The role of teachers in delivering education about respectful relationships: exploring teacher and student perspectives

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Abstract
The focus of this article is a school-based respectful relationships (RRs) pilot project involving grade 8 and 9 students. The project sought to develop a primary prevention approach to gender-based violence (GBV) in Australia. Of particular concern is the curriculum delivery component of a whole school approach that was piloted over a 10-week period in four High Schools in Melbourne, Victoria in 2010. Using data collected from teachers and students through survey, focus group interviews and student written reflections, the article identifies the key role of the teacher, the curriculum materials and the curriculum context in assisting teachers to teach about GBV. Although there was opposition to teaching specifically about GBV by some male teachers, the data indicate that this did not detract from teachers exploring these issues under a ‘RRs’ framework. Through ‘supported risk taking’, and the adoption of participatory teaching approaches and affirming and inclusive classrooms, teachers and students ended up with a positive experience of teaching and learning about GBV.

Introduction
Gender-based violence (GBV) is internationally recognized as a serious health issue. Women and children remain the primary victims of violence, and men between 18 and 35 years remain the main perpetrators [1]. One in three women have experienced physical violence by the age of 15 years and nearly one in five women have been exposed to sexual assault by the age of 15 years [1]. Violent behavior typically begins between 12 and 18 years [2] and one in four children and young people witness or live with family violence in their home [3]. Girls and young women aged 15–24 years are the most likely of all age groups to experience sexual assault [4, 5].

Gender-equitable attitudes are ‘negatively and significantly’ associated with violence against women [6]. McCauley et al. [6] found that one in seven teenage boys think it is acceptable to force girls to have sex if they had ‘flirted with them’, and misogynistic attitudes among teenage boys are a good predictor of partner abuse. Ten percent of teenagers report being physically hurt by their intimate partners [7]. A recent study in the United Kingdom found that 45% of students who had been in dating relationships had experienced violence and 25% have perpetrated it [8].

In Australia, ‘respectful relationships’ (RR) education has become the phrase used in policy documents and interventions focusing on primary prevention education about GBV [9]. Under this umbrella, a school-based demonstration project designed to prevent GBV was piloted in four secondary schools in Melbourne, Australia. The approach taken was based on findings of a Victorian State government education authority report called, ‘Respectful relationships education: violence prevention and RRs education in Victorian secondary
The demonstration project was designed using ‘five good practice criteria:’ ‘a whole school approach; a program framework and logic; effective curriculum delivery; relevant, inclusive and culturally sensitive practices, and an impact evaluation (p. 5). A key element of the ‘program framework and logic’ was the explicit incorporation of a ‘theoretical framework for understanding violence that draws on relevant feminist research, in particular addressing the links between gender, power and violence, examining violence-supportive constructions of gender and sexuality and fostering equitable and egalitarian relations’ (p. 33).

This article reports on data collected as part of this pilot. The research was conducted to explore teacher and student experiences of being involved in the curriculum delivery aspect of the pilot. The purpose was to examine whether the demonstration curriculum materials (DCM) were useful in assisting teachers to provide teaching and learning experiences on GBV with students and the potential or otherwise this has for increasing student understanding of the issues. This article begins by discussing the current approaches to GBV education drawing mainly from research in Australia, the United States, United Kingdom and Canada. It then outlines the DCM including the theoretical approach underpinning their development. Using the data collected from teachers and students, the article then turns attention to a number of key themes that emerged during the pilot. The article concludes by identifying improvements for future approaches to addressing GBV in the classroom.

The nature of current approaches to GBV in schools

An analysis of programs designed to address GBV in schools found that they primarily seek to raise awareness, encourage young people to find ways to prevent it and/or develop harm reduction skills if they become affected by it [8]. However, they are also often piecemeal [10, 11] and influenced by ideas of naive childhood innocence [12, 13] or biological determinism [14] that can support essentialist ideas of ‘boys will be boys’. These views can then be used to directly argue against a focus on gender equity or the structures of power that underlie gender relations [15]. Under such frameworks, violence prevention programs are often limited and based on information provision, focusing on how commonly violence occurs and how to avoid being a victim [10, 16]. They have often included a focus on abstinence and refusal skills on the part of girls placing the onus on girls to avoid such situations resulting in blaming the victim [9].

Even when there is a focus on violence in relationships, the majority of high school programs do not address underlying structures of gender and power [17]. There are examples of those with a broadly feminist underpinning [9] that may identify issues of gender roles and prescribed behaviors, but these tend to focus on behavioral management or what are typically presented as culturally determined gender behaviors such as the expression of anger [18, 19]. For example, the DELTA’s ‘Safe and Respectful Relationships for All’ website and program in the US appears to display only the most rudimentary conceptions of gender and identity and, beyond focusing on the role of the media and school in promoting gender stereotypes, fail to explore and examine the impact of gender and power in intimate relationships. An alternative approach grounded in behavioral science reaches a similar conclusion by arguing that attempts at attitudinal change often result in hardened (more extreme) attitudes [20]. Instead it is argued that a focus on ‘intensive, skills-based education’ is most effective [16, 21–23]. The desired outcomes in all approaches above are measurable reductions in the levels of assaults and bullying, rather than improved negotiation and critical evaluation skills on the part of students to enable them to better navigate the challenges of gender relations and diverse sexualities [16].

In contrast to these approaches are programs based on the concept of power. For example, the ‘Zero Tolerance “Respect”’ program in Scotland and the community-school partnership ‘RRs’ in Canada are designed to tackle ‘the root causes’ of
violence against women and children’ looking at issues of gender and power [24]. In both these cases, the label ‘RRs’ has been applied to a program with a strongly feminist approach.

**Best practice: a feminist approach linked to sexual health—the DCMs**

The RR framework used to develop the DCM is based overwhelmingly on a post-structuralist discourse analysis that uncovers the gendered nature of relations of power and how they are exercised [25, 26]. The materials aim to assist young people to make sense of gender; power and violence by examining the discourses made available to them through a range of gendered subject positions, language and social institutions.

The DCM has two units of work; one designed for grade 8 and one designed for grade 9 students. The grade 8 unit (gender, respect and relationships) provides the grounding to examine issues in GBV such as sexual assault, domestic violence and homophobia. The unit is designed to develop a common understanding of gender, relationships and respect. Students examine the implications of gendered assumptions around masculinities, femininities and sexualities, and begin to develop skills in communication, negotiation, deconstruction, reconstruction, reflection and media literacy (CASA House, unpublished data).

The grade 9 unit (the power connection) explores domestic violence and sexual assault in the context of power, social and institutional structure, and young people’s lives. It takes a broad view, covering the physical, emotional, social and economic implications of GBV, including homophobia. In addition, it is designed to assist students to understand the nature of consent and respect, and develop skills to take individual and collective action and responsibility for self and others (CASA House, unpublished data).

The materials explore the concept of respect, which produces discursive sexuality and gender norms. The materials start from the assumption that sexuality is positive and links information and critical thinking with agency and a celebration of diversity [27–30].

**Methods**

In 2010, the DCM was piloted in four targeted secondary schools in Melbourne, Australia, using the ‘five good practice criteria’ discussed in the ‘introduction’ section. Although the model was ‘whole school’, this article is concerned with teachers’ and students’ experiences of ‘effective curriculum delivery’ using the DCM. Of particular interest is the student response to the concepts and activities, and the teacher experience of teaching the classes and using the activities with students. The purpose of the research was to identify how the teachers and students experienced the DCM in relation to improving knowledge, understanding and awareness of GBV; the key take home messages about GBV and practical considerations such as pedagogical approaches and usability.

Teachers’ response to the 2.5 day professional learning (PL) workshop, designed to prepare them to use the materials, was also studied during the data collection. The PL included building awareness of the extent, nature and implications of GBV. It also included an analysis of the causes of GBV by connecting gender inequality to violence. The workshop also covered incidents and disclosures, curriculum familiarity using the DCM and school and classroom planning.

The DCM was used in a range of curriculum contexts over a 10-week school term. There were eight 100 min sessions at grade 8 and grade 9. Four secondary schools were involved in the pilot. The State Education Authority selected the schools from two low socio-economic city regions that expressed interest. The school leadership team from each school determined the appropriate curriculum context. Two schools incorporated the DCM into Health Education, whereas two others integrated the DCM in pastoral care/life skills programs. One school suspended their English curriculum for 2 weeks to teach the eight sessions because they did not have a health education context that could be used for the pilot.
Data were collected using a mixed method approach involving teacher and student focus group interviews, post PL and post pilot survey and student written responses. Refer to Table I for a summary of the sample and data collection methods per school. With the exception of post PL survey, it was impossible to get all schools, teachers and students to participate in all data collection methodologies. Time, school priorities and teacher initiative resulted in these differences. It was envisaged that all teachers would complete the post pilot survey developed and distributed online through Survey Monkey. This proved to be difficult for teachers who preferred to provide this information in focus group interviews. In schools B and C, all teachers completed the PL survey, engaged in focus group interviews and selected students to participate in focus groups (17: 11 males and 9 females (9 grade 8 and 13 grade 9)). One staff member also completed the post pilot online survey. In school A, all teachers completed the post PL survey (4), and participated in a focus group interview. One teacher completed the post pilot online survey and 13 students from grade 9 wrote written responses at the request of their teachers on their experience of the program; understanding of GBV and suggested improvements. In school D, all teachers (5) completed the post PL and four teachers completed the online post pilot survey. However, students were not involved in providing any feedback on their experience of the pilot due to timing and staff commitments. This was a clear limitation of the research as these were the only students in the pilot to be taught the activities as part of their English program. Data were transcribed and pseudonyms used for schools, teachers and students, as per the Ethics Clearance obtained from University and Departmental ethics committees in June 2010.

Although there were differences in the type of data collected in each school and greater consistency would have enabled a more reliable comparison, the
data collected still provides some rich insights into the teachers’ and students’ experience of teaching and learning about GBV and RRs in this one case and assisted the task of updating the materials following the pilot. The research was never intended as a formal evaluation.

Twenty-eight teachers (10 male and 18 female) from four schools and 32 students from three schools participated in the study. The post PL survey at the end of each workshop was used for its efficiency of gathering data onsite from the 28 teachers who were to teach the DCM. Teachers were asked about their personal and professional engagement with the workshop activities, the curriculum material, knowledge and understanding of gender and violence, implications for teaching, including perceived areas of discomfort and challenge. An additional online survey developed using Survey Monkey was used to collect and analyze detailed data following the pilot on what, when and how participants had used the materials. It included questions on the role of the PL in preparing them to use the DCM; barriers and enablers to using the DCM and their perception of the student experience. Focus group interviews were used with teachers and students because the research was interested in ‘gaining insights into people’s shared understandings’ of the pilot [31]. Written responses were used to gather data from students who could not participate in focus group interviews. All interview data were transcribed.

The data explored key themes across the four schools. Data were analyzed using ‘Collaborative Social Research approaches’ [32]. Inductive analysis identified patterns from the survey responses to be further refined and followed up in teacher focus group interviews. Focus groups were selected to enable teachers to discuss with each other and the researcher how they used activities and the barriers and enablers they experienced, including student responses. Transcriptions from interviews were also analyzed, read and re-read for similarities, differences and inconsistencies then coded on the basis of teachers experience, qualifications, gender, schools, and discipline background and teaching context. Data were also analyzed to identify key enablers and barriers to teachers’ perceived ability to address prevention education in GBV with students, challenges and experience of the professional development and of using the DCM.

Similarly transcript data from student focus group interviews and student written responses collected by teachers were analyzed and read for patterns in relation to their experience of the content and pedagogical approaches, understanding of gender, violence, RRs and perceived agency.

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**Results**

**The teachers’ experience, the impact of subject context**

Teachers who were already teaching health education (13) found the materials easy to integrate. They maintained that students were not surprised that they were covering sensitive issues because ‘...being we are health teachers, then they expect it...we are accustomed to using group work, and role play and those sorts of strategies’ (Health Teacher, School A).

The teachers who struggled most were the five required to use the materials in their English classes. They maintained the content was unfamiliar and very challenging—although they tended to situate their unease in relation to students’ behavior or experience, rather than feelings of discomfort or lack of confidence. Furthermore, a number of the teaching and learning strategies were unfamiliar to these teachers. The materials required them to set up participatory learning experiences in which students moved about the room, did group activities, positioning activities, role plays and other interactive strategies which involved a lack of formal structure that sometimes triggered student behavioral issues, placing teachers in situations for which they were not prepared. In one example, the teacher enlisted the help of a local health organization to teach the boys while she taught the girls.

...I found the program challenging. I found the kids hard work...I don’t think I enjoyed the program as much as I could...
have... Boring, groaned. They said ‘why are we doing this in English, why can’t we do this with our parents?’ The topics, scenarios and transgender case study did not engage the Grade 8 students. All struggled with the term ‘partner’. Violence and harassment section did not emphasize strategies. Legal part on sexual harassment was not pitched at Grade 8 level. Students not really up to the discipline of listening and speaking in a group... had to get a male person (non teacher) to work separately with the boys. (English teacher, Online survey School D)

The most positive experiences of teaching were described by those teachers (11) who, although experienced teachers, were inexperienced in teaching health education, and taught the DCM in pastoral care/life skills type programs.

It was enjoyable to teach... Apprehensive at first, but the PD days gave me confidence as well as the first couple of activities that I taught. (Male Life Skills teacher, Teacher School C)

My experience was really positive... I really enjoyed being a part of the program. Positive, enjoyed the interactive nature of activities generally. (Female Life skills, Teacher School B)

These teachers talked about the improved relationships they felt had developed as a result of working with their students in differing contexts, and the broadening of the pedagogies they used:

I teach this group for science so it was nice to see that different side of me and I could see a different side of them and some of the kids who are not as academic, I suppose, in my science class were really involved, really wanting to be part of it... in role plays they would be the first ones to volunteer. So it’s been really, really good. I’m surprised to be honest because I was a bit nervous at first... in my science class sometimes they go off a bit but in this class they stop and ‘are we doing this again Miss?, What are we doing next, what’s the next thing we’re going to do? So they’re really keen. (Female Life skills Teacher, School B)

All 32 teachers were positive about the impact of the PL on their preparedness to teach the issues covered in the DCM, even though some found it difficult to translate this into practice. For example, in response to the question, ‘What is GBV?’ teachers articulated understandings that drew on discourses of inequality, power, gender construction and institutional structures.

A misuse of power and control, either knowingly or not knowingly, causing harm, hurt, injury to another person based on their gender or sexual preference, physical, financial, emotional, sexual harassment/violence. It is violence against women. It can take different forms, such as emotional, spiritual, physical, sexual, financial, etc.’... ‘Males generally experience violence out of the home and the perpetrator is not necessarily well known to them.

Structural-based issues [sic] that stem from many sources including media, home, school and is the responsibility of all to eliminate.’... ‘Primarily about power and control... Social construction of gender’. (Teacher Responses: Post PL Survey)

‘RRs’ an acceptable title

A number of the teachers expressed concern over referring to the program as preventing GBV. They felt that this terminology potentially alienated both the boys and some male teachers, and inferred blame in such a way that might cause the boys and/or men to take offense, become uninterested in the program or feel shame.

I know that sounds pedantic but when I went with that (Gender and Violence) you could also see it did seem to alienate a few kids, they just look at you strangely like what are
we doing here? . . . Honestly there was [sic] a few male staff when they went through the PD they were really quite put off by the whole thing. That’s probably the same for some kids that are sitting there in class that are like this when you walk in and you say that. (Male Health Teacher, School C)

These teachers maintained that the simple name change to RR had made a crucial difference to student engagement. There was also a suggestion from several male teachers that a broader approach to violence prevention education might be taken, rather than focusing on its gendered nature. ‘. . . [It] worked a little bit better for me since I’ve started calling it “respectful relationships” . . . [A] s soon as it’s “respectful,” as it’s been for the last four weeks for me, it’s changed I think. We say that we think that “respectful relationships” is a good name for the resource’ (Male Health Teacher, School C).

However, other teachers provided competing views. The following comments by three female teachers illustrate their feeling that the boys were deeply engaged with the content and activities, demonstrated by the lengths they would go to not to miss a class. These teachers expressed some surprise at the boys’ high level of engagement with the material and ability to understand that there were structural inequalities in the nature of GBV. Further, the boys did not see the activities as positioning violence against women in a way that made them feel that they were to blame.

I had this particular naughty boy . . . I had to pull him out of Kylie’s class and I said right, you are going to have to go and do this and this now and he said, ‘oh but can I just go into my health class first?’ He was really keen to go back to it. So that was very good to hear that. So of course I let him go. (Female Health Teacher, School A)

Yeah. I had the all boys’ class and at the start I thought oh my God here we go. But they were together. They were a good class and they were fun and they were naughty at the same time. But overall, the boys were really, really good. I couldn’t say a bad word. (Female Life Skills Teacher, School C)

They were okay—they could see that it was sort of a structural problem, that it wasn’t the individual’s fault. You know how sometimes—what I try really hard to make sure is not to blame the boys, if you know what I mean. So that was okay. They were well what about the boys and obviously they made a point that yeah actually—obviously it can happen with boys and men as well. So you need to be aware of that. So they came up with a few awareness comments but I think they got the gist of what it was about as well and they were aware of the problems. They were aware of some of the statistics, even though they didn’t know them exactly, so I don’t think they took it personally. (Female Health Teacher, School C)

The students’ experience

Understandings

Although a lot of students articulated understandings of violence that included common terms such as ‘abuse’, ‘violence’, ‘mental’ and ‘physical’, others were able to describe more complex notions of a collective problem.

‘. . . everyone works in groups, sort of,’ and that violence can also involve threats, fear and being unable to change one’s situation. ‘I’m trying to think, it’s sort of like there could be verbal abuse and physical abuse and being stuck in a relationship you’re too scared to get out of’. (Grade 9 boy, Focus group interview School B)

Power was a key concept addressed in the materials. However, no amount of probing could get the students to identify the unequal power relations as a cause of GBV. In many ways their understandings reveal many of the discourses, myths and misconceptions articulated about violence against women,
such as blaming alcohol, drugs and past experience as causes.

**Facilitator:** What do you think causes gender-based violence?

**Max:** Different experiences the person’s had in their life… they could have been abused as a child sort of thing, make them abusive. Some people might already be like that.

**Facilitator:** What else? What else do you think causes gender-based violence?

**Max:** Alcohol and drugs and stuff.

**Emily:** Opinions on different subjects. Drugs, alcohol, and all that sort of thing. I guess.

**Facilitator:** Anything else?

**Amber:** Past experiences

**Facilitator:** Anything else?

**Amber:** It happens between say two people in a situation like that.

**Max:** Well, it depends on the people, gender-based violence like I said before could be verbal, so they could be verbally abusing you. They could be physically abusing you. We were looking at cases where some people got locked in their basement and stuff like that and not allowed to leave, and too scared to leave the relationship, which is pretty scary considering people do that. (Student focus group interview, School B)

### Learning about GBV

The students expressed extremely positive views about their learning experience. Many of them referred to the connection between doing and remembering: ‘…informative and even a little fun. I enjoyed how the activities get you involved and up and around in the classroom…you learn more’ (Student focus group School C).

The students frequently referred to the importance of being able to talk about issues such as violence against women and homophobia because it increased understanding and reduced fear: ‘Yeah, ‘cause it’s the sort of thing if you don’t know about it, it’s sort of scary. Whereas, people who get called gays and stuff like that, it’s all blown out of proportion way too easily because we don’t have a greater understanding of it’ (Student focus group School C).

Many of the student’s comments featured the importance of building empathy, developing understanding, raising awareness and self-reflexivity. ‘I think people understood more of what people actually feel…especially cause you get to see what other people think, how their opinions are different to yours and things like that’ (Grade 9 girl, written reflection, School A).

### Discussion

It is not surprising that the health education teachers had less difficulty integrating the content into their classes. The participatory and activity-based approaches in the resource are consistent with those used in other sensitive areas of health education [33].

In contrast, teachers who were required to pilot the materials in place of their English curriculum struggled on both personal and professional levels with the content, understandings and approaches. Resistance to being forced to teach the material instead of their current program is likely to have impacted on the teachers’ willingness to engage with the resource, as well as unfamiliarity with the participatory nature of the activities. The mode of delivery has been shown to impact on both student and teacher experience in health education [34]. Further, changes to the physical structure of the classroom have been shown to impact on teacher comfort [35, 36]. However, this does not explain the teachers’ difficulties with discussion inherent to many of the activities that are also common to the teaching
of English. One teacher maintained it was the ‘non-compliance with class rules’ that resulted in students not being able to participate in activities and ‘listen to other points of view’. Another referred to the material as ‘a bit difficult for students’ and ‘some of the scenarios and the questions, I think I needed an answer sheet’ (English Teachers, Online Survey School D). Such comments suggest a lack of comfort with the potentially sensitive content—a finding consistent with other research in this area [37, 38].

The activities in the DCM have no answer sheet for teachers. Rather, they are designed to engage students with an exploration of gendered binaries, multiply understanding of masculinity and femininity and the discourses used to explain gender and violence. The lack of concrete answers and the exploratory approach inherent in the DCM may help to explain why some of the teachers struggled with the activities. As other research has shown, for many teachers, accustomed to a teacher directed, transmissive model, the participatory nature of the DCM is likely to have challenged their normal structured teaching environment [36].

It is also likely that the structure of the PL may have impacted on the inability of some teachers to translate their understandings to practice. The activities used are those commonly found in a Health Education classroom. There was no attempt in the PL to explore how this could be a unit in any other discipline area. Although modeling the activities with teachers has been shown to be an enabling factor to addressing sensitive issues [11, 39] the PL did not model this in relation to teaching English. The response to the PL was very positive, but as one English teachers points out ‘...it could have prepared us better...there was a lot for me to take in...it was a little overwhelming at times...’ (English Teacher, Online Survey, School D).

Nor does this explain the positive results from the teachers who were using the pilot materials in pastoral care-type contexts, many of whom also had no experience of teaching health or sexuality education. Many had never used the participatory-type approaches characteristic of the DCM and commented that this had impacted on ‘how they taught’. The data suggest that it was a combination of factors that worked together to build the teachers’ sense of commitment, confidence and willingness to take risks. The PL, positive student experiences, a raised awareness of the need to address GBV, an openness to engage with the students and the activities, and some personal and professional reflection all appeared to have contributed to the teachers’ preparedness.

Collecting data in schools are always challenging, and this project was no exception. As stated in the methodology, in the one school to pilot the materials in English students were unable to provide feedback and teacher feedback was in the form of survey responses that does not enable further investigation or clarification—a clear limitation of the research. These data would have been invaluable in shedding light on implementation of the materials outside of the traditional health and sexuality education context. In addition, the numbers of students involved in the pilot were small and were selected by the teachers and only six teachers in total completed the online survey. Other more randomized selection procedures or being able to interview all students may have yielded a different picture of the students’ experience.

The teachers’ experience also points to the importance of ‘supported risk taking’ that ends up being a by-product of this type of pilot [36, 39]. These teachers had regular contact with the researcher, the project team and other teachers involved in the pilot. The teachers who piloted the materials in English had far less contact with the project team than those in the schools that implemented the materials in pastoral care/life skills and health education, giving them a number of opportunities to reflect, seek advice and share their experiences.

A number of the male teachers struggled with the overt focus on violence against women and even the term GBV. Fox et al. [8] drawing on the work of others [40] argue that a gendered approach needs to be delivered ‘thoughtfully’ to ensure that an explicit feminist approach does not alienate boys. However, consistent with other research [8], the level of engagement with the interactive activities was the most notable outcome from the boys. The female
teachers also reported that there was no evidence the boys were alienated by a focus on male violence. Yet, the male teachers were much more comfortable using the term RRs.

The data also indicate that students struggled to gain an understanding of the nuances of gender and power. It appears partially that teachers had difficulty operationalizing their own understanding. Teachers were able to articulate that GBV was ‘a misuse of power and control’, yet the discussion with students about what causes GBV indicates that their understandings were positioned in discourses of individual pathology and causal factors such as poor communication skills or misuse of alcohol. Pilots, such as this one, that rely on teacher interpretations rather than classroom observation, make it difficult to assess the fidelity of what happens in the classroom. As evaluation by Whitaker et al. [10] have shown, teachers do not necessarily teach the activities as they are designed. Further, it is also likely that the activities were unable to assist teachers to develop a feminist understanding of gender and power and then translate this into practice. It was an ambitious aim to expect teachers to be able to develop such understandings after 2.5 days of PL that only spent a short time looking at gender from a theoretical perspective. Other research has shown that without an already well-established gender equity framework, it is difficult for teachers to grasp the idea of a post-structuralist lens of discourse analysis that uncovers the gendered nature of power [36].

Conclusion

Implications for practice
Teaching about GBV was a positive experience for most of the teachers involved in this pilot. Partly the PL developed their understanding of GBV, improved their commitment to addressing issues with students and prepared them to take risks in using the activities in their classroom. More important was the positive experience of their students. It was clear that the teachers had developed positive relationships with the students, and this had helped them in the teaching in the classroom.

Whether positioning the materials in a RRs framework will make a difference to schools using the materials and addressing issues of GBV is a question for further research. This pilot would suggest not. The male teachers who expressed this concern taught the activities as planned. What has become evident is that prevention work needs to focus on men and boys and possibly the role of the male bystander. The literature suggests a multifaceted approach that can support and equip males to act as leaders or engage as bystanders [41, 42]. If a RRs framework will assist male teachers to feel comfortable and committed to teaching students about GBV, contribute to leadership this provides a source of optimism. It also points to the need for process and impact evaluation as a means to engage teachers and students in reflection as well as program improvement.

What is clear, nonetheless, is that overall teachers and students involved in this pilot were not alienated by the explicit focus on gender and violence even though there was some reluctance to ‘name’ GBV as violence against women. According to students’ accounts, covering issues in a supportive, inclusive classroom where students are actively engaged in their learning, where they have a chance to discuss and compare opinions, reflect and develop empathy are key enablers to the provision of relevant GBV education.

The findings also raise questions about ongoing PL and how to work with teachers to build their understanding of a range of feminist understandings of GBV without alienation and with the potential to develop sexually ethical young people who can participate in RRs.

Conflict of interest statement
None declared.

References
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