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CAO's Survivor-Centered Approach to Gender-Based Violence Case Management

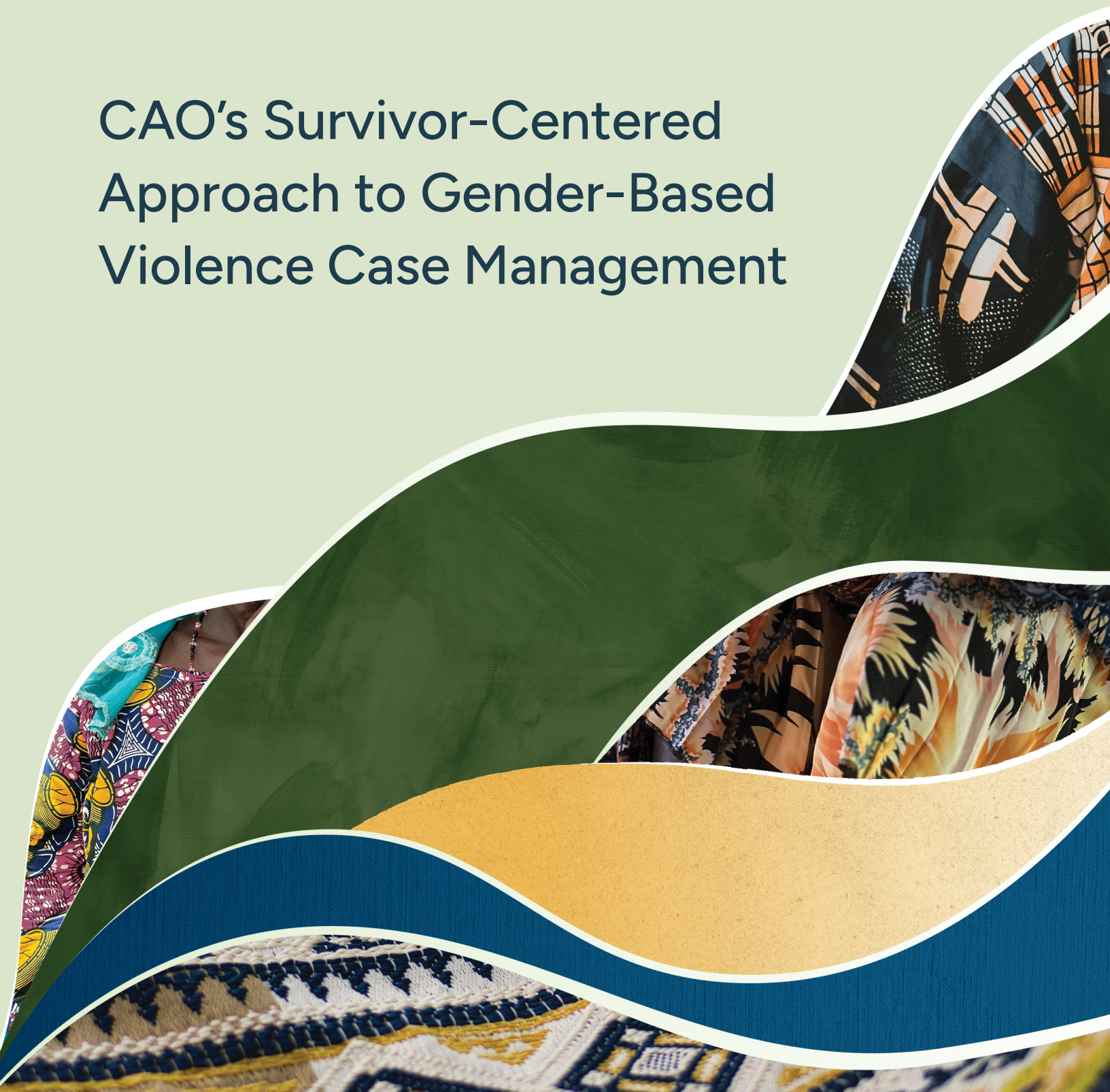


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Foreword by Ibrahim James Pam Acting Director-General, CAO

This Survivor-Centered Approach to Case Management was developed during the tenure and leadership of Janine Ferretti, former CAO Director-General. I am pleased to present it for publication and to carry forward CAO's commitment to the principles and safeguards it establishes.

The Approach reflects an important institutional commitment: when gender-based violence (GBV) issues arise in complaints related to IFC and MIGA-supported projects, CAO must respond thoughtfully, responsibly, and with particular attention to the safety, dignity, and agency of survivors. It is intended both to guide CAO's institutional response and to provide transparency to survivors, communities, companies, civil society organizations, and other stakeholders about how CAO approaches cases involving GBV. It draws on lessons from CAO cases, extensive research, consultations with experts and practitioners, and international guidance on survivor-centered practice.

Independent accountability mechanisms (IAMs) do not replace traditional justice systems. But when survivors choose, of their own volition, to bring their experiences to an IAM, we have a responsibility to respond in a way that protects their dignity, safety, and agency.

This responsibility requires the adaptation of standard case management processes to the realities of trauma, the risks survivors face, and their individual needs and choices, while remaining faithful to CAO's mandate and the principles of fairness, independence, and accountability.

We are committed to ensuring that these principles continue to guide our work.



Ibrahim Pam

01 Introduction

Gender-based violence (GBV) is a pervasive human rights violation, a public health crisis, and one of the most severe manifestations of gender inequality worldwide.[1] Over the past decade, international financial institutions (IFIs) and multilateral development banks (MDBs) have recognized gender-based violence (GBV) as a serious social and reputational risk requiring active management throughout the lifetime of relevant development projects.

Definitions

Gender-Based Violence (GBV) is an umbrella term for any harmful act perpetrated against a person based on socially ascribed (i.e. gender) differences between males and females.[2] It is rooted in gender inequality, power imbalances, and discriminatory cultural norms. It includes:

- **Physical Violence:** Assault, and other forms of physical harm.
- **Domestic Violence:**[3] A pattern of physical, sexual, emotional, or economic abuse used to exert power and control over an intimate partner or family member, typically occurring within the home.
- **Sexual Violence:** Rape, sexual assault, and other non-consensual sexual acts.
- **Emotional/Psychological Violence:** Verbal abuse, intimidation, and manipulation.
- **Economic Violence:** Controlling access to financial resources, employment, or education.
- **Cultural/Social Violence:** Practices including forced marriages, "honor" killings, and female genital mutilation.

Sexual Exploitation Abuse and Harassment (SEAH) is specific to sexual misconduct. It involves the abuse of power for sexual purposes and includes a range of behaviors from exploitation to harassment.

- **Sexual Exploitation:** Any actual or attempted abuse of position of vulnerability, differential power or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.[4]
- **Sexual Abuse:** actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. Sexual abuse is a broad term, which includes a number of acts including rape and sexual assault, among others.[5]
- **Sexual Harassment:** Unwanted and inappropriate sexual remarks or physical advances in a workplace or other professional or social setting.[6]

1 See Violence against women prevalence estimates, 2023: global, regional and national prevalence estimates for intimate partner violence against women and non-partner sexual violence against women. Geneva: World Health Organization; 2025.

2 Inter-Agency Standing Committee (IASC) Guidelines for Integrating Gender-based Violence Intervention in Humanitarian Action. http://gbvguidelines.org

3 Domestic violence is also commonly referred to as intimate partner violence (IPV), particularly when it occurs between current or former intimate partners.

4 UN Glossary on Sexual Exploitation and Abuse 2017, pg. 6.

5 UN Glossary on Sexual Exploitation and Abuse 2017, pg. 5-6.

6 Sexual harassment is defined by UN as any unwelcome sexual advance, request for sexual favour, verbal or physical conduct or gesture of a sexual nature, or any other behaviour of a sexual nature that might reasonably be expected or be perceived to cause offence or humiliation to another, when such conduct interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment. See UN Glossary on Sexual Exploitation and Abuse 2017, p.10.

This shift has led to the adoption of institutional GBV strategies, safeguards, risk screening tools, specialized guidance, dedicated expertise, and staff training. The World Bank Group (WBG) established a dedicated GBV Task Force, integrated GBV considerations into its Environmental and Social (E&S) Framework and private sector operations, and developed guidance on prevention, risk assessment, mitigation, and response, see here and here.[7] Other MDBs have undertaken similar efforts, reflecting a growing recognition that development projects can create, exacerbate, or interact with project-level conditions that increase the risk of GBV among local populations, and that institutions have a responsibility to identify, mitigate, and respond to those risks.[8]

As the independent accountability mechanism (IAM) for IFC and MIGA, CAO typically engages with communities after harm is reported to have occurred, receiving complaints from people who come forward at personal risk seeking accountability and remedy. Guidance to date on managing GBV risks from the WBG and other IFIs has largely focused on how clients and investors should prevent, mitigate or respond to GBV within their operations. Less attention has been paid to how IAMs should engage with survivors and ensure their own processes are safe, survivor-centered, and do no further harm. This approach aims to fill that gap.

GBV requires a differentiated approach to case management not only because of the sensitive nature of the harm, but also because navigating accountability processes can create or intensify risks for survivors. IAMs, including CAO, must therefore adopt safeguards and process adaptations that enable them to engage with survivors ethically, safely, and effectively.[9]

Extensive research demonstrates that GBV can cause severe and lasting harm. Survivors may experience long-term physical and mental health consequences, threats and retaliation, rejection by their families or communities, loss of employment or income, and difficulties accessing health care, psychosocial services, justice, and other forms of support.[10] Bringing complaints to IAMs may require survivors to recount traumatic experiences, reflect on their future, engage with institutions they are unlikely to know or trust, and navigate immense power imbalances and unfamiliar technicalities and complex procedural choices. Without appropriate safeguards, an often-lengthy case management process intended to support accountability and remedy may inadvertently contribute to further harm.

For IAMs, these realities create responsibilities that extend beyond standard case management practices. Staff and consultants must navigate issues of survivor agency, confidentiality and informed consent as well as undertake trauma-informed training, safety planning, and survivor referrals to support services. Moreover, they must weigh evidentiary thresholds and cultural sensitivities while fulfilling their mandates to facilitate accountability and access to remedy. To this end, IAM staff and consultants must recognize that survivors are individuals who may have different priorities, needs, and wishes regarding the achievement of meaningful remedy.

CAO's approach is grounded in extensive research and practitioner experience. It draws on international literature on survivor-centered and ethical GBV practice, consultations with experts in law, psychology, gender-based violence, compliance, and restorative justice, and CAO's experience managing cases involving GBV across its Eligibility, Assessment, Dispute Resolution, and Compliance functions. This guidance has also been peer reviewed by practitioners with expertise in dispute resolution, compliance, and GBV. As CAO's experience evolves, this document will be refined to reflect emerging practice and learning. A more detailed version provides guidance on GBV case management to staff and consultants working on relevant cases.

7 For more information on the WBG's institutional actions regarding GBV, see https://www.worldbank.org/en/topic/gender/brief/addressing-gender-based-violence. For IFC's institutional actions regarding GBV, see https://www.ifc.org/en/what-we-do/sector-expertise/gender/addressing-gender-based-violence.

8 MDBs released a joint statement to end violence againt women; see https://www.worldbank.org/en/news/statement/2024/11/25/joint-statement-multilateral-development-banks-united-to-end-violence-against-women. Also see Human Rights Council, 2019. Gender dimensions of the Guiding Principles on Business and Human Rights, Guiding Principle 28. Available at https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/41/43.

9 Safeguards are overarching protective measures designed to protect survivor safety, well-being, rights, confidentiality, and the integrity of the CAO process. They apply across CAO functions and throughout the life of a case. Examples include GBV expert support, risk assessments, referral services mapping, confidentiality protocols, and trauma-informed practices. Mitigation measures are process-specific adaptations used to prevent, reduce, or manage risks that arise during a CAO intervention. They are tailored to case circumstances and the nature of the process. In practice, Dispute Resolution often requires more mitigation measures due to its highly interactive nature, while Compliance relies more heavily on safeguards.

10 See p.4, Inter-Agency Standing Committee, Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies.

02 Principles of CAO's Survivor-Centered Approach

Our approach places the safety, dignity, and agency of survivors at the center of every decision made in the CAO case cycle, and is guided by the following principles:[11]

- **Do no harm.** CAO's processes are carefully designed and implemented to protect the wellbeing of survivors and prevent additional physical, emotional, or psychological harm. This includes assessing and mitigating risks associated with survivors' participation at every stage of the CAO case cycle.
- **Agency and Informed Consent.** CAO respects survivors' agency, including their ability to exercise judgment and make informed choices about their own lives. Survivors are fully informed about CAO's processes, their rights within them, and the possible implications of their participation. Informed consent can be oral or written and must be obtained without coercion. Survivors are free to withdraw or adjust their level of engagement at any time.
- **Respect and dignity.** CAO engages survivors with cultural sensitivity, without judgment, and recognizing their strength and resilience in participating in CAO processes. Staff and consultants should support survivors to make their own decisions about participation, disclosure, remedy, and support, without judgment or pressure.
- **Safety and security.** CAO anticipates safety risks and puts in place measures to protect survivors from the potential repercussions of their involvement. This includes but is not limited to security planning for processes and missions, and for case-related communications and information management.
- **Confidentiality.** CAO protects the anonymity and confidentiality of survivor identities and experiences across its processes. This requires strict attention to how information is collected, stored, shared, and reported, ensuring it cannot be traced back to individuals without their consent.[12]
- **Non-discrimination.** All survivors, regardless of gender, including sexual orientation, and gender identity, sex characteristics, age, ethnicity or disability, are entitled to an equal opportunity to participate in a CAO process if they choose to do so. While the process should be tailored to the needs and preferences of each survivor, these adaptations should not result in arbitrary differences in participation opportunities or access to remedy.
- **Accountability and transparency.** CAO is transparent with survivors about its mandate, the scope of its process and its limitations. CAO is accountable to survivors throughout the case cycle, ensuring that its approach adheres to these principles and that survivors are kept informed in an honest and timely manner.
- **Continuity across phases.** Survivor-centered safeguards should travel with the case. When a complaint moves from Eligibility to Assessment, Dispute Resolution or Compliance, CAO teams should transfer only necessary information, preserve confidentiality commitments, avoid subjecting survivors to repeated storytelling, and update safeguards with survivor consent.

How CAO teams apply these principles will depend on the specific context of each case, recognizing that no two GBV cases are alike. What remains constant is CAO's commitment to placing the survivor's safety, dignity, and informed consent and agency at the center of every decision.

11 For more information about the ethical and safety principles applicable to GBV interventions, see WHO, Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence against Women, 2001; O'Connor, M., Interagency GBV Case Management Guidelines, GBVIMS Steering Committee, 2017.

12 An exception to confidentiality may arise in cases where a survivor or someone involved in a CAO process faces imminent risk to their safety and wellbeing.

03 GBV-related Risks for Accountability Mechanisms

Managing cases involving gender-based violence presents distinct risks. This is not only because of the serious nature and consequences of the harm suffered by survivors, but also because the design and conduct of IAM processes can unintentionally create or amplify risks to survivors' safety, well-being, confidentiality, meaningful participation, and access to remedy.

> The individuals most vulnerable and at risk of GBV and SEAH are overwhelmingly those with less power and privilege in their local contexts—as are many complainants seeking redress through complaints to CAO.

CAO has identified six categories of risk, described below, that require careful management to ensure the accountability process does not cause further harm. These risks arise throughout the CAO case cycle but manifest in different ways and to different degrees across the Eligibility, Assessment, Dispute Resolution, and Compliance functions. Collectively, they are often driven by unequal power relations, social stigma, legal vulnerability, economic dependency, and the highly sensitive nature of GBV-related information. The individuals most vulnerable and at risk of GBV and SEAH are overwhelmingly those with less power and privilege in their local contexts—as are many complainants seeking redress through complaints to CAO.[13]

- **Re-traumatization.** Any interaction that undermines survivors' safety, dignity, agency, or sense of control may contribute to re-traumatization. Survivors of GBV rarely seek help or disclose the violence they experienced. When they engage with an IAM, re-traumatization may occur not only when they recount their experiences, but also when their accounts are challenged, their choices or credibility are questioned, they feel excluded from decisions affecting them, their consent is not sought for key procedural steps, or they encounter dismissive or insensitive interventions or responses.[14]
- **Confidentiality risks.** The undue disclosure of a survivor's identity, personal data, or details of their experience can have serious consequences, ranging from loss of trust in the process to retaliation, social stigma or family/community ostracization. GBV interventions are extremely sensitive, and identifying, gathering, analyzing, storing and sharing information about these can be dangerous and even life-threatening to survivors and those supporting them.[15] Confidentiality risks can also manifest in CAO communications with survivors and other stakeholders.

13 See Root Causes of Sexual Exploitation, Abuse and Sexual Harassment, Resource and Support Hub, 2021, https://safeguardingsupporthub.org/sites/default/files/2021-03/SDD_RSH_Root_Causes_plain_languge%20_FINAL.pdf.

14 For more information about the effects of trauma, See p.19, Interagency GBV Case Management Guidelines, GBVIMS Steering Committee, 2017. https://resourcecentre.savethechildren.net/document/interagency-gender-based-violence-case-management-guidelines-providing-care-and-case

15 Inter-Agency Standing Committee, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, 2015. https://gbvguidelines.org/en/.

> CAO teams should identify relevant legal sensitivities early and explain clearly that CAO is a non-judicial mechanism that does not determine criminal liability, award judicial damages, or replace other legal pathways.

- **Legal and procedural risks.** Such risks can arise from the national legal environment, including weak protections for survivors, discriminatory laws, mandatory reporting obligations, parallel criminal or civil proceedings, defamation or counterclaims, and limited access to legal support. These risks may intensify if survivors misunderstand the CAO process, disclose information without understanding possible consequences, or are drawn into parallel legal, administrative, or community processes. CAO teams should therefore identify relevant legal sensitivities early and explain clearly that CAO is a non-judicial mechanism that does not determine criminal liability, award judicial damages, or replace other legal pathways. Staff must communicate clearly and honestly with survivors about what a CAO process can and cannot achieve.[16]
- **Fact-finding and survivor credibility.** Such risks can arise when efforts to understand, verify, or assess allegations of GBV unintentionally undermine survivors' experiences, place an unreasonable burden on them to substantiate their accounts, or contribute to re-traumatization. For example, risk can unfold through excessive requests for information, excessive efforts to establish proof of harm or assess the credibility of survivor accounts, or by applying evidentiary and methodological requirements that survivors feel questions or minimizes their experiences. This risk may also unfold through factual reviews, IFC/MIGA management responses, or public reporting that survivors believe does not accurately reflect or adequately acknowledge the harm they experienced.
- **Adequacy and provision of remedy risks.** Survivors may seek different forms of remedy when engaging in a CAO process, including acknowledgment, compensation, medical or psychosocial support, livelihood assistance, accountability for perpetrators, or structural systemic changes to reduce future GBV risks. Remedy-related risks arise when these expectations exceed what CAO's mandate, its process, or the parties themselves can deliver. They can also arise when agreed or recommended remedies fail to adequately address the harm suffered or are not effectively implemented. In addition, agreed remedies may address individual harm without tackling the systemic conditions within a project that contributed to GBV occurring, or vice versa.
- **Social and cultural risks.** GBV carries significant social stigma. Cultural taboos surrounding discussions of sexuality, gender roles, and family honor may contribute to underreporting and inhibit survivors' ability to disclose their experiences. If not managed with a focus on safety and security, survivors' participation in a CAO process can draw attention to the individual(s) within their community, potentially leading to social exclusion, victim-blaming, or retaliation. These risks pertain throughout a case and require particular vigilance when cases become more visible, such as when reports are made public.

To mitigate the above risks in day-to-day case management, CAO analyzed how each risk category can unfold across the case cycle and then identified function-specific safeguards and mitigation measures. The following sections explain how CAO applies these measures throughout the case cycle—from Eligibility through Assessment, Dispute Resolution, and Compliance.

16 See p. 6, UN Women, RESPECT Women: Preventing Violence Against Women, 2019.

04 Implementing GBV Safeguards Across CAO Functions

The principles set out in Section 2 shape how CAO operates across all its case-handling functions. Each phase has its own distinct characteristics and risk profile, and CAO's approach is adapted accordingly, while placing survivor safety, dignity, and agency at the center of every decision.

Eligibility

The eligibility phase is the first point of contact for an individual or entity bringing a GBV-related complaint about an IFC-financed or MIGA-guaranteed project. It typically lasts 30-35 business days, with limited time and resources to put comprehensive survivor-centered framework in place.

The first step for the Eligibility team is to conduct a proportionate, time-bound rapid risk assessment before any direct engagement with complainants or survivors. This assessment considers contextual, survivor-specific, and process-related risks in order to determine:

- Whether direct engagement with survivors is necessary to ascertain complaint eligibility
- Whether CAO should engage GBV expertise at the eligibility stage
- Whether CAO should implement any immediate safeguards or process adaptations
- The minimum information and documentation required to make an eligibility determination
- The minimum information to be shared with other stakeholders involved at this stage, including IFC/MIGA

CAO's Policy states that eligibility decisions may be made on the basis of the best available information.[17] Thus, staff should limit survivor engagement to the minimum necessary to make an eligibility determination, guided by the risk assessment. To the extent possible, all substantive engagements with survivors or on GBV issues should be deferred to the Assessment phase, where a case-specific, survivor-centered approach can be designed and implemented.

The first step for the Eligibility team is to conduct a proportionate, time-bound rapid risk assessment before any direct engagement with complainants or survivors.

If direct engagement is needed to make an eligibility determination, the Eligibility team will ensure it is strictly limited in scope, carefully prepared, and conducted in a trauma-informed manner with the support of CAO's GBV focal point or a GBV expert. Questions will be limited to the minimum information needed for an eligibility determination, and survivors will not be asked to recount traumatic experiences if not instrumental to make an eligibility determination. Confidentiality protections apply from the moment CAO receives a complaint, whether or not the complainant has explicitly requested them.[18] If staff identify an emergency situation, CAO will aim to connect survivors with physical, mental health,

17 CAO Policy, paras. 32 and 44.

18 CAO Policy, para. 31. In GBV-related cases, confidentiality should be assumed as the default even where it has not been explicitly requested, given the heightened risks associated with disclosure.

and legal support services, recognizing that CAO's duty of care begins from first contact.

Where a case proceeds to Assessment, CAO will ensure a careful and comprehensive handover of information so that survivors are not required to repeat their stories, if those were previously shared with the Eligibility team. CAO will also ensure the continuity of any support services provided and of any other safeguard implemented. If needed, an Eligibility team member may remain involved during assessment temporarily to support continuity.[19]

Where a complaint is found ineligible, CAO will seek to ensure survivors are not left without clear information about the determination, which will be provided in a trauma-informed manner. The Eligibility team may, where possible, provide guidance on other available pathways.

Where a complaint is found ineligible, CAO will seek to ensure survivors are not left without clear information about the determination, which will be provided in a trauma-informed manner.

Assessment

During the Assessment phase, CAO reviews project files, meets with complainants and the IFC/MIGA client, visits project sites, and may also hold public meetings and consultations. In GBV-related cases, CAO teams have sustained direct engagement with survivors, including meetings and interviews, as well as conduct related information-gathering across a period of up to 120 business days. Comprehensive survivor-centered safeguards are therefore introduced during this phase, as detailed below.

Engaging expertise and assessing risk

The most important step CAO takes at the outset of an assessment in a GBV-related case is to engage a local GBV expert. This expert must provide the required specialized technical and ethical knowledge, cultural context, and community understanding to ensure CAO's engagement is appropriate, safe, and meaningful for survivors, and will remain involved throughout the CAO case cycle until closure.[20] The expert's precise role can vary depending on the case context and circumstances. CAO teams should consider whether this person acts solely as CAO's advisor or also as the survivor's main contact during the CAO process.

After engaging the GBV expert, CAO's Assessment team will conduct a comprehensive risk assessment of case-related GBV issues with their support. This assessment will evaluate contextual information such as the prevalence and patterns of GBV in the project country or region, the security environment, and the legal context, as well as survivor-specific risks, including immediate safety concerns, the risk of re-traumatization, the risk of retaliation, and the survivor's particular vulnerabilities and needs in order to participate meaningfully in the CAO process. These may include, for example, economic vulnerabilities or special physical or mental needs. This risk assessment is revisited and updated throughout the case cycle as circumstances evolve.[21]

Connecting survivors with support

Aided by the GBV expert, CAO will map the support services available to survivors in-country, including psychosocial support, medical services, legal aid, and emergency support options, as well as referral pathways. Where CAO cannot meet specific survivor needs, CAO will seek to connect them with appropriate services and, where necessary, may facilitate or financially support access to those services. In past cases, CAO has funded psychological counseling for survivors during

19 The transfer of information regarding traumatic events should be undertaken with the survivor's consent, especially for any details not contained in publicly-available documentation.

20 For more information on the characteristics of GBV case workers and experts, see p.29, Interagency GBV Case Management Guidelines, GBVIMS Steering Committee, 2017. https://resourcecentre.savethechildren.net/document/interagency-gender-based-violence-case-management-guidelines-providing-care-and-case

21 For guidance on risk assessment frameworks in GBV contexts, see Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, IASC, 2015.

assessment and maintained that support as the case progressed into compliance.[22]

Survivor-Centered Approach in Practice: Using Local GBV Experts as Primary Contacts

In three GBV cases, CAO appointed the local GBV experts assisting with the assessment, as the primary point of contact with survivors. Fluent in local languages and trained in psychology and social work, these experts provided culturally appropriate, trauma-informed communication, traveling frequently to meet survivors, maintaining phone contact between visits, and coordinating support services. To ensure this approach worked, the DR team also regularly assessed survivor comfort with communication.

Trauma-informed engagement and communication

CAO teams conduct all direct engagement with survivors during the assessment phase in a trauma-informed manner. Meetings are carefully prepared in advance with the GBV expert, survivors are not asked to recount traumatic experiences more than absolutely necessary, and every engagement is designed to maximize the survivor's sense of agency, safety, and control. CAO informs survivors about the purpose of each interaction, who will have access to the information they share, and of their right to decline or disengage at any time. Before survivors share their accounts, CAO explains the limits of what it can hold in confidence, including any circumstances in which CAO may be obliged to act on information, for example, disclosing an imminent risk of serious harm, so that survivors can make an informed choice about what they wish to share and when. Teams actively seek survivor consent and revisit consent at each significant moment in the case rather than assume survivor buy-in from the outset.[23]

CAO's experience has shown that, wherever possible, communication with survivors is most effective when conducted in person. Face-to-face engagement provides greater opportunities to build trust, strengthen survivor agency, tailor support to evolving needs, and identify risks that may not be apparent through remote communication.

CAO staff will receive ongoing training in trauma-informed practice delivered by recognized organizations and experts in the field.

Practitioner Tip

Safe meetings require safe planning

Before every engagement with survivors, CAO should develop a security plan tailored to the local context and survivor preferences. This may include selecting discreet venues, arranging safe transportation or temporary accommodation, consulting the WBG Security Office, limiting the disclosure of mission information, and ensuring the secure handling and destruction of working materials. Where interpretation or written translation is involved, working materials in every language are subject to the same requirements, including interpreter notes and draft or final translations of survivor statements. Every logistical decision should be guided by one question: Will this make participation safer for the survivor?

Confidentiality and information management

Confidentiality safeguards are more complex than at the Eligibility stage, as Assessment involves more information, more stakeholders, and more

22 The mapping of referral pathways and support services should include psychosocial support, medical services, shelters or safe housing, legal aid, protection services, and emergency support options.

23 For more on trauma-informed approaches to survivor engagement, see WHO, Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence against Women, 2001.

documentation. CAO applies strict access controls to ensure that communication with survivors and other stakeholders about the case is safe and that sensitive information is available on a need-to-know basis and only to those with a direct role in the case. Such information is stored securely, anonymized wherever possible, and shared with third parties only with the survivor's prior informed consent.

At this stage, CAO will conduct a stakeholder mapping to identify all individuals and institutions involved in the case and define appropriate levels of access to information for each. This process includes: classifying information as confidential or non-confidential; implementing anonymization protocols to ensure that survivors cannot be identified from the information shared; limiting the collection and disclosure of information to what is strictly necessary (data minimization); and applying appropriate safeguards for the secure storage, transfer, and handling of sensitive information, including the encryption of emails and documents.



Practitioner Tip

Preparing survivors for report publication

In three CAO cases involving GBV, the Assessment team held a separate review with survivors before the formal factual review and comment process for the draft report. This provided survivors with an opportunity to carefully review how their experiences, requests, and expected outcomes were reflected, identify any information that could compromise their safety or confidentiality, and agree any changes before CAO shared the report more broadly. This additional step helped reduce the risk of disclosing identifying or sensitive information that would be difficult to fully retract once circulated to other stakeholders.

> CAO applies strict access controls to ensure that communication with survivors and other stakeholders about the case is safe and that sensitive information is available on a need-to-know basis and only to those with a direct role in the case.

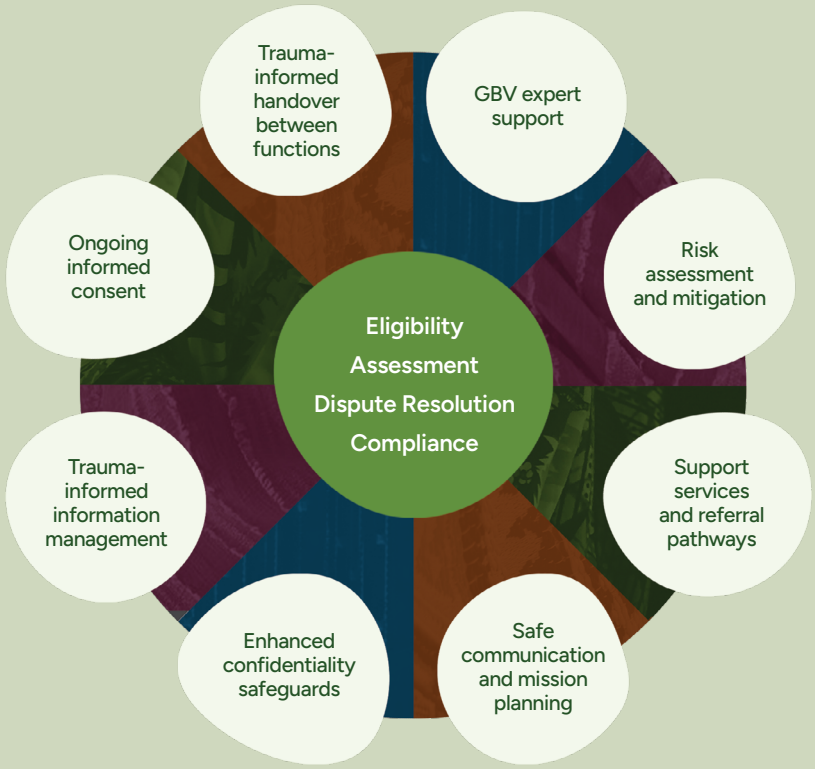
Reporting and transition to the next phase

CAO Assessment reports are often the first public record of a case and require particular care in cases involving GBV. Reporting should balance transparency with survivor protection by ensuring that information is presented accurately, respectfully, and only to the extent necessary for CAO's mandate. Throughout the drafting process, teams should prioritize confidentiality, minimize the risk of survivors being identified or re-traumatized, and ensure survivors understand how information about their case will be used and disclosed.

The Assessment phase concludes with an important decision: whether CAO can best address the complaint issues through its Dispute Resolution or Compliance functions. The Assessment team will ensure survivors understand what each pathway involves, what CAO can realistically offer, and what its limitations are, so that their informed preferences can shape the direction of the case. When the case transitions to another function, CAO will ensure a careful handover with survivors' consent, so that they do not have to repeat their story. The handover should transfer not only the case file, but also the safeguards established during the preceding phase. This includes a record of what the survivor has consented to or declined; information classifications and access restrictions established through stakeholder mapping; continuity of the GBV expert and interpreter, where the survivor wishes; and any support services that CAO has arranged or funded.

A survivor-centered approach is not about directing survivors towards Dispute Resolution or Compliance.

Safeguards Throughout the Case Cycle



It is about ensuring that CAO and the parties make an informed decision, based on a careful assessment of safety, survivor preferences, feasibility, and the ability of each process to respond to the issues raised.

Dispute Resolution

The use of mediation in GBV cases

The use of mediation in cases involving gender-based violence is a subject of genuine debate. Some practitioners and advocates argue that the power imbalances between survivors and companies or institutions associated with their harm are too significant to be addressed through a voluntary collaborative process, and that mediation should not substitute for the accountability that survivors deserve.[24]

CAO takes these concerns seriously. However, in many countries where CAO operates, formal justice systems are slow, costly, or inaccessible to survivors, and survivors themselves frequently prefer alternatives that offer more agency, confidentiality, and culturally appropriate pathways to remedy. Research consistently finds that women perceive alternative dispute resolution as more accessible, affordable, and timely than seeking remedy through formal justice systems.[25]

In offering the option of dispute resolution to GBV survivors, CAO's position is clear. Mediation can be an appropriate and meaningful pathway for survivors, provided it is conducted with the right safeguards, the right expertise, and with an unwavering commitment to the survivor's safety, dignity, and agency. It is one pathway among others, and the decision to pursue it is always the survivor's to make on the basis of full and honest information.

In preparing for a potential mediation process, CAO Dispute Resolution team engages each party separately to identify the conditions under which they are willing and able to participate in dispute resolution, as well as any expectations, concerns, or perceived requirements

24 ICRW, CEDOVIP and BEYOND BORDERS, Whose Justice, Whose Alternative? Locating Women's Voice and Agency in Alternative Dispute Resolution Responses to Intimate Partner Violence, 2016; Evans, J., Department of Justice Canada, Restorative Justice and Gender-Based Violence: A Look at the Literature, 2020. A summary can be found here: https://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rd14-rr14/p2.html.

25 Heilman et al., International Center for Research on Women, Whose Justice, Whose Alternative, 2016; McGrew, L., USAID, The Role of Community Mediation in Addressing Gender-based Violence, 2013.

for engagement. This dialogue helps identify potential red lines for complainants before the process begins. Where a proposed condition would compromise survivor safety, agency, confidentiality, dignity, or meaningful participation, CAO works with the parties to identify alternative approaches that meet the underlying objective without exposing survivors to undue risk. Certain conditions, such as requiring survivors to disclose confidential medical records to substantiate their allegations of harm, are incompatible with a survivor-centered process and should not form part of the dispute resolution framework.

Even with appropriate process adaptations, dispute resolution will not be suitable in every case. Where concerns about survivor safety, voluntariness, or meaningful participation cannot be reasonably addressed through process design, CAO will discuss those limitations openly with the survivor and other parties, as appropriate, in determining whether there is a viable basis for dispute resolution. Particular attention should be given to cases where survivors remain employed by, economically dependent on the other party concerned.

Addressing the risk of re-traumatization

When survivors opt to go ahead with dispute resolution, CAO addresses re-traumatization risk through two structural adaptations to its normal process.

First, the Dispute Resolution team establishes a separate mediation track for GBV-related issues, distinct from the broader environmental and social complaint, creating a quieter, more confidential and more contained process tailored to the pace and emotional needs of survivors.

Second, CAO adopts shuttle diplomacy rather than joint sessions, with the mediator meeting separately with each party, namely the survivor(s) and the IFC/MIGA client company. Additionally, CAO may consider proxy mediation, where an intermediary represents the survivor's interests, or anonymous mediation formats that allow survivor voices to be heard without direct identification. Joint sessions would exceptionally be considered only when a survivor expresses a clear and informed readiness and intention to proceed that way, which is unlikely. CAO also works to ensure that all participants, including company representatives and interpreters, understand how to engage without causing additional harm, embedding these commitments in the ground rules from the outset.[26]

Survivor-Centered Approach in Practice: Trauma-Informed Capacity Building

In one case, CAO designed separate capacity-building sessions for survivors and company representatives before commencing facilitated dialogue. For survivors, these sessions focused on building trust in the process and CAO team, strengthening survivors' confidence and sense of agency, and creating space for them to reflect on their strengths, priorities, and expectations. Rather than moving directly into mediation discussions, CAO encouraged survivors to understand their options, ask questions, participate at their own pace, and identify any concerns about their safety or participation. Sessions incorporated regular breaks, opportunities for individual conversations with the CAO team, artistic and nature activities, and practical arrangements—such as allowing survivors to attend with their children—to reduce barriers to participation and promote psychological safety.

For company representatives, capacity building included training on survivor-centered principles, roleplay on the effects of trauma, empathy, and respectful communication. Through facilitated reflection and practical exercises, CAO encouraged participants to consider how trauma may influence survivors' behaviors, why certain process adaptations were necessary, and how power imbalances, organizational practices, and broader factors can affect survivors' ability to participate safely and meaningfully. This preparation helped establish realistic expectations, reduce the likelihood of harmful interactions, and create a stronger foundation for constructive engagement.

26 ASC, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, 2015; CAO, Mediators Toolkit, 2023. See https://www.cao-ombudsman.org/resources/cao-mediator-toolkit.

Mitigating confidentiality risks

CAO continues to apply data minimization during a GBV dispute resolution process, sharing only what is necessary for each exchange, removing identifying details from shared materials, and limiting access to sensitive information on a need-to-know basis. As a case progresses and confidentiality risks evolve, CAO maintains conversations with survivors and seeks creative solutions where needed. For example, agreements may be signed and implemented through a trusted intermediary rather than directly between survivors and the company. All parties, including interpreters, consultants, and company representatives, must observe confidentiality obligations specific to GBV cases and a tailored confidentiality clause is included in agreements.[27] These confidentiality obligations should be expressly framed as continuing beyond case closure and beyond an individual's role or involvement in the case.



Practitioner Tip

Good practices for minimizing and anonymizing data

CAO methods in cases involving GBV include restricting access to survivors' personal information, experiences, and expected outcomes to a small group of designated staff, supported by enhanced data protection protocols to prevent unauthorized access. Dispute Resolution teams used the same approach for collecting and managing information related to survivors' medical and psychosocial data. They also assigned survivors unique codes, stored and shared sensitive documents through password-protected secure platforms, and handled information on a strict need-to-know basis. Meetings were held in private venues that did not retain participant records, and the team made no audio recordings or formal meeting notes. All information shared with other parties was carefully reviewed, redacted, and anonymized to ensure that no individual survivor could be directly or indirectly identified.

CAO addresses legal and procedural risks through transparency, clearly explaining to survivors at the outset what the process can and cannot achieve. CAO dispute resolution is not a criminal proceeding, does not determine legal liability, and will not result in a criminal conviction.

Mitigating legal and procedural risks

CAO addresses legal and procedural risks through transparency, clearly explaining to survivors at the outset what the process can and cannot achieve. CAO dispute resolution is not a criminal proceeding, does not determine legal liability, and will not result in a criminal conviction. Survivors are entitled to pursue formal legal pathways alongside or after a CAO process and CAO will not accept any agreement that requires survivors to waive their legal rights. Informed consent is revisited with survivors, as needed, at each significant point in the case.

Where legal questions arise beyond CAO's expertise, CAO will seek appropriate legal guidance locally to ensure its approach protects rather than inadvertently harms survivors. This may include seeking advice on mandatory reporting obligations applicable to local consultants or helping survivors understand legal pathways available to them under national law.[28]

27 CAO, Approach to Responding to Concerns of Threats and Incidents of Reprisals in CAO Operations, 2021; IFC, Addressing Gender-Based Violence and Harassment: Emerging Good Practice for the Private Sector, 2020.

28 See Interagency GBV Case Management Guidelines, GBVIMS Steering Committee, 2017.

Practitioner Tip

Seeking legal guidance

The World Bank Group's Legal Department can provide guidance on legal risks related to GBV case processes. In one case, the CAO team sought the department's guidance on mandatory reporting obligations applicable in the relevant country. CAO also obtained independent legal advice from a local legal advisor on options available under local law for representing specific individuals in mediation and court. This outreach ensured the team understood the legal context while remaining within CAO's mandate as a non-judicial grievance mechanism. This legal guidance helped informed appropriate process arrangements for participation, consent, and communication.

Fact determination and survivor credibility

CAO does not require survivors to prove their account to a standard of legal certainty. Instead, CAO applies a balance of probabilities standard, asking whether it is more likely than not that the harm described occurred based on the survivor's account, contextual circumstances, and what a reasonable person would conclude. The absence of formal documentation, police records, or third-party witnesses is not treated as evidence against the survivor's account. Consistent with trauma-informed practice, CAO recognizes that inconsistencies, gaps in recollection, non-linear accounts, and delayed disclosure can be features of traumatic memory. These are not, in themselves, treated as undermining the survivor's account. Where a company disputes a survivor's account, CAO guides company representatives to focus on what they genuinely need to understand about the nature of the harm, and to engage constructively in remedy discussions rather than efforts to verify survivor accounts through hard evidence.[29]

Remedy: adequacy, scope, and implementation

Remedy for survivors in GBV cases demands particular care. GBV causes deep and lasting harm that is rarely addressed through financial assistance alone, and meaningful outcomes may include non-financial measures such as public acknowledgment, changes in company policies, counseling and healthcare support, skills training or project-level reforms. CAO works with all parties to explore what forms of remedy are most meaningful and feasible in each context.

In addition to individual remedies that respond to the harm suffered by survivors, CAO encourages parties to consider systemic and project-level measures that can strengthen policies, practices, grievance mechanisms, supervision, or other institutional conditions that may have contributed to GBV incidents in order to help prevent recurrence.

Where agreements are reached, CAO monitors implementation more frequently and closely than in standard dispute resolution processes, remaining engaged until agreed commitments have been meaningfully delivered.[30]

CAO recognizes that inconsistencies, gaps in recollection, non-linear accounts, and delayed disclosure can be features of traumatic memory. These are not, in themselves, treated as undermining the survivor's account.

29 WHO, Putting Women First, 2001. The balance of probabilities standard means that, based on available information, one version of events is more likely than not to be true.

30 WBG, Good Practice Note: Addressing SEA/SH in Investment Project Financing Involving Major Civil Works, 2020; IFC, Addressing Gender-Based Violence and Harassment: Emerging Good Practice for the Private Sector, 2020.



Mitigating social and cultural risks

During mediation, CAO addresses social and cultural risks by adapting the process to the community context. With survivors' consent, this may include working with trusted local actors—such as women's organizations, health providers, community leaders, or NGOs—who understand local norms and can help identify potential risks. CAO considers who needs to know about the process, how survivors' participation may be perceived by others, and how to minimize the risk of stigma, discrimination, family or community backlash, or retaliation. Where power imbalances are significant, CAO designs the process to reduce direct confrontation, limit survivors' visibility, and support safe and meaningful participation. Where appropriate, teams may establish community- or survivor-based alert mechanisms to respond quickly to protection concerns.[31]

Survivor-Centered Approach in Practice: Protecting Participants from Retaliation

In one case, survivors expressed concern that their participation could be perceived as an attack on family honor, potentially leading to stigma or retaliation. To avoid identification of these anonymous participants, the CAO team held meetings in discreet locations away from the community, carefully managed who was present, and prepared an alternative explanation for the gatherings in case their purpose was questioned. As an extra precaution, a staff member guarded the meeting room to control access throughout.

Implementation and monitoring of GBV-related agreements

In GBV cases, agreements between parties at the end of a CAO mediation may include commitments that extend well beyond a one-time payment or action, including access to medical care, psychosocial support, livelihood assistance, and other forms of remedy requiring sustained coordination over time. CAO therefore maintains active oversight throughout the agreement monitoring period. Confidentiality during implementation requires the same standard of care as during the mediation. Where direct engagement between survivors and the company creates confidentiality risks, CAO will design the process to mitigate this risk which may include the use of a trusted intermediary to manage funds, coordinate services, or oversee delivery on behalf of

31 UN Women, RESPECT Women: Preventing Violence Against Women, 2019; IASC, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, 2015.

survivors.[32] CAO will be explicit with survivors about how and when monitoring concludes, what will happen to their information after closure, and what options and support services remain available to them thereafter. Closure is a foreseeable moment of risk and should be prepared for with the same care as the start of the process, so that the end of CAO's involvement is not experienced as an abrupt withdrawal of support.

Compliance

The mandate of CAO's Compliance function is to determine whether IFC/MIGA complied with their E&S policies relevant to the complaint and whether complainants experienced harm as a result of any IFC/MIGA non-compliances.[33] This focus on IFC/MIGA conduct requires interactions with three main actors: IFC/MIGA, the complainants, and the client. In cases where complainants include survivors, the principles outlined in Section 2 as well as the safeguards outlined in Section 3 trauma-informed engagement, confidentiality, informed consent, risk assessment, referral to support services, and continuity of GBV expertise remain in force during the compliance phases of appraisal, investigation, and monitoring. CAO's case management during compliance processes which may include an independent technical review and investigation, culminating in a public report, also requires specific considerations and adaptations to safeguard survivors.

The compliance process and GBV survivors

CAO's Compliance function enables project-affected people to request an independent review of whether IFC or MIGA complied with its E&S policies, and whether failures of compliance caused or contributed to harm. Unlike dispute resolution, a compliance review culminates in a public report regardless of whether all parties agree with the outcome.[34]

The independence and investigative nature of the compliance process can offer survivors a form of institutional accountability that dispute resolution cannot, namely a public finding that harm occurred and that IFC or MIGA failed in its responsibilities. However, the public nature of the process and loss of control over how information is used, analyzed, discussed, and disclosed may make it a more difficult pathway for some survivors. CAO is transparent with survivors about what compliance involves, what it can deliver, and its limitations. A compliance process does not result in criminal accountability for a perpetrator of gender-based violence. It results in compliance findings about IFC's or MIGA's institutional conduct and, where non-compliance and related harm are found, in recommendations for remedial action at project and potentially also institutional (IFC/MIGA) level.

Transition and handover

The transition from Assessment or Dispute Resolution into Compliance is a sensitive moment in a GBV survivor's case. CAO manages this carefully by ensuring continuity of specialist expertise, with the GBV expert from earlier phases remaining involved where possible. Teams conduct a structured handover of information covering the survivor(s) preferred communication channels, known sensitivities, the updated risk assessment and stakeholder mapping, and details of access to information granted, as well as any commitments made, safeguards implemented, or support services provided by the outgoing team. Survivors are not asked to repeat information they have already provided, and teams seek their consent before transferring any sensitive information.[35]

Where possible, CAO will arrange a joint introduction between the outgoing team, the incoming compliance team, and the survivors, giving them the opportunity to meet new CAO staff in the company of someone they already trust. Where this is not possible, a member of the outgoing team will remain available during a transitional period to support continuity.[36]

Direct engagement and confidentiality

At the compliance appraisal stage, which determines whether a compliance investigation is merited, CAO should carefully assess whether direct engagement with survivors is necessary, given the potential for additional risks. In cases where sufficient information is already available, or

32 WBG, Good Practice Note: Addressing SEA/SH in Investment Project Financing Involving Major Civil Works, 2020.

33 CAO Policy paras. 76 and 112.

34 CAO Policy, paras. 56-70.

35 Interagency GBV Case Management Guidelines, GBVIMS Steering Committee, 2017. Continuity of GBV expertise across case phases is a critical element of a survivor-centered approach.

36 The transfer of information between CAO functions must be conducted with the survivor's informed consent.

survivors have not requested further engagement, CAO should limit contact to the minimum necessary.

If engagement is required or requested, staff should carefully prepare the meeting with the GBV expert with the goal of building trust rather than fulfilling a procedural step. Teams should explicitly discuss informed consent with survivors, clearly explain what information may additionally be collected, how it will be used, who will have access, and at what stages of the compliance process this information may be shared with other stakeholders or made public.

Compliance processes introduce new confidentiality risks because of CAO's most frequent interactions with IFC and MIGA management, Board-level stakeholders, as well as the outcome of a publicly disclosed report. CAO manages these risks by applying strict controls on access to information throughout the months- or years-long process. The case team briefs all relevant stakeholders on CAO's survivor-centered approach and their specific confidentiality obligations before they are given access to any case materials, and carefully controls what GBV-related information can be discussed verbally in meetings with IFC, MIGA or Board stakeholders.[37]

Before any meeting with IFC/MIGA or the client, the Compliance team should discuss internally the scope of GBV-related information they may need to collect, analyze, and share. Survivor identities, incident details, and the existence or content of survivor testimony should remain confidential unless there is a clear and justified reason for disclosure. Meeting agendas should be prepared in advance with explicit confidentiality boundaries.

Anonymization of GBV content in compliance reports requires particular care, as errors are not reversible after publication. The case's appointed GBV expert should review all GBV-related report passages before finalization, ensuring survivors cannot be identified through incident details, timing, location, or other contextual clues even where names have been removed. CAO teams shall seek to brief survivors on relevant information included in the draft report before the formal factual review and comment process commences, which involves IFC/MIGA and their client. Survivors should then be given time before publication to raise concerns or request changes to reported information they believe could compromise their safety or well-being.

Evidence standards in GBV cases

The CAO Policy, provision 117, states that sufficient relevant evidence is required to afford a reasonable basis for CAO's compliance findings and conclusions. Before engaging with survivors, the compliance team should work through three questions with the GBV expert:

- What evidence is needed to establish the appraisal criteria and/or investigation findings?
- Is that evidence genuinely necessary or is documentation from the prior phases sufficient?
- If new evidence is necessary, how can it be collected with minimal burden and risk of traumatization to the survivor? (Teams should document this analysis in the case appraisal plan.)

CAO teams shall seek to brief survivors on relevant information included in the draft report before the formal factual review and comment process commences.

In analyzing the available documentation and evidence, CAO applies a survivor-centered approach informed by recognized good international practice for GBV investigations, assessing whether it is more likely than not that the harm described occurred and whether that harm is related to IFC or MIGA non-compliance. Survivor testimony, combined with contextual risk factors, supporting evidence at a sector and/or country level, and the absence of adequate company procedures, can be sufficient to support a Harm conclusion.[38]

CAO does not require documentary corroboration where credible survivor testimony and contextual evidence exist and will not apply evidentiary thresholds inconsistent with GBV best practice. For example,

37 See Approach to Responding to Concerns of Threats and Incidents of Reprisals in CAO Operations, 2021.

38 CAO Policy, Glossary, defines Harm as "Any material adverse environmental and social effect on people or the environment resulting directly or indirectly from a Project or Sub-Project. Harm may be actual or reasonably likely to occur in the future."

the absence of a police report, medical record, or contemporaneous account is a predictable consequence of the conditions in which GBV often takes place, not evidence that harm did not occur.[39] Similarly, inconsistencies, gaps in recollection, or delayed disclosure are not, in themselves, treated as undermining a survivor's account, consistent with what is known about traumatic memory. Survivors should not be asked to repeat their account simply to test its consistency or credibility. Where additional corroboration is needed, CAO should look first to patterns within the case and comparable cases, relevant sector and country evidence, and the adequacy of the company's own systems, rather than returning to the survivor. A survivor's decision not to provide further evidence or participate in additional interviews should be respected and should not, in itself, be weighed against their account.[40]

Report publication and case closure

As stated above, CAO briefs survivors on the content of a compliance report before publication, explaining in plain language what the report says, what public disclosure means for their safety and privacy, and giving them sufficient time to raise concerns before publication. The factual review and comment phase is a high-risk moment for re-traumatization, and CAO will prepare survivors carefully for this stage, explaining what the process involves and offering GBV expert support throughout the review period.[41] The case team should also emphasize that the report's description of harm will reflect the survivor's own characterization of their experience and will avoid any framing that minimizes, medicalizes, or sensationalizes what occurred.[42]

Publication can create additional risks for survivors. CAO should reassess survivor safety shortly before publication, particularly where significant time has passed since the previous assessment, and consider whether additional protective measures are needed. Where serious risks are identified, CAO should consider available adjustments, including the timing of publication and the level of detail disclosed.

In cases where CAO closes a compliance case at the appraisal stage without proceeding to an investigation, CAO will seek to explain the outcome to the survivors, with the support of the GBV expert where possible. Survivors will be disappointed and potentially retraumatized, and the CAO team must acknowledge their experience, explain the decision clearly, and to the extent possible support them on other pathways available to them. A closure decision requires the same care and sensitivity in dealing with vulnerable complainants as any other stage of the process.[43]

Monitoring

When a CAO compliance investigation results in findings of non-compliance and related harm, IFC or MIGA may develop a Management Action Plan (MAP) that includes remedial actions. CAO's Compliance function monitors IFC/MIGA's implementation of the plan, which in GBV cases may include commitments to provide counseling, healthcare, and support services tailored to survivors. At the start of each monitoring cycle and as needed, CAO re-confirms survivors' consent to engagement, recognizing that their circumstances, safety situation, and willingness to engage may have changed since the investigation concluded.[44]

CAO maintains its independence from IFC and MIGA throughout the monitoring phase. In cases where IFC or MIGA seeks to engage directly with survivors as part of developing or implementing a Management Action Plan, CAO will not act as an intermediary. Similarly, if IFC or MIGA wishes to understand survivor perspectives for remedial purposes, CAO will encourage them to engage an independent GBV expert for that purpose.[45]

39 WBG, Good Practice Note: Addressing SEA/SH in Investment Project Financing Involving Major Civil Works, 2020. Other relevant approaches include UNHCR (2023) *Investigating Allegations of Sexual Exploitation and Abuse: A toolkit for partners and CHS Alliance Sexual Exploitation* (2022), *Abuse and Harassment (SEAH) Investigation Guide.*

40 For more information on how to conduct research on gender-based violence, see Ellsberg M, and L. Heise. 2005. Researching Violence Against Women: A Practical Guide for Researchers and Activists.

41 Publishing a compliance report can carry significant consequences for survivors including risks of identification, stigma, and retaliation. Advance briefing and preparation time are essential elements of a survivor-centered approach.

42 The investigation report carries a higher identification risk than the appraisal report due to the level of detail it contains. Visual and geographic content can identify survivors even where names have been removed.

43 For a GBV survivor, receiving a standard closure notice without explanation or acknowledgement can be re-traumatizing and can damage trust in CAO more broadly.

44 CAO's compliance monitoring in GBV cases reflects the same ongoing duty of care toward survivors that applies throughout the process.

45 CAO's independence from IFC and MIGA is foundational to its mandate. In at least one GBV-related compliance case, a request to act as intermediary was received and refused by CAO.

Review and Contact

CAO's Survivor-Centered Approach to Case Management reflects its experience and learning to date. As that experience grows, and standards and expectations in the broader IAM and DFI community continue to evolve, CAO will review and update this approach periodically to ensure it remains current, effective, and genuinely responsive to the needs of survivors. CAO welcomes direct engagement from survivors, civil society organizations, peer mechanisms, and other stakeholders on the implementation of this approach and how it can be strengthened over time.

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