There are many ways in which children and youth can become at-risk. This article presents a taxonomy of conditions that may contribute to students being "at risk" in rural areas.

# At Risk in Rural America: Strategies for Educators

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In many rural areas the concept of at-risk is not well defined or well developed. Among the reasons for this are: (1) lack of money, (2) few common victims, everyone is low-incidence, (3) some insularity, (4) less opportunity to acquire literature on the subject, and (5) multiple roles for the children (Barker and Gump, 1964), as well as, time absorbing roles for the adults.

In this article we will define the term at-risk, discuss how these conditions can affect education in rural schools, provide strategies (when these are available) to help these children and keep them in school, and propose a minimum general response that a rural school should make to its at-risk student population.

## Defining At-Risk

Children and youth are at-risk when they are in danger of physical, psychological, emotional or educational damage, or when they are unlikely to develop appropriately because of preexisting conditions or the actions of others or themselves. This in the broadest sense, is the meaning of at-risk. Children can be placed at-risk at various times, by various persons and by various agencies. Therefore we will define at-risk as a generic term which relates to: (1) preexisting conditions which hinder children's growth; (2) actions of others or themselves that adversely affect children and youth, or (3) conditions which develop as children and youth grow and mature which impede their development (physical, intellectual, emotional, social, and educational) and alter their legal status.

**Pre-existing Conditions.** Pre-existing conditions which affect children and put them at-risk include genetic problems (Down's syndrome); prenatal conditions caused by al-

cohol and/or drug addiction of the mother; prebirth and birth trauma (lack of oxygen during birth); post birth conditions in the first few weeks of life (PKU); conditions that relate to the environment into which the child is born (isolation from medical care); and some educational conditions. Some of these conditions are listed in Table 1. Most of these conditions are equally distributed across rural and urban populations.

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Table 1    Pre-existing Conditions

**Environmental**
1. Parental addiction to drugs and/or alcohol
2. Economically disadvantaged
3. Birth order
4. Parental separation
5. Lack of prenatal care

**Congenital Impairments**
1. Down's syndrome
2. Blindness
3. Anencephaly
4. Convulsions

**Prebirth/Birth Trauma**
1. Anoxia
2. Brain damage

**Educational**
1. Acalculia
2. Alexia
3. Agnosia
4. Agraphia

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**Adverse Actions of Others.** Events in this category include most of the adverse interventions in the natural development of the child which cause developmental, educational, psychological or physical harm. These events can be categorized into two areas—practices of omission and commission. Family members, parents, teachers, health and social service providers, judicial personnel, peers and others adults can be perpetuators of these practices. A partial listing is included in Table 2. Some examples of these events that are more likely to happen in rural areas include: (1) Physical abuse in the name of discipline. In many small communities it is still considered appropriate to beat a rebellious or undisciplined child or youth to obtain compliance to parental or teacher directions. (2) Discrimination

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Table 2    Adverse Actions to Children by Others

**Commission**
1. Abuse—physical, emotional and sexual
2. Psychological maltreatment—rejection, isolation, terrorizing, etc.
3. Educational—refusal to allow attendance, lack of programs
4. Abuses attributed to religious beliefs
5. Discrimination—sex, religion, age, race
6. Victim of crimes

**Omission**
1. Abuse—neglect of physical, emotional, and educational needs
2. Lack of exposure to educational activities
3. Lack of appropriate education
4. Non-acceptance of education by parents or culture
5. Nutritional deficiencies

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against minorities or females (in some cultures) is more likely to be institutionalized in rural areas where there have been few confrontations which would raise community consciousness. (3) Educational neglect may be fostered by keeping children and youth out of school for long periods of time to help with work on farms or in seasonal industries. (4) Schools because of their small size and the diversity of the student body may fail to provide adequate educational opportunities for either gifted or educationally handicapped students. This is particularly true where the trained teacher who deals with the exceptionality is itinerant. These are a few of the problems of omission and commission in rural areas.

**Conditions that Develop Among Children and Youth.** Conditions that develop among children and youth which attract at-risk labels typically include diseases, some educational problems (e.g., dyslexia), changes in environment including physical, emotional and social (divorce of parents), physical changes (handicapping conditions, paraplegia), and psychological problems seemingly not related to self or others. A listing of some of these conditions is provided in Table 3. Some of these conditions which are more likely to happen in rural areas include: (1) seasonal employment for parents, which involves migratory work, causes sufficient disruption of the home to warrant an at-risk label; (2) judicial custody, for a rural child this usually means being far away from friends and family. Although the acts committed are similar and express the same problems as would be found with urban youth, the rural youth is removed from the rural milieu and placed, usually, in a more urban facility in which is essentially another culture. (3) Although diseases contracted by urban and rural youth are similar, access to treatment differs. There are fewer medical services available and they are farther away for most rural children and youth. (4) Young children in rural–remote areas are typically less educationally ready than their urban counter parts due to lack of exposure to school related activities and the availability of preschool. These are some of the developing conditions that can place a child at-risk.

## Table 3    Development Conditions

### Environmental Changes
1. Parental unemployment
2. Divorce/marital discord
3. Custody by the legal system
4. Trauma

### Diseases
1. Veneral/AIDS
2. Allergies
3. Asthma
4. Diabetes
5. CNS disorders

### Psychological Problems
1. Phobias
2. Psychosis
3. Depression
4. Attention deficit disorders

### Educational Conditions
1. Developmentally slow
2. Not educationally ready

### Socially Withdrawn/Unpopular

**Self Problems of Children and Youth.** This category includes both problems of commission and omission. It considers problems of participation in substance abuse and

problems of avoidance related to the treatment of the problem. These problems can affect all areas of development (physical, educational, intellectual, emotional, social). A number of typical problems are listed in Table 4. This set of problems seems to distribute across both rural and urban populations equally.

## Table 4    Self-Problems

### Sexuality
1. Sexual identity
2. Promiscuity

### Substance Abuse
1. Drugs
2. Alcohol
3. Inhalants

### Eating Disorders
1. Bulimia
2. Anorexia Nervosa
3. Obesity
4. Nutritional deficiencies

### Psychological Problems
1. Stress and anxiety
2. Fear of success
3. School phobia
4. Aggressive behavior

### Self-destructive Behavior
1. Self-mutilation
2. Suicide

## Educational Implications of Being At-Risk

Most of the categories of at-risk include educational risks for the child. For example students may become emotionally disturbed through abuse. They may be developmentally delayed due to lack of exposure to educationally related materials. They may not develop intellectual ability due to nutritional problems, drugs, birth trauma and so forth. They may drop out of school because of crime, drugs, pregnancy, frustration, or boredom. They may drop out because they feel unwanted, or because the chances for suc-

## Table 5    Services Often Unavailable in Rural Communities

### Medical
1. Adequate and accessible
2. Specialized for various handicaps
3. School nurses

### Counseling
1. Psychological
2. Pregnancy—educational and medical
3. Parent groups
4. Support groups
5. In school

### Educational
1. Special education—OT/PT, gifted
2. Programs in substance abuse, disease prevention, values clarification
3. Child find programs—early intervention

### Social
1. Welfare case workers
2. Hotline—suicide, child abuse, substance abuse
3. Foster care

cess appear bleak. All of these conditions and more contribute to students at-risk.

Most of the forms of at-risk described are no more prevalent in rural areas than they are in urban areas. However, services for at-risk children and youth are often less available. This can adversely impact education. Some of the areas where community support/intervention services may be lacking are listed in Table 5. In each community educators should determine the availability of these services and assess the educational impact that their unavailability will have on the school population.

## Strategies to Keep Youth in School

From an educational viewpoint, the examination of children at-risk deals with providing services to them which are appropriate so that they develop to their optimal level (Helge, 1988). To do this, children must remain in school. Therefore, what strategies should be employed to insure school attendance? Some strategies are provided in Table 6. These strategies are not meant to be all inclusive but rather to suggest some ways in which school districts have dealt with at-risk problems. All of the research cited is from rural districts but we believe that some strategies from urban districts are also applicable.

**Table 6    Strategies to Keep Youth in School**

**Provide Counseling**
1. Child abuse
2. Substance abuse
3. Family

**Provide Educational Programs**
1. Individualized instruction to meet differential needs
2. Positive self-concept development
3. Transition programs for handicapped high school students
4. Breakfast, lunch and snack programs
5. Home visit programs by teachers for at-risk students
6. Childfind programs utilizing community volunteers
7. Sex/AIDS educational utilizing moral leaders (ministers, priests, rabbis, etc....)

For abused children family therapy is usually recommended, if the child remains in the home, or individual counseling if the child is removed from the home. Schools usually become involved only if the child is disturbed to the point of needing special education. Implementation of group counseling in the schools may help older children and youth realize that they have "community" with others in the school. This community helps the student to feel that school is a valuable place and frequently reduces the likelihood of dropping out. Specific rural programs are reported by Holmes (1987) and Morris and Kirkpatrick (1987).

The educationally different typically want to leave school because their needs are not being met. Slow learners or handicapped students whose problems are not recognized or not dealt with by general classroom teachers are frustrated by continued failure. These students predict no success for their school career and therefore opt to drop out. The bright child is bored in the undifferentiated classroom. S/he daydreams or makes trouble just to have something to do or slavishly conforms to the routine imposed by the teacher. Dropping out of school may be perceived as a viable solution to some gifted students. If challenging educational activities were provided, the lure of dropping out would fade. Until this occurs, gifted students will be at risk.

Specific programs for working with rural students and teachers are reported by Bull and Land (1989), Landolt (1988) and Peters (1987).

The educationally underprivileged or handicapped need to be identified early. In rural areas this is best done through the use of local volunteers who meet with parents of young children and explain symptoms and available interventions. We need to find those who need help early so that interventions can start when the clients are very young. In remote rural areas it is unlikely that outsiders would be able to solicit nearly as much information about the development of young children as would known community members who could be trained to recognize potential at-risk factors. Specific programs to find children in rural areas are presented by Nelson and Rogers (1987) and Schlaht (1986).

Poor nutrition causes a variety of early problems in the development of children. Schools usually do not get involved with this unless they are also providing preschool services. Once children are in school their eating habits become important to teachers. Some of the problems with inattention in rural schools may be attributed to a long bus ride followed by three or more hours of instruction prior to lunch. Schools should, when possible, provide both breakfast and lunch programs for children regardless of their parents' income level. At the very least, snacks of peanut butter and crackers should be available in the morning. This may help many students to function better and may reduce their risk of failure and concomitantly the probability of their dropping out of school. A nutrition training and provision program for rural schools is discussed by Ford and Harris (1988).

When situations change at home children and youth become uncertain and fearful. In rural communities teachers should be able to be in contact with parents, to a greater degree than their urban counterparts. This will allow the teacher(s) to be aware of home problems that could affect the student. Teachers who know of problems that could affect the student can refer students to a counselor if necessary. Many rural districts form cooperatives when special service providers, such as counselors, are not available. In this way a school can have access to a counselor for one or two days per week for the payment of a partial salary. An application of this kind of program in a rural area is reported by Carlson (1987).

Rural communities, traditionally, are conservative and in many there are religiously based reactions to sex education and education about sexually transmitted diseases. Yet pregnancy, promiscuity, venereal disease and AIDS are all apparent in rural communities. Should the schools try to teach the children about these things? Of course, but it must be done in such a way that is acceptable to the community. Carter (1988) used rural churches as the vehicle for teaching about sexually transmitted diseases. Blaisdell (1988) also presents a similar innovative approach to dealing with sex education in rural schools. One strategy is to work with whichever groups believe that they have (or should have) control over morality in the community and make sure that they have the correct information to share.

Another area in which rural schools can work is the area of self-concept development. Children and youth who do not feel good about themselves are more likely to engage in self-destructive behavior which would place them at risk, e.g., withdrawal, substance abuse, delinquency, suicide and so forth. A variety of programs have been implemented to foster self-concept development in rural schools (e.g., Dawson, 1988). There are also specific programs to deal with psychological problems such as depression (Reynolds and Stark, 1987), the socially withdrawn/unpopular child

(Gresham and Evans, 1987), substance abuse (Forman and Neal, 1987; Nazario, 1988a), and delinquency (Kurtz and Lindsey, 1987; Nazario, 1988b). Many of these programs involve peer counseling and class activities which foster the redevelopment of positive self-concept.

A final strategy deals with handicapped students. Many of these students see little opportunity for or use in academic development as it is traditionally presented in high schools. A more effective strategy is to emphasize life-skills development and to focus on strategies for job acquisitions. The more meaningful the experiences that are provided for the students, the more likely they are to stay in school and take advantage of these programs. In remote rural areas apprentice programs are the most likely approach; in less remote areas a transitional approach like the one described in Bull (1987) may also be appropriate.

## Conclusion

There are many ways in which children and youth can become at-risk. They may be at-risk because of things that are done to them, or not done to them; or, because of things that they have done to themselves, because of conditions that develop, or because of pre-existing conditions. All of these varieties of at-risk have educational implications which imply that services different from those available to non-affected students must be provided.

Many areas within the at-risk definition are adequately dealt with by schools which are in compliance with PL 94-142. Therefore these areas have not been specifically addressed. Other areas such as prenatal care and eating disorders are not traditionally seen as school responsibilities even though they impact children.

The strategies which are provided (see Table 6) have been tested and found effective in rural schools. It is recommended therefore that schools employ these strategies to deal with their at-risk children and youth. Not all of these strategies will fit in all rural settings but many will be appropriate. Almost all are low cost in the sense that large investments in personnel and equipment are not required. Implementation of these strategies will keep many children in school and save their lives.

Addressing the needs of at-risk youth is the responsibility of the educational system. Addressing those needs in the rural setting will challenge the creativity and resourcefulness of rural educators. However the future demands our best effort.

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