Chapter 8
Assessment of Childhood Trauma in Rural Settings

Apryl A. Alexander
Auburn University, USA

Megan E. Harrelson
Auburn University, USA

ABSTRACT

Childhood exposure to trauma is prevalent and has been shown to contribute to both immediate and long-term psychological distress and functional impairment. Most mental health professionals will encounter trauma-related issues in their work, regardless of their specialty or the context in which they work, however, in rural communities it may be difficult for mental health practitioners to seek specialty training in working with survivors of trauma. The aim of this chapter is to provide practitioners with basic knowledge about the effects of trauma on children and adolescents, clinical skills and available measures designed to appropriately assess exposure to trauma and subsequent trauma-related symptoms, and ethical and cultural considerations required when assessing trauma in children and adolescents in rural communities.

INTRODUCTION

Childhood exposure to trauma is prevalent and has been shown to contribute to both immediate and long-term psychological distress and functional impairment. Thus, most mental health professionals will encounter trauma-related issues in their work, regardless of their specialty or the context in which they work. Clinical interviews and psychological assessments of individuals in rural settings who have experienced trauma may be affected by bias, and such bias can result in the over-, under-, or misdiagnosis of trauma-related symptomatology and posttraumatic stress disorder (PTSD). Accurate assessment of individuals in these communities must take into account the norms of the population and combine informed clinical judgment with objective measures of trauma-related symptoms. Such accurate trauma-informed assessment helps to inform individualized treatment goals and guide treatment.

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BACKGROUND

Despite the need for culturally responsive and empirically supported care for childhood trauma survivors, trauma education and training vary greatly for practitioners (DePrince & Newman, 2011). Although our understanding of trauma and violence exposure in rural communities is limited in part by a general paucity of research, there is some evidence to suggest that exposure to traumatic events, such as sexual abuse, is as prominent in rural communities as it is in urban areas (Finkelhor, 1978; Leistyna, 1980; Schultz & Jones, 1983). The trauma-exposed individuals in rural communities, however, often lack specialty services that are designed to both assess and treat trauma victims. Increased emphasis is being placed on providing trauma-informed care to patients. Trauma-informed care is an approach to engaging individuals with histories of trauma that recognizes traumatic symptoms and acknowledges the role that trauma has played in each person's life. Trauma-informed assessment involves evaluating the ways in which a youth's functioning might have been affected by the experience of trauma (Kerig, 2013).

Accurately evaluating responses to trauma is essential for a comprehensive psychological assessment. Thus, clinicians must be able to recognize both typical and atypical responses to trauma. In children and adolescents, trauma symptoms are often expressed differently than they are in adults. Younger children especially may not have the vocabulary or cognitive ability to articulate the nature of their traumatic experience (e.g., sexual abuse) or recognize that their symptoms are connected to the traumatic event. Therefore, it is important to recognize common responses to trauma. Following a traumatic event, children and adolescents can experience a number of cognitive, behavioral, affective, and physical responses or symptoms.

Table 1. Common responses to traumatic events

Initial/Short-Term	Delayed/Cumulative
• Shakiness, dizziness, numbness • Crying or tearfulness • Sleep disturbances • Increased irritability and anger • Withdrawal • Avoidance of event reminders • Somatic/physical symptoms • Anxiety • Thoughts of death/dying • Flashbacks/nightmares • Initiating or increasing substance use • Dissociation • Sexualized behaviors	• Preoccupation with the event to the exclusion of life activities • Avoidance of event reminders • Ongoing fatigue • Feelings of hopelessness, powerlessness, worthlessness • Forgetfulness • Flashbacks/nightmares • Sense of not being "all there" • Inability to leave home and feel safe • Suicidal thinking/planning • Dissociation