

Chapter 6

Trauma in Rural Areas: Implications for Instruction

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ABSTRACT

This chapter provides background on rural culture and the influence it has on the implementation of trauma-informed care. The cultural characteristics create additional obstacles to schools that are working to mitigate the adverse experiences that have debilitated many students. The poverty and drug use that families face has created a generation of children who struggle with chronic stress from the adverse childhood experiences that occur in their lives. This impedes all academic and many functional areas. Without appropriate education, teachers are often unable to reach students and misunderstand why students with multiple adverse experiences display behaviors. The authors share strategies to mitigate the impact of the adversities.

INTRODUCTION

The needs of many students in rural areas are changing based on adult circumstances. The closure of once viable businesses and the influx of drug use in families impacts the ability to effectively parent children. This is causing many students to come to school with delays and behaviors that teachers are not prepared to handle, leading to an increased number of office discipline referrals and more students being removed from learning environments through suspensions and expulsions. This has led to a crisis in many districts. Because of the culture of the rural areas, there is a tendency for more punitive consequences to teach kids a lesson, and it is leading to an increase in dropout rates and creating a vicious cycle of generational poverty and drug use. Educators are finding that working with students with this kind of challenge is beyond their scope of understanding, and many are leaving the profession with few to take their place. In addition to these struggles, the evidence-based strategies that have been proven in

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other regions of the country are countercultural in rural areas. School leaders and teachers need support from the community and each other to recreate the educational system for students facing stress from multiple adverse childhood experiences. This chapter will meet the following objectives:

- Describe the rural culture, poverty, and drug use and its impact on students
- Explain the impact of rural disparities on education
- Identify ways to reach staff and impact the culture and climate in a rural school
- Explain implications for instruction of rural students who experience chronic stress or have multiple adverse childhood experiences (ACEs)
- Describe the mitigating effect of resilience on trauma and stress

BACKGROUND

There is not one single definition for a ‘rural’ area. Earlier definitions refer to settlements of fewer than 2,500 residents, but later the definition changed to any area not urban, while other definitions of rural look at counties of less than 50,000 residents (U.S. Department of Health Resources & Services Administration, 2021). Nevertheless, more than half of all school districts in the United States are considered rural with nearly 9 million children enrolled in these rural public schools (U.S. Department of Education, 2013-2014). Reports on the characteristics of rural schools indicate that there is little diversity in these schools; approximately 72% of students are non-Hispanic white. The number of students in rural schools identified with disabilities is higher than the national average. Moreover, there are a large number of students living in poverty. Almost half of rural schools have 50% or more of students eligible for free or reduced lunch and many rural children are served by one or more federal child nutrition program such as the National School Lunch Program, School Breakfast Program, Special Milk Program, Women Infants and Children, Summer Food Service Program, and Adult Day Care Food Program (U.S. Department of Education, 2013-2014).

The poverty rate in rural areas is higher than urban areas (Gurley, 2016). In fact, the majority of persistent child poverty counties are rural (82%), meaning that the high poverty rates have persisted for the past thirty years. This translates to low employment in these areas and low education (Probst, Barker, Enders, & Gardiner, 2018). Poverty during early childhood has a negative effect on many aspects of cognitive and social development which do not diminish during school-age years (Kainz, Willoughby, Vernon-Feagans, & Burchinal, 2012). This greatly impacts their academic achievement in school. For example, children in rural areas are more likely to repeat a grade (U.S. Department of Health and Human Services, 2011). Given the persistent poverty, a culture develops which places a higher value on work than on education leading to lower academic achievement and higher drop-out rates. This is exacerbated by schools in rural areas having fewer educational resources to address these needs (Roscigno & Crowley, 2001).

Many rural children lack health insurance and those with insurance are more likely than children in urban areas to be insured through public assistance programs such as Medicaid or the Children’s Health Insurance Program (U.S. Department of Health and Human Services, 2011). Provider availability in rural areas is a challenge, with less than half of rural counties having a pediatrician and few having mental health and substance use counselors. This means that parents are required to travel further for services (Probst, Barker, Enders, & Gardiner, 2018).

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