CAMPHOPEAMERICA.ORG

A PRE-TEST, POST-TEST EVALUATION OF HOPE AND YOUTH CHARACTER DEVELOPMENT **2022 NATIONAL RESULTS** PREPARED BY

Jennifer Jackson-Stowe, BA, Ash Horn, BA, and Evie M. Muilenburg-Trevino, PhD, University of Oklahoma

CAMP HOPE AS A PATHWAY OF HOPE FOR CHILDREN EXPOSED TO DOMESTIC VIOLENCE





TABLE OF CONTENTS

NATIONAL DATA EXECUTIVE SUMMARY	3
INTRODUCTION Child Exposure to Domestic Violence Camp HOPE America Camp HOPE America Program Hope Theory	4 4 5 6 8
METHODSAssessment ProcedureMeasurement: Adverse Childhood ExperiencePolyvictimizationMeasurement: Child Hope IndexChildren's HopeChildren's ResilienceMeasurement: Counselor ObservationsHope IndexChild Character Strengths	9 10 11 12 12 12 13 13 13
RESULTS Children's Hope Children's Camp HOPE Resiliency Counselor's Observations of Children's Character Strengths Camp HOPE America's Classic vs High Adventure Programming Relationships Among the Measures	14 14 14 18 22 23
CONCLUSION	24
REFERENCES	25
THE HOPE RESEARCH CENTER	27

CLICK THE LOGO AT THE BOTTOM OF ANY PAGE RETURN TO TABLE OF CONTENTS



NATIONAL DATA EXECUTIVE SUMMARY

This report provides the evaluation results for the 2022 Camp HOPE America impact on children's Hope, Resilience, and Character Development. Camp HOPE America is a program of the Alliance for HOPE International and the first camping and mentoring program in the country focused on children impacted by domestic violence and trauma. Data for this evaluation is based upon Camp HOPE America programs from Alabama, Arkansas, California, Colorado, Connecticut, Florida, Illinois, Idaho, Louisiana, Nevada, North Carolina, Ohio, Oklahoma, Tennessee, Texas, Utah, Virginia, and Wisconsin.

 In order to assess changes in hope, resilience, and character development, a matched pre-camp, post-camp, and follow-up assessment design was used.

A total of 1041 campers provided
 responses to the self-report survey. Of these
 1041 campers, 919 provided complete data
 at the pre-camp assessment, 895 provided
 complete data on the final day of camp
 assessment, and 707 provided complete
 data at the 30-day follow-up assessment.

 Matched comparisons were available for
 627 campers across all three-assessment periods. Comparisons were made on child self-report of Hope and Resilience.

The average age of campers was 11.48 years (SD = 2.64) with ages ranging from
6 to 18 years. Of the participating campers 51.1% identified as female.

 Camp counselors provided observational assessments on 776 campers on the first and last day of camp. Matched observational comparisons were made for Hope and Character Development in the areas of Zest, Grit, Optimism, Self-Control, Gratitude, Curiosity, and Social Intelligence.

CAMPER SELF-ASSESSMENT RESULTS

An increase in Hope was statistically significant.

An increase in believing in self,
 believing in others, and believing
 in dreams (Camp HOPE America
 Resilience) was statistically significant.

CAMP COUNSELOR OBSERVATION

 Increases in child positive character behaviors were statistically significant in the following areas:

Ability to create pathways and dedicate energy toward goals (Hope).

Excitement and energy toward goals (**Zest**).

Perseverance for goals (Grit).

Capacity to control thoughts, feelings, and behaviors when in conflict (Self-Control).

Positive future expectation (Optimism).

Appreciation for the kindness received by others (Gratitude).

Awareness of the feelings and motivations of others (Social Intelligence).

Desire to learn and seek out new information (Curiosity).



INTRODUCTION

CHILD EXPOSURE TO DOMESTIC VIOLENCE

omestic violence touches and negatively impacts many individuals in the United States every year. More than ten million children and adolescents in the United States witness acts of domestic violence each year (American Academy of Child and Adolescent Psychiatry, 2019). The Centers for Disease Control and Prevention defines domestic violence or intimate partner violence as "physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse" (Centers for Disease Control, 2018). Meta-analytic studies consistently find that children exposed to domestic violence are at a higher risk for emotional, social, and behavioral difficulties both in the short- and long-term (Evans, Davies, & DiLillo, 2008; Kitzmann, Gaylord, Holt, & Kenny, 2003; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). Children exposed to domestic violence experience additional stresses associated with the trauma of repeated separations, child custody battles, and isolation from extended family supports. Children exposed to domestic violence are also at a significantly higher risk for abuse and neglect (Fantuzzo & Mohr, 1999).

Researchers are still collecting new data on the impact of domestic violence on children, but studies have found that impacted children are at an increased risk for anxiety and depression, loss of interest in school and friends, social isolation, increased physical and psychological aggression, bullying or being bullied, and a propensity to perpetuate the cycle of domestic violence (Carlson, 1990; Lichter & McClosky, 2004; Litrownik, Newton, & Hunter, 2003). Adolescents in particular who witness domestic violence are at an increased risk of drug or alcohol abuse, truancy, declining grades and oppositional or rebellious behavior (American Academy of Child and Adolescent Psychiatry, 2019). Given the prevalence of children exposed to domestic violence in the US and the negative consequences on their futures, an effective system-level intervention is needed to provide children the opportunity to develop positive coping mechanisms that will allow them to thrive in difficult environments. One such intervention, with the potential for system generational level influence, is Camp HOPE America. Recently, Hellman and Gwinn (2017) published the first evaluation of Camp HOPE America showing significant increases in Hope in a pre-test, post-test design among campers from several California Family Justice Centers and other multi-agency models operating Camp HOPE America programs.



CHA - FL Harbor House



CAMP HOPE AMERICA

<u>Camp HOPE America</u> is the first local, state, and national camping and mentoring initiative in the United States to focus on children exposed to domestic violence. The vision for Camp HOPE America is to break the generational cycle of family violence by offering healing and hope to children who have witnessed family violence. Camp HOPE America is a program of <u>Alliance</u> for <u>HOPE International</u>. Alliance for HOPE International is the umbrella organization for all Family Justice Centers and similar multiagency models serving victims of domestic violence and their children throughout the United States.



CHA - CA Ventura County Family Justice Center



CAMP HOPE AMERICA PROGRAM

The Camp HOPE America program is a strengths and character-based summer camp and mentoring model that lasts for six days as an overnight experience and provides year-round follow-up activities. The program focuses on three key elements: 1) "Challenge by Choice" activities, 2) affirmation and praise for observed and developing character traits in youth, and 3) themed, small group discussion and activities focused on helping children set

goals and then pursue those goals and the pathways to their goals. Challenge by Choice refers to challenging children to set daily achievement goals by pursuing activities with perceived danger or risk (e.g., canoeing, zip line, rafting, etc.) while allowing them to opt out of those activities if the challenge creates unmanageable stress



CHA - AL One Place Birmingham

or fear. Campers are positively encouraged to engage in the personal challenges presented, however no camper is coerced, negatively pressured, or unconstructively persuaded to take part in any activities. Campers are encouraged to support each other in their personal Challenge by Choice whether they determine to undertake a particular activity or not. All activities are designed to promote creative thinking, decision-making, problem-solving, teamwork and mutual support, reasoning, self-esteem, competency, self-management, group trust, organization, and goal setting. Even if campers do not participate in challenging activities, they are expected to cheer on and support their camper mates and participate in other daily camp activities, and to follow all safety and group protocols. For safety reasons, campers cannot leave the group setting or be alone at any time (the exception includes toileting or showering). When children arrive at camp, they turn in their phones or electronics to eliminate distractions and focus on relational interaction with other campers and adults.

> Electronic items were then returned after the conclusion of the camp.

Each Camp HOPE America Affiliate across the U.S. collaborates with a partner camp. The trained camp staff from a traditional camp not focused on children exposed to family violence

supervised all recreational activities. Camp HOPE America Affiliate staff members and volunteers managed core program activities and other therapeutic components. The individualized child-centered approach utilizes a 1:3 counselor ratio. There are two counselors per each 6-person Hope Circle cabin group. Each group is assigned a partner Camp counselor and a Hope counselor. Throughout the week, each Hope Circle participates in the various camp activities together and works to build relationships within the smaller group instead of simply participating in all activities in a large group (Gwinn, 2015; Gwinn & Hellman, 2018).



All counselors and adult staff from local Camp HOPE America programs receive special training in trauma-informed, hope-centered mentoring and support strategies. Camp HOPE America refers to the training as "Hope Coach" training and provides practical strategies to encourage and support trauma-impacted youth during the camping week and after they return from camp and engage in monthly program and mentoring activities. The host partner camp staff members also receive training in traumainformed, hope-centered work with

trauma-impacted youth prior to the start of camp. Using a trauma-informed, hope-centered camper/ counselor approach, Camp HOPE America focuses on providing affirmation and encouragement throughout the day, including nightly campfires where campers receive Character Trait Awards each day from the college-aged counselors. Camp HOPE America program activities are site-

specific but have included river rafting, wake-boarding, tubing, high and low ropes challenge courses (age specific), horseback riding, arts and crafts, kayaking and canoeing, recreational hiking and field games, skits and camp songs, nightly campfire songs, journaling, KBAR (kick back and relax) time in the cabins/tents each day with counselors and campers, campfire group discussions each night (where children are asked the question "Where did you see hope today?"), three family-style meals each day (eating with their Hope Cirlce), and other relationshiporiented times.

CHA - CT Safe Futures

Camp HOPE America creates a curriculum which includes a positive truth statement each day that the campers memorize. Some of the statements in the past have included: "My dreams are mine," "Art is healing," "I create my future," "Tomorrow is a new day," "I have a hope story," "My pain can fuel my purpose," "Where I focus, I will go." The curriculum also includes a biographical story of a "Hope Hero" - someone who has overcome similar trauma or adversity as the children at camp. By associating a truth statement with a Hope Hero, children can internalize their own uniqueness, personal

> progress, need for others, future-oriented focus, and perseverance. And children can relate their experience to an adult or youth with a similar story to their own.

Camp HOPE America gained national recognition by receiving the 2022 Outstanding Youth Initiative of the Year by <u>Domestic Shelters.org</u> for our excellence in serving

youth impacted by domestic violence and was recognized by the <u>National</u> <u>Summer Learning Association</u> as a Summer Learning Champion and featured at their National Youth Leadership Institute. With all the knowledge and experience gained from the previous summer, 2022 Camp HOPE America affiliates were prepared to have one of their most important and anticipated summers ever. Camp HOPE America was represented in 18+ states across the U.S. and Affiliates were able to operate 60 sessions of camp with children benefiting from programming, care, and curriculum.



HOPE THEORY

Hope theory refers to the cognitive process that individuals experience when pursuing the attainment of a future oriented goal. Research has emerged indicating Hope as a positive influence on overall health and wellbeing (Hellman & Gwinn, 2017). Snyder (2000) described hope as a cognitivebased motivational theory in which children learn to create strategies as a means to attain their desired goals. Hope theory

has two fundamental cognitive processes termed "pathways" and "agency." Pathway thought processes are the mental strategies or road maps toward goal attainment. In this process, children consider various pathways to their goals. Once viable pathways are formed, the hopeful child can conceive of potential barriers and develop strategies to overcome the barriers or choose an alternative pathway. Agency thinking refers to the willpower or mental energy the child can direct and sustain toward their goal pursuits. Hopeful

CHA - OK Family Safety Center

children can exert mental energy to their pathways and persevere by self-regulating their thoughts, emotions and behaviors toward their desirable goal. Encouraging hope in children has positive physical, academic, and social benefits (Sheehan & Rall, 2011).

It is well-established that hope plays a role in a child's capacity to flourish. Hopeful thinking among children (and adults) is positively associated with perceived competence and self-worth (Kwon, 2000) as well as lower rates of depression and anxiety (Ong, Edwards, & Bergeman, 2006). Children with higher hope are more optimistic about the future, have stronger problem-solving skills, and develop more

life goals. Hopeful

children are less likely to have behavior problems or experience psychological distress. These children also report better interpersonal relationships and higher school achievement success in the areas of attendance, grades, graduation rates, and college going rates (Pedrotti, Edwards, & Lopez, 2008). Moreover, hope has been shown to serve as a resilience factor when facing stressful life events

among children

(Valle, Huebner, & Suldo, 2006). Finally, hope was shown to be positively associated with emotional well-being in a six-year longitudinal study investigating hope and positive youth development (Ciarrochi, Parker, Kashdan, Heaven & Barkus, 2015).



METHODS

ASSESSMENT PROCEDURE

ne thousand forty-one surveys were administered to the youth participants of Camp HOPE programs in Alabama, Arkansas, California, Colorado, Connecticut, Florida, Illinois, Idaho, Louisiana, Nevada, North Carolina, Ohio, Oklahoma, Tennessee, Texas, Utah, Virginia, and Wisconsin. A pre-camp/postcamp/30-day follow-up survey design was utilized. Children received the pretest survey several days prior to camp. Post-test surveys were collected the last morning before departing from the camp and follow-up surveys were collected approximately 30 days after camp had ended. Individual Family Justice Centers were responsible for recruiting, selecting, consenting children and quardians, and data collection.

Completed surveys were then provided by the Camp HOPE America Affiliates to the University of Oklahoma research team who ensured the data was de-identified and then performed a detailed analysis.

SAMPLE DEMOGRAPHICS

Specific demographic variables that were collected included age and gender. The average age of the respondent was 11.48 years (SD = 2.60). Ages ranged from a low of 6 to a high of 18 years. Of the 1016 who reported their gender, 48.0% marked male and 51.1% female.
 TABLE 1 Participating Camp HOPEAmerica Sites

 and their respective number of campers assessed.

SITE	C A M P E R S
ALABAMA	14
ARKANSAS	47
CALIFORNIA	202
COLORADO	21
CONNECTICUT	5 5
FLORIDA	3 1
IDAHO	39
ILLINOIS	13
LOUISIANA	3 5
NEVADA	91
NORTH CAROLINA	64
OHIO	30
OKLAHOMA	107
TENNESSEE	38
TEXAS	113
UTAH	68
VIRGINIA	19
WISCONSIN	54



MEASUREMENT: ADVERSE CHILDHOOD EXPERIENCE

There is ample documentation of the negative consequences associated with Adverse Childhood Experiences (ACEs) that expands across the lifespans of the individuals impacted. ACEs cause chronic toxic stress that leads to neurological and biological changes, including changes in brain architecture and function, effects on the immune and hormonal systems, and even alterations to the way DNA is read and transcribed (Harris, 2014). Left untreated, those who have experienced child maltreatment are more likely to experience poor mental health, engage in risky behaviors, and suffer physical diseases related to increased morbidity. Unmitigated ACEs have negative effects on education, employment, and economic outcomes into adulthood. Unmitigated ACEs are also associated with increased delinquency rates and criminal behaviors (Anda et al., 2007; Bellis, Lowey, Leckenby, Hughes & Harrison, 2013; Currie & Wisdom, 2010; Dube et al., 2001a; Dube et al., 2001b; Gwinn, 2015; Hillis, Andra, Felitti & Marchbanks, 2001; Lanier, Kohl, Raghavan, & Auslander, 2015; Reavis, Looman, Franco, & Rojas, 2013; Wilimansion, Thompson, Andra, Dietz & Felitti, 2002).

TABLE 2Prevalence of ACE Reportedby Camp HOPE Children (n = 307).

ACE SCORE	CDC FINDINGS*	CHA 2022
0	36.1%	7.2%
1	26.0%	13.0%
2	15.9%	16.9%
3	9.5%	12.7%
4 +	12.5%	50.2%
+ - 1	000	

* Felitti et al., 1998

ACE scores were collected from 307 older campers who attended High Adventure camps. The average ACE score for the Camp HOPE America children in 2022 was 3.93 (SD = 2.67). At the national level, the average ACE score is 1.61 (Ford, et al., 2014). Comparing Camp HOPE America children to the national average shows a statistically significantly higher prevalence of ACE among the children [t (306) = 15.249; p < .001].

Over half of the Camp HOPE America children (50.2%) who were surveyed had an ACE score of 4 or higher. Studies available through the Center for Disease Control (2016) report significant negative consequences with an ACE score of 4 or higher. For example, with an ACE of 4+:

- 3600% more likely to become an injection drug (heroin) user (4600% at ACE of 6)
- 1200% greater likelihood of attempting suicide as an adult (2900% at ACE of 6)
- 1200% more likely to be a SA victim
- 1000% more likely to inject street drugs
- 700% more likely to become an alcoholic
- 600% more likely to have sex before age 15
- 300% more likely to contract HIV
- 300% more likely to become a domestic violence victim (woman); 150% (men)
- 300% greater likelihood of struggling with chronic depression
- 240% greater risk of hepatitis
- 240% higher risk of an STD
- 200% more likely to become smokers
- 51% of those with ACE Score of 4 will have behavioral problems in school



TABLE 3Prevalence of Adverse Childhood Experienceby Type.

ABUSE / NEGLECT	
VERBAL ABUSE	43.0%
PHYSICAL ABUSE	26.7%
SEXUAL ABUSE	18.5%
EMOTIONAL NEGLECT	43.5%
PHYSICAL NEGLECT	20.7%
DYSFUNCTIONAL FAMILY	
WITNESS DOMESTIC VIOLENCE	32.6%
PARENT DIVORCE	78.1%
	20.40/
MENTAL ILLNESS	38.1%
SUBSTANCE ABUSE	38.1% 43.3%

POLYVICTIMIZATION

EIGHTY PERCENT OF THE CAMP HOPE AMERICA CHILDREN REPORT AN ACE SCORE OF 2 OR HIGHER AND 50.2% HAVE FOUR OR MORE ADVERSE EXPERIENCES. THE AVERAGE ACE SCORE OF 3.93 IS SIGNIFICANTLY HIGHER THAN THE NATIONAL PREVALENCE RATE. TAKEN AS A WHOLE, THESE FINDINGS WARRANT ATTENTION TO THE POLYVICTIMIZATION NEEDS FOR CHILDREN EXPOSED TO DOMESTIC VIOLENCE.



CHA - AL One Place Birmingham



MEASUREMENT: CHILD HOPE INDEX

CHILDREN'S HOPE

The Children's Hope Scale was developed to examine the extent to which children believe they can establish pathways to their goals as well as develop and maintain the willpower to follow these pathways (Snyder et al., 1997). This measure is comprised of six self-report items with a six-point Likert-type response format (1 = none of the time; 6 =all of the time). Possible scores range from a low of six to a high of 36 with higher scores reflecting higher hope. Recent research demonstrated good psychometric properties across age, gender, race, and language translation (Hellman, et al., 2018). Internal consistency reliability analyses indicated a pre-hope a = .80, post-hope a = .83, and follow-up-hope a = .85.

CHILDREN'S RESILIENCE

Following the Camp HOPE America theme of believing in yourself, believing in others, and believing in your dreams, OU's Hope Research Center team developed six additional items to assess each child's selfreported resiliency. These individual items were also presented with a six-point Likerttype response (1 = none of the time; 6 = all of the time). The items and descriptive statistics are presented in Table 4. Internal consistency reliability analyses indicated pretest α = .83, posttest α = .82, and follow-up α = .84.

STATEMENT	PRE-TEST MEAN	PRE-TEST SD	POST-TEST MEAN	POST-TEST SD	FOLLOW-UP MEAN	FOLLOW-UP SD
I have friends that care about me	4.64	1.47	4.70	1.43	4.83	1.25
l'm part of a group that cares about each other	4.53	1.43	4.63	1.42	4.79	1.24
l like to encourage and support others	4.75	1.31	4.85	1.27	4.88	1.17
Others accept me just the way I am	4.32	1.43	4.36	1.45	4.61	1.28
Even when bad things happen, I stay hopeful	4.22	1.41	4.30	1.45	4.49	1.26
I think I will achieve my dreams	4.73	1.35	4.92	1.35	4.96	1.23

 TABLE 4
 Camp HOPE Child Resiliency Self-Report Descriptive Statistics.

MEASUREMENT: COUNSELOR OBSERVATIONS

HOPE INDEX

Counselors were asked to complete evaluations of the children through the Children's Hope Scale (Snyder et al., 1997) for each camper in their respective cabin groups. Items were reworded to reflect this approach. For example, the item "I think I am doing pretty well" was reworded to "I think the camper is doing pretty well." The questionnaires included the same six-item Children's Hope Scale reworded to fit the observational intent. Internal consistency reliability was adequate for the sample of counselors' (pre-test $\alpha = .94$; post-test $\alpha = .93$).

CHILD CHARACTER STRENGTHS

Positive psychology is the scientific study of the emotions, traits, and relationships that promote the capacity to flourish and serve to buffer the negative effects of difficulties often experienced in life (Seligman & Csikszentmihalyi, 2000). This work has identified 24 strengths of character that help young people thrive and are associated with socially desired outcomes such as academic achievement, attendance, athletic achievement, goal attainment, leadership, tolerance, kindness and pro-social behaviors, to name a few (Park & Peterson, 2009). These 24 strengths have now been studied in over 190 countries with 2.6 million participants (<u>viacharacter.org</u>).

In order to target positive character development in youths, a validated measurement application can be used that promotes well-being, especially among those who have experienced stress associated with trauma. The character strengths targeted for this assessment have been consistently shown to serve as a buffer to stress and serve as an important indicator of personal well-being (Park & Peterson, 2009).

Following the positive psychology foundation that character leads to the capacity to live a fulfilling and meaningful life, we included an assessment of character strengths. Following the Character Counts model, we assessed the child in the area of Zest, Grit, Optimism, Self-Control, Gratitude, Social Intelligence, and Curiosity. Counselors rated each camper in their group at the beginning of camp and the final morning of camp. Table 5 below provides the character strength definition.

CHARACTER STRENGTH	DEFINITION
ZEST	An approach to life filled with anticipation, excitement, and energy.
GRIT	Perseverance and passion for long-term goals.
OPTIMISM	The expectation that the future holds positive possibilities and likelihoods.
SELF-CONTROL	Capacity to regulate thoughts, feelings, and behaviors when they conflict with interpersonal goals.
GRATITUDE	Appreciation for the benefits received from others and a desire to reciprocate with positive actions.
CURIOSITY	Search for information for its own sake. Exploring a wide range of information when solving problems.
SOCIAL INTELLIGENCE	Being aware of the motives and feelings of other people.

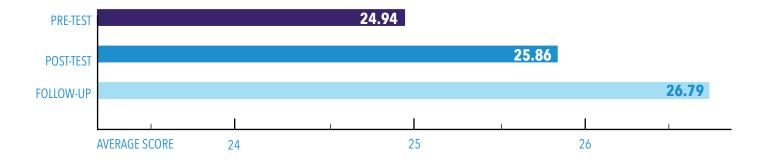
TABLE 5 Character strengths assessed at Camp HOPE America.



RESULTS

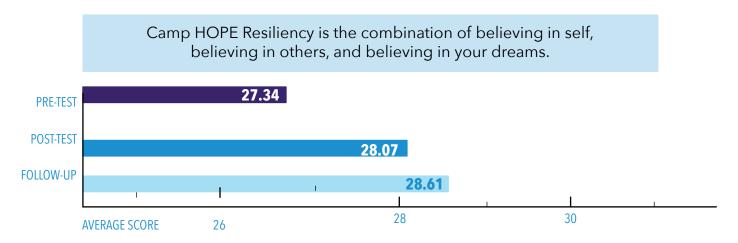
CHILDREN'S HOPE

Hope reflects the individual's capacity to develop pathways and dedicate agency toward desirable goals.



GRAPH 1 This graph illustrates the change in scores for the Children's Hope Scale. As seen in the graph, hope scores increased from pre-test to post-test and again at the follow-up assessment. A repeated measures ANOVA showed that the increase in children's hope was statistically significant [F (2, 1252) = 41.689; p< .001]. This means that the campers' level of hope increased after participating in Camp HOPE America.

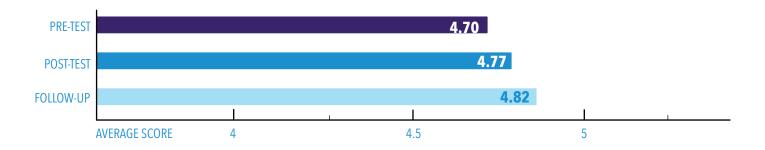
CHILDREN'S CAMP HOPE RESILIENCY



GRAPH 2 The graph above illustrates the change in scores for the Camp HOPE Resiliency Scale. A repeated measures ANOVA was computed to examine the differences in pre-camp, post-camp, and follow-up test mean scores. The results of the analyses showed an increase from pre-test to post-test and an again from post-test to follow-up. This increase in children's resiliency was statistically significant [F (2, 1218) = 17.939; p < .001]. This means that the campers' level of resiliency increased after participating in Camp HOPE America.







GRAPH 3 The graph above demonstrates the change in mean scores for the statement "I have friends that really care about me." A repeated measures ANOVA was computed to examine the differences in pre-, post-, and follow-up test mean scores. The ANOVA results suggest the change in mean scores for this item [F (2, 1256) = 2.322; p >.05] was statistically significant. This means that campers belief that they have friends that care about them increased after participating in Camp HOPE America.

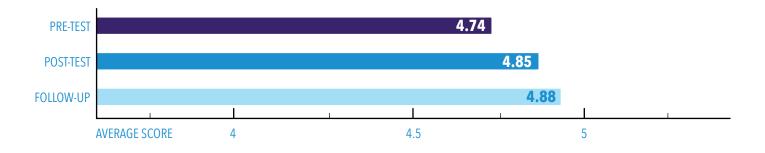




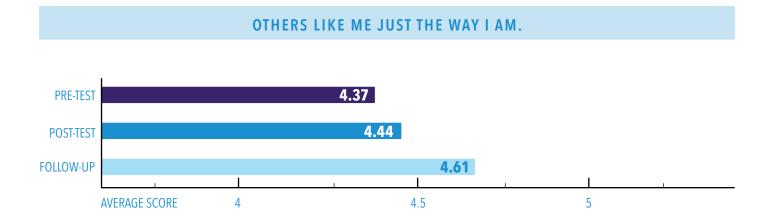
GRAPH 4 This graph illustrates the change in mean scores for the item "I feel like I'm a part of a group of people that care about each other." A repeated measures ANOVA was computed to examine the differences in pre-, post-, and follow-up test mean scores. The ANOVA results suggest the change in mean scores for this item [F (2, 1258) = 9.314; p <.001] was statistically significant. This means that campers' belief that they are part of a group of people that care about each other increased after participating in Camp HOPE America.





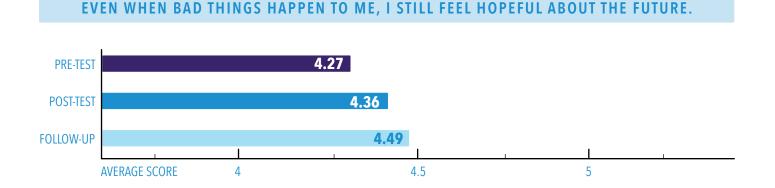


GRAPH 5 The graph above illustrates the change in mean scores for the item, "I like to encourage and support others." A repeated measures ANOVA was computed to examine the differences in pre-, post-, and follow-up test mean scores. The ANOVA results suggest the change in mean scores for this item [F (2, 1258) = 4.393 p >.05] was not statistically significant.

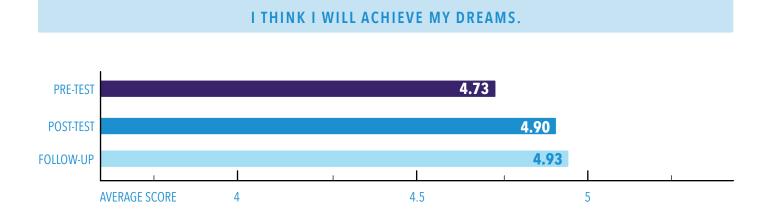


GRAPH 6 This graph demonstrates the change in mean scores for the item "Others like me just the way I am." A repeated measures ANOVA was computed to examine the differences in pre-, post-, and follow-up test mean scores. The ANOVA results suggest the change in mean scores for this item [F (2, 1254) = 9.949; p <.001] was statistically significant. This means that campers' belief that they are part of a group of people that care about each other increased after participating in Camp HOPE America.





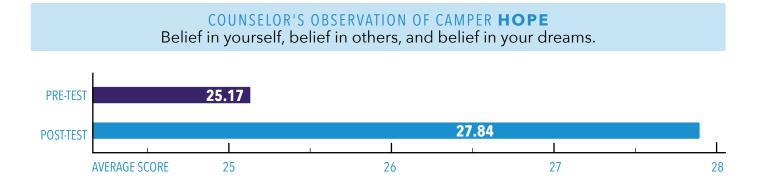
GRAPH 7 The graph above demonstrates the change in mean scores for the item "Even when bad things happen, I still feel hopeful about the future." A repeated measures ANOVA was computed to examine the differences in pre-, post-, and follow-up test mean scores. The ANOVA results suggest the change in mean scores for this item [F (2, 1262) = 8.071; p <.001] was statistically significant. This means that campers' belief that they are part of a group of people that care about each other increased after participating in Camp HOPE America.



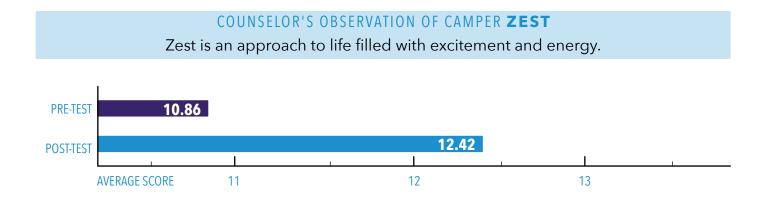
GRAPH 8 This graph demonstrates the change in mean scores for the question "I think I will achieve my dreams." A repeated measures ANOVA was computed to examine the differences in pre-, post-, and follow-up test mean scores. The ANOVA results suggest the change in mean scores for this item [F (2, 1264) = 8.809; p <.001] was statistically significant. This means that campers' belief that they will achieve their dreams increased after participating in Camp HOPE America.



COUNSELOR'S OBSERVATIONS OF CHILDREN'S CHARACTER STRENGTHS

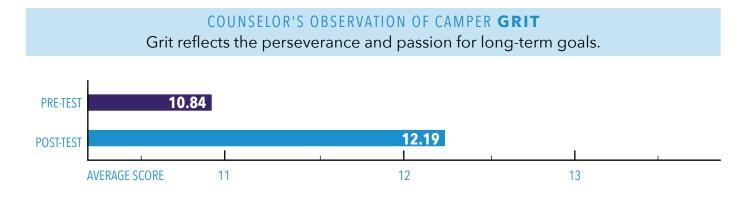


GRAPH 9 This graph demonstrates the change in observed hope by the camp counselors. A paired samples t-test was computed to examine the differences in pre- and post-test mean scores. Total hope scores [F (1,775) = 145.588; p <.001] significantly increased; this means that individual's levels of observable hope increased after participating in Camp HOPE America.

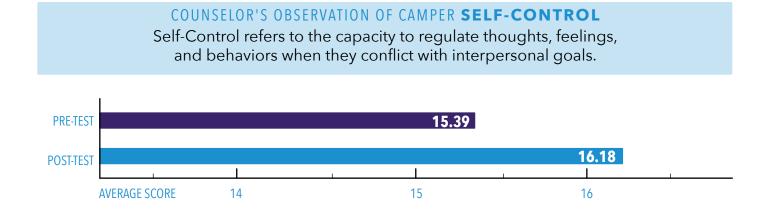


GRAPH 10 This graph demonstrates the change in observed zest by the camp counselors. A paired samples t-test was computed to examine the differences in pre- and post-test mean scores. Total zest scores [t (857) = -16.334, p<.001] significantly increased; this means that the individual's levels of observable zest increased after participating in Camp HOPE America.





GRAPH 11 The graph above demonstrates the change in observed grit by the camp counselors. A paired samples t-test was computed to examine the differences in pre- and post-test mean scores. Total grit scores [t (838)= -14.905 p<.001] significantly increased; this means that the individual's levels of observable grit increased after participating in Camp HOPE America.



GRAPH 12 This graph demonstrates the change in observed self-control by the camp counselors. A paired samples t-test was computed to examine the differences in pre- and post-test mean scores. Total scores [t (842)= -6.798, p<.001] significantly increased; this means that the individual's levels of observable self-control increased after participating in Camp HOPE America.

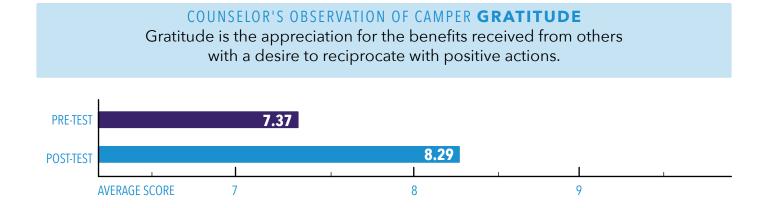


COUNSELOR'S OBSERVATION OF CAMPER **OPTIMISM**

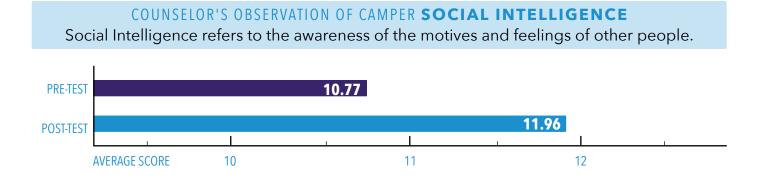
Optimism is the expectation that the future holds positive possibilities and likelihood.



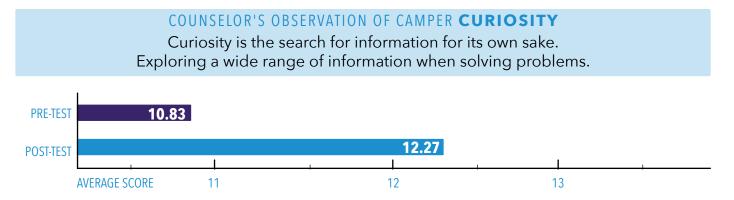
GRAPH 13 The above graph demonstrates the change in observed optimism by the camp counselors. A paired samples t-test was computed to examine the differences in pre- and posttest mean scores. Total scores [t (840)= -12.206, p<.001] significantly increased; this means that the individual's levels of observable optimism increased after participating in Camp HOPE America.



GRAPH 14 This graph demonstrates the change in observed gratitude by the camp counselors. A paired samples t-test was computed to examine the differences in pre- and post-test mean scores. Total gratitude scores [t (848)= -14.043, p<.001] significantly increased; this means that the individual's levels of observable gratitude increased after participating in Camp HOPE America.



GRAPH 15 The graph above demonstrates the change in observed social intelligence by the camp counselors. A paired samples t-test was computed to examine the differences in pre- and posttest mean scores. Total scores [t (829)= -12.930, p<.001] significantly increased; this means that the individual's levels of observable social intelligence increased after participating in Camp HOPE America.

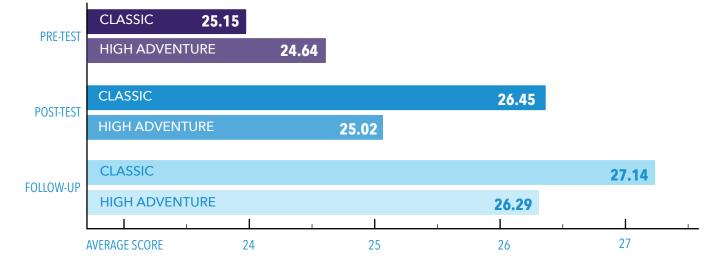


GRAPH 16 This graph demonstrates the change in observed curiosity by the camp counselors. A paired samples t-test was computed to examine the differences in pre- and post-test mean scores. Total curiosity scores [t (846)= -16.025, p<.001] significantly increased; this means that the individual's levels of observable curiosity increased after participating in Camp HOPE America.



CAMP HOPE AMERICA'S CLASSIC VS HIGH ADVENTURE PROGRAMMING

Camp HOPE America offers two types of camps: Classic and High Adventure. Classic camps are geared to younger children age 7 to 11 and High Adventure camps are for adolescents age 11 to 17. High Adventure camps include more rigorous activities such as white water rafting and zip lining. The graph below illustrates the mean hope scores for Classic and High Adventure camps.



Two repeated measures ANOVA analyses were computed to examine mean hope scores for Classic and High Adventure Camps. Findings were statistically significant for both the Classic camp [F (2, 734) = 27.633; p < .001] and High Adventure camp [F (2, 516) = 16.501; p <.001] indicating change was observed in pre, post and follow-up mean hope scores. This indicates that scores increased in a statistically significant way after students participated in Camp HOPE America for both camp types.



CHA - AR Women & Children First



RELATIONSHIPS AMONG THE MEASURES

Table 6 provides the correlation matrix for camper and counselor measures. A correlation represents the level of relationship between two variables. The interpretation is based upon the strength of the relationship as well as the direction. Strength of a correlation is based upon Cohen's (1990) effect size heuristic. More specifically, a correlation (+ or -) of .10 or higher is considered small; a correlation (+ or -) of .30 is considered moderate, and a correlation (+ or -) of .50 is considered strong. With regards to direction, a positive correlation indicates that higher scores on one variable are associated with higher scores on the other variable. A negative correlation indicates that higher scores on one variable are associated with lower scores on the other variable. Using a correlation matrix is a parsimonious way to present several correlations among multiple variables. Identifying a specific correlation is based upon matching a row to a particular column.

TABLE 6Correlations of Children's Hope and Resiliencewith Counselor-Observed Character Strengths.

EXAMPLES FROM TABLE 6

The first column on the left identifies the order of the correlations. The first item "Hope" is also the next column labeled 1. The first correlation ($r = .74^*$) under the Hope column represents the relationship between hope and resiliency (variable 2). We interpret this correlation as follows: "Participating children who scored higher on hope had higher scores of resiliency reflecting a strong positive correlation." Notice the correlation $(r = .74^*)$ has an asterisk indicating the finding was statistically significant (p < .05). As another example, higher scores on child's Resiliency (column 2) were associated with higher scores on the counselor's observation of the child's Optimism (row labeled 7; r = .11) and the strength was small. One more example will look at the correlation between Social Intelligence and Gratitude. Here we look at column 8 (Gratitude) and row 9 (Social Intelligence) and find the correlation is a positive value (.77*). Thus, higher scores on Gratitude are associated with higher scores on Social Intelligence, and the strength is strong.

CHILD SCORES										
HOPE										
RESILIENCY	.74*									
COUNSELOR OBSERVATIONS										
HOPE	.15*	.13*								
ZEST	.14*	.16*	.70*							
GRIT	.11*	.09*	.71*	.62*						
SELF-CONTROL	.08*	.08*	.63*	.50*	.70*					
OPTIMISM	.11*	.11*	.74*	.65*	.74*	.72*				
GRATITUDE	.07*	.11*	.70*	.70*	.65*	.61*	.72*			
SOCIAL INTELLIGENCE	.09*	.10*	.72*	.67*	.74*	.77*	.76*	.77*		
CURIOSITY	.06	.08*	.71*	.72*	.69*	.61*	.69*	.71*	.73*	
Note: All scores obtained at post-test. N = $895. * p < .05$										

Correlational analysis demonstrated that an increase in children's hope was associated with increases in the observed character strengths. More specifically, higher scores in hope were associated with higher levels of energy (Zest), perseverance toward goals (Grit), ability to regulate thoughts, feelings, and behaviors (Self-Control), an expectation that the future holds positive possibilities (Optimism), appreciation toward others (Gratitude), desire to seek out new things (Curiosity), and awareness of the feelings and motivations of others (Social Intelligence).

CONCLUSION

his report was developed to present findings from the evaluation of Camp HOPE America 2022. The primary outcome was to change the way children exposed to domestic violence believe in themselves, believe in others, believe in their dreams, and find hope for the future. The results of this study provide compelling evidence that Camp HOPE America improves the hope of children in a manner that was self-reported by the children and teens and observed by the camp counselors. Moreover, increases in Hope were associated with the character strengths of Zest, Grit, Self-Control, Optimism, Gratitude, Social Intelligence, and Curiosity.

Hope is a positive psychological strength that fosters beneficial adaptive behaviors, healthy development, and psychological and social well-being (Snyder, 1995). More specifically, Bronk, Hill, Lapsley, Talib and Finch (2009) found that high levels of hope were related to life satisfaction across the lifespan. Higher hope is associated with better coping, health and health related practices (Chang & DeSimone, 2001; Feldman & Sills, 2013; Kelsey et al., 2011). While hope has been shown to predict various indicators of well-being, it has also been shown to be malleable in intervention studies in the areas of mental health, coping with physical illness, and intimate partner violence (Berendes, Keefe, Somers, Kothadia, Porter, & Cheavens, 2010; Smith & Randall, 2007). Psychological strengths like hope tend to serve people best in difficult times. The capacity to formulate pathways and dedicate mental energy (agency) is the foundation to successful goal attainment.

Similar to hope, the improved character strengths (e.g., Zest, Grit, Self-Control) assessed in this evaluation have been shown to help prevent or buffer against negative effects of stress and trauma (Park & Peterson, 2009; Gwinn & Hellman, 2018).

Correlational analyses showed that higher scores on hope as reported by the child are associated with higher scores on the character strengths (e.g., Zest, Grit, Gratitude) as observed by the counselor. Similarly, higher scores on the resiliency measure as reported by children are also associated with higher scores on the character strengths as observed by the counselor.

The results of this evaluation support a compelling argument for the positive power of Camp HOPE America to change the lives of children exposed to domestic violence.



CHA - CA San Diego

REFERENCES

Anda, R. F., Brown, D. W., Felitti, V. J., Bremner, J. D., Dube, S. R., & Giles, W. H. (2007). Adverse childhood experiences and prescribed psychotropic medications in adults. American Journal of Preventative Medicine, 32, 389-394.

American Academy of Child and Adolescent Psychiatry. (2019). Domestic Violence and Children. Retrieved from <u>www.aacap.</u> org/AACAP/Families_and Youth/Facts_for_Families/FFF-Guide/ Helping-Children-Exposed-to-Domestic-Violence-109.aspx

Bellis, M. A., Lowey, H., Leckenby, N., Hughes, K., & Harrison, D. (2013). Adverse childhood experiences: Retrospective study to determine their impact on adult health behaviors and health outcomes in a UK population. Journal of Public Health, 36, 81-91.

Berendes, D., Keefe, F. J., Somers, T. J., Kothadia, S. M., Porter, L. S., & Cheavens, J. S. (2010). Hope in the context of lung cancer: Relationships of hope to symptoms and psychological distress. Journal of Pain and Symptom Management, 40, 174-182.

Bronk, K. C., Hill, P. L., Lapsley, D. K., Talkib, T. L., & Finch, H. (2009). Purpose, hope, and life satisfaction in three age groups. The Journal of Positive Psychology, 4, 500-510.

Carlson, B. (1990). Adolescent observers of marital violence. Journal of Family Violence, 5, 285-299.

Centers for Disease Control. (2018). Intimate Partner Violence. Retrieved from <u>www.cdc.gov/violenceprevention/</u> <u>intimatepartnerviolence/index.html</u>

Chang, E. C., & DeSimone, S. L. (2001). The influence of hope on appraisals, coping, and dysphoria: A test of hope theory. Journal of Clinical and Social Psychology, 20, 117-129.

Ciarrochi, J., Parker, P., Kashdan, T. B., Heaven, P. C. L., & Barkus, E. (2015). Hope and emotional well-being: A six-year study to distinguish antecedents, correlates, and consequences. The Journal of Positive Psychology, 10, 520-532.

Cohen, J. (1992). A power primer. Psychological Bulletin, 112, 155-159.

Currie, J., & Widom, C. S. (2010). Long-term consequences of child abuse and neglect on adult economic well-being. Child Maltreatment, 15, 111-120.

Dube, S. R., Anda, R. F., Felitti, V. J., Croft, J. B., Edwards, V. J., & Giles, W. H. (2001a). Growing up with parental alcohol abuse: Exposure to childhood abuse, neglect and household dysfunction. Child Abuse & Neglect, 25, 1627-1640.

Dube, S. R., Anda, R. F., Felitti, V. J., Chapman, D. P., Wiliamson, D. F., & Giles, W. H. (2001b). Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: Findings from the adverse childhood experiences study. Journal of the American Medical Association, 286, 3089-3096.

Evans, S. E., Davies, C., & DiLillo, D. (2008). Exposure to domestic violence: A meta-analysis of child and adolescent outcomes. Aggression and Violent Behavior, 13, 131-140.

Fantuzzo, J. W., & Mohr, W. K. (1999). Prevalence and effects of child exposure to domestic violence. Future of children, Special issue: Domestic violence and children, 9, 21-32.

Feldman, D. B., & Sills, J. R. (2013). Hope and cardiovascular health-promoting behavior: Education alone is not enough. Psychology & Health, 28, 727-745.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American journal of preventive medicine, 14(4), 245-258.

Ford, D. C., Merrick, M. T., Parks, S. E., Breiding, M. J., Gilbert, L. K., Edwards, V. J., Dhingra, S. S., & Barile, J. P. (2014). Examination of the factorial structure of adverse childhood experiences and recommendations for three subscale scores. Psychology of Violence, 4, 432-444.

Gwinn, C., (2015). Cheering for the children: Creating pathways to HOPE for children exposed to trauma. Tuscon, AZ: Wheatmark Press.

Gwinn, C., Hellman, C. (2018). Hope Rising: How the Science of HOPE Can Change Your Life. United States: Morgan James Publishing.



Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2011). Children's exposure to intimate partner violence and other family violence. Office of Juvenile Justice and Delinquency Prevention (OJJDP) Bulletin (NCJ232272). Washington, D. C.: US Department of Justice.

Harris, Nadine B. (2014). How Childhood Trauma Affects Health Across a Lifetime [Video File]. Retrieved from <u>www.TED.com/</u> <u>Talks/Nadine_Burke_Harris_How_Childhood_Trauma_Affects_</u> <u>Health_Across_A_Lifetime</u>

Hellman, C. M., & Gwinn, C. (2017). Camp HOPE as an intervention for children exposed to domestic violence: A program evaluation of hope and strength of character. Child and Adolescent Social Work Journal, 34, 269-276.

Hellman, C. M., Munoz, R. T., Worley, J. A., Feeley, J. A., & Gillert, J. E. (2018). A reliability generalization on the children's hope scale. Child Indictors Research, 11, 1193-1200.

Hillis, S. D., Anda, R. F., Felitti, V. J., & Marchbanks, P. A. (2001). Adverse childhood experiences and sexual risk behaviors in women: A retrospective cohort study. Family Planning Perspectives, 33, 206-211.

Kelsey, K. S., DeVellis, B. M., Gizlice, Z., Ries, A., Barnes, K., & Campbell, M. K. (2011). Obesity, hope, and health: Findings from the HOPE works community survey. Journal of Community Health, 36, 919-924.

Kizmann, K. M., Gaylord, N. K., Holt, A. R., & Kenny, E. D. (2003). Child witnesses to domestic violence: A meta-analytic review. Journal of Consulting & Clinical Psychology, 7, 339-352.

Kwon, P. (2000). Hope and dysphoria: The moderating role of defense mechanisms. Journal of Personality, 68, 199-223.

Lichter, E. L., & McCloskey, L. A. (2004). The effects of childhood exposure to marital violence on adolescent gender-role beliefs. Psychology of Women Quarterly, 28, 344-357.

Litrownik, A. J., Newton, R., & Hunter, W. M. (2003). Exposure to family violence in young at-risk children: A longitudinal look at the effects of victimization and witnessed physical and psychological aggression. Journal of Family Violence, 18, Special issue: LONGSCAN and family violence, 59-73. Ong, A. D., Edwards, L. M., Bergeman, C. S. (2006). Hope as a source of resilience in later adulthood. Personality and Individual Differences, 41, 1263-1273.

Park, N., & Peterson, C. (2009). Character strengths: Research and practice. Journal of College & character, 10, 1-9.

Pedrotti, J. T., Edwards, L., & Lopez, S. J. (2008). Promoting hope: Suggestions for school counselors. Professional School Counseling, 12, 100-107.

Reavis, J.A., Looman, K.A., Franco, A., and Rojas, B. (2013). Adverse Childhood Experiences and Adult Criminality: How Long Must We Live Before We Process Our Own Lives?. The Permanente Journal, 17, no. 2, 44-48.

Seligman, M. E. P., Csikszentmihalyi, M. (2000). Positive psychology: An introduction. American Psychologist, 55, 5-14.

Sheehan, K., & Rall, K. (2011). Rediscovering hope: Building school cultures of hope for children of poverty. The Phi Delta Kappan, 93(3), 44–47. http://www.jstor.org/stable/23048920

Smith, M. E., & Randall, E. J. (2007). Batterer intervention program: The victim's hope in ending the abuse and maintaining the relationship. Issues in Mental Health Nursing, 28, 1045-1063.

Snyder, C. R. (1995). Conceptualizing, measuring, and nurturing hope. Journal of Counseling & Development, 73, 355-360.

Snyder, C. R. (2002). Hope theory: Rainbows of the mind. Psychological Inquiry, 13, 249-275.

Snyder, C. R., Hoza, B., Pelham, W. E., Rapoff, M., Ware, L., Danovsky, M., Highbeger, L., Ribinstein, H., & Stahl, K. J. (1997). The development and validation of the children's Hope Scale. Journal of Pediatric Psychology, 22, 399-421.

Valle, M. F., Huebner, E. S., & Suldo, S. M. (2004). Further validation of the Children's Hope Scale. Journal of Psychoeducational Assessment, 22, 320-337.

Wolfe, D. A., Crooks, C. V., Lee, V., & McIntyre-Smith, A. (2003). The effects of children's exposure to domestic violence: A metaanalysis and critique. Clinical Child & Family Psychology Review, 6, 171-187.



THE HOPE RESEARCH CENTER

The mission of the University of Oklahoma is to provide the best possible educational experience for students through excellence in teaching, research, creative activity, and service to the state and society. The Hope Research Center focuses this mission by collaborating with nonprofit agencies to improve program services using sound scientific practice while simultaneously training students in the application of research methodologies.

The Hope Research Center is an interdisciplinary social science unit at the University of Oklahoma, Tulsa Schusterman Cen ter. Collaborating with nonprofit human service organizations, faculty and graduate students lead research projects with a particular focus on sustainable well-being among vulnerable and otherwise at-risk individuals, families, and communities.

Guided by the principle that hope is the theory of change that explains the positive impact program services have on client outcomes, the Center is focused on three ideas.

1 HOPE BUFFERS ADVERSITY AND STRESS (ESPECIALLY IN THE CONTEXT OF TRAUMA)

2

INCREASING HOPE LEADS TO POSITIVE OUTCOMES

3 HOPE CAN BE LEARNED AND SUSTAINED THROUGH TARGETED PROGRAM SERVICES

Faculty members who work in the center provide a full range of applied research activities including program evaluation and outcome assessment in support of nonprofit program service delivery. Participating faculty members are nationally recognized for their area of research and are expert methodologists with the capacity to match research protocols to the needs of the nonprofit community.



Hope Research Center 4502 East 41st Street Tulsa, OK 74135 <u>emtrevino@ou.edu</u>

