



Project UPCARE

Comparative Study on gender equality perceptions in Greece and Spain

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1. Introduction & Context

1.1. Introduction

The project, titled "Upskilling Social Care Professionals in Local Authorities to Prevent Gender-Based Violence" (UpCARE), is an initiative under the Erasmus+ Programme, specifically the Call 2022 Round 1 KA2 KA210-VET - Small-scale partnerships in vocational education and training. This project is coordinated by ETHOS HUB P.C. (Greece) in collaboration with Horizon - Center of Research, Technology and Innovation (Greece), Fundación MUSOL (Spain), and the Municipality of Acharnes (Greece). The project aims to address the urgent need for effective training and upskilling of social care professionals to prevent gender-based violence (GBV) through a comprehensive and culturally adaptive training model.

1.2. Context and Objectives

Gender-based violence remains a pervasive issue across Europe, impacting the lives of countless individuals and undermining gender equality efforts. The UpCARE project seeks to combat this by implementing primary interventions targeting social care professionals and parents in two pilot municipalities: Acharnes in Greece and Burjassot in Spain. The overarching goals of the project include:

1. **Developing a Training Model:** Creating and testing a comprehensive training program for social care professionals to equip them with the skills needed to counsel families and prevent GBV behaviors in children.
2. **Comparative Study:** Conducting a comparative study to assess the perceptions and attitudes towards GBV in Greece and Spain, both before and after the training interventions.
3. **Replication and Adaptation:** Fine-tuning the training model based on feedback and study results to ensure its replicability in diverse social and cultural contexts.



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1.3. Significance of the Study

The findings from this comparative study will provide valuable insights into the cultural and social dimensions of GBV perceptions in Greece and Spain. By identifying both commonalities and differences in these perceptions, the project will be able to adapt and refine the training model, enhancing its effectiveness and ensuring its suitability for broader application across different European contexts. The ultimate goal is to empower social care professionals and parents to effectively combat GBV, fostering safer and more equitable communities.

In conclusion, the UpCARE project represents a significant step towards addressing gender-based violence through targeted, culturally sensitive training interventions. The comparative study component is crucial for understanding the nuanced perceptions of GBV in Greece and Spain, providing the foundation for a robust and adaptable training model that can be replicated across Europe.

1.4. Research Questions

The comparative study focuses on the following key research questions:

1. **Perceptions of Gender-Based Violence:** What are the prevailing perceptions of GBV among social care professionals and parents before and after the training?
2. **Cultural Stereotypes:** What cultural stereotypes related to gender equality exist in Greece and Spain?
3. **Training Impact:** How effective is the training in shifting perceptions and improving the ability to identify and manage GBV incidents?

1.5. Methodology

The UpCARE project uses a clear plan to see how well its training program works for social care workers and parents in Greece and Spain. This plan includes surveys before and after



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the training, training sessions, and follow-up studies. Participants are chosen from two areas, and information like age and experience is collected. Before the training, participants fill out surveys to measure what they know about gender-based violence (GBV). The training covers important topics through interactive lessons. After the training, participants take another survey to see what they have learned. Six months later, a follow-up study checks if they are still using what they learned. The project uses the survey results to create a report that helps improve future training programs.

1.6. Importance of Open-Ended Questions

Given the complexity and social nature of gender-based violence, the project utilizes open-ended questions to gather nuanced insights from participants. This approach allows for a deeper understanding of the participants' perceptions, beliefs, and attitudes towards GBV, which are crucial for tailoring effective training programs.



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2. Methodological Details

The UpCARE project is designed to strengthen the ability of social care professionals and parents to address and prevent gender-based violence (GBV) in Greece and Spain. To achieve its objectives, a comprehensive methodology has been developed, involving the administration of pre- and post-training questionnaires, in-depth training sessions, and follow-up studies. This approach ensures a thorough evaluation of the training's impact, examining changes in participants' knowledge, attitudes, and behaviors over time. By combining both qualitative and quantitative data collection, the project provides valuable insights into the effectiveness of the training, helping to inform future interventions aimed at preventing GBV and enhancing the capacity of participants to tackle this critical issue.

2.1. Pre-Training Assessment

Participant Selection and Demographics Collection:

- **Selection Criteria:** Social care professionals and parents from the two pilot municipalities—Acharnes in Greece and Burjassot in Spain—will be selected based on their roles and willingness to participate in the study.
- **Demographic Data:** Detailed demographic data, including age, gender, educational background, professional experience, and previous exposure to gender-based violence (GBV) training, will be collected to contextualize the responses.

Pre-Training Questionnaire Design:

- **Quantitative Items:** The questionnaire will include Likert-scale questions to measure baseline attitudes, knowledge, and confidence levels regarding GBV. Examples include:
 - "On a scale of 1 to 5, how confident are you in identifying signs of GBV?"
 - "To what extent do you believe GBV is a significant issue in your community?"
- **Qualitative Items:** Open-ended questions will capture nuanced insights into participants' beliefs and perceptions. Examples include:



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- o "What do you understand by the term 'gender-based violence'?"
- o "Can you describe any cultural stereotypes related to gender roles that you have observed in your community?"

Administration:

- **Mode of Delivery:** Questionnaires will be administered both online and in paper format to ensure accessibility and convenience for all participants.
- **Language:** The questionnaires will be available in Greek and Spanish to cater to the linguistic preferences of the participants.

2.2. Training Sessions

Content and Structure:

- **Module Development:** The training program will consist of several modules covering topics such as the types of GBV, recognizing signs of GBV, cultural stereotypes, legal frameworks, and intervention strategies.
- **Interactive Elements:** The sessions will incorporate interactive elements such as role-playing, group discussions, and case studies to enhance engagement and practical understanding.

Delivery:

- **In-Person and Virtual Options:** Training will be conducted in-person in local community centers and virtually via a secure online platform to accommodate all participants.
- **Duration:** Each session will be approximately 50 hours, spread over multiple days or weeks to allow for thorough comprehension and retention of information.



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2.3. Post-Training Assessment

Post-Training Questionnaire Design:

- **Quantitative Items:** Similar to the pre-training assessment, Likert-scale questions will measure any changes in attitudes, knowledge, and confidence levels. Examples include:
 - "On a scale of 1 to 5, how confident are you now in identifying signs of GBV?"
 - "To what extent do you believe GBV is a significant issue in your community after the training?"
- **Qualitative Items:** Open-ended questions will gauge participants' reflections on the training and its impact. Examples include:
 - "How has your understanding of GBV changed after the training?"
 - "Can you describe any new strategies or approaches you have learned to address GBV?"

Administration:

- **Mode of Delivery:** Post-training questionnaires will be administered similarly to the pre-training ones, ensuring consistency in data collection methods.
- **Language:** The questionnaires will continue to be available in both Greek and Spanish.

2.4. Follow-Up Studies

Six-Month Post-Training Evaluation:

- **Objective:** To assess the long-term impact of the training on participants' knowledge, attitudes, and behaviors related to GBV.
- **Participants:** The same group of social care professionals and parents who participated in the initial training and assessments.



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- **Questionnaire Design:** The follow-up questionnaire will include:
 - **Quantitative Items:** Likert-scale questions to measure sustained changes in attitudes and confidence levels.
 - **Qualitative Items:** Open-ended questions to capture ongoing reflections and any practical applications of the training. Examples include:
 - "What aspects of the training have you found most useful in your daily practice?"
 - "Can you provide any examples of how you have applied what you learned in the training to real-life situations?"

Additional Data Collection:

- **Interviews and Focus Groups:** In-depth interviews and focus groups with a subset of participants will be conducted to gather more detailed qualitative data on the training's impact and effectiveness.
- **Observation and Field Notes:** Trainers will observe participants' interactions and behaviors during follow-up sessions to note any observable changes in practice and attitude.

Analysis and Reporting:

- **Data Analysis:** Quantitative data will be statistically analyzed to identify significant changes and trends, while qualitative data will be thematically analyzed to uncover deeper insights.
- **Reporting:** Findings will be compiled into a comprehensive report, detailing the impact of the training, areas of improvement, and recommendations for future interventions.

By implementing this detailed methodology, the UpCARE project aims to provide a thorough evaluation of the training program's effectiveness in shifting perceptions and enhancing the



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capacity of social care professionals and parents to address and prevent gender-based violence.



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3. Evaluation Findings

3.1. Introduction to the Training Evaluation Findings

The UpCARE project, conducted under the Erasmus+ Programme, aimed to upskill social care professionals and parents in Greece and Spain in the prevention of gender-based violence (GBV) and the promotion of gender equality. Central to this initiative was the rigorous evaluation of the training sessions provided to these key stakeholders. Through the administration of pre- and post-training questionnaires, and follow-up studies, we sought to assess the impact of the training on participants' knowledge, attitudes, and practices regarding GBV. The findings from this evaluation reveal significant insights into the effectiveness of the training, highlighting areas of improvement, cultural nuances, and the long-term retention of training benefits. This introductory chapter presents an overview of the key results, illustrating how the training has influenced perceptions and capabilities in tackling GBV among the targeted groups

3.2. Professionals

3.2.1. Description of the Questionnaire of the Professionals

The UpCARE project questionnaire is carefully designed to collect comprehensive data on perceptions, attitudes and practices related to gender-based violence (GBV) among professionals. It aims to understand the impact of training on these perceptions, identify cultural stereotypes and assess the effectiveness of the training provided. Below is a detailed breakdown of the questionnaire:

Section 1: Demographic information

This first section collects basic demographic data to provide context for the respondents' perspectives. It includes questions about biological sex, age range, occupation, years in the profession and direct experience with GBV victims. Understanding the demographic background of respondents is crucial as it provides the context in which their attitudes and



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experiences are formed. This section not only captures basic personal and professional information, but also helps to identify any demographic trends or patterns that may influence perceptions of GBV. For example, analysing whether younger professionals feel less confident in handling GBV cases than their older counterparts can help tailor training programmes to address these gaps.

1. **Biological gender:** Understanding the gender distribution of respondents helps to analyse how gender influences perceptions and experiences of GBV. Responses (male, female, non-binary, prefer not to answer) can reveal whether gender differences influence views on GBV, as gender norms and roles often shape personal and professional experiences of violence and discrimination.
2. **Age range:** Age categorisation helps to segment responses to identify generational differences in attitudes towards GBV. The age ranges provided (18-25, 26-35, 36-45, 46-55, over 56) help to understand whether younger or older professionals have different perspectives or experiences, which may influence the design of targeted interventions.
3. **Profession:** The professional questions highlight the professional background of respondents, which may influence their role in GBV prevention and intervention. Identifying whether respondents are educators, social workers, psychologists or other professionals allows for an analysis of how different professional roles influence perceptions and approaches to GBV.
4. **Years in the profession:** Assessing the level of experience (from less than 1 year to more than 10 years) is crucial, as more experienced professionals may have more nuanced insights into GBV issues. It helps to determine whether experience correlates with greater awareness, confidence or competence in handling GBV cases.
5. **Direct work with GBV victims:** This question determines whether respondents' views are shaped by first-hand experience, which can significantly influence their understanding and approach to GBV. Knowing whether respondents have direct



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contact with GBV victims (yes, no, not sure) can highlight practical challenges and needs for support and training.

Section 2: Role in the community

This section explores respondents' roles and responsibilities in preventing GBV and addressing gender stereotypes. The role of professionals in the community is a central aspect of GBV prevention. By exploring how respondents perceive their role in influencing children's behaviour and challenging gender stereotypes, this section sheds light on the proactive steps taken by professionals to mitigate GBV from an early age. For example, the fact that many respondents reported engaging in open dialogue with families and children suggests a community-based approach that could be strengthened through additional resources and training.

- 6. Role in preventing GBV in children:** This question aims to understand the proactive measures professionals take to prevent GBV from a young age, recognising that early intervention is crucial to breaking the cycle of violence. Options include counselling, organising educational workshops, providing direct services or referrals and other roles, reflecting the different ways in which professionals can contribute to prevention efforts.
- 7. Approach to gender roles and stereotypes:** This question is central to assessing how professionals challenge and reshape harmful gender norms that contribute to GBV. Answers such as open dialogue, providing education and awareness, setting standards of behaviour, and providing psychological and social support indicate the methods used to address and dismantle stereotypes that perpetuate GBV.



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Section 3: Attitudes towards GBV

This critical section explores respondents' perceptions and attitudes towards GBV in their community and professional settings. The section on attitudes towards GBV is essential for understanding the broader community and professional perspectives on GBV. By asking respondents to define GBV, the questionnaire seeks to establish a baseline of understanding that is crucial for effective education and intervention. This section also assesses perceived prevalence and reporting mechanisms within the community, which can highlight areas where additional awareness and support structures are needed. In addition, exploring respondents' confidence in dealing with GBV incidents can identify specific training needs and support mechanisms required to enhance their effectiveness.

8. **Definition of GBV:** This question measures the breadth and depth of the respondent's understanding of GBV, which is essential for effective intervention and prevention. Definitions offered include physical violence against women, any act of violence or discrimination based on gender, sexual harassment or assault against women, and other definitions that reflect the complexity and multifaceted nature of GBV.
9. **Importance of GBV in the community:** Assessing whether respondents consider GBV to be an important issue helps to identify community awareness and the availability of support structures. Responses (yes, no, not sure) provide insight into the perceived urgency and importance of addressing GBV within the community.
10. **Mechanisms for reporting GBV:** Identifying the availability of reporting mechanisms is critical to addressing and mitigating GBV. Knowing whether there are established mechanisms (yes, no, not sure) helps to assess the infrastructure in place for victims to seek help and support.
11. **Underreporting of GBV:** Understanding perceptions of underreporting helps to identify potential gaps in reporting and support systems. Responses (yes, no, not



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- sure) indicate whether respondents believe GBV incidents are adequately reported or whether there are barriers that prevent victims from coming forward.
12. **Frequency of GBV in the community:** This question explores the visibility and prevalence of GBV in the community, highlighting potential gaps in reporting and support systems. Responses (often, occasionally, rarely, never) provide a sense of how common GBV incidents are perceived to be in the community.
 13. **Frequency of professional exposure to GBV:** Assessing professional exposure to GBV cases may influence willingness and methods of intervention. Responses (often, occasionally, rarely, never) indicate the frequency with which professionals encounter GBV in their work, which can inform the need for specific training and resources.
 14. **Confidence in recognising and dealing with GBV:** Assessing self-assessed competence in dealing with GBV is essential for evaluating the effectiveness of training and professional preparedness. Responses (very confident, somewhat confident, not very confident, not at all confident) reflect the level of confidence professionals have in their ability to identify and manage GBV incidents and highlight areas where further training may be needed.
 15. **Causes of GBV:** Exploring the perceived causes of GBV helps to develop targeted prevention and intervention strategies. Options such as societal norms and beliefs, lack of education and awareness, economic and social pressures and other causes provide insight into what respondents believe to be the main drivers of GBV and inform the focus of education and prevention efforts.
 16. **Effective ways to prevent GBV:** Identifying preferred prevention strategies can guide the development of effective prevention programmes. Responses include education and awareness-raising campaigns, legal frameworks and policies, support for victims and survivors, and other methods, reflecting the diversity of approaches to preventing GBV and supporting victims.



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Section 4: Stereotypes and prejudices

This section examines the stereotypes and prejudices associated with GBV and their impact on perceptions and actions. This section aims to uncover the deep-rooted stereotypes and prejudices that may influence how GBV is perceived and addressed. For example, understanding the extent of victim-blaming attitudes among professionals can help to develop targeted training to challenge these harmful beliefs. In addition, recognising the diversity of GBV victims is crucial to developing inclusive support services that cater for all victims, regardless of their gender, age or background. By addressing the impact of stereotypes on GBV interventions, this section provides insights into how these biases can hinder effective responses and what measures can be taken to overcome them.

17. **Victim blaming for GBV:** Exploring victim-blaming attitudes is crucial to uncovering harmful misconceptions that can hinder victim support and perpetuate GBV. Responses (yes, no, not sure) indicate whether respondents believe that victims share responsibility for the violence they experience, which can inform the need to address victim-blaming in training programmes.
18. **Encountering atypical GBV victims:** Assessing the recognition of non-stereotypical victims highlights the need for awareness of different victim profiles. Responses (yes, no, not sure) indicate whether professionals have encountered victims who do not fit the common stereotypes, such as male victims or the elderly, highlighting the importance of recognising and supporting all victims of GBV.
19. **Impact of stereotypes on responses to GBV:** Assessing how stereotypes shape responses to GBV identifies areas where more education and awareness is needed. Responses include those that limit understanding and lead to ineffective solutions, those that help identify high-risk groups and implement effective prevention mechanisms, those that do not significantly affect the ability to address the problem, and other impacts that reflect the multiple ways in which stereotypes can influence responses to GBV.



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20. **Groups at higher risk of experiencing GBV:** Identifying perceived vulnerabilities helps to tailor prevention and support efforts to protect high-risk populations. Responses include women, children, LGBTQI+ community members, persons with disabilities, refugees, and other groups, providing insight into which populations are considered most at risk of experiencing GBV.

Section 5: Training and services

This section assesses the training and resources available to respondents in relation to GBV prevention. Assessing the training and resources available to respondents helps to understand the current state of GBV prevention and intervention training. This section aims to identify gaps in professional development and the tools used by professionals to prevent GBV and promote healthy relationships. For example, if many respondents indicate that they rely on internet resources, there may be an opportunity to develop more comprehensive, localised training programmes that provide practical tools and strategies for GBV prevention.

21. **Training received on GBV prevention and counselling:** Determining the level of formal training received is critical to assessing the adequacy of current training programmes. Responses (yes, no, not sure) indicate whether respondents have received training in GBV prevention and counselling, which can inform the need for additional training and support.
22. **Sources or tools used for prevention and promotion of healthy relationships:** Understanding the resources used by professionals can help identify gaps and improve the availability of effective educational materials. Responses include books and articles, internet, local or national organisations and other resources, reflecting the variety of tools used by professionals to prevent GBV and promote healthy relationships.



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Section 6: Open questions

The final section contains open-ended questions to gather detailed qualitative data on respondents' beliefs, experiences and suggestions. The open-ended questions provide a platform for respondents to express their views and experiences in their own words, providing rich qualitative data that can complement the quantitative findings from the other sections. By exploring the biggest myths about GBV, challenges to early prevention, suggestions for improvement and personal characterisations of GBV incidents, this section captures the nuanced and diverse perspectives of professionals. These insights are invaluable in developing a more holistic understanding of GBV and informing the design of more effective, context-specific interventions.

23. **Biggest myth about GBV:** Identifying common myths helps to debunk harmful misconceptions. Respondents are asked to articulate the biggest myth they believe exists about GBV, which can inform educational campaigns aimed at correcting misinformation.
24. **Key challenges to early prevention of GBV:** Exploring perceived barriers provides valuable insights into potential solutions. Respondents describe the biggest challenges they face in early prevention efforts, which can highlight areas for improvement in current prevention strategies.
25. **Suggestions for improving the response to GBV:** Gathering practical recommendations based on respondents' experiences can inform better practices and policies for addressing GBV. Respondents provide suggestions for improving the response to GBV, which can guide future interventions and support mechanisms.
26. **Characterisation of GBV incidents:** Personal characterisations can provide insights into the nuanced understanding of GBV among professionals. Respondents are asked to describe incidents of GBV, providing detailed accounts that can provide a deeper understanding of the issue and its various manifestations.



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Each section and question in this questionnaire is carefully designed to provide a comprehensive understanding of perceptions, attitudes and practices related to GBV among professionals. The data collected will inform the development and refinement of training programmes aimed at improving GBV prevention and intervention efforts in different contexts. By linking each question to specific aspects of GBV, the questionnaire ensures that the findings are relevant and actionable, ultimately contributing to more effective strategies to address GBV.

3.3. Sample Description and Analysis

The comparative study focuses on perceptions of gender-based violence and the presence of cultural stereotypes in Greece and Spain. It also evaluates the effectiveness of training provided to social care professionals. The data collection process involves administering a questionnaire before and after the training sessions. The sample consists of 39 participants, divided between the two countries, with detailed demographic information collected regarding their country, gender, age, profession, years of experience, and direct work with victims of gender-based violence.

Sample Demographics

- Country

The sample consists of participants from Greece and Spain:

- Greece: 30 participants (76.9%)
- Spain: 9 participants (23.1%)

- Gender

Participants' gender distribution is as follows:

- Male: 6 participants (15.4%)
- Female: 32 participants (82.1%)



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- Prefer not to say: 1 participant (2.6%)

- *Age*

Participants' age distribution is categorized into several groups:

- 18-25 years: 2 participants (5.1%)
- 26-35 years: 11 participants (28.2%)
- 36-45 years: 18 participants (46.2%)
- 46-55 years: 7 participants (17.9%)
- Over 56 years: 1 participant (2.6%)

- *Profession*

Participants' professions vary widely, including roles within social care and other related fields:

- Office Employee: 1 participant (2.6%)
- Teacher: 1 participant (2.6%)
- Psychologist: 8 participants (20.5%)
- Social Worker: 11 participants (28.2%)
- Nurse: 4 participants (10.3%)
- Health Visitor: 1 participant (2.6%)
- Sociologist: 2 participants (5.1%)
- Physiotherapist Assistant: 1 participant (2.6%)
- Journalist: 1 participant (2.6%)
- Other: 1 participant (2.6%)
- Educationalist: 1 participant (2.6%)
- Youth Worker: 1 participant (2.6%)
- Project Manager: 2 participants (5.1%)
- Social Advisor: 1 participant (2.6%)



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- Did Not Answer: 1 participant (2.6%)

- *Years of Experience*

Participants' years of experience in their respective fields:

- Less than 1 year: 4 participants (10.3%)
- 1-3 years: 8 participants (20.5%)
- 3-5 years: 4 participants (10.3%)
- 5-10 years: 6 participants (15.4%)
- More than 10 years: 16 participants (41.0%)
- Did Not Answer: 1 participant (2.6%)

- *Direct Work with Victims of Gender-Based Violence*

Participants' direct involvement with victims of gender-based violence:

- Yes: 24 participants (61.5%)
- No: 11 participants (28.2%)
- Not Sure: 6 participants (15.4%)
- Did Not Answer: 1 participant (2.6%)

Table 1: Sample Demographics

Category	Greece (N=30)	Spain (N=9)	Total (N=39)
Gender			
Male	6 (20%)	1 (11.1%)	7 (17.9%)
Female	24 (80%)	8 (88.9%)	32 (82.1%)
Age			
18-25	2 (6.7%)	0 (0%)	2 (5.1%)
26-35	8 (26.7%)	3 (33.3%)	11 (28.2%)
36-45	14 (46.7%)	4 (44.4%)	18 (46.2%)



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46-55	5 (16.7%)	2 (22.2%)	7 (17.9%)
Over 56	1 (3.3%)	0 (0%)	1 (2.6%)
Profession			
Social Worker	8 (26.7%)	3 (33.3%)	11 (28.2%)
Psychologist	6 (20%)	2 (22.2%)	8 (20.5%)
Nurse	3 (10%)	1 (11.1%)	4 (10.3%)
Other	13 (43.3%)	3 (33.3%)	16 (41%)
Years of Experience			
Less than 1 year	3 (10%)	1 (11.1%)	4 (10.3%)
1-3 years	6 (20%)	2 (22.2%)	8 (20.5%)
3-5 years	3 (10%)	1 (11.1%)	4 (10.3%)
5-10 years	5 (16.7%)	1 (11.1%)	6 (15.4%)
More than 10 years	13 (43.3%)	4 (44.4%)	16 (41%)
Direct Work with GBV Victims			
Yes	19 (63.3%)	5 (55.6%)	24 (61.5%)
No	9 (30%)	2 (22.2%)	11 (28.2%)
Not Sure	2 (6.7%)	2 (22.2%)	4 (10.3%)

The analysis of the data reveals that the majority of participants (76.9%) are from Greece, while the remaining 23.1% are from Spain. This discrepancy in representation may influence the comparative analysis, as the perceptions and experiences of Greek participants will be more prominently reflected in the study.

The gender distribution of the participants is noteworthy, with a considerable proportion identified as female (82.1%). The remaining 15.4% of the sample were male, while 2.6% did not disclose their gender. This skewed gender distribution indicates that the study's findings will be predominantly shaped by female perspectives. This is an unsurprising finding, given that the social care sector often has a higher proportion of female professionals.

The age distribution demonstrates a concentration of participants within the 26-45 age range:



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- 18-25 years: 5.1%
- 26-35 years: 28.2%
- 36-45 years: 46.2%
- 46-55 years: 17.9%
- Over 56 years: 2.6%

This indicates that the majority of participants are in their prime working years, which may influence their perceptions and attitudes towards gender-based violence and cultural stereotypes. The limited representation of younger and older age groups indicates the potential for a generational perspective gap within the sample.

The sample comprises a significant proportion of social workers and psychologists, reflecting the focus of the study on social care professionals:

- Social Workers: 28.2%
- Psychologists: 20.5%
- Nurses: 10.3%
- Other professions (including teachers, sociologists, project managers, etc.): 41%

This diverse range of professional backgrounds will facilitate a comprehensive understanding of the training's impact across various roles within the social care sector. The preponderance of social workers and psychologists is consistent with the study's objectives, as these professionals are directly involved in addressing gender-based violence and supporting victims.

Most participants have considerable professional experience:

- More than 10 years: 41%
- 5-10 years: 15.4%
- 3-5 years: 10.3%
- 1-3 years: 20.5%



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- Less than 1 year: 10.3%

The prevalence of experienced professionals indicates that the sample possesses a substantial reservoir of practical knowledge and expertise, which is invaluable for evaluating the efficacy of the training program. Their considerable experience will facilitate the provision of informed feedback on the training content and its applicability in real-world scenarios.

A majority of the participants (61.5%) have direct experience working with victims of gender-based violence, which is crucial for the study's focus. The perspectives of those who work directly with victims will be instrumental in evaluating the training's effectiveness and its impact on professional practices.

In conclusion, the sample for this study is predominantly female, with a significant number of social care professionals from Greece. The age distribution is concentrated in the 26-45 year range, indicating that the majority of participants are in their prime working years. The professional background is diverse, with a substantial representation of social workers and psychologists. The majority of participants have over 10 years of experience, and a significant number have direct experience working with victims of gender-based violence. This comprehensive demographic and professional profile will enable a detailed analysis of the training's impact on perceptions of gender equality and cultural stereotypes in Greece and Spain.

3.4. The Role of Participants in the Community

This comparative study aims to investigate perceptions of gender-based violence before and after the training of professionals and parents, the presence of cultural stereotypes on gender equality, and the effect of training provided to social care professionals and parents in Greece and Spain. The findings of this analysis will assist in the refinement of the training model for social care professionals and parents, ensuring its replicability in other social and cultural contexts. In order to collect the requisite data, a questionnaire was administered to



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participants both prior to and following the training sessions. The sample comprises 39 participants, distributed between Greece and Spain.

- Role in the Prevention of Children's Behaviour that May Lead to Gender-Based Violence in Adulthood

Participants were asked to describe their role in the prevention of children's behaviour that may lead to gender-based violence in adulthood. The responses given by the participants illustrate a number of different approaches.

The provision of advice was also identified as a key approach. A notable proportion of participants (approximately 44%) indicated that they provide advice to children and parents with the objective of preventing behaviours that could potentially lead to gender-based violence. This encompasses both direct counselling and guidance, as well as the provision of general advice.

The provision of educational workshops and training constitutes another key approach. Approximately 15% of the participants concentrate on the dissemination of knowledge and the promotion of awareness through the organisation of workshops and training sessions.

The provision of direct services or referrals is another key area of activity. Approximately 23% of participants are engaged in the provision of direct services or the referral of individuals to suitable services.

Other approaches include: Approximately 8% of participants identified additional roles, including fostering positive emotions and behaviors, disseminating information and raising awareness, and exemplifying desirable behaviors.



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- Addressing Gender Roles and Stereotypes in Work with Families and Children

The participants were also asked to describe the methods they employ to address gender roles and stereotypes in their work with families and children. The responses included a variety of strategies.

The provision of educational activities and awareness-raising initiatives represents a key strategy for addressing gender roles and stereotypes. A notable proportion of participants (approximately 51%) prioritise the dissemination of knowledge and the promotion of awareness concerning gender roles and stereotypes.

Facilitating open dialogues is another strategy employed by the participants. Approximately 36% of participants engage families and children in open discussions about gender roles and stereotypes, with the objective of fostering understanding and challenging harmful norms.

The establishment of boundaries and the provision of positive reinforcement are also identified as key strategies. Approximately 13% of participants emphasise the importance of establishing clear boundaries and providing positive reinforcement as a means of addressing and challenging gender stereotypes.

In conclusion, the participants in this study play a pivotal role in their communities, actively working to prevent gender-based violence and address gender roles and stereotypes. The approaches employed by these professionals encompass a range of strategies, including the provision of direct advice and services, the conducting of educational workshops, and the facilitation of open dialogues. The objective of this study is to refine and enhance the training model for social care professionals and parents by gaining a deeper understanding of the roles and strategies employed by these professionals. Ultimately, this will contribute to the promotion of gender equality and the reduction of gender-based violence in diverse contexts.



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3.5. Analysis of Attitudes towards Gender-Based Violence (GBV)

The following sections present a comprehensive analysis of attitudes towards GBV, stratified by nationality.

Definition of Gender-Based Violence

Participants were asked to define gender-based violence. The responses show a pattern in the understanding of GBV:

- **Every act of violence or discrimination based on gender:** 82.1% (32 participants) overall, with 80% of Greeks (24 out of 30) and 88.9% of Spaniards (8 out of 9) holding this view.
- **Physical violence against women:** 12.8% (5 participants) overall, with 13.3% of Greeks (4 out of 30) and 11.1% of Spaniards (1 out of 9) expressing this definition.
- **Physical and sexual violence against women:** 2.6% (1 participant) from Spain.

This suggests that the majority of individuals in both countries have a broad understanding of GBV, encompassing all acts of violence or discrimination based on gender.

Perception of GBV as a Significant Issue

When asked whether they considered GBV to be a significant issue in their community, the majority of respondents indicated that they did:

- **Yes:** 87.2% of participants (34 individuals) responded affirmatively, with 86.7% of Greeks (26 individuals) and 88.9% of Spaniards (8 individuals) agreeing.
- **Not Sure:** 10.3% of participants (4 individuals), with 10% of Greeks (3 out of 30) and 11.1% of Spaniards (1 out of 9) expressing uncertainty.
- **No:** 2.6% (1 participant) from Greece did not view GBV as a significant issue.

This indicates a high level of awareness of GBV as a significant issue in both countries.



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Availability of GBV Reporting Services in Schools

Participants were asked whether any GBV reporting services were available in their school:

- **No:** 41% of participants (16 individuals), with 43.3% of Greeks (13 individuals) and 33.3% of Spaniards (3 individuals) reporting the absence of these services.
- **Yes:** 35.9% (14 participants), with 26.7% of Greeks (8 out of 30) and 66.7% of Spaniards (6 out of 9) acknowledging the presence of such services.
- **Not Sure:** 23.1% (9 participants), with 30% of Greeks (9 out of 30) and no Spanish participants expressing uncertainty.

The data suggests that there is a greater availability of GBV reporting services in Spanish schools compared to Greek schools.

Underreporting of GBV in Schools

Regarding whether incidents of GBV are underreported in their schools:

- **Yes:** 46.2% of participants (18 individuals), with 50% of Greeks (15 individuals) and 33.3% of Spaniards (3 individuals) believing that GBV is underreported.
- **Not Sure:** 43.6% (17 participants), with 40% of Greeks (12 out of 30) and 55.6% of Spaniards (5 out of 9) expressing uncertainty.
- **No:** 10.3% (4 participants), with 10% of Greeks (3 out of 30) and 11.1% of Spaniards (1 out of 9) believing that GBV is not underreported.

This suggests a notable perception of underreporting, particularly in Greek schools.

Frequency of Encountering GBV Cases in Schools

Participants were asked how often they encounter cases of GBV involving students in their schools:



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- **Rarely:** 38.5% (15 participants) overall, with 36.7% of Greeks (11 out of 30) and 44.4% of Spaniards (4 out of 9).
- **On occasion:** 30.8% (12 participants), with 30% of Greeks (9 out of 30) and 33.3% of Spaniards (3 out of 9).
- **Never:** 20.5% (8 participants), with 20% of Greeks (6 out of 30) and 22.2% of Spaniards (2 out of 9).
- **Frequently:** 10.3% (4 participants), with 13.3% of Greeks (4 out of 30) and none from Spain.

This indicates that cases of GBV are not frequently encountered, although a notable percentage of participants do come across such cases on occasion.

Confidence in Detecting and Responding to GBV

Participants were asked to indicate their confidence in detecting and responding to GBV:

- **Somewhat Confident:** 51.3% (20 participants), with 56.7% of Greeks (17 out of 30) and 33.3% of Spaniards (3 out of 9).
- **Very Confident:** 20.5% (8 participants), with 16.7% of Greeks (5 individuals) and 33.3% of Spaniards (3 individuals).
- **A Little Confident:** 20.5% (8 participants), with 20% of Greeks (6 out of 30) and 22.2% of Spaniards (2 out of 9).
- **Not Confident:** 7.7% (3 participants), with 6.7% of Greeks (2 out of 30) and 11.1% of Spaniards (1 out of 9).

Table 2: Confidence in Detecting and Responding to GBV

Confidence Level	Greece (N=30)	Spain (N=9)	Total (N=39)
Not Confident	2 (6.7%)	1 (11.1%)	3 (7.7%)
A Little Confident	6 (20%)	2 (22.2%)	8 (20.5%)



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Somewhat Confident	17 (56.7%)	3 (33.3%)	20 (51.3%)
Very Confident	5 (16.7%)	3 (33.3%)	8 (20.5%)

This suggests that participants exhibit a moderate degree of confidence, with Spaniards demonstrating a greater sense of assurance than their Greek counterparts.

Perceived Primary Causes of GBV

When asked about the primary causes of GBV, participants identified several factors:

- **Cultural norms and beliefs leading to gender inequality:** 56.4% (22 participants), with 56.7% of Greeks (17 out of 30) and 55.6% of Spaniards (5 out of 9).
- **Lack of education and awareness:** 33.3% (13 participants), with 26.7% of Greeks (8 out of 30) and 55.6% of Spaniards (5 out of 9).
- **Economic and social pressure:** 10.3% (4 participants), with 16.7% of Greeks (5 out of 30) and none from Spain.

Table 3: Perceived Primary Causes of GBV

Primary Cause	Greece (N=30)	Spain (N=9)	Total (N=39)
Cultural norms and beliefs	17 (56.7%)	5 (55.6%)	22 (56.4%)
Lack of education and awareness	8 (26.7%)	5 (55.6%)	13 (33.3%)
Economic and social pressure	5 (16.7%)	0 (0%)	4 (10.3%)

This highlights cultural norms and beliefs as the primary perceived cause of GBV in both countries.

Most Effective Way to Prevent GBV

Participants were asked what they believe is the most effective way to prevent GBV:



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- **Education and awareness campaigns:** 66.7% (26 participants), with 63.3% of Greeks (19 out of 30) and 77.8% of Spaniards (7 out of 9).
- **Implementation of laws addressing GBV:** 30.8% (12 participants), with 30% of Greeks (9 out of 30) and 33.3% of Spaniards (3 out of 9).
- **Change in the educational system:** 2.6% (1 participant) from Spain.

Table 4: Most Effective Ways to Prevent GBV

Prevention Strategy	Greece (N=30)	Spain (N=9)	Total (N=39)
Education and awareness campaigns	19 (63.3%)	7 (77.8%)	26 (66.7%)
Implementation of laws addressing GBV	9 (30%)	3 (33.3%)	12 (30.8%)
Change in the educational system	1 (3.3%)	1 (11.1%)	2 (5.1%)

This indicates a strong belief in the importance of education and awareness campaigns, along with the necessity of legal measures to prevent GBV.

In conclusion, the analysis demonstrates that both Greek and Spanish participants perceive GBV as a significant issue that necessitates comprehensive strategies involving education, awareness, and legal enforcement. While confidence in detecting and responding to GBV varies, there is a general consensus on the importance of addressing cultural norms and enhancing reporting mechanisms. This comparative study underscores the necessity for targeted training programs tailored to the specific contexts of each country to effectively combat gender-based violence.

3.6. Analysis of Stereotypes and Prejudices

The following sections present a comprehensive examination of the participants' attitudes towards stereotypes and prejudices pertaining to gender-based violence (GBV).



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- Responsibility of Victims for the Violence Experienced

The question was posed to participants as to whether they believe that victims of gender-based violence (GBV) bear some responsibility for the violence they experience. Most participants (79.5%) asserted that victims of GBV are not responsible for the violence they experience. This view was particularly prevalent among Greeks (76.7%), with 23 out of 30 participants holding this opinion, and Spaniards (88.9%), with 8 out of 9 participants sharing this perspective. A total of 17.9% of participants (7 individuals) indicated uncertainty about this question, with 20% of Greeks (6 out of 30) and 11.1% of Spaniards (1 out of 9) expressing this view. A total of 2.6% (1 participant) from Greece indicated that they believed victims of GBV were partly responsible for the violence they experienced. This suggests that the majority of individuals in both countries do not hold victims responsible for the violence they experience, which reflects a progressive understanding of victimization.

Table 5: Attitudes Towards Victim Responsibility for GBV

Belief	Greece (N=30)	Spain (N=9)	Total (N=39)
Victims not responsible	23 (76.7%)	8 (88.9%)	31 (79.5%)
Uncertain	6 (20%)	1 (11.1%)	7 (17.9%)
Victims partly responsible	1 (3.3%)	0 (0%)	1 (2.6%)

- Encountering Non-Stereotypical Victims of Gender-Based Violence (GBV)

Participants were asked whether they had ever encountered a victim of GBV who did not correspond to their stereotypical image of the victim. Examples of such victims include, but are not limited to, male victims and elderly victims. A total of 51.3% of participants (20 individuals) reported having encountered victims of GBV who did not correspond to their stereotypical image. Among the Greek participants, 46.7% (14 individuals) reported such



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encounters, while 66.7% (6 individuals) of the Spanish participants reported the same. A total of 33.3% (13 participants) expressed uncertainty, with 36.7% of Greeks (11 out of 30) and 22.2% of Spaniards (2 out of 9) indicating this response. A total of 15.4% (6 participants) stated that they had not encountered a victim of GBV who did not correspond to their stereotypical image (26.7% of Greeks and 6.7% of Spaniards). This indicates that a considerable proportion of participants, particularly those from Spain, have had contact with victims who do not correspond to the conventional stereotype, which suggests an awareness of the diverse nature of victims of gender-based violence.

- **The Effect of Stereotypes on the Prevention of Gender-Based Violence**

The participants were asked to consider the impact of stereotypes on the way in which gender-based violence is addressed. This can result in a lack of comprehension and the implementation of ineffective solutions. Overall, 61.5% (24 participants) agreed with this statement, with 66.7% of Greeks (20 out of 30) and 44.4% of Spaniards (4 out of 9) concurring. It is recommended that individuals at high risk be identified and that awareness campaigns be targeted. Overall, 28.2% (11 participants) expressed this view, with 23.3% of Greeks (7 out of 30) and 44.4% of Spaniards (4 out of 9) holding this opinion. The impact of stereotypes on the ability to manage the issue is not significant: 10.3% (4 participants) overall, with 10% of Greeks (3 out of 30) and 11.1% of Spaniards (1 out of 9) holding this opinion. The data suggests that the majority of participants believe that stereotypes limit understanding and contribute to the development of ineffective solutions, a view that is particularly prevalent among Greek respondents.

- **Vulnerability of Certain Groups to GBV**

The participants were asked whether they believe that specific groups of people are more susceptible to gender-based violence (GBV). Overall, 82.1% (32 participants) responded affirmatively, with 80% of Greeks (24 out of 30) and 88.9% of Spaniards (8 out of 9)



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concurring. A total of 12.8% of participants (5 individuals) indicated uncertainty, with 13.3% of Greeks (4 individuals out of 30) and 11.1% of Spaniards (1 individual out of 9) expressing this view. A total of 5.1% (2 participants) of the overall sample held this view, with 6.7% of Greeks (2 out of 30) and no participants from Spain expressing this opinion. Subsequently, participants who answered in the affirmative were further queried as to which groups they considered to be the most vulnerable. The responses indicated that several groups were perceived to be at a higher risk. Overall, 48.7% (19 participants) identified women as a vulnerable group, with 46.7% of Greeks (14 out of 30) and 55.6% of Spaniards (5 out of 9) concurring. The proportion of participants who identified children as a group at risk was 28.2% (11 participants) overall, with 30% of Greeks (9 out of 30) and 22.2% of Spaniards (2 out of 9) indicating this view. The LGBTQ+ community was identified as a risk group by 23.1% (9 participants) of the total sample, with 20% of Greeks (6 out of 30) and 33.3% of Spaniards (3 out of 9) expressing this view. A total of 20.5% (8 participants) identified as having a disability, with 16.7% of Greeks (5 out of 30) and 33.3% of Spaniards (3 out of 9) self-reporting this status. The data indicates that 15.4% (6 participants) of the respondents identified as refugees, with 13.3% of Greeks (4 out of 30) and 22.2% of Spaniards (2 out of 9) self-identifying as such. This suggests a comprehensive awareness of the diverse groups at an elevated risk of gender-based violence (GBV), with a slight discrepancy in emphasis between Greek and Spanish respondents.

The analysis demonstrates that both Greek and Spanish participants demonstrate an evolving comprehension of gender-based violence (GBV), recognizing that victims are not culpable for the violence they experience and acknowledging the heterogeneous nature of GBV victims. However, stereotypes are identified as a significant obstacle to the effective addressing of GBV, particularly in Greece. Furthermore, there is a consensus that specific groups, including women, children, the LGBTQ+ community, people with disabilities, and refugees, are at an elevated risk of experiencing gender-based violence. These findings highlight the necessity for the implementation of targeted training programmes that address



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stereotypes and enhance the understanding of diverse victim profiles, with the aim of effectively combating gender-based violence in both countries.

3.7. Analysis of Training and Services

The following sections provide a detailed analysis of their attitudes and experiences related to training and services for gender-based violence (GBV).

- Training on Prevention and Counselling for Gender-Based Violence

The participants were asked whether they had received any training on the prevention and counselling of gender-based violence (GBV). A total of 25.6% (10 participants) indicated that they had received training, with 20% of Greeks (6 out of 30) and 44.4% of Spaniards (4 out of 9) reporting that they had undergone such training. A further 5.1% (2 participants) indicated that they were unsure, with 3.3% of Greeks (1 out of 30) and 11.1% of Spaniards (1 out of 9) expressing uncertainty. This indicates a significant deficit in training, particularly among Greek participants, suggesting a necessity for the implementation of more pervasive and accessible training programmes in Greece.

- Resources and Tools for Preventing GBV and Promoting Healthy Relationships

The objective of this study was to identify the resources and tools utilized by participants in their work to prevent gender-based violence (GBV) and promote healthy relationships. Participants were asked to provide examples of the resources and tools they employ in their professional practice to achieve these objectives. Overall, 66.7% (26 participants) indicated that they utilize books and articles. Among the Greeks, 63.3% (19 out of 30) and among the Spaniards, 77.8% (7 out of 9) reported doing so. Overall, 17.9% (7 participants) indicated that they rely on online resources, with 20% of Greeks (6 out of 30) and 11.1% of Spaniards (1 out of 9) reporting this as a source of support. Local organisations were also identified as a source of resources and tools. Overall, 12.8% (5 participants) indicated that they



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collaborate with local organisations, with 13.3% of Greeks (4 out of 30) and 11.1% of Spaniards (1 out of 9) reporting this.

In the domain of education and training, one participant from Greece explicitly identified formal education as a tool. In terms of the utilisation of audiovisual resources, one participant from Spain (2.6%) indicated the deployment of cinematic materials. This distribution of responses indicates that books and articles are the primary resources utilized by the majority of participants, with a notable reliance on the internet and local organizations. The data indicates that Spanish participants demonstrate a more extensive utilisation of a range of resources in comparison to their Greek counterparts.

The analysis demonstrates that a substantial proportion of participants, particularly in Greece, have not undergone formal training in the prevention and counselling of gender-based violence. This deficiency in training highlights the necessity for the implementation of more comprehensive and accessible training programmes in both countries, with a particular focus on Greece.

Furthermore, the predominant use of books and articles, followed by the internet and local organisations, underscores the necessity for diverse and accessible resources for professionals engaged in the prevention of gender-based violence and the promotion of healthy relationships. The utilisation of movies by Spanish participants indicates a broader approach to resource utilisation that could prove beneficial if adopted more widely.

To address these identified gaps, it is recommended that targeted training programmes and diverse resource materials be developed and disseminated to social care professionals and parents. These measures will enhance the capacity of professionals to prevent and respond to gender-based violence, thereby facilitating the implementation of more effective and culturally sensitive strategies in both Greece and Spain.



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3.8. Gender Equality Perceptions in Greece and Spain

This section presents a qualitative analysis of the responses to four open-ended questions posed to Greek and Spanish participants regarding gender-based violence (GBV). In order to obtain a comprehensive range of perspectives and insights, open-ended questions were employed in this study, given the social nature of the topic. The analysis offers a detailed and multifaceted insight into the participants' perspectives and experiences, which is vital for the eradication of cultural stereotypes and the enhancement of training programmes for social care professionals and parents.

The four open-ended questions were as follows:

1. What is the biggest myth that you think prevails among children about gender-based violence?
2. In your experience, what are the biggest challenges for the early prevention of gender-based violence at the primary school level?
3. What do you think could be done to improve the treatment of gender-based violence, given that you work in primary education?
4. If someone asked you to characterize incidents of violence based on gender, what would you say?

Biggest Myths Among Children About Gender-Based Violence

Participants identified several prevailing myths among children regarding GBV. The responses reveal deep-seated stereotypes that need to be addressed:

- **Men are stronger than women:** This myth was cited by 20.5% (8 participants) of the respondents, with 20% of Greeks (6 out of 30) and 22.2% of Spaniards (2 out of 9) mentioning it.
- **Women are weaker than men and need care and support:** Mentioned by 12.8% (5 participants), with 13.3% of Greeks (4 out of 30) and 11.1% of Spaniards (1 out of 9).



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- **GBV is only about sexual assaults:** Cited by 5.1% (2 participants), with 6.7% of Greeks (2 out of 30) and no Spaniards highlighting this.
- **Victims are to blame:** 7.7% (3 participants) overall, with 6.7% of Greeks (2 out of 30) and 11.1% of Spaniards (1 out of 9).
- **GBV affects only women:** Noted by 5.1% (2 participants), both from Greece.

These myths indicate a need for educational interventions that address and dismantle such misconceptions among children.

Biggest Challenges for Early Prevention of Gender-Based Violence at Primary School Level

Participants identified various challenges to early prevention of GBV at the primary school level:

- **Children's maturity to understand the issue:** 15.4% (6 participants) overall, with 13.3% of Greeks (4 out of 30) and 22.2% of Spaniards (2 out of 9).
- **Lack of reporting mechanisms and social services in schools:** Mentioned by 7.7% (3 participants), all from Greece.
- **Teachers' reluctance to discuss such topics:** Noted by 5.1% (2 participants), both from Greece.
- **Breaking stereotypes:** Cited by 10.3% (4 participants), with 10% of Greeks (3 out of 30) and 11.1% of Spaniards (1 out of 9).
- **Parental cooperation:** Highlighted by 7.7% (3 participants), with 6.7% of Greeks (2 out of 30) and 11.1% of Spaniards (1 out of 9).

These responses underscore the importance of developing age-appropriate educational materials and training programs for teachers, as well as establishing robust reporting and support systems within schools.



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Improving the Treatment of Gender-Based Violence in Primary Education

Participants provided several suggestions for improving the treatment of GBV in primary education:

- **Specialist-led awareness campaigns:** 15.4% (6 participants) overall, with 13.3% of Greeks (4 out of 30) and 22.2% of Spaniards (2 out of 9).
- **Consistent communication between educators and parents:** Mentioned by 5.1% (2 participants), both from Greece.
- **Educational workshops and training:** Suggested by 35.9% (14 participants) overall, with 33.3% of Greeks (10 out of 30) and 44.4% of Spaniards (4 out of 9).
- **More social workers and psychologists in schools:** Noted by 5.1% (2 participants), both from Greece.
- **Enhancing curriculum and books:** Highlighted by 7.7% (3 participants), all from Greece.

The suggestions emphasize the importance of a holistic approach involving educators, parents, and mental health professionals, alongside improvements in educational content and resources.

Characterizing Incidents of Violence Based on Gender

Participants characterized incidents of GBV in various ways:

- **Women as the majority of victims:** Mentioned by 20.5% (8 participants), with 20% of Greeks (6 out of 30) and 22.2% of Spaniards (2 out of 9).
- **Physical, psychological, sexual, and economic violence:** Noted by 10.3% (4 participants), with 6.7% of Greeks (2 out of 30) and 22.2% of Spaniards (2 out of 9).
- **Unprovoked and abusive behavior:** Mentioned by 7.7% (3 participants), all from Greece.



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- **Intense and degrading phenomenon:** Highlighted by 15.4% (6 participants), with 13.3% of Greeks (4 out of 30) and 22.2% of Spaniards (2 out of 9).

These characterizations underscore the multifaceted nature of GBV and the pervasive belief that women are predominantly affected. This aligns with the broader literature on GBV, which recognizes the need for comprehensive strategies addressing all forms of violence and focusing on both prevention and response.

The findings of this qualitative analysis highlight significant stereotypes and challenges related to gender-based violence in both Greece and Spain. There is a clear need for educational interventions that address prevailing myths and stereotypes among children, and for robust prevention strategies at the primary school level. The insights provided by the participants emphasize the importance of a multi-faceted approach involving educators, parents, and mental health professionals to effectively combat GBV and promote gender equality. The study underscores the necessity of tailored training programs and resources to address the specific cultural contexts of each country, ensuring that the strategies developed are both effective and culturally sensitive.

3.9. Analysis of Post-Training Attitudes on Gender-Based Violence

This chapter presents a comprehensive examination of the participants' attitudes towards gender-based violence (GBV) both prior to and following the training programme. The training did not result in a notable change in the overall perspectives of the participants, who already exhibited a clear stance on GBV. There were, however, discernible shifts in their understanding and perception of the complexities of GBV.

- **Broadened Understanding of Gender-Based Violence**

Prior to the training, 11 participants (N=39) perceived gender-based violence (GBV) to be primarily physical or sexual in nature. Following the training, seven of the participants



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expanded their definition to encompass all forms of violence, including emotional, psychological, and economic abuse. This shift in understanding suggests an enhanced comprehension of the multifaceted nature of gender-based violence. In Greece, where a follow-up questionnaire was administered six months after the training, the participants demonstrated a sustained comprehension of the expanded definition of GBV, indicating a lasting impact of the training.

- ***Increased Confidence in Handling Gender-Based Violence Incidents***

Confidence in detecting and managing GBV incidents saw a significant boost among participants:

- Initially, 3 participants indicated they were "Not Confident" in handling GBV incidents. Post-training, all three shifted their responses to "Very Confident." Notably, the two Greek participants in this group retained this increased confidence six months later.
- Among the 8 participants who initially reported being "A Little Confident," 5 shifted to "Very Confident" after the training. Of these, three Greek participants continued to express high confidence six months following the training.

- ***Shift in Beliefs Regarding Victim Responsibility***

A critical area of change was observed in the perception of victim responsibility:

- Initially, 7 participants expressed uncertainty about whether victims bore responsibility for the violence they experienced. Following the training, all 7 participants shifted their stance to assert that victims are not responsible for the violence inflicted upon them. This change was sustained by four Greek participants who maintained their responses six months post-training.



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In conclusion, the training programme proved an effective means of deepening participants' understanding of the various forms of gender-based violence and significantly enhanced their confidence in managing such incidents. Furthermore, the programme was effective in addressing and correcting misconceptions regarding victim responsibility. These findings highlight the necessity for sustained education and support in order to reinforce these positive changes and ensure their long-term persistence.

In general, while the participants' initial attitudes towards GBV were already well-developed, the training provided essential refinements in their perceptions and understandings, thereby demonstrating the value of targeted educational interventions in combating gender-based violence.

Main Results:

o Views On Gender-Based Violence

Greece: Many Greek professionals were unsure about their experience of gender-based violence. Many said they didn't know if they'd worked with people who'd experienced gender-based violence. Most Greek people think gender-based violence is mainly about women. Many said women are the main victims, reflecting a narrow view focused on women as victims. Professionals lacked confidence and preparedness in dealing with gender-based violence. Many said they had not been trained to deal with such cases.

Spain: Similarly, Spanish professionals said they rarely deal with gender-based violence cases. Many said they are unsure. In Spain, people think that gender-based violence mainly affects women. This is similar to Greece, where traditional views on gender roles affect perceptions. Many Spanish professionals had not received training on gender-based violence. This shows a lack of professional development.



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o Cultural Stereotypes On Gender Equality:

Greece: Greek people often said that women are the main victims of gender violence. This shows that traditional gender roles are deeply rooted in Greek society. Many participants said that traditional gender roles make gender-based violence more common. These roles put women in a subordinate position, which allows violence against them to continue. People were unaware of how gender-based violence affects different genders. They focused on women.

Spain: Spanish participants said that gender-based violence mostly affects women. This shows that Greece and Spain have similar ideas about gender. Traditional gender roles contribute to gender-based violence. These norms often lead to violence. People did not realise that gender-based violence can affect men and other genders. This shows that people need to learn more about this issue.

Role of Professionals and Challenges

Professionals in Greece and Spain said they help victims and raise awareness. This shows they understand the importance of their role in tackling gender violence. Professionals in both countries faced challenges including a lack of resources and support. People at the meeting said that more training, resources and support are needed to tackle and stop gender-based violence. Greek and Spanish respondents said there should be better support for professionals dealing with gender-based violence cases. This includes better communication, more accessible resources and more training.



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3.10. Conclusion

The training programme helped professionals and parents in Greece and Spain understand gender-based violence better. The training helped people understand that GBV is a common problem that affects everyone.

The training showed that GBV is not just about physical and sexual violence. GBV also includes economic abuse, where individuals are controlled or exploited financially, and emotional abuse, which can manifest as psychological manipulation, coercion, or degradation. This new way of thinking is important because it helps us tackle GBV in a more complete way.

The training showed that we need to think beyond traditional gender stereotypes to understand GBV. By recognising that GBV can affect anyone, participants can identify and address these issues in their professional and personal lives. This change in thinking is key to a better response to GBV.

The training also showed that it is important to teach children about stereotypes from a young age. Teaching gender equality and respect in early childhood helps create a generation that knows about and is resistant to the harmful effects of stereotypes and GBV. Teaching children to challenge stereotypes helps create a culture of respect and equality, which helps prevent GBV.

Training shows we need to keep raising awareness. These campaigns are important for challenging stereotypes and raising awareness about different forms of GBV. These projects must continue and reach more people. This will help people understand GBV better and take action against it.



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The training also showed that professionals and parents need to know how to tackle and prevent GBV. This includes training on different forms of GBV, how to recognise the signs and how to help. It is important to make sure that professionals and parents know how to tackle GBV. This helps survivors and stops it happening again.

The training programme helped professionals and parents in Greece and Spain understand GBV better. The training has laid the groundwork for more effective prevention and intervention strategies. It has also highlighted the need for ongoing awareness campaigns to combat GBV. This training initiative represents a significant step forward in the fight against gender-based violence.

3.11. Main Differences

Understanding the approaches of Greek and Spanish professionals in handling gender-based violence (GBV) reveals significant differences in their experiences and methodologies.

- o **Direct Engagement with GBV Victims:** There is a difference in how Greek and Spanish respondents work with GBV victims. Greek respondents are unsure if they work with GBV victims. Spanish respondents are more likely to work directly with GBV victims. This suggests they have more experience with GBV cases.
- o **Role in preventing child GBV:** Both countries' professionals see themselves as key in preventing GBV in children. Greek respondents say they give advice and provide counselling. Spanish respondents focus on education and working with children and their families. This shows they take a more hands-on approach to prevention.
- o **Addressing Gender Roles and Stereotypes:** Addressing gender roles and stereotypes is important to respondents from both countries. Greek professionals use



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education to change how families and children think and act. Spanish respondents prefer to challenge stereotypes through discussions and open dialogue.

- o **Definition and Significance of GBV:** Both Greek and Spanish respondents share a common understanding of GBV as any act of violence or discrimination based on gender. However, their focus varies: Greek respondents tend to highlight physical violence, particularly against women, while Spanish respondents offer a broader definition that includes psychological and emotional violence, reflecting a more comprehensive view of GBV's impact.
- o **Reporting and Underreporting of GBV:** GBV is underreported in both countries. Greek people say this is a problem. Many say there are no reporting services in schools. Spanish respondents also see the problem of underreporting but seem more aware of the reporting services, suggesting better infrastructure or more effective awareness campaigns in Spain.
- o **Frequency and Confidence in Handling GBV Cases:** People are less confident in handling GBV cases than we thought. Greek respondents are less confident and see fewer cases of GBV. This may be due to lack of training or resources. Spanish respondents are more confident and see more GBV cases. Greek professionals probably lack training, resources and support.
- o **Causes and Prevention of GBV:** Both Greek and Spanish professionals agree on the main causes of GBV, such as social norms, lack of education, and economic factors. Greek respondents say that to fight GBV effectively, there needs to be better support and resources. Spanish respondents focus on education and awareness campaigns as the most effective way to prevent GBV.
- o **Myths about GBV:** People in both countries think that GBV only happens in romantic relationships or only affects women. These myths affect how GBV cases are



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handled. Greek respondents say stereotypes make it harder for them to tackle GBV. Spanish respondents also see these myths as bad, but they have more ways to fight them. This shows they are more active in stopping misinformation.

- o **Training and Resources:** There are differences in the training and resources available to professionals in Greece and Spain. Greek professionals have less access to training and resources, which may contribute to their lower confidence in handling GBV cases. In contrast, Spanish professionals have received more training and use a variety of resources to prevent GBV and promote healthy relationships. This suggests that Spanish professionals are better equipped to handle GBV cases effectively.

In summary, the comparative analysis between Greek and Spanish professionals working with gender-based violence underscores profound disparities in their handling of GBV cases. While both groups are committed to addressing and preventing GBV, the variance in their direct engagement, methods of intervention, and access to resources highlights the unique challenges and strengths inherent to each country's approach. Greek professionals, facing limitations in training and resources, often exhibit lower confidence in managing GBV cases, whereas Spanish professionals benefit from more comprehensive training and a broader array of resources, enhancing their effectiveness and confidence. Addressing these gaps, particularly in training and resource provision, is essential for improving GBV interventions across the board, ensuring all professionals are equally equipped to tackle these complex issues effectively.



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4. Parents

4.1. Description of the Questionnaire for Parents

The questionnaire, titled "UpCare Questionnaire: Knowledge and Attitudes on Gender-Based Violence," is designed to gather insights on various aspects of gender-based violence (GBV) from parents. It aims to evaluate existing knowledge, attitudes, and the impact of training on gender equality and GBV. The questionnaire is divided into four main sections, each targeting specific areas of interest.

Section 1: Demographic Information

Purpose: To collect basic demographic data to contextualize the responses, identify trends, and understand the background of the participants. This information helps in analyzing how demographic factors may influence knowledge, attitudes, and perceptions of gender-based violence (GBV).

1. Biological Gender:

- **Purpose:** To determine the gender distribution of the respondents. This information is critical for analyzing potential gender differences in the knowledge and attitudes towards GBV.

- **Options:**

- Male
- Female
- Prefer not to answer
- Other (please specify): _____

2. Age:

- **Purpose:** To understand the age demographics of the respondents. This helps in identifying if age influences perceptions and knowledge of GBV.

- **Options:**

- Under 25 years



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- 25-35 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65 years or older

3. Educational Level:

- **Purpose:** To ascertain the educational background of the participants. Higher education levels may correlate with greater awareness and understanding of GBV issues.
 - **Options:**
 - Primary school graduate
 - High school graduate
 - Bachelor's degree holder
 - Master's or Doctoral degree holder

Section 2: Knowledge of Gender-Based Violence

Purpose: To assess the current level of knowledge about GBV among parents. This section aims to identify knowledge gaps that the training needs to address and to understand the baseline awareness of different forms and consequences of GBV.

1. Have you ever received any formal education on gender-based violence?

- **Purpose:** To gauge prior exposure to formal education on GBV. This helps in understanding whether previous education influences current knowledge and attitudes.
 - **Options:**
 - Yes
 - No

2. What do you believe gender-based violence includes?



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- o **Purpose:** To assess the respondents' understanding of what constitutes GBV. It checks if they recognize the various forms of GBV beyond physical violence.

- **Options:**

- Physical abuse
- Psychological abuse
- Sexual harassment
- Economic abuse
- All of the above

3. **What would you consider indicators of gender-based violence in a relationship?**

- o **Purpose:** To identify the signs of GBV that respondents are aware of. This helps in understanding if they can recognize the non-physical forms of violence and control.

- **Options:**

- Physical abuse
- Emotional/psychological exploitation
- Isolation from friends and family
- Controlling behavior
- Verbal abuse
- Economic control
- Threats and intimidation
- Stalking
- All of the above

4. **What do you think are the potential consequences of gender-based violence on child development?**

- o **Purpose:** To measure awareness of the impact of GBV on children. Understanding these consequences is crucial for parents to recognize the long-term effects on child development.



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- **Options:**

- Psychological trauma
- Behavioral problems
- Decreased academic performance
- Long-term psychological effects
- Social exclusion
- Health problems
- Increased risk of exhibiting violent behavior
- Reduced self-esteem
- All of the above

5. **Do you think gender-based violence affects men and women equally?**

- **Purpose:** To explore perceptions of gender equality in the context of GBV. This question helps in understanding if respondents see GBV as a gendered issue.

- **Options:**

- Yes
- No
- Not sure

6. **Where do you think victims of gender-based violence can seek help and support?**

- **Purpose:** To determine the awareness of available support systems for GBV victims. This helps in understanding if respondents know where to find resources and support.

- **Options:**

- Family and friends
- Police
- Social services
- Non-Governmental Organizations
- Other (please specify) _____



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Section 3: Attitudes and Perceptions

Purpose: To explore the participants' attitudes towards GBV and their perceptions of its severity and prevention measures. This section aims to understand the community's stance on GBV and the importance they place on education and prevention efforts.

1. **How serious do you think the problem of gender-based violence is in your community?**

- o **Purpose:** To gauge the perceived severity of GBV in the local community. This helps in identifying how serious respondents believe the issue is and can influence the focus of the training program.

- **Options:**

- Very serious
- Somewhat serious
- Not very serious
- No problem

2. **Do you think educating children about gender-based violence is important for its prevention in the future?**

- o **Purpose:** To understand the importance placed on early education for GBV prevention. This question assesses whether respondents believe that education can play a role in mitigating future violence.

- **Options:**

- Yes
- No
- Not sure

3. **What do you think should be done to prevent gender-based violence in your area?**

- o **Purpose:** To collect opinions on effective strategies for preventing GBV. This question provides insights into the community's preferences for prevention



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methods and can help tailor the training program to address these preferences.

▪ **Options:**

- Strengthening education and awareness programs
- Empowering the police and toughening penalties
- Providing support and financial resources to victims
- Promoting healthy relationships and communication methods
- Encouraging third-party intervention
- Creating safe spaces for open dialogue
- Promoting gender equality
- Empowering victims to speak out
- Promoting gender equality in the media
- All of the above
- Other (please specify): _____

Section 4: Additional Observations and Comments

Purpose: To provide an open forum for participants to share their thoughts, questions, and suggestions regarding GBV and the training program. This section aims to collect qualitative data that may offer deeper insights or highlight issues not covered in the structured questions.

1. **Is there anything else you would like to share or any specific questions you have about gender-based violence? (Open-ended response)**
 - o **Purpose:** To gather additional insights or concerns that respondents might have about GBV, which can help in understanding their perspectives more comprehensively.
2. **Do you have any suggestions or expectations for the upcoming training on gender-based violence? (Open-ended response)**



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- o **Purpose:** To collect suggestions for improving the training program. This feedback is valuable for tailoring the training to meet the participants' needs and expectations.
3. **Please provide any other comments or feedback regarding this questionnaire or the topic of gender-based violence. (Open-ended response)**
- o **Purpose:** To obtain general feedback on the questionnaire itself and any additional thoughts on GBV, ensuring that the questionnaire is effective and comprehensive.

4.2. Description of the Post-Training Questionnaire for Parents

The post-training questionnaire aims to evaluate the impact of the training on participants' knowledge, attitudes, and perceptions regarding gender-based violence (GBV). It seeks to understand how the training influenced their understanding and to gather feedback on the training program itself.

Section 1: Demographic Information

Purpose: To maintain consistency with the pre-training data collection, allowing for direct comparison and analysis of how demographic factors might influence changes in knowledge and attitudes towards gender-based violence (GBV) after the training.

1. Biological Gender

- o **Purpose:** To ensure a consistent demographic profile is maintained for comparative analysis. Understanding gender distribution helps identify if perceptions and knowledge shifts are gender-specific.
 - **Options:**
 - Male
 - Female
 - Prefer not to answer
 - Other (please specify)



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2. Age

- o **Purpose:** To categorize responses by age group to see if the training's impact varies across different age demographics. Age can influence perspectives on GBV and receptivity to training.
 - **Options:**
 - Under 25 years
 - 25-35 years
 - 35-44 years
 - 45-54 years
 - 55-64 years
 - 65 years or older

3. Educational Level

- o **Purpose:** To determine if educational background affects the training's effectiveness. Participants with different educational levels may have varying baselines of knowledge and attitudes towards GBV.
 - **Options:**
 - Primary school graduate
 - High school graduate
 - Bachelor's degree holder
 - Master's or Doctoral degree holder

Section 2: Knowledge of Gender-Based Violence

Purpose: To measure the increase in participants' understanding of GBV, identifying specific areas of knowledge gained through the training. This section aims to evaluate whether the training effectively enhanced the participants' comprehension of GBV and its various forms and impacts.

1. What do you believe gender-based violence includes?



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- o **Purpose:** To assess the depth and breadth of participants' understanding of the different forms of GBV. Post-training responses should ideally show a comprehensive recognition of all forms of GBV.

- **Options:**

- Physical abuse
- Psychological abuse
- Sexual harassment
- Economic abuse
- All of the above

2. What would you consider indicators of gender-based violence in a relationship?

- o **Purpose:** To evaluate whether participants can identify multiple signs of GBV beyond physical violence, indicating a nuanced understanding of GBV dynamics.

- **Options:**

- Physical abuse
- Emotional/psychological exploitation
- Isolation from friends and family
- Controlling behavior
- Verbal abuse
- Economic control
- Threats and intimidation
- Stalking
- All of the above

3. What do you think are the potential consequences of gender-based violence on child development?

- o **Purpose:** To measure awareness of the wide-ranging effects of GBV on children, ensuring participants recognize the long-term psychological, behavioral, and social consequences.



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- **Options:**

- Psychological trauma
- Behavioral problems
- Decreased academic performance
- Long-term psychological effects
- Social exclusion
- Health problems
- Increased risk of exhibiting violent behavior
- Reduced self-esteem
- All of the above

4. **Do you think gender-based violence affects men and women equally?**

- **Purpose:** To explore whether the training has influenced perceptions of gender equality in the context of GBV. Post-training, participants may have a more informed perspective on gender disparities.

- **Options:**

- Yes
- No
- Not sure

5. **Where do you think victims of gender-based violence can seek help and support?**

- **Purpose:** To confirm that participants are aware of the various resources available to GBV victims. Knowledge of support systems is crucial for effective intervention and assistance.

- **Options:**

- Family and friends
- Police
- Social services
- Non-Governmental Organizations
- Other (please specify)



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6. **Please share any new information or knowledge you acquired about gender-based violence after the training. (Open-ended response)**

- **Purpose:** To collect qualitative data on specific insights gained from the training. This helps identify what aspects of the training were most impactful and informative.

7. **How confident do you feel in recognizing the signs of gender-based violence in a relationship after completing the training?**

- **Purpose:** To assess the training's effectiveness in boosting participants' confidence in identifying GBV. Increased confidence indicates successful knowledge transfer and skill development.

- **Options:**

- Very confident
- Somewhat confident
- Not very confident
- Not at all confident

Section 3: Attitudes and Perceptions

Purpose: To evaluate changes in attitudes towards GBV and its perceived severity in the community, as well as the importance of preventive education. This section measures shifts in perspectives and the potential long-term impact of the training on participants' views.

1. **How serious do you think the problem of gender-based violence is in your community?**

- **Purpose:** To determine if the training has influenced participants' perceptions of the severity of GBV in their community. Understanding these changes can help gauge community awareness and readiness for action.

- **Options:**

- Very serious
- Somewhat serious



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- Not very serious
- No problem

2. **Do you think educating children about gender-based violence is important for its prevention in the future?**

- **Purpose:** To assess if participants believe that early education is crucial for preventing GBV. This reflects the perceived value of preventive education as emphasized during the training.

- **Options:**

- Yes
- No
- Not sure

3. **What do you think should be done to prevent gender-based violence in your area?**

- **Purpose:** To gather opinions on effective GBV prevention strategies, reflecting the influence of the training. This helps identify preferred methods for community interventions.

- **Options:**

- Strengthening education and awareness programs
- Empowering the police and toughening penalties
- Providing support and financial resources to victims
- Promoting healthy relationships and communication methods
- Encouraging third-party intervention
- Creating safe spaces for open dialogue
- Promoting gender equality
- Empowering victims to speak out
- Promoting gender equality in the media
- All of the above
- Other (please specify)



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4. **Based on your new knowledge, what do you think should be done to prevent gender-based violence in your community? (Open-ended response)**

- **Purpose:** To collect qualitative data on updated views and recommendations for GBV prevention. This helps understand how the training has shaped participants' ideas for effective community actions.

Section 4: Training Evaluation

Purpose: To evaluate the effectiveness and quality of the training program. This section aims to gather feedback on various aspects of the training, including content delivery, trainer effectiveness, and the training environment. It helps in assessing overall satisfaction and areas for improvement.

1. **How would you rate the effectiveness of the training program in increasing your understanding of gender-based violence?**

- **Purpose:** To measure the overall perceived effectiveness of the training in enhancing participants' knowledge about GBV. Positive responses indicate successful training outcomes.

- **Options:**

- Very effective
- Somewhat effective
- Neutral
- Slightly effective
- Ineffective

2. **Did the trainers demonstrate knowledge on the subject and make the training engaging?**

- **Purpose:** To assess the trainers' expertise and ability to engage participants. High ratings suggest effective delivery and content mastery by the trainers.

- **Options:**

- Very much



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- Quite a bit
- Neutral
- Somewhat
- Not at all

3. **Please rate the quality of the training venue and the provided services.**

- **Purpose:** To evaluate the logistical aspects of the training, such as the venue and services, which can impact overall participant satisfaction. This feedback helps in planning future training logistics.

- **Options:**

- Excellent
- Good
- Fair
- Poor

Section 5: Additional Observations and Comments

Purpose: To provide an open forum for participants to share any final thoughts, additional feedback, or suggestions related to the training and GBV. This section aims to collect insights that may not be captured by structured questions and offers participants an opportunity to voice any additional concerns or suggestions.

1. **Is there anything else you would like to share with us? (Open-ended response)**

- **Purpose:** To collect any additional feedback or insights that participants may have, which could be valuable for future training improvements. This helps capture comprehensive participant experiences and suggestions.

The post-training questionnaire is meticulously designed to measure the impact of the training on participants' knowledge, attitudes, and perceptions regarding GBV. By comparing pre- and post-training responses, the effectiveness of the training can be evaluated, and insights can be gathered to refine and enhance future training programs. The detailed



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purposes behind each question ensure a comprehensive evaluation, providing valuable data to inform the development of effective GBV prevention and education strategies.

4.3. Sample Description: Greece and Spain

The study sample comprised parents from both Greece and Spain who participated in a gender-based violence (GBV) training program. The respondents completed questionnaires both before and after the training sessions, allowing for an evaluation of changes in their knowledge and attitudes towards GBV. Below is a breakdown of the demographic composition for both countries, as well as a combined summary.

1. Sample Size:

- **Greece:**
 - Pre-Training: 50 parents
 - Post-Training: 52 parents
- **Spain:**
 - Pre-Training: 50 parents
 - Post-Training: 50 parents
- **Total:**
 - Pre-Training: 100 parents
 - Post-Training: 102 parents

2. Gender Distribution:

- **Greece:**
 - **Female:** 43 (86% pre-training, similar distribution post-training)
 - **Male:** 7 (14% pre-training, similar distribution post-training)
- **Spain:**
 - **Female:** 45 (90% pre-training and post-training)
 - **Male:** 5 (10% pre-training and post-training)
- **Total:**
 - **Female:** 88 (88% pre-training)
 - **Male:** 12 (12% pre-training)



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3. Age Range:

- **Greece:**
 - **Under 25 years:** Few respondents
 - **25-35 years:** Moderate number
 - **35-44 years:** Majority of respondents (over 50%)
 - **45-54 years:** Significant proportion
 - **55-64 years:** Fewer respondents
 - **65 years or older:** Minimal representation
- **Spain:**
 - **Under 25 years:** 1 respondent
 - **25-34 years:** Moderate number (15 pre-training, 17 post-training)
 - **35-44 years:** Majority of respondents (24 pre-training, 23 post-training)
 - **45-54 years:** Significant proportion (10 pre-training, 9 post-training)
- **Total:**
 - The majority of respondents in both countries are concentrated in the 35-44 age range, with significant representation in the 25-54 age groups, particularly among middle-aged parents.

4. Educational Level:

- **Greece:**
 - **Primary School Graduates:** A small minority
 - **High School Graduates:** A significant portion
 - **Bachelor's Degree Holders:** The largest group
 - **Master's or Doctoral Degree Holders:** A considerable number
- **Spain:**
 - **Primary School Graduates:** A small minority (2 participants)
 - **Secondary School Graduates:** The largest group (29 pre-training, 27 post-training)
 - **Bachelor's Degree Holders:** A notable portion (6 pre-training, 7 post-training)



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- o **Master's or Doctoral Degree Holders:** A smaller group (3 pre- and post-training)
- **Total:**
 - o Both samples demonstrate educational diversity, with the majority of participants having completed at least secondary education. Higher education, including bachelor's and advanced degrees, is also well-represented.

Key Insights:

The samples from both Greece and Spain reveal a strong female predominance in participation, with over 85% of respondents being women. The age distribution shows a concentration of parents in the 35-44 age range, with notable participation from the 25-54 age groups in both countries. Educationally, participants come from a wide range of backgrounds, though the majority have at least completed secondary school, and many hold higher degrees.

This demographic composition of predominantly female, middle-aged, and educated participants provides a robust basis for assessing the effectiveness of GBV training programs. The insights gained from this analysis can help in refining future training efforts to address the diverse needs of participants across both countries, ensuring broader engagement in GBV prevention and education initiatives.

4.4. Comparative Study on Gender Equality Perceptions: Greece and Spain - Pre- and Post-Training Analysis

This comparative study evaluates the effectiveness of a training program designed to enhance the knowledge and attitudes of parents in Greece and Spain regarding gender-based violence (GBV). The questionnaire was administered to parents both before and after the training sessions in both countries. This report presents the key findings, highlighting any significant changes in perceptions and knowledge about GBV for both Greece and Spain, while also providing a combined overview.



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Demographic Information

- **Greece:**
 - **Sample Size:** 50 parents before training, 52 parents after training.
 - **Gender Distribution:** Predominantly female respondents (86% female, 14% male).
 - **Age Range:** Most respondents were aged 35-44 years.
 - **Educational Level:** Majority held a high school diploma or a bachelor's degree.
- **Spain:**
 - **Sample Size:** 50 parents before training, 50 parents after training.
 - **Gender Distribution:** Predominantly female respondents (90% female, 10% male).
 - **Age Range:** Most respondents were aged 35-44 years, with significant representation from those aged 25-34 years.
 - **Educational Level:** Majority had completed secondary education, with many holding bachelor's degrees.
- **Total (Greece and Spain Combined):**
 - **Pre-Training Sample:** 100 parents
 - **Post-Training Sample:** 102 parents
 - **Gender Distribution:** 88% female, 12% male.
 - **Age Range:** Majority in the 35-44 age group across both countries.
 - **Educational Level:** Mixed educational backgrounds with the majority having at least a secondary education, and a significant proportion with higher education degrees.

Key Findings and Changes

1. Prior Education on GBV:

- **Greece Pre-Training:** 80% of respondents had not received formal education on GBV.



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- o **Spain Pre-Training:** A similar trend with a significant proportion lacking prior GBV education.
 - o **Post-Training (Greece & Spain):** Although the questionnaire did not re-assess prior education, increased awareness post-training suggests a rise in education levels due to the program.
2. **Understanding of GBV:**
- o **Pre-Training (Greece & Spain):** 96% of respondents correctly identified GBV as encompassing physical, psychological, sexual, and economic abuse.
 - o **Post-Training:** Retention of this understanding was high in both countries, showing that the training effectively reinforced the comprehensive definition of GBV.
3. **Recognition of GBV Indicators:**
- o **Pre-Training (Greece & Spain):** 96% recognized all listed indicators (e.g., physical abuse, emotional exploitation, isolation, controlling behavior).
 - o **Post-Training:** Recognition remained high across both countries, confirming the training's success in solidifying awareness of GBV indicators.
4. **Consequences of GBV on Child Development:**
- o **Pre-Training (Greece & Spain):** 94% acknowledged all potential consequences of GBV on children, such as psychological trauma, behavioral issues, and reduced academic performance.
 - o **Post-Training:** Awareness levels remained consistent, suggesting the training effectively conveyed the long-term impacts of GBV on children.
5. **Perception of Gender Equality in GBV Impact:**
- o **Pre-Training (Greece & Spain):** 46% believed GBV affects men and women equally; 42% disagreed, and 12% were unsure.
 - o **Post-Training:** Both countries saw a shift, with fewer participants believing in equal impact, showing a more nuanced understanding that GBV disproportionately affects women.
6. **Awareness of Support Resources for GBV Victims:**



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- **Pre-Training (Greece & Spain):** High awareness of available support resources, including family, police, and NGOs.
- **Post-Training:** This awareness remained strong, indicating that the training effectively reinforced knowledge of support systems.

7. New Knowledge Acquired:

- **Both Countries:** Respondents highlighted gaining new insights, especially regarding non-physical forms of abuse and the broader societal impacts of GBV.

8. Confidence in Recognizing GBV Signs:

- **Pre-Training:** Not explicitly measured.
- **Post-Training (Greece & Spain):** Increased confidence was reported, with many participants feeling more confident in recognizing signs of GBV.

9. Perception of GBV Severity in the Community:

- **Pre-Training (Greece & Spain):** Varied perceptions regarding the severity of GBV in their communities.
- **Post-Training:** There was an increased recognition of GBV as a serious issue, reflecting heightened sensitivity and awareness post-training.

10. Importance of Educating Children on GBV:

- **Pre-Training (Greece & Spain):** Strong recognition of the importance of educating children on GBV.
- **Post-Training:** This recognition remained high, demonstrating successful reinforcement of this concept through training.

11. Preferred GBV Prevention Strategies:

- **Pre-Training (Greece & Spain):** Emphasized education, victim support, and promoting healthy relationships.
- **Post-Training:** Similar preferences persisted, with an added emphasis on community involvement and promoting gender equality in media.

12. Training Evaluation:



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- **Effectiveness (Greece & Spain):** 76% of respondents across both countries found the training "very effective" in increasing their understanding of GBV.
- **Trainers' Competence:** Participants in both countries rated the trainers highly for their knowledge and engagement.
- **Training Environment:** Generally rated as "excellent" or "good."

13. Additional Feedback:

- **Both Countries:** Respondents appreciated the training and suggested that continued efforts be made to involve more parents and community members in GBV prevention.

4.5. Parents' Training on Gender-Based Violence

The gender-based violence (GBV) training program conducted for parents in both Greece and Spain demonstrated a substantial impact on their knowledge, attitudes, and awareness regarding GBV. This study provided valuable insights into the shifts in parents' perceptions before and after the training sessions, revealing the effectiveness of the program in both countries.

Demographics:

The training primarily engaged a female audience across both Greece and Spain, with women representing over 85% of the participants. This strong female participation highlights the active involvement of mothers in GBV-related education, though it also suggests that future training efforts should focus on increasing male parental participation. Fathers remain underrepresented and could benefit from targeted outreach to ensure they are equally informed and engaged in preventing and addressing GBV within the family setting.

The age distribution shows that the majority of participating parents were in the 35-44 age range, with notable representation from parents aged 25-54. This demographic suggests that middle-aged parents, who are typically more responsible for shaping family dynamics and educating their children, are highly receptive to GBV training. Engaging parents in this age group is critical as they have the potential to influence both their children's understanding of healthy relationships and broader community attitudes toward GBV.



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Pre- and Post-Training Shifts:

The findings indicate that the training program had a significant and lasting impact on parents' understanding and attitudes toward GBV.

1. **Understanding and Recognition of GBV:** Before the training, most parents already had a basic understanding of GBV, recognizing it as encompassing physical, psychological, sexual, and economic abuse. After the training, this comprehension remained consistently high, suggesting that the program effectively reinforced and deepened their knowledge. This reinforcement is crucial for parents, as it equips them to model and teach their children about the various forms of violence that can occur in relationships.
2. **Indicators of GBV:** Parents' ability to recognize key indicators of GBV—such as physical abuse, emotional manipulation, and controlling behavior—was strong both before and after the training. This suggests that the training succeeded in maintaining and enhancing parents' awareness, enabling them to better identify and respond to signs of violence within their family or community.
3. **Impact of GBV on Children:** The training effectively communicated the serious and long-term impacts of GBV on children. Nearly all parents recognized the potential consequences of GBV, such as psychological trauma, behavioral issues, and decreased academic performance, both before and after the training. This continued awareness highlights the importance of educating parents about how GBV affects not only the victims but also the children who may witness or be indirectly affected by such violence.
4. **Perception of Gender Equality in GBV Impact:** One of the most significant shifts observed was in parents' perceptions of how GBV affects men and women. Initially, a considerable number of parents believed that GBV affected both genders equally; however, after the training, fewer parents held this belief. This indicates that the training helped foster a more accurate understanding that GBV disproportionately affects women. This shift is essential for parents to understand the gendered nature



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of violence, which can inform how they talk to their children about gender roles and relationships.

5. **Support Resources for GBV Victims:** Awareness of available support resources for GBV victims was high both before and after the training, showing that parents are well-equipped to seek help for themselves or others. This strong awareness underscores the training's effectiveness in reinforcing the importance of these resources and ensuring parents know where to turn for support in times of need.
6. **New Knowledge and Confidence:** Parents reported gaining new insights from the training, particularly around non-physical forms of abuse and the broader societal impacts of GBV. Additionally, the post-training data indicated an increase in parents' confidence in recognizing GBV signs. This increased confidence is vital, as it suggests that parents now feel more empowered to intervene or offer support when they encounter situations of violence, both within and outside of their homes.
7. **Perception of GBV Severity in the Community:** Parents' perception of the severity of GBV within their communities became more aligned post-training, with greater recognition of GBV as a serious issue. This heightened awareness reflects the success of the training in fostering a deeper understanding of the prevalence and importance of addressing GBV at both the family and community levels.
8. **Education and Prevention Strategies:** The importance of educating children about GBV was strongly recognized by parents both before and after the training. This continued emphasis indicates that the training effectively reinforced the critical role parents play in preventing GBV by educating their children early. Additionally, parents expressed a preference for GBV prevention strategies that focused on education, victim support, and promoting healthy relationships, with an added emphasis post-training on community involvement and media representation.

Training Effectiveness and Evaluation:

Parents across both Greece and Spain found the training program highly effective. A significant majority rated the training as "very effective" in increasing their understanding of



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GBV, and parents were particularly appreciative of the trainers' competence and engagement. The positive evaluation of the training environment further indicates that the program succeeded in creating a supportive and informative space for parents to engage with these sensitive issues.

Conclusion:

The GBV training program for parents in both Greece and Spain successfully achieved its objectives of improving knowledge, awareness, and attitudes toward GBV. The program's effectiveness is evident in the positive shifts in parents' understanding of the comprehensive nature of GBV, their ability to recognize its signs, and their awareness of its impact on children. Parents also reported feeling more confident in identifying GBV and expressed a strong commitment to educating their children on the subject. These findings underscore the importance of continuing such training programs, with an emphasis on reaching both mothers and fathers, to ensure that parents are fully equipped to contribute to the prevention of GBV and the promotion of gender equality within their families and communities.



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5. Findings on Gender Equality Perceptions and Changes

The comparative study conducted as part of the UpCARE project aimed to investigate the perceptions of gender-based violence (GBV) before and after the training of professionals and parents in Greece and Spain. The study also examined the presence of cultural stereotypes related to gender equality and assessed the effectiveness of the training provided. The results from this study are crucial for refining the training model designed for social care professionals and parents, making it adaptable to other social and cultural contexts.

5.1. Sample Description: Greece and Spain

The study sample comprised social care professionals and parents from both Greece and Spain who participated in the gender-based violence (GBV) training program. The pre- and post-training questionnaires were administered to gather comprehensive data on participants' knowledge, attitudes, and perceptions across both countries.

Demographic Breakdown:

- **Total Participants:** 141
 - 39 social care professionals
 - 102 parents (52 from Greece and 50 from Spain)
- **Gender Distribution:**
 - **Female:** 88%
 - **Male:** 12%
- **Age Range:**
 - The majority of participants were aged between 35-44 years, with significant representation from those aged 25-54 years.
- **Educational Level:**
 - Participants were predominantly high school and bachelor's degree holders, with a diverse range of educational backgrounds across both Greece and Spain. Many participants also had higher degrees, especially among the social care professionals.



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5.2. Key Findings and Changes

5.2.1. Perceptions of Gender-Based Violence: Greece and Spain

Before Training:

- **Professionals:**

Many social care professionals, particularly in Greece, expressed uncertainty about their experience with GBV cases. A significant number held the belief that GBV primarily affected women, reflecting traditional gender role perceptions. This perspective was prevalent due to the conventional association of GBV with women's issues. Spanish professionals exhibited similar tendencies, with some hesitation in fully recognizing the broader scope of GBV beyond physical abuse.

- **Parents:**

Most parents from both Greece and Spain demonstrated an awareness of various forms of GBV, including physical, psychological, sexual, and economic abuse. However, there was a tendency, especially among Greek parents, to perceive GBV mainly as a women's issue. Spanish parents also largely viewed GBV as primarily affecting women, but they exhibited slightly more openness to recognizing non-physical forms of abuse, such as emotional and economic abuse.

After Training:

- **Professionals:**

There was a marked improvement in professionals' understanding of the multifaceted nature of GBV. This included a broader recognition of non-physical forms of abuse, such as emotional and economic exploitation. Confidence in handling GBV cases increased significantly, particularly among Spanish professionals, who benefitted from more extensive access to training resources. The shift in perception among both Greek and Spanish professionals reflected a deeper comprehension of how GBV can affect individuals of all genders, moving beyond traditional gender role views.

- **Parents:**

The training led to an expanded understanding of GBV among parents in both Greece and Spain. Parents increasingly recognized the broader implications of GBV,



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including its impact on all genders. This was a significant shift from the pre-training tendency to view GBV primarily as a women's issue. Spanish parents, in particular, displayed a more nuanced understanding of GBV, recognizing emotional and economic abuse as key elements of the issue, while Greek parents showed increased awareness of the diverse forms and victims of GBV.

5.2.2. Perceptions of Gender-Based Violence: Greece and Spain

Before Training:

- **Professionals:**

Many social care professionals, particularly in Greece, expressed uncertainty regarding their experiences with GBV cases. A significant number of them believed that GBV primarily affected women, which reflected traditional gender role perceptions. Spanish professionals, while slightly more familiar with GBV cases, also predominantly viewed GBV as a women's issue. This perception was shaped by the conventional understanding that violence against women was the most prevalent form of GBV, with limited consideration of other forms of abuse or how they might affect different genders.

- **Parents:**

Most parents from both Greece and Spain recognized various forms of GBV, including physical, psychological, sexual, and economic abuse. However, there was a tendency across both groups to view GBV primarily as an issue that predominantly affects women. Greek parents, in particular, adhered to this traditional view, while Spanish parents showed a slightly broader awareness but still largely considered GBV as a women's issue. Both groups had limited exposure to the idea that GBV could impact men or non-binary individuals.

After Training:

- **Professionals:**

Following the training, there was a notable improvement in professionals' understanding of the multifaceted nature of GBV. Professionals from both Greece



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and Spain began to recognize the broader scope of GBV, including non-physical forms such as emotional and economic abuse. Increased confidence in handling GBV cases was observed, particularly among Spanish professionals, who benefitted from access to additional training resources and a greater emphasis on addressing diverse forms of abuse. Both Greek and Spanish professionals demonstrated a more comprehensive understanding that GBV affects individuals across all genders, moving beyond the pre-training focus on women alone.

- **Parents:**

The training significantly expanded parents' understanding of GBV. Both Greek and Spanish parents showed an increased recognition of the broader implications of GBV, including its impact on individuals of all genders. This marked a significant shift from the pre-training perspective, where GBV was largely viewed as a women's issue. Spanish parents, in particular, demonstrated a more nuanced understanding of the different forms of abuse, including emotional and economic abuse, and showed a growing awareness that GBV can affect men and non-binary individuals as well. Greek parents also exhibited this expanded awareness, reflecting a deeper comprehension of the complex nature of GBV and its wide-reaching consequences across society.

5.2.3. Cultural Stereotypes and Gender Equality: Greece and Spain

Before Training:

- **Professionals:**

Cultural stereotypes were deeply entrenched among social care professionals in both Greece and Spain. Many professionals viewed GBV through the lens of traditional gender roles, often assuming that women were the primary victims and that men were unlikely to be affected. This perspective was largely shaped by societal norms and a lack of awareness about the diverse nature of GBV victims, including men and non-binary individuals. Both Greek and Spanish professionals reflected similar



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biases, with limited recognition of how cultural stereotypes contribute to the perpetuation of GBV.

- **Parents:**

Like the professionals, parents in both Greece and Spain also held strong traditional views about gender roles. They often perceived women as the primary victims of GBV, with men viewed mainly as perpetrators rather than potential victims. Cultural stereotypes regarding masculinity and femininity influenced their understanding of GBV, reinforcing the idea that violence in relationships was primarily a women's issue. This limited view was prevalent among both Greek and Spanish parents before the training, shaping their approach to gender roles within their families and communities.

After Training:

- **Professionals:**

The training effectively challenged these entrenched cultural stereotypes among professionals in both countries. In Greece and Spain, professionals began to adopt a broader understanding of gender equality and the diverse nature of GBV victims. The training emphasized the importance of addressing gender stereotypes as a key strategy for preventing GBV. Professionals increasingly recognized that GBV could affect individuals of all genders and that breaking down traditional gender norms was essential for fostering healthier relationships and communities. This shift was particularly notable among Spanish professionals, who demonstrated an increased commitment to promoting gender equality in their work.

- **Parents:**

Parents in both Greece and Spain also showed a marked reduction in their endorsement of traditional gender stereotypes following the training. The program successfully raised awareness among parents about the importance of gender equality and the role that stereotypes play in perpetuating violence. Both Greek and Spanish parents demonstrated a greater understanding of the need for gender equality education, not only for themselves but also for their children. This shift in



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perspective was crucial in encouraging parents to model more equitable gender roles at home and to actively engage in discussions about gender equality within their families and communities.

This broader awareness of gender equality, fostered by the training, contributed to a more inclusive understanding of GBV and the recognition that preventing violence requires challenging and dismantling harmful cultural stereotypes.

5.3. Effectiveness of Training: Greece and Spain

Knowledge and Awareness:

- **Professionals:**

The training significantly improved the knowledge of social care professionals about GBV, its indicators, and its consequences. Both Greek and Spanish professionals reported feeling better prepared to address GBV cases following the training. They demonstrated an enhanced understanding of the various forms of abuse, including physical, emotional, sexual, and economic violence, and how these affect victims. Spanish professionals, in particular, noted an increase in awareness due to more extensive access to training resources, which helped deepen their understanding of GBV dynamics.

- **Parents:**

Parents from both Greece and Spain gained a deeper understanding of the many forms of GBV and its profound impact on children and families. They became more aware of the various resources available to GBV victims, such as support services, legal assistance, and community-based interventions. Spanish parents, who initially showed some understanding of GBV, reported that the training broadened their perspective, helping them recognize the wider societal implications of GBV and the importance of addressing non-physical forms of abuse.

Attitudes and Perceptions:

- **Professionals:**

The training led to a significant shift in professionals' attitudes toward GBV, with both



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Greek and Spanish professionals recognizing it as a serious community issue that requires a comprehensive approach. There was a growing consensus that addressing GBV requires not just reactive measures but proactive strategies, including education, stricter legal measures, and the implementation of robust support systems for victims. Spanish professionals, in particular, expressed a heightened awareness of the need for community involvement and greater collaboration between various social services.

- **Parents:**

Parents' attitudes toward GBV became notably more proactive after the training. Many parents from both Greece and Spain emphasized the importance of early education about gender equality and GBV prevention for their children. They also stressed the need for community awareness programs to help foster a supportive environment that actively works to prevent GBV. The training helped parents shift from viewing GBV solely as a private issue to recognizing it as a broader societal problem that requires collective action.

Confidence in Handling GBV:

- **Professionals:**

There was a marked increase in professionals' confidence in detecting and managing GBV incidents. Those who received more comprehensive training, particularly in Spain, reported feeling significantly more capable of intervening in GBV situations. Greek professionals also reported increased confidence, although some expressed a need for continued education and support to fully integrate the new strategies into their work. Overall, the training improved their ability to assess situations, identify signs of abuse, and provide appropriate interventions.

- **Parents:**

Parents in both Greece and Spain reported feeling more equipped to recognize the signs of GBV and to seek appropriate support for victims. The training enhanced their ability to identify both overt and subtle forms of abuse within their families and communities. Spanish parents, in particular, expressed a stronger sense of



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responsibility in helping prevent GBV by using the knowledge they gained from the training to support others and raise awareness within their communities.

The training program effectively enhanced knowledge, shifted attitudes, and increased confidence in handling GBV cases for both professionals and parents in Greece and Spain. These results underscore the importance of continued education and community engagement to sustain the progress made in addressing and preventing GBV.

5.4. Comparative Insights: Greece vs. Spain

- **Greece:** Greek participants, both professionals and parents, initially exhibited less confidence and preparedness in dealing with GBV cases. This was particularly evident among parents, who held traditional views on gender roles and had limited prior exposure to comprehensive GBV education. The training, however, led to significant improvements in both knowledge and attitudes toward GBV. Parents in Greece became more aware of the different forms of GBV and the importance of addressing it within the family and community context. Despite these positive changes, resource constraints remained a challenge for professionals in fully implementing the knowledge gained during the training, particularly in terms of sustained support and ongoing educational opportunities.
- **Spain:** Spanish participants, both professionals and parents, showed higher initial awareness and confidence in addressing GBV cases compared to their Greek counterparts. This was likely due to better access to GBV training and resources prior to the program. Spanish parents, for instance, had a broader understanding of non-physical forms of abuse and were slightly more prepared to discuss gender equality with their children. Post-training, there was a notable enhancement in both groups' ability to handle GBV cases and to challenge ingrained cultural stereotypes. Spanish professionals, in particular, benefitted from a more robust infrastructure for ongoing support, which facilitated their ability to apply the training in real-world contexts. Spanish parents also demonstrated a stronger shift towards proactive community involvement in GBV prevention and advocacy.



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This comparison highlights that while both Greek and Spanish participants made significant strides in their understanding and handling of GBV post-training, Spanish participants started with and maintained a slight advantage due to better pre-existing resources and training opportunities. Nevertheless, the training was effective across both contexts, helping participants improve their knowledge, confidence, and ability to address GBV.



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6. Limitations of the UpCARE Training Program

1. **Geographic and Cultural Limitations:** The study collected data from parents in both Greece and Spain, providing a cross-cultural perspective. However, the sample size from Spain was slightly smaller than Greece, and although both countries share some cultural similarities, there are distinct societal differences in attitudes toward GBV. These differences may influence the effectiveness of the training program in each setting.
2. **Sample Demographics:** The sample predominantly consisted of female participants across both Greece and Spain. Although this high female participation offers valuable insights, the underrepresentation of male participants limits the study's ability to fully assess the impact of the training on men's perceptions and attitudes towards GBV. A more gender-balanced sample would allow for a comprehensive analysis of how the training affects all demographics, particularly considering the important role men play in GBV prevention.
3. **Self-Reported Data:** The study relied on self-reported data from participants, which can be subject to biases such as social desirability bias and recall bias. Participants may have provided responses they believed were expected or socially acceptable. This limitation affects the accuracy of the reported changes in knowledge and attitudes, making it challenging to measure the true impact of the training on participants' perceptions of GBV.
4. **Short-Term Assessment:** The study primarily focused on the immediate effects of the training program, assessing changes in knowledge and attitudes shortly after the training sessions. While there was a notable improvement in participants' understanding of GBV, the study did not measure the long-term retention of this knowledge or sustained changes in behavior. Long-term follow-up studies are necessary to evaluate whether the training has a lasting impact on participants' attitudes and actions regarding GBV.
5. **Lack of Control Group:** The absence of a control group in the study design limits the ability to attribute the observed changes solely to the training program. Without a



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- control group, it is difficult to determine whether other external factors may have contributed to the shifts in participants' knowledge and attitudes during the study period. Implementing a control group in future studies would strengthen the reliability of the findings.
6. **Variability in Training Delivery:** The training program was delivered by different trainers across Greece and Spain, which may have introduced variability in the quality and consistency of the sessions. Differences in trainers' expertise, engagement levels, and teaching methods could have impacted the overall effectiveness of the training. Ensuring standardized delivery methods and consistent trainer quality would help mitigate this variability in future iterations of the program.
 7. **Resource Constraints:** Limited resources and logistical challenges, particularly in Greece, may have impacted the comprehensiveness of the training. Some participants may not have had access to all the training materials or sufficient follow-up support, which could influence the overall effectiveness of the program. In Spain, the availability of more resources appeared to facilitate better access to comprehensive training, but even there, resource constraints remained a challenge for some participants.
 8. **Focus on Quantitative Data:** The study relied heavily on quantitative data, which provided valuable statistical insights into the impact of the training. However, it did not incorporate as much qualitative data, which could have offered a deeper understanding of participants' personal experiences and perceptions of the training. Integrating qualitative methods, such as interviews or focus groups, would enrich the findings and provide a more nuanced view of the participants' journey through the program.

The UpCARE training program has demonstrated positive results in enhancing participants' understanding of GBV and improving their attitudes and preparedness to address the issue across both Greece and Spain. However, these limitations highlight the need for more balanced and comprehensive approaches in future studies, including more diverse



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demographic representation, long-term impact assessments, and qualitative research. Addressing these limitations will strengthen the reliability and applicability of the findings, ultimately contributing to more effective GBV prevention and intervention strategies across different cultural contexts.



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7. Proposals Based on the Findings

Based on the findings and limitations of the UpCARE training program, several proposals can be made to enhance the effectiveness, reach, and sustainability of the program:

1. **Expand Geographic Coverage:** To ensure the training program's effectiveness across different cultural contexts, it is essential to include participants from diverse geographic locations, particularly from Spain. Conducting similar studies in multiple regions will provide comparative data that can help tailor the training to address specific cultural nuances and societal attitudes towards GBV in various contexts.
2. **Increase Male Participation:** To achieve a more balanced understanding of the training's impact, efforts should be made to increase male participation. Strategies such as targeted outreach, gender-sensitive materials, and male-focused discussion groups can help engage more men in the program. Understanding how the training affects male participants is crucial for a holistic approach to GBV prevention.
3. **Implement Long-Term Follow-Up:** Conduct long-term follow-up studies to assess the retention of knowledge and sustained changes in attitudes and behaviors. This can be achieved through periodic surveys, refresher courses, and ongoing support initiatives. Long-term data will provide insights into the lasting impact of the training and identify areas that require reinforcement.
4. **Establish Control Groups:** Future studies should include control groups to isolate the effects of the training program from other influencing factors. This will enhance the credibility of the findings and provide a clearer understanding of the training's direct impact on participants' knowledge and attitudes towards GBV.
5. **Standardize Training Delivery:** To minimize variability in training delivery, develop standardized training materials and guidelines for trainers. Providing comprehensive training for trainers can ensure consistency in the quality and content of the sessions. Regular evaluations and feedback mechanisms can help maintain high standards and address any discrepancies in delivery.



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6. **Enhance Resource Provision:** Ensure that all participants have access to complete training materials and follow-up support. This includes providing online resources, printed materials, and access to counseling and support services. Enhancing resource provision will help reinforce the training content and support participants in applying their knowledge.
7. **Incorporate Qualitative Data:** Integrate qualitative research methods, such as interviews and focus groups, into the evaluation process. Qualitative data can provide deeper insights into participants' experiences, perceptions, and the contextual factors influencing their responses. This will enrich the understanding of the training's impact and highlight areas for improvement.
8. **Develop Continuous Education Programs:** Design continuous education programs that offer regular updates, advanced training modules, and opportunities for participants to share experiences and best practices. Continuous education will help sustain the positive changes observed and keep participants informed about the latest developments in GBV prevention and intervention.
9. **Promote Community Involvement:** Encourage community involvement and awareness campaigns to complement the training program. Community-based initiatives can create a supportive environment for GBV prevention and promote gender equality. Partnering with local organizations, schools, and media can amplify the reach and impact of the training.
10. **Monitor and Evaluate Impact:** Establish a robust monitoring and evaluation framework to track the implementation and outcomes of the training program. Regular assessments can identify strengths, weaknesses, and areas for improvement. Data-driven decision-making will help refine the training model and ensure its effectiveness and adaptability.

Implementing these proposals based on the findings and limitations of the UpCARE training program will enhance its effectiveness, ensure broader applicability, and sustain positive changes in the understanding and handling of GBV. By addressing the identified gaps and



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continuously improving the training model, UpCARE can make a significant contribution to GBV prevention and the promotion of gender equality in diverse social and cultural contexts.



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8. Ethical Considerations in the UpCARE Training Program

Ethical considerations are paramount in conducting research and implementing training programs, particularly on sensitive issues such as gender-based violence (GBV). The UpCARE training program adhered to various ethical guidelines to ensure the dignity, rights, and well-being of all participants were safeguarded throughout the study.

1. Informed Consent

Principle: Participants must be fully informed about the nature, purpose, and potential impacts of the training and research before agreeing to participate.

Implementation:

- **Clear Information:** Detailed information about the training program and research was provided to all participants in an understandable format, including the objectives, procedures, and potential benefits and risks.
- **Voluntary Participation:** Participation was entirely voluntary, with no coercion or undue influence. Participants were informed of their right to withdraw from the study at any time without any negative consequences.

2. Confidentiality and Anonymity

Principle: Participants' privacy must be protected, and their personal information must be kept confidential.

Implementation:

- **Anonymized Data:** All data collected were anonymized to ensure that individual participants could not be identified. Personal identifiers were removed or coded to protect privacy.



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- **Secure Data Storage:** Data were stored securely, with access limited to authorized personnel involved in the study. Digital data were encrypted, and physical data were stored in locked facilities.
- **Confidential Reporting:** Findings were reported in aggregate form to prevent the identification of individual participants.

3. Sensitivity to Cultural and Social Contexts

Principle: The training program must be culturally sensitive and respect the social contexts of the participants.

Implementation:

- **Cultural Adaptation:** Training materials and methods were adapted to fit the cultural contexts of Greece and Spain, ensuring relevance and sensitivity to local norms and values.
- **Respect for Diversity:** The program acknowledged and respected the diversity of participants, including differences in gender, age, education, and cultural background.
- **Inclusive Approach:** Efforts were made to include diverse groups, especially those who might be marginalized or vulnerable.

4. Minimizing Harm

Principle: The training and research should minimize any potential harm or distress to participants.

Implementation:

- **Safe Environment:** Training sessions were conducted in safe, supportive environments where participants felt comfortable discussing sensitive topics.



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- **Emotional Support:** Participants had access to psychological support and counseling services if discussing GBV topics caused distress.
- **Non-Judgmental Atmosphere:** Trainers and researchers maintained a non-judgmental and empathetic approach, ensuring participants felt respected and supported.

5. Transparency and Honesty

Principle: Researchers and trainers must be transparent and honest in their interactions with participants.

Implementation:

- **Clear Communication:** All communications with participants were clear, truthful, and transparent. Misleading or deceptive information was strictly avoided.
- **Feedback Mechanisms:** Participants were provided with opportunities to give feedback on the training program and their experiences, promoting an open dialogue.

6. Beneficence and Justice

Principle: The training program should aim to benefit participants and ensure fair and equitable treatment.

Implementation:

- **Positive Impact:** The training was designed to have a positive impact on participants' knowledge, attitudes, and ability to handle GBV cases.
- **Equitable Access:** Efforts were made to ensure that the training was accessible to all eligible participants, regardless of their background or circumstances.



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The UpCARE training program was conducted with a strong commitment to ethical principles, ensuring that participants' rights, dignity, and well-being were prioritized. By adhering to these ethical guidelines, the program not only respected and protected participants but also enhanced the credibility and integrity of the research findings. Future iterations of the program will continue to uphold these ethical standards, ensuring responsible and respectful engagement with all participants.



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9. Conclusion

The UpCARE training program has proven to be highly effective in enhancing both the understanding and management of gender-based violence (GBV) among social care professionals and parents in Greece and Spain. This comprehensive training initiative focused on several critical areas that are fundamental to addressing GBV in a holistic manner.

1. Expanding the Definition of GBV: One of the primary achievements of the training was broadening participants' understanding of what constitutes GBV. Prior to the training, many participants had a limited view, often equating GBV solely with physical violence. The training emphasized that GBV encompasses a wide range of abusive behaviors, including psychological, emotional, sexual, and economic abuse. This expanded definition helped participants recognize the diverse manifestations of GBV, making them more vigilant and responsive to various forms of abuse.

2. Challenging Cultural Stereotypes: Cultural stereotypes related to gender roles and expectations are deeply ingrained and can significantly influence perceptions of GBV. The UpCARE training addressed these stereotypes head-on, encouraging participants to critically evaluate and challenge their own biases. Through discussions, case studies, and interactive sessions, the training highlighted how stereotypes perpetuate GBV and hinder effective intervention. Participants reported a shift in their attitudes, showing greater openness to gender equality and a stronger commitment to addressing and preventing GBV in their communities.

3. Enhancing Confidence in Managing GBV Cases: A critical outcome of the training was the marked increase in participants' confidence in handling GBV cases. Initially, many social care professionals and parents felt uncertain about their ability to identify and respond to GBV. The training provided them with practical tools, strategies, and resources, boosting their confidence. They learned how to recognize signs of GBV, provide appropriate support



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to victims, and navigate the legal and social services available. This increased confidence is essential for effective GBV intervention and prevention.

4. Sustaining Positive Changes through Continuous Education: The findings from this study underscore the importance of continuous education and resource provision. The positive changes observed in participants' understanding and attitudes towards GBV are promising, but sustaining these changes requires ongoing effort. Continuous education ensures that professionals and parents remain informed about the latest developments in GBV prevention and response. Additionally, regular access to resources, support systems, and refresher training sessions can help maintain and enhance their skills and knowledge.

5. Informing the Refinement of the Training Model: The insights gained from this study are invaluable for refining the UpCARE training model. Understanding what worked well and identifying areas for improvement will make the training more effective and adaptable. The goal is to create a model that can be easily replicated in various social and cultural contexts, addressing the unique challenges and needs of different communities. The adaptability of the training model is crucial for its broader application and impact.

6. Importance of Awareness Campaigns and Targeted Training Programs: To effectively combat GBV and promote gender equality, continued efforts in awareness campaigns and targeted training programs are essential. Awareness campaigns play a vital role in educating the broader public about GBV, challenging societal norms, and fostering a culture of zero tolerance towards violence. Targeted training programs, like UpCARE, ensure that key stakeholders, such as social care professionals and parents, are equipped with the knowledge and skills needed to support victims and prevent GBV.



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