Utilizing a Train-the-Trainer Model for Sexual Violence Prevention: Findings From a Pilot Study With High School Students of Asian and Pacific Islander Descent in Hawai‘i

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Sexual violence is a significant public health problem with potential long-term consequences for victims. Prior research suggests that adolescents are at increased risk for sexual violence, which makes prevention education programs critical for this age group. However, there are few prevention programs that specifically target sexual violence, and even fewer that are culturally appropriate for Hawai‘i’s diverse population. This pilot study addresses these two gaps by implementing and evaluating a culturally grounded school-based sexual violence prevention curriculum. The Respect curriculum was developed by the Sex Abuse Treatment Center (a statewide social service agency with expertise in sexual violence prevention and treatment), in collaboration with the Hawai‘i Department of Education, teachers, counselors, and students across the state. A train-the-trainer model was used for implementation, in which teachers were trained and supported in teaching the curriculum to their students. One high school on Oahu served as the intervention school, with a demographically similar high school serving as the comparison. The sample was comprised of 136 students: 63 in the intervention school and 73 in the comparison school. Results showed that students in the intervention school significantly increased their knowledge of sexual violence, decreased their victim-blaming attitudes, and increased their bystander self-efficacy (i.e., their likelihood of acting on behalf of a potential victim if a situation arose) compared with students in the comparison school. Findings provide preliminary support for the utility of a train-the-trainer model in addressing sensitive health topics.

Keywords: sexual violence prevention, train-the-trainer model, school-based, culturally grounded

1 For the purpose of this article, sexual violence is any sexual activity that is unwanted, tricked, or forced, and includes sexual harassment, exposure (showing one’s private parts or when a person is tricked, forced, or bribed into showing his or her privates parts to someone else), fondling/touching, and penetration.

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& Ahrens, 2004; Kilpatrick et al., 2003; Silverman, Raj, Mucci, & Hathaway, 2001). Sexual violence in dating relationships is also associated with suicidal ideation, posttraumatic stress disorder (PTSD), major depressive disorder, lower life satisfaction, and decreased self-esteem (Ackard & Neumark-Sztainer, 2002; Coker et al., 2000; Kilpatrick et al., 2003). Consequences affect not only individual survivors of sexual violence but also their families, friends, and communities (Ahrens & Campbell, 2000; Remer & Elliott, 1988).

Although victimization can occur across the life span, adolescence seems to be a particularly risky time with regard to dating and sexual violence (Black et al., 2011; Coker et al., 2000; Humphrey & White, 2000; Smith, White, & Holland, 2003). Research also suggests that victimization in adolescence is associated with victimization later in life (Smith et al., 2003). In longitudinal studies, rates of sexual victimization in adolescence and young adulthood are as high as 66% (Halpern, Spriggs, Martin, & Kupper, 2009; Humphrey & White, 2000). In cross-sectional high-school-based studies, national and Hawai‘i-specific rates (where the current study was conducted) ranged from 7% to 21%, depend-
ing on the type of sexual violence (e.g., forced sex, unwanted sexual touching; Baker & Helm, 2011; Centers for Disease Control and Prevention, 2012). Across all studies, girls consistently reported higher rates of victimization than boys.

In addition to gender differences, it is important to consider differences in prevalence among ethnocultural groups. Typically, research has shown lower prevalence rates for Asian Americans when compared with other ethnocultural groups (Crisanti, Frueh, Gundaya, Salvail, & Triffleman, 2011; Lee & Law, 2001; Mills & Granoff, 1992). Among high school students in Hawai‘i, rates of forced sex were higher for Caucasians and Other Pacific Islanders (9.8% and 8.5%, respectively), and lower for Japanese and Other Asians (both at 4.3%; Hawai‘i Health Data Warehouse, 2013). However, when considering forced sex among adolescents in dating relationships, rates of victimization varied but were not statistically different among Hawaiian, Samoan, Filipino, Other Asian, and Caucasian youth (7%, 13%, 10%, 10%, and 7%, respectively; Baker & Helm, 2011).

With these rates of sexual violence, and findings suggesting that those who are victimized are likely to experience negative consequences as well as an increased risk for revictimization, the need for prevention is clear. However, there is a dearth of effective prevention programs that focus specifically on preventing sexual violence, and even more limited are programs that are tailored to Asian American and Pacific Islander populations.

One type of prevention program that has some crossover in content is teen dating violence prevention, which addresses not only sexual violence but also physical violence, as well as emotional violence and control. These programs include school-based curricula that typically focus on increasing knowledge of sexual violence and helping students develop respectful communication skills, with some also having community components such as community awareness campaigns and training for service providers. Evaluation results from two of these programs showed lower rates of physical dating violence in intervention compared with control groups (Foshee et al., 1996, 2004; Wolfe et al., 2003). However, samples have been comprised primarily of Caucasian youth, and messages from these programs may not resonate with youth from other ethnocultural groups.

Bystander interventions have also shown promise in preventing sexual violence (Banyard, Plante, & Moynihan, 2004; Berkowitz, 2002; DeKeseredy, Schwartz, & Alvi, 2000; Foubert, 2000). Interventions involve teaching bystanders how to intervene safely in situations that involve sexual violence. These interventions may also foster attitudes that support a sense of responsibility for others, and create new community norms that reduce the tolerance for sexual violence (Banyard et al., 2004). Results of bystander interventions with college-aged students are positive, with students intervening more often postintervention (Banyard, Plante, & Moynihan, 2005). The effect of bystander interventions with high-school-aged youth has yet to be determined.

Although the results from these studies seem promising, there is a question about whether changes in knowledge, attitudes, or bystander intervention will result in a reduction in the incidence of sexual violence (Anderson & Whiston, 2005; Lonsway, 1996). It may be that changes should be viewed as intermediate outcomes on the path toward an ultimate impact of lower rates. These outcomes may be especially important for teens, as they are just beginning to develop their ideas of what is and is not appropriate behavior in relationships.

The Present Study

The present study was designed to evaluate the efficacy of a school-based sexual violence prevention curriculum for high school students in Hawai‘i. The school was chosen as a venue for prevention for several reasons. First, according to Young, Grey, and Boyd (2008), approximately 50% of high school girls and 25% of boys reported being sexually assaulted at school. A large number of girls (75%) and boys (40%) also reported being sexually harassed at school. Therefore, it is critical that school staff and administrators take active steps to address these incidents on their campuses. One way to address it is for the topic of sexual violence to become a legitimate part of health education classes. In this way, sexual violence training and prevention is institutionalized for greater impact.

Second, access to large numbers of youth and using a curriculum that could be taught every year (e.g., a variety of materials are included to introduce students to new material that builds on the previous year) was seen as a marked improvement over the typical, ineffective one-shot prevention programs. Third, given the struggles that many communities face in funding prevention efforts, it was advantageous to create a curriculum that could be taught by a variety of individuals within existing institutions, not simply by outside experts in the field. As such, the curriculum uses a train-the-trainer model, whereby experts in a particular field train others in the community, school, or other settings to implement a prevention program. For the current study, experts from the Sexual Abuse Treatment Center (SATC; a statewide social service agency with prevention educators who have master’s degrees in education and expertise in sexual violence prevention and treatment) trained teachers to implement the high school curriculum. This method has the added advantage of harnessing the relationships that already exist between teachers and students (Orfaly et al., 2005).

Finally, an important gap in the literature concerns the need for sexual violence prevention curricula to be culturally appropriate to the audience. Hawai‘i is one of the most diverse states in the nation,2 with a large proportion of residents identifying as being of Asian or mixed Asian descent. However, few sexual violence prevention programs/materials exist for these populations. Although the rates of sexual violence may appear to be lower for Asian Americans, it is unclear whether this is indeed the case, as rates are often inaccurate due to underreporting of sexual violence, and this may be especially an issue for Asian Americans, given an emphasis on privacy and not bringing shame to the family (Lee & Law, 2001). Therefore, sexual violence prevention programs for this population should not be overlooked.

2 There is no majority race in Hawai‘i. According to the 2010 U.S. Census, 38.6% identified themselves as only Asian, 24.7% as only White, 10% as only Native Hawaiian or Other Pacific Islander, 1.6% as only Black or African American, 0.3% as only American Indian or Alaska Native, 1.2% as some other race, and 23.6% as two or more races. According to the 2006 American Community Survey, Hawai‘i is ranked number one in terms of percentage of Asian population, with an estimated 39.9% pure Asian population versus 4.4% for the nation; percentage of pure Hawaiian and Other Pacific Islanders population at 8.7% versus 0.1% for the nation; and percentage of mixed population at 21.5% versus 2.0% for the nation.
To fill this gap, the current study evaluated whether the sexual violence prevention curriculum (titled Respect), developed with Hawai‘i’s Asian and Pacific Islander populations in mind, was effective in increasing knowledge, decreasing victim-blaming attitudes, and increasing bystander self-efficacy among high school students in one public school on Oahu. A demographically similar high school served as the comparison.

The following hypotheses were tested. Compared with participants in the comparison school, participants in the intervention school will significantly increase their knowledge of what sexual violence is, decrease their victim-blaming attitudes, and increase their bystander self-efficacy (their perceived likelihood of acting on behalf of a victim to prevent or stop sexual violence) from pre- to post-survey. These gains will persist at a 1-month follow-up. Additional analyses were conducted to explore whether there was a differential effect by gender or ethnocultural group of the intervention on the three outcome variables.

Method

The Curriculum

The Respect curriculum for high-school-aged youth is part of a comprehensive set of four sexual violence prevention curricula developed by experts from the SATC for students in Grades K through 12. The curricula were developed in collaboration with the Hawai‘i Department of Education (DOE). In particular, the DOE focused attention on this topic because of the connection they were seeing between sexual violence and adverse health outcomes such as suicide attempts, PTSD, and drug abuse. The Respect curriculum includes six lesson plans, with the following topics to help teens: define sexual violence; identify the four types of sexual violence (sexual harassment, exposure, sexual touching, and penetration [rape]); define, communicate, and respect personal boundaries; choose appropriate and safe responses as a bystander to a harmful situation; and support a friend who has been victimized.

Each of the six lesson plans incorporates the DOE’s standards for health education. Lesson plans detail the grade-level benchmarks to be achieved and include a variety of performance assessments to determine whether benchmarks have been met. In addition, pre-, post-, and follow-up surveys were developed for this study to examine changes in students’ knowledge about sexual violence, victim-blaming attitudes, and bystander self-efficacy.

Given the racial and ethnic diversity of Hawai‘i, particular attention was given to ensuring that the curriculum was culturally appropriate for Asian, mixed Asian, and Pacific Islander students. In developing the curriculum, the SATC drew on its 25-year history teaching in Hawai‘i’s culturally mixed classrooms. Further, DOE leadership in health education, many of whom are of Asian descent, contributed their ideas for how to address Asian and mixed Asian students in Hawai‘i. For example, it was important to tone down the use of any sexual language. Although students were presented with the definitions of different types of sexual violence (including rape), extensive discussion of topics like rape, penetration, and oral and anal sex was minimized. Rather, the focus of the lessons and student worksheets was on identifying unwanted, tricked, or forced behavior, as well as on the broader themes of respect, violence prevention, and boundary setting. Lesson plans were adapted based on feedback from a cultural cross-section of students in classrooms statewide.

The result was a curriculum that blended Asian and island culture. In the curriculum, there are character names, references, and settings that reflect Hawaiian island culture and tradition. A key component of the curriculum is a CD with five victim stories acted out by local actors. Each story reflects a different cultural group in Hawai‘i, with the context of the abuse and response consistent with the many stories that SATC has heard from teens throughout their decades of service.

There was also an emphasis on including references to extended family, as this is common in Hawaiian and Asian families. Bringing in references to aunts, uncles, and nonblood relatives was seen as important in the scenarios and when discussing sources of support. Further, the curriculum includes an entire lesson on helping a friend, with the discussion of help seeking presented in a way as to minimize shame that often comes with being victimized, as well as to gently contest the idea of keeping secrets to protect the family from shame that is found in many Asian and Pacific Islander families.

Finally, in addition to developing a curriculum that was culturally appropriate, it was also important to consider the delivery of the curriculum to maximize its impact. The curriculum was developed as a train-the-trainer curriculum. With a shortage of prevention educators, it was necessary to use a different method to insure that prevention messages would still be disseminated. In particular, the SATC saw the benefit of teachers and counselors presenting the material, as they know their students best and have the tools to effectively educate teens as well as the availability should a student disclose victimization at any point. Therefore, the curriculum has step-by-step instructions for teachers and counselors to implement each lesson plan, provides the actual words to use to explain sensitive concepts to students, and has tips and answers to address common questions that may arise in the classroom. There is specific information on how to respond to disclosures from students and mandated reporting requirements. Informative handouts and a sample letter describing the curriculum are also included and can be given to parents and school counseling offices prior to implementing the curriculum.

Training School Staff

To acquire the SATC’s Respect curriculum, educators (e.g., teachers, counselors, and staff at community-based agencies who work with youth) must attend a training (ranging from 6 to 18 hr depending on the needs of the staff; however, there is a requirement of at least six contact hours) led by prevention education staff from the SATC. Training includes an overview of relevant information about sexual violence, the potential for prevention, and local statistics and services. Trainees are asked to role plays, including introducing the topic of sexual violence, connecting it to larger topics of safety, introducing themselves as mandated reporters, and answering questions that students might ask. These activities are evaluated by both peers and the instructors. In addition, trainees learn how to effectively receive a disclosure, report abuse, and support a victim. All trainees must pass the course to be approved to teach the curriculum. Those who attend the training are offered technical assistance throughout implementation. To date, the high school curriculum has usually been taught in health
Participants

We recruited 136 students to participate in the high school pilot study, with 63 students at the intervention school and 73 students at the comparison school. We compared students at the intervention and comparison schools on several demographic variables, including gender, ethnocultural group, grade level, whether they had ever dated, and whether they had been exposed to sexual violence prevention topics in the past. Table 1 provides the results of these analyses.

The gender breakdown of the samples from each school was not statistically different (60% girls for the intervention school and 52% girls for the comparison school). There were also no ethnocultural differences between the schools (the primary variable used to match the schools). A majority of the participants identified themselves to be of Asian descent (67% for the intervention school and 68% for the comparison school). For the purposes of subgroup analysis, we classified students of Asian and Pacific Islander descent as API youth, and Caucasian and Others (e.g., Portuguese, African American, Hispanic) as non-API youth. Participants’ grade level differed between the schools, as the intervention school sample was comprised of primarily ninth graders, whereas the comparison school sample was comprised of primarily tenth graders. In addition, there were school differences in the percentages of participants who had ever dated before, with more participants in the comparison school (79%) answering “yes” to this question than participants in the intervention school (60%), \( \chi^2 (N = 136) = 5.78, p < .05 \). Finally, we examined whether there were differences between schools in their previous exposure to sexual violence prevention content in their classes. Results showed no significant differences; students at both schools reported similar levels of previous exposure to sexual violence prevention content (57% for the intervention school and 42% for the comparison school).

Measures

The measures selected for this study were adapted in order to fit with the content of the curriculum as well as the cultural context in Hawai‘i. This process included several meetings with SATC’s prevention educators until final measures were agreed upon. Additional details on the original measures that were selected and how they were adapted for the current study are provided in the next section.

Illinois Rape Myth Acceptance Scale – Short form (IRMAS; Payne, Lonsway, & Fitzgerald, 1999). The IRMAS short form is a 20-item scale developed to assess participants’ endorsement of a variety of common myths about sexual assault. Some items were dropped or changed to align more closely with the Respect curriculum, and to be more developmentally appropriate for a high school sample, resulting in a 16-item scale. We changed “women” and “men” to “females” and “males.” We dropped four items (e.g., “many women secretly desire to be raped”), and we changed the item “When women are raped, it’s often because the way they said ‘no’ was ambiguous” to “It is OK to assume that a person wants to have sex with you if they don’t say ‘no.’” Participants indicated on a 5-point Likert scale the extent to which they agreed with each item. Items were combined to create a Knowledge subscale (nine...
items; e.g., “Most rape and sexual assaults are committed by strangers”) and a Victim-Blaming subscale (seven items; e.g., “A female who is sexually assaulted while she is drunk is at least somewhat responsible”). Cronbach’s alphas for the presurvey Knowledge and Victim-Blaming subscales were .62 and .58, respectively.

**Bystander Efficacy Scale** (Banyard et al., 2004). The original scale was developed for use with college-aged students, who were asked to indicate their level of confidence in performing 14 different bystander actions. For the current study, many of the items were changed and several were deleted, as the content did not fit with a high-school-age sample. For example, “Express my discomfort if someone makes a joke about a woman’s body” was changed to “Speak up to someone if they are making rude, sexual comments about a friend’s body.” Items that reflected college life were deleted (e.g., “call for help [i.e., 911] if I hear someone in my dorm calling for ‘help’”). The structure of the scale remained the same; participants were asked to indicate how likely, on a scale of 0 (wouldn’t do) to 10 (very likely to do), they would be to perform specific bystander behaviors. Items were summed, and higher scores reflected greater perceived self-efficacy (nine items; e.g., “How likely would you be to try and stop or discourage someone who is spreading rumors online about another person’s body or sexual behavior?”). Cronbach’s alpha for the presurvey was .84.

**Procedures**

Study procedures were approved by the University of Hawai‘i Committee on Human Studies and the Hawai‘i DOE, as it is necessary to obtain DOE approval for all research that is conducted in the public school system. Parental consent forms were sent home to parents of high school students of participating teachers in the intervention and comparison schools. The response rate was high (34 of 104 students returning signed parental consent forms). The assumption of sphericity was violated for the mixed ANOVAs on victim-blaming attitudes, and bystander self-efficacy. Results showed that girls reported greater knowledge of sexual violence content, $t(134) = 2.28, p < .05$, and greater bystander self-efficacy, $t(134) = 3.15, p < .05$, than boys. The analysis for victim-blaming attitudes approached significance, with girls reporting fewer victim-blaming attitudes than boys, $t(134) = 1.90, p = .06$. Further, results showed that API youth reported less knowledge of sexual violence than non-API youth, $t(129) = 2.99, p < .05$.

**Examining Intervention Effects**

Mixed ANOVAs, with repeated measures of time and between-subjects’ factors of school, gender, and ethnic cultural group, were conducted for all outcome variables. The Time $\times$ School interaction was examined to determine whether the intervention was efficacious. Then, to explore whether there was a differential effect of the intervention based on gender or ethnic cultural group, repeated measures ANOVAs were conducted within the intervention school subsample for all outcome variables.

**Knowledge of Sexual Violence**

Results for knowledge of sexual violence showed that there was a significant main effect of time, $F(2, 234) = 32.14, p < .001$, and a significant main effect of school, $F(1, 117) = 38.81, p < .001$. There was also a significant School $\times$ Time interaction, $F(2, 234) = 40.51, p < .001$. To break down the interaction, we examined contrasts between the two schools comparing Time 1 to Time 2 and then Time 1 to Time 3. Contrasts revealed that increases in knowledge from pre to post were significantly greater for the intervention than comparison school, $F(1, 117) = 58.57, p < .001$; this was also the case from presurvey to follow-up, with knowledge scores greater for the intervention school than comparison school, $F(1, 117) = 48.35, p < .001$ (see Table 2 for mean scores).

Results from a repeated measures ANOVA with the intervention school indicated that only follow-up scores were significantly different from pre scores between boys and girls $F(1, 57) = 8.85, p < .001$. In order for the $F$ ratio in an ANOVA to be valid, the assumption of sphericity must be met. One way to test for homogeneity of variance is Mauchly’s test. If Mauchly’s test is significant a correction needs to be applied to produce a valid $F$ ratio. Mauchly’s test indicated that the assumption of sphericity had been violated, $\chi^2(2, N = 117) = 7.63, p < .05$; however, results showed no differences in the significance of the $F$ ratio; therefore, no correction was applied. The assumption of sphericity was also violated for the mixed ANOVAs on victim-blaming attitudes, $\chi^2(2, N = 117) = 29.77, p < .001$, and bystander self-efficacy, $\chi^2(2, N = 117) = 14.92, p < .001$. Similar to the mixed ANOVA for knowledge of sexual violence, corrections were not applied, as there were no differences in the significance of the $F$ ratios for these analyses.
To better interpret these results, knowledge scores were plotted on a line graph, which showed that the pattern for boys and girls was similar at pre- and postsurvey (with girls having higher scores than boys). However, this pattern changed at follow-up, with boys’ scores higher than girls’ (see Figure 1). For ethnocultural group, results were similar to gender, in that only follow-up scores were different from pre between API and non-API youth, \( F(1,57) = 8.07, p < .01 \). When plotting the scores, the difference between API and non-API scores was not significant from pre to post, whereas follow-up scores showed a decline in knowledge scores for non-API youth, which was not the case for API youth (see Figure 2).

Victim-Blaming Attitudes

Results for victim-blaming attitudes showed that there was a significant main effect of time, \( F(2,234) = 30.41, p < .001 \), and a significant main effect of school, \( F(1,117) = 21.57, p < .001 \). In addition, there was a significant School \( \times \) Time interaction, \( F(2,234) = 25.12, p < .001 \). Contrasts revealed that decreases in victim-blaming attitudes from pre to postsurvey were significantly more pronounced for the intervention than comparison school, \( F(1,117) = 50.36, p < .001 \). Results from presurvey to follow-up also showed significantly lower victim-blaming scores for the intervention school than comparison school, \( F(1,117) = 18.51, p < .001 \) (see Table 2 for mean scores).

Perceptions of Bystander Self-Efficacy

Similar to the previous analyses, results for bystander self-efficacy showed that there were significant main effects of time, \( F(2,234) = 4.71, p < .01 \), and school, \( F(1,117) = 5.15, p < .05 \). There was also a significant School \( \times \) Time interaction, \( F(2,234) = 9.55, p < .001 \). Contrasts revealed that increases in bystander self-efficacy from pre to postsurvey were greater for the

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**Table 2**

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<th>Scales</th>
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*Note.* API = Asian and Pacific Islander.

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Figure 1. Changes in sexual violence knowledge by gender within the intervention school.

Figure 2. Changes in sexual violence knowledge by ethnocultural group within the intervention school.
intervention than comparison school, \( F(1, 117) = 16.34, p < .001 \). Results also showed that from presurvey to follow-up, scores were greater for the intervention school than comparison school, \( F(1, 117) = 7.05, p < .01 \) (see Table 2 for mean scores).

Results from the repeated measures ANOVA with the intervention school showed no differential effects of the curriculum by gender or ethnocultural group on bystander self-efficacy scores from pre- to post survey or from presurvey to follow-up.

**Fidelity Monitoring**

To ensure that the curriculum was being taught as it was intended by the SATC, fidelity monitoring of four of the six lessons was conducted. For each lesson, core concepts and materials were highlighted and included on a fidelity monitoring form. In some cases, teachers had the flexibility to choose among two or three activities, whereas, in other cases, teachers were required to cover specific content without deviation. A research team member attended each of the lessons and used the monitoring form, along with the Respect curriculum, to assess whether core concepts and materials were actually covered during the lesson.

To be implemented as intended, it was determined by the SATC that at least 85% of these core concepts and materials must be covered in each lesson. Results showed that in Lesson 1, 94% of the concepts were covered; in Lesson 2, 82% were covered; in Lesson 3, 86% of the core concepts were covered; and in Lesson 5, 92% were covered. These results suggest that educators, when appropriately trained and supported, are able to teach sensitive health topics to their students. Feedback from the health teacher who taught the Respect curriculum suggested that she felt comfortable teaching the topic, given the training she had received and the detailed approach to the curriculum topics in each of the lessons.

**Discussion**

Results from the pilot study of the Respect curriculum are promising, with students who received the curriculum increasing their knowledge of what sexual violence is and reducing their victim-blaming attitudes compared with a group of students who were not taught the curriculum content. In addition, students in the intervention school reported a greater likelihood of getting involved when their peers were saying or doing something that could lead to sexual violence than students in the comparison school.

Fidelity monitoring also showed that the intervention teacher was able to present the content without difficulty. The case at which the curriculum can be implemented is an important indicator of whether teachers will adopt it in their school. For the current study, the teacher was required to teach at least four out of the six modules. Of course, it would be best to teach the entire curriculum, but given the constraints on teachers’ time in the classroom, results show that even four lessons can make a difference in students’ knowledge, attitudes, and bystander intentions.

In terms of gender, there was one significant interaction with sexual violence knowledge, indicating that the intervention may have had a differential effect for boys and girls. When examining the interaction within the intervention school, results showed that the difference in knowledge scores between boys and girls changed from pre to follow-up. Without additional data points it is difficult to fully interpret this change, but one possibility is that once the information was learned that boys were more able to retain it over time than girls. There were no other significant interactions between gender and the outcome variables for the intervention school, indicating that program effects were similar for males and females. With the one exception, findings from this study are consistent with prior research by Foshee et al. (1996), as the evaluation of the Safe Dates program also showed no significant interactions between gender and treatment.

In addition to examining gender differences it is important to consider the cultural context in which the curriculum is implemented. The Respect curriculum was culturally grounded in the Hawaiian context, in which a large percentage of youth is of Asian or mixed Asian descent. Previous prevention programs were targeted to teen dating violence more generally and were normed for Caucasian populations. In developing the Respect curriculum, the local culture was woven in throughout in the language used, the settings described, and the stories told. In particular, a CD format was used to relay five stories of youth who had experienced sexual violence. The stories were powerful, in that students could not see the youth who were telling the story; they only heard them. The language used was especially significant; in some cases, the youth on the CD spoke Pidgin (a local name referring to Hawai’i Creole English), which is also spoken by many youth throughout the state.

The stories captivated students’ attention and were critical to engaging them in a serious discussion on the topic.

Interestingly, although there was great effort to tailor the intervention to youth of Asian, mixed Asian, and Pacific Islander descent, with one exception, the effect of the intervention was not different between API and non-API youth. Only sexual violence knowledge was found to be different between the two groups from pre to follow-up, with results indicating that although non-API youth had higher sexual violence knowledge scores at pre, this pattern reversed at follow-up with scores of API youth now higher than non-API youth. It may be that the gains in knowledge for API youth at post were sustained over time more so than for non-API youth, because there may be limited discussion about the topic in Asian cultures, and therefore, when exposed to this information, it may have had a bigger impact on them than for youth from other cultures. Additional research is needed before definitive conclusions can be made.

As with any study, there are limitations that must be discussed. One limitation is related to the validity of our findings based on the research design employed. We used a quasi-experimental design in which groups were not randomized. With the voluntary nature of our school selection, the sample may have been biased (Shadish, Cook, & Campbell, 2002). We sent out notices to all who had been trained on the curriculum in the 6 months prior to the start of the evaluation, asking for volunteers to participate in a pilot study. Follow-up phone calls were made to several schools; during these phone calls, one high school health teacher agreed to participate. Given that this was a pilot study, we did not continue seeking intervention volunteers; rather, attention was then turned to selecting a demographically similar comparison school. Therefore, it is possible that there was something different (e.g., motivation, confidence in her ability to present the information) about the high school teacher who volunteered and others who did not (Durlak & DuPre, 2008). In this way, the current study may have overesti-
mented the feasibility and response to the curriculum based on the characteristics of a highly motivated teacher.

That said, as part of the fidelity monitoring that occurred in this pilot study (and from the first author’s experience in monitoring teachers in earlier phases of curriculum development), there did not appear to be differences in how and the ease by which the health teacher presented the material, or interacted with her students compared with other teachers who were observed previously. However, only random assignment to intervention and comparison groups can rule out bias related to provider characteristics.

A second issue is that we had differential response rates for the intervention and comparison schools. Whereas 97% of students in the intervention school returned parental consent forms, only 70% of students did so in the comparison school. Although there did not appear to be any systematic reason why students in the comparison school did not return parental consent forms, differences between those who participated and those who did not may have impacted the results of the study.

Third, although the measures were adapted to be developmentally and culturally appropriate for Hawai‘i’s teens, as well as to be consistent with SATC’s prevention curriculum, there were some issues with the bystander self-efficacy questions. The measure was reliable, but for some of the questions, teens at the presurvey already reported being confident in their ability to perform some of the bystander behaviors (e.g., try and stop someone who is spreading rumors about another person’s body or sexual behavior). It may be that youth overestimate their ability to perform these behaviors and fail to consider the consequences that can result from their intervention. Given that bystander measures have been used previously with college-age populations, additional work on establishing the validity of these measures with a high school sample is needed.

Another limitation is that follow-up data were collected only 1 month post intervention. One question with prevention programming is whether youth will retain information over time. However, with the end of the school year approaching, it was not possible to extend the follow-up period without going into the next year.

In addition, it is important to consider the generalizability of the study’s findings. The context of Hawai‘i and a brief examination of Asian culture in this context is important to consider, as it may impact generalizability. In Hawai‘i, many youth from different races and ethnicities identify their culture not based on their race/ethnicity but on the local culture (Okamura, 1994). In discussions with the curriculum developers, there was general agreement that many youth in Hawai‘i think of themselves as hapa, which comes from a Hawaiian word that means “a part of.” They are a part of the local culture, regardless of differences in their race/ethnicity. It is this local culture that was woven into the Respect curriculum. In this way, the curriculum seems to have resonated equally between API and non-API youth. Therefore, although seemingly appropriate for the Hawaiian context, it may be that the Respect curriculum would need to be adapted in order to be relevant for other youth, even youth of Asian, mixed Asian, or Pacific Islander descent who were not born and raised in Hawai‘i.

This distinction is important, as the field continues to be pulled in the direction of disseminating evidence-based programs. The balance between program fidelity and the need to adapt the program to the local context will need to be considered, even in situations in which cultural groups are seemingly similar to the groups for whom the original curriculum was developed. In this way, some specific content of the Respect curriculum may not be generalizable, but the general framework (the list of topics can still be taught, though the scenarios and role plays related to these topics will change with the local context), program delivery (with teachers and school staff as implementers), and the process of stakeholder engagement and collaboration described in this study can serve as a road map to follow when trying to develop a culturally grounded curriculum.

A final limitation relates to questions of whether youth will actually use what they have learned to protect themselves from sexual violence and to stop themselves from acting abusively. These are not only questions for the current study but for the broader field as well (Anderson & Whiston, 2005; Lonsway, 1996). Certainly, the link between a prevention program and the ultimate impact of reduced incidence is important to consider, but, given that sexual violence often goes underreported, it may be too difficult to obtain accurate long-term data from youth after their participation in a prevention program. Therefore, programs that consider a broader range of intermediate outcomes are necessary. In particular, meta-analytic reviews may be helpful in identifying the different conditions under which some of these outcomes can be achieved (Anderson & Whiston, 2005), as well as offer innovative suggestions for where the field should go from here.

Even with these limitations, the results provide initial evidence of the utility of using a train-the-trainer model for sexual violence prevention. In addition, the curriculum begins to fill a gap in the prevention literature related to the need for programs to consider the cultural context in which they are implemented. In fact, the ease by which the curriculum can be delivered, as well as the cultural appropriateness of the messages, has been mentioned by many teachers as important factors in their decision to teach it to their students. This feedback is consistent with reviews in the literature suggesting that culturally adapted programs have better outcomes for ethnic minority youth (Griner & Smith, 2006). In addition, authors of a meta-analytic review of sexual assault education programs have called for an increased effort in developing culturally relevant prevention programming, as there is a dearth of programs available for diverse cultural audiences (Anderson & Whiston, 2005).

Recognizing this need in Hawai‘i, support for the Respect curriculum has been growing. To date, 170 high school teachers have been trained on the Respect curriculum; of these 170, 88 have implemented the curriculum in their classrooms. Although there is still a discrepancy between dissemination and implementation, something that plagues many new innovations, there is cause for optimism in the push toward institutionalization of sexual violence prevention programming in Hawai‘i’s schools. In addition to teachers being trained, close to 30 school staff, such as administrators, resource teachers, and behavioral health specialists, have attended the trainings, indicating a widespread interest in integrating sexual violence prevention into the schools. Further, the Hawai‘i DOE has approved SATC’s K–12 curricula to be used in schools statewide and is now offering teachers professional education credits (which can raise their pay) for attending a more extensive 18-hr training session. DOE’s decision to put SATC’s curricula on their list of approved prevention materials is an important step, as only DOE-approved materials can be taught in the public schools.
These actions signal a growing awareness that sexual violence can be prevented and that school administrators and teachers have a role in achieving this goal. Students also have a role. With continued dissemination of the curriculum across grade levels, students will be exposed to repeated messages emphasizing respectful relationships. Repeat exposure offers the opportunity for students to become more confident in their ability to be helpful bystanders, and to understand that they, too, have an important role to play in sexual violence prevention efforts in their school and community. In this way, it may be that the Respect curriculum can serve as a catalyst for preventing future cases as well as reducing adverse health outcomes for those who have already experienced sexual violence.

References


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