



Camp HOPE America

as an Intervention for Children Exposed to Domestic Violence:

A Program Evaluation of Hope and Positive Youth Development

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2017 NATIONAL RESULTS



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Camp HOPE America 2017

NATIONAL DATA EXECUTIVE SUMMARY

This report provides the evaluation results for the 2017 Camp HOPE America impact on children's Hope, Resilience, and Character Development. Data for this evaluation is based upon Camp HOPE America programs from California, Connecticut, Idaho, New Jersey, North Carolina, Louisiana, Oklahoma, Oregon, Tennessee, Texas, and Washington.

- 793 campers provided responses to the self-report survey. Of these 793 campers, 645 provided complete data at the pre-camp assessment, 755 provided complete data on the final day of camp assessment, and 462 provided complete data at the 30-day follow up assessment.
- The average age of campers was 10.84 years (SD = 2.36) with ages ranging from 6 to 17 years. 52.2% of the participating campers were female.
- Matched comparisons were available for 394 campers across all three-assessment periods. Comparisons were made on child self-report of Hope and Resilience.
- Camp counselors provided observational assessments on 547 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 Camp HOPE America Resilience (Believing in self, in others, and in dreams) 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).
- Positive future expectation (Optimism).
- Capacity to control thoughts, feelings, and behaviors when in conflict (Self-Control).
- Appreciation for the kindness received by others (Gratitude).
- Desire to learn and seek out new information (Curiosity).
- Awareness of the feelings and motivations of others (Social Intelligence).

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 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 increase in Hope in a pre-test, post-test design among campers from several California Family Justice Centers and other Multi-Agency Centers.



Camp HOPE America

Camp HOPE America (www.camphopeamerica.com) is the only evidence-based 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 Centers 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 summer camp and mentoring model with a 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 and pursue 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) 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 as they decide 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 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: “I am a unique masterpiece,” “I am strong, I am able,” “I am becoming my best self,” “I am on a journey,” “We need each other,” “I will cling to what is good,” “My future is brighter than my past,” “Today matters,” “My best self is within reach,” and “I can leave a legacy.” 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



Hope Theory



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 for activities. Younger campers (6-11 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 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.” Pathways 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). Higher hope children 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).



METHOD

Assessment Procedure

Seven hundred and ninety-three surveys were administered to the youth participants of Camp HOPE America programs in California, Connecticut, Idaho, New Jersey, North Carolina, Louisiana, 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, Multi-Agency Centers and community-based agencies 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 10.84 years (SD = 2.36). Ages ranged from a low of 6 to a high of 17 years. 735 reported their gender with 47.8% males 52.2% females.

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

Site	Number	Site	Number
California	329	Oregon	57
Connecticut	24	Oklahoma	83
Idaho	28	Tennessee	25
New Jersey	21	Texas	82
Louisiana	29	Washington	54
North Carolina	26		



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 ACE scores have negative effects on education, employment, and economic outcomes into adulthood. Unmitigated ACEs are also associated with increased delinquency rates and criminal behaviors. (Anda, Brown, Felitti, Bremner, Dube, & Giles, 2007; Bellis, Lowey, Leckenby, Hughes & Harrison, 2013; Currie & Wisdom, 2010; Dube, Anda, Felitti, Croft, Edwards & Giles, 2001; Dube, Anda, Felitti, Chapman, Williamson, & Giles, 2001; Gwinn, 2015; Hillis, Anda, Felitti & Marchbanks, 2001; Lanier, Kohl, Raghavan, & Auslander, 2015; Reavis, Looman, Franco, & Rojas, 2013; Wilimansion, Thompson, Anda, Dietz & Felitti, 2002).

The average ACE score for the Camp HOPE America children in 2017 was 4.07 (SD = 2.37). 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 [$t(179) = 13.02; p < .001$].

Table 2. Prevalence of ACE Reported by Camp HOPE America Children (n=180)

Ace Score	CDC Findings	Camp HOPE America 2017
0	36.1%	5.6%
1	26.0%	13.9%
2	15.9%	12.8%
3	9.5%	12.2%
4+	12.5%	55.6%

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

Consequences of High ACE Scores

Over one-half of these Camp HOPE America children (55.6%) had an ACE score of 4 or higher. Studies available through the Center for Disease Control 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 55.6% have an four or more adverse experiences. The average ACE score of 4.07 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	49.8%	- Witness DV	77.9%
- Physical	38.6%	- Parent Divorce	41.2%
- Sexual	20.3%	- Substance Abuse	42.5%
Neglect:		- Mental Illness	38.5%
- Emotional	47.1%	- Parent Incarceration	44.7%
- Physical	17.9%		

Children's Hope

Hope was assessed using the Children's Hope Scale (Snyder, Hoza, Pelham, Rapoff, Ware, Danovsky, 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). 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., in press). Internal consistency reliability analysis indicated a Pre-Hope $\alpha = .78$; Post-Hope $\alpha = .72$; F/U-Hope $\alpha = .81$.



Children's Resilience

Following the Camp HOPE America theme of believing in yourself, believing in others, and believing in your dreams, the 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. Pre-test $\alpha = .79$; Post-test $\alpha = .75$; 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.	4.72	1.55	4.73	1.43	4.89	1.33
2. I'm part of a group that cares about each other.	4.53	1.47	4.68	1.41	4.77	1.35
3. I like to encourage and support others.	4.83	1.34	4.87	1.31	4.88	1.30
4. Others accept me just the way I am.	4.34	1.47	4.35	1.43	4.55	1.37
5. Even when bad things happen, I stay hopeful.	4.32	1.47	4.51	1.44	4.58	1.38
6. I think I will achieve my dreams.	4.74	1.46	5.01	1.27	4.98	1.25

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 $\alpha = .93$; post-test $\alpha = .94$).

Child Character Strength

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.

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.

Positive Youth Development

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). These 24 strengths have

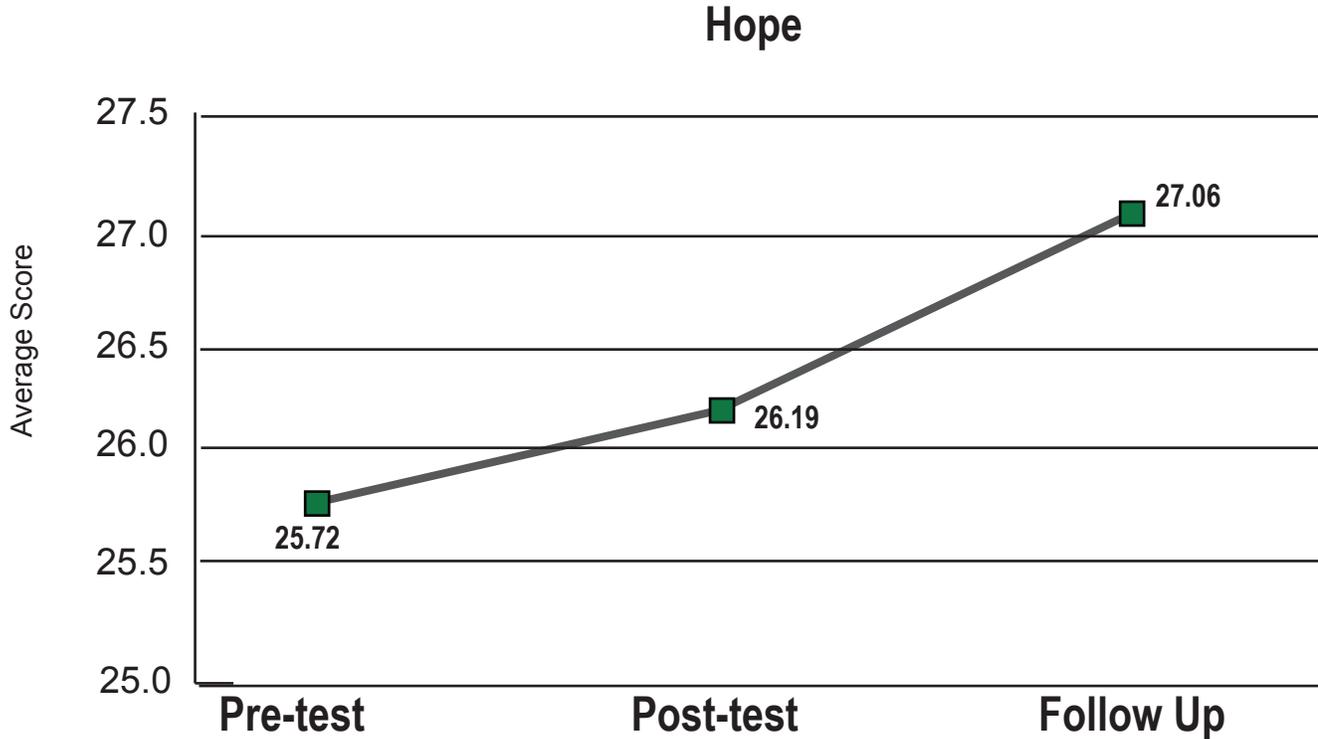
now been studied in over 190 countries with 2.6 million participants (www.viacharacter.org).

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).

RESULTS: CHILD SELF-REPORT

Graph 1.

Children's Hope Index

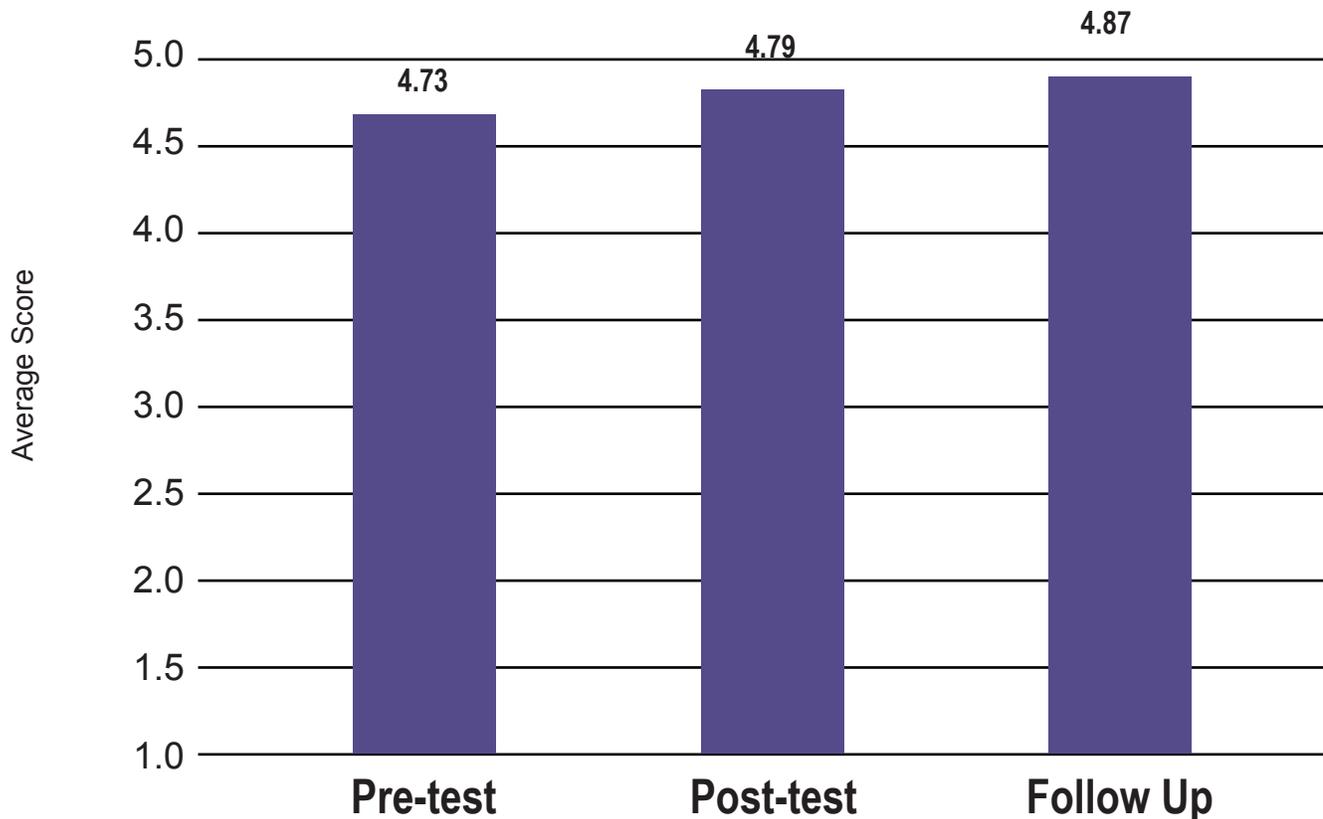


Hope reflects the individual's capacity to develop pathways and dedicate agency toward desirable goals.

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 the increase in child's hope was statistically significant [$F(2,393) = 12.13; p < .05$].

Children's Resilience Question One

I have friends that really care about me.

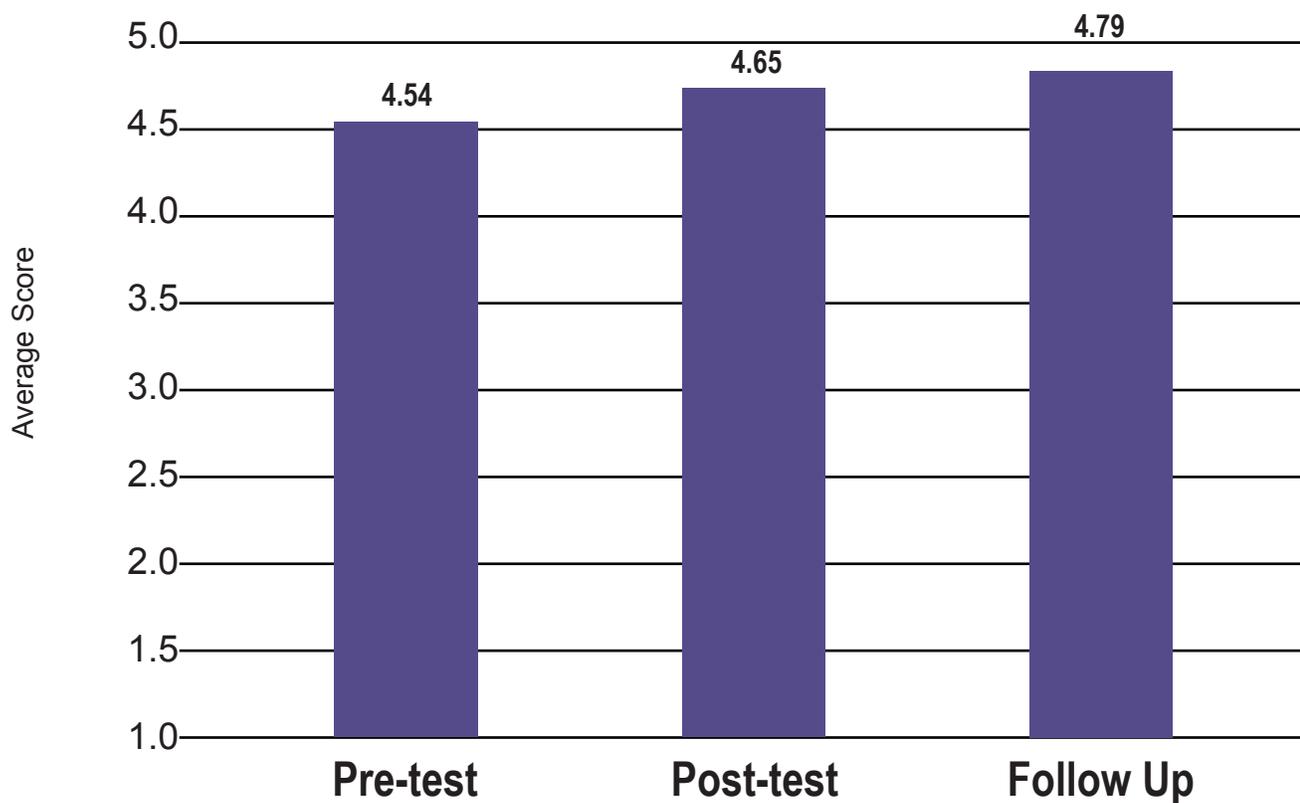


Graph 2 above demonstrates the change in mean scores for the statement "I have friends that really care about me."

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 [$F(2, 416) = 1.64; p > .05$] was not statistically significant.

Children's Resilience Question Two

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

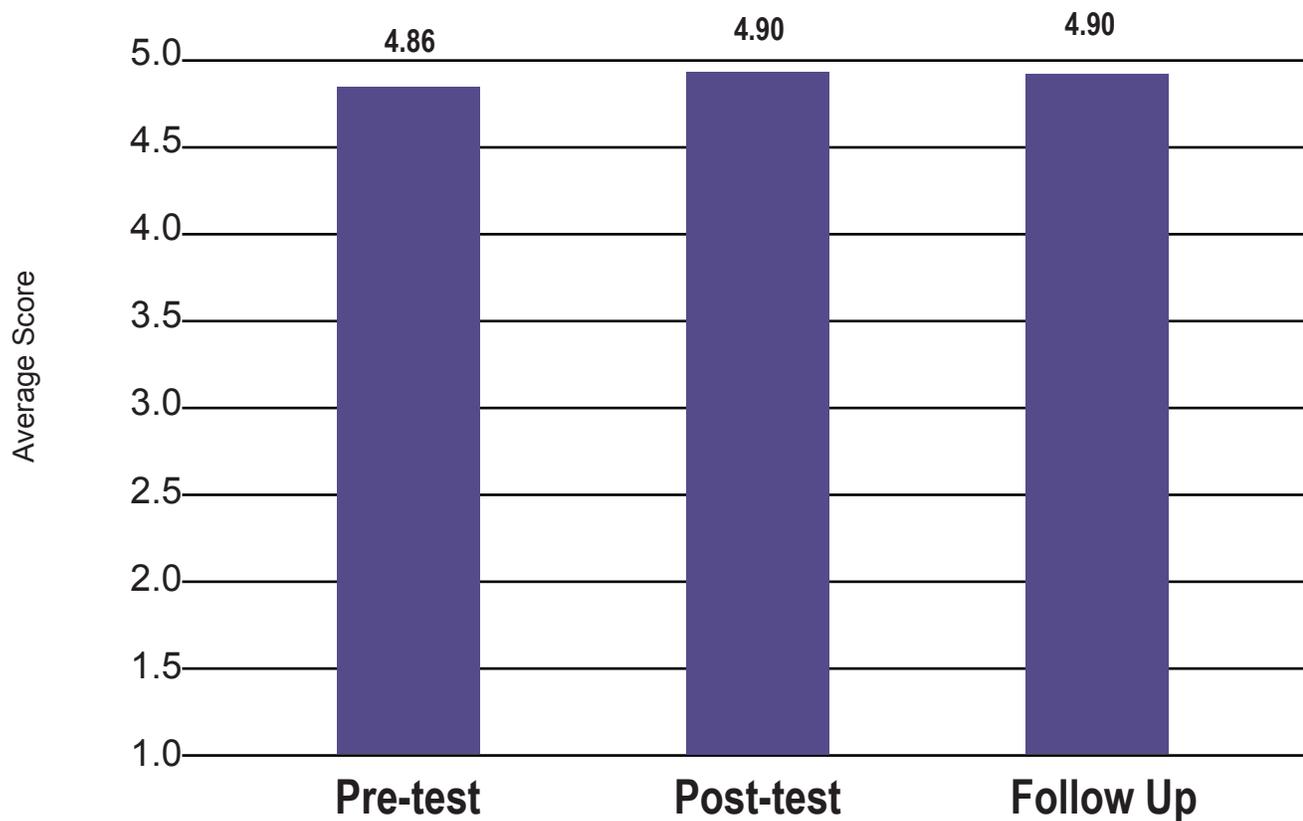


Graph 3 illustrates the change in mean scores for the item "I feel like I'm a part of a group of people that care about each other."

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 [$F(2, 413) = 4.88; p < .05$] was statistically significant.

Children's Resilience Question Three

I like to encourage and support others.

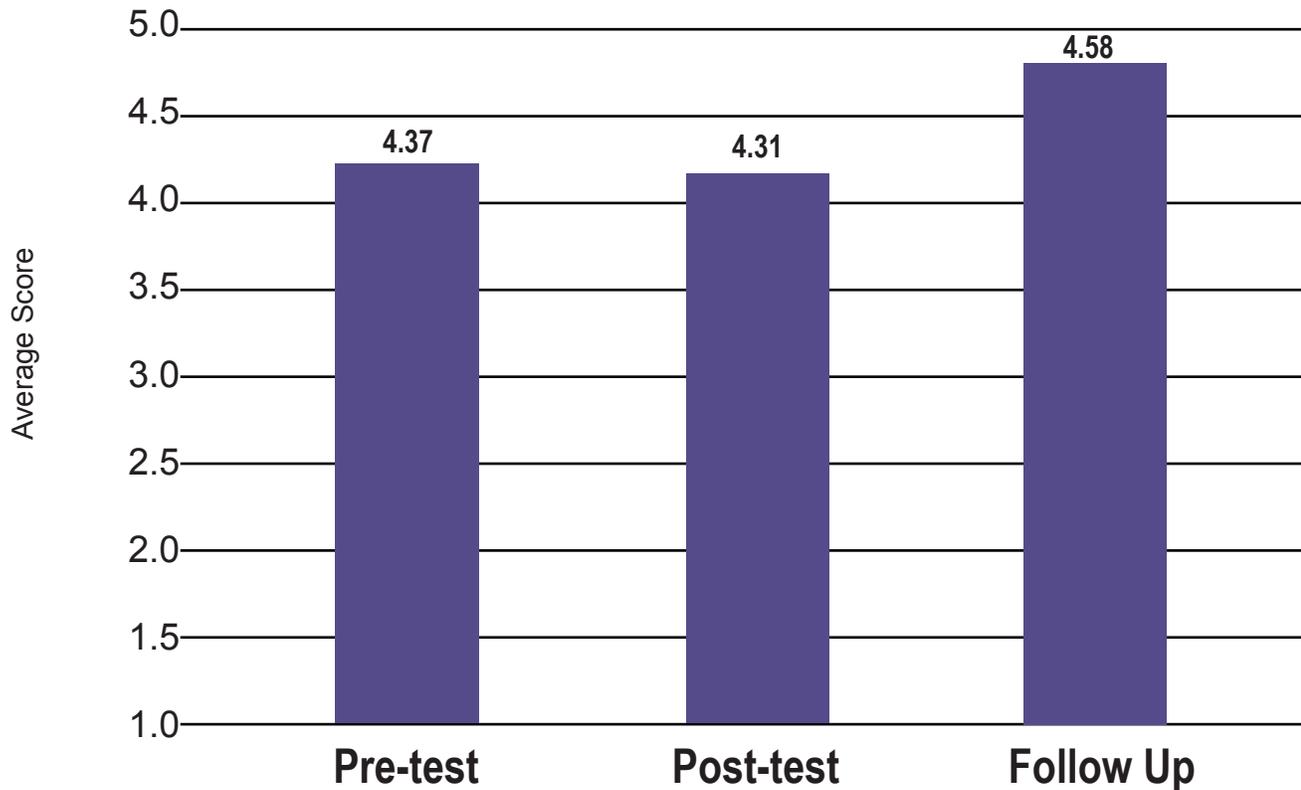


Graph 4 illustrates the change in mean scores for the item "I like to encourage and support others."

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, 421) = .24; $p > .05$].

Children's Resilience Question Four

Others accept me just the way I am.

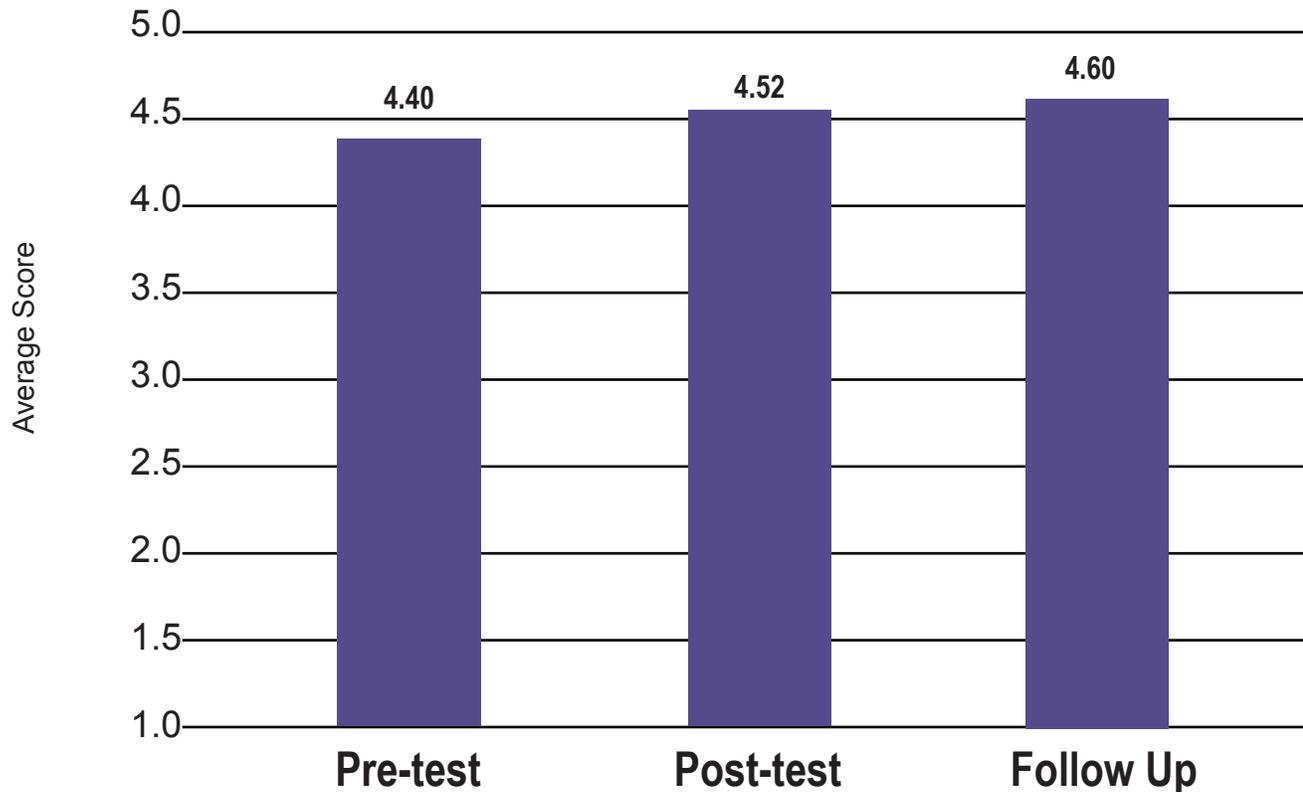


Graph 5 above demonstrates the change in mean scores for the item "Others accept me just the way I am."

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 [$F(2, 415) = 6.90$; $p < .05$] was statistically significant.

Children's Resilience Question Five

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

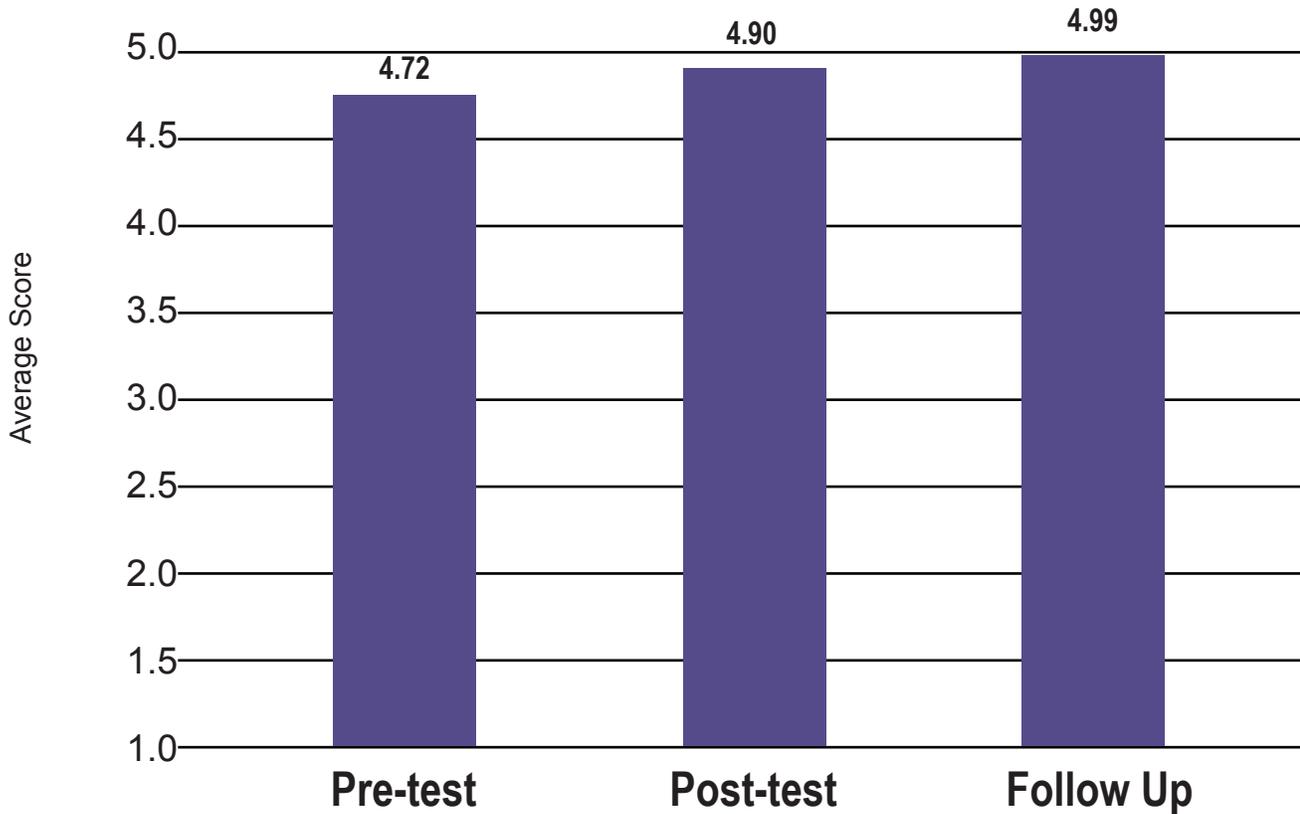


Graph 6 above demonstrates the change in mean scores for the item “Even when bad things happen, I still feel hopeful about the future.”

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 [$F(2, 423) = 3.32; p < .05$] was statistically significant.

Children's Resilience Question Six

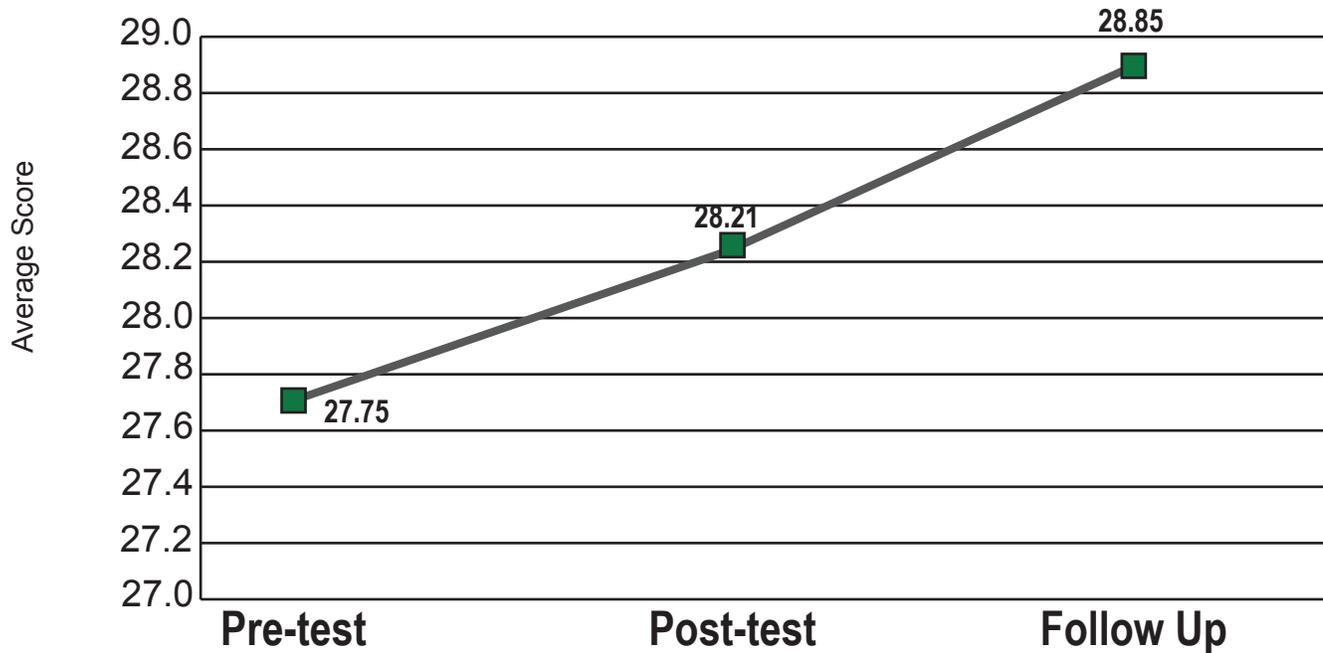
I think I will achieve my dreams.



Graph 7 above 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 [$F(2, 421) = 6.72; p < .05$] was statistically significant.

Children's Resiliency Score

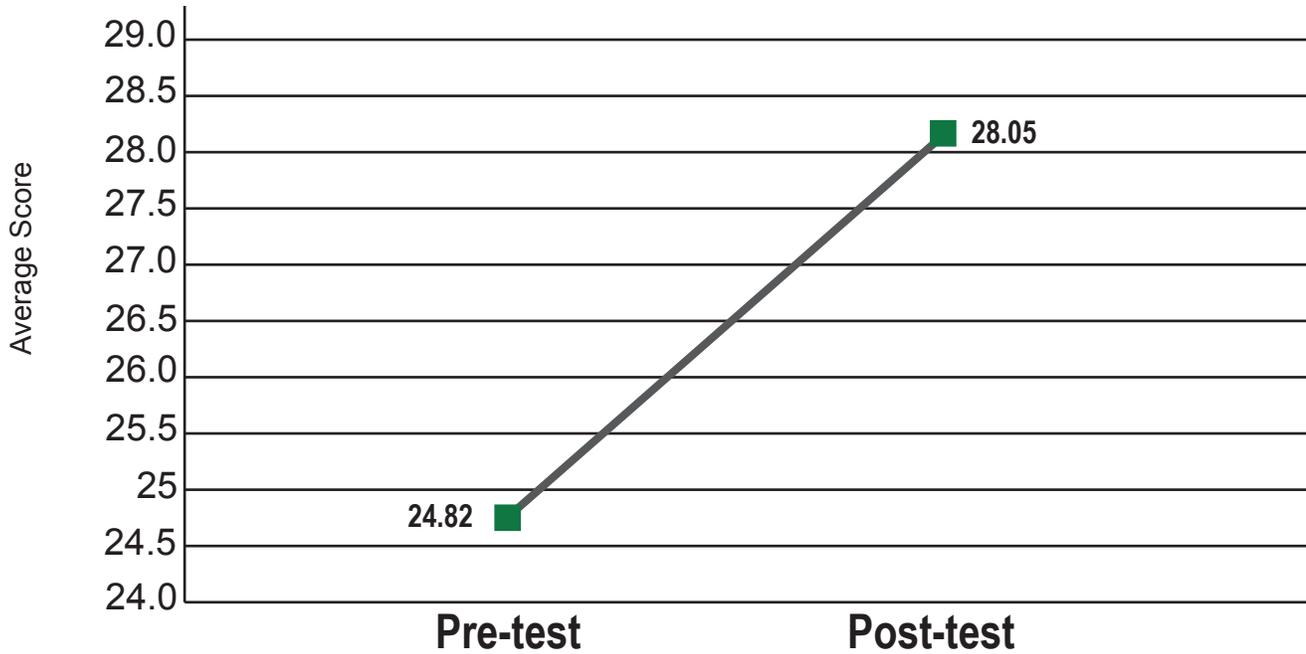


Camp HOPE America Resiliency is the combination of believing in self, believing in others, and believing in your dreams.

As seen in the graph, resiliency scores increased from pre-test to post-test and again at the follow up assessment. Repeated measures ANOVA showed that the increase in resiliency was statistically significant [$F(2, 388) = 8.57; p < .05$].

Graph 9.

Counselor Observation of Camper Hope



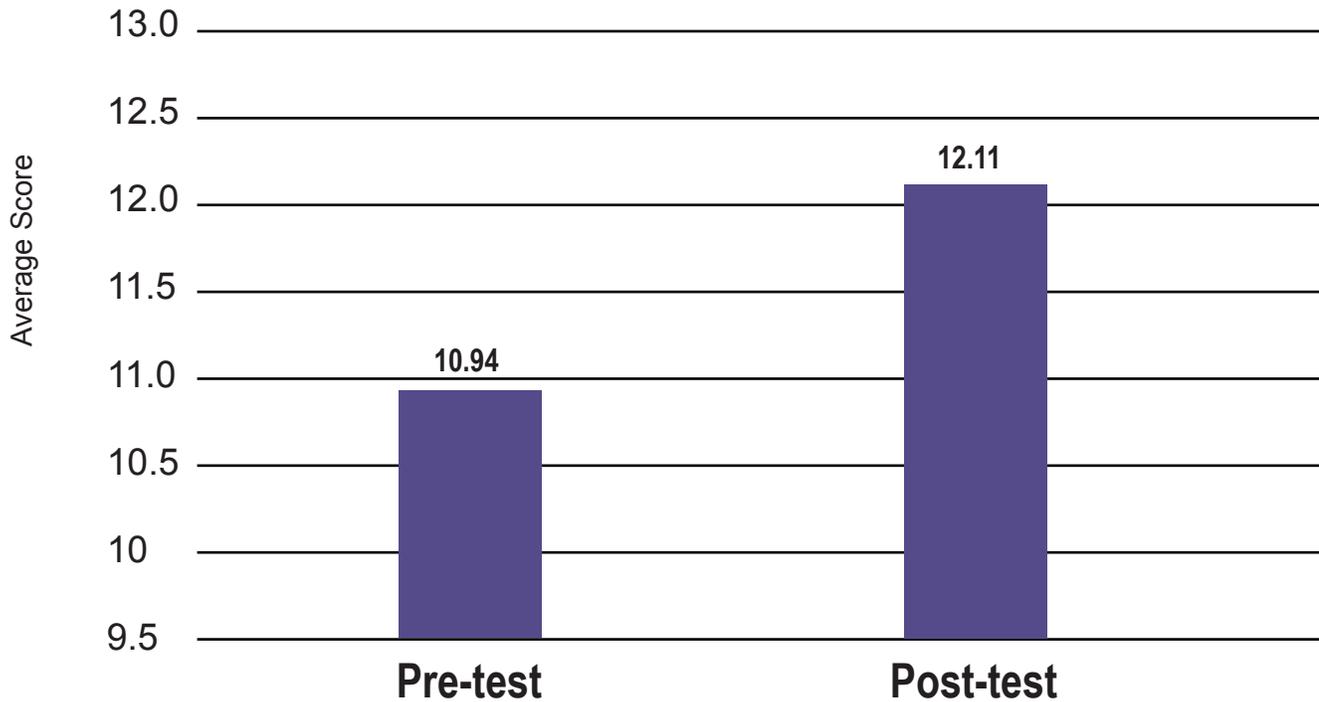
Hope reflects the individual's capacity to develop pathways and dedicate agency toward desirable goals.

Graph 9 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. There was a statistically significant difference in pre- and post-tests, indicating improvement. Total Hope scores [$F(1, 546) = 151.26; p < .05$] significantly increased; this means that individual's levels of observable hope increased after participating in Camp HOPE America.

Observable Zest

Counselor Observation of Camper Zest



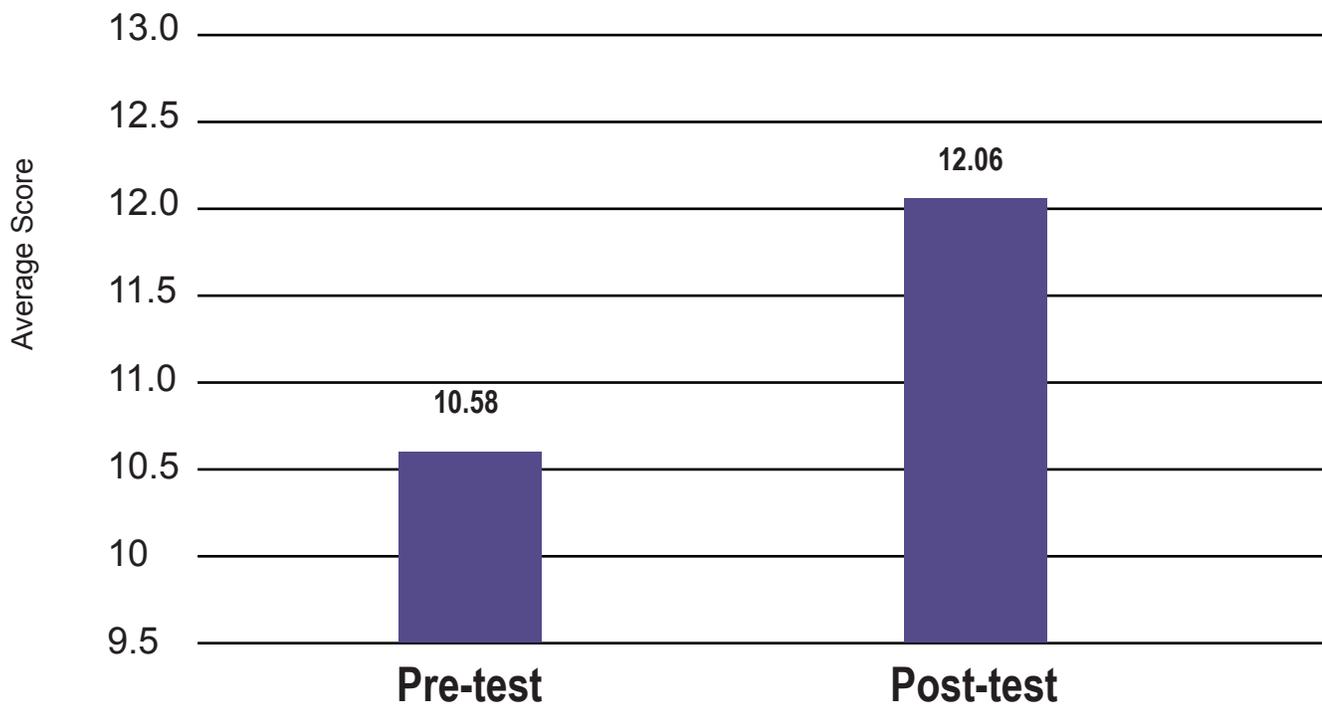
Zest is an approach to life filled with excitement and energy.

Graph 10 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. There was a statistically significant difference in pre- and post-tests, indicating improvement. Total Zest scores [$t(644) = -15.49, p < .05$] significantly increased; this means that the individual's levels of observable Zest increased after participating in Camp HOPE America.

Observable Grit

Counselor Observation of Camper Grit



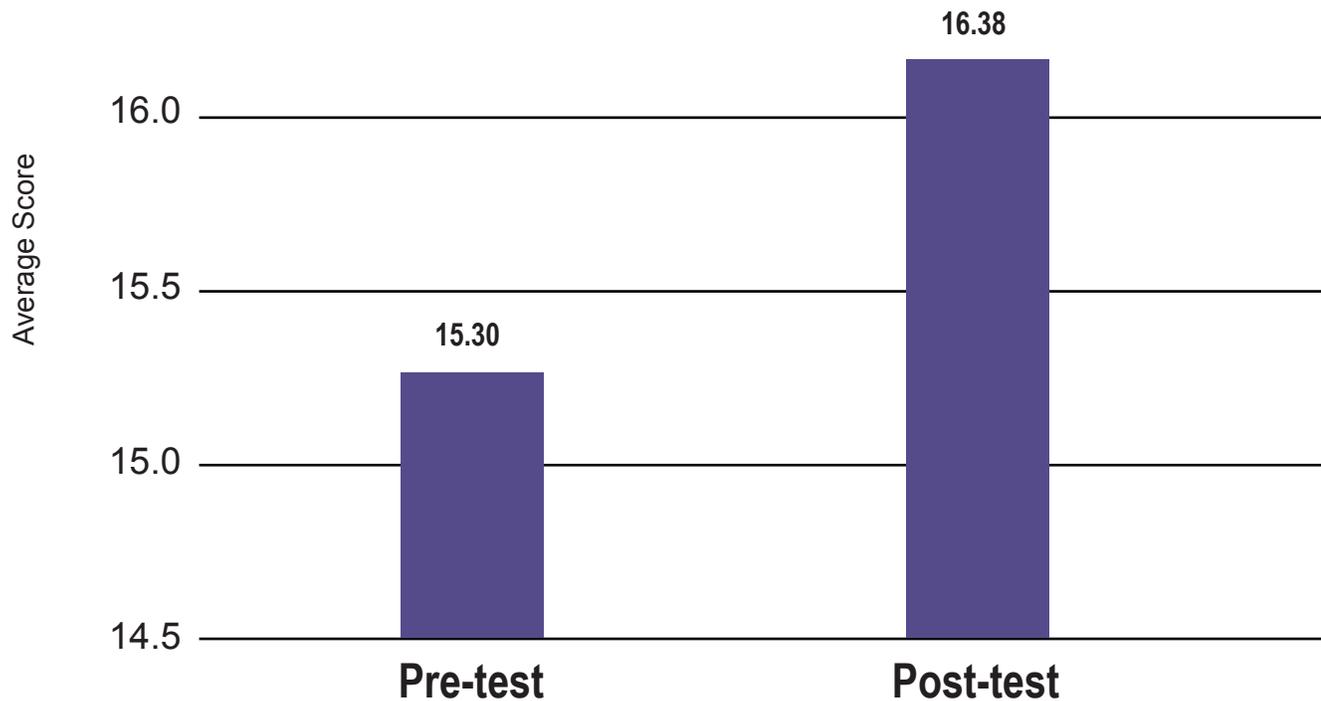
Grit reflects the perseverance and passion for long-term goals.

Graph 11 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. There was a statistically significant difference in pre- and post-tests, indicating improvement. Total Grit scores [$t(647) = -14.84, p < .05$] significantly increased; this means that the individual's levels of observable Grit increased after participating in Camp HOPE America.

Observable Self-Control

Counselor Observation of Camper Self-Control



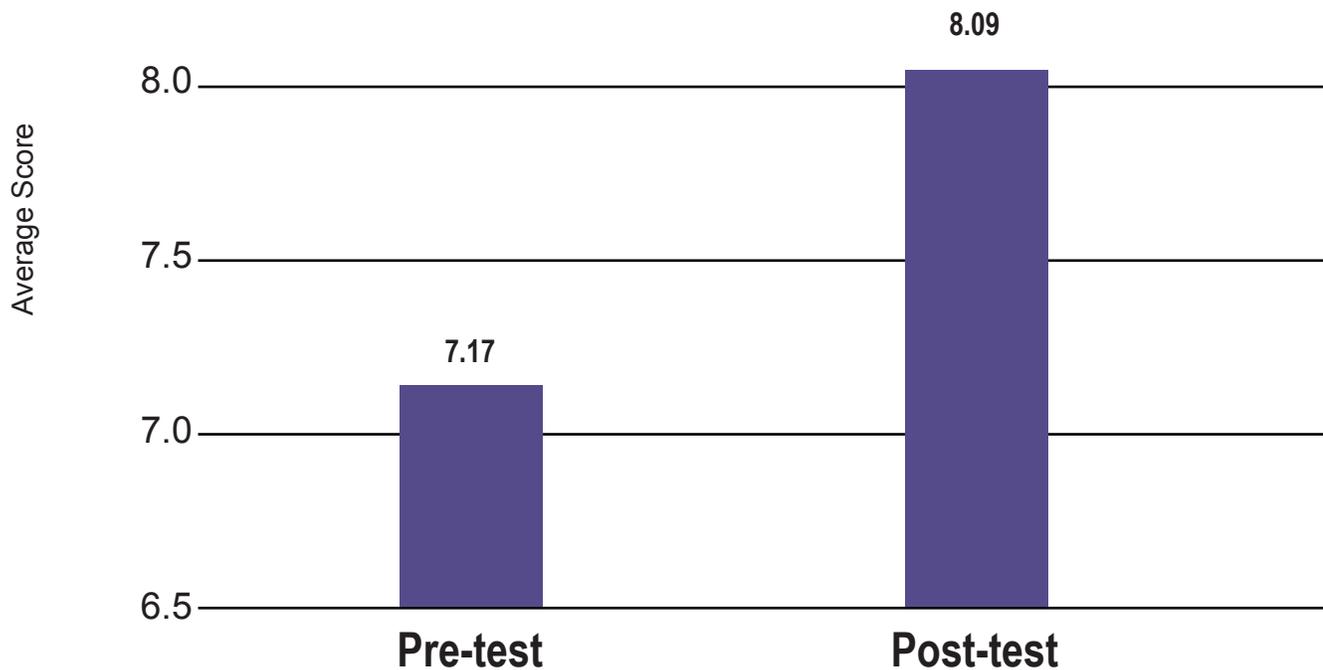
Self-Control refers to the capacity to regulate thoughts, feelings, and behaviors when they conflict with interpersonal goals.

Graph 12 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. There was a statistically significant difference in pre- and post-tests, indicating improvement. Total scores [$t(641) = -9.77, p < .05$] significantly increased; this means that the individual's levels of observable Self-Control increased after participating in Camp HOPE America.

Observable Optimism

Counselor Observation of Camper Optimism



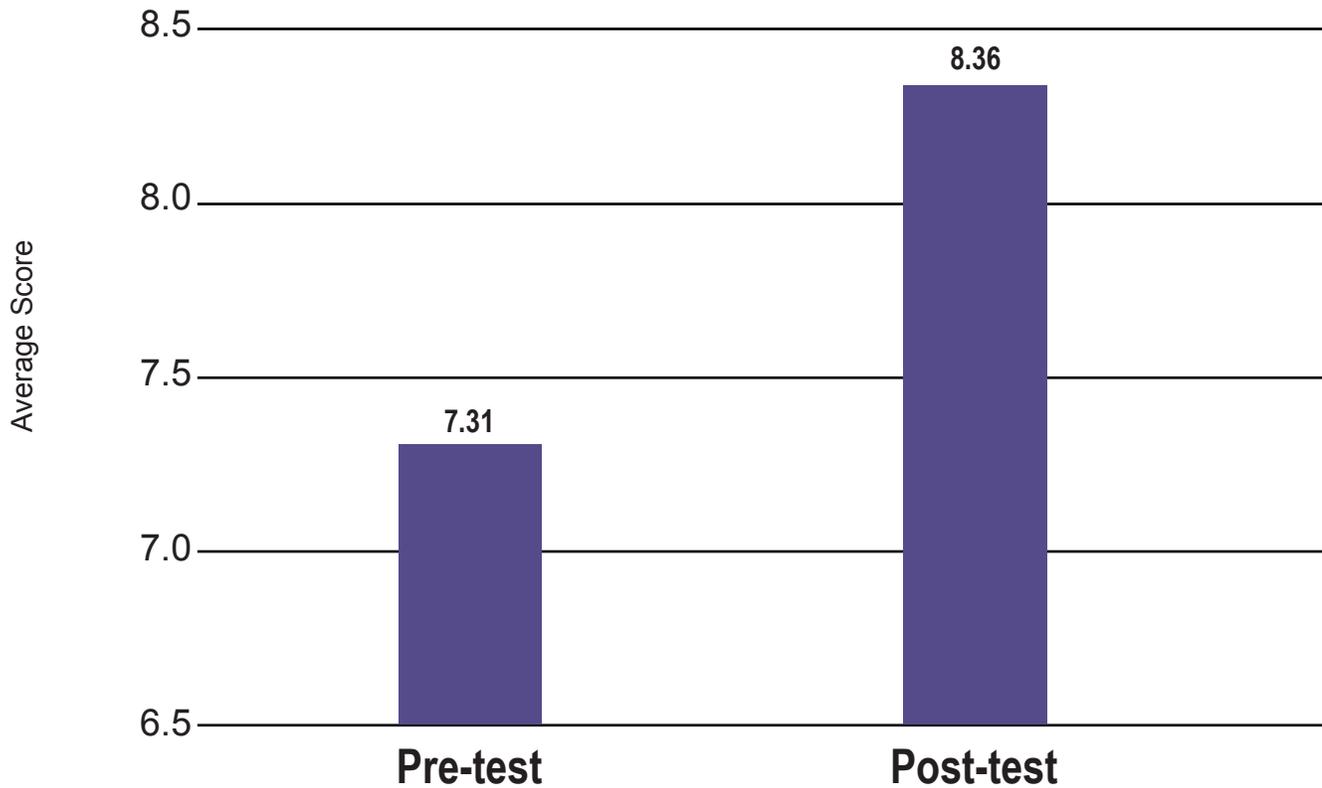
Optimism is the expectation that the future holds positive possibilities and likelihood.

Graph 13 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. There was a statistically significant difference in pre- and post-tests, indicating improvement. Total scores [$t(646) = -12.35$, $p < .05$] significantly increased; this means that the individual's levels of observable Optimism increased after participating in Camp HOPE America.

Observable Gratitude

Counselor Observation of Camper Gratitude



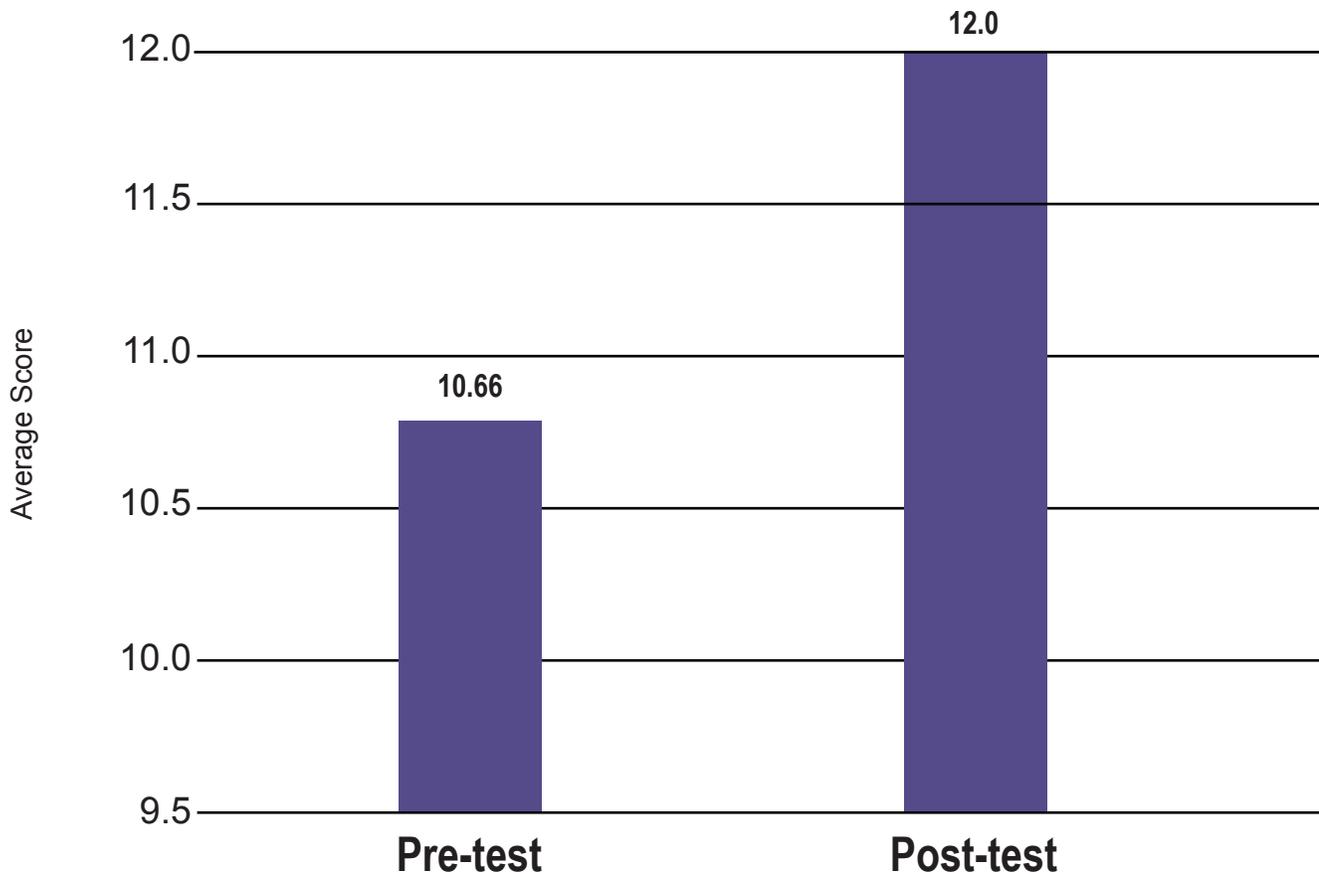
Gratitude is the appreciation for the benefits received from others with a desire to reciprocate with positive actions.

Graph 14 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. There was a statistically significant difference in pre- and post-tests, indicating improvement. Total Gratitude scores [$t(648) = -14.24, p < .05$] significantly increased; this means that the individual's levels of observable Gratitude increased after participating in Camp HOPE America.

Observable Social Intelligence

Counselor Observation of Camper Social Intelligence



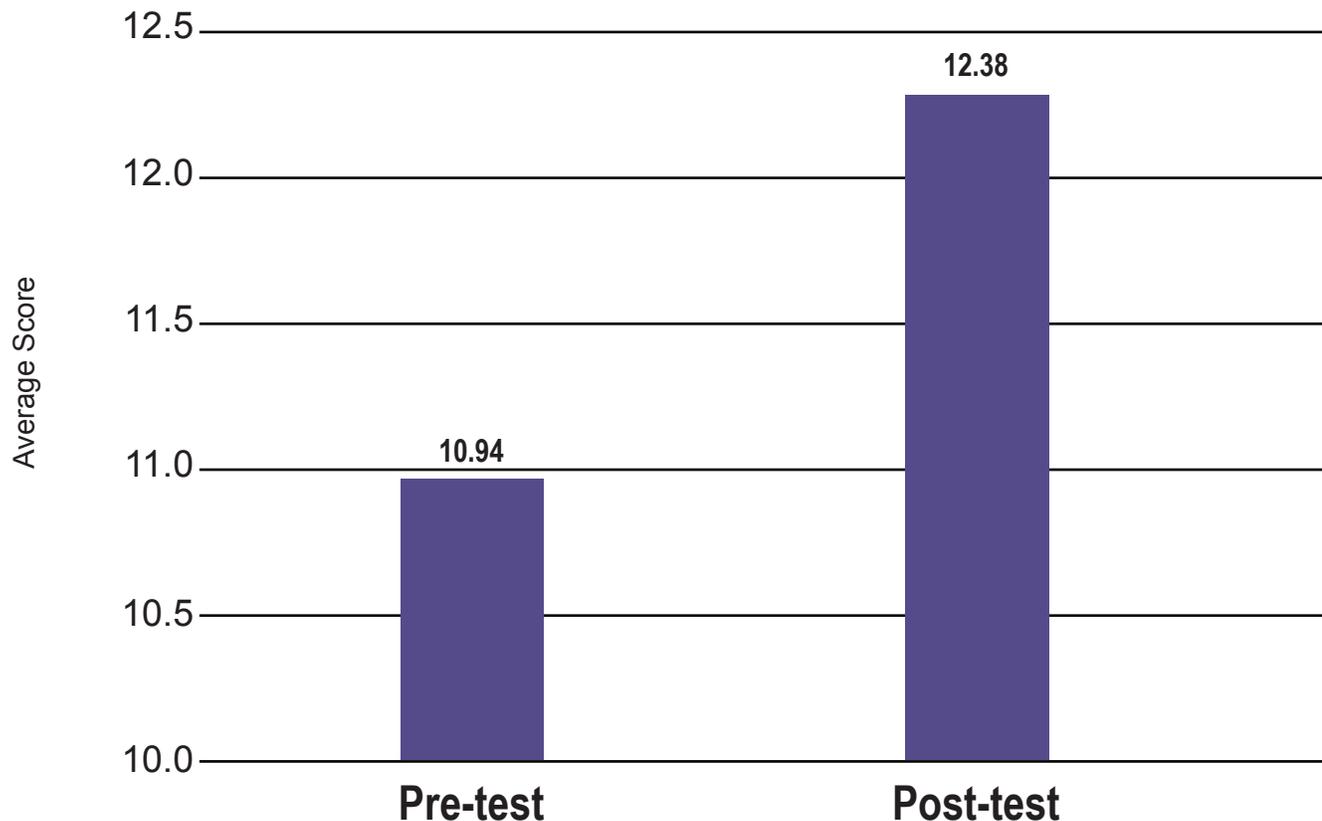
Social Intelligence refers to the awareness of the motives and feelings of other people.

Graph 15 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. There was a statistically significant difference in pre- and post-tests, indicating improvement. Total scores [t(645) = -12.69, $p < .05$] significantly increased; this means that the individual's levels of observable Social Intelligence increased after participating in Camp HOPE America.

Observable Curiosity

Counselor Observation of Camper Curiosity



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

Graph 16 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. There was a statistically significant difference in pre- and post-tests, indicating improvement. Total Curiosity scores [$t(638) = -14.45, p < .05$] significantly increased; this means that the individual's levels of observable Curiosity increased after participating in Camp HOPE America.

Relationships Among the Measures

The table on the next page provides the correlation matrix for all the scales described above. 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

On the left side of the table the column marked “Item” identifies the order of the correlations. The first item “Hope” is also the next column labeled 1. The first correlation ($r = .66^*$) 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 ($r = .67^*$) has an asterisk indicating the finding was statistically significant ($p < .05$). As another example, higher scores on children’s Resiliency (column 2) was associated with higher scores on the counselor’s observation of the child’s Grit (row labeled 5; $r = .09^*$) 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 ($.779^*$). Thus, higher scores on Gratitude are associated with higher scores on Social Intelligence and the strength is strong.

Item:	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Child Scores										
1. Hope	--									
2. Resiliency	.67*	--								
Counselor Observations										
3. Hope	.18*	.17*	--							
4. Zest	.15*	.17*	.66*	--						
5. Grit	.10*	.09*	.68*	.62*	--					
6. Self-Control	.14*	.14*	.59*	.51*	.67*	--				
7. Optimism	.11*	.12*	.70*	.56*	.69*	.67*	--			
8. Gratitude	.18*	.19*	.69*	.71*	.65*	.67*	.72*	--		
9. Social Intelligence	.14*	.18*	.67*	.69*	.70*	.78*	.71*	.79*	--	
10. Curiosity	.09*	.14*	.65*	.68*	.68*	.59*	.60*	.69*	.72*	--

Note: All Scores obtained at post-test. N = 586-730. * $p < .05$

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 2017. 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, and Social Intelligence.

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, DeVellis, Gizlice, Ries, Barnes, & Campbell, 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 us 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. (2001). 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. (2001). 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.
- 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 America 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. (In Press). A reliability generalization on the children's hope scale. *Child Indicators Research*.

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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