



Camp HOPE America

2018 NATIONAL RESULTS

A Program Evaluation of Hope and Positive Youth Development
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a program of
ALLIANCE for
HOPE
INTERNATIONAL



HOPE RESEARCH CENTER
The UNIVERSITY of OKLAHOMA - TULSA

a national partner of **verizon**

Camp HOPE America 2018

NATIONAL DATA EXECUTIVE SUMMARY

This report provides the evaluation results for the 2018 Camp HOPE America impact on children's Hope, Resilience, and Character Development. Data for this evaluation is based upon Camp HOPE America programs from Arkansas, Connecticut, Idaho, Louisiana, New Jersey, Oklahoma, Oregon, Tennessee, Texas, and Washington.

- In order to assess change in hope, resilience, and character development, a matched pre-camp, post-camp, and follow-up assessment design was used.
- Six hundred and thirty-six campers provided responses to the self-report survey. Of these 636 campers, 538 provided complete data at the pre-camp assessment, 514 provided complete data on the final day of camp assessment, and 483 provided complete data at the 30-day follow-up assessment.
- Matched comparisons were available for 410 campers across all three-assessment periods. Comparisons were made on child self-report of Hope and Resilience.
- The average age of campers was 10.98 years (SD = 2.39) with ages ranging from seven to 17 years. Of the participating campers 50.6% identified as female.
- Camp counselors provided observational assessments on 476 campers on the first and last day of camp. Matched observational comparisons were made for camper Hope and Character Development in the areas of Zest, Grit, Optimism, Self-Control, Gratitude, Curiosity, and Social Intelligence.

Camper Self-Assessment Results

- Increases in hope were statistically significant.
- Increases in believing in self, believing in others, and believing in dreams (Camp HOPE Resilience) were 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).

The Verizon Foundation has supported the development of Camp HOPE America, along with many local funders and donors, across the United States.

Introduction

Child Exposure to Domestic Violence

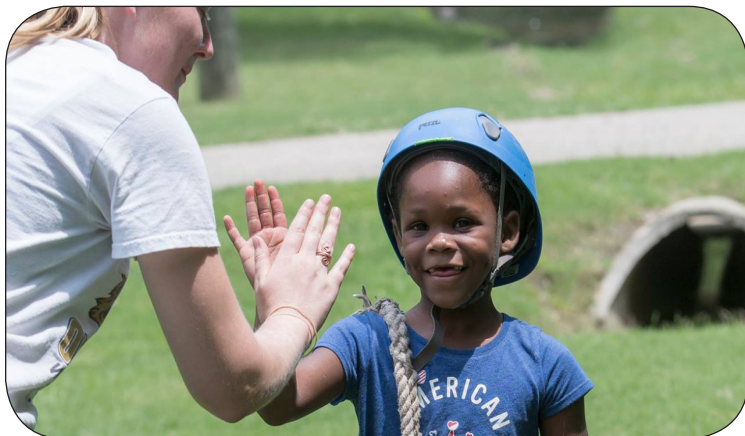
Researchers estimate that upwards of 18.8 million children in the US witness domestic violence across their lifetime (Hamby, Finkelhor, Turner, & Ormrod, 2011). Meta-analytic studies consistently find that children exposed to domestic violence are at a higher risk for emotional, social, and behavioral 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).

While the research on children exposed to domestic violence is emerging, studies show these children are at an increased risk for anxiety and depression, social isolation, increased physical and psychological aggression, and propensity to perpetuate the cycle of domestic violence (Carlson, 1990; Lichter & McClosky, 2004; Litrownik, Newton, & Hunter, 2003). 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 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.



Camp HOPE America

Camp HOPE America (www.camphopeamerica.com) 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 Alliance for HOPE International (www.allianceforhope.com). Alliance for HOPE International is the umbrella organization for all Family Justice Centers and similar multi-agency models serving victims of domestic violence and their children throughout the United States.



Camp HOPE America Program

The Camp HOPE America program is a values-based camping and mentoring model with a four to six day, overnight program and follow-up activities during the school year. The program focuses on three key elements: 1) “Challenge by Choice” activities, 2) affirmation and praise for developing observed character traits, and 3) themed, small group discussion and activities focused on helping children set goals and then pursue those 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) while allowing them to opt out of those activities if the challenge creates unmanageable stress 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 participate in other daily camp activities and to follow all safety and group protocols. For safety reasons, campers are not allowed to leave the group setting or be alone at any time (the exception includes toileting or showering).

Trained camp staff members, from a traditional summer camp not focused on children exposed to family violence, supervised all recreational activities. Camp HOPE America staff members employed by Alliance for HOPE International managed specialized program activities and other therapeutic components.



Using a trauma-informed camper/counselor approach, Camp HOPE America focuses on providing affirmation and encouragement including nightly campfires where campers received Character Trait Awards each day from

their peers or college-aged counselors. Camp HOPE America program activities are site specific but have included rafting, 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 campfires, journaling, KBAR (kick back and relax) time in the cabins/tents each day with counselors and campers, camp fire 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 own cabin group), and other relationship-oriented times. Each day at Camp HOPE America, there is a positive statement for the day. California used a new curriculum while national partners used the previous summer’s curriculum.

Some of the statements included: “My dreams can come true,” “I am resilient,” “My future is brighter than my past,” “I have a hope story,” “Where I focus, I will go,” and “My pain can fuel my purpose.” By having a positive statement for each day, children had the opportunity to internalize their own uniqueness, personal progress, need for others, future-oriented focus, and perseverance. Children did not have “free time” at Camp HOPE America and children were never without an adult mentor or college-aged counselor (with the exception of toilet/showering





needs). All electronics including cell phones, laptops, and other devices were collected and turned off when children arrived at camp. Electronic items were then returned after the conclusion of the camp.

One of the key elements of Camp HOPE America was the use of a de-centralized programming model. In this particular model, each cabin was paired with another cabin of a similar age. Older campers (11-17 year olds) were paired with a cabin of the opposite sex. Younger campers (7-11 year-olds) were paired with similarly aged campers of the same sex. The two combined cabins were referred to as a HOPE Circle. Throughout the week, each HOPE Circle participated in the various camp activities together and built relationships within the smaller group instead of simply participating in all activities in a large group.



Hope Theory

Hope refers to the positive expectation children have toward the attainment of a future oriented goal. Snyder (2000) described hope as a cognitive-based 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 is able to conceive of potential barriers and develop strategies to overcome the barriers or choose an alternative pathway. Agency thinking refers to the mental energy or willpower the child can direct and sustain toward their goal pursuits. Hopeful children are able to exert mental energy to their pathways and persevere by self-regulating their thoughts, emotions and behaviors toward their desirable goal.

The role of hope in a child’s capacity to flourish is well established. Hopeful thinking among children 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

Six hundred and thirty-six surveys were administered to the youth participants of Camp HOPE America programs in Arkansas, Connecticut, Idaho, Louisiana, New Jersey, Oklahoma, Oregon, Tennessee, Texas, and Washington. A pre-camp/post-camp/30-day follow-up survey design was utilized. Children received the pre-test 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 guardians, and data collection.

Completed surveys were then provided by the individual Family Justice Centers to Alliance for HOPE International to ensure data were de-identified, organized by state, and sent to the University of Oklahoma research team.



Sample Demographics

Specific demographic characteristics of the children were limited in the survey. However, the average age of the respondent was 10.98 years ($SD = 2.39$). Ages ranged from a low of seven to a high of 17 years. Of the 565 who reported their gender 49.4% marked male and 50.6% female.



Table 1. Participating Camp HOPE America Sites and Number of Campers Assessed

Site	Number	Site	Number
Arkansas	19	Oklahoma	140
Connecticut	45	Oregon	76
Idaho	32	Tennessee	45
Louisiana	39	Texas	158
New Jersey	22	Washington	60

Adverse Childhood Experiences (ACEs)

Understanding ACEs

The negative consequences associated with Adverse Childhood Experiences (ACEs) across the lifespan are well documented. 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).

The average ACE score for Camp HOPE America children in 2018 was 3.71 (SD = 2.26). 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 significantly higher prevalence of ACE among the children [$t(111) = 9.81$; $p < .05$].

Children tend to minimize their trauma and underreport their ACE scores. Therefore, ACE score results may be reported as lower than they truly are for the population being represented. At Camp HOPE America, only campers ages 11 and older are given the choice to take the ACE Questionnaire. Campers under the age of 11 are not tested. Thus, results are limited as they are only measured with older age groups.

Table 3 presents the prevalence of Camp HOPE America children with each ACE. The top ACEs for Camp HOPE America children included parental divorce, verbal abuse, parent incarceration, substance use/abuse, and parental divorce.

Table 2. Prevalence of ACE Reported by Camp HOPE America Children (n=112)

Ace Score	CDC Findings	Camp HOPE America 2018
0	36.1%	5.4%
1	26.0%	13.4%
2	15.9%	17%
3	9.5%	10.7%
4+	12.5%	53.5%

Consequences of High ACE Scores

Over one-half of these Camp HOPE America children (53.5%) 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 sexual assault 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 a sexually transmitted disease
- 200% more likely to become smokers
- 51% of those with ACE Score of 4 will have behavioral problems in school.

Polyvictimization

Over 80% of the Camp HOPE America children report an ACE score of two or higher and 53.5% have four or more adverse experiences. The average ACE score of 3.71 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.

Table 3. Prevalence of ACEs by Type

Abuse:		Dysfunctional Family:	
- Verbal	51.1%	- Witness DV	37.5%
- Physical	39.3%	- Parent Divorce	86.0%
- Sexual	23.8%	- Substance Abuse	44.1%
Neglect:		- Mental Illness	38.0%
- Emotional	49.6%	- Parent Incarceration	42.5%
- Physical	15.4%		

Measurement: Child Hope Index

Children's Hope

Hope was assessed using the Children's Hope Scale (Snyder et al., 1997) which examines the extent to which children believe they can establish pathways to their goals as well as develop and maintain the will power to follow these pathways. 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 analysis indicated a pre-hope $\alpha = .79$, post-hope $\alpha = .84$, and follow-up-hope $\alpha = .84$.



Children's Resilience

Following the Camp HOPE America theme of believing in yourself, believing in others, and believing in your dreams the OU research team developed six additional items to assess each child's self-reported resiliency. These individual items were also presented with a six-point Likert-type response (1 = none of the time; 6 = all of the time). The items and descriptive statistics are presented in Table 4. Internal consistency reliability analysis indicated pretest $\alpha = .79$, posttest $\alpha = .82$, and follow-up $\alpha = .81$.

Table 4: Camp HOPE America Child Resiliency Self-Report Descriptive Statistics

Item:	Pre-test		Post-test		Follow Up	
	Mean	SD	Mean	SD	Mean	SD
1. I have friends that care about me.	4.80	1.44	4.74	1.40	5.00	1.27
2. I'm part of a group that cares about each other.	4.58	1.45	4.70	1.43	4.90	1.26
3. I like to encourage and support others.	4.91	1.27	5.04	1.23	5.04	1.15
4. Others accept me just the way I am.	4.48	1.42	4.42	1.47	4.66	1.31
5. Even when bad things happen, I stay hopeful.	4.44	1.44	4.42	1.49	4.67	1.29
6. I think I will achieve my dreams.	4.95	1.34	5.04	1.26	5.13	1.17

Measurement: Counselor Observations

Hope Index

Counselors were asked to complete 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 $\alpha = .92$; post-test $\alpha = .93$).

Child Character Strength

In recent years, positive psychology has emerged as 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). Furthermore, 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).

Table 5: Character strengths assessed at Camp HOPE America

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.

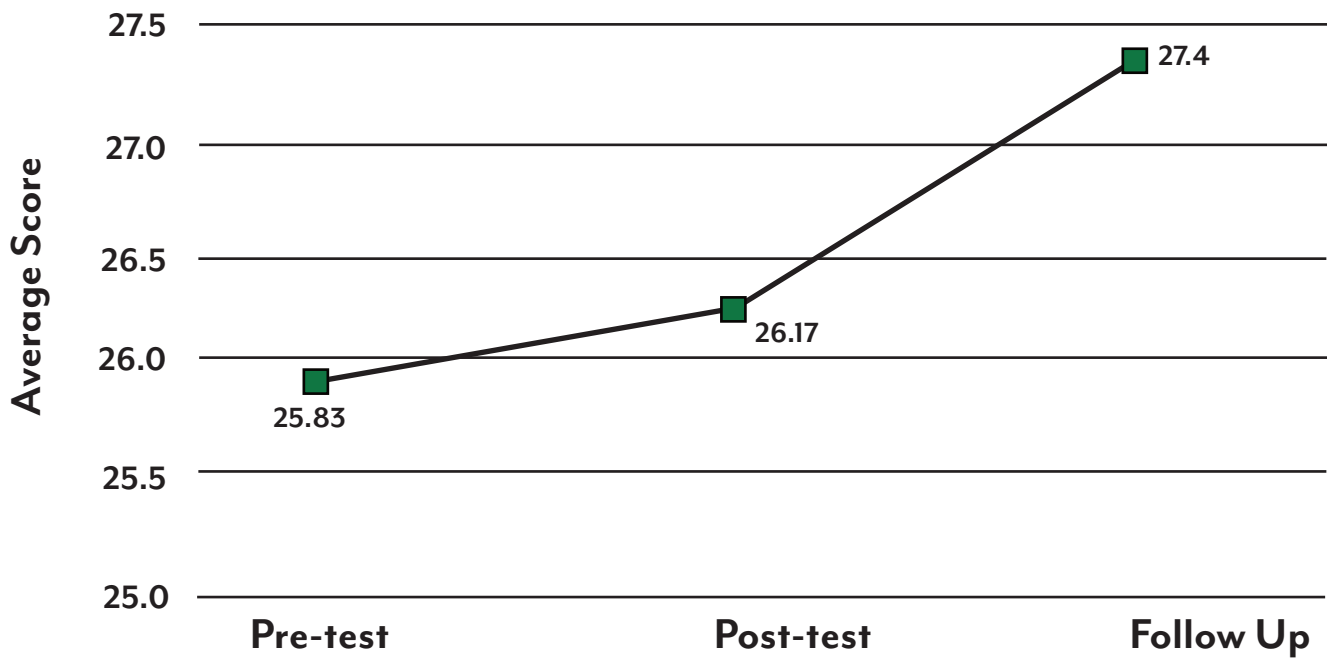
These 24 strengths have now been studied in over 190 countries with 2.6 million participants (www.viacharacter.org).

Interventions that target positive character development in youth now have a validated measurement application that can be used to promote 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 provides the character strength definition.

Results

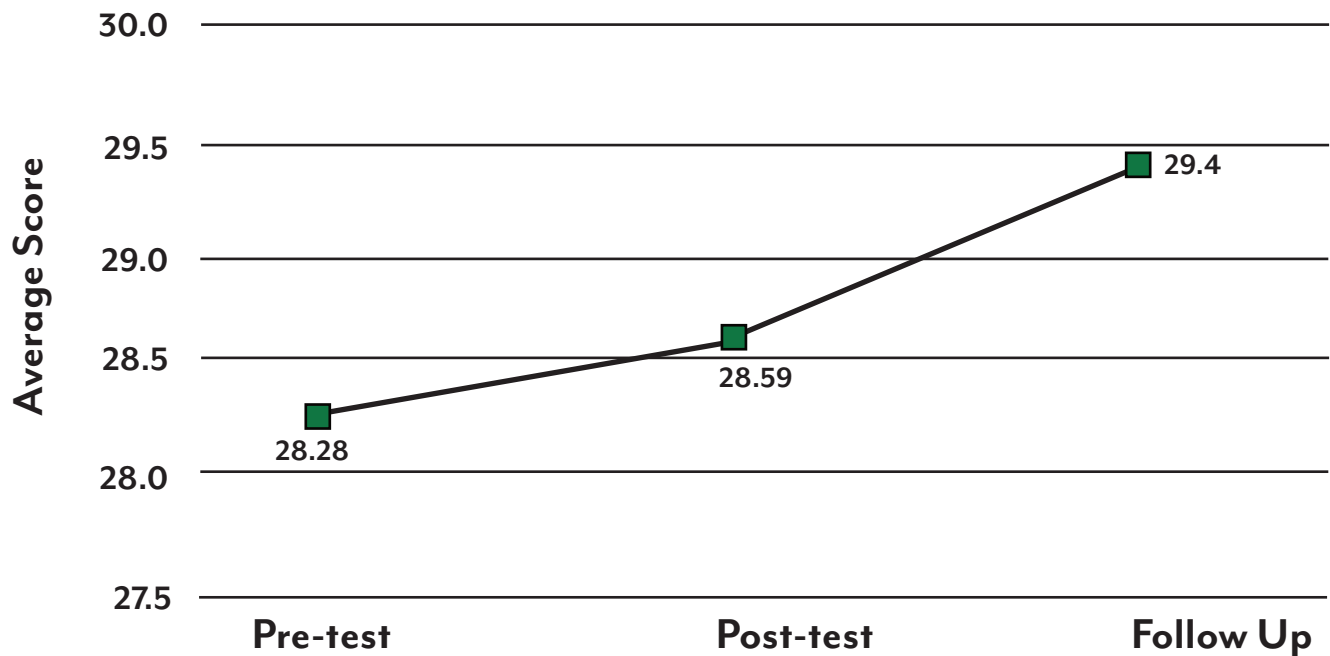
Graph 1: Children's Hope Index



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

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. Repeated measures ANOVA showed that the increase in children's hope was statistically significant [$F(2, 421) = 21.48; p < .05$]. This means that the individual's level of hope increased after participating in Camp HOPE America.

Graph 2: Children's Resiliency

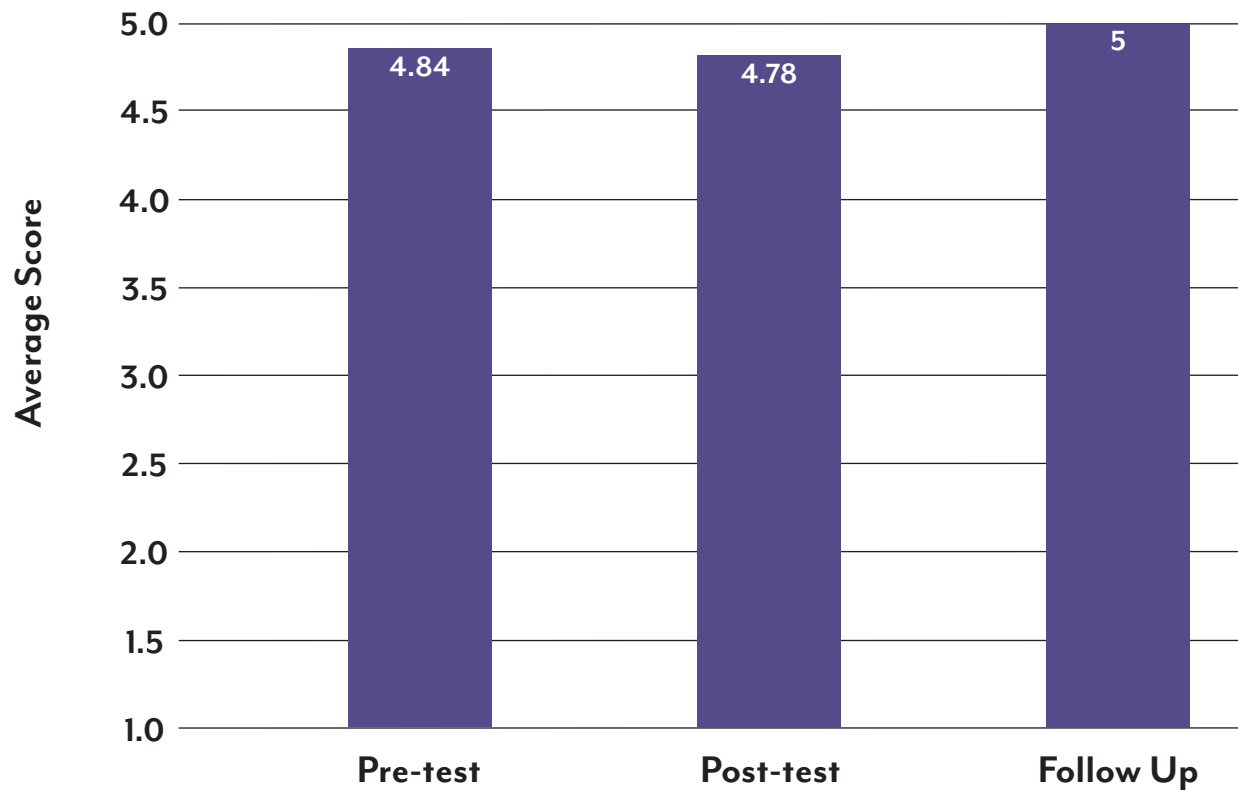


Camp HOPE America Resiliency is the combination of believing in self, believing in others, and believing in your dreams.

The graph above illustrates the change in scores for the Camp HOPE America 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 [$F(2, 408) = 11.84; p < .05$]. This means that the individual's level of resiliency increased after participating in Camp HOPE America.

Graph 3: Children's Resilience Question One

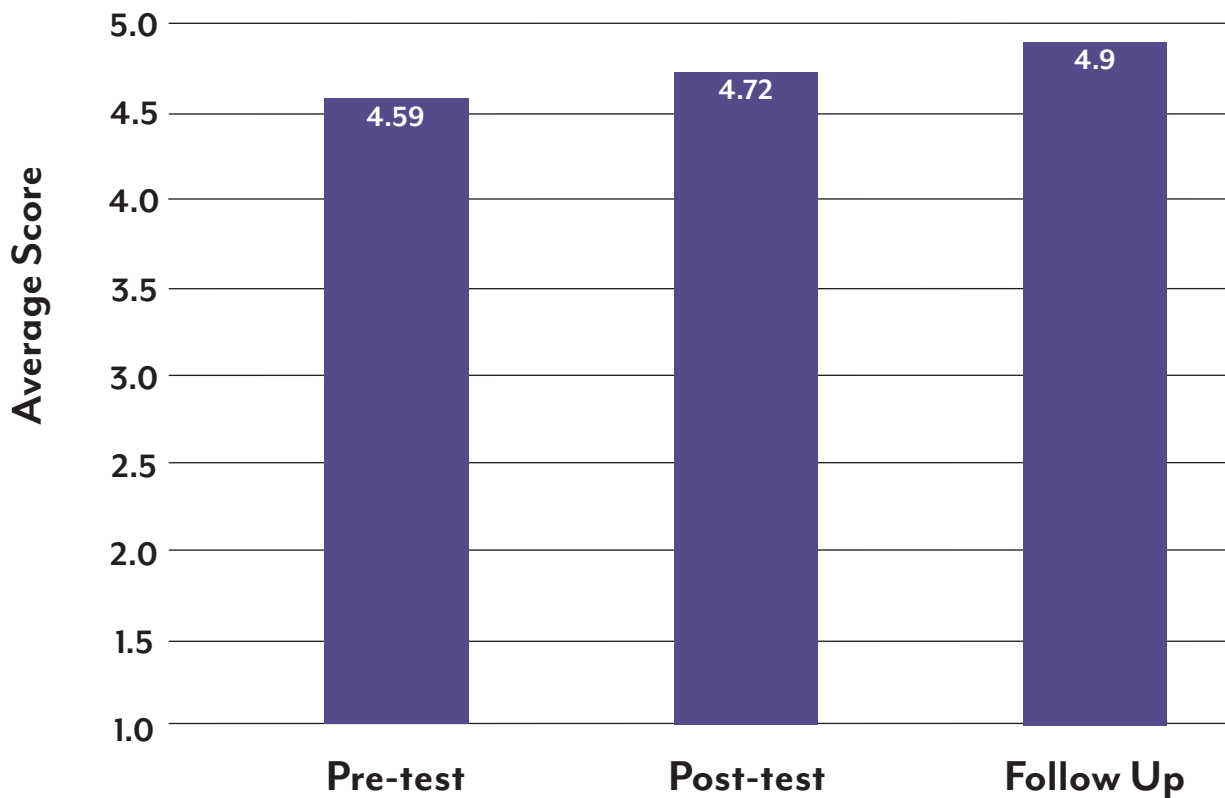
I have friends that really care about me.



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 [$F(2, 429) = 5.92; p < .05$] was statistically significant.

Graph 4: Children's Resilience Question Two

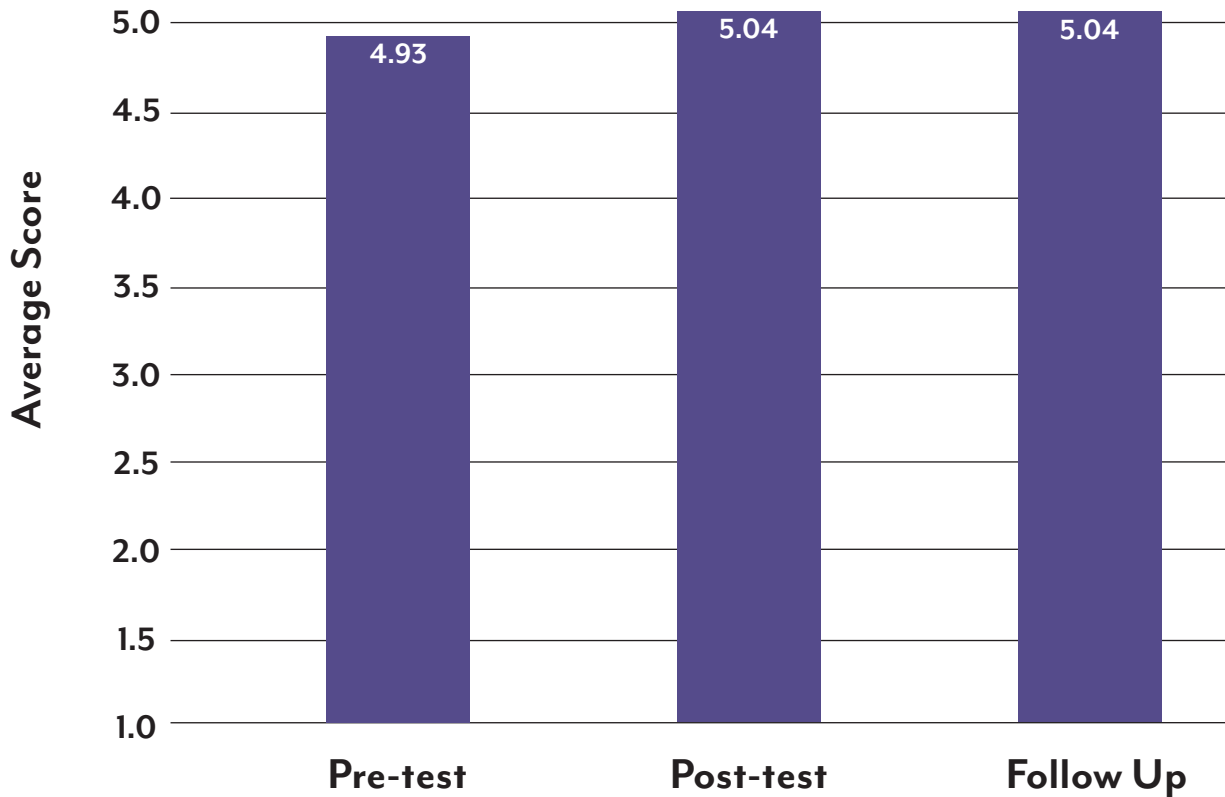
I'm a part of a group of people that care about each other.



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 [$F(2, 430) = 10.40$; $p < .05$] was statistically significant.

Graph 5: Children's Resilience Question Three

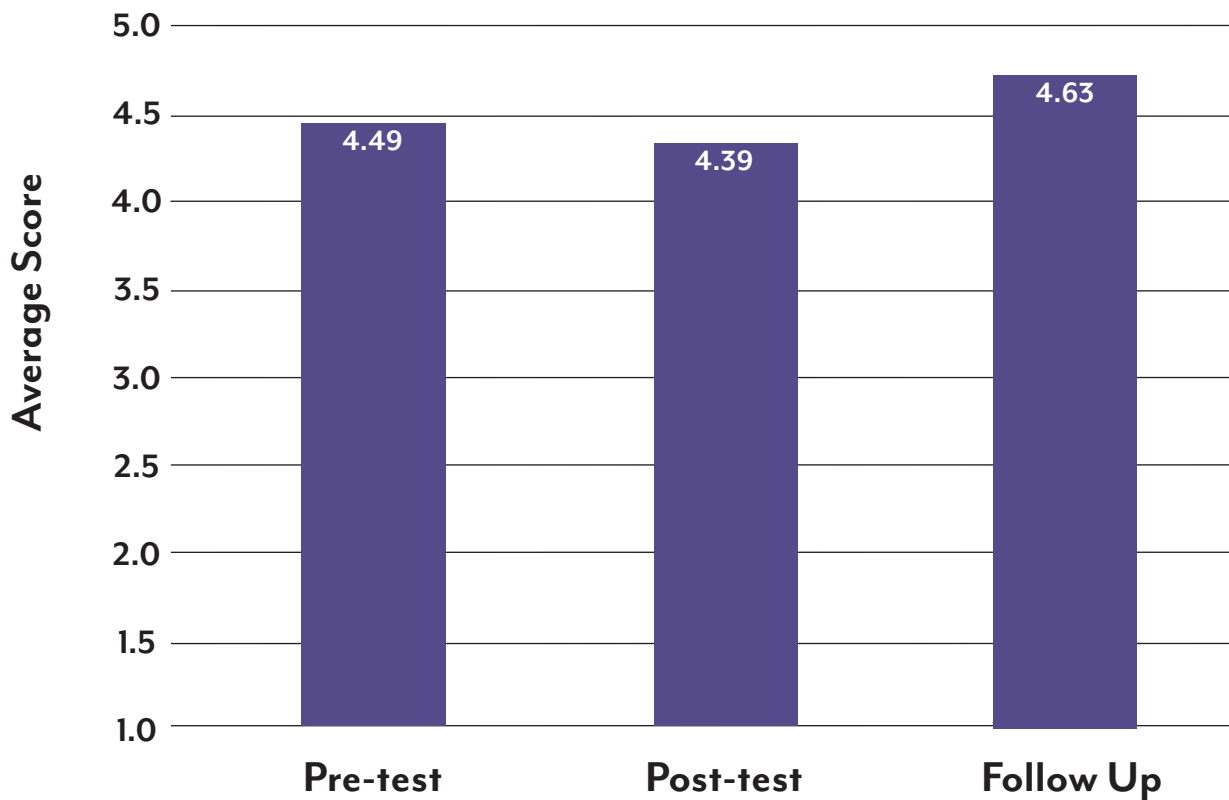
I like to encourage and support others.



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. There was not a statistically significant difference between pre-, post-, and follow-up tests [$F(2, 431) = 2.10; p > .05$].

Graph 6: Children's Resilience Question Four

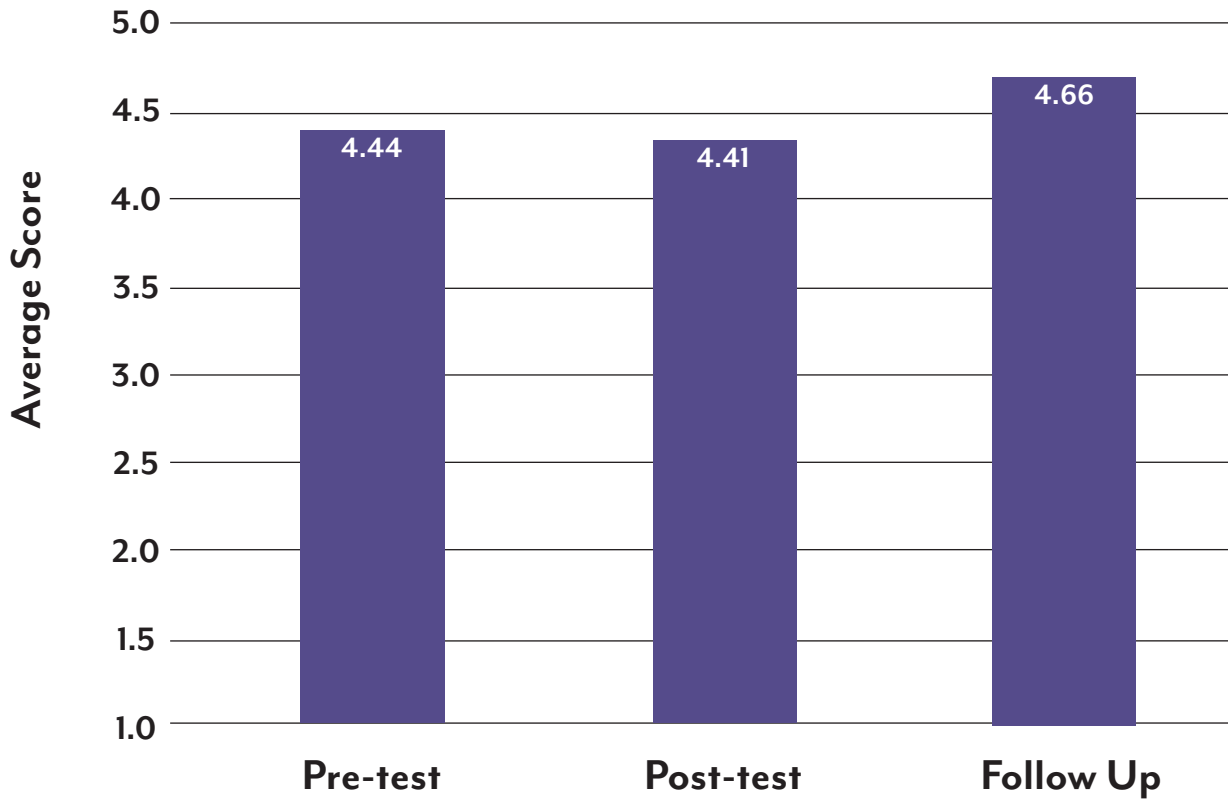
Others accept me just the way I am.



This graph demonstrates the change in mean scores for the item “Others accept 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 [$F(2, 429) = 7.10; p < .05$] was statistically significant.

Graph 7: Children's Resilience Question Five

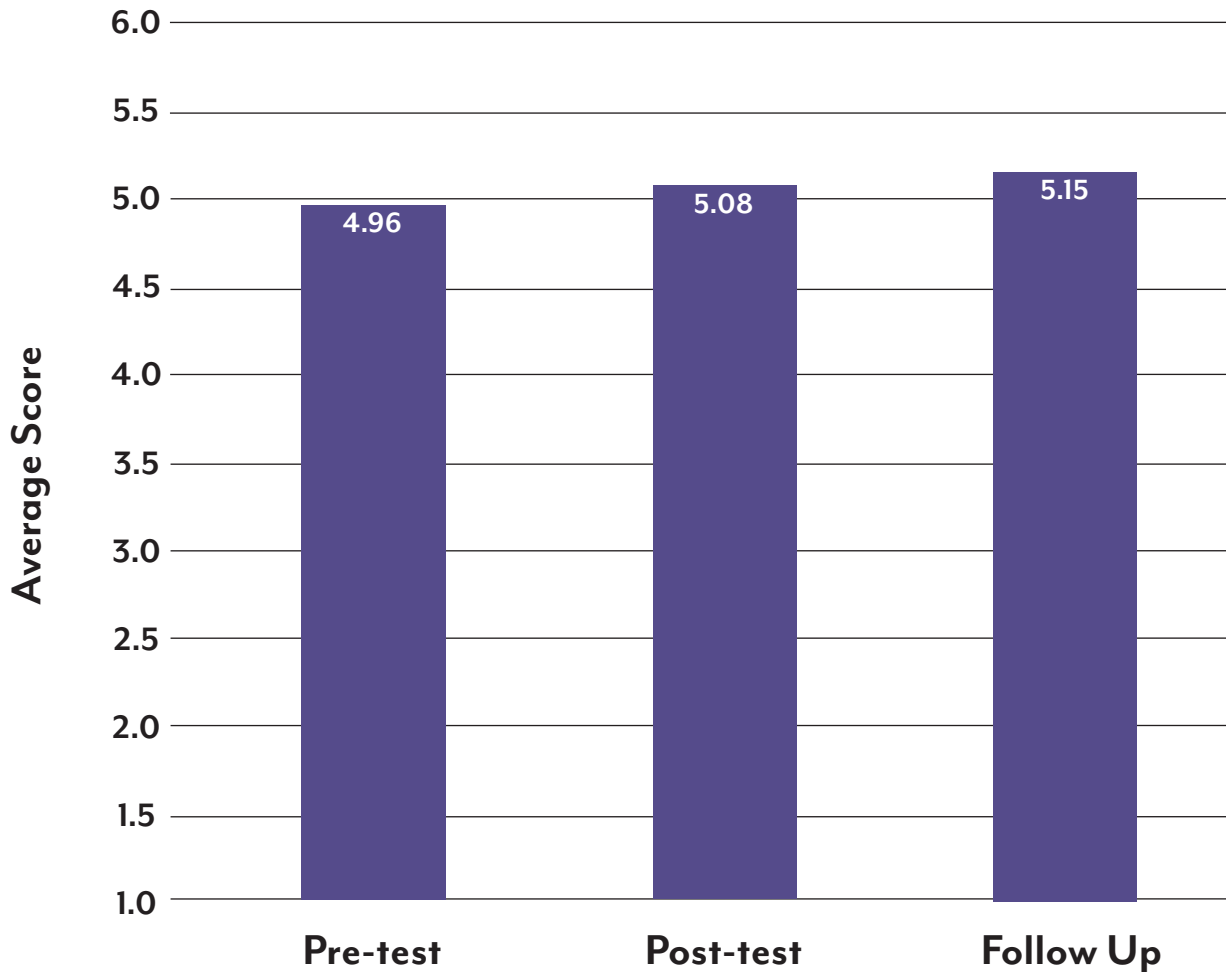
Even when bad things happen to me, I still feel hopeful about the future.



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 [$F(2, 432) = 7.24; p < .05$] was statistically significant.

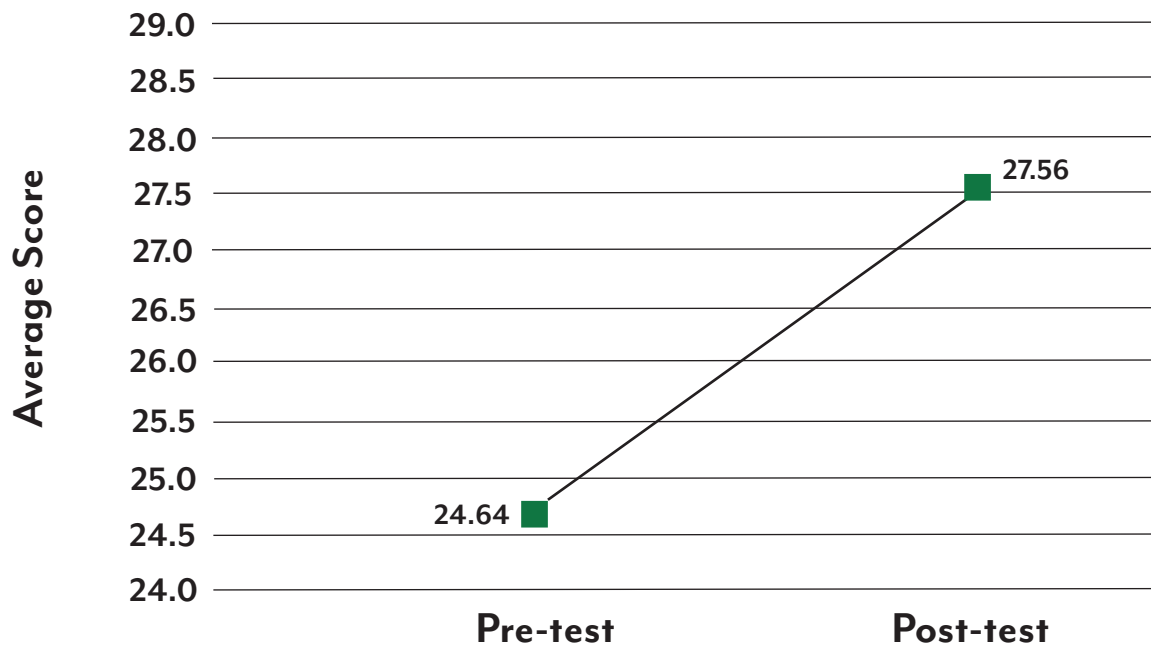
Graph 8: Children's Resilience Question Six

I think I will achieve my dreams.



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 [$F(2, 431) = 3.95; p < .05$] was statistically significant.

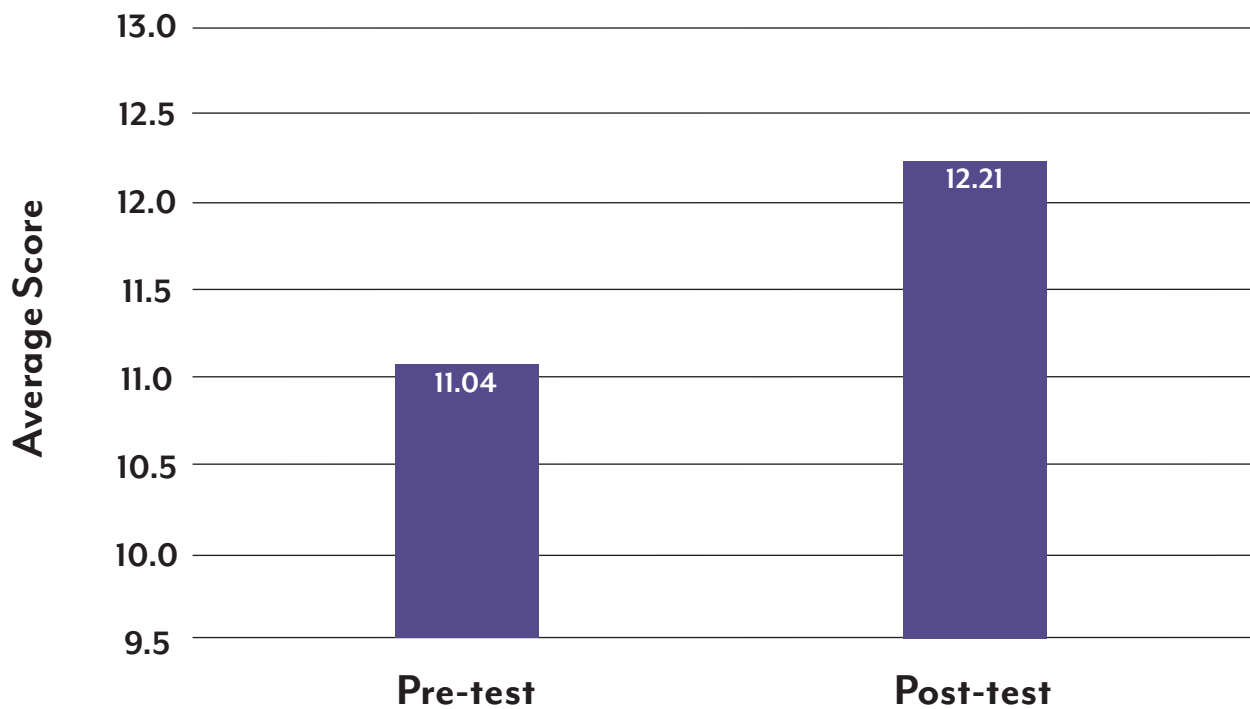
Graph 9: Counselor Observation of Camper Hope



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

The graph above demonstrates the change in hope observed by the camp counselors. A repeated measures ANOVA was computed to examine the differences in pre-and post-test mean scores. Total hope scores [$F(1, 475) = 112.33$; $p < .05$] significantly increased; this means that individual's levels of observable hope increased after participating in Camp HOPE America.

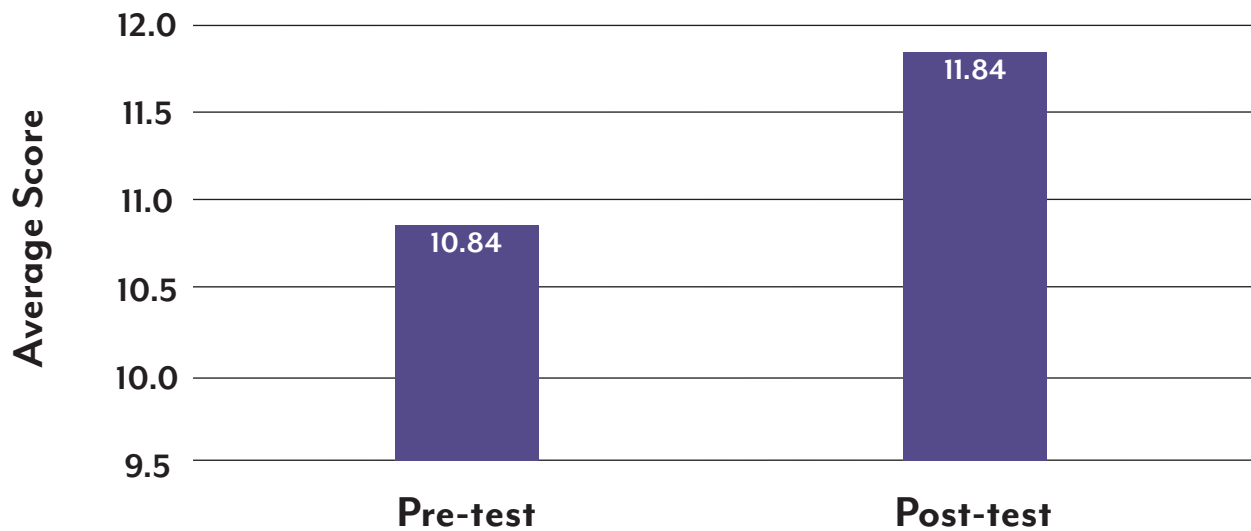
Graph 10: Counselor Observation of Camper Zest



Zest is an approach to life filled with excitement and energy.

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 [$t(517) = -9.92, p < .05$] significantly increased; this means that the individual's levels of observable zest increased after participating in Camp HOPE America.

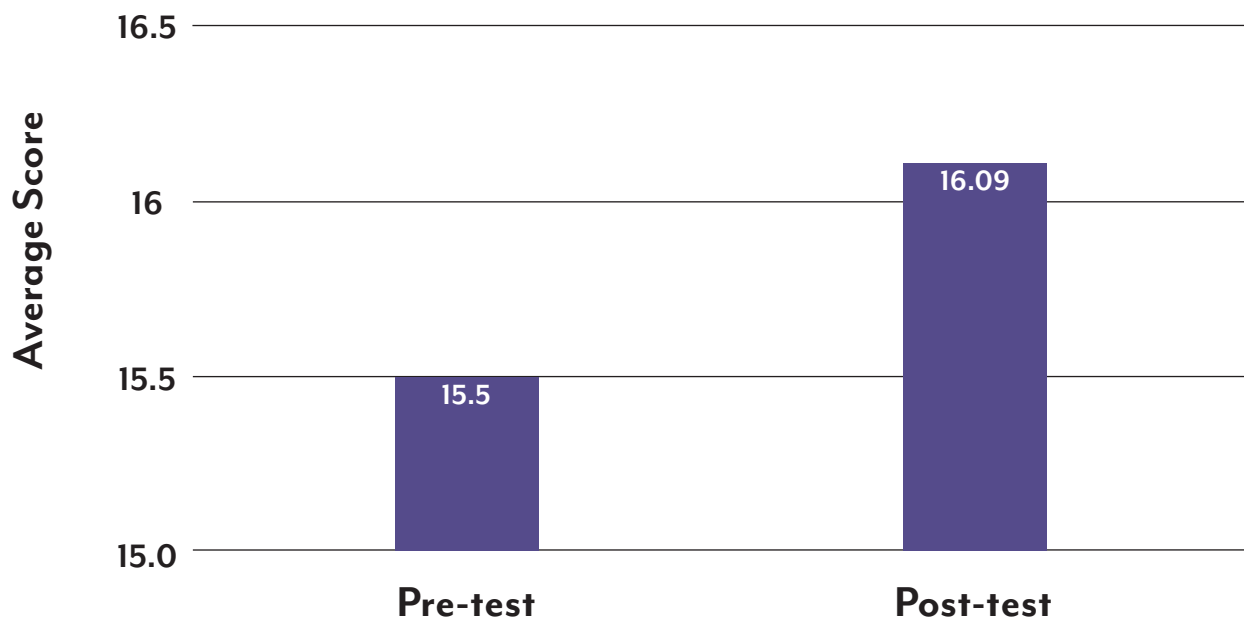
Graph 11: Counselor Observation of Camper Grit



Grit reflects the perseverance and passion for long-term goals.

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 [$t(508) = -8.38, p < .05$] significantly increased; this means that the individual's levels of observable grit increased after participating in Camp HOPE America.

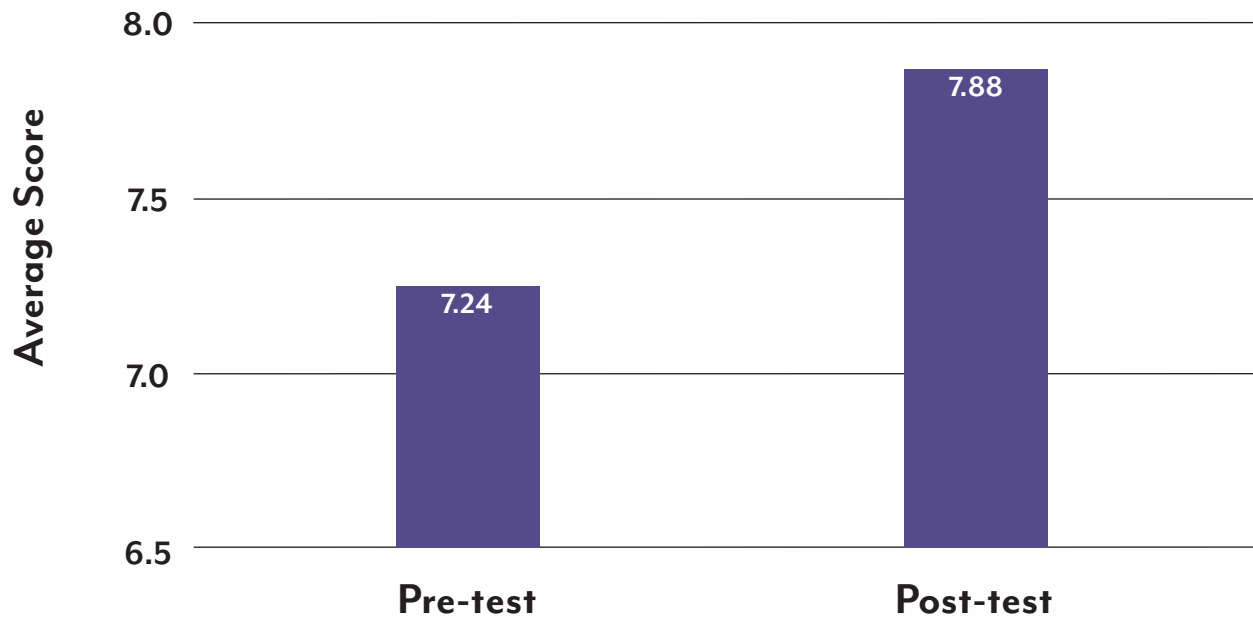
Graph 12: Counselor Observation of Camper Self-Control



Self-Control refers to the capacity to regulate thoughts, feelings, and behaviors when they conflict with interpersonal goals.

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 [$t(497) = -3.97, p < .05$] significantly increased; this means that the individual's levels of observable self-control increased after participating in Camp HOPE America.

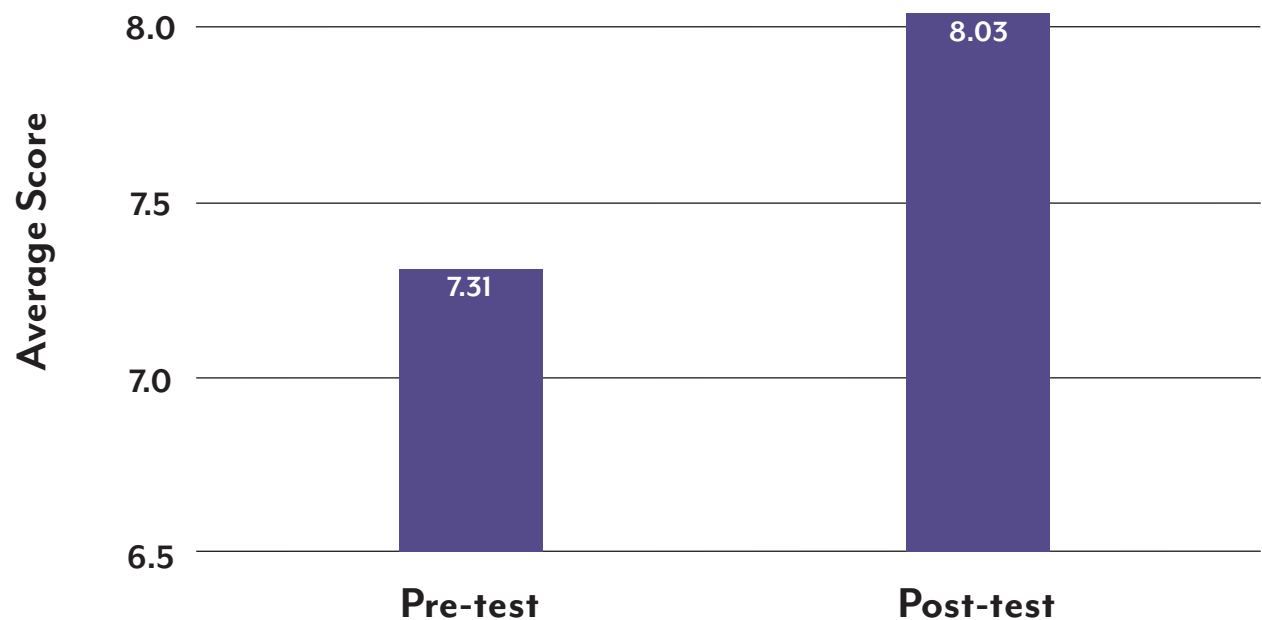
Graph 13: Counselor Observation of Camper Optimism



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

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 post-test mean scores. Total scores [$t(505) = -7.60, p < .05$] significantly increased; this means that the individual's levels of observable optimism increased after participating in Camp HOPE America.

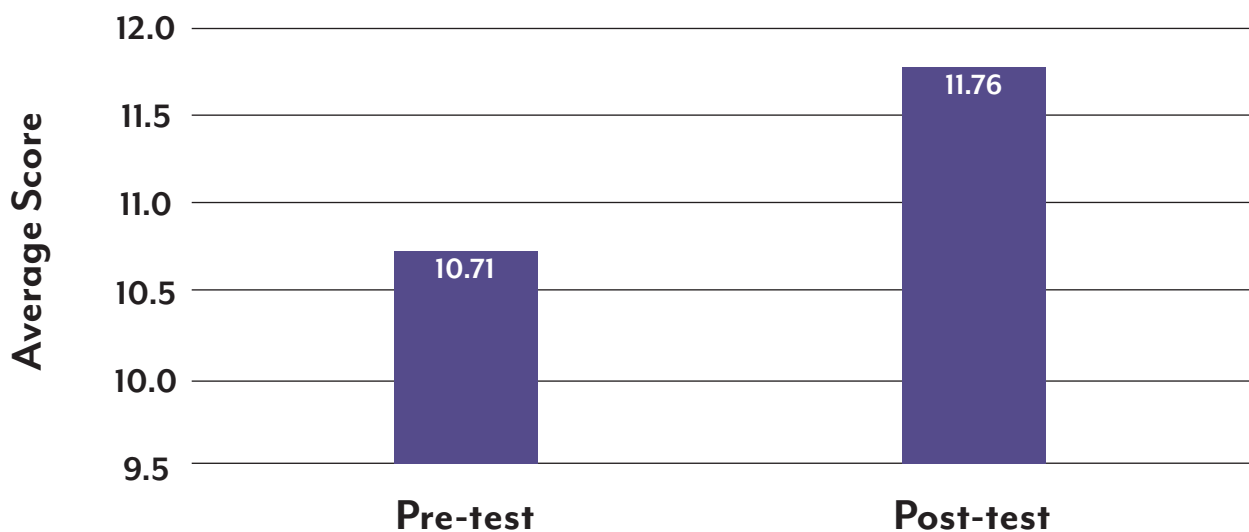
Graph 14: Counselor Observation of Camper Gratitude



Gratitude is the appreciation for the benefits received from others with a desire to reciprocate with positive actions.

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 [$t(520) = -8.44, p < .05$] significantly increased; this means that the individual's levels of observable gratitude increased after participating in Camp HOPE America.

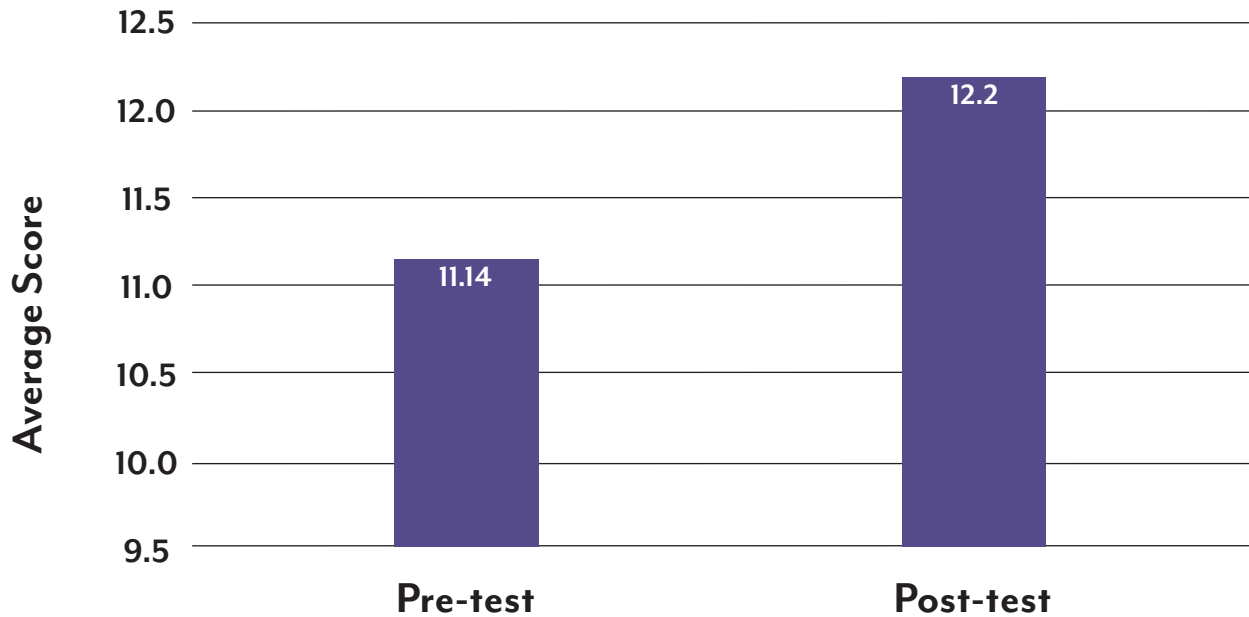
Graph 15: Counselor Observation of Camper Social Intelligence



Social Intelligence refers to the awareness of the motives and feelings of other people.

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 post-test mean scores. Total scores [$t(496) = -8.26, p < .05$] significantly increased; this means that the individual's levels of observable social intelligence increased after participating in Camp HOPE America.

Graph 16: Counselor Observation of Camper Curiosity



Curiosity is the search for information for its own sake. Exploring a wide range of information when solving problems.

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 [$t(513) = -8.97, p < .05$] significantly increased; this means that the individual's levels of observable curiosity increased after participating in Camp HOPE America.

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.

Examples from Table 6

The first column of the left identifies the order of the correlations. The first item "Hope" is also the next column labeled 1. The first correlation ($r = .73^*$) 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 ($r = .73^*$) has an asterisk indicating the finding was statistically significant ($p < .05$). As another example, higher scores on child's Resiliency (column 2) was associated with higher scores on the counselor's observation of the child's Grit (row labeled 5; $r = .17^*$) 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 (.80*). Thus, higher scores on Gratitude are associated with higher scores on Social Intelligence, and the strength is strong.

Table 6: Correlations of Children's Hope and Resilience with Counselor Observed Character Strengths

Item:	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Child Scores										
1. Hope	--									
2. Resiliency	.73*	--								
Counselor Observations										
3. Hope	.16*	.20*	--							
4. Zest	.11*	.19*	.71*	--						
5. Grit	.11*	.17*	.73*	.68*	--					
6. Self-Control	.13*	.16*	.65*	.54*	.68*	--				
7. Optimism	.17*	.21*	.73*	.63*	.68*	.68*	--			
8. Gratitude	.13*	.19*	.69*	.72*	.65*	.63*	.70*	--		
9. Social Intelligence	.15*	.20*	.77*	.69*	.74*	.79*	.73*	.80*	--	
10. Curiosity	.11*	.16*	.71*	.74*	.69*	.60*	.65*	.71*	.75*	--

Note: All Scores obtained at post-test. $N = 482-521$. * $p < .05$

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

The purpose of this report was to present findings from the program evaluation of Camp HOPE America 2018. 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 a brighter 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, and Social Intelligence, and Curiosity.

Hope represents a positive psychological strength that promotes adaptive behaviors, healthy development, and both 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 diseases, 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 program evaluation have been shown to help prevent or buffer against negative effects of stress and trauma (Park & Peterson, 2009).

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 power of Camp HOPE America to change the lives of children exposed to domestic violence.



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.
- 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.
- 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., Williamson, 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.

- 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.
- 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 Indicators 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.
- 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 meta-analysis and critique. *Clinical Child & Family Psychology Review*, 6, 171-187.

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The Hope Research Center is an interdisciplinary social science unit at the University of Oklahoma, Tulsa Schusterman Center. 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.

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