searches resulted in 100 articles that met the specific inclusion criteria. Data was extracted and a quality assessment was conducted using the Mixed Methods Appraisal Tool (Hong et al., 2018). There fact five criteria for appraising studies and rating vary from 0* (none of the criteria are met) to 5* (al. Chieffa are met).

A data extraction template was used to record relevant information under the following heading: Title, author, year of publication, sample, study design, data collection method, number of firesetters with intellectual disabilities and autism, gender, age, ethnicity, diagnosis, general intellectual functioning, socioeconomic status, treatment and treatment outcomes, sociodemographic characteristics, offending characteristics, developmental features, associated traits, psychopathology, and biological features. The quantitative and qualitative findings are then summarised based on existing reviews of the fire setting literature pertaining to adults and children without intellectual disabilities and autism (Gannon & Pina, 2010; Lambie & Randell, 2011; Lees-Warley & Rose, 2015), under the following headings:

- Study characteristics.
- Prevalence

- Characteristics of adults with intellectual disabilities and autism.
- Offence related characteristics of adults with intellectual disabilities and autism who set fires.
- Assessment and Interventions for adults with intellectual disabilities and autism who set fires.

Search Strategy

A systematic search of the literature was conducted by the fist author on 1st March 2019 and 21st February 2020 using electronic databases (PsychINFO, PsychARTICLES, Medline, CINAHL Plus with Full Text, Criminal Justice Abstracts, SCOPUS, Open Grey), the University of Kent arson library, and ancestry searching (see Appendix A). No limits were applied to year of publication. The search terms are provided in Table 1.

Eligibility Criteria

The current review aimed to consolidate and evaluate the current research on fire setting within an adult population of offenders with intellectual disabilities and a tism. Articles were reviewed to ensure they met the following inclusion criteria:

- Empirical research (i.e. published and unpublished articles that make reference to primary or secondary data that is based on direct observations, assessment, interview, file notes or experience in the field).
- Written in English.
- Sample includes participants aged 18 and above.
- Participants with intellectual dischilders and/or autism and fire setting behaviour.

Articles were excluded if:

- They were a book, book *hatter*, magazine, abstract only, letter, or review.
- Researchers were upoble to differentiate a sub-sample of adults with intellectual disabilities and/or autism who, ad set a fire from other cohorts in the method, analyses, or reporting of outcomes.

Identification of studies

The initial search resulted in 2795 papers, and after filters were applied to age, type of publication, and language, 555 publications were excluded. After duplicates were removed, database and ancestry searches 2,083 articles were included in the initial review of titles and abstracts. After the review of titles and abstracts, 1,925 articles were excluded, and 158 articles were identified by the first author for full text review; however, 7 articles could not be located. Following a further review of 151 full text articles against the eligibility criteria, 100 were included in the review. Full text screening was checked by the second author and this resulted in an inter-rater reliability of 97% agreement. Disagreements were resolved upon discussions between the first and second author.

[Insert Figure 1 here]

Figure 1: PRISMA chart of search results.

Data extraction

Table 3 (see Appendix B) provides a summary of the key characteristics of the 100 studies included in the review. One study was a randomised controlled trial. A total of 59 publications were either cohort studies, cross-sectional studies, or case control studies. A further 23 studies were prevalence studies without a comparison group, surveys, or case series studies. A total of 12 studies use qualitative designs and included: grounded theory, case studies, or descriptive methodologies. Five studies used a mixed methods design.

Quality Appraisal

Each study underwent a standard critical appraisal process using the Mixed Methods Appraisal Tool (MMAT; Hong et al., 2018). The first aution rated the methodological quality of all included articles and 20% were rated by the second author (inter-rater reliability: 90%) whereby disagreement was resolved through discussion. Studienty ere appraised based on four areas relating to the appropriateness of methodology, data and and any state techniques and data collection techniques, the representativeness of the sample, reliability of context data, and the researchers' interpretation of research findings. Studies were categorised by design (i.e., quantitative, qualitative or mixed methods) and ranked in order of quality from good to poor quality (see Appendix B).

Results

Study Characteristics

Countries. Fifty-n ne o[°] the 100 included studies were conducted in the United Kingdom, 14 in North America, 16 in Eu. ppe, 8 in Australia, 2 in Asia, and 1 in South America.

Sample. A total sample of 1,181 adults with intellectual disabilities and/or autism who set fires were recruited to 100 studies. Adults who set fires were sampled from psychiatric services (n=80), the prison service (n=4), psychiatric services and the prison service (n=1), community services (n=4), court (n=2) and database records (e.g. The Royal Ministry of Social Affairs and Health archives, National Criminal Registers, records from the Sentencing Advisory Council of Victoria, court databases; n=12). One additional study reported one adult with borderline intellectual disability and autism who set fires was recruited from 'forensic contexts' (Murrie et al., 2002). Regarding overlapping samples, Taylor et al. (2005) reported on 10 out of 14 participants also recruited to Taylor et al. (2002). Alexander et al. (2015) reported on the same 30 adults with intellectual disabilities and/or autism who set fires as Alexander et al. (2011). Geller et al. (1992) used the same sample of three adults with intellectual disabilities who set fires reported in Geller & Bertsch (1985). Lastly,

Lindsay et al. (2012) used the same sample of 105 adults with intellectual disabilities who set fires reported in Lindsay et al. (2010b). Papers which made use of a previously reported sample were not included when calculating the total number of participants across studies to avoid inflating the sample size.

Data collected. Authors across 96 of the 100 studies reported their data collection strategy. Primary data were collected by the authors in 15 studies (n=82), while 66 studies were regarding secondary data (n=1,066), and 14 used a mixed methods approach, collecting both primary and secondary data (n=70). Holst et al. (2019) collected secondary data for all participants (n=83) and primary data for 8.4% of the sample (n=7). The authors of four studies reported on individual cases from their own practice as clinicians, without reference to a formal data collection strategy (n=4).

Methodology. The dataset consisted of 59 non-randomised conparison studies, 23 quantitative descriptive designs, 12 qualitative designs, five mixed methods designs and one randomised controlled trial. Using the Mixed Methods Appraise 1 To 91 (MMAT; Hong et al., 2018), 15% of studies were rated 0*-1*, 56% were rated 2*-3*, and 2.7% were rated 4-5*.

Prevalence of intellectual disabilities and autism in populations of adults who set fires

Authors of 43 of t 100 studies reported the number of adults with intellectual disabilities and/or autism within an overall sample of advits who set fires, inclusive of those who did not have intellectual disabilities and/or autism (n = 5,81.) The prevalence rate of intellectual disabilities and autism among a sample of adults who set there was 7.9% (n=460). However, the prevalence rates reported showed a great deal of variation into 0.4% in a sample of detained adults with a conviction for Arson (e.g. Richie & Huff, 1999, up to 50% for mild or borderline 'mental retardation' among a sample of forensic inpatients with thistory of firesetting (Rice & Chaplin, 1979).

Authors of 56 of the 100 studies included adults with intellectual disabilities and/or autism who set fires within an overall sample of adults with intellectual disabilities and/or autism, some of whom had not set fires (n=, 293). The prevalence rate of fire setting in adults with intellectual disabilities and autism was 10.1% (n=638). However, the prevalence rates reported showed a great deal of variation from 1.4% among a sample of adults recruited from a psychiatric in-patient and community learning disability service (e.g. Devapriam et al., 2007) to up to 66.6% in a sample of three in-patients with mild learning disabilities (Burns et al., 2003). However, and overall, it must be noted that these estimates are inherently biased as authors tended to make use of samples who had an offending history and were known to services, including inpatient secure services.

Authors of eighteen of the 100 studies recruited males and authors of 12 studies recruited females with intellectual disabilities and/or autism. The percentage of women with intellectual disabilities and/or autism who set fires was higher than that reported for men. Data suggested 17.4% of the women who set fires also had intellectual disabilities and/or autism (n=86). In comparison 11.2% of men who set fires had intellectual disabilities and autism (n=182). Although again,

recruitment and sampling strategies bias these findings.

Variations in prevalence are likely due to differing definitions of intellectual disabilities and autism (i.e., pervasive developmental disorder, Asperger's syndrome, intellectual disability, mental retardation), differing inclusion and exclusion criteria for participants (e.g., inclusive or exclusive of individuals with borderline intellectual disability), and poor study methodology (e.g., lack of matched comparison samples, varying sample sizes). Poor methods to recognise intellectual disabilities or autism is common with the majority of studies reporting diagnosis only without reference to any standardised assessment tool (e.g., Almeida et al., 2010). Incomparable samples from different populations (e.g., prison, community, psychiatric inpatient services) have also led to variations in prevalence. To date, no authors have not explored the prevalence of intellectual disabilities, autism and firesetting among a representative population sample.

Characteristics of adults with intellectual disabilities and autism who et fires Sociodemographic features

Age. Rather than report actual age, authors of 23 of the 100 studies reported an age range of adults with intellectual disabilities and/or autism who set i. rest anging from 17 to 77 years (n=260). However, seven of the 23 studies reported the actual age of adults with intellectual disabilities and/or autism who set fires (n=9), which ranged from 23-16 years (M_{age} =31.3, SD=8.39).

Gender. The number of males and fe naiss recruited to the overall sample for most studies was reported, however, only authors of 52 of the 100 studies reported the gender of participants with intellectual disabilities and/or autism who set fires. Thirty-four studies recruited males only, eight recruited females only, and 10 recruited a sample of both males and females. More males with intellectual disabilities and/or autism who set fires were recruited (n=415), compared to females (n=120).

Ethnicity. Authors of four of the 100 studies reported on the ethnicity of adults with intellectual disabilities and or a tism who set fires (n=121). Ethnicities included White-British (n=7), Caucasian (n=111), Black \land frican (n=1) and South Asian (n=2).

The majority of researchers have recruited adults with intellectual disabilities and/or autism together with other types of offenders. Therefore, the sociodemographic features of adults with intellectual disabilities and/or autism are rarely reported, meaning for the majority of studies we do not know their age, gender or ethnicity. Consequently, we are unable to conclude with any certainty whether they are more or less likely to be of a certain age, gender or ethnicity.

Socio-economic status and employment. Authors of seven of the 100 studies commented on the socioeconomic or employment status of adults with intellectual disabilities and/or autism who set fires (n=207). They had a history of unemployment and homelessness (Bradford, 1982; Campbell et al., 2016; Dickens et al., 2008; Hill et al., 1982; Murrie et al., 2002). Devapriam et al. (2007) reported that of 15 adults with intellectual disabilities and/or autism who set fires, 4 adults (26.7%) had a history of homelessness and 11 adults (73.3%) had a history of unemployment. Further, the parents of adults

with intellectual disabilities who set fires were most frequently unskilled workers and less likely to have jobs that require a higher education qualification (Holst et al., 2019). However, adults with intellectual disabilities and/or autism are overrepresented in homeless and unemployed population generally, and this is therefore unlikely to be specific to those who set fires (e.g. Oakes and Davies, 2008). Without a well-matched comparison sample these study findings are limited in their reliability and validity.

Developmental features and cognitive functioning. Authors of 17 of the 100 studies reported on the developmental features of adults with intellectual disabilities and/or autism who set fires (n=255). They had histories of early traumatic experiences, childhood abuse (including physical, emotional, and sexual abuse), and neglect (e.g. Alexander et al., 2015; Dickens et al., 2009; Rose et al., 2015). Further, an unstable family environment, separation from significant others, family dysfunction, and a history of poor parental health (including mental illness and substance r isuse) were highlighted as features (e.g. Campbell et al., 2016; Devapriam et al., 2007; Ho st et al., 2019; Palermo, 2004). Consequently, feelings of perceived abandonment or rejection there common, as well as difficulties forming and maintaining healthy relationships (e.g. Ashworth et al., 2017; Clare et al., 1992; Dickens et al., 2008; Murrie et al., 2002; Rose et al., 2015). Holet et al. (2019) found 55.4% of their sample (n=83) had problems at school. Such problems mather at is a delay in achieving developmental milestones and difficulties communicating with others from a young age (Barry-Walsh & Mullen, 2004; Borja-Santos et al., 2010; Rauley & Shaherbano, 2011; Scragg & Shah, 1994).

To conclude with confidence that a vilts with intellectual disabilities and/or autism have unique developmental features, studies it ou d have unbiased samples of people with intellectual disabilities and/or autism who have vet a fire, which is difficult to achieve. Studies should also include a matched comparison sample contrising of either, a) adults without intellectual disabilities and/or autism who have set a fire, or values with intellectual disabilities and/or autism who have no history of firesetting Only Alexant er et al. (2015) made comparisons between groups, reporting experiences of abuse were significantly more common among a sample of adults with intellectual disabilities who set fires compared to adults with intellectual disabilities who did not have a history of firesetting.

Of the 100 studies included within the review, 16 authors referred to a formal assessment of intelligence for adults including the Wechsler Adult Intelligence Scale- Third Edition (Wechsler, 1997), the Wechsler Adult Intelligence Scale-Revised (Wechsler, 1981), the Wechsler Adult Intelligence Scale- Fourth Edition (Wechsler, 2008), Wechsler Abbreviated Scale of Intelligence (WASI; The Psychological Corporation, 1999), the Raven Coloured Matrices (Raven, 1981), the Swedish Synonyms, Reasoning and Block Design tests, (SRB: Dureman & Säide, 1971), and the Individual Mental Ability Scale (Chevrier, 1989, 1993). Only five of the 100 studies reported IQ scores of individual participants with intellectual disabilities and autism who set fires (n=7), ranging from 42-98 (M₁₀=66.7, SD=7.6).

Of the 100 studies, only five authors referred to an assessment of ASC, including the Autism

Diagnostic Interview-Revised (ADI-R; Lord et al., 1994), the Psychiatric Assessment Schedule for adults with developmental disabilities-Shortened Version (Moss et al., 1993), the Nylander screening questionnaire (Nylander, 1996), a modified version of the Handicaps, Behaviours and Skills Schedule (Wing & Gould, 1978), and Gillberg and Gillberg's (1989) criteria for Asperger's Syndrome. Ten studies referred to the use of the ICD-10 or equivalent (e.g., the Diagnostic and Statistical Manual or the Danish Classification System) to make a diagnosis of either intellectual disability or autism. Across all 100 studies (n=1,163), 1,101 adults who set fires were reported to have intellectual disabilities (94.7%), 58 adults who set fires had autism (5%), and 4 adults who set fires were diagnosed with both an intellectual disability and autism (0.3%).

Poor assessment and reporting of general intellectual functioning and autism among participants with a history of firesetting has led to unreliable and ungeneralizable research. findings. Consequently, our understanding of the unique developmental and cognitive features of adults with intellectual disabilities and/or autism and a history of firesetting behaviour sine dequate.

Biological features. Authors of two of the 100 studies reported on the biological features of adults with intellectual disabilities and autism who set fires (n=2), Bc.ja-Santos et al. (2010) reported on a male fire setter with XXYY syndrome was reported to have discrete reduction of the heads of hippocampal formations. Scragg & Shah (1994) repo. ad on a male fire setter with Asperger syndrome and neurological deficits, which in the dvisuo-spatial deficits, interpreted as problems of the right temporal lobe. Neither of these studies allows for the conclusion that these abnormalities caused fire setting.

Psychological and personality traits. At thors of 11 of the 100 studies reported on the psychological and personality traits of adults with interactual disabilities and/or autism who set fires (n=210). They were found to exhibit behavioural *C*ifficulties including self-harm, suicide, aggression, and impulsivity (e.g. Ashworth et *C*¹, 2)17; Campbell et al., 2016; Curtis et al., 2019; Dickens et al., 2008; Radley & Shaherbano, 2011; Rose et al., 2015). The results also suggested they are likely to demonstrate maladaptive coping techniques (Ashworth et al., 2017; Curtis et al., 2019), due in part to their limited social and problem-solving skills (Campbell et al., 2016; Clare et al., 1992), and their difficulties regulating emotions (Ashworth et al., 2017). Other associated traits exhibited included limited assertiveness skills, low self-esteem (Campbell et al., 2016), social difficulties (Ashworth et al., 2017; Campbell et al., 2017; Campbell et al., 2017; Campbell et al., 2016), social difficulties (Ashworth et al., 2017; Campbell et al., 2016), social difficulties (Ashworth et al., 2017; Campbell et al., 2016), social difficulties (Ashworth et al., 2017; Campbell et al., 2016), social difficulties (Ashworth et al., 2017; Campbell et al., 2016), social difficulties (Ashworth et al., 2017; Campbell et al., 2016), social difficulties (Ashworth et al., 2017; Campbell et al., 2016), social difficulties (Ashworth et al., 2017; Campbell et al., 2016), social difficulties (Ashworth et al., 2017; Campbell et al., 2016), social difficulties (Ashworth et al., 2017; Campbell et al., 2016), social difficulties (Ashworth et al., 2017; Campbell et al., 2016), social difficulties (Ashworth et al., 2017).

However, studies exploring the psychological and personality traits have predominantly used a case study design or been largely descriptive (e.g., Ashworth et al., 2017; Borja-Santos et al., 2010; Campbell et al., 2016). With the exception of Kelly et al. (2009), who compared adults with mild intellectual disabilities who set fires to a comparison sample of adults without a history of firesetting behaviour, none of the included studies used a comparison sample to explore the psychological and personality traits of adults with intellectual disabilities and/or autism who set fires. Kelly et al. (2009)

found a significant association between an index offence of pathological arson and a perceived inability to effect social change. Nevertheless, the lack of comparison studies limits out ability to understand whether the psychological and personality traits of adults with intellectual disabilities and/or autism who set fires are comparable to other types of offender, or adults without intellectual disabilities and/or autism who set fires.

Psychopathology. Authors of 30 of the 100 studies commented on the psychopathology of adults with intellectual disabilities and/or autism who set fires, although some studies provided limited detail (e.g. Bradford, 1982; Crossland et al., 2005). Devapriam et al. (2007) reported previous engagement with psychiatric services as high as 100% for adults with intellectual disabilities and/or autism who set fires. However, it is common amongst this population to have some previous contact with psychiatric services (e.g. for the purposes of diagnosis) regardless of winther they have a history of setting fires.

Holst et al., (2019) reported that 49.4% of the total sample of adults with intellectual disabilities who set fires had co-occurring conditions including attention deficit hyperactivity disorder, disruptive behavioural disorders, developmental disorders, and personality disorders (n=83). Further, 43% had a history of drug and/or alcohol missive and 6% had Klinefelter's Syndrome (Holst et al., 2019). However, specific comorbid diagnoses a discussion with intellectual disabilities and/or autism who set fires was reported by authors in cally a9 of the 100 studies (n= 233 adults with intellectual disabilities and autism who set fires). Diagnoses included personality disorder (i.e. emotionally unstable, borderline, antisocial, impulsive types; n=65), psychosis (i.e. including schizophrenia, paranoid schizophrenia, schizoaffective disorder; n=29), depression (n=11), bipolar affective disorder (n=2), mental illeres, unspecified (n=2), psychopathic disorder (n=1), pyromania (n=1), epilepsy (n=1), attention deficit hyperactivity disorder (n=1), intermittent explosive disorder (n=1), and a harmful use of alcohol or drugs (n=15).

Alexander et al. (2)15) compared adults with intellectual disabilities and other developmental disorders who set fires to these who had not set a fire and found no significant differences between prevalence of pervasive developmental disorders in the firesetting and non firesetting group. However, a diagnosis of personality disorder was significantly more common in the firesetting group (Alexander et al., 2015). However, the majority of samples were recruited from psychiatric services and it is therefore unsurprising that rates of comorbid psychiatric diagnosis was high across studies. *Offence related characteristics*

Offending History. Authors of 18 of the 100 studies reported on the offending history of adults with intellectual disabilities and/or autism who set fires (n=418). Except for Ashworth et al. (2017) who described one adult with intellectual disabilities charged with two counts of Arson who had 14 convictions for 26 offences that were mainly against the person and property, participants' previous offences or convictions were not reported. Nevertheless, findings suggest most adults with intellectual disabilities and/or autism who set fires were likely to have lengthy and varied offending histories

(Ashworth et al., 2017; Campbell et al., 2016; Devapriam et al., 2017; Holst et al., 2019; Patterson & Thomas, 2014). Previous offences included criminal damage or property offences, violence, cruelty to animals, sexual offending, road traffic offences, fraud, and making hoax calls to the fire brigade (Alexander et al., 2015; Borja-Santos et al., 2010; Clare et al., 1992; Curtis et al., 2015; Curtis et al., 2019; Dickens et al., 2008; Holst et al., 2019; Patterson & Thomas, 2014; Rayner et al., 2015). Alexander et al. (2015) concluded offenders with intellectual disability who set fires were more likely than adults with intellectual disabilities and no history of firesetting to have a past conviction for violence. In contrast, Mourisden et al. (2008) identified three adults who set fires with Asperger syndrome who had no prior history of offending.

Further, findings indicated adults with intellectual disabilities and/or autism who set fires were likely to have set more than one fire (e.g., Bell et al., 2008; Holst et al., 2019; Murphy & Clare, 1996; Murrie et al., 2002). The mean number of fires set varied between < 1 (r =88) and 5.17 (n=18; Curtis et al., 2019; Dickens et al., 2008). Holst et al. (2019) found that 48.2 % of their sample had set between two and four fires (n=40). Three studies reported the n-an age at which participants set their first known fire, ranging from 7 to 31 years (Dickens et al., 2019; Holst et al., 2019; Murrie et al., 2002; Taylor et al., 2006). Findings from two studies magestea violent offenders set fires significantly more than sex offenders (Alexander c. a. 2015; Lindsay et al., 2012). Prior planning was evident in 42.2% of a sample of adults with interactual disabilities who set fires in Denmark, with 79.5% having some affiliation to the crime scene (n=83, Holst et al., 2019). Further, some adults with intellectual disabilities and autism who set fires had a positive or negative experience of fire during childhood, as evidenced by the Lrf se ice of fire play, personal experience of fire, symbolic significance of fire or indirect exper ence of fire (Campbell et al., 2016; Kelly et al., 2009). However, findings predominantly relied on the rospective file review data. Where primary data had been collected, authors relied on the ability of participants with intellectual disabilities and/or autism to recall previous offending t shav our accurately and reliably.

Antecedents for fire setting. Within 10 of the 100 studies, the authors reported the antecedents and risk factors for adults with intellectual disabilities and/or autism who set fires (n=230). These included, withdrawal or a lack of support, an increase in discussions about the future (i.e. discharge from hospital), and experiencing a traumatic event (Campbell et al., 2016; Clare et al., 1992; Dickens et al., 2008; Rose et al., 2015). Further risk factors include a relationship breakdown and others doing something that was perceived as negative (Campbell et al., 2016; Palermo, 2004).

Common feelings prior to fire setting behaviour experienced included anger, injustice, sadness, boredom, jealousy, feeling overwhelmed, mistreated, not listened to, unable to cope, loss, fear, frustration, loneliness, desperation and disempowerment (Campbell et al., 2016; Clare et al., 1992; Curtis et al., 2019; Holst et al., 2019; Murphy & Clare, 1996; Rayner et al., 2015; Rose et al., 2015). The feeling of disempowerment and not being listened to led to a perceived inability to effect social change (Campbell et al., 2016; Kelly et al., 2009). Fire setting was used by some as a coping

strategy and rationalised as the only option (Campbell et al., 2016; Rose et al., 2015).

However, with the exception of Holst et al. (2019) who used a mixed methods design, findings are drawn from qualitative studies with limited samples (e.g., Clare et al., 1992; Palermo, 2004) or secondary data sources (Curtis et al., 2015; Dickens et al., 2008) rather than primary data. The lack of standardised assessment tools used within research to collect data limits the reliability and validity of findings.

Offence characteristics. The authors of 13 of the 100 studies reported offence characteristics of adults with intellectual disabilities and/or autism who set fires (n=218). The most frequent motivation for starting a deliberate fire amongst adults with intellectual disabilities and autism was revenge (Devapriam et al., 2007; Koson & Dvoskin, 1982; Leong & Silva, 1999; Murrie et al., 2002). Other motives included attempted suicide, to enforce change (i.e. move to a α .² erent accommodation facility), to gain support from others, to gain respect, to gain attention from others, to please others, and to feel listened to and understood (Barry-Walsh & Mullen, '004) Dickens et al., 2008; Holst et al., 2019; Taylor et al., 2006). Some participants, particularly unose with autism, were motivated by circumscribed interest or fascination with fire and fire paraghe nalia (Barry-Walsh & Mullen, 2004; Hare et al., 1999; Holst et al., 2019; Murrie et al., 200². Falermo; 2004; Radley & Shaherbano, 2011). However, these findings rely predominantly on ret os α .²⁰ cive file review data.

More recent qualitative research conducted, nocused on the experiences of adults with intellectual disabilities and/or autism who set the set and reported motives for fire setting behaviour included emotional expression, reducing enotional and physiological arousal (e.g. distress), enabling positive emotional experiences (e.g. interse sensory stimulation, feeling in control, excitement), experiencing a connection to others continunicating with others and enforcing change (Campbell et al., 2016; Holst et al., 2019; Rose et al., 2015). However, these findings are based on a relatively small number of adults who set fires (n=22). Consequently, the difference in motivation between individuals with intellectual dist with intellectual disabilities and other offenders are not well understood. *Assessment and interventurys for adults with intellectual disabilities and autism who set fires*

The authors of four of the 100 studies used fire specific tools to assess adults with intellectual disabilities and/or autism who set fires (n=25), i.e. the Fire Assessment Interview (Murphy, 1990), the Firesetting Assessment Schedule (Muckley, 1997), the Fire Interest Rating Scale (Mouridsen et al., 2008), and the St Andrew's Fire and Arson Risk Instrument (Long et al., 2014). However, none of these tools have been validated for use with adults with intellectual disabilities and/or autism. Within 21 of the 100 studies, generalised assessment tools were used to measure treatment need (e.g. impulsivity, self-esteem, aggression, mental health) or risk (e.g. future risk of violence or firesetting). These are summarised in Table 2 below.

The authors of 11 of the 100 studies reported on either offence focused interventions (i.e. targeting firesetting) or non-specialist interventions (i.e. addressing general treatment needs) of adults with intellectual disabilities and/or autism who set fires (n=45 intellectual disabilities, n=1 ASC).

Three non-specialist individual treatment approaches that were evaluated were medical treatment (Thalayasingam et al., 2004), cognitive behavioural treatment for anger problems (Taylor & Novaco, 2005), and a combination of progressive muscle relaxation, social skills training, coping skills training, assertiveness training, and assisted covert sensitisation (Clare et al., 1992). Although individualised, none of the treatments provided specifically address the risk factors associated with firesetting behaviour.Further, no follow-up of participants was conducted to assess the long-term impact of treatment on firesetting behaviour.

Evaluations of 5 non-specialist group interventions delivered to adults with intellectual disabilities and/or autism who set fires included a structured cognitive behavioural anger management training package developed by Williams and Barlow (1998), an adapted dialectical behaviour therapy program developed by Ingamells and Morrissey (2014), a cognitive beh. vioural life skills group treatment programme (Patterson & Thomas, 2014), and social skill. trai ling (Rice & Chaplin, 1979). A socialisation-based treatment programme based on token economy strategies included training in personal and domestic skills, occupational experience, education, activities to assist participants with integrating into the community following discharge, councilling, psychotherapy and drug treatment (Day, 1988). As with the individualised treatments, these did not focus on the risk factors for firesetting specifically, small samples of adults with integrate disabilities were included within the evaluations and no long-term follow up was on cuted. For those participants followed up for a short time by Day (1988), one adult who set fires showed a poor response to treatment, reportedly reoffending upon discharge into the community.

Recognising the need for speci. If a interventions for offenders with deliberate fire setting behaviour, Taylor et al. (2002; 2006) implemented a group-based fire setting intervention with male (n=8) and female (n=6) adults with. intellectual disabilities who set fires within a forensic mental health low secure unit. The program was run weekly over a period of 40 weeks and adopted Jackson et al.'s (1987) function l analysis framework to treatment with modules covering fire education, offending behaviour, coping strategies, family relationships, and relapse prevention. However, the research was limited to a small sample of adults with a diagnosed mental disorder who set fires. Findings may not be generalisable to other adults with intellectual disabilities and/or autism, or those living in the community. Psychometric assessments were completed on measures pertaining to fire interest and attitudes using the Fire Interest Rating Scale (Murphy & Clare, 1996), and the Fire Attitude Scale, Muckley (1997). However, these have not been standardised or validated with a sample of adults with intellectual disabilities and/or autism making the treatment gains reported unreliable.

Treatment Outcomes

Psychosocial outcomes. Within eight of the 11 intervention studies, the authors reported on the psychosocial outcomes of interventions delivered to adults with intellectual disabilities and/or autism who set fires (n=37). Positive psychosocial outcomes included: (i) an increase in readiness to change,

emotional understanding, confidence, and motivation following completion of a life skills treatment programme (Patterson & Thomas, 2014); (ii) an increase in the use of mindfulness techniques and adaptive coping strategies following an adapted dialectical behavioural therapy program (Ashworth et al., 2017), (iii) improvement in social skills (Rice & Chaplin, 1979), and (iv) a reduction in anger intensity (Burns et al., 2003). Taylor et al. (2002; 2006) reported significant treatment gains for fire interest, fire attitudes, goal attainment, anger, self-esteem, but not for depression. However, findings are limited in their comparability to other generic treatment interventions as no control treatment groups were included.

Recidivism

The authors of two of the 11 intervention studies reported on recidivism of adults with intellectual disabilities and/or autism who set fires who had engaged in . on-specialist interventions (n=3). Day (1988) delivered a socialisation-based treatment programe to a group of 20 men with intellectual disabilities, including 2 men who had a history of setting fires, 1 of whom was discharged and committed several further offences, including Arson. Seco. 4ly, Clare et al. (1992) delivered an individualised package of treatment to a male firesetter with in ellectual disabilities, which included facial surgery, progressive muscle relaxation (Bernstein & Borkovec, 1973), social skills training (Fox & McMorrow, 1983), coping skills training, assertive for setting further fires or making hoax calls to the fire brigade 48 months after moving to an environment, which was not secure (Clare et al., 1992). However, sample sizes are small and assessment of recidivism is limited as authors relied on self-report data collection strategies.

Length of Stay

The authors of five of the . O studies reported on the length of stay in hospital for adults with intellectual disabilities and/or . utis n who set fires (n=51). Taylor et al (2002) reported on 14 adults with a conviction for Arso. (M: 1725 days, SD=985.5). Rice and Chaplin (1979) reported that the average length of stay in hc pital for a sample of five adults with intellectual disabilities and a history of firesetting was 1247.1 days. Alexander et al. (2015) reported that patients with a history of fire setting who had been discharged had a shorter length of stay (M=950.4 days, SD= 534.8), than patients without a history of fire setting who had been discharged (M=1451.6 days, SD=1051.9). However, there were no significant difference between the length of stay for participants with a history of fire setting (M=950.4 days, SD= 534.8), and those without a history of fire setting who had not been discharged (M=1451.6 days, SD=1051.9). There are many confounding variables (e.g. mental health, treatment completed, previous offending history) not accounted for within the limited data on length of stay available.

Discussion

Within this review, we aimed to firstly identify the prevalence of adults with intellectual disabilities and/or autism who set fires. Findings indicated that exact prevalence data varies widely

according to study designs and recruitment strategies. Secondly, we aimed to highlight the characteristics and treatment needs of adults with intellectual disabilities and/or autism who set fires. Characteristics and treatment need of the population were explored revealing some unique features (e.g. poor parental health, feelings of perceived abandonment or rejection, and difficulties forming and maintaining healthy relationships) and some characteristics similar to adults without intellectual disabilities and/or autism who set fires (e.g. socioeconomic status). We also aimed to highlight offence related characteristics of adults with intellectual disabilities and/or autism who set fires, revealing some unique factors (e.g. emotional and physiological arousal as a motivation for setting a fire) and some characteristics observed in adults without intellectual disabilities and/or autism (revenge as a motivation for setting a fire). Lastly, we aimed to evaluate the assessment tools and interventions available to clinicians working with adults with intellectual disabilities and/or autism who set fire. Findings revealed a lack of standardised assessment as d treatment tools and a lack of unbiased, empirical research in this area.

The current review of the literature highlighted that all ough researchers recruit adults with intellectual disabilities and, to a lesser extent autism, participar ts are often not effectively differentiated from adults without these differences in the analysis or reporting of findings. Consequently, our understanding of the unique characteristics and treatment need of this population is limited. Current empirical evidence about adouts with intellectual disabilities and/or autism who set fires is inadequate, biased towards adults in pricons or psychiatric hospitals, and generated from studies of poor methodological quality (i.e., dated, no comparison groups, small samples, inadequate follow-up, lack of structured risk assessment tools used, reliance on secondary data). This impacted upon the validity and reliability of conclusions that can be drawn from the included studies.

Studies of the prevalence of intellectual disabilities and/or autism and fire setting should entail unbiased samples (eithe. tota) population samples or random samples). However, current figures are drawn from prelom nantly small, biased samples (i.e. males, prison or psychiatric inpatients, offenders with a conviction of Arson), which is likely to adversely impact the accuracy of research outcomes (i.e. decrease generalisability, over or under-estimation of prevalence). For example, findings suggested that within samples of men and women who set fires, there appeared to be more women with intellectual disabilities and/or autism may be overrepresented, while the opposite tends to be the case for those without intellectual disabilities and/or autism (Anwar et al., 2011; Blanco et al., 2010; Lewis & Yarnell, 1951; Soothill et al., 2004; Vaughn et al., 2010). A greater number of males compared to females being recruited to studies and the use of purposive rather than random sampling techniques are likely to bias research findings. Similarly, findings suggested adults with intellectual disabilities are more likely to set a fire compared to those with autism. However, identification of adults with intellectual disabilities and/or autism should entail a reliable and valid assessment of cognitive functioning (i.e. the Wechsler Adult Intelligence Scale, 2008), autism screening tools (e.g. Autism Diagnostic Observation Schedule; Lord et al., 1989) and a

developmental interview (e.g. Autism Diagnostic Interview; Rutter et al., 2003). However, few studies used a formal, reliable and valid assessment of intellectual disabilities and autism. In addition, 25% of included research was conducted in the 1990's, when the diagnostic criteria used to define intellectual disabilities and/or autism were not well defined and symptoms went unrecognised (Bristol-Power & Spinella, 1999). Consequently, the data collected across studies were sparse and inconsistent in terms of characteristics, psychological traits, psychopathology, offence related information, assessment and treatment. For example, only Borja-Santos et al. (2010) and Scragg & Shah (1994) reported on the biological features (n=31) of adults with intellectual disabilities and/or autism who set fires. Similarly, authors of only five studies reported on the length of stay in hospital for adults with intellectual disabilities and/or autism, of which two studies used duplicate samples. Therefore, our ability to make reliably, definitive conclusions about this group is extremely limited.

Nevertheless, the characteristics of adults with intellectual *disabilities* and/or autism who set fires do appear similar to adults without intellectual disabilities and/or autism who set fires across certain domains (e.g. demographic features, developmental features: traumatic experiences and childhood abuse, socio-economic status, psychological tracts: *eggression* and impulsivity, presence of maladaptive coping strategies, and relationship/behavioural difficulties).

More importantly, there is tentative evider ce or aggest that adults with intellectual disabilities and/or autism face additional cha'.en; es which may have implications for treatment (e.g. poor self-care, difficulties communicating with others, lack of appropriate support, significantly lower self-esteem, difficulties with assertiveness strills). The evidence reviewed suggested that this group are more likely to be known to mental lecth services (e.g. Barron et al., 2004; Devapriam et al., 2007; Leong & Silva, 1999). In addition, feeling overwhelmed or unable to cope, desperation, disempowerment, feeling mistreated and not listened to appear common. Evidence suggested that fire setting may be motivated by: (i) a cesire to express emotions, (ii) a desire to reduce emotional and physiological arousal (e.g. fistr. ss), (iii) a desire to connect with others, (iv) a desire to communicate with others, (v) a desire to conforce change, and (vi) a desire to enable positive emotional experiences (i.e. intense sensory stimulation, feeling in control or excitement).

Further, a sub-sample of adults with intellectual disabilities and/or autism who set fires actually have no offending history, particularly amongst those with autism and average or above average IQ (Mouridsen et al., 2008), and instead appear motivated by a circumscribed interest in fire (Barry-Walsh & Mullen, 2004; Hare et al., 1999; Murrie et al., 2002; Palermo, 2004; Radley & Shaherbano, 2011). For example, a participant with Asperger Syndrome was reported to have shown a special interest in the pilot flame of a gas heater for long periods of time prior to his fire setting offence (Barry-Walsh & Mullen, 2004).

Authors who have conducted studies with adults detained in prison reported that those who set fires have general intellectual functioning within the average range (Hurley & Monaghan, 1969). However, findings from this review suggested some adults with intellectual disabilities and/or autism

do of course set fires. Furthermore, the background factors and variables that precipitate or perpetuate fire setting behaviour are likely to be very different for those with intellectual disabilities and/or autism compared to adults without these differences. High rates of comorbidity among this group are likely to contribute towards their unique characteristics and treatment need.

In some areas, adults with intellectual disabilities and/or autism appear similar to adults with a mental disorder who set fires (e.g. background factors, relationship difficulties and psychopathology). For example, adults with intellectual disabilities and/or autism were found to frequently have unstable family environments with evidence of parental separation or separation from significant others, which is arguably similar to the negative caregiver relationships observed among adults with a mental disorder who set fires (Tyler et al., 2014). However, no studies have been conducted to compare firesetting with intellectual disabilities and/or autism to those experienc. It a mental disorder.

Current practice regarding the assessment and treatment of adul s with intellectual disabilities and/or autism who set fires appears to be grounded on a literatu e that is fraught with methodological problems. At present, there is no standardised intervention for . Jults with intellectual disabilities and/or autism who set fires, while there are related or con. you elements across interventions (e.g., psychoeducation about fire, problem-solving components). Only one RCT has been completed, and the authors did not make use of masked assessors (Ta $\frac{1}{2}$ et al., 2005), while the findings showed the self-reported anger scores significantly reduced 1) r the treatment group compared to the control group. However, limited evidence for the effect veness of treatment was provided by staff ratings of patient behaviour post-treatment. The only pecialised interventions for adults with intellectual disabilities and/or autism convicted of Ar Joi, was evaluated by Taylor et al. (2006) who implemented a group-based fire setting program . Sumificant treatment gains were reported on measures of fire interest and attitudes, but not depression, bearing in mind that these studies did not have a comparison sample, or control group, nor vas rundomisation, masking, independent data management or allocation concealment use 1. There are associated issues with the reliability and validity of outcome measures within intervention studies for fire setting, as these constructs have not been robustly investigated. Overall, many of the intervention studies have been completed using small samples of participants. Further research is needed to ensure the unique characteristics and risk factors associated with fire setting among adults with intellectual disabilities and/or autism are included within both the assessment and treatment of this group of offenders.

Implications for policy and clinical practice

There is tentative evidence to suggest adults with intellectual disabilities and/or autism face additional challenges compared to adults without intellectual disabilities and/or autism who set fires, which have implications for assessment, formulation and treatment. There are no robust and evidencebased treatment programmes designed specifically for adults with intellectual disabilities and/or autism who set fires, and considering the additional challenges faced by this population, caution should be exercised when adapting programmes for use with this population. Existing interventions

that target fire setting behaviour include the Firesetting Intervention Programme for Prisoners (FIPP; Gannon et al., 2012), Firesetting Intervention Programme for Mentally Disordered Offenders (FIP-MO; Gannon & Lockerbie, 2014), a cognitive-behavioural group based intervention (Taylor et al., 2002) and an adapted version of the Fire Awareness Child Education UP (Broadhurst, 1991). However, current programmes are based on theory (e.g. Functional Analysis Theory: Jackson et al., 1987; Dynamic-Behaviour Theory: Fineman, 1980, 1995; Multi-Trajectory Theory of Adult Firesetting: Gannon et al., 2012) and research that has not been validated with samples of adults with intellectual disabilities and/or autism who set fires.

Future research

As with other problematic behaviours (e.g., violence or sexual offending), offence process theories pertaining to adults with intellectual disabilities and/or autism who set fires, along with specialised assessment tools and treatment require further develops ont. However, there is a paucity of studies that have specifically focused upon our understanding of fire setting behaviour amongst adults with intellectual disabilities. There are even fewer studies about those with autism to set fires. Future research is needed to better understand the clinical and for nsir risk factors associated with fire setting amongst adults with intellectual disabilities and/or aution, inclusive of longitudinal studies, matched comparison groups and a larger, more diverse sample, of participants. Further qualitative research focusing on understanding the experience of du is with intellectual disabilities and/or autism who set fires leading up to and surrounding an act of fn, setting behaviour may lead to a better understanding of why some adults with intellectual disabilities and/or autism engage in fire setting behaviour. A particular focus in needed upon the offen e process for this population in order to understand the impact of other factors identified in more recent research on adults without intellectual disabilities and/or autism who set fires (e.g. fn knowledge, fire safety, offence supportive cognitions). Future research in the area should lead to the development of robust theory to explain the offence pathway of adults with intellectual dis, bilit es and/or autism who set fires, along with the creation of validated and reliable assessment too. and interventions that have been empirically tested, both of which would directly inform treatment.

Strengths and limitations of review

There are several limitations pertaining to the current review which merit consideration. All studies identified were included within this review despite their quality; this decision was made due to a lack of completed controlled studies. Although efforts were made to source all relevant articles, seven publications thought to be relevant were not reviewed. Despite searching the grey literature, most papers included were from published journals and although this increases the methodological quality of studies included, it may lead to publication bias with only positive results being reported within the literature. Further, filters applied during initial searches are likely to further bias research findings (i.e., age, type of publication and language). Nevertheless, this review provides a comprehensive overview of evidence pertaining to adults with intellectual and other developmental

disabilities who have set a fire.

To date, the current review is the largest conducted to understand the unique characteristics of adults with intellectual disabilities and/or autism, containing all known empirical research, whereby authors have included an adult with intellectual disabilities and/or autism within their sample. Focusing research findings on individuals with intellectual disabilities and/or autism allows for similarities and differences between these service-users to be highlighted (e.g. difference in offending history, motivations for setting a fire). Further, exploring both qualitative and quantitative data led to a more comprehensive and deeper understanding of adults with intellectual disabilities and/or autism who set fires. Lastly, the use of a standard critical appraisal tool to evaluate each study included in the review increases the objectivity or the review process, allowing researchers to identify potential bias within the data leading to more accurate research findings.

Conclusion

To date, limited empirical research has focused upon u ders anding fire setting behaviour amongst adults with intellectual disabilities and autism. The reparch that has been conducted has predominantly concentrated on offending behaviour more generally and is of poor methodological quality with a high chance of methodological bias affecting study outcomes. Particular concerns include the small sample sizes of adults with intell const disabilities and/or autism who set fires being investigated amongst other types of offender the lack of well-defined and validated measurements, the over-reliance on file review data collection the values, and the lack of comparison groups. In addition, the lack of standardised treatment programmes warrants increased attention, particularly given the devasting impact of such offender to behaviour on the wider community. Nevertheless, evidence suggests fire setting is an i sue for a minority of adults with intellectual disabilities and/or autism and they appear to share so, be characteristics with those without developmental disabilities who set fires. There is also tenting is evidence that they face additional challenges which has implications for assessment, for nulation and treatment, inclusive of risk assessment.

Declaration of Interest: N. ne.

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Autism terms	Intellectual disability terms	Firesetting terms
autis*	learning dis*	arson
ASC	mental retardation	fireset*
Autism Spectrum Dis*	intellectual dis*	fire?set*
ASD	ID	deliberate fire*
Autism Spectrum Condition*	LD	fire rais*
asperg*	intellectually dis*	fire start*
developmental dis*	intellectual and developmental	criminal damage
	disorder	
attention deficit*	IDD	
ADHD		
hyperkinetic		
PDD		

Table 1: Search Terms

Pervasive developmental	
disorder	

Table 2: Assessment tools used to measure treatment needs and risk for adults with intellectual disabilities and autism who set fires.

Assessment too	ls used to measure treatment need of adults with IDD who set fires
Self-esteem/self-	• Culture-Free Self Esteem Inventory - 2nd edn, Form AD (CFSEI-2;
efficacy	Battle, 1992)
	• Evaluative Beliefs Scale-Adapted (Chadwick et al. 1999)
	• Generalised Self-Efficacy Scale (GSES; Jerusalem & Schwarzer, 1992)
	 Rosenberg Self-Esteem Scale-Adaptec Dagnan & Sandhu, 1999;
	Rosenberg 1965)
	• The Self Attitude Questionnaire (Bennet, Sorensen & Forshay,
	1971)
Emotional factors	• Emotional Control Questionnal e (ECQ; Roger & Najarian, 1989)
	• Emotional Problems Scale-Len, viour Report Scale (EPS-BRS;
	Prout and Strohmer, 1991)
	• Internal/External Scale (Tevenson, 1973)
	• Locus of Control (Now iv ki 1976)
	Barratt Impulsivenes, Scale; BIS-11; Patton, Stanford & Barratt, 1995)
	 IM Questionnaire (Eysenck & Eysenck, 1978)
	 Aberrant Ben, viour Checklist (Aman & Singh, 1986)
	 Modified Cvt.* Aggression Scale (MOAS; Kay et al., 1988)
	 Novaco Anger Scale (NAS; Novaco 1991, 2003
	 Spielbe, ger State-Trait Anger Expression Inventory 2 (Staxi-2;
	Spiele riger 1996)
	Ward Anger Rating Scale (WARS; Novaco, 1994)
Social factors	• Interpersonal Reactivity Index (IRI) (Davis, 1980)
	• Soc al Problem-Solving Inventory-Revised (SPSI-R; D'Zurilla et
	י1., 1999)
	• The Awareness of Social Inference Test (TASIT), Part One
	(McDonald et al., 2002)
	The Rathus Assertive Schedule (Rathus, 1973)
Psychopathology	• Brief Rating Scale, Expanded [BPRS-E; Lukoff, Nuechterlein, &
	Ventura, 1986)
	• The Psychiatric Assessment Schedule for Adults with
	Developmental Disabilities, shortened version (Mini PAS-ADD; Moss et al.,1993)
	• The Psychopathology Instrument for Mentally Retarded Adults
	(PIMRA; Senatore, Matson, & Kazdin, 1985)
	• Psychopathology Checklist Revised (PCL-R; Hare, 1991, 2003)
	• Zung self-rating depression scale (ZDS; Zung, 1965)
Other	Camberwell Assessment of Need, Forensic Version (CANFOR;
	Thomas et al., 2003)

	 Camberwell Assessment of Need Developmental & Intellectual Disabilities-Short (CANDID-S; Xenitidis et al., 2000)
	• Cognitive and Affective Mindfulness Scale–Revised (CAMS-R; Feldman et al., 2007)
	• Security Dependency and Treatment Needs Scale (SDTP; Shaw et al, 2001)
	• University of Rhode Island Change Assessment (URICA; McConnaughy et al., 1983)
Assessmer	nt tools used to measure risk of adults with IDD who set fires
Firesetting	• St Andrew's Fire and Arson Risk Instrument (SAFARI; Long et al., 2014)
Violence	 Historical Clinical Risk Management-20 (HCR-20; Webster, Douglas, Eaves, & Hart, 1997)
	 HCR-20 FAM (de Vogel, de Vries Rober, Van Kalmthout & Place, 2012)
	• Short Dynamic Risk Scale (SDRS)
	• Structured Assessment of Violence R.sk in Youth (SAVRY; Borum, Bartel, & Forth, 2002)
	• The VRAG (Quinsey et al., 1993; Quinsey, Harris, Rice, and Cormier 2006)
	• Static-99 (Hanson & The aton 1999)
Recidivism	• Level of Service Inventory -Revised (LSI-R; Andrews & Bonta, 2000)

Appendix A.

Table 3: Example search string.

Intellectual disability and fire

TX ("learning dis*" OR "mental tetal 'ation" OR "intellectual dis*" OR ID OR LD OR "intellectually dis*" OR "intellectual and developmental disorder*" OR IDD) AND (arson OR fireset* OR "fire?set*" OR "dalibe ate fire*" OR "fire rais*" OR "fire start*" OR "fire-set*" OR "criminal damage")

Autism and fire

TX (autis* OR ASD OR ''utism Spectrum Dis*" ASC OR "Autism Spectrum Condition*" asperg* OR "developmented dis" OR "attention deficit*" OR ADHD OR hyperkinetic OR PDD OR "pervasive developmental disorder") AND (arson OR fireset* OR "fire?set*" OR "deliberate fire*" OR "fire rais*" OR "fire start*" OR "fire-set*" OR "criminal damage")

Appendix B.

Table 4: Table of included studies.

R	Author, Year, Country, Title	Tot	No. of adults with	Diagnosis	IQ	Study	Μ
а		al	intellectual		score	Design	Μ
n		sam	disabilities and/or				Α
k		ple/	autism and a				Т
		sam	history of fire				rat
		ple	setting				ing
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		Q	uantitative Studies				

Quantita tive randomi zed controlle d trials	M=67 .1, SD=4. 5 (n=16)	intellectual disability	10 males (also recruited to Taylor et al, 2002)	16 Deta ined servi ce- users with a histo ry of serio us aggr essio	Taylor et al. (2005), England, Individual cognitive-behavioural treatment for people with mild- borderline Intellectual Disabilities.
tive randomi zed controlle	SD=4. 5 (n=16	disability	recruited to Taylor	ined servi ce- users with a histo ry of serio us aggr	Individual cognitive-behavioural treatment for people with mild-
randomi zed controlle	SD=4. 5 (n=16	disability		ined servi ce- users with a histo ry of serio us aggr	treatment for people with mild-
zed controlle	5 (n=16		et al, 2002)	servi ce- users with a histo ry of serio us aggr	borderline Intellectual Disabilities.
controlle	(n=16			ce- users with a histo ry of serio us aggr	borderline Intellectual Disabilities.
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Quantita	60-69	Mild learning	u females	25	Long, Dickens & Dolley (2014).
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		disability			amotionally average for a start of
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Quantita	NR	Mental retardation	58	medi um secu re servi	Lund (1990), Denmark, Mentally
	NR	Mental retardation	58	medi um secu re servi ces	
Quantita tive non- randomi	NR	Mental retardation	58	medi um secu re servi ces 274	Lund (1990), Denmark, Mentally retarded criminal offenders in Denmark.
	60-69	Mild learning disability	o females	25 Fem f.cs firs a h.co ry of repe ated fires ettin g who were asses sed on admi ssion to St Andr ew's Heal thcar	Long, Dickens & Dolley (2014), England, Features and motivators of emotionally expressive firesetters: the assessment of women in secure psychiatric settings.

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4	Mouridsen et al. (2008), Denmark,	313	7	Atypical autism	NR	Quantita	5
4	Pervasive developmental disorders and	For	7	(n=2), Asperger's	INIX	tive non-	5
	criminal behaviour: a case control	mer		syndrome (n=5)		randomi	
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5	Thomas et al. (2004), England,	102 Sorry	15	Intellectual	M=65	Quantita	5
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	intellectual disabilities in the high security psychiatric hospitals in	users			(47- 80,	randomi zed	
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7 Ducat, Ogloff & McEwan (2013), Australia, Mental illness and 132 20 Intellectual disability NR	tive non-	4
7 Ducat, Ogloff & McEwan (2013), Australia, Mental illness and psychiatric treatment amongst 132 8 Peop 20 Intellectual disability NR	tive non- randomi	4
7 Ducat, Ogloff & McEwan (2013), Australia, Mental illness and psychiatric treatment amongst firesetters, other offenders and the 132 Peop le 20 Intellectual disability NR	tive non- randomi zed	4
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7 Ducat, Ogloff & McEwan (2013), Australia, Mental illness and psychiatric treatment amongst firesetters, other offenders and the general community. 132 8 Peop le with a conv ictio 20 Intellectual disability NR	tive non- randomi zed Data-	4
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7 Ducat, Ogloff & McEwan (2013), Australia, Mental illness and psychiatric treatment amongst firesetters, other offenders and the general community. 132 20 Intellectual disability NR 8 Peop le with a conv ictio n for Arso 9 0 Intellectual disability NR	tive non- randomi zed Data-	4
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7 Ducat, Ogloff & McEwan (2013), Australia, Mental illness and psychiatric treatment amongst firesetters, other offenders and the general community. 132 20 Intellectual disability NR a conv ictio n for Arso n in Vict oria, Aust ralia betw ntellectual disability NR	tive non- randomi zed Data-	4

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8	Geller & Bertsch (1985), USA, Fire- setting behaviour in the histories of a state hospital population.	191 Serv ice users belo w the age of 65 with fires ettin g beha viou r on the cens us of Nort ham pton State Hos pital	3	Mental retardation	NR	Quantita tive Non- randomi zed Retrospe ctive file review study	4
9	Geller, Fisher & Bertsch (1992), USA, Who repeats? A follow up study of state hospital patients' firesetting behaviour.	Same		a h (1985)		As above	4
	Harris & Rice (1984), Canada, Mentally disordered firesetters: Psychodynamic versus empirical approaches.	13 Serv ice- users sent to the max. m ^{····} sec 1 ··ty divis ion of the Men tal Heal th Cent re at Pene tang uish ene, Onta for treat ment after the com of at least one docu ment ed incid	2 r.ale,	Mental retardation	NR	Quantita tive Non- randomi zed	4

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1	Johnson (2012), England, The	44	9 males	Mild/borderline	60-77	Quantita	4
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1	Long, Fitzgerald & Hollin (2015),	49	14 females	Learning disability	NR	Quantita	4
1 2	England, Women Firesetters Admitted	49 Serv	14 females	Learning disability	NR	Quantita tive	4
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	England, Women Firesetters Admitted to Secure Psychiatric Services:	49 Ferv ce Vise, Wich a conv ictio	14 females	Learning disability	NR	tive Non- randomi zed	4
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	England, Women Firesetters Admitted to Secure Psychiatric Services:	49 cerv ce vser wr. i a conv ictio n for Arso n obtai ned	14 females	Learning disability	NR	tive Non- randomi zed	4
	England, Women Firesetters Admitted to Secure Psychiatric Services:	49 erv ce "se. while a conv ictio n for Arso n obtai ned from	14 females	Learning disability	NR	tive Non- randomi zed	4
	England, Women Firesetters Admitted to Secure Psychiatric Services:	49 erv ce vse. while a conv ictio n for Arso n obtai ned from case	14 females	Learning disability	NR	tive Non- randomi zed	4
	England, Women Firesetters Admitted to Secure Psychiatric Services:	49 Serv ce vse. while a conv ictio n for Arso n obtai ned from case recor	14 females	Learning disability	NR	tive Non- randomi zed	4
	England, Women Firesetters Admitted to Secure Psychiatric Services:	49 Serv ce vse. wich a conv ictio n for Arso n obtai ned from case recor ds of	14 females	Learning disability	NR	tive Non- randomi zed	4
	England, Women Firesetters Admitted to Secure Psychiatric Services:	49 Serv ce vse. wich a conv ictio n for Arso n obtai ned from case recor ds of 90	14 females	Learning disability	NR	tive Non- randomi zed	4
	England, Women Firesetters Admitted to Secure Psychiatric Services:	49 Serv ce vise. wich a conv ictio n for Arso n obtai ned from case recor ds of 90 cons	14 females	Learning disability	NR	tive Non- randomi zed	4
	England, Women Firesetters Admitted to Secure Psychiatric Services:	49 Serv ce vse. wich a conv ictio n for Arso n obtai ned from case recor ds of 90 cons ecuti	14 females	Learning disability	NR	tive Non- randomi zed	4
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	England, Women Firesetters Admitted to Secure Psychiatric Services:	49 Serv ce vse. while a conv ictio n for Arso n obtai ned from case recor ds of 90 cons ecuti ve admi ssion s to a secu	14 females	Learning disability	NR	tive Non- randomi zed	4
	England, Women Firesetters Admitted to Secure Psychiatric Services:	49 cerv ce vser, wrch a conv ictio n for Arso n obtai ned from case recor ds of 90 cons ecuti ve admi ssion s to a secu re serv ce vser, wrch	14 females	Learning disability	NR	tive Non- randomi zed	4
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1	Alexander et al. (2006), England, Long-	27	5	Mild/moderate ID	NR	Quantita	3
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1	Barron Hassiotic & Dance (2004)	at least one year' s treat ment	12	Intellectual	NP	Quantita	2
1	Barron, Hassiotis & Banes (2004), England, Offenders with Intellectual	at least one year' s treat ment 61	13	Intellectual	NR	Quantita	3
1 5	England, Offenders with Intellectual	at least one year' s treat ment 61 Parti	13	Intellectual disability	NR	tive non-	3
	England, Offenders with Intellectual Disabilities: A prospective comparative	at least one year' s treat ment 61	13		NR	tive non- randomi	3
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1	Bradford (1982), Canada, Arson: a	servi ce syste ms 34	5	Mental retardation	NR	Quantita	3
1 6	Bradford (1982), Canada, Arson: a clinical study.	servi ce syste ms 34 Indi	5	Mental retardation	NR	tive	3
1 6	Bradford (1982), Canada, Arson: a clinical study.	servi ce syste ms 34 Indi vidu	5	Mental retardation	NR	tive Non-	3
1 6	Bradford (1982), Canada, Arson: a clinical study.	servi ce syste ms 34 Indi vidu als char	5	Mental retardation	NR	tive Non- randomi	3
1 6	Bradford (1982), Canada, Arson: a clinical study.	servi ce syste ms 34 Indi vidu als char ged	5	Mental retardation	NR	tive Non- randomi zed	3
1 6	Bradford (1982), Canada, Arson: a clinical study.	servi ce syste ms 34 Indi vidu als char ged with	5	Mental retardation	NR	tive Non- randomi zed Retrospe	3
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2 0	Enayati et al. (2008), Sweden, Psychiatric morbidity in arsonists referred for forensic psychiatric	214 Peop le	29 males & 7 females	2 Autism spectrum disorder, 13 Asperger's, 21	NR	Quantita tive Non-	3
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2	Kelly (2014), England, The	20	3	Mild/borderline	NR	Quantita	3
4	development and preliminary	Serv		learning disability		tive non-	
	evaluation of a thinking skills	ice				randomi	
	programme for adults with learning	users				zed	
	disabilities at risk of offending.	,				Repeate	
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2 5	Labtree et al. (2010), Netherlands, Background and characteristics of arsonists.	25 Sent ence d to treat ment at a maxi mum secu rity hosp ital follo wing repe ated Arso	2 males	Mental retardation	NR	Quantita tive Non- randomi zed Between -subjects design	3
2 6	Lindsay et al. (2006), UK, A community forensic intellectual disability service: Twelve year follow up of referrals, analysis of referral patterns and assessment of harm reduction.	n 247 Serv ice - users with an offe nce histo ry refer red to a com muni ty fore nsic in' '' ctu a ctu a sa billt y serv ice ce	4 males	'nten ctual ⁴ isal ⁻ .lity	M=65 (n=22 6)	Quantita tive non- randomi zed	3
277	Lindsay et al. (2010), UK, The relationship between assessed risk and service security level for offer dere with intellectual disability.	ce 197 Serv ice- users with intell ectu al disa biliti es and an offe nce histo ry acce pted into for serv ice- users with intell ectu al disa biliti es an offe serv ice- users es an offe serv ice- users al disa biliti es an offe serv ice- users an offe serv ice- users an offe serv ice- ice- ice- ice- ice- ice- ice- ice-	12	Intellectual disability	Less than 75 (n=19 7)	Quantita tive non- randomi zed	3
2 8	Lindsay et al. (2010), England, Pathways into services for offenders with intellectual disabilities: Childhood	477 Adul ts	105	Intellectual disabilities	NR	Quantita tive non- randomi	3

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	experiences, diagnostic information,	refer				zed	
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2	Lindsay et al. (2012), England, A		Same sample as L	indsay t al. (2010)		Quantita	3
9	comparison of sex offenders and other					tive non-	
	types of offenders referred to					randomi	
	intellectual disability forensic services.				1	zed	
3	Murphy & Clare (1996), UK, Analysis	10	7 males & 3	J _ "nus disability	M=	Quantita	3
0	of motivation in people with mild	Peop	females	<i>8</i> · · · · · · · · · · · · · · · · · · ·	68.4,	tive non-	-
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3	NØttestad & Linaker (2005) Norv ay,	27	6	Intellectual	Below	Quantita	3
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3 2	Taylor et al (1998), UK, Mental disorder and violence: A special high	264 Serv ice-	33	Learning disability	NR	Quantita tive non-	3
	security hospital study.	users in the				randomi zed Record	
		speci				survey	
		al hosp					
		itals from					
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		ary- June					
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3 3	Taylor, Novaco & Brown (2016), UK,	5 Serv	16	Mild/Borderline	M=68	Quantita	3
3	Reductions in aggression and violence following cognitive behavioural anger	ice-		learning disability	.6, SD=6.	tive non- randomi	
	treatment for detained patients with intellectual disabilities.	users who			7	zed	
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3	Woodbury-Smith et al. (2006), UK,	25	1	H15 functioning	70 or	Quantita	3
6	High functioning autistic spectrum	Peop		auti [,] n spectrum	above,	tive non-	
	disorders, offending and other law-	le		disorder	M=10	randomi	
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3	Alexander et al. (2002), England,	79	16	Leaning disability	NR	Quantita	2
7	Referrals to a forensic service in the	Refe		& pervasive		tive non-	
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3	Almeida et al. (2010), Portugal,	274	10	Mental retardation	NR	Quantita	2
8	Characteristics of offenders deemed not	Serv				tive non-	
	guilty by reason of insanity in Portugal.	ice-				randomi	
		users				zed	
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3	Bell, Doley & Dawson (2018),	354	25	Learning disability	NR	Quantita	2
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4	Day (1988), UK, A hospital-based	20	2 males	Mental handicap	Mean	Quantita	2
1	treatment programme for male mentally	Serv ice-			64.6	tive Non	
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4	Dickens et al. (2008), England,	202	68 males & 20	Low IQ	85 or	Quantita	2
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4 4	Ducat, McEwan & Ogloff (2013),		12	Learning disability	NR	Quantita	2
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4	Esan et al (2015), England, The	<u>96</u>	2	ASD	NR	Quantita	2
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4	Lindberg et al. (2005), Finlan,	pital 90	16 males	Mental retardation	Below	Quantita	2
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4	Lindsay et al. (2004), UK, Women with	1995	1 female	In ellectual	M=67	Quantita	2
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5	Mannynsalo (2009), Finland, Forensic	44	12	Mild intellectual	21-51	Quantita	2
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7	or firesetting in offenders with		Same sample as Ai	(2011)		tive non-	1
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5	Bourget & Bradford (1989), USA,	15	1 female	Mild mental	NR	Quantita	1
8	Female arsonists: A clinical st dy	Cons		retardation		tive	
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5	Curtis et al. (2019), UK, Characteristics	134	18 males	Intellectual	NR	Quantita	1
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9	& treatment needs of firesetters with	Serv		disability		tive non-	
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6	Siponmaa et al. (2001), Sweden,	130	12	Pervasive	70 or	Quantita	1
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0	Juvenile and young adult mentally			developmental			
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6 1	Browning, Gray & Tomlins (2016), England, A community forensic team	70 Serv	10	Learning disability and autism	NR	Quantita tive	5
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6	Gibbens & Robertson (1983), UK, A	146	9 males	8 subnormal, 1	NR	Quantita	5
2	survey of the criminal careers of	Peop		everely		tive	
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6	Leong & Silva (1999), USA, Revisiti 1g	32	2 males & 3	Mental retardation	NR	Quantita	5
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6	Curtis, McVilly & Day (2015),	50	4 males & 2	Intellectual	NR	Quantita	4
4	Australia, Looking for a needle in a	Indi	females	disability		tive	
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6	Ellis-Smith et al. (2019) Australia	ite	Q	Intellectual	NR	Quantita	4
6	Ellis-Smith et al. (2019), Australia, Australian argonists: an analysis of	ite 309	9	Intellectual	NR	Quantita	4
6 5	Australian arsonists: an analysis of	ite 309 Sent	9	Intellectual disability	NR	tive-	4
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6	Hare, Gould, Mills & Wing (1999),	130	5	4 Asperger's	50 or	Quantita	4
6	England, A preliminary study of	5	C	syndrome, 1	above	tive	
0	individuals with Autistic Spectrum	Serv		Autism spectrum	above	descripti	
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6	Leonard et al. (2016), Ireland, A	431	22	Sevel, moderate,	NR	Quantita	4
7	national survey of offending behaviour	Serv		mi d inte lectual	111	tive	-
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6	Rix (1994), England, A psychiatric	153	16	Mental handicap	NR	Quantita	4
8	study of adult arsonists.	Refe		I		tive	
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6	Rose et al. (2008), UK, Individuals with	47	6	Intellectual	79	Quantita	4
9	an intellectual disability who offend.	Serv	-	c' sability	(n=2)	tive	-
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7	Thalayasingam, Alexander & Singh	24	6	Intellectual	NR	Quantita	4
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7	Crocker et al. (2007), Canad ., Ra. and	53	2 males	Probable	Below	Quantita	3
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7	Bassman at al. (1004). Einland	72	6	Mental retardation	Dalaw	Quantita	3
7 2	Rasanen et al. (1994), Finland,	72 Peop	0	Mental retardation	Below	Quantita	3
2	Cognitive functioning ability of arsonists	le			68	tive Deceminti	
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7	Richie & Huff (1999), U [°] A,	283	1	Pervasive	NR	Quantita	3
3	Psychiatric aspects of arson. 's.	Case		developmental		tive	
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7	Smith, White & Walker (2008),	93	6	intellectual	M=64	Quantita	3
4	Scotland, Offending in the learning-	Cour	Ĭ	disability	.9	tive	5
4	disabled population: a retrospective	t		uisaoiiity			
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	audit of Tayside learning disability	rts of		1	75)	ve	
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7	Su et al. (2000), Taiwan, Characteristico	32	7	Mental retardation	NR	Quantita	3
5	of mentally retarded criminal creences	Refe				tive	
	in Northern Taiwan.	rred				descripti	
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7	Anckarsater et al. (2008), Sweden,	22	5	Autism spectrum	NR	Quantita	2
6	Autism spectrum disorders in	Serv		disorder		tive	
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7	Crossland et al. (2005), England, Needs	60	6	Learning disability	NR	Quantita	2
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7	Devanriam et al (2007) England	ces.	7 males & 8	12 mild I D 2	NR	Quantita	2
7	Devapriam et al (2007), England,	ces.	7 males & 8	12 mild LD, 2 moderate LD, 1	NR	Quantita	2
7 8	Arson: characteristics and predisposing	ces. 110 0	7 males & 8 females	moderate LD, 1	NR	tive	2
7 8	Arson: characteristics and predisposing factors in offenders with intellectual	ces. 110 0 Sei		moderate LD, 1 borderline LD, 1	NR	tive descripti	2
7 8	Arson: characteristics and predisposing	ces. 112 0 Sei 10		moderate LD, 1	NR	tive descripti ve	2
78	Arson: characteristics and predisposing factors in offenders with intellectual	ces. 112 0 Sei 1c users		moderate LD, 1 borderline LD, 1	NR	tive descripti ve Retrospe	2
7 8	Arson: characteristics and predisposing factors in offenders with intellectual	ces. 112 0 Sei 10		moderate LD, 1 borderline LD, 1	NR	tive descripti ve Retrospe ctive	2
78	Arson: characteristics and predisposing factors in offenders with intellectual	ces. 112 0 Sei 1c users with		moderate LD, 1 borderline LD, 1	NR	tive descripti ve Retrospe	2
78	Arson: characteristics and predisposing factors in offenders with intellectual	ces. 112 0 Set 1c users with a histo ry of		moderate LD, 1 borderline LD, 1	NR	tive descripti ve Retrospe ctive	2
7 8	Arson: characteristics and predisposing factors in offenders with intellectual	ces. 110 0 Sen 1c users with a histo ry of Arso		moderate LD, 1 borderline LD, 1	NR	tive descripti ve Retrospe ctive	2
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78	Arson: characteristics and predisposing factors in offenders with intellectual	ces. 112 0 Sea 1c users with a histo ry of Arso n and		moderate LD, 1 borderline LD, 1	NR	tive descripti ve Retrospe ctive	2
78	Arson: characteristics and predisposing factors in offenders with intellectual	ces. 112 0 Sea ic users with a histo ry of Arso n and cont		moderate LD, 1 borderline LD, 1	NR	tive descripti ve Retrospe ctive	2
7 8	Arson: characteristics and predisposing factors in offenders with intellectual	ces. 112 0 Sea ic users with a histo ry of Arso n and cont act		moderate LD, 1 borderline LD, 1	NR	tive descripti ve Retrospe ctive	2
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78	Arson: characteristics and predisposing factors in offenders with intellectual	ces. 112 0 See 1c users with a histo ry of Arso n and cont act with psyc		moderate LD, 1 borderline LD, 1	NR	tive descripti ve Retrospe ctive	2
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7	Jayaraman & Frazer (2006), UK,	54	2	Mild mental	NR	Quantita	2
9		94 Pre-	Z		INK		2
9	Arson: A Growing Inferno	trial		retardation (n=1),		tive	
		court		Asperger's		descripti	
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8	Puri, Baxter & Cordess (1995),	36	1	Learning disability	NR	Quantita	2
0	England, Characteristics of firesetters:	Adul		<i>c</i> ,		tive	
	A study and proposed multiaxial	ts for				Descripti	
	psychiatric classification.	who				ve	
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8	Ashworth, Mooney & Tully (2017),	On'e nee refer red to the North West Tha mes Fore nsic Psyc hiatr y Serv ice ver a 4- year perio d	1 male	Learning disability	69	Quantita	1
8		Orie nce refer red to the North West Tha mes Fore nsic Psyc hiatr y Serv ice over a 4- year perio d	1 male	Learning disability	69	Quantita	1
	England, A case study demonstrating	On'e nee refer red to the North West Tha mes Fore nsic Psyc hiatr y Serv ice ver a 4- year perio d	1 male	Learning disability	69		1
	England, A case study demonstrating the effectiveness of an adapted DBT	Orie nce refer red to the Nort h West Tha mes Fore nsic Psyc hiatr y Serv ice over a 4- year perio d 1 Clinii cal case	1 male	Learning disability	69	tive Clinical	1
	England, A case study demonstrating the effectiveness of an adapted DBT program upon increasing adaptive	Onie nee refer red to the North h West Tha mes Fore nsic Psyc hiatr y Serv ice over a 4- year perio d 1 Clinii cal case stud	1 male	Learning disability	69	tive Clinical case	1
	England, A case study demonstrating the effectiveness of an adapted DBT program upon increasing adaptive emotion management skills, with an	Onie nee refer red to the North h West Tha mes Fore nsic Psyc hiatr y Serv ice over a 4- year perio d 1 Clinii cal case stud y at	1 male	Learning disability	69	tive Clinical	1
	England, A case study demonstrating the effectiveness of an adapted DBT program upon increasing adaptive emotion management skills, with an individual diagnosed with mild learning	On'e nee refer red to the Nort h West Tha mes Fore nsic Psyc hiatr y Serv ice over a 4- year perio d 1 Clini cal case stud y at a	1 male	Learning disability	69	tive Clinical case	1
	England, A case study demonstrating the effectiveness of an adapted DBT program upon increasing adaptive emotion management skills, with an	Onie nee refer red to the North h West Tha mes Fore nsic Psyc hiatr y Serv ice over a 4- year perio d 1 Clinii cal case stud y at	1 male	Learning disability	69	tive Clinical case	1

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8	Inciardi (1970), USA, The adult	138	26	Defective range	70	Quantita	1
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8	Borja-Santos et al (2010), Portugal,	1	1 male	Mild intellectual	NR	Quantita	0
3	48,XXYY in a general adult psychiatry	.'≏rv		disability		tive	
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			Qualitative Studies				
1	Barnoux, Gannon & O Ciardha (2015),	38	2 males	Learning disability	NR	Qualitati	5
	England & Wales, A descriptive model	Peop				ve	
1	of the offence chain for imprisoned	le				Grounde	
	adult male firesetters.	with				d	
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2	Campbell et al. (2016), UK, A qualitative exploration of firesetting	8 Serv	8 males	1 participant with mild/borderline	M=70 .4,	Qualitati ve	5
	conducted by adults with ID: A grounded theory approach.	ice users		intellectual disability &	SD=4. 6 (57-	Grounde d	
		at a low		autism spectrum disorder traits, 7	75)	Theory- Intervie	
		secu re inpat		participants with mild intellectual		WS	
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3	Rose, Lees-Warley & Thrift (2015),	ce 7	7 males	Intellectual	56-70	Qualitati	5
	UK, The subjective experience of firesetting of men with mild ID	Serv ice-		disability		ve- Interpret	
	detained in secure hospitals.	users detai				ative	
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4	Tyler et al. (2014), UK, A firesetting offence chain for mentally disordered	23 Serv	2	Borderline intellectual	NR	Qualitati ve-	5
	offenders	ice- users with		disability		Grounde d Theory Intervie	
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5	Scragg & Shah (1994), England	and 392	1 male	Asperger's	98	Qualitati	2
5	Prevalence of Asperger's syr dron. in a secure hospital	Ident ified	1 mare	syndrome	20	ve- Intervie	2
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6	Denne Welch & Meillen (2004)	5	2	A	ND	Oralitati	1
6	Barry-Walsh & Mullen (2004), Australia, Forensic aspects of Asperger's syndrome.	5 Case s hear d in	2 males	Asperger's syndrome	NR	Qualitati ve descripti ve Case	1
		open court and asses sed				histories	
		by one or both					
		auth ors					
7	Hurley & Sovner (1995), USA, Six cases of patients with mental	6 Serv ice-	2 males	Menta, stardation	42 & 68	Qualitati ve	1
	retardation who have antisocial personality disorder.	users who		2	(M= 55, SD=1	descripti ve Case	
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8	Murrie et al. (2002), UK, Asperger . Syndrome in forensic settings	6 Indi vidu	1 male	Borderline-low average IQ,	NR	Qualitati ve	1
		als with		Asperger's syndrome		Case histories	
)	Aspe rger' s					
		synd rome enco					
		unter ed in fore					
		nsic cont exts					
9	Radley & Shaherbano (2011), UK, Asperger Syndrome and arson: A case study.	1 Adm itted to	1 male	Asperger's syndrome	NR	Qualitati ve Single	1
		hosp ital after				case study	
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1	Rayner, Wood & Beail (2015), UK,	10	4 males	Learning disability	M=68	Qualitati	1
0	The 'double-bind of dependency': early	Deta			SD=	ve-	
	relationships in men with learning	ined unde			3.2	Intervie	
	disabilities in secure settings.	r the			(65-	WS	
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1	Haskins & Silva (2006), USA	3	1 male	Asperger's	NR	Qualitati	0
1	Asperger's disorder and crin inal	Case		Syndrome		ve	
	behaviour: Forensic-Psy. 'iai.'	histo				Case	
	considerations.	ries deve				histories	
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1	Palermo (2004), Italy, Pervasive	3	1 male	Pervasive	Norm	Qualitati	0
2	developmental disorders, psychiatric	Adul		developmental	al	ve	
	comorbidities, and the law	t		disorder	range	Case	
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		Mix	xed Methods Studies				
1	Chester et al. (2018), England, Long-	401	18	Int. 'ectual	NR	Mixed	4
	stay patients with and without	Serv		diaghr.'y		Methods	
	intellectual disability in forensic	ice-				(includin	
	psychiatric settings: comparison of	users				g a	
	characteristics and needs.	withi				cross-	
	characteristics and needs.	n				sectional	
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2	Holst, Lystrup & Taylor (2019),	83	72 males & 11	Mild intellectual	70 or	Mixed	4
	Denmark, Firesetters with intellectual	Reco	females	disability (n=74),	below	Methods	
	disabilities in Denmark	rds		Moderate			
		held		intellectual			
		by		disability (n=5),			
		the		severe intellectual			
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3	Patterson & Thomas (2014), UK, Life	1	1 male	Mild learning	NR	Mixed	4
	Skills Group: Increasing foundation	Ident		disability &		Methods	
	knowledge and motivation in offenders	ified		Autism spectrum		Single	
	with a learning disability.	from		condition		case	
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4	Clare et al. (1992), UK, Assessment &	nt 1	1 male	Intellectual	65	Mixed	3
4			1 male		65		3
	treatment of firesetting: a single case	Serv		disability		methods	
	investigation using a cognitive	ice-				Case	
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5	Woodbury-Smith et al. (2010), UK,	cu o spe. a., t inpat ient servi ce for peop le with learn ing disa biliti es and seve re beha viou ral/p sych	5	Autism spectrum	71 or	Mixed	3
5	Woodbury-Smith et al. (2010), UK, Circumscribed interests and 'offenders'	cu o spe. an t inpat ienti servi ce for peop le with learn ing disiati es and seve re beha viou ral/p sych iatric culti es 21	5	Autism spectrum disorder			3
5	Circumscribed interests and 'offenders'	cu o spe. a t inpat ient servi ce for peop le with learn ing disa biliti es and seve re beha viou ral/p sych iatrifi culti es 21 Peop	5	Autism spectrum disorder	above,	Mixed Methods	3
5	Circumscribed interests and 'offenders' with autism spectrum disorders: a case-	cu o spe. an t inpat ienti servi ce for peop le with learn ing disiati es and seve re beha viou ral/p sych iatric culti es 21	5		above, M=91		3
5	Circumscribed interests and 'offenders'	cu o spe. a., t inpat ient servi ce for peop le with learn ing disa biliti es and seve re beha viou ral/p sych iatric diffi culti culti ce for peop le with learn servi servi ce for peop le with learn servi servi culti ce for peop le with learn servi culti cu	5		above, M=91 .2		3
5	Circumscribed interests and 'offenders' with autism spectrum disorders: a case-	cu o spe. a., t inpat ient servi ce for peop le with learn ing disa biliti es and seve re beha viou ral/p sych iatric diffi culti es	5		above, M=91 .2 (n=21		3
5	Circumscribed interests and 'offenders' with autism spectrum disorders: a case-	eu o spe. a., t inpat ient servi ce for peop le with learn ing disa biliti es and seve re beha viou ral/p sych iatric diffi culti es 21 Peop le with a	5		above, M=91 .2		3

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Highlights

- Adults with intellectual disabilities and autism set fires. This remains rare.
- They share some of the same characteristics as other adults who set fires.
- There is evidence to suggest they have unique characteristics.
- The research that has been conducted is of poor methodological quality.
- More research is needed to improve our understanding of all adults who set fires.

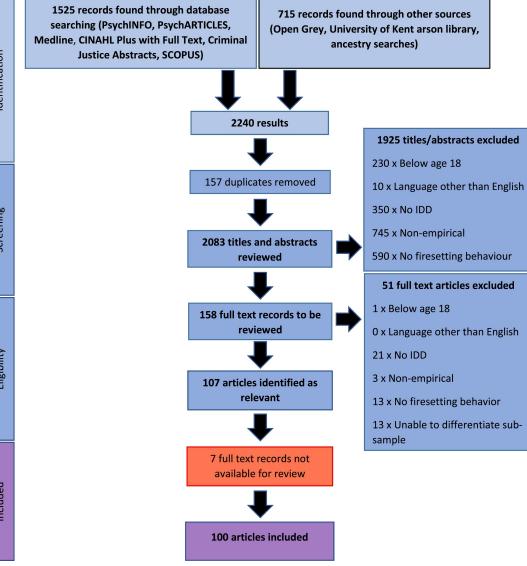


Figure 1

Identification

Screening

Eligibility

Included