

## Chapter 5

# Treating Child Sexual Abuse in Rural Communities

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### ABSTRACT

*The focus of this chapter will be to discuss the treatment of child sexual abuse in a rural setting. Children in rural communities who have experienced such traumas are entitled to the same access and quality of services available in urban centres. Although the rates of trauma are similar in urban and rural settings, rural centres often lack adequate mental health services for children and families. According to Jones and colleagues (2014), each year in the United States approximately 22% of children between the ages of two and seventeen experience trauma. As we know, the impacts of trauma on the developing brain are significant, as are the negative outcomes on affective, behavioral and cognitive functioning (Cohen, Mannarino, & Deblinger, 2006). Mental health service providers face unique challenges in terms of practicing in rural or remote communities. Multiple barriers exist to practice in these communities, including lack of resources, lack of specialist knowledge, and the training and supervision of professionals, to name a few.*

### INTRODUCTION

Each year in the United States, approximately 22 percent of children between the ages of 2 and 17 experience trauma (Jones et al., 2014). As we know, the impacts of trauma on the developing brain are significant, as are the negative outcomes on affective, behavioral, and cognitive functioning (Cohen, Mannarino, & Deblinger, 2006). Although the rates of trauma are similar in urban and rural settings, rural centres often lack specialized resources and clinicians who can provide specialized treatment. Children in rural communities who have experienced such traumas are entitled to the same access and quality of services as those that are available in urban centres.

Certainly the issue of child sexual abuse is an international one, and international rates of abuse parallel those in the United States and in Canada. One example of this is a 2009 study which occurred as a continuation of Finkelhor's initial 1994 analysis of international prevalence rates (Pereda, Guilera, Forns,

DOI: 10.4018/978-1-5225-0228-9.ch005

& Bomez-Benito, 2009). Pereda and colleagues' study compared the rates of prevalence of child sexual abuse from recent publications to Finkelhor's 1994 findings. The study included thirty eight articles, involving thirty nine studies, all addressing child sexual abuse. Twenty one countries were included across continents and in many ways, the study replicated Finkelhor's results, only twelve years later. Unfortunately, the authors illustrated that the international prevalence of child sexual abuse remained fairly constant, demonstrated a warning that little had changed since the previous decade.

Some interesting findings from Pereda and colleagues' study included that the adults across different countries had developed increased comfort in discussing the topic. Also noteworthy was that the prevalence rate was higher among male children (at sixty percent), as opposed to female children (fifty three percent). The differences in prevalence rates and gender are suspected to be a result of differing methodology from Finkelhorn's study, however Pereda and colleagues suggest that it may be that male participants were more comfortable in reporting. A common factor among the families of the children were that many children came from single parent families, and often with the absence of an adult male (Pereda et al.). It is important to acknowledge some of the internationally-focused research in this area, particularly as it demonstrates parallel themes to North American studies. For the purpose of this chapter, we will focus on treatment within Canada and the United States.

Mental health service providers face unique challenges when practicing in rural or remote communities. Practice in these communities must overcome multiple barriers, including (among others) the lack of resources and specialist knowledge, and the training and supervision of professionals that is required. This chapter will address some of the specific barriers involved in treating child sexual abuse in rural settings, as well as possible strategies for improving treatment service provision to children who have experienced such trauma.

For the purposes of this chapter, it is critical to define child sexual abuse as a form of abuse involving any of the following: sexual molestation, sexual assault, exposure, child pornography, and child prostitution. This chapter will discuss the prevalence of child abuse in rural communities, followed by some of the challenges and barriers these settings present. Following this, the chapter will discuss both broad and more specific cultural components of rural settings, along with some of the most current research on various evidence-based practices for child sexual abuse treatment. The chapter will examine three areas of practice in treating child sexual abuse in rural settings: private or community-based centres, school-based settings, and specialized treatment settings.

## **BACKGROUND**

The national prevalence of child sexual abuse in the United States is estimated to be 16 percent of men and between 25 and 27 percent of women (Perez-Fuentes et al., 2013). According to the US Department of Health and Human Services (2011), nine percent of Child Protective Services cases are child sexual abuse investigations. These estimates of child sexual abuse are difficult to obtain: many victims and families do not report abuse to the authorities, and child protection agencies can only report the information that they have obtained through victims, witnesses, and professionals. Self-report surveys, sometimes involving parental interviews, are often biased, particularly if a parent was the perpetrator (Menard & Ruback, 2003).

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