Preface

OVERVIEW OF SUBJECT MATTER

Childhood trauma has been a social issue throughout history. Research in this area is vast and continues to serve toward the greater understanding of this issue, the impact it has on the lifespan, and barriers to treatment. Rural community mental health is a topic with growing interest and exposure as rural or remote areas have been subjected to further marginalization, misunderstanding, and the recipient of inadequate care when care is provided or available. As child maltreatment in rural families shows trends of mirroring child maltreatment seen in urban families (Mattingly & Walsh, 2010), there is grave need to promote adequate education, services and support. In Identifying, Treating, and Preventing Childhood Trauma in Rural Communities, the editors aim to address key components of childhood trauma with an emphasis on the impact within rural communities. Special issues will also be addressed to capture additional challenges, risks and prevalence of childhood trauma in rural communities. Lastly, a personal account of a mother’s experience with childhood trauma in a rural setting will be highlighted, followed by a book review on trauma and attachment.

DESCRIPTION OF TOPIC IN THE WORLD TODAY

Rural Communities

Rural communities include populations that are not classified as urban areas and are located outside the urban parameters of those living in areas, which contain a population of 2,500 or more (US Bureau of the Census, 2015). In 2010, the United States Census reported 59,492,267 individuals living in rural areas, comprising 19.3% of the total population (US Bureau of the Census, 2015). Areas lacking supportive services are at higher risk of impediments, including successful outcomes. Chronic shortages in mental health services continue to stimulate problems rendering services in rural communities (Gale & Coburn, 2003). While mental health services have shifted toward the primary care sector (Gale & Coburn, 2003), such as seen in the integration of the medicalized model, primary care subdivisions are recognized as being the catalyst for providing mental health services in rural communities (National Advisory Committee, 2004). Though rural health clinics are becoming more accessible, there is evidence for fewer mental health clinics employing psychologists (12%) or clinical social workers (7%) (Gale & Coburn, 2003).
Childhood Trauma

The National Center for PTSD does not have record of a population-based epidemiological sample regarding the prevalence of PTSD among children (Gradus, 2015). While there is limited research on the lifetime prevalence of PTSD among children, there are many risk factors involved in the etiology of PTSD: young children, child abuse or other adverse childhood factors, trauma severity, low socio-economic status, and lack of social support (Brewin, Andrews, & Valentine, 2000; Cited in Brewin, 2005). Additional cited risk factors include: increased risk for females; minority status groups; lack of education; life stress; psychiatric history; and family psychiatric history (Brewin, Andrews, & Valentine, 2000; Cited in Brewin, 2005). Although risk factors offer important insights as to the etiology of trauma and those affected, they can often be skewed, isolated in generalizability, and exclusionary. PTSD can go undiagnosed in stigmatized and highly marginalized populations and populations lacking adequate and accessible mental healthcare.

TARGET AUDIENCE

The purpose of Identifying, Treating, and Preventing Childhood Trauma in Rural Communities is to increase awareness of the challenges of providing treatment for childhood trauma in remote or rural communities. As there are barriers to treatment in this population, such as language, culture, and lack of sources, this publication serves to increase awareness of these barriers to treatment, educate various professional communities (i.e. clinical, research, academic, medical), and with the hope to eventually decrease the barriers to providing treatment for children who have experienced trauma. This publication is intended for mental health clinicians, researchers, educators, social services, and medical providers. Potential uses include: new research on barriers to treatment and how to overcome them; the importance of advocating and providing services to this population; the implications of the lack of services to this population; understanding the needs of this population as a resource for community service providers; diagnostic implications for mental health clinicians, social services, and medical providers; and possibility function as a catalyst for future research and development in this area.

DESCRIPTION AND IMPORTANCE OF CHAPTERS

The chapters in Identifying, Treating, and Preventing Childhood Trauma in Rural Communities address a spectrum of topics and issues currently relevant to childhood trauma in rural communities. In Chapter 1, War provides an overview of the psychosocial aspects of trauma and related disorders. Discussion of trauma and related disorders diagnostic criteria covers the universalization of PTSD and the biomedical and social models. War addresses PTSD and related disorders from a psychological, social, moral and political framework, while also highlighting the importance of cross-cultural intervention. Chapter 2 covers the expansive topic of childhood maltreatment and prevention in rural communities. Authors Alabi and Barnes address childhood maltreatment risk markers, protective factors, and prevention models within the context of maltreatment in rural communities. Both community-based models of prevention and empirically supported prevention programs are focal points of Chapter 2.
Dandona emphasizes the impact of parental substance abuse on children in Chapter 3. The author aims to describe the harmful effects of parental substance abuse, current trends, and advocates for increased awareness in order to understand this complex social phenomenon. In Chapter 4, family violence is examined within rural communities with a focus on the widespread nature of domestic violence impacting all levels of society. Adi discusses rural considerations for treatment, the impact of intimate partner violence, and challenges over the lifespan. In addition, Adi incorporates topics of law enforcement, transportation, poverty, and other barriers within the context of family violence within rural communities.

Chapter 5 places focus on treating child sexual abuse in rural communities. Kenyon-George provides an overview of child sexual abuse, treatment challenges, and discussion on rural service providers. Rural treatment models within rural communities are featured within rural treatment sites providing care for children with histories of sexual abuse. Wright uncovers the implications behind the nature of school violence, prevalence, and consequences within rural districts in Chapter 6. Wright examines school violence within a social context and provides an overview of the unique challenges faced within rural communities.

Based on a doctoral dissertation, Ford examines the challenges of child trauma on adoptive families and the impact on families’ social and emotional systems in Chapter 7. Ford utilizes psychodynamic theory to qualitatively investigate challenges faced among adoptive families of traumatized children. Additional topics include failed adoption, well-informed decision-making, and wrongful adoption. In Chapter 8, authors Alexander and Harrelson provide a thorough overview on assessment of childhood trauma in rural settings. Alexander and Harrelson discuss important considerations when assessing trauma in rural communities, clinical interviewing, assessment measures, cultural factors, and ethical considerations.

Hoffman Frances elaborates on the role of community engagement and collaboration in Chapter 9. Issues of isolation, poverty, historical trauma, resilience, and tele-health are addressed. In Chapter 10, authors Barnes and Alabi examine the role of spirituality in the path to healing for children impacted by trauma in rural communities. Barnes and Alabi discuss the role religion and spirituality play on rural childhood trauma treatment, counseling, psychological practice, and professional issues. Velasquez and Juarez provide a thorough examination of the prevalence of childhood trauma in rural Latino communities in Chapter 11. The authors draw attention to the comparative risks when examining “rural-specific” and “urban-specific” forms of trauma.

In Chapter 12, authors Johnson, Jacobs, Grace, Klas, and Murillo address the clinical forensic issues of child trauma. Specifically, the authors emphasize culturally responsive risk assessment and treatment parameters within the context of juvenile fire setting and bomb making, as part of the book’s special issues. Chapter 13 provides a personal account of a mother’s experience with childhood trauma in a rural setting. As part of the book’s special issues, Salcido uncovers the barriers within rural communities and personal insight into the matter of childhood trauma within this context. Lastly, Dumesnil explores attachment through the book review of Love Lessons in Chapter 14, the last contribution to the book’s special issues.

CONCLUSION

As knowledge and awareness increases on the role mental health plays on rural communities, we are challenged by the task of bridging the gap of literature within rural communities as it pertains to childhood trauma. Though research on childhood trauma is vast, the issue persists. There are multiple factors
that are involved in the incidence of childhood trauma including: lack of resources, faults in the system ensuring safety, misdiagnosis, underreporting, foster care and adoption, domestic violence, parental substance abuse, generational trauma and maltreatment, and cultural barriers. This book serves to address these factors involved in childhood trauma and how these factors interact with childhood trauma and rural communities. Additional issues will be discussed such as assessment, treatment modalities, and spirituality.

REFERENCES


