Chapter 32

Clinical Forensic Issues in Child Trauma Stemming from Juvenile Fire Setting and Bomb Making:
Culturally Responsive Risk Assessment and Treatment Paradigm for Rural Settings

Ronn Johnson
University of San Diego, USA

Eric Jacobs
University of San Diego, USA

Karla Klas
University of Michigan, USA

Elizabeth Grace
University of San Diego, USA

Alejandra Murillo
University of San Diego, USA

ABSTRACT

Internationally, burns stemming from Juvenile Fire Setting and Bomb Making (JFSB) represent a major healthcare problem as signaled by traumatic deaths and injuries sustained by youth involved in these unfortunate incidents. While JFSB incidents may occur with greater frequency in non-rural locales, emerging evidence shows that the clinical forensic issues secondary to these burn cases can be surprisingly more complex in rural settings. The treatment challenges that rural areas have are fueled by a limited availability of mental health emergency resources. Further compounding it, the treatment professionals accessible to families often have insufficient experience or qualifications for competently managing the traumatic issues presented by combined JFSB/Burn Survivor (BS-JFSB) cases. This chapter aims to demonstrate how trauma-focused approaches can be integrated into existing clinical forensic practices in rural settings. The treatment requires altering how the concerns presented by these BS-JFSB children are addressed within a risk assessment paradigm.

INTRODUCTION

Children in rural settings are not immune to the negative healthcare impact resulting from explosions, electrical accidents, and fires. Such injuries are frequently experienced as traumatic psychological events by child burn survivors and their families (Askay, Wiechman & Magyar-Russell, 2009; Mashreky, 2009). Burn Survivors and Juvenile Fire Setting and Bomb Making (BS-JFSB) refers to any person that builds, creates or ignites an explosive or incendiary device that caused self-injury requiring significant medical attention. The assessment, diagnosis and treatment of BS-JFSB are an ongoing challenge in rural settings because of a blend of clinical forensic issues found in these cases. For example, youth involved in BS-JFSB could be in an unwanted legal situation as a result of significant property damage, death or injuries to others (Johnson & Jones, 2014). The rates of BS-JFSB are rapidly climbing in urban areas. However, for rural settings, providing services for BS-JFSB can be complicated because of lower budgets for emergency healthcare (Lee, Jiang, Phillips, & Ohsfeldt, 2014). The blend of JFSB and BS-JFSB also presents as an important determinant for intervention services. In this case, comprehensive BS-JFSB services can be defined along a continuum and differently for several overlapping disciplines (e.g., fire service, healthcare providers, schools, counseling, psychology and the criminal justice system). From a BS-JFSB trauma perspective in rural settings, this also means that it is essential to adopt a culturally responsive healthcare model that includes establishing treatment protocols, developing diagnostic impressions, collecting psychosocial histories, using psychoeducation, and incorporating research-based methods. For rural settings, BS-JFSB requires the orchestration and management of interdisciplinary interventions for the clinical forensic trauma issues that often accompany these cases. For example, some of these clinical forensic issues include low budgets for emergency mental health care; lack of mental health providers experienced in the unique treatment aspects of both BS and JFSB. These same clinical forensic issues fuel the need for engaging multiple disciplines/agencies in the collaborative culturally responsive treatment intervention as well as the importance of assisting with school/community reintegration and survivor support.

Overview of Child Burn Survivors (BS) and Clinical Forensic Trauma Issues Stemming from JFSB

From a clinical forensic perspective, BS-JFSB youth must cope with their burn injuries along with the distress associated with any pending legal charges related to their misconduct. Much of the clinical mental health research so far has primarily focused on the post-incident distress and disability of child BS by applying interventions for the Post Traumatic Stress Disorder (PTSD) symptom clusters found in the *Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM–5; American Psychiatric Association, 2013)*. The diagnostically relevant cluster of symptoms in such BS-JFSB cases can include avoidance, depression, fear of death, flashbacks, nightmares, pain, and phobias; each can assume an important role for long-term adjustment. Diagnostically, while there is no shortage of criticism of the DSM-5, its use with PTSD likely offers the best culturally responsive tool for assessing the complex trauma experiences of child burn survivors (Young & Johnson, 2010; Johnson, 2013; Barglow, 2011, 2013). That is, burn survivors frequently enter treatment with diverse risk assessment factors (e.g., developmental concerns, cultural, family circumstances, and preexisting mental problems) that must be clinically addressed. At the same time, licensed clinical mental health professionals must remain cognizant of the risks posed by the stages and multiple layers of trauma that are associated with child burn survivors (Johnson, 2010).

20 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage: www.igi-global.com/chapter/clinical-forensic-issues-in-child-trauma-stemming-from-juvenile-fire-setting-and-bomb-making/162543

Related Content

Data Controlling and Security Issues in Cloud: A Step Towards Serverless
Anisha Kumari, Manoj Kumar Patraand Bibhudatta Sahoo (2023). *Perspectives on Social Welfare Applications' Optimization and Enhanced Computer Applications (pp. 105-124).*
www.irma-international.org/chapter/data-controlling-and-security-issues-in-cloud/328002

The Intention to Use Mobile Digital Library Technology: A Focus Group Study in the United Arab Emirates
Sumayyah Hassan Alfaresiand Kate Hone (2015). *International Journal of Mobile Human Computer Interaction (pp. 23-42).*
www.irma-international.org/article/the-intention-to-use-mobile-digital-library-technology/125616

From Control to Commitment Work Systems: The Role of HRM in the Post-Bureaucratic Transition
Laura Innocenti, Alessia Sammarraand Silvia Profili (2019). *Human Performance Technology: Concepts, Methodologies, Tools, and Applications (pp. 1150-1172).*
www.irma-international.org/chapter/from-control-to-commitment-work-systems/226611

Evaluating Mobile Applications in Virtual Environments: A Survey
Ioannis Delikostidis, Thore Fechner, Holger Fritze, Ahmed Mahmoud AbdelMoutyand Christian Kray (2013). *International Journal of Mobile Human Computer Interaction (pp. 1-19).*
www.irma-international.org/article/evaluating-mobile-applications-in-virtual-environments/101441

Gender and Information Technology in Rural Bangladesh
Lutfor Rahmanand Nusrat Rahman (2009). *Human Computer Interaction: Concepts, Methodologies, Tools, and Applications (pp. 1591-1594).*
www.irma-international.org/chapter/gender-information-technology-rural-bangladesh/22334