



Children's Advocacy
Centers of Oklahoma

Children's Advocacy Centers of Oklahoma: Caregiver Satisfaction and Hope Findings

A State Report 2023

Prepared by:
Evie M Muilenburg-Trevino, PhD

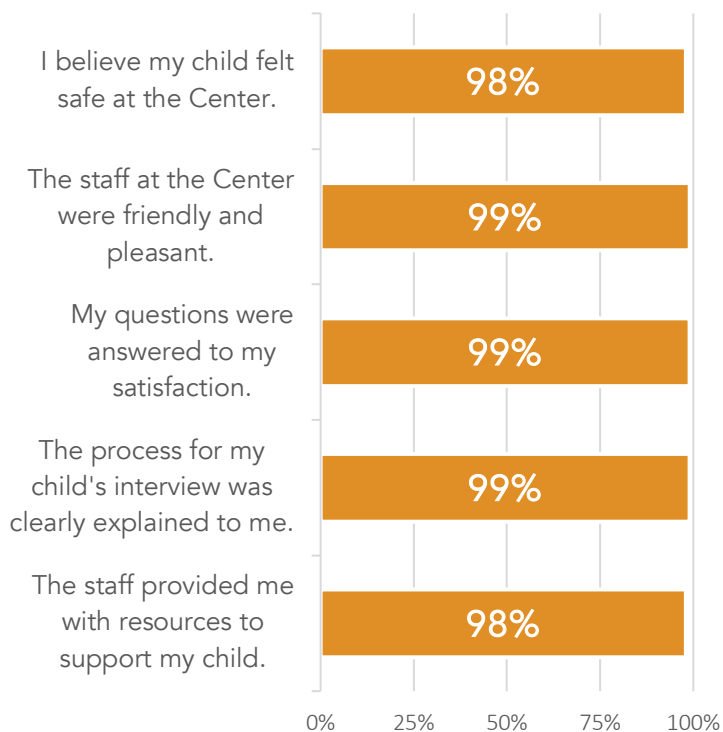


The UNIVERSITY of OKLAHOMA
Hope Research Center

CACO Caregiver Satisfaction and Hope Findings

The **mission** of Children’s Advocacy Centers of Oklahoma (CACO) is to unite and support child abuse professionals to protect Oklahoma’s children. In the current study, **699 caregivers** who received services from a Child Advocacy Center participated by completing an online survey. Findings are reported.

Caregivers Agree



73%

of caregivers had a **decrease in anxiety** after receiving services and interacting with staff.

The staff were super friendly, attentive, and made me feel like we can get through this.

Conclusion

Overall, caregivers report high levels of satisfaction with their experience with Children’s Advocacy Centers of Oklahoma. Additionally, 88% of caregivers agreed that the Center gave information about services for their child while 8% indicated that they did not need further services. Caregiver hope was examined after coming to the Center. Overall, 39% of caregivers had high hope, 51% had moderate hope, and 9% had slight hope about their future. Regarding anxiety, findings were statistically significant showing a decrease in anxiety after receiving services at a Center. **The findings indicate a positive impact of Child Advocacy Centers on families.**

Children’s Advocacy Centers of Oklahoma: Caregiver Satisfaction and Hope Findings

Children’s Advocacy Centers of Oklahoma, Inc (CACO) has a mission to unite and support child abuse professionals to protect Oklahoma’s children. They deliver support, training, and technical assistance to Oklahoma Child Advocacy Centers (CACs) and Multidisciplinary Teams (MDTs) to provide collaborative and coordinated responses to victims of child abuse and neglect. In the state of Oklahoma, there are twenty CACs that are accredited by the National Children’s Alliance.

In 2021, there were over 3 million reports of abuse and neglect investigated in the US and 588,299 victims of child abuse and neglect (U.S. Department of Health & Human Services, 2021). The need to investigate reported incidents of child maltreatment in ways that protects children, avoids retraumatization and fosters hope is crucial. CACO partners with each CAC to provide safe and healing services to children impacted by abuse and neglect in Oklahoma.

Hope Theory

Hope theory is a future-oriented motivational construct that assumes individuals have a desire for goal attainment. Hope is the belief that the future will be better, and you have the power to make it happen (Snyder et al., 1991; Snyder, 2002). Hope has three components: goals, pathways, and agency. A goal is something that a person desires. Pathways and agency work mutually together so that an individual can reach a desired goal. Pathways refers to the mental strategies a person should take to reach a goal. Obstacles may arise, however, and an individual must have alternate routes to overcome these barriers. Agency refers to a person’s willpower or mental energy to pursue those pathways. This is a continual process until the desired goal is met. A high hope person can identify a desired goal, find specific strategies for goal attainment, problem solve around obstacles, and maintain the mental energy to pursue pathways toward the goal.

Purpose of Study

The purpose of this evaluation is to understand the attitudes and perceptions of caregivers who have used services at a Child Advocacy Center. Satisfaction variables, services assessment, level of anxiety and hope were examined.

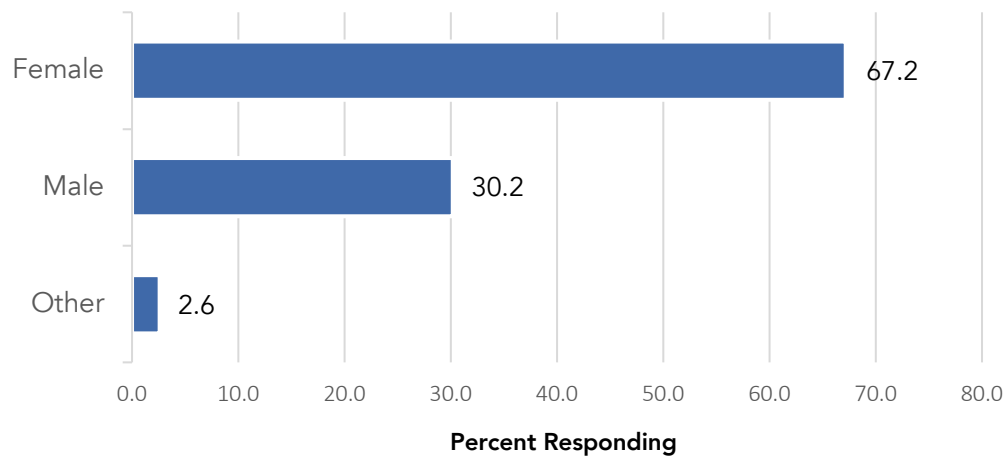
Method

Procedure and Participants

A total of 699 caregivers who received services from a Child Advocacy Center participated in an online survey via a secure link. And staff at 22 CAC locations provided the survey to caregivers. The following graphs illustrate demographics for caregivers responding to questions about their child.

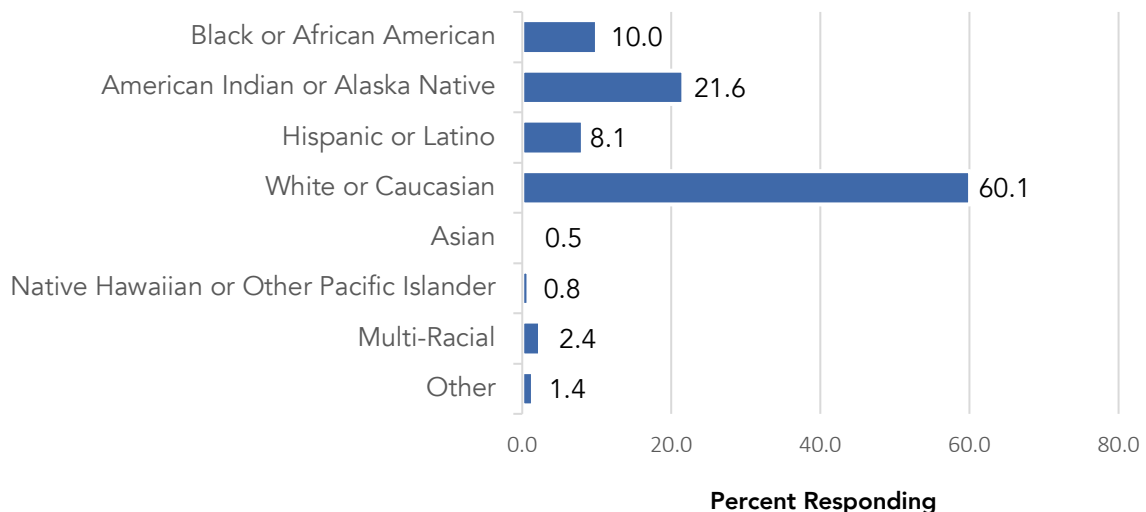
Regarding gender, the following graph shows that 67% of children are female while 30% are male.

Child's Gender

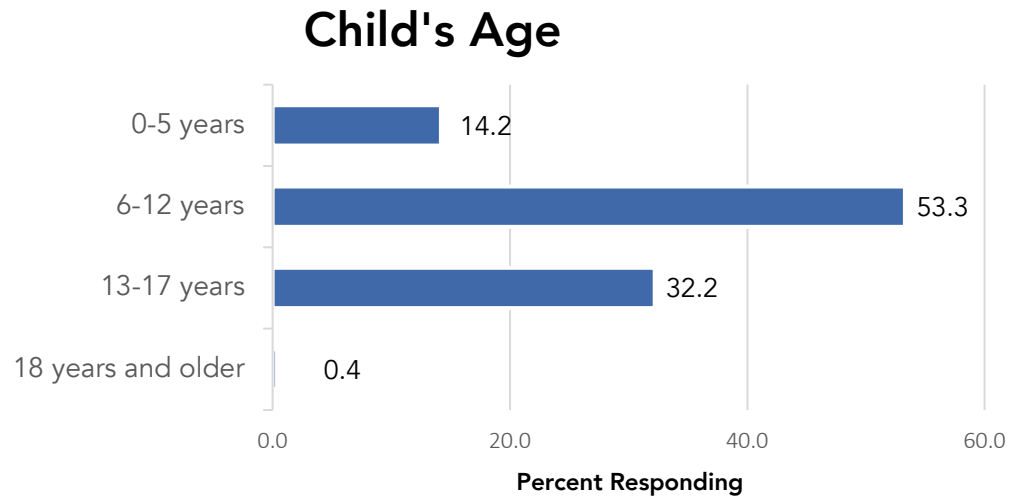


Regarding race/ethnicity, 60% and 22% are White/Caucasian and Black/African American, respectively.

Child's Race/Ethnicity



Regarding age of children, 53% are 6-12 years old, and 32% are 13-17 years old.



Measurement

Caregiver Satisfaction. Caregiver satisfaction was measured with 10 questions and used a Likert ranging from 1-Strongly Disagree to 4-Strongly Agree. Satisfaction items are listed below:

1. I believe my child felt safe at the Center.
2. The Center staff made sure I understood the reason for our visit to the Center.
3. When I came to the Center, my child and I were greeted and received attention in a timely manner.
4. I was given information about the services and programs provided by the Center.
5. My questions were answered to my satisfaction.
6. The process for the interview of my child at the Center was clearly explained to me.
7. I was given information about possible behaviors I might expect from my child in the days and weeks ahead.
8. The staff members at the Center were friendly and pleasant.
9. After our visit at the Center, I feel I know what to expect with the situation facing my child and me.
10. The Center staff provided me with resources to support my child and respond to his or her needs in the days and weeks ahead.

Services Assessment. Four items were included to measure access to services. Response options include yes, no, I don't know, and services not needed.

Anxiety. Two questions were included to measure caregiver anxiety before and after receiving services. The Likert ranged from 1-None to 10-Extremely high. The Before question is: How was your anxiety about coming to the center? The After question is as follows: After receiving services and interacting with staff, how is your anxiety now?

Hope. The Snyder Hope Scale is an 8-item instrument used to measure the extent to which individuals feel motivated to reach goals and find pathways toward goals (Synder et al., 1991). The Likert ranged from 1-Definitely False to 8-Defintiely True. A total scale score is derived by adding all 8 items together. Total scale scores can range from 8-64.

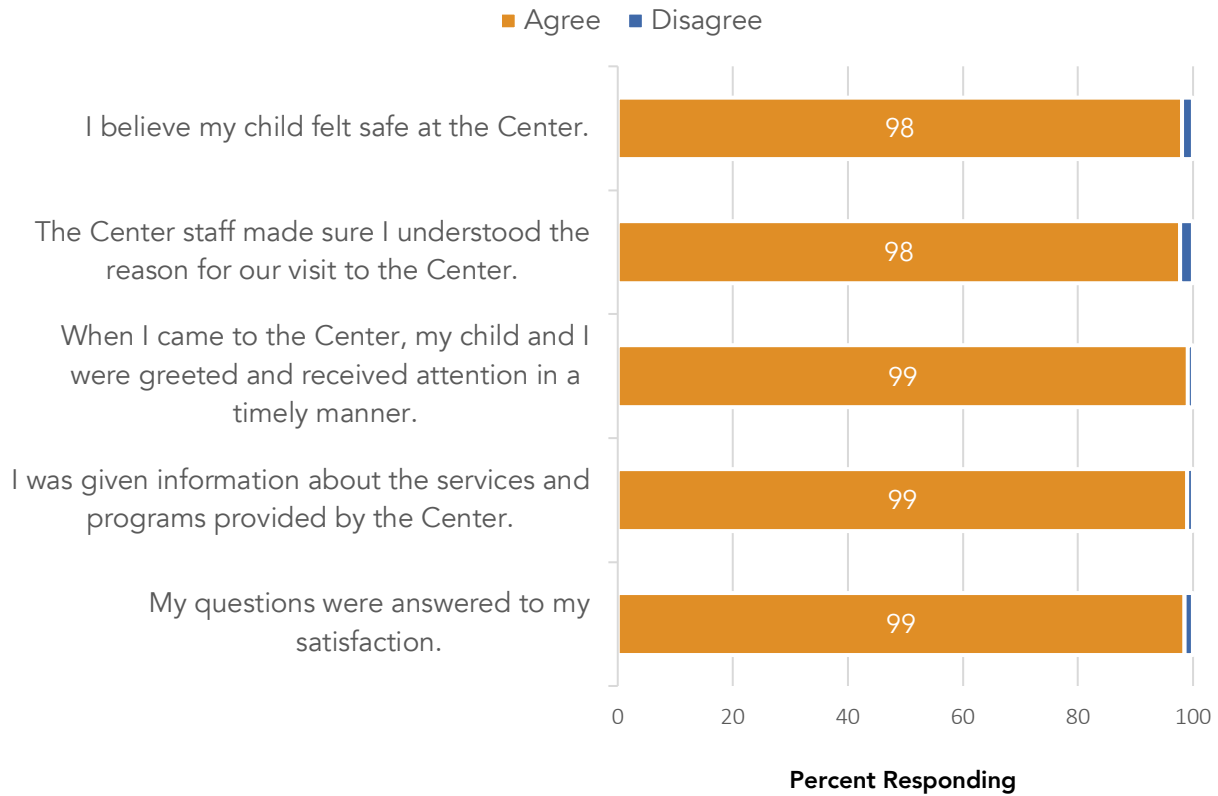
Analyses

Frequency and statistical analyses are used to understand caregiver responses.

Results

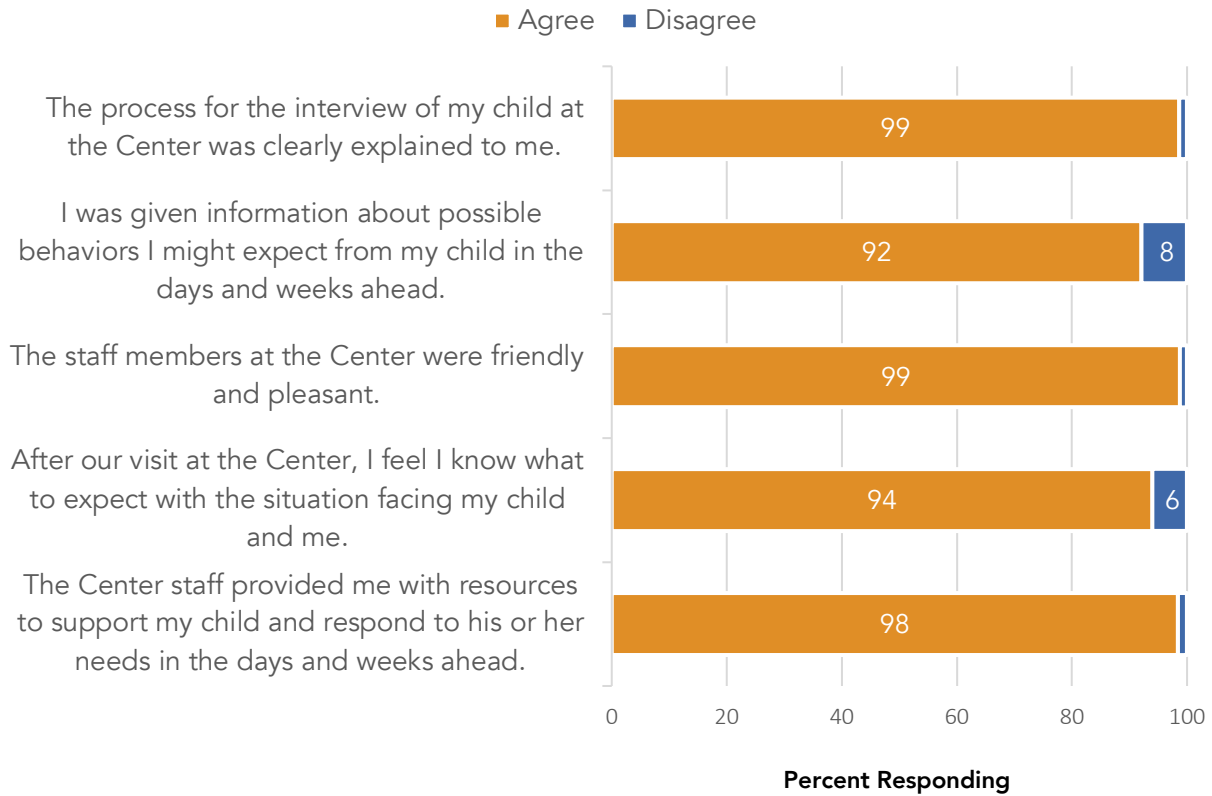
Analyses and interpretations of caregiver responses are presented on pages 7-15.

Caregiver Satisfaction Questions



The graph above illustrates Caregiver satisfaction questions. **98% of caregivers agreed** that their child felt safe at the Center, and that the Center staff made sure they understood the reason for their visit. And **99% of caregivers agreed** that their questions were answered to their satisfaction.

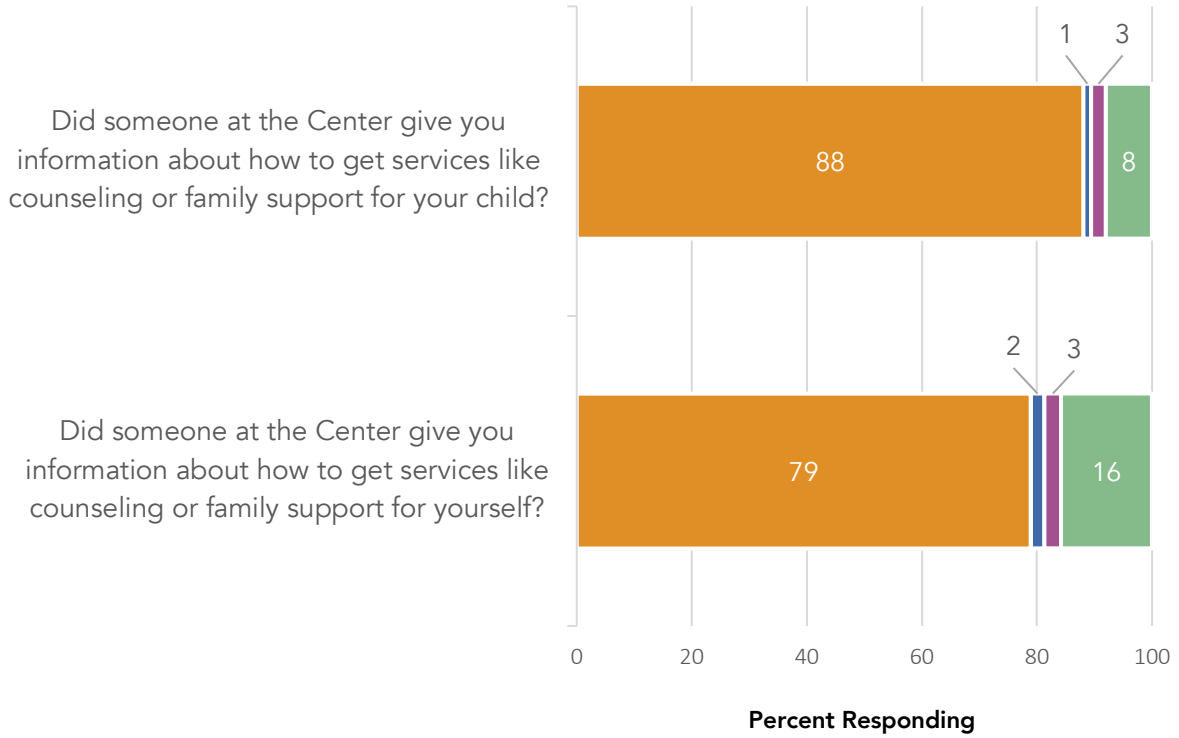
Caregiver Satisfaction Questions



The graph above illustrates Caregiver satisfaction questions. **99% of caregivers agreed** that the process for the interview was clearly explained, and that the staff at the Center were friendly and pleasant. And **98% of caregivers agreed** that the Center staff provided them with resources to support their child and respond to their needs.

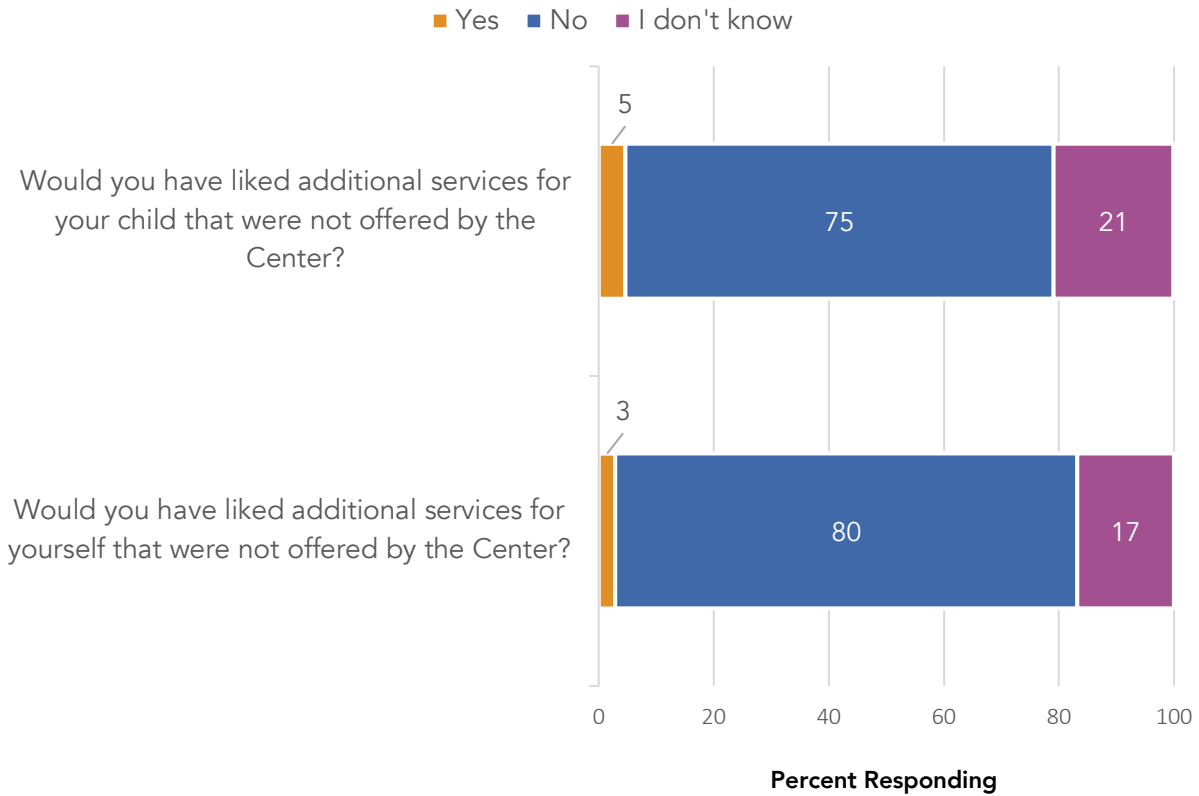
Child and Caregiver Support

■ Yes ■ No ■ I don't know ■ I didn't need services



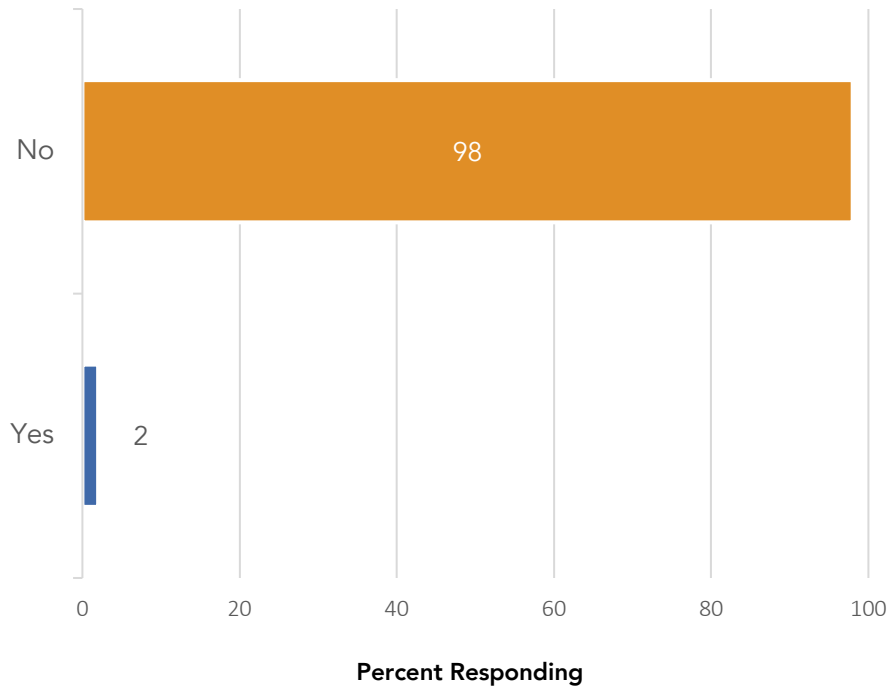
The graph above illustrates child and caregiver support questions. 88% of caregivers agreed that the Center gave information about services for their child. And 79% of caregivers agreed that the Center gave information about services for themselves.

Child and Caregiver Additional Services



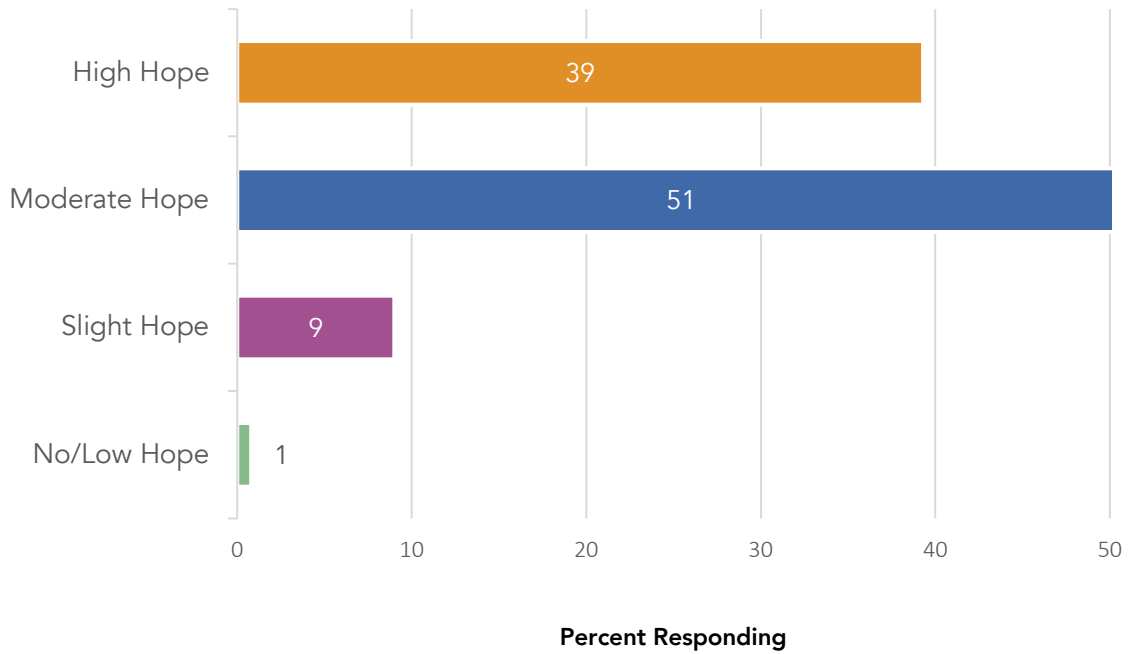
The graph above illustrates child and caregiver additional services questions. 75% of caregivers indicated they did not need additional services for their child. And 80% of caregivers indicated they did not need additional services for themselves.

Was there anything that the Center staff could have done to better help you or your child?



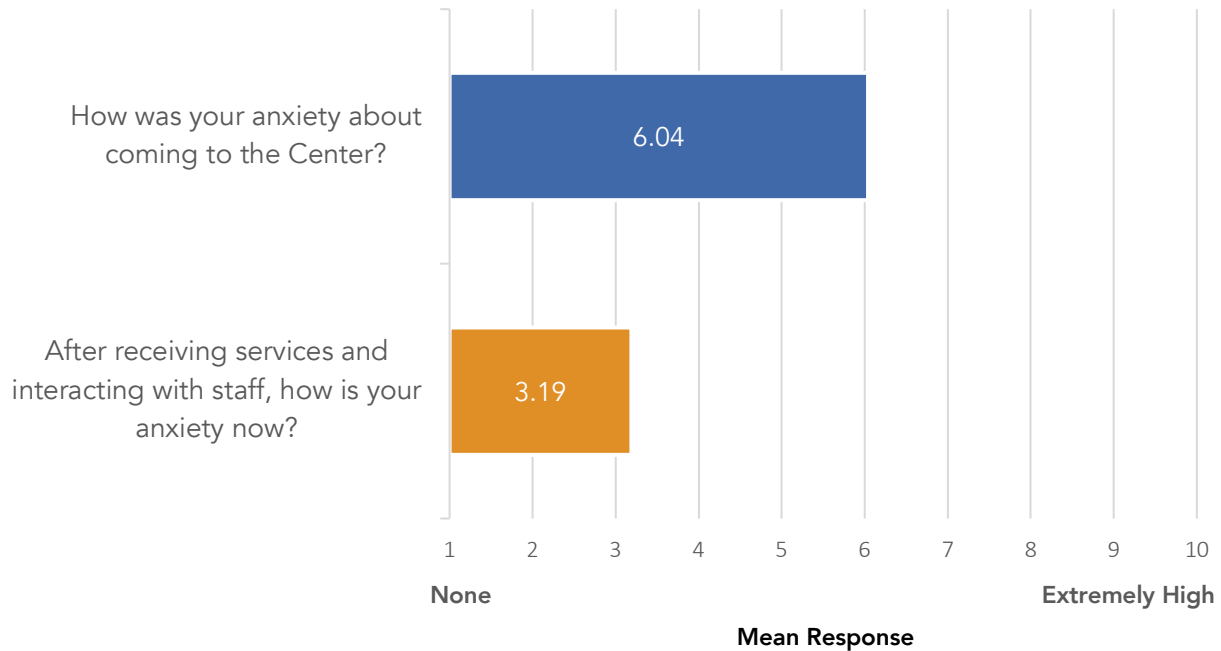
The graph above illustrates caregiver responses to the question, "Was there anything that the Center staff could have done to better help you or your child?" 98% of caregivers responded no.

Caregiver Hope



The preceding graph illustrates responses to **Caregivers' Hope** after coming to the Center. Overall, 39% of caregivers had high hope, 51% had moderate hope, and 9% had slight hope about their future. The mean total hope score for caregivers was 51.8 (moderate hope).

Level of Anxiety



The graph above illustrates responses to caregivers' anxiety before and after coming to the Center. A paired samples t-test was computed to examine before and after experiences. **Findings are statistically significant** [$t(681) = 26.877, p < .001$]. Before coming to the Center, caregivers had an average score of 6.04 for their level of anxiety. After receiving services and interacting with staff, caregivers had an average score of 3.19 for their level of anxiety. Overall, this means that **caregivers' anxiety level decreased** after they came to the Center.

Additional analyses demonstrates that **73% of caregivers indicate their anxiety level decreased** after receiving services and interacting with staff at the Center.

Correlations between CAC Practice Model and Caregiver Hope and Anxiety

		Hope	Post Anxiety ^A
1	Child felt safe at the Center	.08*	-.21*
2	Staff made sure I understood the reason for our visit to the Center	.01	-.14*
3	We were greeted and received attention in a timely manner	.08	-.14*
4	Given information about the services/programs provided by Center	.04	-.09*
5	My questions were answered to my satisfaction	.06	-.19*
6	Process for the interview of my child was clearly explained to me	.04	-.15*
7	Given information about possible behaviors to expect from my child	.07	-.14*
8	The staff members at the Center were friendly and pleasant	.09*	-.09*
9	I know what to expect with the situation facing my child and me	.06	-.17*
10	Staff provided me with resources to support my child	.03	-.13*

^A Anxiety level after receiving services

*Correlation is statistically significant ($p < .05$)

Hope Correlation Findings:

- A caregiver who felt their child was safe at the Center was correlated with higher hope.
- A caregiver who felt staff were friendly and pleasant was correlated with higher hope.

Anxiety Correlation Findings:

- A caregiver who felt their child was safe at the Center was correlated with lower anxiety after receiving services.
- A caregiver who believed their questions were answered satisfactory was correlated with lower anxiety after receiving services.
- A caregiver who had the interview process clearly explained to them was correlated with lower anxiety after receiving services.
- A caregiver who knows what to expect with the situation in the future was correlated with lower anxiety after receiving services.

A Regression Model Between Caregiver Hope and Anxiety



A regression model was computed to understand the impact of caregiver hope on their anxiety level after receiving services at the Center. Findings were statistically significant showing [$F(1,642) = 17.471$; $p < .001$] that caregivers with higher hope had lower anxiety. In other words, caregivers who had higher levels of hope had reduced levels of anxiety. This makes sense given that Hope is a protective factor against the impact of adversity.

References

- Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological inquiry, 13*(4), 249- 275.
- Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., et al. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology, 60*, 570-585.
- U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2023). *Child Maltreatment 2021*. Available from <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>.