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IRIDA WOMEN'S CENTER

SHE CHANGE WHITE PAPER

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Abbreviations & Acronyms

For clarity and ease of reference, the following abbreviations are used throughout this white paper:

CoE – Council of Europe

EIGE – European Institute for Gender Equality

EU – European Union

EU GBV Survey – European Union Gender-Based Violence Survey

FRA – European Union Agency for Fundamental Rights

GBV – Gender-Based Violence

GREVIO – Group of Experts on Action against Violence against Women and Domestic Violence

GSEHR - General Secretariat for Equality and Human Rights

GSGEFP – General Secretariat for Demography, Family Policy and Gender Equality (Greece)

KETHI – Research Centre for Gender Equality (Greece)

NGO – Non-Governmental Organization

SheChange – A prevention and protection against gender-based violence project implemented by Irida Women's Center

SOS 15900 – National 24/7 helpline for women victims of violence (Greece)

WHO – World Health Organization

1. Executive Summary

This white paper argues that gender-based violence cannot be effectively addressed through legal alignment or post-incident response alone. To examine this gap between policy frameworks and lived realities, it focuses on the Regional Unit of Thessaloniki as a critical local context within Central Macedonia. Drawing on evidence from #SheChangeSpeak, the paper highlights the need for earlier prevention through the recognition of normalized non-physical violence, safer community-based pathways, and stronger coordination between municipalities, public services, civil society, and local businesses.

Insights from **#SheChangeSpeak** show that many forms of gender-based harm, including controlling behavior, online harassment, verbal humiliation, and other non-physical forms of abuse, are often minimized or normalized in everyday life. These behaviors form part of the broader continuum of gender-based violence and may precede, accompany, or reinforce more severe abuse. Their early recognition is therefore essential for prevention.

Gender-based violence remains a persistent human rights violation across Europe, and Greece is no exception. EU-GBV data indicate that 41.8% of women in Greece have experienced psychological violence, physical violence or threats, and/or sexual violence by an intimate partner (FRA, EIGE, Eurostat, 2024). In Central Macedonia and Thessaloniki, available evidence and frontline experience point to the need for coordinated, locally grounded interventions.

Greece has made significant legislative progress, including the ratification of the Istanbul Convention through Law 4531/2018 and the adoption of Law 5172/2025, which transposes Directive (EU) 2024/1385 on combating violence against women and domestic violence. However, gaps persist between legal frameworks and survivor's lived realities, particularly regarding underreporting, access to specialized support, trauma-informed care, shelter availability, legal guidance, and protection for marginalized or geographically isolated groups.

This paper brings together national and regional evidence, community-based insights from **#SheChangeSpeak**, and Irida Women's Center's frontline experience to identify key policy gaps and propose actionable recommendations. Particular attention is given to women and groups facing intersecting barriers, including refugee and migrant women, Roma women, elderly women, LGBTQ+ people, women with disabilities, and women living outside major urban centers.

By connecting local evidence with national and European policy frameworks, this document proposes practical pathways toward a more coordinated, survivor-centered, and prevention-oriented response to gender-based violence in Thessaloniki and the broader Central Macedonia region.

2. Situation Analysis: National & Regional Overview

2.1 National Context

Gender-based violence remains deeply entrenched in Greek society, despite important advances in legislation and institutional awareness. **EU-GBV data indicate that 41.8% of women in Greece have experienced psychological violence, physical violence or threats, and/or sexual violence by an intimate partner (FRA, EIGE, Eurostat, 2024).** Police-recorded data also confirm that women remain disproportionately affected by domestic violence, while reporting to the authorities remains limited. These figures reflect the persistent impact of stigma, fear of retaliation, mistrust of authorities, and limited confidence in justice and protection mechanisms.

Greece's legal and institutional framework has evolved significantly, particularly through:

- **Law 3500/2006,** which remains the core legislative framework on domestic violence in Greece;
- **Law 4531/2018**, which ratified the Istanbul Convention and introduced related adaptations to Greek legislation, reinforcing Greece's obligations to prevent violence against women, protect survivors, and prosecute perpetrators;
- **Law 4604/2019**, which established a national framework for substantive gender equality and the prevention and combating of gender-based violence;
- **Law 4619/2019,** which introduced the revised Criminal Code, including Article 336 on rape and the role of lack of consent in the legal definition of the offence;
- **Law 5172/2025**, which transposed Directive (EU) 2024/1385 on combating violence against women and domestic violence and introduced additional provisions addressing new forms of violence against women, including technology-facilitated forms of abuse.

41.8% *Of women in Greece have experienced intimate partner violence, including psychological violence.*

75% to 83.9% *Of the people recorded by police in domestic violence cases in Greece were women.*

100-120 *Domestic violence complaints are recorded daily in Greece.*

Despite this progress, important implementation gaps remain. GREVIO's Baseline Evaluation Report on Greece (2023) highlights the lack of rape crisis or sexual violence referral centers, the insufficient number of shelters for women and their children, and the need for stronger, survivor-centered implementation across justice, protection, and support systems. At the national level, GSEHR's latest annual reporting (2026) also points to the continuing need for intersectoral cooperation, adequate shelter capacity, holistic support policies, and systematic data collection to strengthen prevention and protection mechanisms.

Key gaps include:

- limited availability of specialized services for sexual violence;
- insufficient shelter capacity and uneven territorial access to protection;
- the need for more consistent trauma-informed and gender-sensitive responses by frontline professionals;
- barriers faced by women with disabilities, migrant and refugee women, and non-Greek speakers in accessing information, protection, and support;
- gaps in administrative data collection, referral pathways, and follow-up across services.

Greece's state response to gender-based violence is primarily organized through the nationwide Network of Structures for Women Victims of Violence, coordinated by the General Secretariat for Equality and Human Rights (GSEHR) under the Ministry of Social Cohesion and Family. The latest official annual data records 45 Counseling Centers, alongside 20 shelters for survivors and their children and the 24/7 SOS Helpline 15900. These structures provide free information, psychosocial and legal support, employment counselling, referrals, and safe accommodation where needed.

However, the system remains under pressure. GREVIO has highlighted the insufficient number of shelters and gaps in specialized support, while EIGE identifies persistent weaknesses in administrative data collection, including the fact that intimate partner violence is largely absorbed into broader domestic violence statistics and that data on protection orders and justice outcomes remains limited.

The Hellenic Police has expanded its institutional response by establishing 63 specialized Domestic Violence Offices across the country. These offices are responsible for the operational and preliminary investigative handling of domestic violence cases, measures to prevent retraumatizing, and coordination with other competent authorities and services. However, the existence of specialized police structures does not by itself guarantee survivor-centered implementation. Survivors still often require early legal information, safety planning, interpretation, psychosocial support, and trauma-informed assistance before, during, and after reporting.

2.2 Regional Context: Central Macedonia and Thessaloniki

According to the EU-GBV survey implemented in Greece by the National Center of Social Research (2023), 34.4% of women aged 18–74 living in Central Macedonia reported having experienced physical violence, including threats, or sexual violence. Nationally, the same survey shows that reported exposure is higher in urban areas, reaching 42.2%, compared with 28.8% in semi-urban areas and 22.6% in rural areas. These findings are particularly relevant for Thessaloniki, the largest urban center in Northern Greece, where higher population density, public-space exposure, transport use, and social anonymity may shape women's experiences of insecurity.

At the same time, regional access to protection is uneven. While Thessaloniki concentrates a wider range of services, women living in smaller municipalities or more remote areas of Central Macedonia may face fewer nearby specialized services and greater practical barriers to seeking help. Distance, transport costs, limited privacy, fragmented referral pathways, language barriers, financial dependence, and fear of stigma can all discourage disclosure and help-seeking. These barriers are reinforced by persistent social norms that minimize non-physical forms of violence and place responsibility for safety on women themselves.

In Thessaloniki, women exposed to violence can turn to a formal protection ecosystem that includes counselling services, legal aid pathways, shelters for women and their children, and specialized Domestic Violence Offices of the Hellenic Police. This local infrastructure is significant and provides an essential baseline for protection, referral, and emergency response.

However, the presence of services does not automatically guarantee timely, sufficient, or equal access to protection. Survivors may still face barriers related to shelter availability, eligibility criteria, access to specialized legal guidance, coordination between services, fear of retaliation, economic dependence, language and interpretation needs, disability-related accessibility, or the lack of continuous psychosocial support.

For this reason, Thessaloniki should be understood not as a fully adequate protection system, but as a critical regional hub where existing services must be better coordinated, strengthened, and made more accessible to respond to the scale and complexity of violence against women in Central Macedonia.

34.4% *Of adult women in Central Macedonia have experienced a form of GBV.*

1,586 *Reports of domestic violence in Thessaloniki in 2025.*

2.3 Institutional Gaps and Structural Barriers

Despite legal progress, a persistent gap remains between formal guarantees and survivors' ability to access timely, coordinated, and specialized protection in practice. GREVIO has highlighted the lack of rape crisis and sexual violence referral centers in Greece, the insufficient number of shelters for women and their children, and gaps in support for asylum-seeking women, including safe accommodation, quality interpretation, and legal aid. EIGE also points to weaknesses in administrative data collection, including the limited visibility of intimate partner violence within broader domestic violence statistics and the lack of retrievable data on protection orders.

In Central Macedonia, these gaps are intensified by uneven territorial access to services, fragmented referral pathways, and persistent underreporting. Women and groups facing intersecting barriers, including migrant and refugee women, Roma women, LGBTQ+ people, women with disabilities, elderly women, and non-Greek speakers, may encounter additional obstacles linked to language, legal status, mobility, accessibility, financial dependence, social isolation, stigma, or fear of institutional contact.

Key structural barriers include:

- limited availability of specialized support for sexual violence;
- insufficient shelter capacity and uneven access outside major urban centers;
- inconsistent access to legal aid, interpretation, psychosocial support, and disability-accessible services;
- gaps in coordination between police, health, social services, shelters, legal aid providers, and civil society actors;
- weak administrative data systems and limited monitoring of referrals, protection outcomes, and unmet needs;
- continued reliance on civil society organizations to absorb gaps in the state response, often without stable, multi-year funding;
- limited investment in prevention, early identification, and community-based intervention.

As a result, many survivors remain underrepresented in official data and may be unable to access protection before violence escalates.

Therefore, addressing GBV in Central Macedonia requires more than legal alignment. It requires coordinated service pathways, sustainable funding, systematic data collection, accessible design, and prevention mechanisms that are rooted in the realities of women's lives across both urban and non-urban settings.

3. Case Study: IRIDA - SheChange

Irida Women's Center is the first and sole women-led safe community center in Northern Greece, dedicated to protecting socially and economically vulnerable women, including survivors and women at risk of gender-based violence. Rooted in daily frontline work, Irida provides social services, legal assistance and court representation, mental health and psychosocial support, and community-based prevention through a trauma-informed approach. Responding to women's immediate needs and tackling the barriers that undermine their safety and wellbeing, Irida provides direct support and drives broader action to help women move from crisis and insecurity toward safety, dignity, agency, and lasting stability.

SheChange: Combating Gender-Based Violence in Thessaloniki focuses on preventing and combating the perpetual cycle of gender-based violence, raising public awareness regarding the multiple forms of gender violence, battling misconceptions and stereotypes, and contributing to creating a safer and more inclusive local community for all genders in Thessaloniki.

Implemented as one of the pillars of the SheChange project, the ***#SheChangeSpeak*** campaign focuses on public awareness and community engagement, complementing Irida's direct survivor support services and contributing crucial insights that informed this white paper's development.

Protection, prevention, community awareness and engagement are the 3 primary objectives of the project, which collectively demonstrate how local efforts can support and influence national GBV policies. More specifically:

O1: Provide 300 women exposed to gender-based violence with direct and individualized gender-sensitive, trauma-informed, and culturally aware protection services in our safe community center.

Activities under this objective focus on comprehensive, trauma-informed casework. Women receive individual assessments, safety planning, and emergency assistance, including temporary accommodation, safe transport, medical referrals, and access to social benefits. Where necessary, Irida's team escorts survivors to police stations, facilitates referrals to state or municipal shelters, and cooperates with public services to ensure coordinated protection.

Legal aid and court representation are provided, and survivors receive psychological first aid and counseling.

Interpretation services guarantee accessibility for refugee and migrant women, while long-term exit plans support their recovery and reintegration.

O2: Increase Public Awareness regarding the multiple forms of gender-based violence and battle misconceptions and stereotypes through a targeted, interactive, ongoing campaign.

The awareness campaign ***#SheChangeSpeak: Thessaloniki Raises Its Voices Against Gender-Based Violence*** sought to shift local perceptions and encourage open dialogue on gender-based violence. Through social media content, visual storytelling, and live photography from Thessaloniki, the campaign gives visibility to usually overlooked forms of violence such as emotional, digital, and economic abuse.

Through QR-coded surveys and interactive tools in universities, community centers, and local businesses, public engagement is strengthened, generating valuable community insights later used in this white paper.

Consultations with local authorities and civil society actors ensure the campaign reflects real community needs and promotes collaboration.

Overall, #SheChangeSpeak helps redefine GBV as a shared social issue, highlighting the importance of prevention and collective responsibility.

O3: Develop a network of local businesses to enable them to provide basic information and assistance to individuals who are victims or at risk of gender-based violence while acting as temporary safe spots until the relevant official actors arrive to undertake the case.

Irida establishes a network of 50 local businesses across Thessaloniki that are trained to act as Safe Spots. The Safe Spots network enables trained local businesses to act as accessible first points of information, immediate safety, and referral. Their role is not to manage cases, but to offer discreet initial support, facilitate safe contact with specialized services, and, where appropriate and requested, support contact with competent authorities.

Participating businesses receive training on how to respond safely and appropriately, provide basic information, offer immediate support, and refer women to relevant services and authorities when needed. Each participating location displays a visible Safe Spot badge, helping women and the wider public identify spaces where they can seek initial support in a discreet and stigma-free way.

The initiative also uses printed and digital communication materials to increase the visibility of the network, strengthen community awareness, and promote the role of local businesses in preventing and responding to gender-based violence.

4. Impact and Broader Relevance

Together, these three components positioned SheChange not only as a protection and prevention initiative, but also as a source of locally generated evidence on how gender-based violence is recognized, normalized, and experienced in everyday life. The campaign's public engagement tools created an entry point for documenting community perceptions and forms of harm that often remain underreported or invisible in official data. The following section presents the key insights generated through this participatory process and explains their relevance for local and regional policy.

As part of #SheChangeSpeak, Irida conducted an anonymous online participatory survey between May and December 2025. The survey aimed to capture experiences and perceptions of forms of gender-based violence that are often normalized, minimized, or excluded from formal reporting mechanisms, but which shape the sense of safety, autonomy, and freedom of movement in everyday life.

The survey received 155 responses through dissemination via community networks, social media, and local partners. **The sample was self-selected and predominantly female (91.6% women) and young, with respondents aged 18–24 and 25–34 representing 75.5% of the total sample.** Most respondents lived in urban areas (83.2%), while 14.8% reported migration experience or non-Greek citizenship and 14.8% identified as non-heterosexual.

These characteristics are essential for interpreting the findings. The survey should not be read as representative of the general population or as population prevalence data for Thessaloniki. Rather, it should be understood as participatory, community-based evidence reflecting the reported experiences of a predominantly young, urban, female sample. All percentages refer to respondents within this sample, and subgroup comparisons should be interpreted as descriptive and exploratory, particularly where subgroup sizes were small. Within this scope, the findings provide valuable insight into how normalized forms of gender-based violence are experienced, recognized, and navigated in everyday life.

Demographic Characteristics

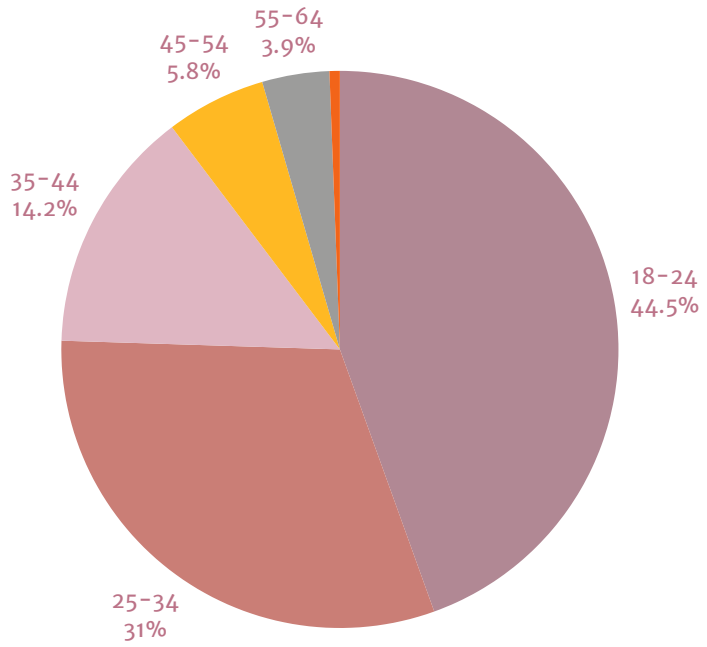
It is crucial to highlight the participants' demographic characteristics, as they provide essential context for interpreting the findings and understanding the social environments in which these experiences occur.

Gender

The sample was predominantly female **(91.6% women)**, meaning that the findings primarily reflect women's reported experiences and perceptions of gender-based violence. As male and non-binary respondents were represented in small numbers, any comparisons across gender groups should be interpreted with caution and treated as descriptive rather than statistically conclusive. At the same time, the female-dominant composition of the sample is consistent with the campaign's target population and with wider evidence showing that women are disproportionately affected by many forms of gender-based violence, particularly intimate partner violence, domestic violence, and sexual harassment.

Age Distribution

The concentration of respondents in the **18-34 age group** (**75.5%**) is particularly significant. Young adulthood is a developmental stage characterized by **high social mobility**, **active participation** in **education** and the **labour market**, and **intense digital engagement**. These factors increase **exposure** to both **public-space harassment** (e.g., offensive messages) and **coercive control behaviors, and** may therefore partly reflect the social and relational environments typical of this age cohort. The findings suggest that gender-based insecurity is embedded in the everyday social interactions of young urban women.



Geographical distribution

- **Urban areas:** ~83%
- **Peri-urban areas:** ~10%
- **Rural/semi-rural areas:** ~6%

The sample was predominantly urban, with 83.2% of respondents living in urban areas, approximately 10% in peri-urban areas, and approximately 6% in rural or semi-rural areas. This urban concentration is important for interpreting the findings, particularly those related to public-space insecurity, route changes, and unwanted contact.

The findings should therefore be understood primarily as reflecting experiences within urban everyday life, where mobility, public visibility, transport use, and movement through shared spaces can shape how gender-based insecurity is experienced and managed. At the same time, this does not suggest that gender-based violence is an exclusively urban phenomenon. Rather, the survey captures how certain forms of insecurity are reported by a predominantly young, urban sample, while experiences in rural and semi-rural areas may remain less visible within this dataset.

Migration background

Approximately **14.8%** of respondents identified as migrants or non-Greek nationals. While the present survey did not directly assess institutional access, reporting behavior, or language-related barriers, existing research consistently highlights that migration status may intersect with gender in shaping vulnerability and access to protection mechanisms. Within this dataset, no measurable differentiation in exposure patterns emerged based on migration background. However, the inclusion of migrant participants underscores the importance of maintaining an intersectional analytical lens when interpreting gender-based insecurity.

Sexual Orientation

Most participants identified as heterosexual (85.2%), while 9.7% identified as bisexual, 4.5% as gay or lesbian, and 0.6% as pansexual. Overall, 14.8% of respondents identified as bisexual, gay/lesbian, or pansexual.

Respondents in this group reported comparatively higher exposure to certain forms of verbal harassment and digital abuse, especially incidents involving sexualized, offensive, or derogatory language. Due to the small subgroup size, these patterns should be interpreted as descriptive and not statistically conclusive. Nevertheless, they indicate that sexual orientation remains relevant for understanding how gender-based violence and harassment may be experienced, expressed, and targeted in everyday life.

The findings therefore support an intersectional reading of the survey results. Gender-based insecurity is not experienced uniformly, but may be shaped or intensified by other forms of stigma and exclusion, including those linked to sexual orientation.

Structure of the Questionnaire

Responses were organized into five thematic axes, each capturing different aspects of everyday violence and insecurity:

1. **Everyday Insecurity**
2. **Digital and Verbal Harassment**
3. **Relationship Control and Psychological Abuse**
4. **Physical and Threatening Behaviors**
5. **Intersectional Realities**

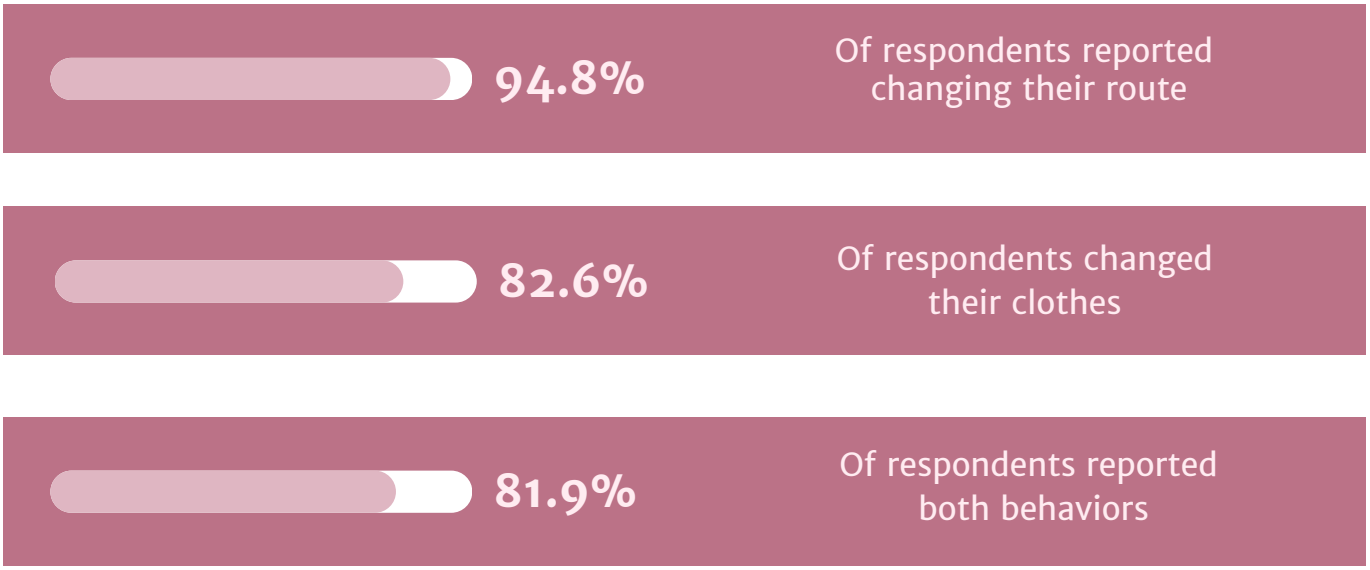
This framework made it possible to understand in depth how fear, coercion, and control manifest in a variety of settings, including private relationships and public spaces, and how they relate to gender, migration, and socioeconomic status.

Everyday Insecurity

Within the survey sample, route changes due to fear were reported at a very high rate **(94.8%),** while **82.6%** of participants reported changing their clothes because of safety concerns. In addition, **81.9% reported both behaviors**. Among women respondents, all those who reported changing their clothes also reported changing their route, suggesting that precautionary behaviors often overlap rather than occur in isolation.

These findings indicate that safety is experienced not as a given condition, but as something that is actively negotiated in everyday life. Participants did not report single, isolated adjustments; rather, many described multiple forms of self-regulation, affecting both movement through public space and personal appearance.

This convergence suggests a pattern of anticipatory self-protection, where perceived risk leads individuals to adjust where they go, how they move, and how they present themselves in order to reduce potential exposure to harassment or harm. In this sense, the findings point to a broader social problem: responsibility for safety is often shifted onto women themselves, rather than being addressed through effective prevention, public accountability, and safer environments.



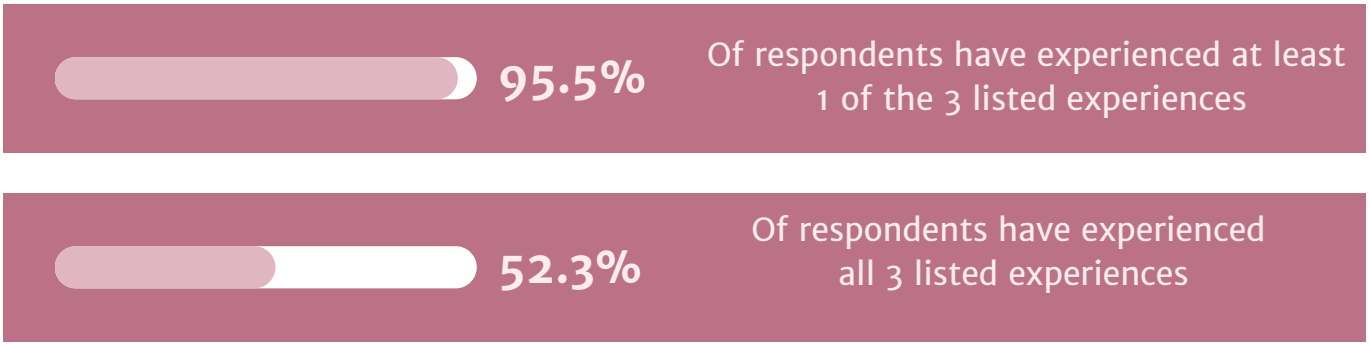
Digital and Verbal Harassment

A very high proportion of respondents **(95.5%)** reported at least one of the three listed experiences: offensive or threatening messages, sexual comments or jokes, and comments on appearance or clothing. More than half of participants **(52.3%)** reported all three. This overlap suggests that digital and verbal harassment were not experienced as isolated incidents but rather as repeated and interconnected forms of exposure.

According to EIGE, sexual harassment includes unwanted verbal, non-verbal, or physical conduct of a sexual nature that violates a person's dignity and creates an intimidating, hostile, degrading, humiliating, or offensive environment. Within this framework, the reported experiences reflect forms of conduct that are institutionally recognized as part of the broader spectrum of gender-based violence.

When examined by sexual orientation, respondents who identified as bisexual, gay/lesbian, or pansexual reported higher rates across several indicators. For example, unwanted physical contact was reported by **82.6%** of respondents in this group, compared with 75.0% of heterosexual respondents. **Similarly, offensive or threatening digital messages were reported by 73.9% of respondents who identified as bisexual, gay/lesbian, or pansexual, compared with 62.1% of heterosexual respondents.**

These differences were not statistically robust after correction for multiple comparisons and should therefore be interpreted with caution. However, the consistently higher reported rates among respondents who identified as bisexual, gay/lesbian, or pansexual suggest a directional pattern of elevated exposure that should be further explored in larger samples.



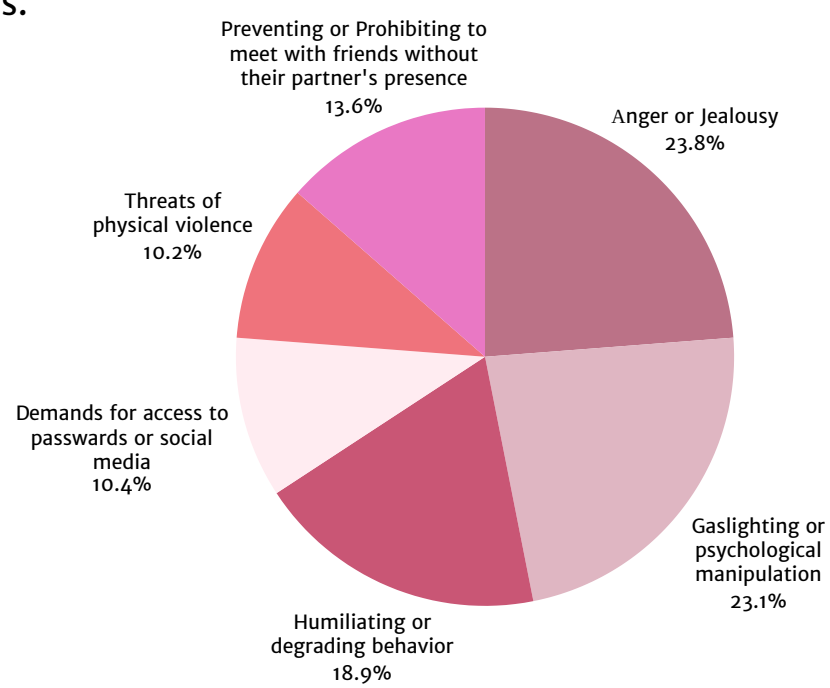
Relationship Control and Psychological Abuse

The most frequently reported indicators in this category were jealousy or anger by a current or former partner **(69.0%)**, gaslighting or psychological manipulation **(67.1%)**, and humiliating or degrading behavior **(54.8%).** More explicit forms of coercive control, such as prohibiting or preventing them from meeting their friends unless their partner was present, demands for access to passwords or social media accounts **(30.3%),** and threats of physical violence **(29.7%)**, were reported less frequently but remain particularly serious due to their direct link with intimidation, control, and risk escalation.

Overall, **83.9% of respondents reported at least one of the six relationship control or psychological abuse indicators**. This finding suggests that non-physical forms of abuse are not peripheral experiences, but constitute a central part of how gender-based violence may be experienced within intimate or former intimate relationships.

It is important to note that these figures refer to the total survey sample, as the questionnaire did not apply an "ever-partnered" filter. The findings should therefore be interpreted as the proportion of all respondents who reported having experienced these behaviors from a current or former partner, rather than as prevalence among only those who have ever been in an intimate relationship.

Women reported higher rates across most indicators. However, due to the small number of male and non-binary respondents, these differences should be interpreted with caution and treated as descriptive rather than statistically conclusive. The data indicate a directional pattern of higher reported exposure among women, but do not allow firm conclusions about differences between gender groups.



Physical and Threatening Behaviors

Deliberate following and unwanted physical contact were among the most frequently reported forms of physical intrusion in the survey. Unwanted physical contact was reported by **76.1% of respondents**, while **61.3% reported** having been deliberately followed. **More than half of the sample (54.2%)** reported both experiences, indicating that these forms of boundary violation often overlap rather than occur as isolated incidents.

These findings show that everyday insecurity is not limited to fear or perception of risk, but is also linked to concrete experiences of physical intrusion, unwanted proximity, and violation of personal boundaries. The co-occurrence of deliberate following and unwanted physical contact suggests a pattern of repeated exposure that can restrict how individuals move through and occupy public spaces. **Women reported higher rates of unwanted physical contact (78.9%) compared with men (50.0%)**. Deliberate following was reported by 62.7% of women and 91.7% of men; however, this latter figure should be interpreted with particular caution due to the very small number of male respondents (n=12), where even minor numerical differences can substantially affect percentages.

When examined by sexual orientation, respondents who identified as bisexual, gay/lesbian, or pansexual reported higher rates of unwanted physical contact (82.6%) compared with heterosexual respondents (75.0%). No consistent differentiation was observed by migration background. Given the small subgroup sizes and the descriptive nature of the survey, these differences should not be treated as statistically conclusive. However, they point to patterns that warrant further investigation in larger samples.

Intersectional Realities

The sample includes subgroups that may face intersecting barriers, particularly respondents with a migration background (14.8%) and respondents who identified as bisexual, gay/lesbian, or pansexual (14.8%). Following correction for multiple comparisons, subgroup differences were not statistically robust. However, the absence of statistical significance should not be interpreted as absence of inequality.

Directional patterns were observed across several indicators. **Respondents who identified as bisexual, gay/lesbian, or pansexual reported higher rates of unwanted physical contact (82.6%, compared with 75.0% among heterosexual respondents) and offensive or threatening digital messages (73.9%, compared with 62.1% among heterosexual respondents).** Although these differences did not remain statistically robust, their consistent direction across indicators suggests a potential pattern of elevated exposure that warrants further investigation in larger samples. Smaller variations were also observed by migration background, but these were not statistically confirmed within the present dataset. Given the size of the relevant subgroups, limited statistical power may have constrained the ability to detect moderate differences.

European evidence consistently shows that gender-based violence intersects with structural factors such as migration status and sexual orientation, shaping both exposure and reporting dynamics. Within this broader context, the present findings highlight gender as the most clearly structured axis of exposure in this sample, while intersectional dimensions remain analytically relevant and policy-sensitive.

Cumulative exposure to multiple experiences

The findings point to a cumulative pattern of exposure that goes beyond individual indicators. **Across all 13 indicators, participants reported an average of 8.35 "Yes" responses, suggesting that experiences of gender-based insecurity were rarely limited to single or isolated incidents. Notably, 15.5% of respondents reported 12 or more indicators, while 38.7% reported 10 or more.**

These figures suggest that, within this sample, gender-based insecurity functions as a layered and recurrent experience rather than as a series of disconnected incidents. The clustering of multiple indicators among the same respondents strengthens the interpretation of cumulative exposure and highlights how different forms of harassment, control, fear, and boundary violation may overlap in everyday life.

Community Evidence and Broader Relevance

Beyond the survey findings, the practical implementation of **#SheChangeSpeak** demonstrates the campaign's broader community and policy relevance. Throughout its implementation, the campaign reached an estimated 3,000 individuals through digital content dissemination, campaign posters displayed across Thessaloniki, and the circulation of the questionnaire through online tools, in-person events, and community-based activities.

In parallel, **the SheChange project** provided direct protection support to approximately 300 women, including trauma-informed case management, psychological support, legal assistance and court representation, and referrals to emergency services where needed.

At the community level, the initiative established a dynamic network of 50 local businesses operating as Safe Spots. These locations created accessible and discreet entry points for basic information, immediate support, and referral to specialized services and competent authorities. Together, these actions contributed to increased community awareness, expanded local protection pathways, and strengthened cooperation between civil society, local actors, and the private sector.

Through the Safe Spots network, Irida created visible and community-based channels through which women can seek initial guidance and support in familiar, non-stigmatizing spaces. This model represents an innovative structured collaboration in Thessaloniki between civil society, local businesses, and community actors in the prevention and response to gender-based violence.

The campaign also highlights the policy value of locally generated data. By linking anonymous community-based insights with field experience and institutional dialogue, **#SheChangeSpeak** helped identify gaps between lived realities and existing protection frameworks.

Ultimately, the campaign illustrated that prevention should begin at the community level, where awareness, accessibility, referral pathways, and shared accountability intersect. The policy recommendations that follow are informed by this intersectoral experience, translating community participation and local evidence into actionable policy directions for Thessaloniki, Central Macedonia, and beyond.

5. Policy Recommendations

The following recommendations are informed by Irida Women's Center's frontline experience, #SheChangeSpeak community-based evidence, and the policy gaps identified throughout this white paper. They aim to bridge the persistent divide between law and lived experience, turning research findings, survivor perspectives, and community insight into actionable policy directions. They present viable actions for a coordinated, prevention-focused response to gender-based violence locally, regionally, and nationally, arranged by stakeholder and urgency.

A. LOCAL & REGIONAL AUTHORITIES (MUNICIPALITIES, REGION OF CENTRAL MACEDONIA)

Urgency	Recommendation	Expected Results
Immediate	Launch sustained municipal awareness campaigns on normalized forms of GBV, including street harassment, digital abuse, coercive control, verbal humiliation, and economic abuse.	Increased public recognition of non-physical and early forms of violence before escalation.
Immediate	Strengthen and expand the Safe Spots model through municipal coordination.	More accessible community-based pathways for women to seek guidance and support in familiar, non-stigmatizing spaces.
Medium	Develop a gender-sensitive urban safety plan informed by women's reported experiences of public-space insecurity.	Public spaces that better reflect women's lived experiences of insecurity and reduce the burden of self-protection.
Medium	Establish inter-municipal GBV coordination mechanism across the Regional Unit of Thessaloniki of Thessaloniki.	Stronger cooperation across the Regional Unit of Thessaloniki of Thessaloniki with fewer gaps between services, especially for women moving across municipalities.
Long-term	Create a Regional GBV Observatory or data coordination function in the Regional Unit of Thessaloniki of Thessaloniki to collect anonymized regional data, map service gaps, monitor referrals and unmet needs, and publish annual regional learning briefs.	Better evidence for regional planning, funding decisions, prevention strategies, and accountability.

B. National Government & Legal Framework

Urgency	Recommendation	Expected Results
Immediate	Standardize trauma-informed GBV training for frontline professionals, including police officers, healthcare providers, educators, social workers, and municipal staff.	More consistent survivor-centered responses across first-contact points and reduced risk of secondary victimization.
Immediate	Strengthen national referral protocols between police, health services, shelters, legal aid providers, social services, and specialized NGOs.	Better coordination across services and safer, faster referral pathways for survivors.
Medium	Integrate age-appropriate GBV, consent, digital safety, and healthy relationship education into secondary and higher education settings.	Earlier recognition of non-physical violence, harmful norms, and coercive behaviors among young people.
Medium	Establish sustainable multi-year funding mechanisms for specialized NGOs providing trauma-informed protection, legal aid, psychosocial support, and community prevention.	Greater continuity of essential services, reduced organizational burnout, and more stable support for survivors.
Long-term	Embed intersectionality in national GBV strategies by ensuring accessible information, inclusive referral pathways, and targeted support for marginalized groups.	More equitable access to protection for Roma women, LGBTQ+ people, women with disabilities, elderly women, and non-Greek speakers.

C. Civil Society

Urgency	Recommendation	Expected Results
Immediate	Expand safe and facilitated peer-support spaces for women affected by GBV, with clear safeguarding, confidentiality, and referral protocols.	Stronger community resilience, reduced isolation, and safer pathways for women to access support beyond one-to-one services.
Immediate	Co-develop awareness and prevention materials with municipalities, using community-based data and insights from #SheChangeSpeak.	Local outreach that reflects women's lived realities and improves recognition of normalized and non-physical forms of violence.
Medium	Develop shared, anonymized data and learning protocols between specialized NGOs and local/regional authorities.	Better continuity of evidence between frontline services and public authorities, while protecting confidentiality and personal data.
Long-term	Institutionalize safe, voluntary, and supported participation of survivors in public dialogue local and national policy dialogue.	Survivor-informed policy design that avoids tokenism and ensures that lived experience contributes meaningfully to reform.

D. Private Sector (Local Businesses, Employers, Chambers of Commerce)

Urgency	Recommendation	Expected Outcomes
Immediate	Expand private-sector participation in the Safe Spots network through standardized GBV awareness training and safeguarding guidance.	More trusted and accessible community-based entry points where women can seek initial guidance, support, and referral in familiar spaces.
Medium	Develop workplace policies and internal referral pathways for employees experiencing GBV, harassment, or coercive control.	Safer workplaces where employees know how to seek support confidentially and employers respond consistently and appropriately.
Medium	Create a voluntary "Gender-Safe Workplace" framework for local employers, in cooperation with specialized NGOs and chambers of commerce.	Stronger corporate responsibility and practical prevention standards across local businesses and workplaces.
Long-term	Build sustained partnerships between businesses, municipalities, and specialized NGOs to support community prevention and survivor access to services.	A more coordinated local prevention ecosystem where the private sector contributes beyond one-off campaigns or symbolic support.

E. Public Health & Education Systems

Urgency	Recommendation	Expected Results
Immediate	Train healthcare and education professionals to recognize signs of psychological, sexual, digital, and domestic violence and refer safely to specialized services.	Earlier identification of GBV and safer referrals before violence escalates or remains hidden.
Medium	Integrate GBV prevention, consent, digital safety, and healthy relationship education into school, university, and youth settings.	Increased awareness among young people and stronger prevention of normalized forms of violence, control, and harassment.
Medium	Establish clear referral pathways between schools, universities, healthcare providers, municipal services, police DV Offices, shelters, and specialized NGOs.	Better coordination when GBV is identified in education or health settings and reduced risk of cases being left without follow-up.
Long-term	Include survivor-informed and trauma-informed GBV content in the training of medical, psychology, social work, education, and law professionals.	A future professional workforce better equipped to recognize, respond to, and prevent gender-based violence across systems.

These recommendations outline a roadmap for sustainable, evidence-based reform that connects local practice with national policy.

Thessaloniki can create a model where gender equality is functional rather than aspirational by establishing prevention in education, protection in coordination, and empowerment in participation.

6. Call to Action

The prevention of gender-based violence requires more than acknowledgment; it demands commitment, coordination, and continuity. Irida's fieldwork, the SheChange project, and the #SheChangeSpeak campaign have produced insights that have highlighted areas of persistent gaps and suggested solutions.

Institutions are responsible for integrating these lessons into funding, policy, and daily operations as the next step.

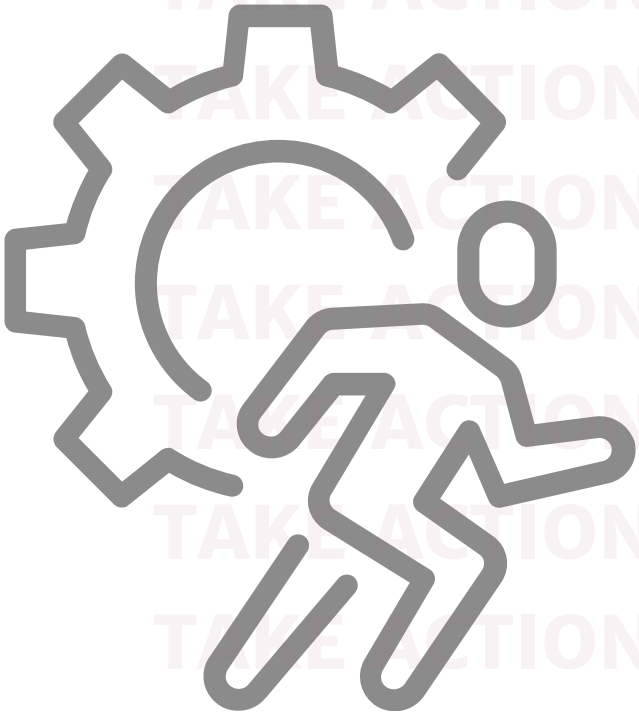
Local and regional authorities must ensure that protection mechanisms are accessible and responsive.

National bodies must sustain funding, collect consistent data, and uphold legislative alignment with the Istanbul Convention.

Civil society must continue to innovate, document, and advocate.

The **private sector** must recognize its role in shaping safer, more inclusive workplaces and communities.

Collective accountability, or a shared framework where all stakeholders behave both within and outside of their comfort zones, is what this paper advocates. A coordinated approach that prioritizes equality and safety over individual projects will bring about significant change.



Zero tolerance for gender-based violence necessitates institutional, cultural, and structural change in addition to legislative alignment. The results of the #SheChangeSpeak case study and the policy analysis in this report demonstrate that gender-based insecurity in Thessaloniki is systemic rather than episodic.

The survey data demonstrate that exposure is cumulative and multi-layered. Participants reported overlapping experiences of harassment, coercive control, digital abuse, and boundary violations. Gender-based violence, therefore, cannot be understood as a sequence of isolated incidents but as a patterned condition shaped by repetition, normalization, and structural tolerance. Fragmented, incident-based responses are insufficient when lived experience reflects continuous exposure.

The normalization of anticipatory self-regulation- route changes, clothing adjustments, behavioral monitoring- reveals a structural shift of responsibility for safety from institutions to individuals. When precaution becomes routine, institutional prevention mechanisms are already inadequate. Effective structural prevention must therefore address environmental design, accountability systems, and social norms, rather than relying primarily on post-incident intervention.

The findings also underscore the persistence of non-physical forms of violence. Psychological control, digital harassment, and verbal abuse are deeply embedded in relational and public interactions. Although often socially minimized and legally under-enforced, these forms operate as foundational components within the broader continuum of abuse. Policy frameworks must explicitly recognize coercive control and non-physical violence as central, not peripheral, dimensions of gender-based harm.

Gender emerges as the most stable axis of exposure within the dataset. At the same time, intersectional patterns, particularly among sexual minority participants, suggest directional gradients of vulnerability. Even where statistical confirmation is limited, the evidence indicates that formal equality of protection does not necessarily translate into equality of lived experience.

The demographic profile of respondents shows that gender-based insecurity is embedded in the everyday lives of young, urban women engaged through the campaign, including in educational, occupational, digital, and public environments. This challenges narratives that confine gender-based violence to marginal or “exceptional” contexts.

The participatory methodology, survivor outreach, and Safe Spots network illustrate how locally generated evidence can inform institutional design and national policy. By documenting normalized and underreported kinds of harm, community-based data supplements official statistics rather than replacing them.

Sustainable progress requires intersectoral coordination, community involvement in decision-making, and a transition from reactive crisis management to proactive prevention. Continuous monitoring, transparent evaluation, and equitable resource allocation are essential to ensure that commitments translate into measurable safety outcomes.

This white paper calls for collective accountability: a shared framework in which public institutions, civil society, communities, and the private sector each assume a clear role in preventing and responding to gender-based violence. Meaningful change requires moving beyond isolated projects toward coordinated systems that prioritize safety, equality, and long-term prevention.

For a world where no woman is left behind and where violence against women is prevented before it occurs.

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SheChange White Paper

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