



Reducing and Preventing Violence Against Women in Syria

Digital Development Dialogue (3D)
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Gender-based violence (GBV) remains a critical challenge in fragile and conflict-affected settings. This session of the Digital Development Dialogue focused on how development actors can integrate GBV prevention into broader programming by drawing on the example of Syria. The seminar featured **Sahar El Hachem** (Foreign, Commonwealth and Development Office, FCDO) and **Ghassan Baliki** (International Security and Development Center, ISDC), who provided complementary insights from field-level program design and rigorous impact evaluation.

Sahar El Hachem began the session with a detailed overview of GBV in the Syrian context. After over a decade of conflict and displacement, the country remains divided along political and institutional lines, and social norms vary widely between regions. Women and girls face multiple forms of violence, including early marriage, sexual exploitation, and intimate partner violence (IPV), which are often intensified by economic dependency and the absence of institutional protections. In response, the UK Foreign, Commonwealth and Development Office (FCDO) launched a pilot initiative in 2022 to integrate GBV prevention into its existing livelihood support programs. Operating in three regions—rural Damascus, Homs, and northwest Syria—the initiative aims to strengthen resilience among vulnerable populations, particularly female-headed households, by combining agricultural support and small business development with targeted social interventions.

El Hachem emphasized that GBV prevention in fragile contexts requires context-sensitive, multi-level strategies. The program's preparation phase included intensive partner training and region-specific mapping of violence drivers. Based on these findings, the team selected safe and accepted entry points tailored to local circumstances. In more conservative areas, for example, activities were adapted to include separate sessions for men and women and community-based referral systems. The program sought to involve not only women but also men, boys, and influential community figures such as religious leaders, to promote broader social acceptance and ownership. The integrated program design aimed to address root causes of violence—such as gender norms and social exclusion—while ensuring that implementation remained culturally grounded and responsive to feedback from participants and local partners.

Ghassan Baliki followed with a presentation of an ongoing randomized controlled trial (RCT) conducted in Syria. The study investigates whether combining economic empowerment with a structured couples curriculum can reduce IPV. Around 600 couples were recruited across 30 villages, all of whom receive support in the form of training and conditional cash transfers. Half of the participants were randomly assigned to also take part in the “Inua” curriculum—21 interactive sessions covering gender equality, power dynamics, non-violent communication, and joint decision-making within households.

Baliki highlighted that baseline data reveals a high prevalence of IPV among participants, with more than 75% of women reporting experiences of emotional, economic, or physical violence. Strikingly, there are large discrepancies in how men and women reported such experiences—particularly in cases of economic violence—indicating that perceptions and willingness to report differ significantly by gender. The study also shows that women already participating in income-generating activities are more likely to face violence, suggesting that economic empowerment alone may not lead to improved outcomes and might, in certain contexts, increase tensions in the household. These findings reinforce the relevance of a combined approach that targets both economic and relational dimensions of empowerment. The study uses additional tools, such as list experiments and measures of second-order beliefs (perceptions of community norms), to improve the reliability of reporting and better understand social attitudes.

In the Q&A session, participants engaged in a lively discussion on ethical challenges, program design, and implementation strategies. Questions focused on how to reach the most vulnerable populations without increasing risk, how to avoid selection bias, and how to ensure sustainability. El Hachem explained that the program relies on multiple trusted entry points—such as mobile clinics, community groups, and women's safe spaces—to reach participants without exposing them to further harm. She noted that the program had adapted over time in response to community feedback—for example, by offering individual sessions and involving fathers in parenting discussions to indirectly address the situation of girls. Baliki elaborated on how the study team worked with local partners to ensure safeguarding, and how the impact evaluation will assess both immediate and longer-term outcomes through follow-up surveys.

Both speakers emphasized the importance of contextual adaptation and local ownership. While external support is essential, long-term success depends on building trust, promoting inclusive engagement, and ensuring that interventions are both flexible and grounded in lived realities.

The seminar concluded with a shared understanding that sustainable progress against GBV in fragile contexts requires more than isolated interventions. Instead, it calls for systematic, evidence-based approaches that combine economic opportunity with social norm change and that empower communities as co-implementers of long-term solutions.

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