



Children's Advocacy  
Centers of Oklahoma

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

## A State Report 2025

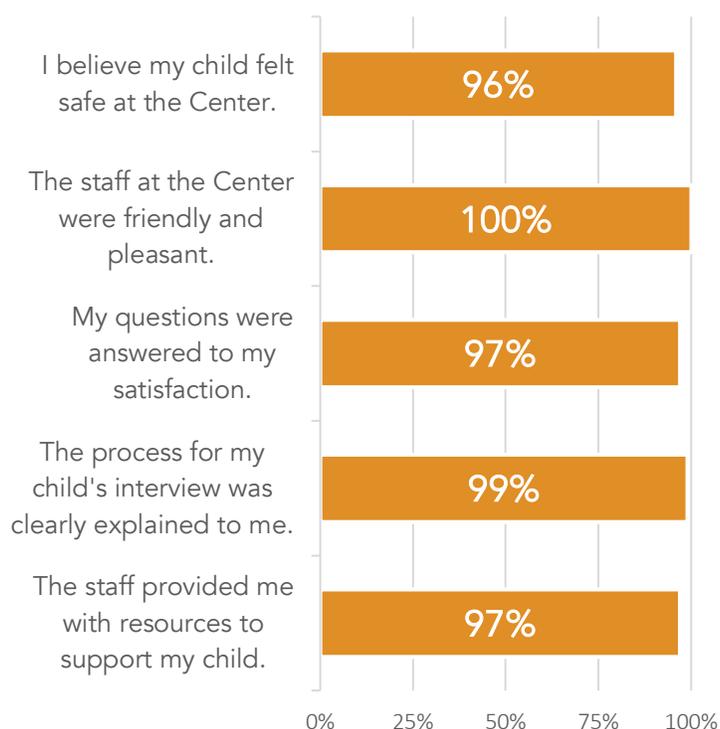
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# CACO Caregiver Satisfaction and Hope Findings

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, **1,212 caregivers** who received services from a Child Advocacy Center participated by completing an online survey. Findings are reported.

## Caregivers Agree



There was a statistically significant increase in **caregiver hope** and decrease in **anxiety**.

*“I had a great experience. Everyone was very helpful. This is an awesome center and I hope it stays around for many years to come.”*

## Conclusion

Overall, caregivers report high levels of satisfaction with their experience with Children’s Advocacy Centers of Oklahoma. Additionally, 97% of caregivers agreed that the Center staff provided them with resources to support their child. Caregiver hope and anxiety were examined. Regarding anxiety, findings were statistically significant, showing a decrease in anxiety after receiving services at a Center. Additionally, results demonstrated a statistically significant increase in caregiver Hope 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 in 2024**

The mission of Children’s Advocacy Centers of Oklahoma, Inc (CACO) is to unite and support child abuse professionals to protect Oklahoma’s children. They provide support, training, and technical assistance to Oklahoma Child Advocacy Centers (CACs) and Multidisciplinary Teams (MDTs) that offer collaborative and coordinated responses to victims of child abuse and neglect. There are 21 CACs across the state of Oklahoma that are accredited by the National Children’s Alliance.

There were an estimated 3.1 million reports of abuse and neglect that required investigations in the US in 2022 (U.S. Department of Health & Human Services, 2021). During the same period in Oklahoma, there were 35,456 referrals for child abuse and neglect investigations (Child Welfare League of America, 2024). It is essential to investigate reported incidents of child maltreatment in a manner that safeguards children, avoids retraumatization, and nurtures hope. CACO partners with CACs to provide services that are safe and healing to children affected by abuse and neglect in Oklahoma.

### **Hope Theory**

Hope is more than a feeling—it’s a strategic mindset supported by empirical data and shown to be one of the best predictors of well-being (Snyder, 2002; Rand & Touza, 2021). Hope is the mindset that the future is bright and you have a role to play in making it happen. There are three components of hope: goals, pathways, and willpower (Snyder et al., 1991; Snyder, 2002). A valued goal is the foundation of hope. Pathways are the mental strategies toward one’s goal and problem-solving when individuals meet obstacles. Willpower is the mental energy to stay along the pathways toward one's goals. This process is continual and additive. High-hope individuals are more effective at meeting their goals, see obstacles as challenges to overcome, develop alternative plans, seek out support and resources, and view themselves as active agents in shaping their future.

Individuals who have experienced adverse life events or face ongoing hardship oftentimes have lower levels of hope (Rodwin et al., 2025). However, because hope is a cognitive process, it can be learned. In the face of seemingly insurmountable challenges, individuals need support to help them attain a positive outcome. A fundamental aspect of hope is that it occurs in connection with others, as it’s fostered through relationships and community support (Jason, Stevens & Light, 2016). Organizations such as the Child Advocacy Centers provide crucial, immediate

assistance and guidance that help families cope with overwhelming difficulties while fostering hope.

### **Purpose of Study**

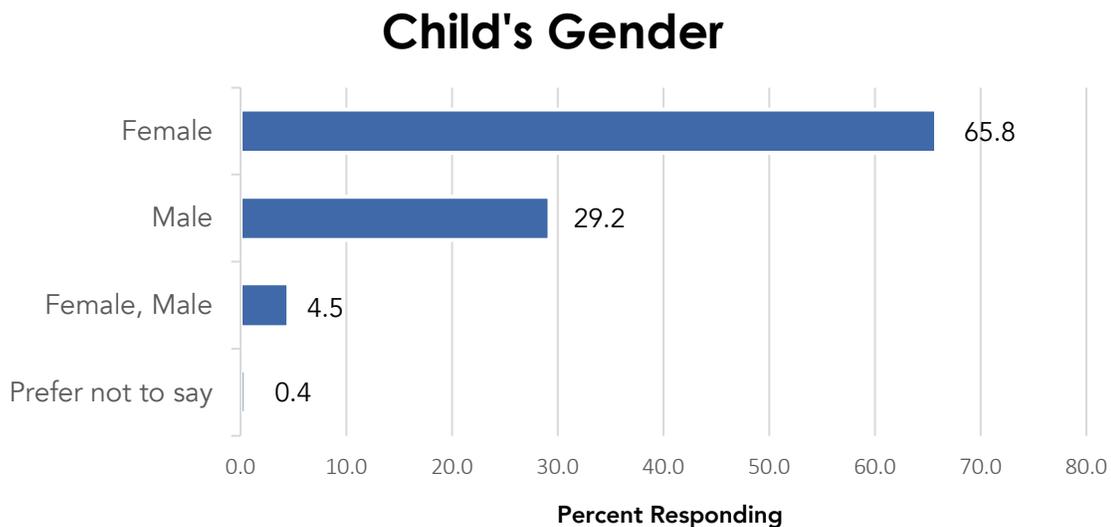
The purpose of the current evaluation is to understand the attitudes and perceptions of caregivers who have used services at a Child Advocacy Center. Program satisfaction variables, services assessment, level of anxiety, and hope were examined.

### **Method**

#### **Procedure and Participants**

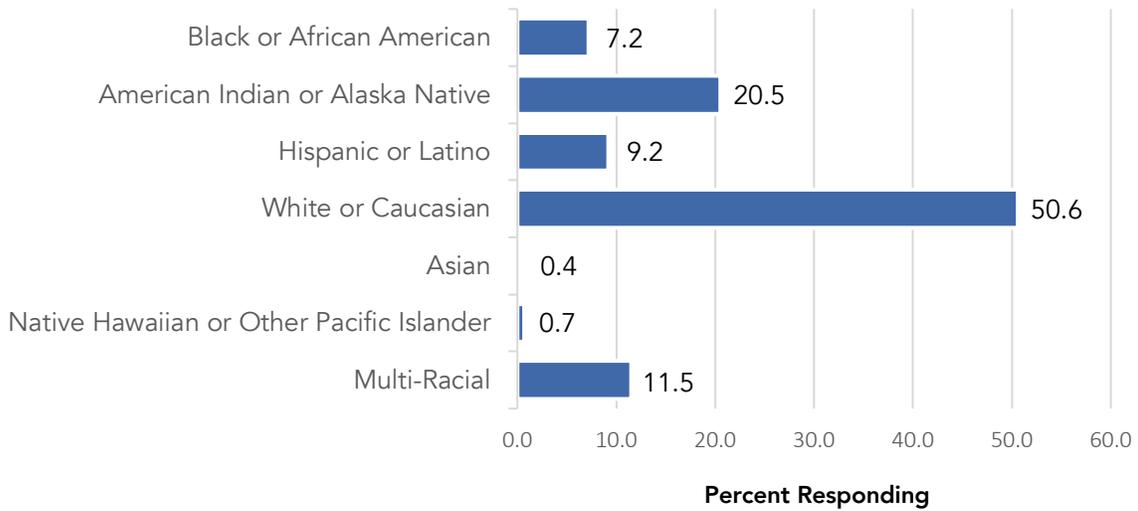
A total of 1,212 caregivers who received services from a Child Advocacy Center participated in an online survey via a secure link. Staff at 21 CAC locations provided the survey to caregivers. The following graphs illustrate demographics for caregivers responding to questions about their child.

Regarding gender, the following graph shows that 66% of children are female while 29% are male.



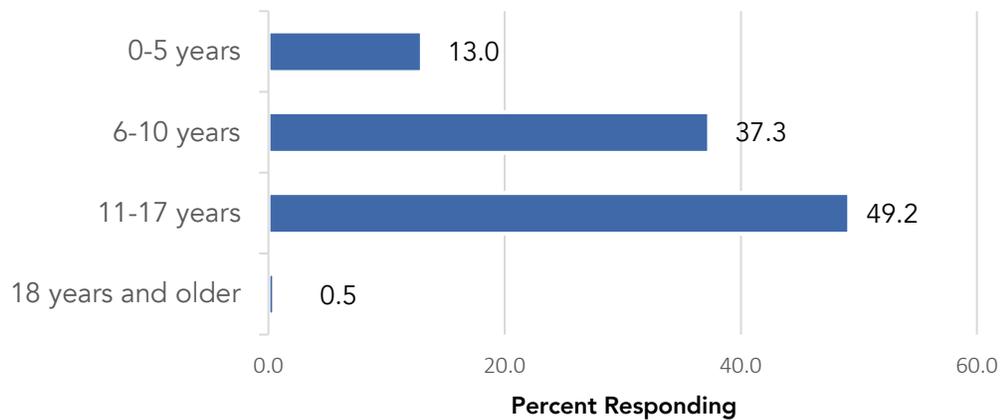
Regarding race/ethnicity, 51% and 21% are White/Caucasian and American Indian or Alaska Native, respectively.

## Child's Race/Ethnicity



Regarding age of children, 49% are 11-17 years old, and 37% are 6-10 years old.

## Child's Age



### Measurement

*Caregiver Satisfaction.* Caregiver satisfaction was measured with 10 questions and used a Likert ranging from 1-*Strongly Disagree* to 4-*Strongly Agree* along with the response option of *I don't know*. 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.

Two questions were included to measure caregiver Hope before and after receiving services. The Likert ranged from 1-Strongly Disagree to 6-Strongly Agree. The Before question is: Before I arrived at the Center today, I believed the future was bright and I had a role to play in making it happen. The After question is as follows: After completing services today, I believe the future is bright and I have a role to play in making it happen.

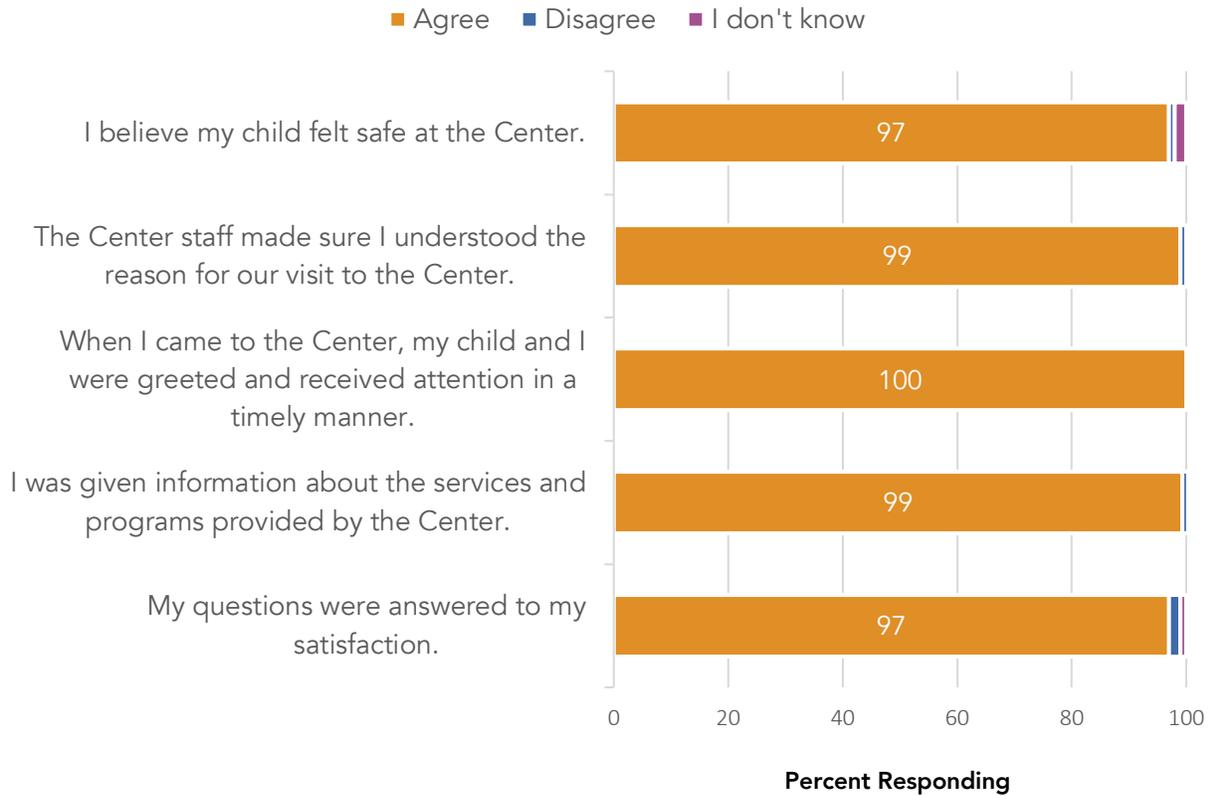
## **Analyses**

Frequency and statistical analyses were used to understand caregiver responses.

## **Results**

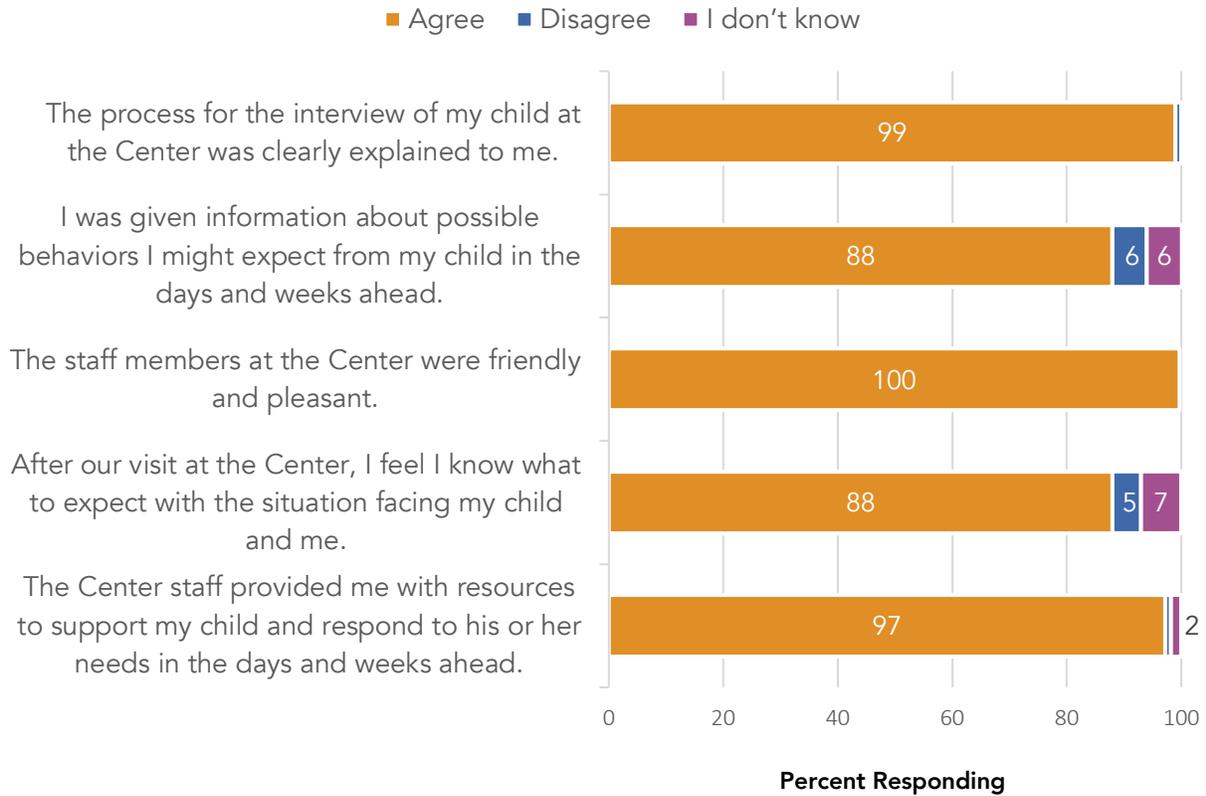
Analyses and interpretations of caregiver responses are presented on pages 7-14.

## Caregiver Satisfaction Questions



The graph above illustrates Caregiver satisfaction questions. **97% of caregivers agreed** that their child felt safe at the Center. **99% of caregivers agreed** that the Center staff made sure they understood the reason for their visit. And **97% of caregivers agreed** that their questions were answered to their satisfaction.

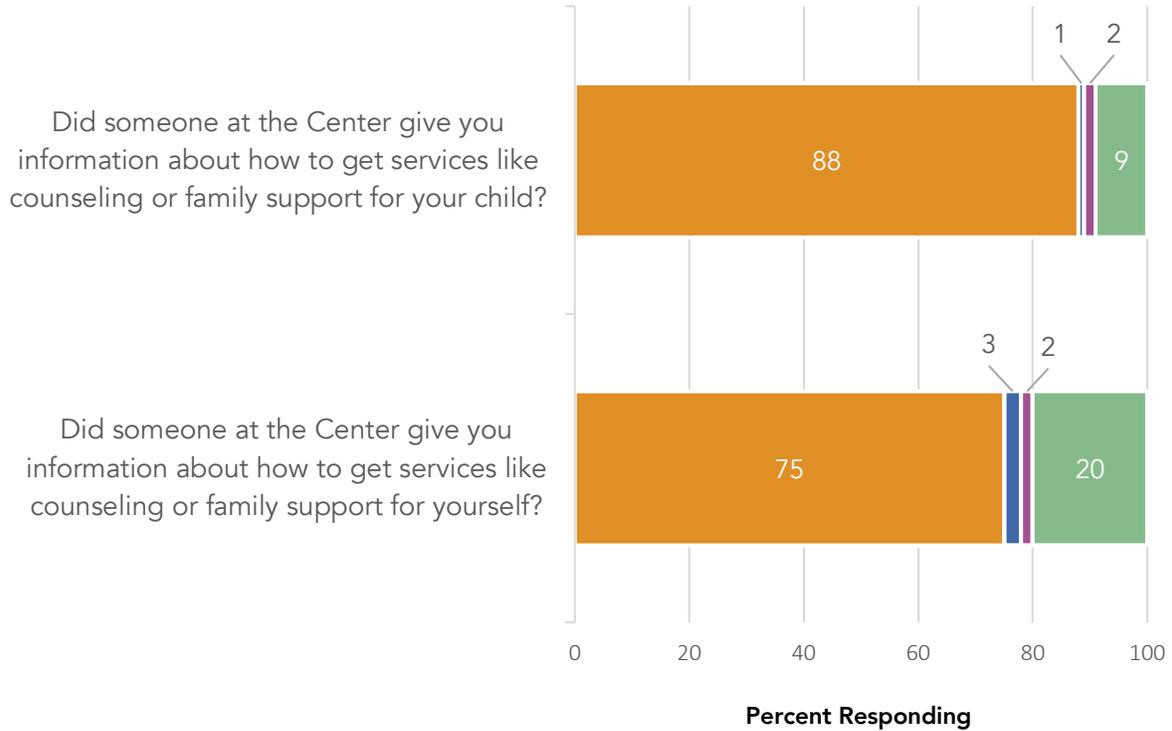
## Caregiver Satisfaction Questions



The graph above illustrates Caregiver satisfaction questions. **99% of caregivers agreed** that the process for the interview was clearly explained. **100% of caregivers agreed** that the staff at the Center were friendly and pleasant. Finally, **97% of caregivers agreed** that the Center staff provided them with resources to support their child and respond to their needs.

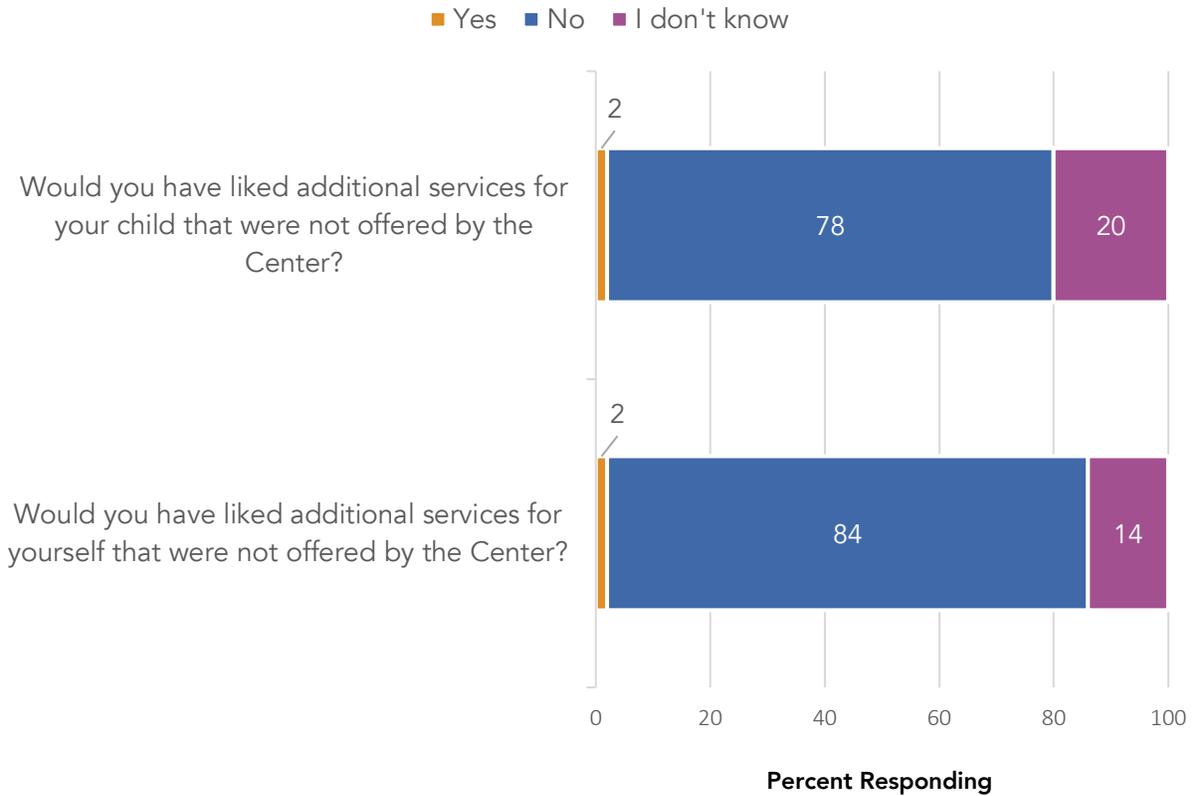
# Child and Caregiver Support

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



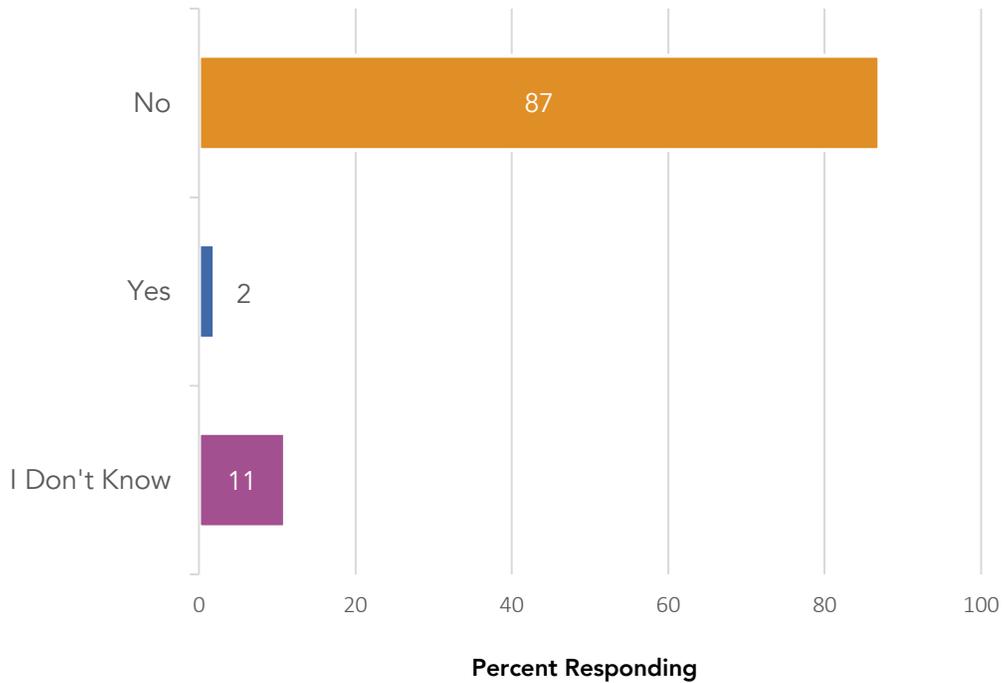
The graph above illustrates child and caregiver support questions. 88% of caregivers agreed that the Center gave information about services for their child. And 75% of caregivers agreed that the Center gave information about services for themselves.

## Child and Caregiver Additional Services



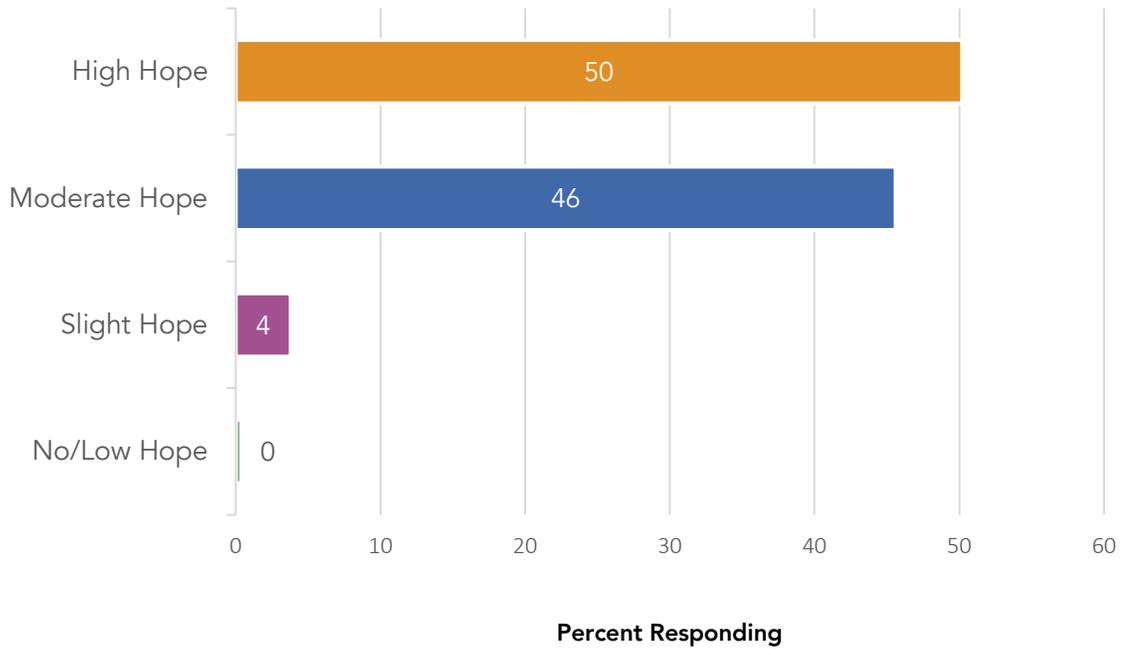
The graph above illustrates child and caregiver additional services questions. 78% of caregivers indicated they did not need additional services for their child. And 84% of caregivers indicated they did not need additional services for themselves.

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



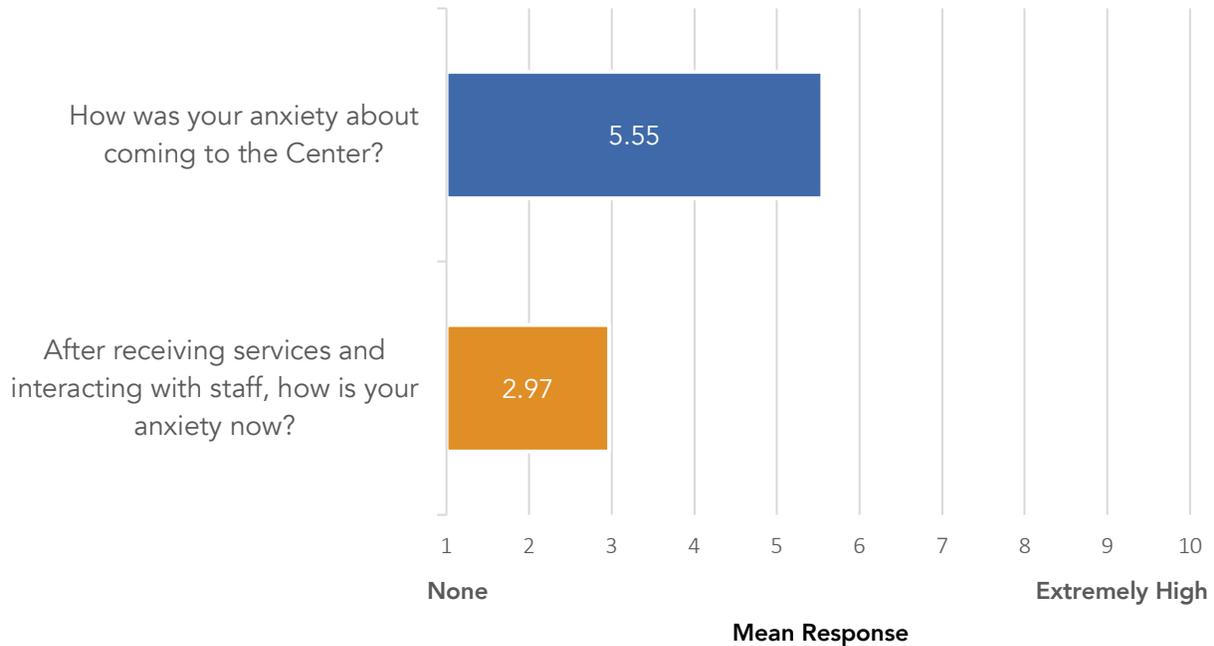
The graph above illustrates caregiver responses to the question, “Was there anything that the Center staff could have done to better help you or your child?” 87% of caregivers responded no.

## Caregiver Hope



The preceding graph illustrates responses to **Caregiver Hope** after coming to the Center. Overall, 50% of caregivers had high Hope, 46% had moderate Hope, and 4% had slight Hope about their future. The mean total Hope score for caregivers was 54 (moderate Hope).

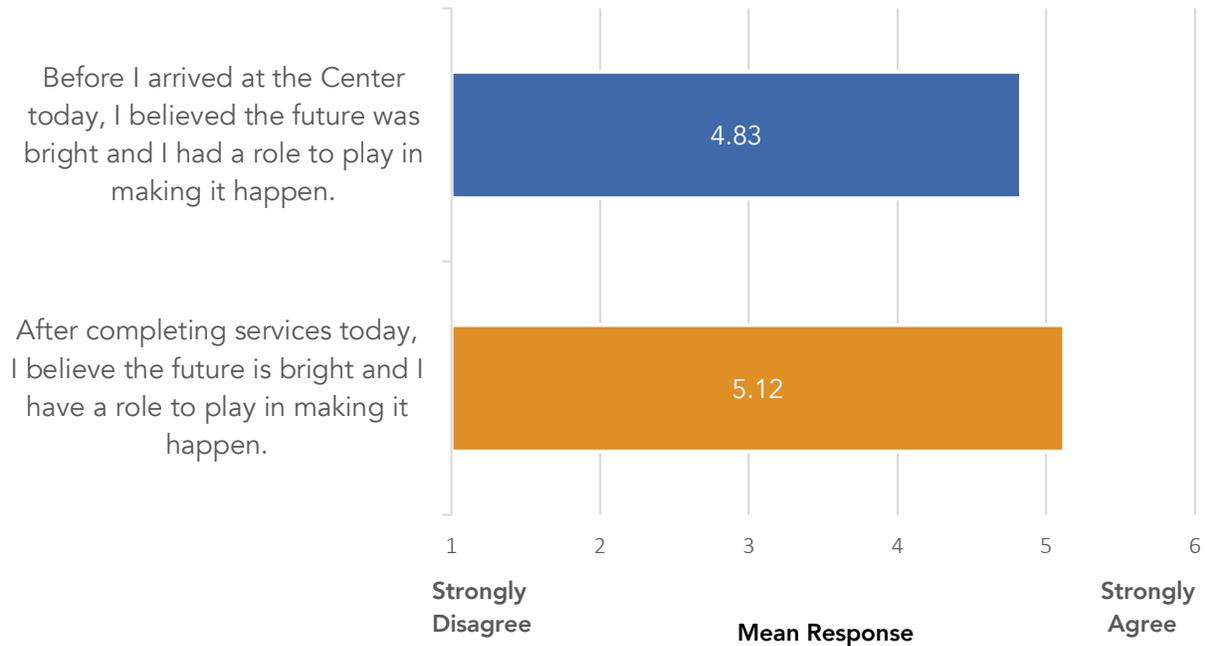
## Changes in Levels of Anxiety



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** [ $t(1012) = 33.398, p < .001$ ]. Before coming to the Center, caregivers had an average score of 5.55 for their level of anxiety. After receiving services and interacting with staff, caregivers had an average score of 2.97 for their level of anxiety. Overall, this means that **caregiver anxiety levels decreased** after they came to the Center.

Additional analysis demonstrates that **72% of caregivers indicate their anxiety level decreased** after receiving services and interacting with staff at the Center.

## Changes in Levels of Hope



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** [ $t(991) = -10.767, p < .001$ ]. Before coming to the Center, caregivers had an average score of 4.83 for their level of Hope. After receiving services and interacting with staff, caregivers had an average score of 5.12 for their level of Hope. Overall, this means that **caregiver Hope levels increased** after they came to the Center.

## **Conclusion and Implications**

This statewide evaluation of Children’s Advocacy Centers of Oklahoma (CACO), based on 1,212 caregiver responses, demonstrates high satisfaction and meaningful improvements in caregiver well-being following services. Caregivers overwhelmingly reported positive experiences, with nearly all indicating supportive staff, clear communication, and a safe environment for their children; notably, 97% reported receiving helpful resources. Caregiver anxiety significantly decreased after services, with 72% reporting reduced anxiety, while hope significantly increased, reflecting a stronger belief in a positive future and greater sense of agency.

These findings underscore the critical role CACs play in delivering trauma-informed, family-centered care that reduces distress and fosters hope. Continued investment in and expansion of CAC services across Oklahoma is essential, along with ongoing evaluation and intentional integration of strategies that further support caregiver well-being and long-term outcomes.

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