DURHAM -- A communitywide effort to reduce child abuse in Durham appears to be working.

"The numbers really have gone down in Durham over the past five years," said Ken Dodge, director of the Center for Child and Family Policy at Duke University.

The center conducts research into programs, policies and practices that affect children and families.

The center conducted a thorough analysis of Durham County in comparison with five other counties that are similar demographically, Dodge said.

In 2001, Durham had a higher rate of child abuse than state and national averages, but in 2007, the county ranked below those averages.

The abuse rate has dropped 48 percent, Dodge said. It is now 9.5 of substantiated maltreatment or needs of service per 1,000 children.

"It's pretty impressive." Dodge said. "It's a wonderful thing."

Rates in the other five counties in the study -- Cumberland, Guilford, New Hanover, Pitt and Robeson -- also have dropped since 2001, Dodge said, but not as much. Drops in those counties ranged from 19.8 to 16.1 percent.

Hospital records at Duke and Durham Regional also show that fewer children are being brought in with wounds from child abuse, Dodge said.

It's difficult to gauge exactly what caused the drop, but several things took place beginning around 2002, Dodge said. One was the inception of the Durham Family Initiative, a collaboration between the Center for Child and Family Policy and the Center for Child and Family Health, both based in Durham.

The Duke Endowment funded the initiative with $1.5 million annually, Dodge said. Community leaders, the city and county managers, the school superintendent, the mental health center and the Durham County Department of Social Services all signed on to the initiative and began working together to develop a "system of care," Dodge said.

Usually the process starts at the Department of Social Services when someone calls in to report possible abuse. The department begins an investigation or assessment.

In 2003-04, Durham County began using the "multiple response system" that has increased social workers' ability to assess and address needs quickly, said Chuck Harris, deputy director of the department.

Under the old system, after a report of possible abuse, the department would start an investigation. Without telling the parent, a social worker would visit the child's school, pull the child out of class and interview the child. "Then we would come to the family's home. We would interview the parents," he said. "It really was an investigation."

It didn't matter whether the complaint was that a child was left alone one time for an hour or that a child was being beaten, the approach was the same, Harris said.

Under the state's multiple-response system, a social worker might be able to resolve the problem immediately. If it's a relatively minor case of neglect, for example, by finding a neighbor or relative to care for the child until the mother gets home from work.
Now, instead of investigating a specific incident, the social worker conducts a safety assessment to determine whether the child is safe or not. "Now we only use the word substantiate when we’re talking about a report of serious abuse," Harris said.

"How we approach what we do with these reports has changed a lot and how our community works with families has changed a lot," Harris said.

With the community approach, Harris said, a team of agencies that include teachers, social workers, family members and members of participating organizations meets every month with the family: "It's a family plan, not my plan."

The multiple-response system sometimes steers families to prevention programs, some of which are provided through Healthy Families Durham through the Center for Child and Family Health.

The Healthy Families program provides services for children who have been abused and also for families where there is a risk of abuse, said Jan Williams, director of the program. It involves home visits to teach parents about child development, health and safety.

"That's the wonderful thing about the multiple-response system," Williams said. "It can identify families who have some risk factors."

One program involves visiting mothers who are pregnant or who have infants or young children to teach them about prenatal care and infant care.

Another service is Parent-Child Interaction Therapy, in which parents learn behavior management for their children. It's similar to the nanny shows on television, in which someone goes into the home, observes the behavior of both the parents and child and then teaches and coaches the parents on ways to manage their children's behavior, including positive play experiences.

Another service is a psychotherapy program for children and parents. It's designed for children who have experienced traumatic events that could range from being in a house fire to witnessing domestic violence events, even homicides.

The center also has a program for children who have been abused called Trauma-Focused Cognitive Behavioral Therapy to help them resolve the trauma they've experienced.

Children who have been abused don't have to grow up and repeat the cycle of violence, Williams said.

"What the research shows is if a child receives therapy they can go on to live a full, productive life," Williams said. "It's not a hopeless situation if a child has been abused."

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