



Play Therapy for Child Survivors of Sexual Violence in Kenya: A Trauma-Informed, Child-Centered Approach to Justice

In Kenya, play therapy is emerging as an effective, trauma-informed approach to support child survivors of sexual violence, both in clinical settings and the justice system. This case study examines how Emily Muthoni Kiragu, a trained trauma counselor at a health facility in Kenya, has effectively used play therapy to help child survivors process trauma, communicate their experiences, and participate in legal proceedings by providing testimony. Emily's work demonstrates how play therapy can create a safe, supportive environment for children to share difficult experiences at their own pace, using their own language, while also generating crucial evidence for the justice process to aid in successful prosecutions.

Introduction of Play Therapy into Emily's Clinical Practice

Emily first began exploring using play therapy techniques when she found traditional counseling approaches to be ineffective when working with child survivors, many of whom were withdrawn and uncommunicative. Despite trying different approaches to get children to speak with her, she found them quiet and in a “world of their own.” She needed to bring them back to “where we are” to get the information needed to help them begin to share and to heal, and she realized she needed to try something new. Emily realized that she needed to be on the same level as the child, so she achieved this by sitting on the carpet with them. Getting on the same physical

*Emily Muthoni Kiragu, a trauma counselor, interacts with a child through play therapy at a health facility in Naivasha, Kenya, 2024.
Photo: Physicians for Human Rights.*



level, showing friendliness, and care was an important first step in creating a safe environment for the children. To shift away from “the office or hospital perspective,” she initially used items around the department for the children to play and draw with. Later, she introduced toys, art supplies, and other play materials, observing that these helped distract children from their trauma and allowed them to engage more freely. This approach allowed them to open up, talk about their trauma, and what happened to them.

Emily shared that when she initially trained in play therapy, she was skeptical because it looked so tedious and involved. But once she started using it and seeing what her clients were going through and how it was helping them express themselves in ways they had not been able to before, she became much more passionate about it because she wanted to help her clients.

Elements of Play Therapy Sessions

Emily emphasizes that effective play therapy requires patience, passion, and a deep understanding of child development and trauma. Sessions often take place regularly over several months before children feel comfortable fully sharing their experiences. While effective play therapy is adapted to each child, there are some key elements of each play therapy session:

- 1) **Creating a welcoming environment:** The first key element to successful play therapy sessions when implementing this practice in Kenya was setting up a welcoming, child-friendly space that was interesting with toys, art supplies, bright colors and a carpet on the floor. The carpet was particularly important for the children and for the therapist to give space for them to sit with the child on their level to convey that the therapist is there to provide support and security. As Emily put it, “You come to their level, you get to understand their world, you get to understand where they are coming from, get to know what they have gone through.... I should be their support system. I should reassure them that I’m walking the journey with them.”
- 2) **Receiving consent and assent:** Before beginning any play therapy process, it is important to receive informed consent from the parent, guardian or responsible adult who is accompanying the child and informed assent from the child. To do this Emily and her team make sure to explain the process clearly to both the responsible adult and the child before asking for informed consent/assent. They then ask for informed consent from the parent and ask the parent and the child for permission to seek informed assent from the child separately from the parent. This allows them to ensure that there is no coercion and that the child has a free space to ask questions. Additionally, they ask the parent and child for permission to go through the play therapy process without the parent being present. Finally, they emphasize to the child and the parent the principles of privacy and confidentiality that will be respected in all sessions for all things that are raised except where mandatory reporting becomes necessary.
- 3) **Allowing children to explore freely:** At the beginning of the play therapy session it was emphasized, the importance of allowing the child to explore freely and play with toys and materials of their choice. This is called non-directed play therapy and the goal during this period is for the child to choose the toys and materials they want to play with and to play in whatever way they would like during this time. There may be some toys and materials that the child may reject. It is important to observe and take note of this.
- 4) **Observing children’s behavior:** An important role for the therapist throughout the play therapy session is to observe the child’s behaviors, choices, and cues, both verbal and non-verbal. Through observing and noting what the child is doing during non-directed play, for example, it is possible to begin to understand more about what is going on in their mind, what is bringing them joy or comfort, and what toys or materials the child may reject and explore the reasons why. Observation provides the building blocks for the next sessions of play therapy where more directed approaches and questions will be asked.
- 5) **Gradually introduce more direction and questions:** After the child had a chance to explore independently, the next step is to utilize a more directed approach where the child is asked to engage in a specific type of play to explore more about their particular trauma. This may mean asking child specific questions accompanied by use of specific toys or asking them to draw pictures and having them describe what they have drawn. Expressive art is a key tool during this part of the session; the survivor expresses

themselves by drawing, like drawing their family, themselves, how the incident occurred or through modeling clay. The therapist can then observe what they have expressed through art and ask questions about what they see. Ensuring that questions remain open-ended is the key to exploring the themes that emerge through play and ensuring that the child is able to continue sharing and processing.

- 6) **Keeping the child at the center:** Throughout all the steps of a play therapy process, it is important to ensure that children remain at the center and guide the next steps. The process of getting the child to open up and share may be slow, it may happen one sentence at a time and therefore, it is important to let the child go at their own pace, one session, and one step at a time.

When implemented with these key elements in mind, Emily has found that play therapy can help children relax and feel safe in the clinical environment, build trust between the child and counselor, provide an age-appropriate way for children to process trauma, allow for both the verbal and non-verbal expression of thoughts and feelings and generate sharing and information about a child's trauma experience that is not otherwise able to be understood which is critical to support their further treatment, healing and for child survivors of sexual violence legal proceedings against perpetrators should they wish to pursue this.

The power of play therapy is best illustrated through the example of one patient, whom we will call Hope. Hope is a five-year-old girl who was orphaned and left with her grandparents. While living with her grandparents, her uncle also began staying with them and began sexually abusing Hope. Hope did not disclose the abuse to anyone, but the trauma had a profound impact on her. She was not performing well in school, became withdrawn, and developed urinary incontinence, losing the ability to control her bladder. It was at this point that Hope told her teacher that her uncle had been abusing her for a long time. The teacher reported the case to the children's department and Hope was removed from her grandparents' house and taken to a children's home.

At the children's home, they took Hope to hospital because, despite her age, she still could not control her bladder. When the hospital surgeon examined Hope, they determined that there was no issue with her urinary system, and the issue with incontinence was due to trauma and not a physical ailment. It was at this point that Hope was referred to Emily's department for counseling. Using the play therapy techniques outlined above, Emily and her colleagues created a safe space, reassured Hope that she was safe, had privacy and confidentiality and encouraged her to share. After three months of play therapy sessions, Hope shared with the counselors that the uncle had been abusing her for as long as she could remember but had been warned not to talk about it. After Hope had opened up, they were able to use play therapy and other counseling techniques to help her share more and by the fourth month, the case was taken to court. Hope had to go and testify in court. Emily was able to go as an intermediary and to bring many of the play therapy techniques, including the carpet and the toys, into the private courtroom to create a safe space where Hope was able to testify, and the magistrate was able to follow her testimony and get each of their questions answered to have complete evidence. In the end, justice was served, and Hope's perpetrator was punished for his crimes.

Integrating Play Therapy in the Justice System

As highlighted in Hope's story, a groundbreaking aspect of Emily's work has been bringing play therapy techniques into the Kenyan court system to support child survivors when they serve as witnesses. The introduction of child-specific courts and court user committees in Kenya has been helpful in increasing focus on children's needs and survivor-centered approaches that can ease children's participation in the judicial process. Emily noted that in her district, it was the magistrate who initiated her participation in the court sessions as they recognized the usefulness of having the individual counseling the child accompany the child to court.

After the success of Hope's testimony, the magistrate was quick to note the difference in how children shared testimony and evidence and the resulting speed of cases and convictions when mediated through play therapy and a trusted counselor, reinforcing the need to ensure that a trained counselor can be available to mediate during cases.

Key aspects of a successful court-based play therapy approach include:

- Creating continuity between clinical sessions and the courtroom with familiar toys and materials.
- using dolls or drawings to help children demonstrate abuse when verbal descriptions are difficult;
- Having supportive and trusted people present during the court session, this may include the counselor, other adults or even a friend with whom the child has already disclosed;
- Ideally, having child-friendly spaces within courtrooms; and
- Ensuring adequate time for pre-court play therapy sessions and post-testimony debriefing and support sessions.

While this approach is not yet widespread, Emily reports growing interest from magistrates and other court officials who have seen its effectiveness and believes that with greater sensitization and training this, approach can be more widely adopted.

Challenges and Areas for Improvement

Emily identified several challenges and areas for improvement in implementing play therapy for child survivors in Kenya and in other contexts:

1. **Lack of awareness:** Many stakeholders do not understand how play can be therapeutic and support justice processes. More resources, training and sensitization are needed to explain how play therapy can be used and successfully integrated.
2. **Limited resources:** Particularly in resource-limited contexts, courts lack child-centered spaces and appropriate materials to dedicate to creating permanent spaces for children. Emily often has to bring her own supplies, but this could be addressed by collaborating to identify the “must have” supplies that can be stored at court or made available at a clinic to ensure play therapy techniques are utilized.
3. **Need for specialized training:** Counselors, court officials, and others working with child survivors need training in child-centered, trauma-informed practices, and play therapy approaches specifically to ensure that all approaches are done in a way grounded in the “do no harm” principle. Integrating play therapy into standard protocols for working with child survivors and witnesses will also support ensuring that professionals prioritize training on these approaches.
4. **Cultural considerations:** While play is universal, practitioners must be sensitive to cultural norms around play and trauma expression and be able to adjust approaches to their particular context.
5. **Safety concerns:** Emily has occasionally faced intimidation from alleged perpetrators for supporting child witnesses. Additionally, working with child survivors and hearing their stories can lead to vicarious trauma. It is important to provide adequate support and protection to professionals working with child survivors.

Conclusion

Emily's pioneering work demonstrates the potential for play therapy to create more trauma-informed, child-centered approaches to supporting survivors of sexual violence in both clinical and legal settings. By allowing children to share experiences through play rather than relying solely on verbal communication, play therapy helps amplify children's voices in the justice process. With proper resources and training, this approach could be expanded to benefit more child survivors across Kenya and far beyond.

Citations

- 1 Their department also received support to create a child-centered space with bright colors, child-appropriate furniture, and other elements, which made the physical environment child-friendly and enticing.