A Trauma-Informed Approach to Child Victimization: Global and Rural Considerations

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Abstract

Child victimization, including child maltreatment, is a global public health concern with serious and potentially life-long consequences (Djeddah et al., 2000; World Health Organization, 2020). Global estimates suggest that upwards of one billion youth under 18 years of age are victims of child maltreatment each year (Hills et al., 2016). The consequences that stem from exposure to child maltreatment range from noncommunicable diseases to violence perpetration (Nelson et al., 2020). These findings, in conjunction with the lasting impact trauma has on the brain and body (Siegel, 2001; Thomason & Marusak, 2017) and the potential influence trauma has on the health of societies (Magruder et al., 2017), highlight the need to create trauma-informed systems. While implementation of a trauma-informed approach may look different across contexts, the Substance Abuse and Mental Health Services Administration (SAMHSA) has developed four key assumptions to guide trauma-informed work, often referred to as the "Four Rs" (i.e., Realize, Recognize, Respond, and Resist Re-Traumatization). The Four Rs operate under six fundamental principles: (1) safety, (2) trustworthiness and transparency, (3) peer support, (4) collaboration and mutuality, (5) empowerment, voice, and choice, and (6) cultural, historical, and gender issues. This paper aims to provide practical applications of SAMHSA's trauma-informed approach across all societal levels (i.e., individual, system, and community levels), focusing on cultural and rurality considerations.

Keywords: rurality, trauma-informed approach, child maltreatment, child victimization, social ecology

Introduction

Child victimization, including multiple forms of abuse and neglect, is a public health concern (Draczynska, 2024), with global estimates suggesting that over half of all children aged 2-17 experience abuse or neglect annually (Hills et al., 2016). The Sustainable Development Goals for 2030 and the Convention on the Rights of the Child represent an acknowledgment across cultures that actions must be taken to protect children from victimization (World Health Organization, 2020). For example, target 16.2 of the 2030 Agenda for Sustainable Development (United Nations, n.d.) is to "end abuse, exploitation, trafficking and all forms of violence against, and torture of, children." While this is a lofty goal, research demonstrates that prevention of (CDC, 2024a) and healing from (e.g., Purvis et al., 2013) child victimization is achievable by creating safe, stable, nurturing relationships and environments for children (CDC, 2024b).

Exposure to childhood victimization occurs on two broad levels, often referred to as the "two ACEs"; adverse childhood experiences (ACEs) and adverse community environments (Ellis & Dietz, 2017). Child maltreatment is an ACE that often occurs in the context of multiple ACEs (e.g., exposure to domestic violence) and can be experienced at a higher rate by children living in adverse community environments (e.g., refugee camps; Jones et al., 2020). Research demonstrates that victimizations such as physical abuse or human trafficking, particularly when they occur during childhood, affect the structure and function of the brain (Anda et al., 2010), which can result in detrimental long-term effects on physical and mental health across the lifespan (Mercy et al., 2017). When the brain and body are re-wired due to a(n) ACE, it is referred to as trauma. SAMHSA defines trauma as the "results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being" (SAMHSA, 2012, p. 2).

Trauma intersects in various ways with context and culture. Specifically, context and culture not only influence the rate and type of victimization (Turanovic & Pratt, 2019) but also the system response (e.g., legal options for reporting abuse) and recovery process (e.g., access to or willingness to access mental health professionals; Dworkin & Weaver, 2021). For example, American children living in low-income households are five times more likely to experience child abuse and neglect than their counterparts in homes with higher incomes (Fortson, 2016), and these low-income households are more common in rural areas than urban ones (Economic Research Service, 2021). Additionally, the isolation and remoteness of rural communities, as well as the social stigma of victimization, the limited number of social service and community programs available, and the lack of options for foster care or emergency housing often found in rural communities may contribute to underreporting of child victimization (Rural Health Information Hub, 2024). Given that much of the world's population lives in a rural context (e.g., 43% in 2022; World Bank, 2024) and that rural areas may have less access to social services and community programs and more stigma around child victimization than other areas (Rural Health

Information Hub, 2024), it is imperative to consider how trauma-informed systems of care can be cultivated within this context.

Guiding Frameworks

There are two frameworks this paper draws from to help address the application of a trauma-informed approach (TIA) to child victimization in a rural context: (1) SAMHSA's trauma-informed approach framework (SAMHSA, 2014) and (2) the social ecological model (Bronfenbrenner, 1977; McLeroy et al., 1988). SAMHSA's TIA framework is distinct from trauma-specific services or trauma systems in that a TIA involves addressing trauma not only with trauma survivors, but also with their families. The TIA framework acknowledges that professionals and community-based programs working with children who have experienced victimization must recognize four key assumptions, often referred to as the 4 Rs: Realize, Recognize, Respond, and Resist Re-traumatization (SAMHSA, 2014). Under a TIA, persons at all levels of the system must have a basic understanding of how trauma experiences, particularly those that occur in childhood, can impact behavior and health, and that healing from trauma is possible (i.e., Realize). Individuals in the community and those within organizations or systems created to support families (e.g., youth leaders, child protection workers, nurses) need to be trained to identify the signs and symptoms of trauma in children (i.e., Recognize). Individuals and systems responding to victimization (e.g., law enforcement) must be able to integrate knowledge about trauma into policies, procedures, and practices (i.e., Respond). Lastly, the TIA framework highlights the consideration that system and organizational responses may help to resolve trauma-related issues, but if not implemented through a trauma-informed lens, these responses can exacerbate the trauma (i.e., Resist Re-traumatization; SAMHSA, 2014).

In addition to the 4Rs, SAMHSA indicates that there are six key principles that should be adhered to when applying a TIA: (1) safety (e.g., physical and emotional safety); (2) trustworthiness and transparency (e.g., clear expectations and consistency); (3) peer support (e.g., ongoing training in trauma and recognition of vicarious trauma); (4) collaboration and mutuality (e.g., acknowledgement that everyone has a role in a TIA), (5) empowerment, voice, and choice (e.g., skill building), and (6) cultural, historical, and gender issues (e.g., use of traditional cultural connections to promote healing). These six principles could look different within each of the 4Rs, but the example below will help demonstrate how the model could work. When someone has been victimized, even after the immediate victimization is over, their brain may keep them hypervigilant, resulting in feelings of being unsafe and feeling as if events are out of their control or they have no say. Therefore, it is important for those working with traumatized youth to be open and honest in a developmentally appropriate way about what is going to happen (e.g., court process) and to try to establish consistency in their environment (e.g., schedule) and within their caregiving systems (e.g., who cares for them after school), as these practices can help create feelings of safety. Engaging with others who have had similar experiences is important for not only the victim (e.g., refugees) but also for those serving this population (e.g., front-line workers) as it allows victims and providers an opportunity to not feel

alone in the experience. Building skills (e.g., coping) and empowering victimized children by giving them voice and choice helps enhance resilience and create space for children to share their experiences, while also providing an opportunity to prevent re-traumatization. Lastly, to be effective in establishing TIA, there must be an understanding of cultural, historical, and gender issues in that community. Awareness and understanding of cultural practices are key to effective change, highlighting the need to have processes and persons that are culturally sensitive not only to cultural practices and stigmas, but are also aware of specific historical or gender-related issues within the community.

The social ecological model, as conceptualized by Bronfenbrenner (1977) and later by McLeroy and colleagues (1988), provides a framework for illustrating how contextual factors and systems influence the health and healing of children who have been victimized. This model serves as a roadmap for promoting changes in health-related behaviors by considering the various levels of influence within a child's environment. The model considers the individual child and how they are connected to people, organizations, communities, policies, and societies. For example, at the intrapersonal level, interpretations of (and reactions to) experiencing trauma are influenced by the knowledge, past experiences, and skills of that child. At the interpersonal level, how social networks (e.g., the family) respond to and support children who have been victimized can shape the child's health and healing, and interactions between these social networks and social institutions (e.g., school) can enhance or hinder that healing. On a broader level, the social norms (e.g., child brides) and the physical environment (e.g., poverty) can influence, for example, the risk of a child being victimized. At the broadest level, national, state, and local policies and laws can deter (e.g., legal ramifications for perpetrators) child victimization. Addressing childhood victimization thus requires a multi-pronged, interdisciplinary approach that applies a TIA across the different social-ecological contexts through (1) public awareness of the impact of trauma on the developing brain and body, (2) prevention and early identification of child victimization, and (3) effective trauma-informed practices (SAMHSA, 2014). This paper will provide examples and lessons learned when applying a TIA framework across the various ecological systems in a mostly rural, highly impoverished state in the Southern United States (U.S.): Mississippi.

Trauma-Informed Approaches in Mississippi

Mississippi native and winner of the Nobel Prize in Literature, William Faulkner, is to have once said, "to understand the world, you must first understand a place like Mississippi." Mississippi is located in the Southern U.S., an area known for its socially conservative culture. The state encompasses almost 47,000 square miles. Most of its counties (i.e., 79%) are classified as rural, with 54% of Mississippi's population calling a rural area home (Halfacre et al., 2022). Additionally, all 82 counties are designated, wholly or in part, as medically underserved areas (Health Resources and Services Administration, n.d.), highlighting systematic challenges to serving residents and their families. Mississippi, like many rural areas, struggles with access to consistent and reliable internet, a disparity evident in rural areas where 28.2% of the population

does not have broadband access (Meadowcroft et al., 2021). In 2022, almost 20% of Mississippi's population (compared to 11.5% nationally) lived below the poverty line. Regarding child victimization, Mississippi has faced significant challenges, with approximately 12.3 per 1,000 children with substantiated or indicated (i.e., evidence indicated that abuse or neglect had occurred) maltreatment in 2021 (United Health Foundation America's Health Rankings, n.d.), and an overloaded and under-resourced child protection system. For example, in March of 2004 the Olivia Y. lawsuit was filed against the state's leadership due to the state's foster care system failing to adequately protect children in their custody (Mississippi Department of Child Protection Services, n.d.). The number of risk factors and the high rurality of the state require novel and collaborative approaches to implementing TIA.

Since the Olivia Y. lawsuit, multiple organizations in collaboration with state entities have focused on creating trauma-informed systems in Mississippi, dramatically increasing their efforts in the last 10 years. While Mississippi still has a long way to go in preventing child victimization and implementing a TIA in a systemic way, Mississippi is making strides. As referenced above, 12.3 children out of every 1,000 experienced substantiated victimization in 2021, but this rate was 16% lower than the rate of 14.6 per 1,000 children for 2017 (United Health Foundation America's Health Rankings, n.d.). Additionally, Mississippi was recognized as the first state to implement a nationally recognized curriculum, Child Advocacy Studies Training (CAST; Vieth et al., 2019), in a systematic way across the state using the university and community college systems. This paper aims to present this and other strategies that Mississippi has successfully implemented through a TIA in hopes that other rural communities around the globe can benefit.

Below we discuss the implementation of TIA components in Mississippi. We present examples, where relevant, of how Mississippi has approached implementing the 4Rs across the different ecological levels. Implementing a TIA starts by establishing a basic knowledge of the impact of trauma, regardless of what system level one is working. While the 4Rs build on each other, it is important to highlight that work done within each of the Rs is happening simultaneously across the different ecological levels. For example, work that focuses on laying the foundational knowledge of the link between trauma and brain, body, and behavior may need to be a message shared with audiences at the different ecological levels (e.g., teachers, policymakers), and doing so simultaneously allows for coordinated efforts that can enhance outcomes. Individuals need to be trauma-informed, but the most effective change arises when collaboration, coordination, and cooperation happen within and across organizations.

In the U.S., land-grant universities are charged with disseminating research to the general population in formats that are accessible and applicable to daily life, with the goal of helping individuals, families, and communities thrive through communication and nonformal education (see Seevers & Graham, 2012 for an overview). Extension systems are available in multiple countries, including Kenya, Rwanda, and India, where more than 50% of the population lives in rural areas according to the World Bank Group (2018). Established systems such as Extension

can be leveraged to disseminate research-based messaging that spans across the 4Rs to all ecological levels. The Extension model in the U.S. often employs persons from the local area to build trust with the local population and to ensure programming is delivered in a culturally sensitive way. In Mississippi, there are dedicated Extension agents who focus on family and consumer science topics such as parenting education. Extension agents are disbursed throughout the state and are charged with delivering content on positive parenting practices, developmental milestones, emotion regulation skills, and other relevant TIA messages. While not all agents are trained in TIA, one approach to address training gap is through open resource platforms such as the National Child Traumatic Stress Network (https://www.nctsn.org/). Methods to better access TIA training that have already been developed and are readily accessible via the internet allow larger groups of individuals to become familiar with TIA principles. Using systems such as Extension to share messaging about TIA is important but ensuring the persons delivering that messaging are trauma-informed themselves is essential.

An example of a TIA-specific Extension program in Mississippi is the Trauma Informed Parenting and Professional Strategies (TIPPS). TIPPS was created in 2019 as a collaboration between the Mississippi Department of Human Services and Mississippi State Extension. This program, funded with Temporary Assistance for Needy Families (TANF) monies, incorporates both prevention and intervention work which aims to build trauma-informed systems in Mississippi. The prevention arm of TIPPS includes messages that assist parents (i.e., individual and relationship levels) in learning about the connection between parenting practices and child behavior (i.e., Realize) as well as ways to identify signs and symptoms of trauma (i.e., Recognize). This program, called Protect and Connect, is a novel approach to parent education that employs a subscription box model to provide free parenting resources delivered directly to participants' homes (Elmore-Staton & Hardman, 2022). In the past 30 months, 1,250 Mississippi parents participated in Protect and Connect, with data suggesting that the model has been effective in increasing knowledge and changing behavior. For example, we found that 90.2% of participants reported increased knowledge of nurturing parenting practices and an even higher percentage of participants (92.8%) indicated they gained nurturing parenting skills after participating in the program (Elmore-Staton & Hardman, 2022). This novel approach to parent education removes some of the barriers often noted in working with rural populations (e.g., transportation, access; Baker et al., 2011). However, there are many components to understanding the connection between trauma, the wiring of the brain, and behavior, and these messages tend to be technical and often presented at higher educational levels. Below we provide examples of how we have addressed messaging so that it meets the population of Mississippi where they are. Specifically, we will discuss how the toolkit materials have been developed to ensure they (1) are appropriate for the audience, (2) include culturally sensitive messages, and (3) provide applications that can be easily integrated into daily life.

In Mississippi, one challenge to getting complex, biobehavioral information into the general population is literacy rates. A substantial portion (28%) of the population in Mississippi

is considered low literacy (World Population Review, 2024). Low literacy rates refer to the percentage of the population 15 years or older who lack basic reading and writing skills (World Population Review, 2024). To address this barrier, instructions and informational materials have been developed on a third-grade reading level. This reading level was selected because, in the U.S., this is the last grade in which children are learning to read, with the following grades expecting students to read to learn. Providing short, direct messaging at this foundational reading level expands access to the information to a greater portion of the population.

In addition to literacy rates, beliefs and cultural values must also be considered when TIA messaging is created. For example, child sexual abuse is a grave concern across the globe (Office of the Special Representative of the Secretary-General for Children and Armed Conflict, 2013) but can be a point of great cultural sensitivity that can hinder TIA messaging both in Mississippi and other cultures around the world, such as in sub-Saharan Africa (Wangamati, 2020). For example, in Mississippi, most people report being Christian (83%) and politically conservative (62%; Pew Research Center, n.d.), which has affected the state's approach to sex education (Mississippi State Legislature House Bill 999, 2011; Sex Ed for Social Change, n.d.). Comprehensive sex education is noted as a primary prevention strategy for sexual violence perpetration (Schneider & Hirsch, 2020), so it is critical to find ways to assist parents in addressing these often-taboo conversations. While parents may be hesitant to discuss sex in this culture, retrospective data indicate that as many as 1 out of 4 girls and 1 out of 20 boys in the U.S. will experience some form of sexual victimization before the age of 18 (Finkelhor et al., 2014; Gewirtz-Meydan & Finkelhor, 2020). This finding demonstrates the need for parents to recognize how to protect their children from sexual abuse and assist them in providing age-appropriate information about sex to their children (World Health Organization, 2023). To be culturally sensitive to this topic while also trying to encourage parents to recognize their role in protecting their child from sexual victimization, the materials sent via Protect and Connect reframes sex education messaging as messaging focusing on how to protect your child from sexual abuse. This reframing has been successful in that qualitative data indicated less than 1% (n = 3) of the parents have expressed disapproval of the content. Finding ways to slightly alter the presentation of the material to fit the cultural norms is essential for persons to be accepting of the messaging (Iwelunmor & Airhihenbuwa, 2017), especially at the Realization Level where the foundation of TIA is laid.

One approach that we have integrated to assist with reducing the complexity of the messaging in Mississippi is the nudge approach found in the behavioral economics literature (Thaler & Sunstein, 2008). Nudges, sometimes referred to as choice architecture, are defined by the United Nations Innovation Network (2021) as:

> a behaviorally informed intervention, usually made by changing the presentation of choices to an individual, that alters people's behavior in a predictable way. Nudges include warnings, reminders, information disclosure, simplification, and automatic

> enrollment. Nudges preserve freedom of choice; they do not forbid any options or significantly change economic incentives. (p.2).

An example of the use of the nudge approach in the Protect and Connect toolkit series comes from the parenting discipline and guidance strategies content. Literature indicates that parents use strategies to manage their children's behaviors based on what they experienced themselves as a child (Narayan et al., 2021). Therefore, parents who experienced higher levels of harsh parenting as a child may be more likely to continue a cycle of violence (Jaffee et al., 2013; Lo et al., 2019; Morgan et al., 2022), particularly if they are not educated on more positive parenting strategies. In Mississippi, as in many cultures across the globe, the use of corporal punishment to change children's behavior has historically been commonplace (World Health Organization, 2020). To provide alternatives to using such harsh parenting strategies, we developed materials that expanded parents' options for correcting children's misbehavior. Specifically, we developed a publication that used "DISCIPLINE" as an acronym to help parents incorporate alternatives to corporal punishment, often increasing the choices parents have when responding to child misbehavior. For example, the "D" in discipline stands for using distraction to redirect a child's behavior. In the publication, parents are provided with two examples of how to appropriately use distraction as a parenting strategy with younger children as well as older children. The acronym was also printed on a magnet to provide parents with an easy reminder (i.e., a nudge) of the positive parenting strategies. This simple application approach has received positive feedback from participants. For example, one participant stated:

> We are thankful for several things we have received! My husband was abused by his biological father, so a good bit of the information sent to us has helped him learn how to parent/discipline in the correct way and also helped him process some of his trauma. I'm so thankful for the chance to have gotten these boxes.

Another participant reported that, "We were desperately needing this right now. Just learning the different techniques with my kids because we definitely have some behavior issues. It was good to learn to do the different techniques and how to handle them." Multiple participants have commented on the magnet and its utility. For example, when asked about the positive discipline toolkit, one participant reported:

> We loved it! My favorite part was the fridge magnet. I still had a magnet I was sent home with from the hospital two years ago telling me things to watch for post-partum. We never took it down and I've looked at it every day for two years. I finally took it down and replaced it with the behavior magnet.

As Protect and Connect qualitative feedback highlights, nudges are behavioral tools that affect decisions and are noted to be a cost-effective way of promoting desirable behaviors in Western and non-Western countries (Murayama et al., 2023). This behavioral economics approach has been utilized to effectively increase retirement savings (Carroll et al., 2009), influence vaccination rates (Milkman et al., 2011), increase tax compliance, and boost charitable

donations among citizens (Jones et al., 2013). One study examined behavioral economics in the context of suicide prevention and mental health initiatives, with results suggesting that behavioral economic strategies may not only increase treatment seeking behaviors but also expand the dissemination of prevention skills as well as enhance the accuracy of mental health prevalence rates (Bauer et al., 2019). A recent meta-analysis of over 200 studies of nudge interventions across a variety of behavioral domains demonstrated that nudge interventions effectively promote behavioral change with small to medium effect size of Cohen's $d = 0.43$ (95% CI [0.38, 0.48], $t(333) = 16.51$, $p < 0.001$) (Mertens et al., 2022). Existing evidence seems to support the effectiveness of nudges to promote behavior change.

While successful uses of nudges are found across different disciplines, critics warn of potential pitfalls. For example, one concern about applying this approach to TIA centers on the idea that nudges may not be internalized by the participant (e.g., unconscious choice) and that old habits can reappear when the choice architecture is no longer present (Mols et al., 2015; e.g., DISCIPLINE magnet not in sight). Therefore, careful consideration of how behavioral economics (i.e., nudges) can be utilized in the implementation of TIA is warranted.

Creating persuasive public messages (or, in the case of the DISCIPLINE magnet, acronyms) that are succinct, scalable, and easily digestible for audiences who have limited time and attention spans is key to successful public health messaging (Morrison et al., 2005; Pink et al., 2023), including those around trauma-informed practices. A meta-analysis of American mass-media public health campaigns that included short messages found a five percent increase in the number of people engaging in the intended behavior (Snyder et al., 2004). To reduce sudden infant death syndrome (SIDS), Protect and Connect developed prevention messaging on onesies included in the newborn toolkit. On the front of the onesie it has an arrow pointing up and says, "This side up," and on the back it says, "Roll me over-Safe Sleep." The onesie provides the simplistic messaging (i.e., succinct, easily digestible) needed for prevention of SIDS, but supplemental information provided in the toolkit also explains the *why* behind the message. This example from Protect and Connect aligns with best practices in adult education (Knowles et al., 2015) in that it provides the adult learners with the reasons behind the message (e.g., Extension publication), while also nudging parents to apply the learning (e.g., putting the child on their back to sleep).

While the Protect and Connect materials were created with parents in mind, many of the publications included in the toolkits are available on the TIPPS website and have been applied in other contexts. For example, some participants enrolled in Protect and Connect are also teachers who have incorporated the toolkit strategies into their classroom (i.e., Realize), which is an example of this work on the Relationship level. Additionally, TIPPS staff have used the materials as training resources for early childhood educators, social workers, policymakers, and other child-focused stakeholders, further highlighting how Realizing and Recognizing can be applied across all five of the ecological systems.

The intervention arm of the TIPPS Extension program works directly with two distinct audiences: parents of all types (e.g., biological, foster, adoptive) and professionals (e.g., police officers, child protection service workers, school employees) who may interact with children who have experienced victimization. Children and youth who experience victimization during their formative years may struggle to meet the behavioral demands at home and in the classroom, putting them at greater risk for subsequent victimization, often referred to as poly-victimization (Finkelhor et al., 2009). Assisting caregivers and professionals working closely with children in recognizing the signs and symptoms of trauma and how to respond to them in a developmental way that promotes healing is essential (i.e., Recognize, Respond). One promising intervention that TIPPS employs is Trust-Based Relational Intervention (TBRI®) (Purvis et al., 2013). TBRI® was developed to meet the complex needs of vulnerable children through attachment-based, trauma-informed interactions (Purvis et al., 2013). TBRI® is listed on the California Evidence-Based Clearinghouse for Child Welfare registry. Since 2009, the Karyn Purvis Institute on Child Development (KPICD) has hosted TBRI® Practitioner trainings, with TBRI® now available in 64 countries. Translated TBRI materials are available for Spanish, Russian, Romanian, Portuguese, Polish, Lithuanian, Latvian, and Estonian cultures. The intervention provides information on all 4Rs, with a focus on implementation within the relationship ecological level. However, the principles of the intervention (i.e., connection, empowerment, correction) are being adopted to meet the needs of professionals in addition to parents.

TIPPS has implemented six hours of TBRI® Caregiver training content with more than 100 families in two counties of Mississippi in the past two years, with an additional 75 families scheduled to be served. Of note, TBRI® is being implemented throughout the state of Mississippi as a collaboration among multiple agencies and organizations (e.g., Child Protection Services, Court Appointed Special Advocates) and KPICD. For this paper, however, we only discuss TBRI® trainings offered by the TIPPS program as part of this statewide initiative.

TIPPS' TBRI® evaluation data from biological, foster, and adoptive parents indicate that participants are gaining knowledge and skills in how to respond to challenging behaviors that stem from trauma. For example, children who have been victimized may exhibit behaviors that others may interpret as challenging (e.g., stealing food) if the need behind the behavior (e.g., previous neglect) is not understood. Retrospective evaluation results suggest caregivers are learning new knowledge and skills following the trainings. Specifically, participants were asked to respond to statements about how the training increased their knowledge and skills (e.g., I increased my knowledge of how my relationship history with my caregivers influences how I parent, I learned new skills related to seeing the need behind the behavior) using a Likert-type scale (ranging from 1 = strongly disagree to 5 = strongly agree). Results indicated that all knowledge and skill statements had a mean greater than 4 (i.e., agree). Additionally, 100% of participants reported that they would recommend the training to others. Qualitative data were also collected, with one participant indicating that the most important thing they learned was "how to handle stress and distress while helping my kids get through rough times," while another

reported that after attending the training they planned to implement in their home "to think before reacting and always be open to listen to my children, right or wrong." The success of that implementation of TBRI® in Mississippi is rooted in collaboration among critical partners such as youth court judges, child protective services workers, and local community organizations such as churches and the YMCA. Through these collaborations, we can: (1) recruit biological parents who are working towards re-unification with their child(ren), (2) work with foster and adoptive families that are caring for children who have been victimized and put into the child welfare system, and (3) deliver programming in locations where community members felt comfortable and were easily accessible (e.g., YMCA).

In addition to educating parents on ways to create safe, stable, and nurturing relationships and environments for their children, TIPPS also provides TIA programming with children and youth. For example, while parents are attending parent education sessions, the TIPPS childcare providers are engaging the children of those families in activities (e.g., making lavender-infused playdough and discussing its calming properties) that teach emotion regulation skills (i.e., Realize). The childcare providers for the parenting workshops are trauma-informed (e.g., TIPPS team members or university students who are enrolled in trauma-informed coursework) and implement TIA within the context of this care setting (i.e., Respond, Resist Re-traumatization). This is a particularly important component when the children in care have experienced significant family disruptions (e.g., foster, adoption). Additionally, TIPPS has worked with children outside the context of parent education. For example, the TIPPS team has coordinated with 4H camps and other community partners to teach youth self-care and emotion regulation strategies (e.g., mindfulness), as well as provide interactive tabling opportunities (e.g., making calm down jars) at community events, all of which feed into the 4Rs.

TIPPS also incorporates professional development for community partners on trauma. For example, we have provided modified versions of TBRI® to help professionals respond to child victimization in ways that limit re-traumatization, and have hosted other trainings that address recognizing, resisting, and responding to trauma. For example, TIPPS has provided youth courts with suggestions on how to create a trauma-informed courtroom (e.g., establishing a child-friendly waiting room), worked with multidisciplinary teams to promote communication and shared meaning across disciplines to reduce re-traumatization of children in the system, and offered trainings (e.g., Harvard Brain Architecture Game) at professional conferences (e.g., Mississippi Early Childhood Conference) and for specific cultural groups that are at greater risk for experiencing victimization (e.g., Mississippi Band of Choctaw Indians). These professional development workshops can incorporate all 4Rs while simultaneously providing TIA education on the individual, relational, and community ecological levels.

Another way that Mississippi has made great strides in educating pre-service professionals and non-degree-seeking professionals is through integrating Child Advocacy Studies (CAST) (Veith et al., 2019). CAST is an evidence-based academic program that crosses disciplines (e.g., law, medical, seminary, human development and family sciences, sociology,

psychology) and trains students to recognize, react to, respond effectively, and resist re-traumatization of children who have been maltreated (see Zero Abuse Project (n.d.) for more details). Mississippi is leading the nation in implementing CAST and is home to more CAST programs than any other state in the U.S. (Veith et al., 2019). This initiative started in 2014 with a partnership between the Children's Advocacy Centers of Mississippi ™ (CACM) and the Mississippi Attorney General's Office. Informational meetings were held at each public institution, encouraging each to develop a CAST certificate or minor. Since 2014, 18 state-funded institutions have offered CAST courses (for review, visit https://www.childadvocacyms.org/cast). Evaluation data indicated that students who participated in CAST courses, particularly those who completed a certificate or minor in CAST, demonstrated greater knowledge and skills in identifying, reporting, and responding to child victimization than did their counterparts (Cross & Chiu, 2021).

Part of that learning stems from the experiential learning opportunities that students have in the CAST program. It is a community-engaged program, meaning that professionals from the field (e.g., forensic interviewers) come to the classes or instructors take the classes to the professional workplace (e.g., child advocacy centers) to get insight into how the TIA can be applied in various sectors of the workforce. Additionally, students participate in problem-based learning simulations where they take on the role of characters in a simulated child maltreatment case without scripts or instructions by professors. These simulations, created by the Foundations for OutReach through Experiential Child Advocacy Studies Training (Project FORECAST; https://projectforecast.org), challenge students to apply their TIA knowledge to real-world situations (e.g., by reviewing child protection documents) and take on the role of the professional in an environment where it is safe for them to make a mistake. These simulations are robust (i.e., taking 4-6 hours to act out) and cover topics such as abuse disclosure, investigating abuse in a medical setting, conducting a home investigation, and exploring the forensic interview process and the role of multidisciplinary teams. Throughout the simulations, students are encouraged to make decisions as a group as to what the next steps would be in a child abuse investigation. As the simulation unfolds, students are given a specific approach to determining what they have learned (i.e., the facts of the case), what hunches (i.e., biases, feelings) and hypotheses (i.e., educated guesses based on facts) they have about the case, what they believe should be the next steps in the investigation (e.g., interview the parents), and what learning issues they may need to research (e.g., mandated reporting processes for the local school district). Recently, we were able to develop one of the problem-based learning simulations into a virtual reality experience, expanding the possibility of training options and audiences. Since 2018, Mississippi State University has offered an endorsement/certificate (i.e., 12 credit hours) in trauma-informed child advocacy; 138 students have received this certificate.

The CAST and FORECAST programs reiterate the importance of collaboration with other organizations and agencies to support victimized children. Through this work, we have had the opportunity to gain insight into the role of other professions interacting with victimized

children and their families in an array of settings (e.g., police, correctional officers, lawyers, doctors, counselors, social workers, religious leaders) that we would not have when working in silos. We have found ways to work together towards our common goal of supporting children and families. Collaborations between and among these different entities involved in child victimization cases allow for shared meaning, stronger communication, and more coordinated responses to victimization.

At the broadest societal level of the ecological framework, TIPPS has focused on changing social norms and impacting policy. Specifically, TIPPS has Facebook and Instagram pages and a website (https://tipps.extension.msstate.edu/) that provide nudges to parents and professionals through simple messaging around the 4Rs. For example, one social media post stated, "Remember…those who cruise, rarely bruise" and provided a list of signs of physical abuse on small children and reminded the audience that multiple signs or symptoms together could indicate child abuse (Recognize). Using short, catchy phrases such as "those who cruise, rarely bruise" can be a little nudge that assists in changing the ways that people think about and respond to potential child victimization. Knowing not everyone will have access to the internet, TIPPS staff has also contributed to multiple radio programs and podcasts with the goal of highlighting ways the community can get involved in moving the needle on child victimization. To impact policy, TIPPS faculty have presented data to lawmakers, provided policy briefs, and held tabling events at the state capitol that not only highlight the rates of victimization in Mississippi, but also encourage lawmakers to be proactive rather than reactive by funding child victimization prevention programming. Engaging with those who make the decisions about funding allocation and policies around system services is essential to successful TIA.

Another important consideration when implementing TIA in rural areas is not only identifying the challenges that come with rurality, but also recognizing and utilizing the strengths of these areas. For instance, Protect and Connect data reveal that a substantial number of participants (34.2%) were recruited through word of mouth, indicating that strong community networks often noted in rural areas can assist in program recruitment. Another way these community ties have assisted TIPPS programming is in obtaining locations for in-person trainings. For example, the Guardian Ad Litem in one of the TIPPS programming areas suggested a local church that regularly hosts alcohol and drug support groups, a common risk for parents being in the child welfare system (Widom & Hiller-Sturmhöfel, 2001), as a programming location due to the already established safety many parents in the system felt with the church. These are two examples of how the social networks of rural areas should be utilized to strengthen recruitment and enhance participation when implementing a TIA.

Close ties in the community can also help create strong partnerships between government agencies, non-profits, and community organizations. For instance, a coalition (i.e., the Poverty Coalition) was formed in one community to bring together different groups working to support individuals and families experiencing poverty. During the monthly meetings, attendees share resources and highlight upcoming events that they believe will benefit the clientele. These

regular meetings allow organizations to identify overlap (e.g., what supports are offered through multiple agencies) and recognize the gaps in programming (e.g., what supports are missing or under-represented in the community). Additionally, TBRI® practitioners in Mississippi formed a collaborative that meets once per month online to discuss challenges and successes to implementation, requests for support with implementation, and to highlight upcoming trainings. These meetings allow practitioners to learn from one another and provide a coordinated effort to meet the state's needs through TBRI®. Building this sense of community is key as people working on the front lines can experience secondary trauma and compassion fatigue.

Another potentially fertile (but often underutilized) partnership for implementing TIA strategies is partnerships with schools. The vast majority of rural areas throughout the world have at least one school that serves the children in that area and these school buildings often serve as the hub for community activities and educational forums that are not necessarily part of the traditional school curriculum. For example, the North Dakota Department of Public Instruction offers school training to increase awareness of trauma and TIA among school administrators and staff. These trainings are designed to help administrators and teachers create a "safe" environment for children who have been victimized by trauma. In fact, Manian and colleagues (2021) review a number of school-based programs (e.g., Trauma Informed Positive Education, Cognitive Behavioral Intervention for Trauma In Schools, Handle with Care) that are designed to implement whole-school approaches to reducing trauma and its negative consequences among students.

In addition to TIA offered in rural school settings, other avenues for TIA in rural communities also exist. A promising idea in this area is using a community-based trauma informed care system, where partnerships are created using existing agencies. In this model, partnerships are formed where existing service providers, county behavioral health agencies, and behavioral health practitioners are trained in implementing TIA to create a system-wide approach (at the county level) to trauma-informed care. One such example was developed in Pennsylvania. Four counties received funding from SAMSHA to develop a trauma-informed system of care that created a TIA learning collaborative. This collaborative was designed to increase the number of staff trained in TIA, increase staff confidence in the delivery of TIA, and increase the number of individuals in those rural counties who were screened for trauma. Through their efforts, they created 22 Trauma Informed Centers using existing agencies and providers, and trained the practitioners in evidence-based and best practices in TIA and improved trauma screening, among other things. An evaluation of this work found that there were significant increases in (1) trauma screening rates, (2) the number of staff trained in TIA, and (3) the proportion of staff that reported high levels of confidence in delivering TIA in the rural counties under study (Minnich et al., 2023).

TIA must not only be applied with the victims of maltreatment, but also with the persons working to support those children and families. Secondary traumatic stress is a set of reactions that frontline workers might exhibit that mirror symptoms of post-traumatic stress disorder

(PTSD) (Osofsky et al., 2008). Addressing secondary traumatic stress of frontline workers must occur on both the individual and organizational levels through both prevention and treatment. To prevent secondary stress at the individual level, persons working with children in difficult situations can apply the strategies they are teaching victimized individuals to their own life, such as practicing relaxation techniques (e.g., deep breathing exercises), engaging creative expressions (e.g., cooking, photography), and practicing time management (e.g., setting goals and timelines to meet those goals). When staff are exhibiting observable reactions to the work (e.g., elevated startle response, hyper-vigilance), it is important for co-workers to identify this (i.e., Recognize) and find ways to support that team member (i.e., Respond). That support may include assisting with tasks to help reduce the stress on the job, recommending staff to take a self-care or mental health day on occasion, or encouraging the individual to seek professional treatment such as therapy.

At the organizational level, diversifying workloads and offering mental health resources can help prevent compassion fatigue. Within the TIPPS organization, facilitators of TBRI alternate schedules so that requests to work outside the typical workday (e.g., Saturday trainings) are not falling to just a few of the staff. Additionally, facilitators also assist with the Protect and Connect prevention work, diversifying their tasks and providing opportunities to engage in less mentally and emotionally draining work. Because TIPPS is housed within a university setting, counseling resources and Employee Assistance Programs are also available to staff. Creating work cultures where TIA is practiced with both clients *and* within the organization is critical to the success of the work.

Conclusion

Creating TIA systems that protect children from being victimized can be challenging in any setting, but rural areas are unique when compared to urban areas. For example, rural areas often have lower expenditures per person for a variety of agencies that could help victims, including police, hospitals, mental health, and welfare (Ménard & Ruback, 2003; Ruback & Ménard, 2001). Thus, while the need for resources may be greater in rural areas, rural areas tend to have less political power, smaller tax bases, and fewer support services. Rural residents must oftentimes travel greater distances to access resources than their non-rural counterparts (Olson et al., 2001). One strategy to mitigate the travel barrier and the associated costs is to meet people where they are physically located (e.g., at-home delivery of Protect and Connect toolkits), reducing the participant resources required to engage in programming. If mailing resources or the travel and time associated with conducting home visits is too costly, having partners (e.g., medical professionals) distribute information to their clients (e.g., newborn toolkits at doctor check-ups) can be a cost-effective alternative. Another cost-saving strategy would be to utilize existing systems, such as Extension, to address specific aspects of trauma prevention (e.g., culturally relevant, healthy coping skills) or community organizations (e.g., churches) that would allow for the use of their spaces to recruit and facilitate programming. A third strategy for addressing funding challenges is encouraging collaboration between agencies and organizations.

Interagency collaborations offer opportunities to cut costs to individual agencies and organizations while enhancing the reach of TIA within and across agencies. For example, organizations can combine monetary resources to cover the cost of TIA staff training across agencies, resulting in a reduced financial burden and consistent approaches and messages across agencies working with trauma-exposed children and families. Collaborations can also reduce the redundancy of community resources, saving money and offering opportunities to bridge the gaps in community resources. Overall, while funding can be a challenge to implementing a TIA in rural areas, the sense of community often noted in these areas is a strength that when harnessed can reduce costs and strengthen outcomes.

Other challenges noted about implementing TIA in rural areas include staff burnout and political resistance. To address staff burnout, it is important to teach self-care and trauma-informed principles before entering the workforce, when at all possible, particularly in the educational, medical, law, and child protection sectors where interactions with trauma-exposed children and families are consistent. Regarding political resistance, studies have shown that, across a variety of domains (e.g., child welfare, education, criminal justice, health and social services), the legacies of institutional policies are a frequent barrier or deterrent to change (Bargeman et al., 2022). To overcome these challenges, it is important to create a sense of accountability/ownership in relation to community well-being and to increase trust in institutions and the collective (Marris, 2023). This may also mean that while administrators and policymakers are the deciding factors regarding TIA policies and procedures, they may not be the most effective champion for TIA. That is, finding a champion(s) within an organization, agency, or community is critical to successfully implementing a TIA, and that may be even more pivotal in rural areas than others. Champions are those individuals within the community or organization who have a passion for the work, not just the connections or the right job title. The champions are those who can model the effectiveness of TIA (e.g., reduced behavior problems in the classroom) and lead others to becoming interested in implementing TIA.

Even within rurality, each community may face different challenges, resulting in variations of needs in the planning and implementation of TIA. Assessing the unique needs and strengths in the area is essential before TIA can be applied. Rural areas may require greater collaboration and “out of the box” problem-solving than urban areas. Building TIA communities takes “a village” working together to educate, collaborate, and coordinate the implementation of the 4Rs. Building trust with the community and across organizations takes time; therefore, there must be a strong commitment to developing relationships and alliances. Determining the partners in these relationships often takes some “out of the box” thinking to avoid overlooking potential key players. For example, if child trafficking is the focus, teaching children and parents skills to help prevent child trafficking should also coincide with TIA training for hotel staff or other professionals in the travel industry (i.e., flight attendants, gas station attendants) that may be likely to come in contact with traffickers and their victims (i.e., Recognize, Respond). Building

relationships with community members and others working in the field is important for the success of TIA, and must be a significant consideration, especially in rural areas.

Examples of successful approaches used in Mississippi include finding common goals across organizations and sharing resources and data to strengthen each entity. Additionally, a dedication to preservice and/or continuous professional development in TIA with staff or community individuals is imperative. Embedding trauma-informed content into higher education curricula will offset costs and strengthen the trauma-informed responses of systems already in place. Additionally, creating reliable and valid centralized hubs for trauma-informed care training (e.g., Extension programming; National Child Traumatic Stress Network), can allow frontline workers such as law enforcement, teachers, and doctors opportunities to receive quality training in a format that is flexible with their schedules.

In summary, SAMHSA's 4Rs of a trauma-informed care can be used as a guide for implementing TIA across ecological contexts. Implementing a TIA, especially in rural areas, can be challenging due to the uniqueness of each community. But with intention and collaboration, trauma-responsive systems and trauma-sensitive communities can be established and the number of child victims as well as the impact of trauma on children's development can be mitigated.

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