

HOT • ISSUES

Editor's note:

In this issue *Hot Issues* looks at juvenile firesetting and abuse. Preliminary findings by Linda Nishi-Strattner, Ph.D., in Oregon, and the Massachusetts Coalition for Juvenile Firesetting Intervention Programs both indicate a strong connection between child abuse and firesetting behavior.

The Massachusetts Coalition reports that 1,243 kids were referred to their sites last year. Of this number, forty percent were in the custody of the Department of Social Services which is that state's child protection agency. The only grounds for the state to remove a child from a home and file for custody are documented abuse and/or neglect.

Coalition data on these children shows that Post Traumatic Stress Disorder is among the top three correlates to the percentage of children who have had to be removed from their homes.

A summary of Nishi-Strattner's preliminary findings begins on this page.

Abuse history and juvenile firesetting: a research report

by Linda Nishi-Strattner, Ph.D.

If you were to ask most professionals who work with juvenile firesetters what single factor seems to be associated with juvenile firesetting, they might cite curiosity, boys aged ten to thirteen, or Attention-Deficit Hyperactivity Disorder. Our research is beginning to suggest that another automatic answer might soon be added to this list.

In our study of 144 juvenile firesetters, we are finding an alarming frequency of abuse history among our study participants. Overall, only 56% of our study participants reported no abuse: 27% reported physical abuse, 10.4% reported sexual abuse, and almost 19% reported both physical and sexual abuse in their childhood histories. Abuse history among our juvenile

firesetters was correlated with age (the older the child was, the more likely s/he was to have been abused), and with inappropriate sexual behavior (the abused juvenile firesetter was more likely to have engaged in inappropriate or abusive sexual behavior than the non-abused juvenile firesetter). In addition, we are finding that female juvenile firesetters are more likely to have been abused than are male juvenile firesetters: however, this is consistent with the rates of child abuse in the general population, and is not unique to our juvenile firesetter population. We are also finding that the juvenile firesetter who was referred for evaluation from an outpatient source was less likely to have an abuse history than those juvenile firesetters who were referred by inpatient or correctional facilities.

During the past three years we have been examining the results of 144 psychological evaluations of juvenile firesetters to try to summarize what we can learn from these extensive comprehen-

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sive psychological studies. Our subjects range in age from five to seventeen years of age (with an average age of 12.19 years old), predominantly boys (126 males, eighteen females). These youths were referred for psychological evaluations by outpatient sources (58% were referred by parents, therapists, state child welfare agencies), inpatient sources (22% were referred by hospitals), and correctional sources (19% were referred by juvenile detention facilities, juvenile officers). Thus, our study results apply best to male juvenile firesetters who are referred by outpatient sources.

This prevalence of abuse history among juvenile firesetters in our study raises a number of cautions, questions, and recommendations. **First and foremost, juvenile firesetters should be screened for abuse, and vice versa.** Our study suggests that whenever a child is identified as a juvenile firesetter, there is a high likelihood of a history of abuse: we should train fire service professionals and mental health professionals to be vigilant to this possibility. Firefighters, fire investigators, and other fire service professionals should be briefed on signs of abuse, and how to refer juvenile firesetters for further evaluation if any sign of abuse is detected. Firesetting in these abused children may be a cry for help or a search for power: if we remove the abuse from their environment, the child may not have a need for the firesetting behavior.

In addition, some of the children who are already involved in state agencies because of childhood maltreatment may also be veering toward juvenile firesetting, or they may have been involved in juvenile firesetting without attracting the attention of caretakers. It is possible that dangerous or life-threatening fires may be prevented with early identification of juvenile firesetters among the population of children who have experienced childhood abuse. **Protective and social service professionals should be briefed on firesetting behaviors, correlates, and high risk signs for firesetting so they can make appropriate referrals for firesetter screening and/or psychological evaluations of children who are abused and who show signs of firesetting risk.** Prevention dollars may be well spent on prevention-oriented efforts with abused children and their caretakers with regard to firesetting behaviors.

While our study suggests that a juvenile firesetter is almost six times more likely to be the victim of abuse than to be a juvenile sex offender, we must recognize that the incidence of juvenile sex offenders among the juvenile firesetter population is probably above the general population rates. This suggests that juvenile firesetter treatment should incorporate interventions to reduce the risk of other sexual offenses and/or violent offenses in the future. Anger management, treatment of past childhood abuse, and empathy training are among the interventions that might be included to work toward reducing these risks. In addition, professionals who work with juvenile sex offenders should be educated about the high risk signs and factors which contribute to juvenile firesetting so they can incorporate interventions for it into their treatment of juvenile sex offenders, or so they can make appropriate referrals to other mental health professionals who have expertise in working with juvenile firesetters.

Finally, our study leaves us with many questions. Do abused children set different kinds of fires with different motives or different behaviors than other firesetters? Does firesetting decrease as the issue of abuse is addressed? Do children progress from one activity (firesetting, inappropriate sexual behavior, other conduct problems) to another with any sort of predictable patterns?

Overall, we are learning that a model of cross-training of professionals who work with juveniles will be important in meeting the needs of our youths. In addition, further research may provide needed direction in our treatment planning and delivery efforts.

Linda Nishi-Strattner, Ph.D., is a clinical psychologist in private practice in Oregon. She is a member of Oregon's Treatment Strategies Task Force and has had extensive experience in the treatment of juvenile firesetters. Dr. Nishi-Strattner is collaborating with Dr. Timothy Kopet and Dr. Phillip Erdberg on this research project.

A special thank you to the
**Federal Emergency
Management Agency**
for printing this issue of *Hot Issues*.
*The opinions expressed in this publication
do not necessarily represent those of FEMA.*

Abuse by burning: the least recognized form of child abuse

by Jay Caulk RN, BSN

It is estimated that over 37,000 children are seen in hospital emergency departments each year with burn injuries. Most of these occur in the age group of birth to five. The most frequent injuries are scald injuries, 48%, followed by flame and grease burns.

Over 20% of pediatric burn injuries are suspicious in nature. The challenge is to determine if these injuries are true accidents or if they were intentional. This can only be determined by a thorough assessment of the extent and severity of the injury and the history of how it occurred. Scald injuries account for over 80% of non-accidental burn injuries (child abuse).

All burn injuries in pediatric patients should be thoroughly assessed for cause to determine the factors that led to the injury and how best to deal with the burn and the child. The majority of all pediatric burn injuries could be considered neglect to some degree, whether it is a total lack of adult supervision or a horrible moment of misjudgment. The difficulty is in determining what is a result of lack of supervision and what is intentional.

Scald injuries are the most common type of burns seen in children under four years of age because this is a time of exploration and motor skill development. Multiple factors influence risk of injuries in this age group: they have little control of their environment; do not have the experience to perceive dangerous situations; and lack the ability to escape a burning situation on their own. Most burn injuries in this age group occur in the kitchen and bathroom. The kitchen is a dangerous area due to the risk of spills of hot liquid from the stove, counter top and microwave oven, or hot liquids pulled or spilled from the table. The bathroom is the second most dangerous area due to water coming directly from the faucet if the hot water heater is set at a temperature greater than 125° F.

A determination of whether an injury is accidental or not may be made by comparing the circumstances of the injury with the physical findings and developmental age of the child. A burn injury resulting from child abuse is rarely blatantly obvious; it is normally subtle and difficult to determine. Here the history of the injury becomes a major factor. It is imperative that you have all the information regarding how the injury occurred. For example, any hot liquid which is spilled will leave a “run off” pattern, have uneven edges and vary in degree of burn. An intentional

scald burn, one that is a result of immersion into hot water, will be very distinctive in appearance. It will not have the “run off” pattern and will be of even depth across the entire injury. It will generally not match the developmental stage of the child.

A classic example of probable intentional injury would be the fifteen month old child who, by history, climbed into the bathtub when the adult was out of the room and whose injury has no “splash or run off” pattern and has even margins and even depth. It is a plausible history but the injuries are not consistent, indicating a potential of an abusive injury. Another situation typically seen is the toddler in the process of “potty training” who soils themselves. The story given is that, while the child was in the bathtub, the adult left the room for only a moment and returned to a crying child who had reportedly turned on the hot water. A reasonable history, but with a presentation of injuries only in the perineum and nothing on the lower extremities, the injuries are not consistent, indicating a probable intentional injury.

The same issues hold true when dealing with flame or contact burns. The injury needs to be evaluated against the developmental stage of the child. An example is a fifteen month old who picks up an iron and presses it against the palm of his hand—neither history nor injury match. Or the four-year-old who spilled lighter fluid on his three-year-old sibling and then used a Bic lighter to set her on fire. Even though these scenarios are hard to imagine, the acts were beyond the developmental stage of the child.

It is important to remember that accidents are part of our lives and, despite our best efforts, they still happen. This is true with burn injuries. Although burns can indeed happen accidentally, far too many non-accidental burns are excused as accidents due to lack of investigation. Remember that any accident involving a child needs to be reviewed to ensure that the child is adequately protected. It is far better to report a suspicion which proves unfounded than to not report and have a child severely injured or worse. The Oregon Burn Center is willing to assist as a consultant in difficult cases, either by phone or by an actual assessment of the injury. Sometimes it is helpful to have the injury reviewed by several individuals to make an accurate assessment.

Jay Caulk is the Coordinator, Oregon Burn Center, State Education & Prevention Program, Legacy Emanuel Hospital & Health Center.

Editor's note:

Each of Oregon's juvenile firesetter intervention networks has a structure which is specific to its community. Union County's network is the only one which is an integral part of the county multidisciplinary (MDT) team.

The La Grande Fire Department (Union County, Oregon) became involved in juvenile firesetter interventions in 1990. Referrals began to come into the fire department from parents as well as other agencies in the community. Some of the children referred for intervention were already in counseling and had disclosed an interest in firesetting.

It was at this time that the agencies which were already members of the Union County MDT voted to include the La Grande Fire Department as a member of the MDT team.

What is an MDT?

Multidisciplinary (MDT) teams were statutorily mandated by the Oregon Legislature in 1989. ORS 418.747 states that "the district attorney in each county shall be responsible for developing inter-agency and multidisciplinary teams to consist of, but not be limited to, law enforcement personnel, State Office for Services to Children and Families protective services workers, Child Care Division personnel, school officials, health departments and the courts as well as others specially trained in child abuse, child sexual abuse and rape or children investigations."

MDTs develop protocols for the investigation of child abuse, ensure that those who investigate and interview children are trained appropriately, review cases under investigation to increase inter-agency collaboration, and review county cases of child fatalities.

Firesetter intervention Union County style

by Lois Rieke, La Grande Fire Department

Russell B. West, Union County District Attorney

(West) We have found, and the research supports, that abused children sometimes engage in firesetting behavior. Until Lois joined the team, neither I, nor the rest of the team, had made that connection. Lois has been able to perform juvenile firesetter intervention screenings on some of our victims and then share the results with our team. This has helped us in staffing and resolving child abuse cases. Through Lois's efforts, we have been able to identify children with firesetting behavior. These children have been referred to treatment.

(Rieke) As we continue to research the common denominators in fire scenarios involving children, we see children who are not supervised, children who are abused, children who are crying out for some attention. As cases are discussed during the MDT meetings, through our involvement with the juvenile firesetter intervention process, the fire department may have a piece to the family puzzle.

Frequent discussions at MDT meetings focus on mandatory reporters and what to do if they fail to report a case of child abuse or neglect. Training sessions are scheduled with all Union County schools to help teachers and school staff understand the importance and their legal obligation for reporting child abuse.

(West) Lois has joined our team in training our local teachers on their obligations to report child abuse and to report set fires.

Most teachers have no idea that they should report all set fires, no matter how minor.

Lois has a very effective presentation, including a video, to show the teachers the dangers of fire and the importance of reporting all fires. Before Lois joined our team, small fires were being put out by school staff who failed to report them. I believe this has all changed due to Lois's efforts.

(Rieke) As a participant in the mandatory reporter training sessions, the fire department reminds the educators that signs of child abuse and neglect are not always visible. Sometimes the child will be clean and well-fed and have no bruises or apparent outward signs. The first indication that a child may be in crisis is an unexplained fire in their closet, a fire in the garage, or a fire in the school trash can. We also ask that educators watch for signs of animal abuse in children, another possible indicator of child abuse.

Once the principal, teachers and staff have been alerted to the significance of an unexplained fire in or around the school, we remind them of the importance of reporting school fires — "every fire, every time, any size, anywhere." Because school districts now understand that the Oregon Uniform Fire Code and Oregon State Law stipulate that every fire must be investigated for cause, the La Grande Fire Department receives referrals from elementary schools when a child starts a fire

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Case study

...like her mother and grandmother before her, Nancy dealt with her pain and frustration by starting fires.

by Rick Van Marter-Sanders

Like her mother and grandmother before her, Nancy was physically abused. Fourteen-year-old Nancy had been removed from her parents' home at the age of eleven when she was found with bruises and evidence of broken bones. She walked with a limp and had weakness on the right side of her body—presumably from the blows to her head that had left dents in her skull. Also like her mother and grandmother before her, Nancy dealt with her pain and frustration by starting fires.

After being ejected from several foster homes due to firesetting and causing a blaze that severely damaged a group home, Nancy was placed in a residential facility for intensive treatment when she was thirteen. In spite of being in a highly supervised setting, Nancy continued to attempt to start fires. Her cycle of firesetting was very consistent—when feeling distressed Nancy at first protested petulantly, then she isolated herself. She ruminated about her sadness and feelings of inadequacy and became restless. Eventually she sought out paper which she shredded into a pile of uniform-sized pieces. Having hidden the paper, she would look for a means to light it.

Nancy said she liked the fire because it was bright and warm. She knew about the dangers of fire, but it also made her feel powerful because, she said, "I'm good at making fire." After a fireset Nancy was typically remorseful and sought attention and approval from others as she attempted to make amends. Gradually, she would settle into a period of safe behavior until her resources for coping and self-control were again overwhelmed.

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on the playground, inside the school building, or when a child is found to be carrying matches or lighters.

(West) I can say without hesitation that the fire service has an important role on multi-disciplinary child abuse teams. This role involves identifying juvenile firesetters and educating professionals about their obligation to report set fires.

(Rieke) Members of the MDT come together on a regular basis to discuss abuse cases and possible

Unlike most children who start fires, Nancy required treatment in a highly supervised setting. While her learning impairments prevented insight-oriented therapy, she gradually responded to a coordinated plan involving several disciplines. She was medicated to relieve her depression and a seizure disorder. Occupational therapy helped her practice basic self-care skills and improve her sensory integration. Recreational activities gave her opportunities to practice social skills and experience success and acceptance.

Intervention directly related to Nancy's firesetting involved supervision, person and belongings searches, randomly timed rewards for periods of safe behavior, and the development of trusting relationships. Information about Nancy's cycle or pattern of pre-firesetting behaviors was used to identify points of intervention. During conflicts Nancy was coached to seek resolution. She received extra attention or was given distracting activities when she attempted to isolate herself. When agitated, Nancy was prompted to practice relaxing or to engage in a fun activity. Gradually, her cycle of firesetting was broken down and replaced by skills for safely dealing with life's ups and downs.

Rick Van-Marter Sanders is a treatment provider with CareMark Behavioral Health Services at Legacy Emanuel Hospital and Health Center in Portland, Oregon. He is a member of the Oregon Treatment Strategies Task Force and the Multnomah County Juvenile Firesetter Intervention Network.

solutions. They recognize one another's contributions and never have to ask who can help with a counseling need, a custody issue, a safety plan for the family, or a firesetter problem. The combined expertise of the members of the MDT provides a clear advantage in addressing child abuse issues.

Lois Rieke is the fire safety coordinator with the La Grande Fire Department in La Grande, Oregon. She is a member of the Juvenile Firesetter Advisory Board.

Russell B. West is the Union County, Oregon, District Attorney.

Mandatory reporting in Oregon

by Janvier Slick, MSW, MA



As a firefighter, EMT or fire investigator, you may find yourself in a situation where you suspect that a child has been abused. You are required by law to immediately report circumstances of contact with a child who has suffered abuse or with a person who has abused a child whether this happens on the job or in your off hours.

What is child abuse or neglect? Abuse is defined in Oregon Revised Statutes (ORS), 419B005 as:

- Physical abuse—any assault of a child or physical injury caused by other than accidental means, including injuries which appear to be at variance with the explanation given for them.
- Mental injury—observable and substantial impairment of the child's mental or psychological ability to function caused by cruelty to the child.
- Sexual abuse and exploitation—fondling, sexual contact, rape, sexual harassment, exposure or voyeurism, or exploitation.
- Neglect—failure to provide adequate food, clothing, shelter, medical care, or supervision that is likely to endanger the health or welfare of the child.
- Threatened harm—a child has not yet been harmed, but if the present circumstances continue the reporter has reasonable cause to believe that the child will be seriously harmed.

What should I report?

Most reports are made by phone to either a law enforcement agency or Services to Children and Families (SCF). Reports should contain

- names and addresses of child and parents,
- child's age,
- other persons responsible for the child,
- nature and extent of abuse, including any evidence of previous abuse,
- explanation given for the abuse, and
- any other information to help establish cause of the abuse or the abuser.

What happens to the report? Will the children be removed from their parents?

When a report is received by SCF, a trained child protective service worker (usually a screener) will use the reported information to decide the type of response needed; who will provide the best response to the child and his family; and when the response should occur.

These decisions are based on:

- the immediacy of the reported danger,
- the child's present condition and safety needs,
- parents' condition,
- the child's vulnerability,
- history of child abuse or neglect in the family,
- the parent's protective capacity, and
- the presence of other protective adults.

SCF meets in person with many families to assess the child's circumstances. Most child safety assessments do not result in the placement of children and most children remain in the care of their parents when services are provided. Some families are referred to community services, such as the health department, mental health and disability services.

When the protective capacity of the parents or care givers is insufficient to provide for the immediate needs of the child, the SCF worker will develop a safety plan for the child, with the family's assistance if possible. If practical, this may be an in-home safety plan such as having the abuser leave the home or providing some immediate education or assistance which will create child safety. If protective capacity cannot be developed that provides for child safety, an out-of-home safety plan must be developed and relatives are considered first as a placement resource. Twenty-nine percent of the children in care in Oregon in the year 2000 were with relatives.

If you have questions about whether or not to report, please call the SCF office in your county to consult with them. They can tell you if it is a situation that should be formally reported. Sometimes different people have different information about a child. The firefighter's perspective may provide a critical piece of information that can bring help and safety for a child.

Janvier Slick is the program coordinator for the Child Abuse Multidisciplinary Intervention (CAMI) Account at Services to Children and Families in Oregon. CAMI is a statewide grant program that distributes funds to multidisciplinary teams in each of Oregon's counties.



Checklists (Some questions to consider)

...for assessing incidents of fireplay or firesetting in child abuse investigations

- Do parents report any prior incident of fire play?
- Does the child report ever having “burned things” like paper or twigs?
- Is the child left alone much of the time?
- Are there scorch marks in stairways or on walls in closets or under beds?
- Is there evidence of burned matches?
- Is there an abundance of matches and lighters lying around the house?
- Is there evidence of burns in closets, under beds?
- Have any toys been melted or burned?
- Does the child have any evidence of burns or scars?
- Is there a past history of animal abuse?

...for assessing incidents of abuse or negligence that would warrant a report to child protective services when investigating a fire.

- Is there evidence of domestic violence?
- Is the child left alone at home and is not able to care for himself or herself?
- Is there evidence that the child is neglected?
- Are there bruises, welts, burns, cuts, broken bones, sprains, bites, etc. which have been deliberately inflicted?
- Is the child severely withdrawn or overly aggressive?
- Does the child have a fantasy life? “My friend set the fire.”
- Is the fire symbolic and directed at a specific person or person’s possessions?
- Is this child a danger to himself/herself?

Conferences

Children and Fire VIII

Exploring the Global Perspective
of Intervention

November 11-14, 2001
Sheraton Tara
Framingham, MA

This eighth annual conference sponsored by the Massachusetts Coalition for Juvenile Firesetting Intervention Program has planned a comprehensive and exciting menu of classes. Some of the topics to be covered are intervention models, clinical research, residential treatment, grant proposal writing, investigation, juvenile justice issues, group treatment, media skills and validating screening tools.

For a complete schedule, registration materials and travel information, visit the Coalition Web site at www.kidsandfire.com/A_Conference8.htm.

Resources on the Web



All of Oregon’s firesetter intervention programs are listed, as well as a link to *Hot Issues on the Web*, on the SOS FIRES Web site.

The site addresses the issue of youth-set fires. It is sponsored by SOS FIRES, which is a licensed non-profit foundation dedicated to the prevention of youth fire tragedy through education, intervention and mental health support.

The Web address is www.sosfires.com.



Oregon Office of State Fire Marshal
Department of State Police
Juvenile Firesetter Intervention Program
4760 Portland Road NE
Salem, OR 97305-1760

Resources

Child Abuse Reported to the Police

bulletin from OJJDP

When a child is assaulted, it is not only a child welfare problem, it is a crime. Yet there is a lack of law enforcement data available for researchers to analyze. Greater use of the National Incidence Based Reporting System (NIBRS), which collects detailed data about crime and its victims, should help fill this gap.

This bulletin describes NIBRS and its role in depicting police experience with child abuse and reports key findings derived from NIBRS data. Data analysis indicates that parents and other caretakers commit 49% of the kidnappings and 27% of the sexual assaults of juveniles. These and other caretaker offenses are reviewed. The bulletin also offers a comparison of NIBRS and child welfare system data and discusses the policy implications arising from NIBRS data.

Preventing Delinquency through Improved Child Protection Services

bulletin from OJJDP

Research indicates that the prevalence of child abuse or neglect among delinquent offenders is substantially greater than it is among the general population. Also, maltreated children are significantly more likely to become involved in delinquent behavior than their non-maltreated peers. Delinquent youths with a history of abuse or neglect are more likely to continue their offending behavior than delinquents who have not suffered child abuse or neglect.

This bulletin reviews OJJDP's *Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders* and examines the role that child protective services' prevention efforts can play in delinquency prevention and intervention.

Child Abuse Reporting to the Police is available online at <<http://ojjdp.ncjrs.org/pubs/missing.html#187238>> . *Preventing Delinquency through Improved Child Protection Services* is available online at <http://ojjdp.ncjrs.org/pubs/delinqu.html#187759>. Both bulletins can also be ordered online at <<http://puborder.ncjrs.org/>> or by writing JJC at P.O. Box 6000, Rockville, MD 20849-6000. You may also call JJC at 800-638-8736 to request that the document be mailed to you.

Hot Issues is a quarterly newsletter of information and ideas for those concerned about juvenile firesetting. It is published by the Oregon Office of State Fire Marshal. Please submit news, announcements, articles, suggestions or resources for review to *Hot Issues*. In compliance with the Americans with Disabilities Act, this publication is available in alternate formats by calling 503.373.1540, ext. 240. Subscriptions are free of charge.

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