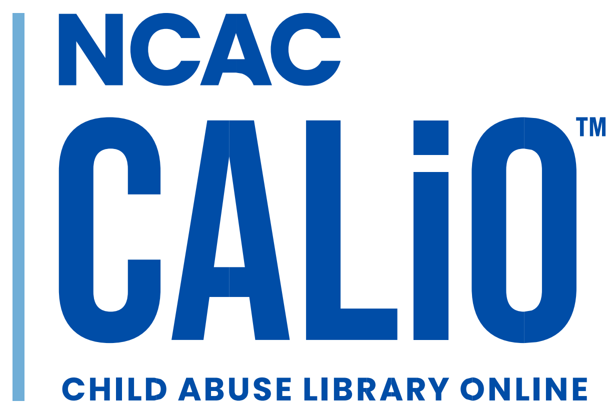

Serving Rural Communities

A Bibliography

April 2026

Championing and Strengthening the Global Response to Child Abuse

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Scope

This bibliography lists publications that address mental health services, advocacy, prevention, prosecution, medical services, and other topics involving serving child maltreatment victims in rural areas of the United States.

Organization

Publications include articles, book chapters, reports, and research briefs and are listed in date descending order. Links are provided to full text publications when possible. However, this collection may not be complete. More information can be obtained in CALiO™, the Child Abuse Library Online.

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Serving Rural Communities

A Bibliography

Kim, Y. Y., Kim, H., & Schneider, W. (2026). Understanding the role of rurality in child welfare: From child maltreatment reports, investigation decisions, re-involvement to foster care outcomes. *Child Maltreatment*. DOI:10.1177/10775595261435598

This study examines how rurality relates to child maltreatment reports (CMRs) among the child population, child protective services (CPS) investigation decisions and re-involvement among children reported to CPS, and foster care services and outcomes among children entering care. Tract-level linear regressions assessed urban-rural differences in CMR rates among Illinois tracts in 2021 (N=3,248). Individual-level logistic regressions examined urban-rural differences in CPS investigation decisions and re-involvement among children reported to CPS (N=153,850) and foster care services and outcomes among children entering care (N=6,736). Small urban and rural tracts had higher CMR rates—26.6 and 33.7 per 1,000, respectively—than large urban tracts, even after controlling for a range of socioeconomic-demographic variables. Reported children in rural and small urban areas had greater odds of substantiation, service case opening, and foster care entry, as well as higher odds of re-involvement. Among children in care, those inrural areas were more likely to be placed farther from their families, and those in rural and small urban areas faced higher risks of termination of parental rights. Geographic context strongly shapes CMR risks and subsequent CPS involvement and outcomes. Addressing these rural–urban inequities requires recognizing geography as a structural determinant and developing place-based policy and resource strategies to promote equity.

Maguire-Jack, K., Parmenter, S., Chang, O. D., Chiu, E., Chang, Y., & Park, Y. (2026). Rural contextual factors affecting child welfare practice. *Child Protection and Practice*, *8*, 100294. DOI:10.1016/j.chipro.2026.100294

Rural child maltreatment rates exceed those within urban settings. Geographic distance and resource limitations may influence the provision of child welfare services in rural settings. This

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study explores how the rural context impacts child welfare service provision in Northern Michigan. In-depth qualitative interviews were conducted with 27 child welfare workers and supervisors from one child welfare region in Michigan, comprised of Michigan's rural Upper Peninsula and northern Lower Peninsula. Qualitative thematic analysis was used to identify factors that influence rural child welfare practice. Two primary themes emerged, including systemic issues and cultural considerations. In terms of systemic issues, participants pointed to staff and foster home shortages, which were exacerbated by low population density. Confidentiality concerns and social role overlap further complicated practice in small communities. Participants identified distrust of government and other cultural factors that affected the likelihood of reporting suspected maltreatment. Interviews highlighted the ways in which these factors affected engagement with child welfare services. Aspects of the rural context provide additional considerations for child welfare practice in rural areas. Training and incentives unique to the rural context are needed to support child welfare workers and enhance services provided. An emphasis on prevention services might reduce demand on child welfare systems.

Chang, O. D. (2025). Trajectories of change in caregiver social supports: Associations with child maltreatment among families with child welfare involvement. *Child Abuse & Neglect*, *169*, 107736. DOI:10.1016/j.chiabu.2025.107736

Evidence suggests that families with child welfare contact experience substantially limited access to social supports, a key protective factor against child maltreatment. This study examined dynamic trajectories of caregivers' functional social supports (i.e., confidant, instrumental, and affective support) over time in relation to risk for maltreatment. Participants were 707 caregivers of infants and toddlers with child welfare contact. Repeated-measures latent class analysis was used to profile trajectories of caregiver social supports across a five-year period. Five distinct trajectories of caregivers' social supports were identified with differential risks for maltreatment: “High-Stable Support” (23%), “Low-Stable Support” (30%), “High-Low Support” (17%), “Volatile Support” (12%), and “Resilient Support” (19%). Caregivers with

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“Low-Stable Support” and “Volatile Support” had significantly higher risks of emotional ($M = 3.27$, $SE = 0.26$, $p < .01$ and $M = 3.34$, $SE = 0.53$, $p < .05$, respectively) and physical abuse ($M = 0.07$, $SE = 0.02$, $p = .001$ and $M = 0.05$, $SE = 0.02$, $p < .01$, respectively), compared to caregivers with “High-Stable Support.” Additionally, caregivers with “Low-Stable Support” were significantly more likely to engage in neglect ($M = 0.50$, $SE = 0.10$, $p < .01$), compared to caregivers with “High-Stable Support.” Efforts to reduce maltreatment necessitate not only the facilitation of caregivers' access to social supports that can offer guidance, tangible assistance, and emotional care, but also assurance of the sustained availability and dependability of such supports.

Chang, O. D., Chang, Y., & Maguire-Jack, K. (2025). Intervening in suspected child maltreatment: Parents’ responses to and perceptions of maltreatment in a rural midwestern county. *Child and Adolescent Social Work Journal*, *42*(4), 481-490. DOI:10.1007/s10560-024-00970-3

Risks for child maltreatment have been found to be elevated in rural (cf. urban) areas. While previous research indicates that neighborhood processes can protect against child maltreatment, how such processes may uniquely operate in rural settings remains unclear. The vast majority of research on informal social control processes has focused on urban areas with very few studies examining how such processes in rural areas may uniquely influence responses to child maltreatment. To address knowledge gaps in this area, the present qualitative study examined the perceptions of parents living in a rural Midwestern county. Semi-structured interviews were conducted with 26 caregivers from Livingston County, Michigan, U.S. Regarding informal social control, participants were asked a series of questions regarding how they would intervene in an instance of suspected child maltreatment in their community. Thematic analysis revealed several strengths and barriers to perceiving and intervening in child maltreatment in rural settings, including close social ties, a culture of silence, maltreatment severity, and ecological challenges. These findings highlight potential reasons for which informal social control processes may differ in rural settings. Social workers

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may bolster child maltreatment prevention efforts in rural areas by acknowledging unique barriers and potential strengths to leverage in such communities. The current study adds to the body of work to understand rural child maltreatment, by exploring the responses to maltreatment within rural contexts; an area that has not yet been examined.

Druskin, L. R., Elias, H., Phillips, S. T., Parker, S. M., Franzese, S. N., Shultz, T., Capage, L., & McNeil, C. B. (2025). The role of adverse childhood experiences and adaptive skills in treatment engagement at a rural Appalachian child advocacy center. *Journal of Child & Adolescent Trauma*, 1-11. DOI:10.1007/s40653-025-00775-1

Few studies examine protective factors for maintaining high treatment engagement in the context of elevated adverse childhood experiences (ACEs). The current study aimed to evaluate the role of child ACEs in predicting attendance, explore differences in ACE prevalence within a highly traumatized sample, and explore the interaction between ACEs and adaptive skills in predicting attendance. A retrospective review of 85 charts was conducted for children receiving therapy services at a rural Child Advocacy Center (CAC). Demographics, ACE information, child adaptive skill levels, and attendance information were reviewed from charts of children who received at least 6 months of therapy services at a CAC. Child participants averaged 4.71 ACEs. Child ACEs were significantly, negatively correlated to 6-month therapy attendance rates. There was a significant interaction between ACEs and adaptive skills in predicting attendance. At average and high levels of adaptive skills, child adaptive skills served as a significant moderator of the negative relation between child ACE score and attendance at 6 months. Moderate and high adaptive skills in children may reflect children's resilience in the face of adversities, paradoxically lessening a family's engagement in their child's therapeutic services. It is critical to provide caregivers with information about the impact of ACEs across the lifespan and the positive role that engagement in treatment may play in children receiving the benefits of treatment.

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Meng, Q., & Gray, M. (2025). Social work education to promote rural social work: Setting the agenda. *Journal of Evidence-Based Social Work*, 1–12. DOI:10.1080/26408066.2025.2530578

In this Editorial, we examine the role and responsibility of social work education in promoting rural practice by drawing on the findings of our previously published scoping review. Social work educators play a major role in promoting knowledge development within key areas of practice and rural social work is no exception, hence the focus of this Editorial flows from social work education's transformative role in enabling the profession to meet its commitment to, and promote social justice for, the world's most vulnerable populations, most of whom live in rural locations.

Piper, S., Zarate, J., Luther, S., Metcalfe, R. E., Bogner, J., & Todahl, J. L. (2025). 'Protect our children'-System-level impacts: Preventing child sexual abuse in rural populations. *Child & Family Social Work*, *30*(4), 708-716. DOI:10.1111/cfs.13214

Child sexual abuse (CSA) is a public health issue that may have a disproportionate impact on children in rural areas due to lack of resources, lack of knowledge in the community and community norms that discourage reporting. In order to effectively prevent CSA in rural communities, there is a need to better understand the impact of prevention programming outside of the impacts on individual participants. The present study used a mixed-methods approach to evaluate the unintended impacts of a CSA prevention program in rural communities throughout Oregon and Northern California from the perspective of the implementing staff. Participants (*n* = 38) indicated changes in their organisational identity, changes in community norms and the impact of having a network of other organisations across the state who were implementing the same program. Implications for research and potential for statewide prevention systems are discussed.

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Sheppard-Perkins, M. D., & Darroch, F. E. (2025). Space, place, and the politics of access: Service provider perspectives on health system responses to sexual-and gender-based violence in rural communities. *Health & Place*, *96*, 103572. DOI:10.1016/j.healthplace.2025.103572

Sexual- and gender-based violence (SGBV) remains a pervasive public health concern in Canada, with rural communities facing disproportionate rates of severe violence alongside significant barriers to care. While previous research has documented rural service scarcity, less attention has been paid to the socio-spatial dynamics that shape how health and support services are experienced, accessed, and provided. This qualitative study draws on semi-structured interviews with 18 SGBV service providers working in rural Ontario. Guided by an intersectional geography framework, we examine how providers interpret and navigate the spatial, structural, and sociocultural conditions influencing care, particularly for groups experiencing intersecting forms of marginalization. Reflexive thematic analysis was used to identify key themes across institutional healthcare settings and community-based supports. Two overarching themes emerged: (1) *SGBV care pathways in a rural context*: *Fragmentation, stigma, and scope of* support, which highlights how institutionally-constrained systems (i.e., emergency and primary care) often operate on crisis-driven thresholds that may not be suited to meet survivors where they are; and (2) *Reimagining rural SGBV response through multi-service hubs*, which explores integrated, place-based care models as promising but underfunded alternatives. Across interviews, participants emphasized that access is shaped not only by geographic distance and logistical specificities, but by safety, stigma, trust, and relational continuity. This study illustrates how spatial and institutional inequities intersect to limit meaningful access to SGBV-related healthcare in rural contexts. Findings support the development of community-embedded models that respond to the place-based realities of survivors and providers alike, such as rural care hubs.

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Sheppard-Perkins, M. D., & Darroch, F. E. (2025). Strained systems, escalating needs: Service provider perspectives on the rural landscape of sexual-and gender-based violence in the five-years post-COVID. *Journal of Family Violence*, 1-16. DOI: 10.1007/s10896-025-00947-5

With the recent 5-year mark of the COVID-19 pandemic, rural communities continue to grapple with the profound and lasting impacts on rates and severity of sexual and gender-based violence. Rural areas, home to 16% of Canada's population, account for 38% of femicides, with disproportionately higher rates of severe violence and emergency interventions compared to urban centres. Despite this, research on the pandemic's long-term effects on sexual and gender-based violence in rural regions remains limited, hindered by underreporting and administrative data constraints. This qualitative study addresses this gap by exploring service provider perspectives on the enduring impacts of COVID-19 on sexual and gender-based violence in rural Ontario, a Canadian province where over 100 municipalities have declared intimate partner violence an epidemic. This study explored service provider perspectives in service delivery, rising demand, and operational challenges in rural Ontario in the 5-years post COVID-19, with specific attention to how geographic isolation intersects with race, gender, immigration status, and other structural factors shaping access to care. Data were collected through semi-structured interviews and sociodemographic surveys with 18 service providers with clients in rural Ontario, recruited via purposive and snowball sampling. Reflexive thematic analysis, conducted using NVivo15, identified three key themes: (1) escalating violence and unmet needs, (2) strain on rural services, and (3) shifting community dynamics and intersectional considerations. Findings highlight the urgent need for adaptable, culturally competent service models to address the evolving needs of rural populations. This study underscores the urgent need for sustained investment, community-driven infrastructure, and responsive policymaking to address the enduring impacts of the COVID-19 pandemic on rural SGBV service delivery. Strengthening support for community-based organizations, including adequate funding, culturally safe programming, and workforce development, is critical to equipping service providers with the resources needed to meet rising demand and deliver comprehensive, survivor-centered care.

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Golden Guzman, K., Zhang, L., & Simmel, C. (2024). Examining the roles of rurality and Latine ethnic density on child maltreatment report and substantiation rates among Latine families: A county-level analysis. *Journal of Public Child Welfare*, *18*(2), 309–337. DOI:10.1080/15548732.2023.2193555

Evidence of geographic variation in child maltreatment report rates among Latine families is growing. This study investigates whether rurality and Latine ethnic density associate with variation in Latine child maltreatment rates across 925 US counties. Using 10 years of cross-sectional data from the National Child Abuse and Neglect Data System (NCANDS), ACS and USDA, OLS regression models examined rurality and Latine density's association with child maltreatment and substantiation rates. Rurality associated with increased maltreatment rates; however, Latine ethnic density buffered this across most maltreatment subtypes. Results highlight a complex interaction between ethnicity, rurality, and maltreatment.

Kim, H., Song, E.-J., & Windsor, L. (2024). Evidence-based home visiting provisions and child maltreatment report rates: County-level analysis of US national data from 2016 to 2018. *Child Maltreatment*, *29*(1), 176-189. DOI:10.1177/10775595221110753

This observational ecological study examined county-level associations between evidence-based home visiting (EHV) provisions and child maltreatment report (CMR) rates, using national county-level data from 2016–2018. We found that longitudinal changes of EHV provisions were significantly negatively associated with county CMR rates while controlling for potential confounders. Our model estimated that after EHV provisions were launched in counties, their CMR rates decreased (or after they were ceased, rates increased) by 2.21 per 1000 children overall, 2.88 per 1000 children aged 0–5, 2.59 per 1000 children aged 6–11, 2.13 per 1000 male children, and 2.24 per 1000 female children. When limiting attention to EHV provisions funded by the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program, we found no significant association. These findings propose potential protective impacts of county EHV provisions on overall county CMR rates. Yet, the small effect sizes suggest that EHV provisions should be considered as a part of a complete response to child maltreatment rather than in isolation.

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Stamatakis, K. A., Shrestha, A., Biggs, J., Jimenez, P. N., Pendley, C., Francioni, A., & Baker, E. (2024). Identifying and prioritizing factors to improve implementation of an evidence-based program for child maltreatment prevention in rural Missouri communities. *Global Implementation Research and Applications*, *4*(4), 371-380. DOI:10.1007/s43477-024-00129-3

Prevention of child abuse and maltreatment is critical in the Ozark region of Missouri where rates are higher than in other areas of the state. Community-based organizations seeking to address these issues in rural areas face significant challenges both internal and external to the organization. Guided by the Consolidated Framework for Implementation Research (CFIR), Whole Kids Outreach (WKO) utilized a modified concept mapping approach to identify strategies needed to address these challenges and more effectively implement the Healthy Families America (HFA) program in 7 counties in the rural Ozark region. Semi-structured interviews were used to identify barriers and support to the implementation of HFA. Statements were generated via in-person and telephone interviews with key stakeholders (WKO internal staff and external partners). These stakeholders then sorted statements and rated them according to importance. Concept mapping systems software, using multidimensional scaling and hierarchical cluster analysis, was used to determine the most salient cluster solution. The resulting cluster map depicted 6 thematic clusters and stakeholders were guided through a nominal group process to prioritize key issues and begin to develop strategies to address them.

Addison, K., & Rubin, Z. (2023). "At one point we had no funding for paper": How grants and the Covid crises have shaped service provision in child advocacy centers. *Human Service Organizations: Management, Leadership & Governance*, *47*(1), 42–56. DOI:10.1080/23303131.2022.2119626

The confluence of the two major challenges has combined to create special challenges for rural nonprofits serving victims of crime: the fluctuation of federal funding, and the Covid-19 pandemic. We discuss the challenges faced by Child Advocacy Centers in northwestern South Carolina in the context of these shifting challenges. From qualitative interviews conducted at 14 centers in this primarily rural region, we explain the challenges they face and the potential

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effects on the communities they serve interpreted through the lens of Resource Dependence Theory, which predicts that organizations reduce uncertainty of funding through increasing their partnership bonds with cooperative entities.

Gross, M., Latham, D., Randolph, K., Constantino, C., & Preshia, E. C. (2023). Information and communications technology use in rural child welfare work. *Child & Family Social Work*, *28*(1), 14-24.

This study explores the impact of information and communications technology (ICT) use on rural child welfare practice using a technology-in-practice framework to derive the social structures that are instantiated by rural child welfare workers (CWWs) and to examine their agency as actors. ICT use was tracked, and interviews were conducted with rural CWWs who work with children and families to gain an understanding of and describe their day-to-day ICT use at the practice level. Findings demonstrate that CWWs enact social structures along four frames: bureaucratic structure, family centricity, ICT context and information–documentation culture. In terms of agency, CWWs not only are constrained by but also exert some influence on the social structures they enact through facilities (material resources), norms and interpretive schemes. These findings have implications for how ICT can be used to facilitate the CWW–client relationship and the need in rural areas for increased infrastructure to support CWWs.

LaRocca, D., Puma, J., Rosten, T., Lacy, R., Risendal, B., Martinez, M., & Leiferman, J. A. (2023). [A qualitative study identifying a rural community's barriers and facilitators to addressing adverse childhood experiences in families with young children](). *Health & Social Care in the Community*, *2023*(1), 3865025. DOI:10.1155/2023/3865025

Adverse childhood experiences (ACEs) are traumatic events experienced before the age of 18 and include experiences of abuse, neglect, and household dysfunction. Exposure to ACEs early in life is a risk factor for adverse physical and mental health outcomes in adulthood, which may lead to subsequent child abuse, neglect, and household dysfunction. This study examined a

rural community's barriers and facilitators to addressing ACEs in families with young children from the perspective of organizations serving children and families. The Innovation Corps (I-Corps) methodology was used to develop an ecosystem map of 64 community stakeholders, including 12 government, 13 healthcare, 27 early childhood education (ECE), and 12 community-based organizations, involved in the community's system of care for families with young children. Representatives from the stakeholder organizations identified in the ecosystem map were then recruited via purposeful and snowball sampling, and semistructured interviews were conducted with 37 participants. Transcribed notes and direct quotes were analyzed using a constant comparison analysis approach, and five themes emerged from the analysis. Barriers to addressing ACEs included limited mental health resources in ECE settings for both children and teachers, stigma, and limited access to local healthcare, while facilitators included establishing trusted relationships between organizations and families and using strengths-based approaches with families. This study characterized facilitators and barriers to addressing ACEs in families with young children residing in a rural community and provides guidance to inform future community-level ACEs interventions and policies.

Nunez, J. J., Fluke, J. D., Shusterman, G. R., & Fettig, N. B. (2023). Understanding the effects of COVID-19 on child maltreatment reporting among rural versus urban communities in the United States. *International Journal on Child Maltreatment: Research, Policy and Practice*, *6*(2), 149-164. DOI:10.1007/s42448-023-00163-y

The onset of the coronavirus disease 2019 (COVID-19) pandemic impacted child protective services (CPS) reporting systems in the United States. It may have also led to widened gaps between rural and urban communities in child maltreatment (CM) report rates due to decreased interaction between children and mandated reporters especially in urban jurisdictions. Using data from the National Child Abuse and Neglect Data System, this study tests the hypothesis that during the onset of the COVID-19 pandemic, the decrease in CM reports made to CPS in urban counties was more pronounced than in rural counties. Reports of CM received by CPS offices between January 6, 2020 and June 28, 2020 were aggregated to

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per-county-per-week-per-10,000 children maltreatment report rates. We used changepoint analyses to analyze the inter- and intra-region incidence rate ratios among rural and urban counties. Moreover, we used multilevel random effects models to generate regression coefficients for the associations between rates of children with a maltreatment report, COVID-19 occurrence, rural-urban designation, and maltreatment risk factors. During the study period, rates of children with a maltreatment report among urban counties decreased more dramatically when compared with rural counties. Our findings persisted even with the inclusion of control variables associated with maltreatment risk factors. Social distancing restrictions may have had the unintended consequence of decreasing the visibility of at-risk children in urban counties more so than in rural counties. Considering geography is critical to continue to protect children during the COVID-19 pandemic and as we prepare for future disasters.

Wan, G., Pei, T., He, X., & Zhang, B. (2023). The association between child maltreatment and family structures: Evidence from children in rural China. *Journal of Family Violence, 38*(1), 63-75. DOI:10.1007/s10896-022-00358-w

Few studies have discussed the association between child maltreatment and family structure in developing countries, and this study aims to investigate this association. Data were derived from a survey of 4,180 children (M_{age} = 12.09, 48.44% were boys) conducted in rural China from June to December 2019. This study reaches two significant conclusions. First, the risk of child maltreatment under different family structures varied significantly. The statistical results show that the prevalence and severity of maltreatment were lowest for intact families, followed by levels for multigenerational and single-parent families, while the risk for grandparent-headed and other families was the highest. Second, the factors associated with child maltreatment differed by family structure. In intact, single-parent and multigenerational families, male caregiver variables had a strong correlation with maltreated behaviors, while female caregiver variables were highly related to maltreatment in grandparent-headed and other families. This study highlights that China's rural children living in nonintact families are at a greater risk of

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experiencing child maltreatment, showing that defects in the residual child welfare system may magnify the dysfunction of fragile families.

Bender, S., & Werries, J. (2022). Online supervision: Addressing clinical services in rural communities during COVID-19. *Journal of Rural Mental Health*, *46*(1), 1–12. DOI:10.1037/rmh0000195

The coronavirus disease (COVID-19) pandemic has had devastating implications across the globe, especially in rural communities. The virus has impacted physical, emotional, economic, and mental health functioning across populations. Many clinicians have transitioned to telemental health (TM-H) services in an effort to slow the spread of the virus while simultaneously providing ongoing support to their clients. The provision of TM-H includes distinct advantages and challenges for clinicians to navigate. This article describes how online clinical supervision may be leveraged to support clinicians providing TM-H to those within rural communities, especially in the context of the ongoing pandemic. Past research exploring factors affecting, known outcomes, and efficacy of online supervision is summarized as are practical, legal, and ethical considerations associated with the practice.

Davis, L., Aylward, A., & Buchanan, R. (2022). Trauma-informed yoga: Investigating an intervention for mitigating adverse childhood experiences in rural contexts. *Educational Studies*, *58*(4), 530–559. DOI:10.1080/00131946.2022.2102495

In a state ravaged by suicide and a mental health crisis, this study sought to mitigate impacts of adverse childhood experiences (ACEs) and depressive and anxiety symptomology in high school students in a rural Montana community. Through a seven-week, twice weekly intervention of trauma-informed yoga, participants experienced statistically significant reductions in anxiety (GAD-7) and increases in Strengths and Difficulties (SDQ-11) overall scores and some subscales; noteworthy improvements were also present in depressive symptomatology (PHQ-A), salivary cortisol levels, and sleep duration. Importantly, participant

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qualitative feedback indicated significant benefits in focus, relaxation, and overall well-being. Further research is needed to imply generalizability and should include a larger, more diverse sample as well as utilization of control groups and an examination of academic and behavioral impacts at the school level.

Emezue, C. N., Dougherty, D. S., Enriquez, M., Bullock, L., & Bloom, T. L. (2022). Perceptions of risk for dating violence among rural adolescent males: An interpretive analysis. *American Journal of Men's Health*, *16*(5). DOI:10.1177/15579883221126884

About one in eight U.S. high school students in Grades 9 to 12 report experiencing teen dating violence (TDV) in the form of physical, sexual, or psychological dating violence in the past year in person, on school grounds, and online. Compared with their urban counterparts, rural teens face nearly double the rate of physical dating abuse and an elevated risk of experiencing multiple forms of violence. Rural young males are exposed to regional masculinities and gender norms that may simultaneously promote female subordination (a prelude to dating violence) while impeding help-seeking intentions. We used an interpretive and dialectical approach grounded in Relational Dialectics Theory to explore how rural young males perceive and describe their own risk of experiencing and perpetrating dating violence and the factors contributing to their help-seeking intentions and behaviors. Data from three focus groups and individual interviews with 27 rural young males (ages 15–24) were collated. We identified two central dialectical themes described as (a) Social Tension Dialectics (subthemes include: Abusive vs. Unhealthy Relationships: A Dialectic of Language; #MeToo vs. #WeToo: A Dialectic of Victimhood; "It's All Country Boys": A Dialectic of Masculinity) and (b) Help-Seeking Dialectics demonstrating the dual roles Religion, School Guidance Counselors, Peer Mentors, and Social Cohesion play in promoting or preventing dating violence. Overall, we found dialectic tensions in rural youth risk perceptions about dating violence. These findings bear implications for advocates and practitioners working with rural youth in planning developmentally and culturally appropriate TDV prevention programs, offering policy and research-relevant insight.

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Kim, H., Gundersen, C., & Windsor, L. (2022). Community food insecurity predicts child maltreatment report rates across Illinois zip codes, 2011-2018. *Annals of Epidemiology*, *73*, 30–37. DOI:10.1016/j.annepidem.2022.06.002

We examined how longitudinal changes and inter-community differences of food insecurity rates were associated with child maltreatment report (CMR) rates at the zip code level. We assessed these associations overall, by urbanicity, and within subgroups of age and maltreatment type. We used Illinois statewide zip code-level data from 2011-2018. We measured CMR rates based on Illinois child protective services records and food insecurity rates from Feeding America's Map the Meal Gap. We used linear spatial-temporal autoregressive models with controls for various socioeconomic, demographic, care burden, and instability conditions of communities. Both longitudinal changes and inter-community differences of food insecurity rates were significantly associated with increased CMR rates overall and within all subgroups. These associations were significant among all large urban, small urban, and rural areas, while longitudinal changes of food insecurity rates had significantly stronger associations among small urban and rural areas than among large urban areas. Communities experiencing higher food insecurity had higher CMR rates. Increases in food insecurity over time were also associated with increases in CMR rates. These associations were reproduced within subgroups of child age, maltreatment type, and urbanicity. Attention and collaborative efforts are warranted for high food-insecure communities.

Taylor, S., & Xia, Y. (2022). Dating violence among rural adolescents: Perpetration and victimization by gender. *Journal of Interpersonal Violence*, *37*(9-10), NP7729-NP7750. DOI:10.1177/0886260520971613

Adolescent dating violence (ADV) is a serious concern with various negative impacts on adolescent development. Research on ADV has predominantly been conducted in urban areas and has generally focused on physical and sexual forms of violence. The purpose of this study was to assess prevalence rates of various forms of ADV by gender in the rural context. A

convenience sample of rural adolescents responded to an online survey. In total, 131 responses were used for this study. Participants reported perpetration and victimization experiences of physical abuse, sexual abuse, threatening behavior, relational aggression, verbal abuse, and cyber dating abuse. Descriptive statistics and chi-square analyses were used to determine gender differences in proportion and frequency of ADV. Results reveal that various forms of ADV are occurring in the rural context, with many of both males and females reporting perpetration and victimization. Overall, verbal and cyber ADV are the most common. Gender analysis reveals that males were significantly more likely to be victimized by physical abuse victimization, whereas females were significantly more likely to be victimized by sexual abuse. Though the proportion of adolescents reporting ADV were high in this study, most participants reported lower frequencies of ADV. Results support the urgent need in rural areas for education and prevention that target physical, sexual, and psychological components of healthy relationships. Rural dating violence prevention efforts must emphasize the importance of mutual respect across gender, rather than solely presenting this lesson to males in a traditional gendered manner. Results also suggest the need for rural areas to adopt comprehensive sex education that details sexual relationships that are consensual and healthy.

Maguire-Jack, K., Jespersen, B., Korbin, J. E., & Spilsbury, J. C. (2021). Rural child maltreatment: A scoping literature review. *Trauma, Violence, & Abuse*, *22*(5), 1316-1325. DOI:10.1177/1524838020915592

The current study sought to review the state of existing knowledge on rural maltreatment. We conducted a scoping literature review to answer two research questions: (1) Is maltreatment higher in rural areas compared to urban areas? and 2) Are there unique correlates of maltreatment in rural areas. This review included studies that compared child maltreatment in rural and urban areas in the United States (9) and predictors of maltreatment in rural areas (7). Studies that compared child maltreatment in rural and urban areas in the United States were included. For our second research question, related to understanding maltreatment in rural areas, we included those studies that exclusively examined rural areas, when

maltreatment was the outcome variable. Studies were reviewed from relevant databases (*Annual Reviews*, *PsychINFO*, *PubMed*, *Web of Science*) between 1975 and 2019. Findings were mixed on whether rates of maltreatment were higher or lower in rural areas. While five studies reported higher rates of maltreatment in rural areas, four reported higher rates in urban areas. Overall, child maltreatment rates tended to be higher in urban areas among people of color and higher in rural areas among White people. One study found that community economic factors were not related to maltreatment in a rural area, in stark contrast to robust findings from urban areas.

Maguire-Jack, K., & Kim, H. (2021). Rural differences in child maltreatment reports, reporters, and service responses. *Children and Youth Services Review*, *120*, 105792. DOI:10.1016/j.childyouth.2020.105792

Child maltreatment reports across the United States have increased over the past decade. Much of the research on child maltreatment has been dominated by information from urban areas because urban children outnumber rural children. The current study sought to understand how large urban, small urban, and rural children compare on key information in child welfare reports over the period 2003–2017 available from the National Child Abuse and Neglect Data System. Specifically, we compared rates of reported children across large urban, small urban, and rural child populations as well as the sources of those reports across time. We also examined percentages of report outcomes (i.e., substantiations, in-home services, foster care entries, and re-reports) among reported children across these three urban-rural groups. For significance testing, we estimated confidence intervals of rates and percentages. We found that the rural child population had higher rates of reports (approximately 60/1000 children in rural areas and 40/1000 children in large urban areas over the period 2013–2017) and re-reports (13% higher in rural areas in 2013–2017) compared to the urban child population, but the percentages of substantiation decisions and in-home services among reported children were very similar across the urban-rural groups. Children reported by non-professional sources were more likely to have a foster care entry among the urban child

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population compared to the rural child population. More research is needed to delve into the drivers of these differences.

Schroeder, S., Roberts, H., Heitkamp, T., Clarke, B., Gotham, H. J., & Franta, E. (2021). Rural mental health care during a global health pandemic: Addressing and supporting the rapid transition to tele-mental health. *Journal of Rural Mental Health, 45(*1), 1-13. DOI:10.1037/rmh0000169

The adoption of tele-mental health by mental health professionals has been slow, especially in rural areas. Prior to 2020, less than half of mental health agencies offered tele-mental health for patients. In response to the global health pandemic in March of 2020, mental health therapists across the U.S. were challenged to make the rapid shift to tele-mental health to provide patient care. Given the lack of adoption of tele-mental health previously, immediate training in tele-mental health was needed. This article describes collaborative efforts between two mental health technology transfer centers and one addiction technology transfer center in rural regions of the U.S. in response to the rapid adoption of remote technologies to provide mental health services. A learning series of real-time tele-mental health trainings and supplemental materials were offered beginning in March 2020 to support this transition. A weekly learning series covered a variety of topics relevant to telehealth including technology basics, billing, state legislation, and working with children and adolescents. Given the demand of these initial training sessions, additional trainings were requested by agencies outside the regional technology transfer centers. To date, there have been more than 13,000 views of the tele-mental health web page which includes recorded training sessions, handouts, and supplemental tele-mental health materials. The article also provides a summary of the questions and concerns highlighted by the more than 4,500 providers who joined the learning series, noting key rural and urban clinical and structural barriers to providing virtual care.

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Smith, B. D., Li, Q., Wang, K., & Smith, A. M. (2021). A national study of child maltreatment reporting at the county level: Interactions among race/ethnicity, rurality and poverty. *Children and Youth Services Review*, *122*, 105925. DOI:10.1016/j.childyouth.2021.105925

Child maltreatment report rates vary widely among states and counties. A portion of the variation likely reflects varying community-level risk and protective factors, but the variation also likely reflects community characteristics unrelated to risk, raising questions of equity and justice, in addition to safety. This study builds on previous research that focused only on the U.S. South to investigate nationally how county racial/ethnic compositions, poverty rates, and rurality relate to child maltreatment report rates. Aggregated county-level data from the National Child Abuse and Neglect Data System (NCANDS) from nearly all U.S. counties (n = 2,966 in 2015) were linked to data from the U.S. census and other sources. Bivariate tests and multi-level regression models assessed county-level factors associated with the child maltreatment investigated report rate. Consistent with previous studies, despite higher child poverty rates, child maltreatment report rates were lower in rural counties with majority populations of color compared to other counties. In addition, although county-level child poverty rates were generally positively associated with child maltreatment report rates, child poverty was not positively associated with child maltreatment report rates in rural counties with majority populations of color, primarily due to low report rates in rural counties with majority Black populations. To our knowledge, this is the first national child maltreatment study to disentangle county rurality from racial/ethnic composition by specifically investigating rural counties with majority populations of color.

Terry, D. L., & Buntoro, S. P. (2021). Perceived usefulness of telehealth among rural medical providers: Barriers to use and associations with provider confidence. *Journal of Technology in Behavioral Science, 6*(4), 567-571. DOI:10.1007/s41347-021-00215-5

Telehealth has been identified as an efficient and safe way of increasing access to healthcare during the COVID-19 pandemic. Understanding providers' perceptions of telehealth usage in rural communities may help other communities understand barriers and concerns related to

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implementation, during and post-pandemic. This study aimed to (a) examine rates of telemedicine use among rural providers, (b) determine whether changes in telehealth use in this group were associated with provider confidence and perceived usefulness of technology, (c) compare these providers' perceptions of the "usefulness" of technology prior to and during the COVID-19 pandemic, and (d) examine barriers to implementation and use of telehealth within a rural sample. Six-hundred eighty-six medical providers working at a rural Pennsylvania teaching hospital and associated satellite clinics were surveyed anonymously. Surveys included the Perceived Usefulness of Technology Scale and questions to identify barriers that prohibited the use of telehealth. Of 136 respondents, 86% reported no prior experience using virtual technology for patient encounters. Use of telehealth care increased by 34% following the pandemic. Provider confidence in his/her/their abilities was positively associated with increased use of telehealth and perceived usefulness of technology. Provider-identified barriers to implementation included necessity of physical exams and lack of technological literacy. Both medical providers and patients continue to face various barriers to seamless integration of care. Devising ways to increase self-confidence and efficacy for use of telehealth among providers might be an additional way to increase telehealth use.

Thiede, E., & Miyamoto, S. (2021). Rural availability of sexual assault nurse examiners (SANEs). *The Journal of Rural Health, 37*(1), 81-91. DOI:10.1111/jrh.12544

Sexual assault care provided by sexual assault nurse examiners (SANEs) is associated with improved health and prosecutorial outcomes. Upon completion of SANE training, nurses can demonstrate their experience and expertise by obtaining SANE certification. Availability of nurses with SANE training or certification is often limited in rural areas, and no studies of rural certified SANEs exist. The purpose of this study is to describe rural SANE availability. Methods: We analyze both county-level and hospital-level data to comprehensively examine SANE availability. We first describe the geographic distribution of certified SANEs across rural and nonrural (ie, urban or suburban) Pennsylvania counties. We then analyze hospital-level data from semistructured interviews with rural hospital emergency department administrators

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using qualitative content analysis. Findings: We identified 49 certified SANEs across Pennsylvania, with 24.5% (n = 12) located in 8 (16.7%) of Pennsylvania's 48 rural counties. The remaining 37 certified SANEs (75.5%) were located in 13 (68.4%) of Pennsylvania's 19 nonrural counties. Interview data were collected from 63.9% of all eligible rural Pennsylvania hospitals (n = 63) and show that 72.5% (n = 29) have SANEs. Of these, 20.7% (n = 6) have any certified SANE availability. A minority of hospitals (42.5%; n = 17) have continuous SANE coverage. Conclusions: Very few SANEs in rural Pennsylvania have certification, suggesting barriers to certification may exist for rural SANEs. Though a majority of hospitals have SANEs, availability of SANEs was limited by inconsistent coverage. A lack of certified SANEs and inconsistent SANE coverage may place rural sexual assault victims at risk of receiving lower quality sexual assault care.

Abate, A., Marek, R. J., Venta, A., Taylor, L., & Velez, L. (2020). The effectiveness of a home-based delivery of Triple P in high-risk families in rural areas. *Journal of Child and Family Studies, 29*(4), 997–1007. DOI:10.1007/s10826-019-01684-2

Triple P is a positive parenting intervention designed to improve parenting practices and enhance childhood outcomes. Triple P has shown positive effects in various prior studies; however, to date, no studies have examined the potential benefits of home-based Triple P when conducted with rural families with parents at high risk for child abuse. The aim of this study was to use archival data to examine the effects of Triple P on dysfunctional discipline and parental anger as well as child emotional/behavioral difficulties. In addition, the study sought to investigate the potential moderating effect of race/ethnicity in these outcomes. Archival data were analyzed in this study. Data were originally collected using a pre- and post-treatment design. A racially and ethnically diverse sample of 171 caregivers was assessed using various self-report instruments before and immediately after receiving the manualized intervention. A repeated-measures design, with ethnicity examined as a moderating variable, was used to assess the differences in dysfunctional discipline, parental anger, and child emotional/behavioral difficulties prior to and immediately following Triple P services. Overall,

participants evidenced significant decreases in scores following treatment. Additionally, some effects were moderated by race/ethnicity. This study demonstrates the potential benefits of a home-based format of Triple P for decreasing dysfunctional parenting behaviors and problematic child behaviors in high-risk, rural families.

Hilty, D. M., Gentry, M. T., McKean, A. J., Cowan, K. E., Lim, R. F., & Lu, F. G. (2020). [Telehealth for rural diverse populations: Telebehavioral and cultural competencies, clinical outcomes and administrative approaches](). *Mhealth, 6*, 20. DOI:10.21037/mhealth.2019.10.04

Rural health care settings are challenged to provide timely and evidence-based care, particularly for culturally diverse patients with behavioral health disorders. Telepsychiatry and telebehavioral health improve access to care and leverage scarce resources. This scoping review from January 2000 – July 2019 was conducted to see if the literature had data for two related the research questions, "What are the components of culturally competent, telepsychiatric clinical care, and what approaches have clinicians and systems taken to implement and evaluate it?" The review focused on key words in four concept areas: (I) competencies; (II) telehealth in the form of telepsychiatry, telebehavioral or telemental health; (III) culture; and (IV) health. It was done in accordance with the 6 stage scoping review process in PubMed/Medline and other databases. The screeners reviewed the full-text articles for final inclusion based on inclusion (mesh of the key words) and exclusion (e.g., need for only, skills abstractly discussed) criteria. From a total of 1,118 papers, the authors found 44 eligible for full text review and found 7 papers directly relevant to the concepts. Few studies specifically discuss skills and competencies of both telehealth and cultural factors. Many organizations are attending to cultural competencies and approaches to care, but there are no specific competencies that integrate telepsychiatry or telebehavioral health with culture. Existing telepsychiatric (i.e., video, social media, mobile health) and one set telebehavioral health competencies included cultural component, including use of interpreters and language matters. Administrative adjustments are suggested to promote culturally competent care by

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telehealth via clinical, educational, quality improvement, program/system evaluation, and other (e.g., finance and reimbursement) interventions.

Jensen, E. J., Wieling, E., & Mendenhall, T. (2020). A phenomenological study of clinicians' perspectives on barriers to rural mental health care. *Journal of Rural Mental Health, 44*(1), 51–61. DOI:10.1037/rmh0000125

The goal of this investigation was to increase understanding of barriers to mental health care for individuals who live in rural areas. The study followed a phenomenological qualitative design. Semistructured interviews were conducted with 8 mental health professionals who practice with rural populations in 2 upper-midwestern states. Interviews were recorded, transcribed, and coded following a hermeneutic coding protocol. Measures were taken to enhance trustworthiness of findings throughout the analytic process. Analyses revealed a range of findings that yielded these 4 overarching themes: rural communities have a distinct culture, rural mental health professionals face unique challenges, rural communities experience barriers to mental health care, and innovative ideas are needed for overcoming barriers to mental health care. Several categories and subcategories of findings within each theme also emerged. Data related to the nature and function of barriers to mental health care in rural areas largely support findings from existing literature. Data related to ideas for overcoming barriers represent novel concepts that should be explored in more detail in future research. These ideas have significant implications for policy, clinical work, and health care practices in rural communities.

McClellan, M. J., Florell, D., Palmer, J., & Kidder, C. (2020). Clinician telehealth attitudes in a rural community mental health center setting. *Journal of Rural Mental Health, 44*(1), 62-73. DOI:10.1037/rmh0000127

Telehealth-based services in community mental health settings are on the rise and growth is expected to continue. Negative clinician attitudes toward telehealth have been identified as a

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key barrier to overall telehealth acceptance and implementation. The present study examined rural clinical mental health staff members' attitudes toward telehealth. One hundred clinicians participated in a mixed-methods, Internet-based survey. Eighty-nine percent of respondents reported a favorable or neutral opinion of telehealth and 100% of participants reported their agency provided one or more clinical services via telehealth. Clinicians identified telehealth-related concerns about their ability to establish therapeutic alliance, software and equipment usability, associated costs, whether telehealth-delivered services were equivalent to face-to-face treatment, and HIPAA. These concerns were in line with previous research and all represent areas where additional training or knowledge could potentially address clinician apprehension. We found a strong positive correlation, $r = .66$, $p < .01$ between telehealth knowledge and telehealth experience. Telehealth knowledge predicted telehealth opinion ($\beta = .430$, $R^2 = .19$, $p < .01$) and an agency's technological capability to provide services via telehealth predicted clinicians' willingness to consider providing services via telehealth ($\beta = .390$, $R^2 = .15$, $p < .05$). Researchers and trainers should focus on increasing knowledge about the effectiveness of telehealth and providing clinicians with safe opportunities to gain comfort and competency with the technology needed to provide these types of specialized services.

Hughes, M. C., Gorman, J. M., Ren, Y., Khalid, S., & Clayton, C. (2019). Increasing access to rural mental health care using hybrid care that includes telepsychiatry. *Journal of Rural Mental Health, 43*(1), 30-37. DOI:10.1037/rmh0000110

There is a lack of access to mental health care in rural areas of the United States. One potential strategy for increasing access and improving health outcomes for rural dwellers is offering hybrid psychiatric care, a combination of in-person and telepsychiatry services. Although prior research has shown telepsychiatry can help overcome access barriers, there is a lack of research on the use of hybrid care for patients in rural areas following an inpatient admission or an emergency department visit—a time when many patients are in high need of follow-up care. The aim of this project was to examine process and outcome measures associated with mental health to determine the effectiveness of delivering hybrid care to Medicaid-covered

patients in rural Missouri following an inpatient admission or an emergency department visit. Data from 242 patients were analyzed using a retrospective quasi-experimental design. The group with hybrid telepsychiatry plus in-person visits had improved timeliness of care and increased number of total outpatient encounters compared to the group with in-person visits only, indicating hybrid care may be more effective than in-person visits alone are. The current study suggests that offering telepsychiatry can help close the gap in access to mental health care between rural and urban populations, particularly during the time after an inpatient admission or an emergency department visit. Making this delivery mode available to rural populations may have a positive impact on mental health outcomes in the United States.

Pignatiello, A., Stasiulis, E., Solimine, C., Ayad, O., & Boydell, K. M. (2019). Lessons learned in a physician referral to pediatric telemental health services program. *Journal of the Canadian Academy of Child and Adolescent Psychiatry, 28*(3), 99-104.

This study explores the physician referral and engagement process of a pediatric telemental health program based in a large urban teaching children's hospital, and identifies the processes, strengths and challenges from the perspectives of Primary Care Physicians (PCPs) and telepsychiatrist consultants. A mixed methods approach was used. This included an online survey completed by 43 PCPs in Ontario rural communities who had referred patients to the telemental health program. Qualitative interviews were conducted with 11 child/adolescent telepsychiatrists who provide consultations via teleconferencing. The majority of PCPs (61%) reported somewhat to moderate satisfaction with referral experiences. Challenges identified by physicians were related to communication and administration issues including: lack of timely follow-up appointments and continuity of care; lengthy referral forms; and recommendations for mental health services not accessible in their communities. Similarly, psychiatrist consultants expressed frustration with the sparse information they received from referring physicians and most significantly, the absence of appropriate service providers/professionals during the consultation to provide collateral information and ensure uptake of recommendations. Telemental health programs provide a valuable service to PCPs

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and their youth clients that could be significantly enhanced with a different consultation model. Such models of service delivery require protocols to educate PCPs, improve communication and information sharing and establish clear expectations between PCPs and telepsychiatry consultants.

Smith, B. D., & Pressley, T. D. (2019). Do surprisingly low child maltreatment rates in rural southern counties reflect lower rates of substantiation?. *Children and Youth Services Review*, *107*, 104493. DOI:10.1016/j.childyouth.2019.104493

This study aims to help explain surprisingly low official child maltreatment rates in rural southern U.S. counties with many child maltreatment risk factors. It investigates whether comparatively lower child maltreatment rates in rural, majority African-American counties are due to lower rates of substantiation. County-level data from the National Child Abuse and Neglect Data System (NCANDS) were linked with demographic and poverty data from the U.S. Census. Fractional response probit regression models assessed whether substantiation rates were associated with county racial composition, rurality, and poverty rate. Substantiation rates in rural, majority African-American counties were similar to those of other counties in the region, even when accounting for the county poverty rate. The findings clarify that lower maltreatment rates in rural, majority African-American counties in the South are a consequence of lower maltreatment report rates, and not also a consequence of substantiation decisions. The discussion addresses some implications of low levels of formal child welfare intervention in high risk, low resource counties with histories of marginalization.

Margolis, K., Kelsay, K., Talmi, A., McMillan, H., Fraley, M. C., & Thomas, J. F. F. (2018). A multidisciplinary, team-based teleconsultation approach to enhance child mental health services in rural pediatrics. *Journal of Educational and Psychological Consultation, 28*(3), 342-367. DOI:10.1080/10474412.2018.1431549

Mental health services for rural youth are extremely limited, especially given the national shortage of child and adolescent psychiatrists (CAPs). Patient-centered primary care medical

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homes (PCMHs) are often their only available portal of care, yet high-quality PCMH integrated models of behavioral health that include a CAP are rare. This manuscript presents a unique multidisciplinary teleconsultation model wherein integrated behavioral systems consultation was employed to increase access to integrated behavioral health services. Common referrals included complex presentations outside of provider comfort range or medication and diagnostic clarification. Primary concerns were symptoms of ADHD, autism spectrum disorder, anxiety, and depression. Recommendations included referral to outpatient therapy, further coordination with the medical team, and follow-up with the CAP. Providers noted access to care, specialized quality of care, provider support, and enhancing principles of the PCMH as strengths of the teleconsultation. Challenges included scheduling/availability, challenges with the teleconsultation process, patient engagement, and provider-level barriers.

Felix, S. N., Agnich, L. E., & Schueths, A. (2017). An evaluation of a Court Appointed Special Advocates (CASA) program in the rural south. *Children and Youth Services Review, 83*, 48–56. DOI:10.1016/j.childyouth.2017.10.025

Children in the court system who are abused or neglected are mandated by the federal Child Abuse Prevention and Treatment Act (CAPTA) to have special legal representation in the form of a Guardian ad Litem (GAL). A GAL can be a staff attorney or a volunteer layperson (known as a Court Appointed Special Advocate, or CASA) who has undergone GAL training. In some states, the CASA volunteer can be a substitute for the GAL, while in other states, including Georgia, the CASA is appointed by the judge as a complement to the staff attorney. To date, there has been very little research evaluating the fidelity of CASA programs where they are implemented, nor has there been much research on the CASA program more generally. Therefore, this study evaluates the fidelity of a rural CASA program using the Justice Program Fidelity Scale (JPFS; Miller & Miller, 2015) and interview data from 12 CASA volunteers, along with local CASA program statistics and training materials. The CASA program evaluated for the present study scored an 85.64% on the JPFS using combined scores from two researchers. Implications for practitioners working in the field of child abuse and prevention in rural areas,

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including implications specifically for a judicial circuit with no dedicated specialty judge for cases involving abused or neglected children, are discussed.

Hovland, J. C. (2016). Rural telemental health and adolescents: Try a little Shakespeare. *Journal of Creativity in Mental Health, 11*(2), 187-197. DOI:10.1080/15401383.2016.1164644

Twenty-five percent of Americans live in rural areas, almost all of which are designated as mental health service shortage areas. This designation represents serious problems for adolescents needing help with predictable developmental problems. The project described serves communities without mental health professionals; uses telemental health technology, co-located in rural primary care clinics; and emphasizes communication and coordination among professionals and clients. An example of addressing identity formation in an adolescent experiencing significant family and relational stress is explored, including the resolution of an ongoing friendship problem by using a school assignment, an analysis of Shakespeare's Sonnet 48. Discussion includes safety, immediacy, and using bibliotherapy in telemental health with adolescents, as well as the appropriateness of telemental health for individual and parent-child sessions.

Lambert, D., Gale, J., Hartley, D., Croll, Z., & Hansen, A. (2016). Understanding the business case for telemental health in rural communities. *The Journal of Behavioral Health Services & Research, 43*(3), 366-379. DOI:10.1007/s11414-015-9490-7

Telemental health has been promoted to address long-standing access barriers to rural mental health care, including low supply and long travel distances. Examples of rural telemental health programs are common; there is a less clear picture of how widely implemented these programs are, their organization, staffing, and services. There is also a need to understand the business case for these programs and assess whether and how they might realize their promise. To address these gaps, a national study was conducted of rural telemental health programs including an online survey of 53 programs and follow-up

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interviews with 23 programs. This article describes the current landscape and characteristics of these programs and then examines their business case. Can rural telemental health programs be sustained within current delivery systems and reimbursement structures? This question is explored in four areas: need and demand, infrastructure and workforce, funding and reimbursement, and organizational fit and alignment.

Burke, M., McCauley, H. L., Rackow, A., Orsini, B., Simunovic, B., & Miller, E. (2015). Implementing a coordinated care model for sex trafficked minors in smaller cities. *Journal of Applied Research on Children: Informing Policy for Children at Risk, 6*(1), 7. DOI:10.58464/2155-5834.1240

Addressing the social and clinical service needs of minors who have been sexually exploited remains a challenge across the United States. While larger metropolitan centers have established shelters and service provision specific for trafficked persons, in smaller cities and more rural settings, survivors of trafficking (especially minors) are usually served by multiple, social service and health providers working across different systems. Sexually exploited minors present an even greater challenge due to intersections with child welfare and juvenile justice systems, histories of abuse by family that limit placement options, and limited services that address the complex medical, mental health, and psychosocial needs of these youth. Major health organizations have recommended a coordinated care model that integrates the therapeutic and social service needs of trafficked persons including housing and education; implementation of such service provision requires intensive, multi-sectoral collaboration.

Getto, C. R., & Pollack, D. (2015). Meeting the challenge of child maltreatment in rural areas. *Child Law Practice, 34(*3), 37-39.

Data shows child maltreatment reports are higher in rural than urban areas. This suggests rural practitioners may be more likely to encounter children who are victims of maltreatment. This is true regardless of whether the maltreatment caused the child's contact with the legal system

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or was revealed after the child's contact with the courts for another reason. What does this mean if you practice in a rural area? This article highlights child maltreatment trends in rural areas and offers tips for addressing common challenges when representing these children.

Duncan, A. B., Velasquez, S. E., & Nelson, E. L. (2014). Using videoconferencing to provide psychological services to rural children and adolescents: A review and case example. *Journal of Clinical Child & Adolescent Psychology, 43*(1), 115-127. DOI:10.1080/15374416.2013.836452

Children and adolescents living in rural areas have difficulty accessing psychological services due to a lack of psychologists and other behavioral health professionals, especially those with expertise in treating youth. Telepsychology helps bridge this access gap. This article extends evidence supporting videoconferencing for psychological assessment and treatment in adults to support telepsychological treatment for youth. In addition, the basic components needed to begin and sustain a telepsychological practice are explored. Finally, a case example of an adolescent presenting with depression and disordered eating illustrates the practice of, and ethical standards needed for, telepsychology. Future technologies and applications around telepsychology are also discussed.

Jones, A. M., Shealy, K. M., Reid-Quiñones, K., Moreland, A. D., Davidson, T. M., López, C. M., Barr, S. C., & de Arellano, M. A. (2014). Guidelines for establishing a telemental health program to provide evidence-based therapy for trauma-exposed children and families. *Psychological Services, 11(*4), 398-409. DOI:10.1037/a0034963

While similar rates of traumatic experiences exist in both rural and urban settings, mental health resources available to those living in rural areas are often scarce. Limited resources pose a problem for children and families living in rural areas, and several barriers to service access and utilization exist including reduced anonymity, few "after-hours" services, decreased availability of evidence-based treatments, few specialty clinics, and expenses associated with travel, taking time off work, and provision of childcare. As a solution, the authors

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discuss the utility, use, and set-up of a telemental health program through an existing community outreach program. Suggestions for establishing a telemental health clinic are presented along guidelines for the delivery of trauma-focused, cognitive-behavioral therapy (TF-CBT) via telemental health videoconferencing technology. Specific guidelines discussed include establishing and utilizing community partnerships, Memoranda of Understanding (MOU), equipment setup and technological resources, videoconferencing software, physical setup, clinic administration, service reimbursement and start-up costs, therapy delivery modifications, and delivering culturally competent services to rural and remote areas.

Miyamoto, S., Dharmar, M., Boyle, C., Yang, N. H., MacLeod, K., Rogers, K., Nesbitt, T., & Marcin, J. P. (2014). Impact of telemedicine on the quality of forensic sexual abuse examinations in rural communities. *Child Abuse & Neglect, 38*(9), 1533-1539. DOI:10.1016/j.chiabu.2014.04.015

To assess the quality and diagnostic accuracy of pediatric sexual abuse forensic examinations conducted at rural hospitals with access to telemedicine compared with examinations conducted at similar hospitals without telemedicine support, medical records of children less than 18 years of age referred for sexual abuse forensic examinations were reviewed at 5 rural hospitals with access to telemedicine consultations and 3 comparison hospitals with existing sexual abuse programs without telemedicine. Forensic examination quality and accuracy were independently evaluated by expert review, photo/video documentation, and medical records using 2 structured implicit review instruments. Among the 183 patients included in the study, 101 (55.2%) children were evaluated at telemedicine hospitals and 82 (44.8%) were evaluated at comparison hospitals. Evaluation of state mandatory sexual abuse examination reporting forms demonstrated that hospitals with telemedicine had significantly higher quality scores in several domains including the general exam, the genital exam, documentation of examination findings, and the overall assessment. Evaluation of the medical records and photos/videos documenting the accuracy of the examinations show that hospitals with telemedicine also had significantly higher scores in several domains including photo/video quality and

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completeness of the examination. Hospitals using telemedicine for pediatric sexual abuse forensic examination consultations provided significantly higher quality evaluations, more complete examinations, and more accurate diagnoses than similar hospitals conducting examinations without telemedicine support.

Benavides-Vaello, S., Strode, A., & Sheeran, B. (2013). Using technology in the delivery of mental health and substance abuse treatment in rural communities: A review. *Journal of Behavioral Health Services & Research, 40*(1), 111–120. DOI:10.1007/s11414-012-9299-6

Rural communities face tremendous challenges in accessing mental health and substance abuse treatment services. Some of the most promising advancements in the delivery of rural health care services have been in telecommunication technology. These applications have the potential to reduce the disparities in the delivery of substance abuse and mental health services between urban and rural communities. The purpose of this inquiry was to explore the advances and uses of telecommunications technology, and related issues, in the delivery of mental health and substance abuse treatment services within rural areas. A review of the academic literature and other relevant works was conducted and the content was organized into four major themes: (a) advantages of telehealth and applications to rural practice, (b) barriers to implementation in rural practice, (c) utilization in rural areas, and (d) areas for further research.

McGrath, S. A., Johnson, M., & Miller, M. H. (2012). The social ecological challenges of rural victim advocacy: An exploratory study. *Journal of Community Psychology*, *40*(5), 588-606. DOI:10.1002/jcop.21484

This article re-centers an ecological model traditionally used to understand the experiences of interpersonal violence victims around the perceptions and experiences of victim advocates. We suggest that the development of such a model might shed light on rural-urban differences in the accessibility and availability of support services in rural domains. To develop this model,

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we used results from a sample of rural advocates located within the Mississippi Delta Region. The study indicates that rural victim advocates recognize the presence of significant macrosystem and exosystem factors in their communities and experience them as creating greater challenges to their work. Factors affiliated with economic disadvantage and cultural ideologies of individualism and victim blaming negatively affected the experiences of the respondents. In terms of the ecological model, results also indicate correlations across levels of analysis, implying a rural macrosystem milieu that may predict or affect the presence of exosystem support networks.

Bubar, R., & Bundy-Fazioli, K. (2011). Unpacking race, culture, and class in rural Alaska: Native and non-native multidisciplinary professionals' perceptions of child sexual abuse. *Journal of Ethnic & Cultural Diversity in Social Work, 20*(1), 1-19. DOI:10.1080/15313204.2011.545941

The purpose of this study was to unpack notions of class, culture, and race as they relate to multidisciplinary team (MDT) professionals and their perceptions of prevalence in child sexual abuse cases in Native and non-Native rural Alaska communities. Power and privilege within professional settings is significant for all social work professionals and influences the ways in which systemic issues of power and privilege mediate decision making. Fifteen MDT participants from 2 separate rural communities were interviewed. Emergent themes include perceptions on incidences and reporting of child sexual abuse, cultural dissonance, and systemic challenges. Policy and practice implications are discussed.

Silovsky, J. F., Bard, D., Chaffin, M., Hecht, D., Burris, L., Owora, A., Beasley, L., Doughty, D., & Lutzker, J. (2011). Prevention of child maltreatment in high-risk rural families: A randomized clinical trial with child welfare outcomes. *Children and Youth Services Review, 33*(8), 1435-1444. DOI:10.1016/j.childyouth.2011.04.023

Few studies have specifically examined prevention of child maltreatment among higher-risk populations in rural communities. The overarching goal of this study was to conduct a

randomized clinical trial of SafeCare augmented for rural high-risk population (SC+) compared to standard home-based mental health services (SAU) to examine reductions in future child maltreatment reports, as well as risk factors and factors proximal to child maltreatment. Parents of young children (5 years or less) who had risk of depression, intimate partner violence, or substance abuse were randomized to SC+ or SAU. Participants randomized to SC+ were more likely to enroll and remain in services. SC+ (for participants who successfully completed services) may have had limited impact on child welfare reports during service provision. Further, SC+ had fewer child welfare reports related to DV than SAU. Parent self-reports of parenting behaviors, risk factors, and protective factors did not demonstrate significant sustained program impact. Limitations include power constraints related to sample size. Promising next steps entail future trials with larger sample sizes examining service compliance and further augmentation of SafeCare to bolster service impact and address risk and protective factors.

Haight, W., Black, J., & Sheridan, K. (2010). A mental health intervention for rural, foster children from methamphetamine-involved families: Experimental assessment with qualitative elaboration. *Children and Youth Services Review, 32*(10), 1446-1457. DOI:10.1016/j.childyouth.2010.06.024

The misuse of methamphetamine, a powerful central nervous system stimulant and neurotoxin (Wermuth, 2000; Rawson, Gonzales, & Brethen, 2002; SAMHSA, 1999), is a sizeable and ongoing criminal justice and public health problem across the U.S. (Cretzmeyer, Sarrazin, Huber, Block, & Hall 2003; Hohman, Oliver, & Wright, 2004; National Drug Intelligence Center, 2009); especially in rural areas (Adrian, 2003; F.B.I., 2006; Hutchison & Blakely, 2003; Illinois Criminal Justice Information Authority, 2004; Muskie School of Public Service, 2007). Methamphetamine misuse affects not just individuals, but entire families. Rural law enforcement officers and health, mental health, and child welfare professionals encounter children living in homes where their parents produce and/or misuse methamphetamine (Shillington, Hohman, & Jones, 2002; Haight, Jasonsen, Black, Kingery, Sheridan & Mulder, 2005). These children are at risk for the

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development of substance abuse and other mental health disorders (e.g., Haight, Ostler, Black & Kingery, 2009). If untreated or undertreated, these problems could jeopardize children's future well-being and mental health, and perpetuate substance misuse into future generations. Although there are a variety of effective mental health interventions for children, there are challenges to implementing them with rural children from drug-involved families including limited access to services and cultural appropriateness. This paper describes the cultural-adaptation, implementation and impact of an evidence-informed mental health intervention for individual rural children aged 7-17 from methamphetamine-involved families who are in foster care. It also considers the feasibility of the intervention, and its merits for future study.

Nelson, E. L., & Bui, T. (2010). Rural telepsychology services for children and adolescents. *Journal of Clinical Psychology, 66*(5), 490-501. DOI:10.1002/jclp.20682

Because of the overwhelming maldistribution of mental health specialists in metropolitan areas and the many underserved families living in rural settings, rural areas are natural homes for the use of telemedicine or videoconferencing technology for clinical services. The authors describe telepsychology services for rural clients, placing best psychology practices within the context of broader telemental health services. The goal is to approximate evidence-based child psychotherapy from face-to-face practice using the videoconferencing technology. Telepsychology is illustrated with a case report of a rural Hispanic teen and her family presenting through the teen's primary care clinic. © 2010 Wiley Periodicals, Inc.

MacLeod, K. J., Marcin, J. P., Boyle, C., Miyamoto, S., Dimand, R. J., & Rogers, K. K. (2009). Using telemedicine to improve the care delivered to sexually abused children in rural, underserved hospitals. *Pediatrics, 123*(1), 223-228. DOI:10.1542/peds.2007-1921

We used live telemedicine consultations to assist remote providers in the examination of sexually assaulted children presenting to rural, underserved hospitals. We hypothesized that

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telemedicine would increase the ability of the rural provider to perform a complete and accurate sexual assault examination. Child abuse experts from a university children's hospital provided 24/7 live telemedicine consultations to clinicians at 2 rural, underserved hospitals. Consultations consisted of videoconferencing to assist in the examination and interpretation of findings during live examinations. Consecutive female patients <18 years of age presenting to the 2 participating hospitals were included. We developed and used an instrument to assess the quality of care and the interventions provided via telemedicine as it related to patient history, physical examination, colposcopic and manual manipulation techniques, interpretation of findings, and treatment plans for victims of child sexual abuse. Data from 42 live telemedicine consultations were analyzed. The mean duration of the consultations was 71 minutes. The consultations resulted in changes in interview methods (47%), the use of the multimethod examination technique (86%), and the use of adjunct techniques (40%). There were 9 acute sexual assault telemedicine consults that resulted in changes to the collection of forensic evidence (89%). Rankings of practitioners' skills and the telemedicine consult effectiveness were high. The use of telemedicine to assist in the examination of sexually assaulted children presenting to underserved, rural communities results in significant changes in the methods of examination and evidence collection.

Feil, E. G., Baggett, K. M., Davis, B., Sheeber, L., Landry, S., Carta, J. J., & Buzhardt, J. (2008). Expanding the reach of preventive interventions: Development of an internet-based training for parents of infants. *Child Maltreatment, 13*(4), 334-346. DOI:10.1177/1077559508322446

There are major obstacles to the effective delivery of mental health services to poor families, particularly for those families in rural areas. The rise of Internet use, however, has created potentially new avenues for service delivery, which, when paired with the many recent advances in computer networking and multimedia technology, is fueling a demand for Internet delivery of mental health services. The authors report on the adaptation of a parenting program for delivery via the Internet, enhanced with participant-created videos of parent-

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infant interactions and weekly staff contact, which enable distal treatment providers to give feedback and make decisions informed by direct behavioral assessment. This Internet-based, parent-education intervention has the potential to promote healthy and protective parent-infant interactions in families who might not otherwise receive needed mental health services.

Miller, T. W., Clark, J., Veltkamp, L. J., Burton, D. C., & Swope, M. (2008). Teleconferencing model for forensic consultation, court testimony, and continuing education. *Behavioral Sciences & the Law, 26*(3), 301-313. DOI:10.1002/bsl.809

A medical center-based forensic clinic that provides the necessary comprehensive consultation, continuing education, court testimony, and clinical services through an applied model of teleconferencing applications is addressed. Telemedicine technology and services have gained the attention of both legal and clinical practitioners, examining trends and models of health care for underserved populations, and identifying where consultation with a team of professionals may benefit service providers in rural communities. The contribution offered herein provides an understanding of the history of the development of the clinic, a theoretical model that has been applied to a clinical forensic program that employs telepsychiatry services, and the ethical and malpractice liability issues confronted in using teleconferencing services. This model is examined through a child and adolescent forensic evaluation clinic. The goals of this model are offered, as are a number of applications within the broad spectrum of services utilizing telemedicine. Finally, changing patterns are addressed in clinically based health-care delivery for criminal justice, social services, and forensic mental health.

Paul, L. A., Gray, M. J., Elhai, J. D., Massad, P. M., & Stamm, B. H. (2006). Promotion of evidence-based practices for child traumatic stress in rural populations: Identification of barriers and promising solutions. *Trauma, Violence, & Abuse, 7*(4), 260-273. DOI:10.1177/1524838006292521

Child physical abuse, child sexual abuse, and other forms of traumatic stress in childhood are unfortunately quite prevalent. Although most children exhibit striking resiliency in the face of

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such harrowing experiences, the ubiquity of childhood trauma translates into a significant number of children in need of clinical services to address resultant unremitting distress. Encouragingly, a number of effective interventions for child traumatic stress have been developed in the past several years, and these services are increasingly available in urban areas. Unfortunately, residents of rural and frontier regions may remain underserved despite the existence of effective treatments. This article briefly reviews the prevalence and sequelae of childhood trauma and depicts the numerous barriers to effective treatment faced by rural populations. The authors then briefly review promising evidence-based interventions for child traumatic stress and conclude by enumerating mechanisms for increasing rural populations' access to these services.

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