

Creating Pathways to

HOPE

An Evaluation of the 18th Annual International Family Justice Center Conference

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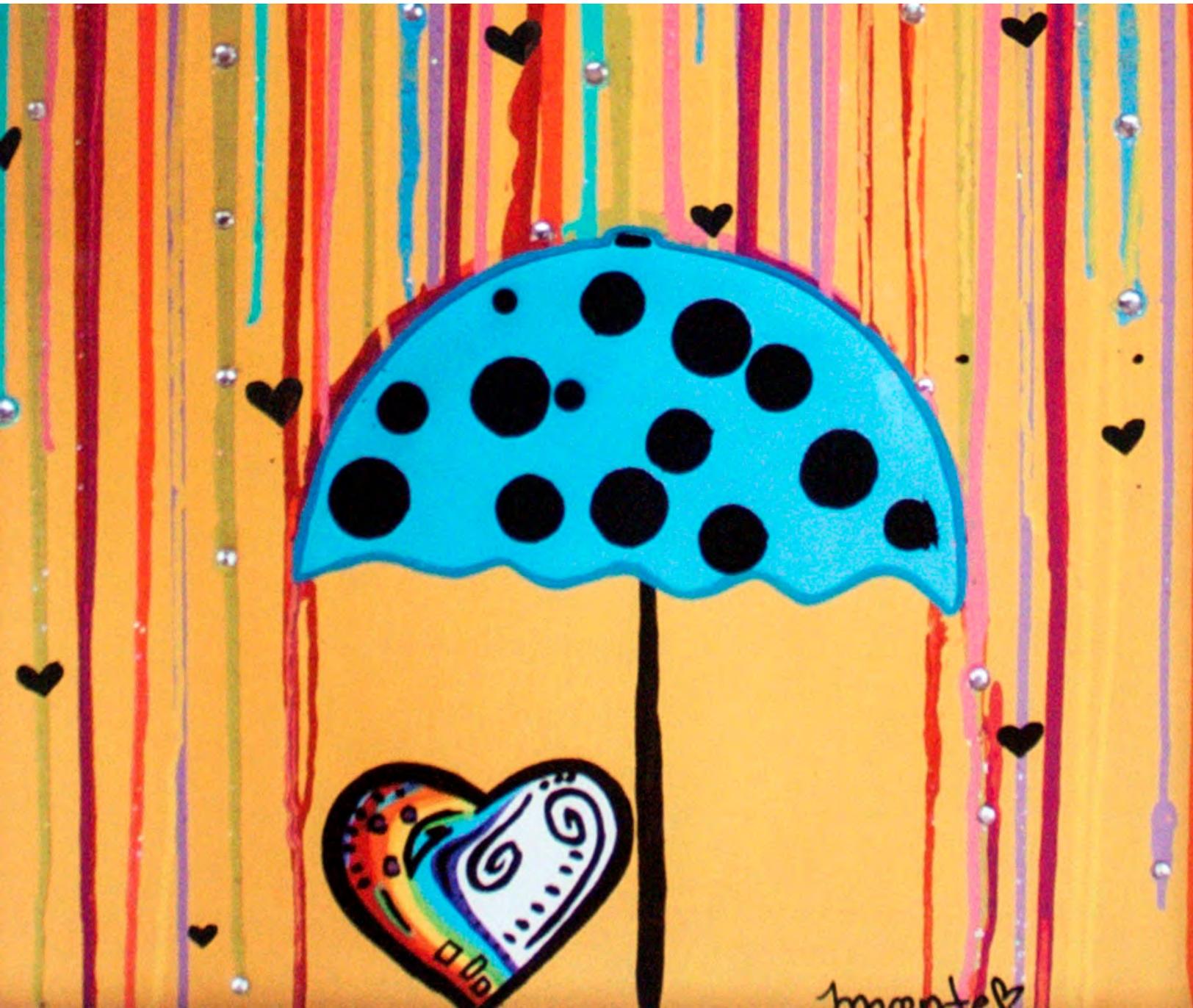


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EXECUTIVE SUMMARY

The purpose of this report is to present the assessment results for the 18th Annual International Family Justice Center Conference held in Ft. Worth, Texas from April 24-26, 2018. The conference was hosted by the Office on Violence Against Women and the Office for Victims of Crime in the United States Department of Justice, Verizon, G6 Hospitality, and Alliance for HOPE International.

A pre-test, posttest design was implemented through the use of an anonymous web-based survey conducted by the University of Oklahoma's Hope Research Center. 374 Pre-Conference surveys were completed, and 265 Post-Conference surveys were completed. 138 surveys were matched for analyses of change.

DEMOGRAPHICS

Participant demographics from the pre-conference assessment showed:

SEX: 81.1% Female

AVERAGE AGE: 43.02 Years of Age

RACE/ETHNICITY: 71.2% White; 15.1% Hispanic; 7.8% African American; 5.9% Other

PROFESSIONAL ROLE: 29.1% Advocates; 15.5% Law Enforcement Officers; 9.5% Attorneys, Judges, Criminal/Civil Justice Professionals; 5.4% Therapists; 1.6% Survivors; 38.9% Other

IMPACT OF CONFERENCE

- 90% of participants agree the content presented at the conference enhanced their knowledge
- 89% of participants would recommend this conference to others in their community
- 89% of participants report an overall satisfaction with the conference

HOPE AND WELL-BEING

- Hope and well-being indicators showed a **statistically significant improvement** from pre- to post-conference assessments
- **60%** of participants showed an increase in their Hope scores
- **Approximately 90%** of participants are thriving. Hope is a better predictor of well-being compared to resilience

PREVALENCE OF ACE

- The average ACE score for the participants was **2.36**. Additionally, **28.9** report an ACE of 4+
- ACE scores for conference attendees are **significantly higher** than the US adult population

The results of this evaluation show the International Family Justice Center Conference focus on training and peer-to-peer discussions have measurable impact on hope and well-being. Alliance for HOPE International continues to demonstrate an evidenced-based commitment to improving the hope and well-being for survivors, children exposed to domestic violence, and those working in the field who are committed to ending violence in their communities.

BACKGROUND

Alliance for HOPE International is dedicated to creating pathways to hope for survivors of violence and abuse and their children. The Alliance hosts innovative programs and initiatives focused on reducing domestic violence and sexual assault and related violence and abuse in the United States and around the world.

The Alliance is one of the leading systems and social change organizations in the country focused on creating innovative, collaborative, trauma-informed approaches to meeting the needs of survivors of domestic violence and sexual assault and their children. Alliance for HOPE International and its allied Centers serve more than 150,000 survivors of domestic violence and sexual assault and their children each year in the United States. The Alliance supports multi-agency Centers in more than ten countries and trains more than 10,000 multi-disciplinary professionals every year.

The Alliance serves as the technical assistance and training provider for the U.S. Department of Justice, Office of Violence Against Women (OVW) for federally funded Family Justice Centers and similar multi-agency models and supports Centers and multi-agency collaboratives in more than twenty countries. The Alliance also serves as the comprehensive training and technical assistance provider for the U.S. Department of Justice, Office for Victims of Crime (OVC), on a National Polyvictimization Initiative involving six Family Justice Center demonstration sites across the country.

The mission of Alliance for HOPE International is to create pathways to hope for women, children, and men who are victims of domestic violence and related sexual assault through collaborative, integrated multi-disciplinary centers, teams, and initiatives in order to break the generational cycle of violence and abuse in families across the United States and around the world.

The Alliance's vision is "A future where all the needs of victims are met, children are protected, abusers are held accountable, violence fades, economic justice increases, families heal and thrive, hope is realized, and we ALL work together."

The Alliance's programs include: [The Training Institute on Strangulation Prevention](#); [VOICES](#), a survivor-led advocacy network; the [Justice Legal Network](#) (civil legal services for survivors), [Camp HOPE America](#) (the first evidence-based camping and mentoring program in the United States focused on helping children exposed to domestic violence), and the [Family Justice Center Alliance](#), which supports developing and operating Family Justice/Multi-Agency Centers across the country and around the world.

The Family Justice Center Alliance is the umbrella organization for all Family Justice/Multi-Agency Centers across the United States and around the world. The Alliance has been hosting an Annual International Family Justice Center Conference for 18 years that brings together professionals working with a multi-disciplinary approach in the areas of child abuse, sexual assault, domestic violence, elder abuse, and human trafficking. The conference also attracts elected officials, policy makers, business and faith community leaders, and others interested in collaborative approaches focused on intervention and prevention strategies. Attendees often comment on the community-oriented nature of the Family Justice Center Conference and nearly half the attendees come back year after year. Both OVW and OVC co-sponsored the conference in 2018.

BACKGROUND

The Alliance, its allied, affiliated Centers, and all its faculty members at the Annual Conference adhere to a set of Guiding Principles (shown below) that focuses on trauma-informed, hope-centered work.

The Alliance focused in 2018 on creating tracks that represented each program and focus area of the Alliance. They also selected speakers with a strong reputation for public speaking and challenged each speaker to focus their remarks in the context of trauma-informed and hope-centered work. All speakers were individually screened and vetted by Alliance team members.

In 2018, the Alliance collaborated with the University of Oklahoma to evaluate the relationship between Hope, Resiliency, Adverse Childhood Experiences, and well-being in the lives of those attending the Alliance's International conference. The Alliance's conference is the first use of the

Hope and ACE surveys at a national or international conference. The motivation for surveying conference attendees was inspired by Hope Theory and the Alliance's commitment to begin measuring all programs, initiatives, and activities through the lens of Hope Theory. Moreover, the scores obtained from the conference attendees were compared to a like group of domestic violence advocates and professionals who did not attend the conference. The rationale for this approach was to examine the changes in hope and well-being as an outcome of the conference. As noted above, the conference draws a multi-disciplinary audience including law enforcement officers, prosecutors, system-based advocates, community-based advocates, doctors, nurses, therapists, judges, criminal defense attorneys, civil attorneys, probation/parole officers, elected officials, camping and mentoring program professionals, job training program officers, survivors of violence and abuse, faith community members, school system leaders, and many others.

GUIDING PRINCIPLES



CONFERENCE DESCRIPTION

The Alliance's 18th Annual International Family Justice Center Conference included training and interactive peer-to-peer discussions on issues related to the handling of domestic violence, child abuse, sexual assault, strangulation, elder abuse, human trafficking and stalking cases. The theme of the conference was:

“The Power of Hopegivers.”

The three-day conference focused on trauma-informed promising and promising/best practices for all types of professionals. Ten tribal nations, thirty-five states, and ten countries were represented among the attendees. The agenda included plenary sessions, workshops, and social gatherings designed to provide training, education, and vicarious trauma mitigation for professionals working in the field of violence intervention and prevention. The conference is the largest annual gathering nationally or internationally of professionals working in Family Justice/Multi-Agency Centers where professionals come together under one roof – allowing adult victims and their children to come one place to access services and support – instead of victims being forced to go from place to place and agency to agency, telling their stories over and over again.

CONFERENCE FOCUS AREAS

The 2018 Conference included seven tracks with the following focus areas:

1. Effective Handling of Non-Fatal **Strangulation Cases**
2. Expanding of **Family Justice/Multi-Agency Centers**
3. Working at the Intersections of Co-Occurring Trauma (**Polyvictimization**)
4. Improving the **Law Enforcement Response**
5. Best Practices for **Civil and Criminal Justice Professionals**
6. Trauma Informed **Advocacy**
7. **Camp HOPE America: Breaking the Cycle**



PURPOSE OF THE REPORT

The purpose of this report is to assess the impact of the 18th Annual International Family Justice Center Conference for conference participants. The research agenda for the Alliance for HOPE International is to advance a framework of hope centered and trauma informed. In that context, this study examined hope as a coping resource for those who have experienced trauma. Findings from this study will be used to further communicate the science and power of hope within the Family Justice Center model.

HOPE THEORY

Hope is the expectation of achieving the goals we set in combination with the belief that we have the pathways and agency to pursue those goals (Hellman & Gwinn, 2017; Snyder 2002). Hope allows us to identify our valued goals, set the pathways to achieve those goals and direct the mental energy (agency) necessary to make the goal happen.

Agency thinking reflects the motivational aspect of hope theory. To the extent that a person can devote mental energy to begin and continue a strategy toward attaining the goal they would be considered agentic. Agentic thinking would require that one desires the goal as well as believing they had the capacity to pursue, sustain, and achieve the goal (Arnau, Rosen, Finch, Rhudy, & Furtunato, 2007).

Pathway thinking reflects the ability of the individual to conceive one or more mental strategies to goal attainment. Hopeful people are able to clearly articulate viable pathways toward their goals. Moreover, they are able to develop alternative strategies toward a desired goal when faced with a barrier. Snyder (2002) articulates that individuals with high hope will be confident in their ability to pursue their chosen pathway. Hope theory further prescribes that both agency and pathways are necessary components of hope. Any deficit in willpower or pathways thinking reflects lower

hope. Neither agency nor pathway thinking alone is sufficient to sustain hope. Achieved successes in the pursuit toward a goal will enhance motivation and desire (agency). Likewise, energized and excited thoughts about a goal encourage thoughts related to our planning how to achieve the goal and problem solving potential barriers.

SIGNIFICANCE OF HOPE

Hopeful people are more likely to flourish, achieve their goals, and experience happiness. Hopeful individuals are able to identify productive paths towards reaching their identified goals, and manage stress when experiencing adversity (Chang, 1998; Irving, Snyder, & Crowson, 1998; Snyder, 2002). Hope has a positive influence on individual health and well-being (Gallagher & Lopez, 2009;). Hope is associated with higher positive emotions and lower negative emotions (Feldman & Snyder, 2005; Mascoaro & Rosen, 2005; Michael & Snyder, 2005).

In terms of coping strategies, hopeful people are more likely to engage in healthy coping strategies (Roesch, Duangado, Vaugh, Aldridge, & Villodas, 2010). In this context, hope has been found to be a psychological strength buffering the effects of adversity, predicting adaptive behaviors, and malleable to hope interventions (Cheavens et al., 2005; Klausner et al., 1998).



METHOD

SUBJECTS & PROCEDURE

Conference Attendees.

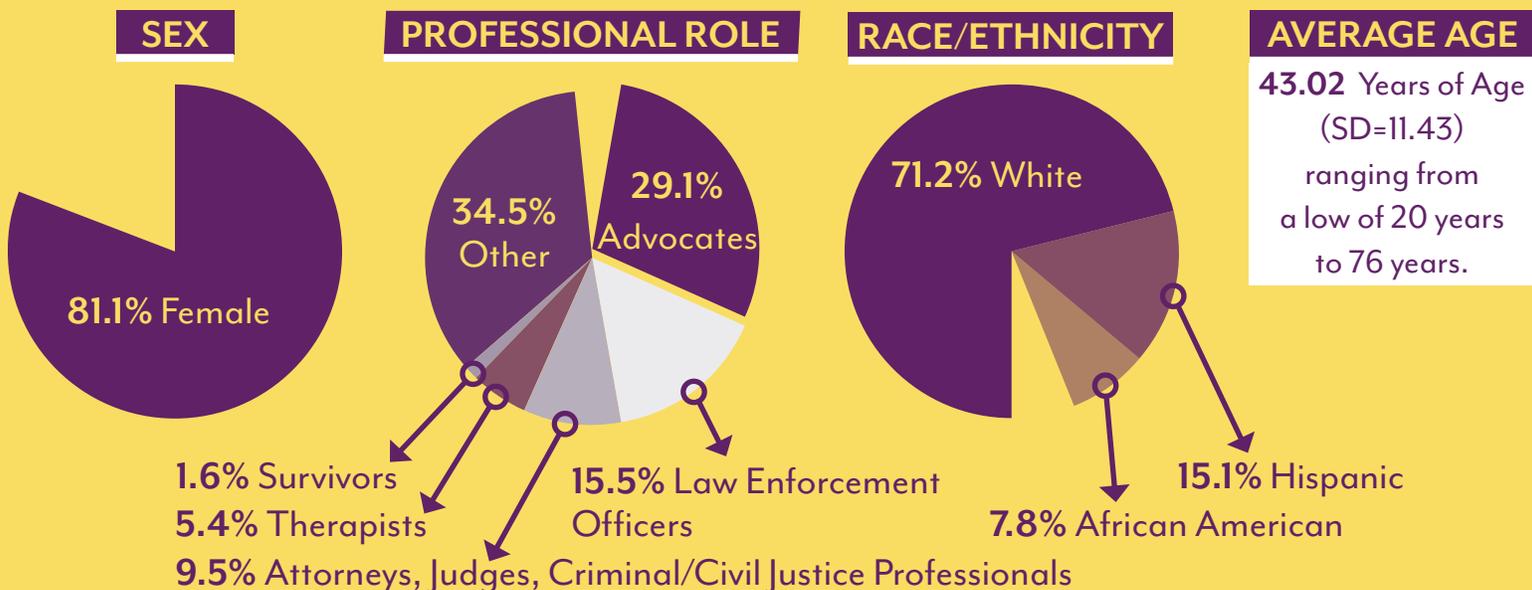
Approximately 14 days prior to the conference, individuals registered for the conference were sent an email from Alliance for HOPE International welcoming them to the conference and asking them to participate in a web-based pre-conference assessment. This email explained the voluntary nature of the assessment and clarified that all responses would remain anonymous. Approximately 7 days after the conference, these individuals were provided an email link to the post-conference assessment. A total of 374 individuals completed the pre-conference assessment and 265 individuals completed the post-conference assessment. While the numbers differ across

variables due to missing data, initial analyses demonstrated that 138 surveys could be matched to both pre and post-test.

Those registered for the conference received an email before to the conference requesting them to complete a pre-conference survey with a link to the University of Oklahoma's online survey portal. It included this text: "Thank you in advance for completing the survey fully and honestly. It will enrich the experience of all conference participants and help us focus on our work together on trauma, health, hope, and healing." In subsequent reminders, the same text was used by the following language was added: "If you have already completed the survey, you cannot complete it again."

DEMOGRAPHICS

Participant demographics from the pre-conference assessment showed:



ANALYSES

Descriptive statistics (e.g., means, standard deviation, percentages) are used to summarize the responses for the pre and post assessments. Cronbach's alpha was computed to assess the score reliability estimates. Where pre-test and posttest matches were sufficient, a repeated measures Analysis of Variance was computed. When

comparisons were made for a given test, a between group analysis of variance was computed (e.g., post assessment comparing conference attendees to the control group). Finally, correlational and regression analyses were employed to assess the strength and direction of relationship between hope and the other well-being indicators.

MEASUREMENT

HOPE

Individual Hope.

The Adult Hope Scale is an 8-item scale that measures the extent to which the respondent feels motivated to obtain goals and whether they can construct pathways to attain those goals (Snyder, et al., 1991). The Hope Scale is divided into two subscales, the agency subscale, which measures the former, and the pathways subscale, which measures the latter. A total Hope score can be derived by adding the scores obtained from the two subscales. A 6-point Likert scale, ranging from 1 = definitely false to 6 = definitely true, is used to measure the responses. Previous meta-analytic results show this measure to have good reliability estimates across samples (Hellman, Pittman, & Munoz, 2013). Reliability estimates for the total Hope Scale was Pre $\alpha = .84$; and Post $\alpha = .90$.

Collective Hope.

Survey participants who identified as Family Justice Center (FJC) employees were asked six additional questions concerning the goals, pathways, and agency of their FJC. The questions utilized the same 6-point Likert scale (ranging from 1 = definitely false to 6 = definitely true). Reliability estimates for collective hope were Pre $\alpha = .95$; and Post $\alpha = .94$.

WELL-BEING INDICATORS

Resilience.

The Brief Resilience Scale (BRS) measures a respondent's ability to bounce back and/or recover from stress (Smith et al., 2008). The BRS is a 6-item scale that utilizes a 5-point Likert scale that ranges from 1= strongly disagree to 5= strongly agree. Questions 2, 4, and 6 are reversed scored. The responses are added together for a total score then divided by the number of questions answered to provide an item average. Reliability estimates for the BRS was Pre $\alpha = .83$; and Post $\alpha = .83$.

Flourishing.

Flourishing is based upon an 8-item scale (Diener et al., 2009) that measures the respondent's success

in positive relationships, meaning and purpose in life, optimism, and self-worth. The total score provides an indicator of the psychological well-being for the participants and is consistent with the framework of what makes a life good. A 7-point Likert scale, ranging from 1 = strongly disagree to 7 = strongly agree, is provided for each item. Scores on the 8 items are summed to provide a total score. Reliability estimates for this study were appropriate (Pre $\alpha = .89$; Post $\alpha = .92$).

Mindfulness.

The Cognitive and Affective Mindfulness Scale-Revised (CAMS-R) measures mindful qualities (attention, acceptance, awareness, and present-focus) in a 12-item survey (Feldman et al., 2007). A 4-point Likert scale, ranging from 1= rarely/not at all to 4= almost always), is provided for each item. Questions 2, 6, and 7 are reversed scored. Scores on the 12 items are summed to provide a total score. Reliability estimates for CAMS-R were appropriate (Pre $\alpha = .78$; and Post $\alpha = .80$).

TRAUMA INDICATORS

The Adverse Childhood Experiences (ACE) Scale.

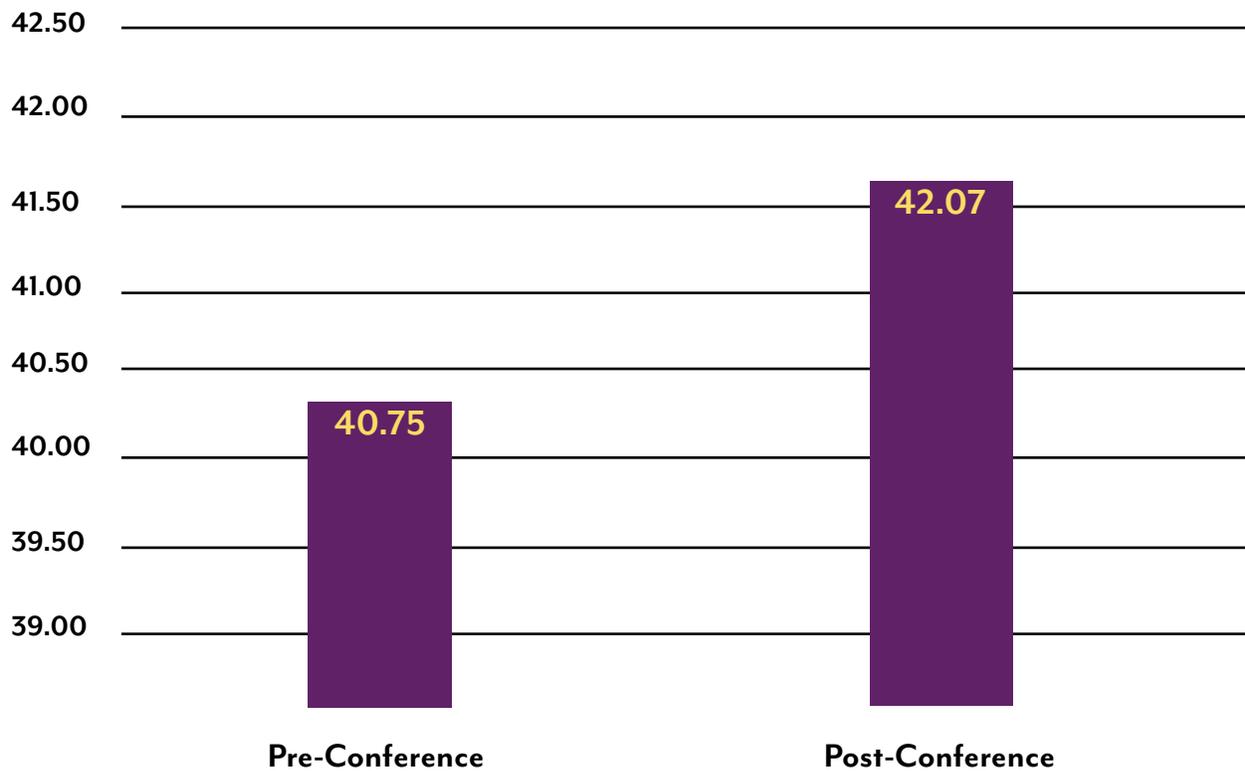
The ACE is a 10-item measure on traumatic experiences during childhood. This 10-item measure is comprised of three Abuse items, two Neglect items, and five Dysfunctional family items. Scores range from a zero to 10 with higher numbers reflecting the number of adverse childhood events experienced. The ACE was presented on the pre-conference assessment only.

Rumination.

Rumination was assessed using the rehearsal subscale of the Emotional Control Questionnaire (Roger & Najarian, 1989). The 14-item measure uses a 5-point Likert response format ranging from 1 (does not apply at all) to 5 (applies perfectly). Reliability estimates for this study were appropriate (Pre $\alpha = .88$; Post $\alpha = .91$).

HOPE SCORES

Graph 1

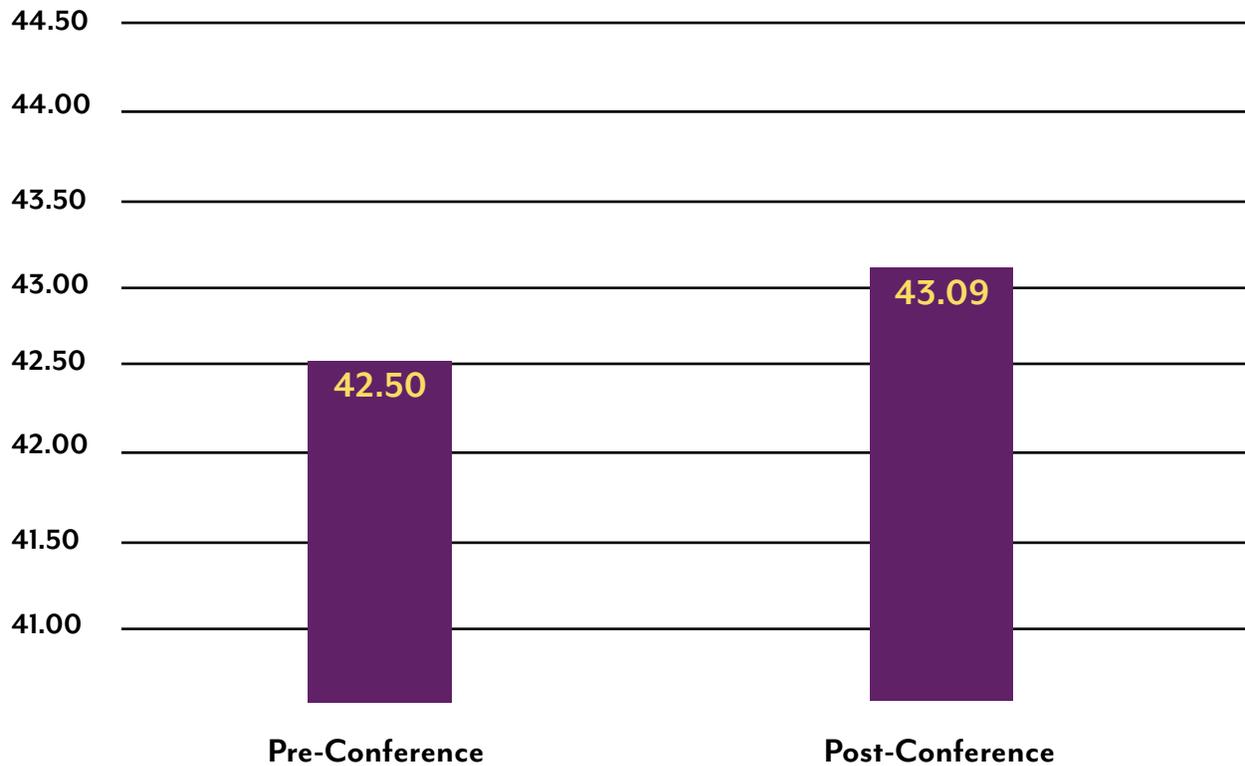


Hope reflects the individual's ability to develop pathways and dedicate mental energy (agency) toward desirable goals.

Graph 1 above illustrates the change in scores for the Hope Scale. A paired samples t-test was computed to examine the differences in pre- and post-test mean scores. Results of this analysis demonstrate a statistically significant increase from pre- to post-hope scores for the conference participants [$t(133) = -4.76; p < .05$].

FLOURISHING SCORES

Graph 2

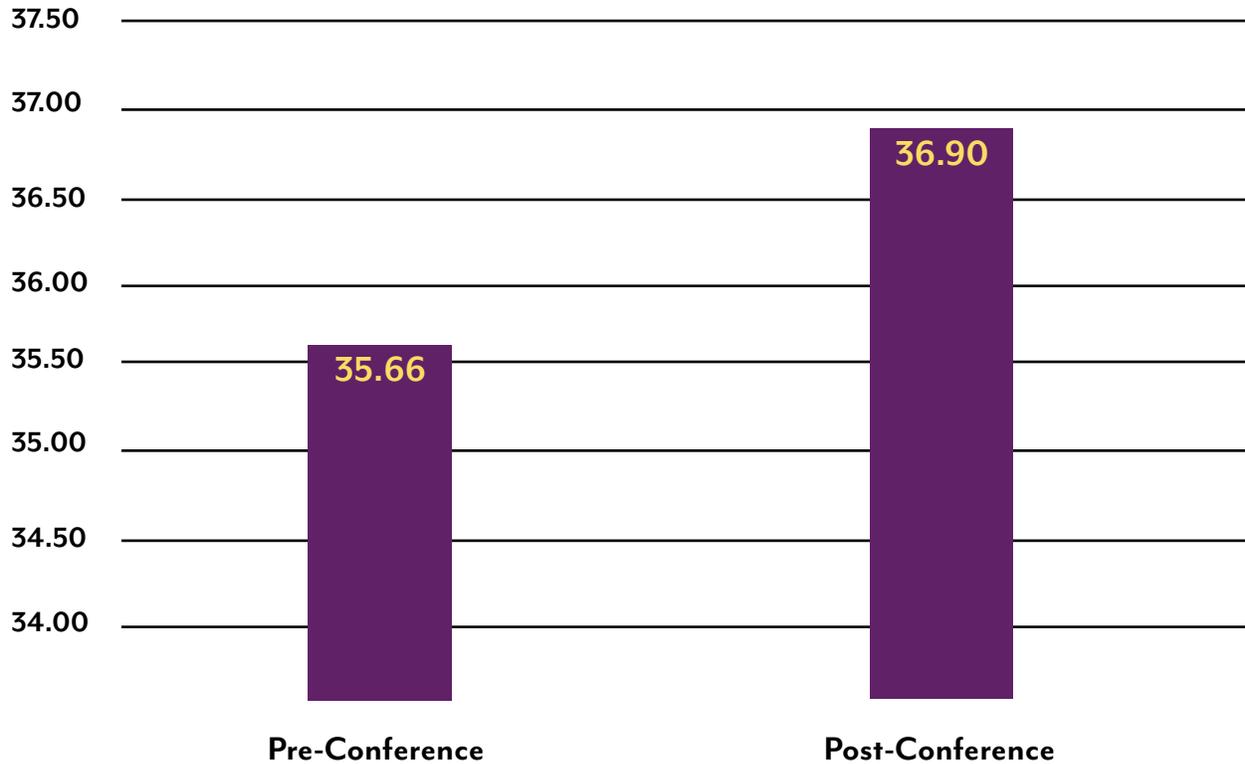


Flourishing represents believing that life has meaning and purpose, being engaged in activities, feeling competent, and having positive relationships.

Graph 2 above illustrates the change in scores for Flourishing. A paired samples t-test was computed to examine the differences in pre- and post-test mean scores. Results of this analysis demonstrate a statistically significant increase from pre- to post-flourishing scores for the conference participants [$t(128) = -2.18; p < .05$].

MINDFULNESS SCORES

Graph 3

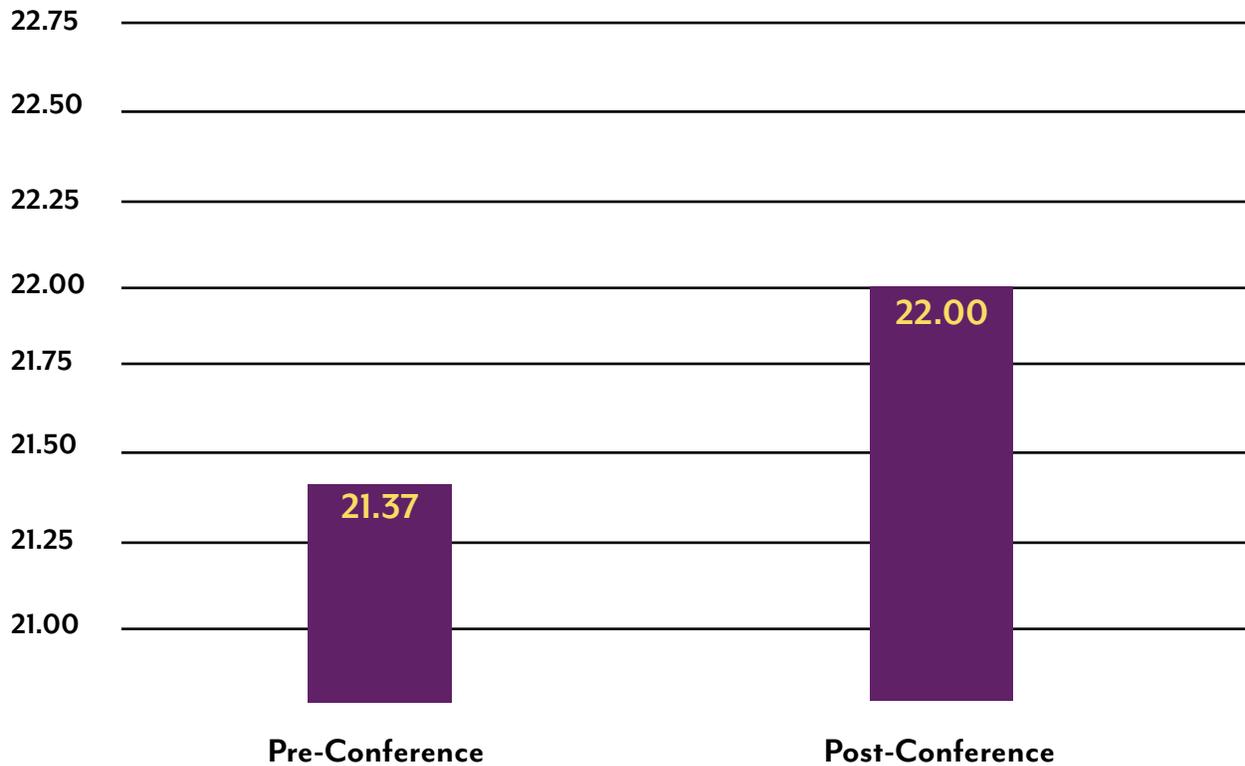


Mindfulness is achieved by focusing awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts, and sensations.

Graph 3 above illustrates the change in scores for Mindfulness. A paired samples t-test was computed to examine the differences in pre- and post-test mean scores. Results of this analysis demonstrate a statistically significant increase from pre- to post-mindfulness scores for the conference participants [$t(123) = -4.69; p < .05$].

RESILIENCE SCORES

Graph 4

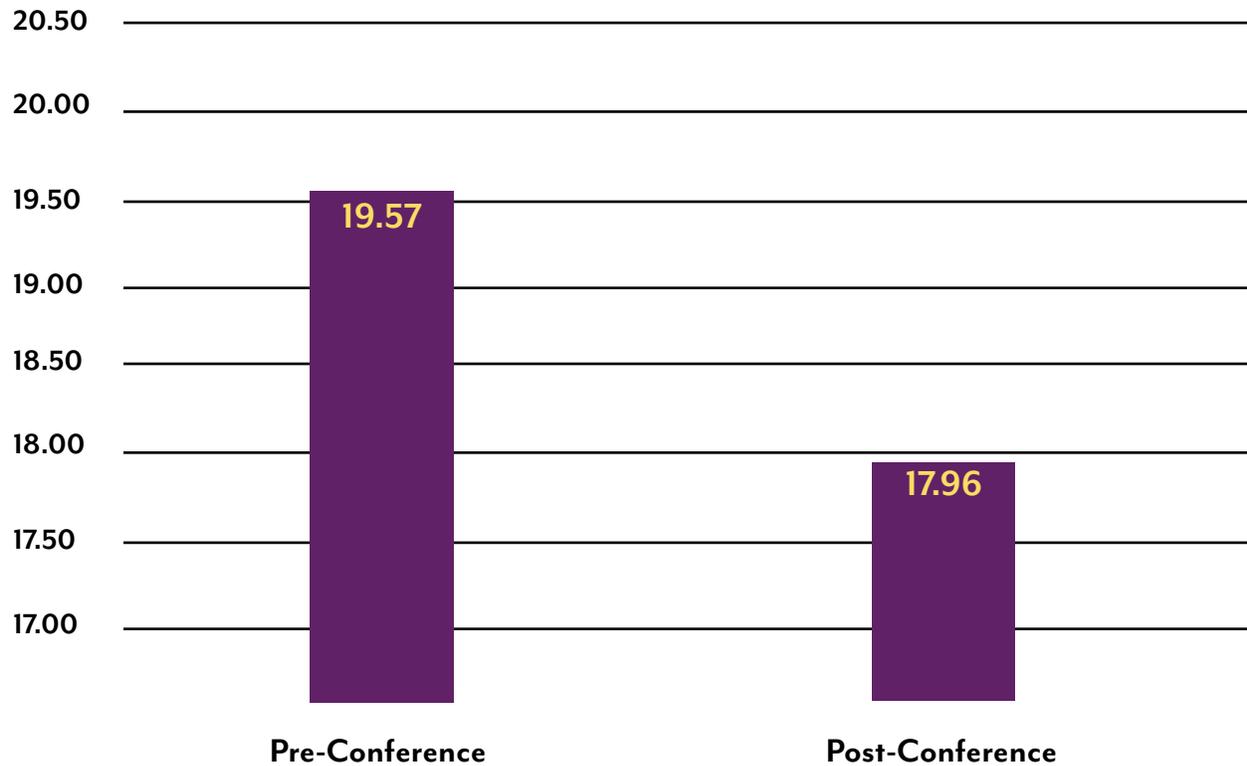


Resilience represents the ability to bounce back and/or recover from stress and adversity.

Graph 4 above illustrates the change in scores for Resilience. A paired samples t-test was computed to examine the differences in pre- and post-test mean scores. Results of this analysis demonstrate a statistically significant increase from pre- to post-resilience scores for the conference participants [$t(128) = -3.63; p < .05$].

RUMINATION SCORES

Graph 5

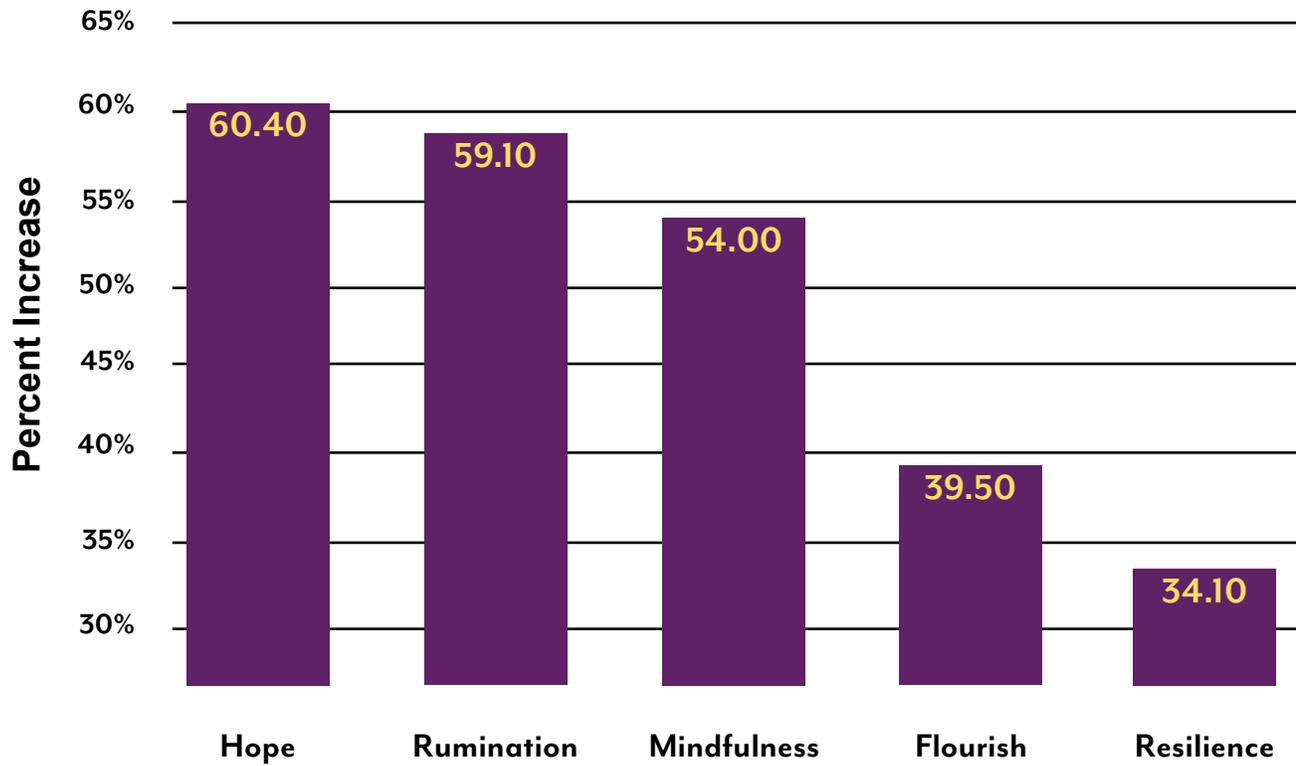


Rumination is the focused attention on the symptoms of one's distress and its possible causes as opposed to solutions.

Graph 5 above illustrates the change in scores for Rumination. A paired samples t-test was computed to examine the differences in pre- and post-test mean scores. Results of this analysis demonstrate a statistically significant decrease from pre- to post-rumination scores for the conference participants [$t(131) = 4.41; p < .05$].

PERCENTAGE OF CONFERENCE PARTICIPANTS WHO DEMONSTRATED IMPROVEMENT

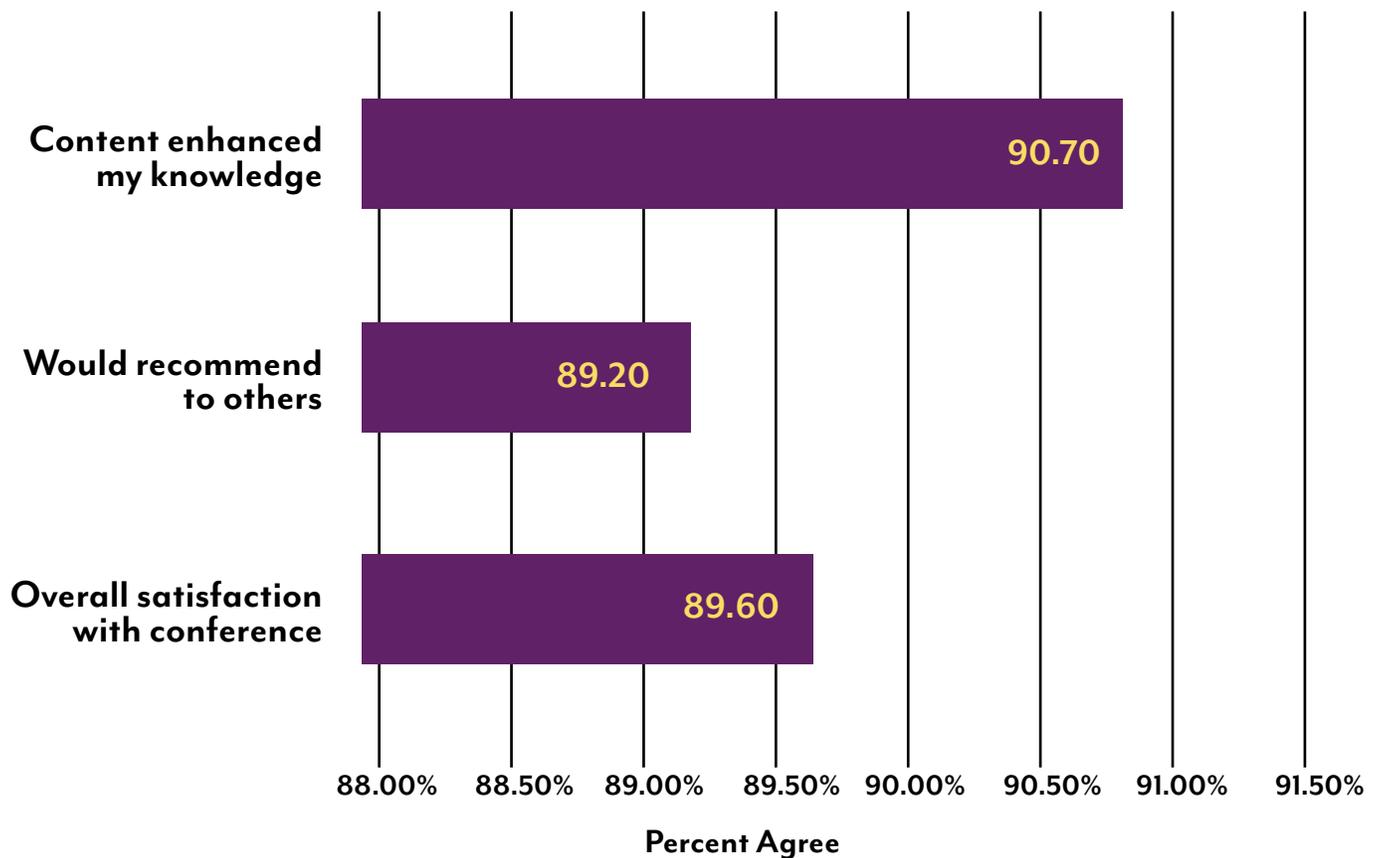
Graph 6



Graph 6 above illustrates the percent of conference attendees who showed an improvement in scores from pre- to post- conference assessment. The greatest gain was in hope where 60.4% of participating conference attendees demonstrated improvement in their hope scores. Similarly, 59.1% of participants improved their ruminations scores (decreased attention focused on distress). Resilience showed the lowest gain in that just over one-third of the conference attendees showed improvement.

PERCENTAGE OF CONFERENCE PARTICIPANTS WHO DEMONSTRATED IMPROVEMENT

Graph 7



Graph 7 above illustrates participating conference attendees report positive experiences with the Family Justice Center Conference. Approximately 9 out of 10 attendees agree the content presented enhanced their knowledge. Similarly, these participants would recommend the conference to others in their community and had an overall satisfaction with their conference experience.

ADVERSE CHILDHOOD EXPERIENCES

Adverse childhood experiences (ACEs) are known to be associated with negative consequences across the lifespan and represent a serious public health concern. Left untreated, those who have experienced child maltreatment are more likely to experience poor mental health, engage in health risk behaviors, and suffer physical diseases related to increased morbidity (Anda, Brown, Felitti, Bremner, Dube, & Giles, 2007; Bellis, Lowey, Leckenby, Hughes & Harrison, 2013; Dube, Andra, Felitti, Croft, Edwards

& Giles, 2001; Dube, Anda, Felitti, Chapman, Williamson, & Giles, 2001; Hillis, Anda, Felitti & Marchbanks, 2001; Williamson, Thompson, Andra, Dietz & Felitti, 2002). Moreover, these adults tend to experience lower educational, employment, and economic successes (Currie & Wisdom, 2010; Lanier, Kohl, Raghavan, & Auslander, 2015). Dramatically higher delinquency rates and criminal conduct levels have also been well documented in adults with ACE scores greater than zero (Reavis, Looman, Franco, & Rojas, 2013; Gwinn, 2015).

Table 1. Prevalence of Adverse Childhood Experiences

ACE SCORE	ORIGINAL CDC STUDY (N=17,337)	18 TH IFJCC CONFERENCE PARTICIPANTS (N=346)	FJC SURVIVORS BLUE SHIELD PROJECT (N=318)	CAMP HOPE 2017 (N=180)
0	36.1%	30.6%	20.4%	5.6%
1	26.0%	19.4%	10.5%	13.9%
2	15.9%	10.4%	11.6%	12.8%
3	9.5%	10.7%	12.2%	12.2%
4+	12.5%	28.9%	45.3%	55.6%
Average	1.61	2.36	3.30	4.07

Table 1 above provides the prevalence of ACE for conference participants. For comparative purposes, prevalence is also provided for the CDC national sample, the Blue Shield evaluation of survivors in the Family Justice Center model, and recently released Camp HOPE evaluation for 2017. The average ACE score for the conference participants was a 2.36 (SD = 2.45).

Comparatively, Ford, Merrick, Parks, Breiding, Gilbert, Edwards, et al. (2014) found an average ACE score of 1.61 from a CDC national sample. Results of a one sample t-test [$t(345) = 5.69; p < .01$] demonstrate that the average ACE score for our sample of FJC conference participants was significantly higher than the national rate.

However, comparing conference participants to FJC survivors shows a significantly lower ACE score [$t(345) = -7.16; p < .01$]. It is also worth noting that the recent publication on Camp HOPE showed an average ACE score of 4.07 for a sample of children exposed to domestic violence.

ADVERSE CHILDHOOD EXPERIENCES

Table 2 provides the prevalence of ACE for conference participants. For comparative purposes, prevalence is also provided for the CDC national sample, the Blue Shield evaluation of survivors in the Family Justice Center model, and recently released Camp HOPE evaluation for 2017. The average ACE score for the conference participants was a 2.36 (SD = 2.45).

Comparatively, Ford, Merrick, Parks, Breiding, Gilbert, Edwards, et al. (2014) found an average ACE score

of 1.61 from a CDC national sample. Results of a one sample t-test [$t(345) = 5.69; p < .01$] demonstrate that the average ACE score for our sample of FJC conference participants was significantly higher than the national rate.

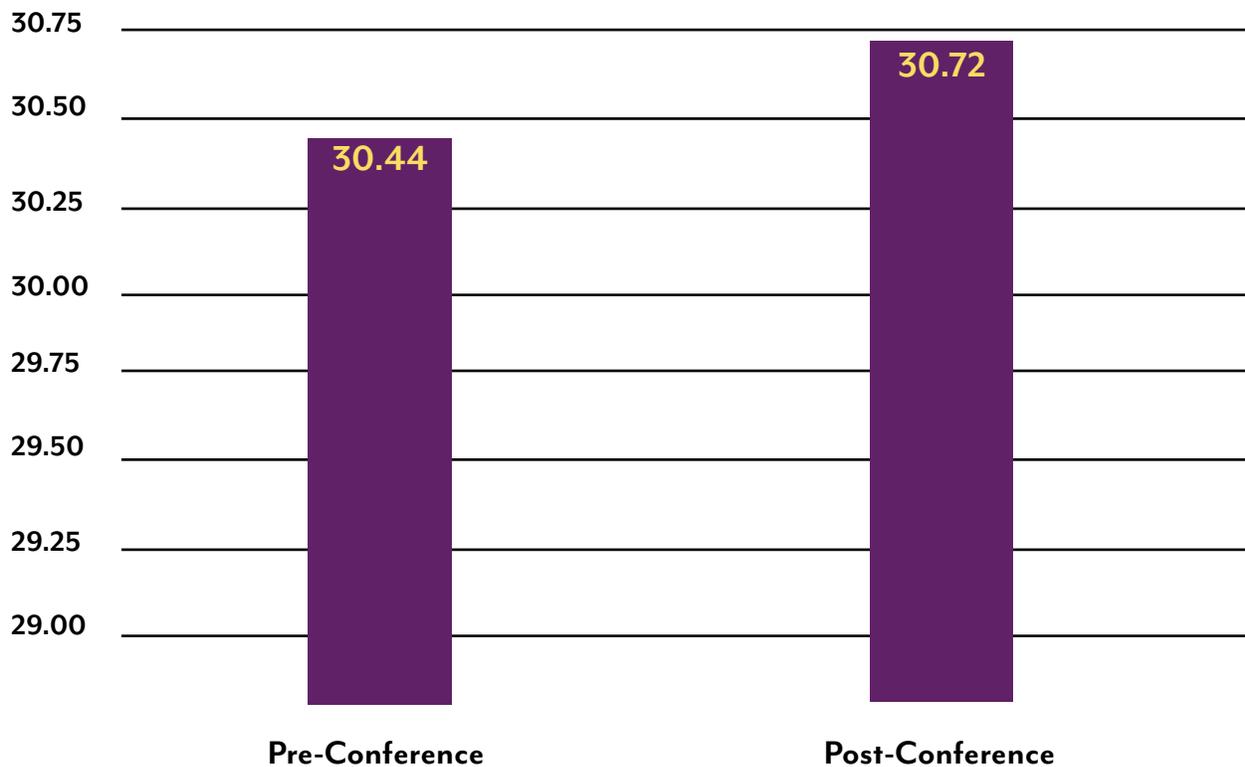
However, comparing conference participants to FJC survivors shows a significantly lower ACE score [$t(345) = -7.16; p < .01$]. It is also worth noting that the recent publication on Camp HOPE showed an average ACE score of 4.07 for a sample of children exposed to domestic violence.

Table 2. Prevalence of ACE by Type of Adversity

	PERCENT
ABUSE:	
Verbal	32.6%
Physical	19.9%
Sexual	24.6%
SEXUAL NEGLECT:	
Emotional	23.3%
Physical	8.9%
DYSFUNCTIONAL FAMILY:	
Witness Domestic Violence	16.1%
Parent Divorce	34.3%
Substance Abuse	34.9%
Mental Illness	32.9%
Parent Incarceration	8.4%

COLLECTIVE HOPE SCORES

Graph 8



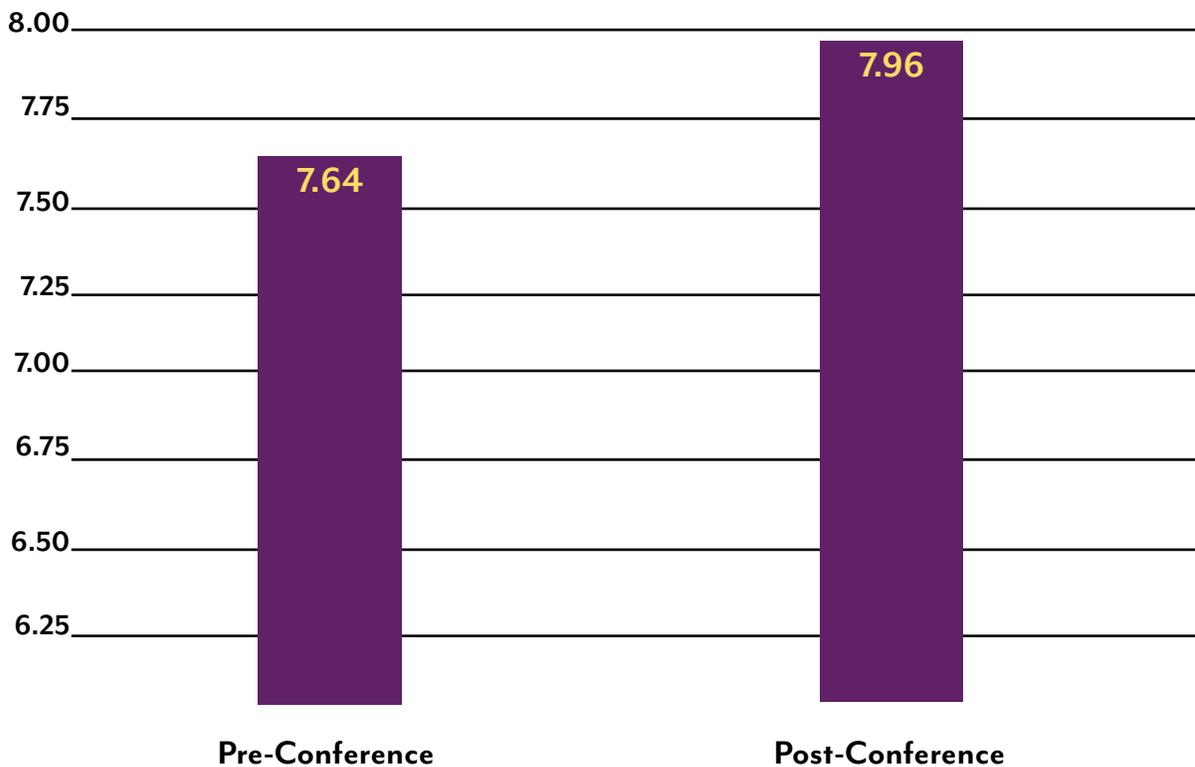
Collective hope refers to a community's capacity to have a shared vision for future positive outcomes. Collective hope requires a shared belief that pathways can be found to achieve the vision and that its members can direct and sustain willpower toward those pathways. Collective hope is associated with social connectedness and trust in leadership.

Collective hope was assessed for those conference attendees who indicated they work at a Family Justice Center. A total of 57 individuals were matched for the pre- and post-conference collective hope assessment.

The graph above shows the change in Collective Hope for the participating Family Justice Center employees. A paired samples t-test was computed to examine the differences in pre- and post-test mean scores. The results of this analysis demonstrated no significant change in collective hope scores [$t(56) = -0.59$; $p > .05$].

HAPPINESS SCORES

Graph 9



The Cantril Self-Anchoring Striving Scale is a measure of well-being traditionally used by Gallup to measure happiness worldwide. Conference participants were asked, “Please image a ladder with steps numbered from zero at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. On which step of the ladder would you say you personally feel you stand at this time” (Cantril, 1965). This report labels these results as happiness.

A paired samples t-test was computed to examine the differences in pre- and post-test scores. The results of this analysis demonstrated a significant increase in happiness scores [$t(132) = -4.00$; $p < .05$].

CORRELATIONS AMONG HOPE AND WELL-BEING MEASURES

Table 3 below provides the correlation matrix for all the scales described in this study. 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 (1992) 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. Identifying a specific correlation is based upon matching a row to a particular column.

EXAMPLES FROM TABLE 3

On the left side of the table the column marked “item” identifies the order of the correlations. The first variable “hope” is also the column labeled 1. The first correlation ($r = .92^*$) under column 1 represents the relationship between Hope (total) and Pathways (variable 2). We interpret this correlation as follows: “Conference attendees who scored higher on Hope had higher scores on Hope Pathways reflecting a strong positive correlation.” Notice the correlation ($r = .92^*$) has an asterisk indicating the finding was statistically significant ($p < .05$) meaning that the observed relationship between these two variables was likely not due to chance.

As another example shows a negative value, where higher scores on Hope (column 1) was associated with lower scores on the participants Rumination (row labeled 9; $r = -.31^*$) and the strength was moderate. One more example will look at the correlation between Flourishing and Happiness. Here we look at column 5 (Happiness) and row 6 (Flourishing) and find the correlation ($.59^*$). Thus, higher scores on Happiness are associated with higher scores on Flourishing and the strength is strong.

Table 3. Correlations Between Hope, Well-Being, and Trauma

<i>Item:</i>	1	2	3	4	5	6	7	8	9
1. Hope	--								
2. Pathways	.92*	--							
3. Agency	.93*	.71*	--						
4. Collective Hope	.36*	.37*	.30*	--					
5. Happiness	.60*	.51*	.60*	.43*	--				
6. Flourishing	.67*	.57*	.67*	.28*	.59*	--			
7. Mindfulness	.55*	.51*	.52*	.21*	.50*	.56*	--		
8. Resilience	.49*	.47*	.44*	.17	.40*	.51*	.60*	--	
9. Rumination	-.31*	-.29*	-.28*	-.13	-.21*	-.28*	-.45*	-.45*	--

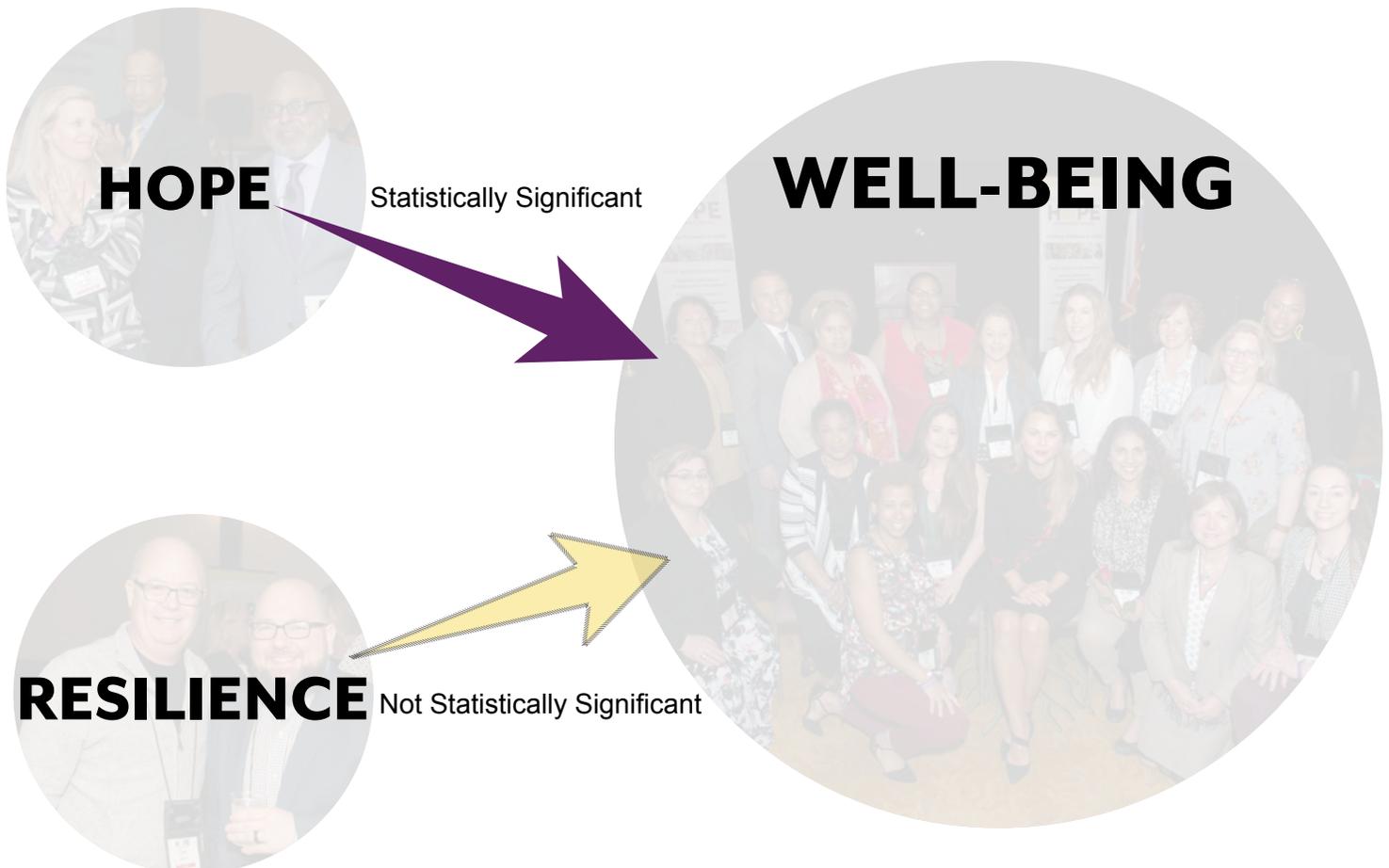
*Note: All Scores (except ACE) obtained at post-test. * $p < .05$ (n=106)*

HOPE AND RESILIENCE

Awareness of the Adverse Childhood Experiences and its negative consequences is gaining widespread attention through the award-winning documentary, “Resilience: The Biology of Stress and the Science of Hope”. The documentary focuses on the notion of resilience and though the “Science of Hope” appears in the title, there is no reference to it in the film. Resilience however, has gained attention despite criticisms calling into question its scientific value (Luthar et al., 2000). Many use the word resilience, but it is unclear if they are referring to a characteristics of the individual (trait) or a process of positive adaptation. This is an important distinction in relation to the ability to “bounce back” or “positively adjust” as new vulnerabilities emerge across changing life circumstances.

In the current evaluation we intentionally measured both hope and resilience, so we could empirically compare with known indicators of well-being.

Previously, Table 3 showed that hope and resilience were positively related to both flourish and happiness. However, when comparing hope and resilience (multiple regression), hope is the only significant predictor of both flourishing ($\beta = .66$; $p < .001$) and happiness ($\beta = .58$; $p < .001$). The effects of resilience on flourishing ($\beta = .06$; $p = .21$) and happiness ($\beta = .08$; $p = .15$) diminishes to the point of no longer having a statistically significance effect on well-being in the presence of hope. Given these empirical findings, we question whether resilience should be the focus as strategies are developed in response to ACEs. We proffer this question: What psychological strength has a research-based ability to: (1) buffer adversity and stress, (2) predict adaptive outcomes, and (3) be learned and sustained? We argue that compelling evidence supports hope as a unifying framework in response to trauma. The evidence presented in this section supports the notion of a trauma informed and hope centered approach.



CONCLUSION

The purpose of this evaluation was to examine the impact of the conference on attendee hope and well-being. The results of the analyses show a statistically significant increase in the hope scores for the conference attendees. This finding suggests that conference attendees gained in the capacity to identify strategies toward their desirable goals and ability to dedicate the willpower (agency) to pursue those strategies. The results also show significant increase in flourishing, mindfulness, and resilience for participating conference attendees. Similarly, rumination scores significantly decreased for the participants.

Approximately 90% of the participants reported the content presented at the conference enhanced their knowledge. These participants were satisfied with the conference and would recommend to others in the future.

Another finding from this study demonstrated the prevalence of adverse childhood experiences (ACE) as reported by the

conference attendee was higher than the CDC national sample. However, the conference participants ACE scores were significantly lower than both survivors and children who are exposed to domestic violence.

Further analyses show that hope is positively associated with participant well-being. This finding was similar for resilience showing higher resilience scores were associated with participant well-being. However, when comparing hope and resilience to well-being, hope was the stronger predictor. Given this finding, we argue that hope is the mindset that drives resilient behavior.

The findings from this evaluation are consistent with the ongoing research for the Alliance for HOPE International (e.g., Blue Shield Family Justice Center, Camp HOPE) demonstrating empirical support for the co-located service model as trauma informed and hope centered.



California Family Justice Center Network Attendees

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The Hope Research Center is an interdisciplinary social science unit in the College of Arts & Sciences for the University of Oklahoma. Collaborating with nonprofit organizations, faculty and graduate students lead research projects with a particular focus on sustainable well-being among vulnerable and otherwise at-risk individuals and communities.

Guided by the principles of Positive Psychology, and the right of all members in the community to flourish; we use hope as the theory of change to assess the impact of nonprofit and human service organizations.

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

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