

A FIELD STUDY · 2026

Reporting, Investigation & Adjudication of Child Sexual Exploitation & Abuse in Kenya

Assessing the Functionality of Child Protection Services
Through Survivor Journeys and Case Management Processes.

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A collaborative field study on the protection of children from sexual exploitation and abuse.

This report assesses the effectiveness Kenya's child protection system in addressing Child Sexual Exploitation and Abuse (CSEA), from the moment a case is reported, through investigation and medical care, to adjudication in the courts, and maps the journey and experiences of the child survivor while navigating the system.

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List of Abbreviations

ACRWC	African Charter on the Rights and Welfare of the Child	AAC	Area Advisory Committee
CSEM/CSAM	Child Sexual Abuse and Exploitation Materials	BBC	British Broadcasting Corporation
CAC	Children's Advisory Committee	CSEA	Child Sexual Exploitation and Abuse
CPIMS	Child Protection Information Management System	CCI	Charitable Children Institution
CSO	Civil Society Organisation	CUC	Court Users Committee
CTS	Case Tracking System	DCS	Directorate of Children Services
CPVs	Child Protection Volunteers	FGM	Female Genital Mutilation
HURINET	Human Rights Network	IEC	Information, Education and Communication
IJM	International Justice Mission	INSPIRE	Implementation and enforcement of laws; Norms and values; Safe environments; Parent and caregiver support; Income and economic strengthening; Response and support services; and Education and life skills
NGO	Non-Governmental Organization	NACOSTI	National Commission for Science, Technology and Innovation
NCMEC	National Center for Missing & Exploited Children	NCRC	National Crime Research Centre
OB	Occurrence Book	OCSEA	Online Child Sexual Exploitation and Abuse
ODPP	Office of the Director of Public Prosecutions	P&C	Protection and Care (form)
PEP	Post-Exposure Prophylaxis	PRC	Post-Rape Care (form)
SDG	Sustainable Development Goal(s)	SGBV	Sexual and Gender-Based Violence
SMS	Short Message Service	SOPs	Standard Operating Procedures
SPSS	Statistical Package for the Social Sciences	TFCAC	Technology-Facilitated Crimes Against Children
TWG	Technical Working Group	UNCRC	United Nations Convention on the Rights of the Child
USAID	United States Agency for International Development	WHO	World Health Organization
UNICEF	United Nations Children's Fund		



One of the gravest violations of children's rights: Sexual Exploitation & Abuse.

This field study assessed how Kenya's child protection system handles survivors from reporting, investigation and adjudication across seven counties.

01- Executive Summary

Child Sexual Exploitation and Abuse (CSEA) constitute one of the gravest violations of children's rights worldwide. In Kenya, prevalence of defilement and teenage pregnancy averages at 15% (KDHS, 2022) with some counties presenting higher statistics than the National average. In the Rift-Valley region, Samburu County, prevalence of defilement is at 50.1%, North-eastern region in Marsabit county at 29.4%, Eastern Region in Meru at 23.6%, Nyanza region in Siaya at 20.9%, Coast region, in Taita/Taveta county at 18.4%, Western Region in Busia County at 18.3%, and Central region in Kiambu at 11.9%. In Kenya, prevalence of Female Genital Mutilation (FGM) is high Wajir at 97.2%, Mandera at 95.9%, Garissa at 94%, Marsabit at 83%, Samburu at 75.6%–86%, Kisii and Nyamira: 70.3%–77.3%, Narok at 51% and Tana River: 60.1%. The role played by CSEA actors in child protection is critical in access to justice for survivors, however, review of literature reveals that little attention has been paid to understanding the capacity and capability of CSEA actors in handling cases of child exploitation in Kenya.

Additionally, there are gaps in the legal framework, and policies implemented are not monitored or evaluated to facilitate learning and corrective action. This study therefore aims at investigating the capacity and capability in respect of CSEA investigations and child protection systems at both the county and national levels, map the survivor journey of a CSEA investigation, including case management and case referral processes for survivors and understand the legislation in place and challenges faced in enforcing them. The study developed recommendations on how the survivor journey can be improved including the reducing pain points and enhancing of positive moments, how data systems can be enhanced and capability heightened and pinpoint systemic gaps in legislation and policy frameworks that need addressing.

This study was conducted in 7 counties of Nakuru, Nairobi, Mombasa, Kisumu, Garissa, Busia and Kisumu to assess the Functionality of Child Protection Services through Survivor Journeys and Case Management Processes in Kenya, from reporting, investigation and adjudication. This study defines CSEA as any act that subjects a child to sexual activities for the purposes of sexual gratification, financial gain, or other benefit, including offline and online sexual abuse. The study adopted a mixed methods research design, incorporating both qualitative and quantitative approaches. In this design, triangulation of data findings was done where findings from observational studies, key informant interviews and case reviews were compared. Findings were cross-verified to promote validity, credibility, accuracy and precision of research findings.



Despite Kenya's progress in strengthening child protection systems, the prevalence of child sexual exploitation and abuse remains high, exposing critical gaps in access to justice, coordination, and survivor-centered care

Key Findings

- Majority of survivors of CSEA are **female (79%)** between the ages of **6 and 11 years old (39.2%)** and vulnerable to people around them **(54.7%)**.
- Majority of perpetrators of CSEA are **Male** between the ages of **18-35 (29.8%)**.
- Child Protection Data Systems aid in child protection with some challenges linked to duplication and resourcing.
- Police, hospitals and courts are the main agencies handling CSEA cases in Kenya with some limitation in feedback for survivors and longer case durations.
- 75%** of agencies studied utilise computers while **25.5%** do not. **64.3%** of the Police, **42.9%** of Hospitals and **15.4%** of CSOs do not use computers in case management.
- 27.6%** of the Children officers and **24.1%** of Courts said technology is useful to them to a great extent while **33%** of police stations said technology is useful to them at a moderate extent and **33%** low extent. For hospitals, **55.6%** reported that technology is useful to a low extent.
- 61%** of CSEA survivors received treatment within 72 hours with **limitations in psychosocial support**.
- Case outcomes are influenced by **psychological state of the survivor, misapplication of the law** in some cases and **traditional Informal Systems** that continue to operate.
- There is limited awareness on **evidence preservation**.
- Existing laws and policies in child protection are **not adequately implemented**.

79%

of CSEA survivors in reviewed cases were female

54.7%

were abused by someone known to them — most often a neighbour

61%

received medical treatment within the critical 72-hour window

Key Recommendations

Strengthen trauma-informed approaches
for survivors

Reduce case durations and adjournments.

Establish mobile reporting & medical outreach units.

Strengthen CPIMS and Data Integration

Enforce Standardised Forensic Evidence Preservation

Continuous training of CSEA actors

Conduct Appropriate assessments before bail or bond.

Awareness creation on the consequences of traditional systems.

Strict Application of CSEA laws.

02 - Definition of Terms

Adjudication of CSEA

Legal process involving a multi-agency approach in identifying, investigating, prosecuting, and ruling of cases involving CSEA. It makes reference to existing National and International legal frameworks on CSEA such as the Kenyan Sexual Offences Act (2006), Criminal Penal Code, Children's Act (2022), Kenya Data Protection Act (2019) and other policies on Child Protection in Kenya and beyond.

Aftercare Services

Support provided to a survivor who has gone through the case management and case referral process for the purpose of reintegration back into their family and community. This includes psychosocial support and provision of safe shelter.

Agencies/Actors handling CSEA

These are key players in the case management and referral processes, including both state and non-state actors. They provide specialized care including emergency shelter, psycho-social support, forensic/medical care, investigation, legal aid and access to justice. They function to prevent, detect, and respond to child abuse, including online exploitation, through reporting mechanisms, victim rescue, investigation and rehabilitation.

Case Management

A structured, interactive and dynamic process that starts from case uptake to case closure.

Child

Any person below the age of eighteen (18) years, in accordance with the Constitution of Kenya (2010) and international child rights instruments.

Child Protection

The safeguarding of children from violence, exploitation, abuse and neglect. It involves identifying signs of potential harm, responding to allegations or suspicion of abuse, providing support and services to protect children and holding perpetrators accountable.

Child Survivor

Any individual below the age of 18 (minor as defined by Kenyan Law) who underwent any form of abuse and/or exploitation and has received some form of support to aid in their recovery process.

CSEA

Any act that subjects a child to sexual activities for sexual gratification, financial gain, or other benefit, including offline and online sexual abuse, exploitation, trafficking, and the production or sharing of child sexual abuse material.

Reporting of CSEA

Disclosure of abuse to authorities of incidences of exploitative acts against minors including both offline and online CSEA.

Investigation of CSEA

Systematic process of identifying, probing, and prosecuting crimes involving sexual exploitation of minors. It involves both offline and online threats such as grooming and trafficking aiming toward legal accountability.

Functionality of Child Protection Systems

The capability of the institution/agencies in child protection to conduct systemized, proactive and reactive response, timely and quality services to child survivors by coordinating with other agencies in the referral process while implementing and upholding legal frameworks and policies on child protection, to ensure safety and general wellbeing of children.

Survivor Journey Map

A tool that maps the entire, chronological experience of a child survivor of child sexual exploitation and abuse from initial identification and reporting to investigation to justice. It is used to identify gaps, such as delays in legal processes or trauma in reporting, to improve the efficiency and survivor-centeredness of the response system. The map is survivor - centered, and documents actual ('pains points' and 'positive moments' of a child survivor), lived experience of children accessing protection services, with a strong focus on strengthening case management and referral systems.

Case Withdrawal

A formal process of discontinuing a case or criminal charge before a final judgment is issued. Usually initiated by survivor, family or prosecutor via a notice or application to the court.

Case Acquittal (also known as case dismissal)

A formal legal judgment in a criminal case, rendered by a judge or jury, that the accused person is "not guilty" of the charges.

CSEA Materials

Any individual below the age of 18 (minor as defined by Kenyan Law) who underwent any form of abuse and/or exploitation and has received some form of support to aid in their recovery process. Any material whether written, film, video or audio, electronic or digital; either self-generated or outsourced, that contains sexually explicit information targeting children with an intention of exploiting them sexually and is prosecuted as child pornography in Kenya.

Online CSEA/Technology Facilitated Crimes Against Children

Offenses where digital technology such as mobile phones, internet, social media, messaging apps, gaming platforms, or emerging technologies are used to target, exploit and harm children. These crimes include child pornography, live streaming, online grooming, sexting, sextortion, cyberbullying and cyber trafficking.

Defilement

Sexual intercourse or any act which causes penetration with a child. Consent being legally irrelevant, and it applies regardless of the gender of the victim or the perpetrator (Sexual Offenses Act, 2006).

Sexual Assault

Any indecent acts with a child as defined under Section 8 of the Sexual Offenses Act (2006). This involves contact between any part of the body of a person and the genital organs, breasts, or buttocks of a child, or exposure of such parts, but which does not amount to penetration. It captures sexual touching or conduct short of penetration.

Child Marriage

Any formal or informal union where one or both parties are below the age of eighteen (18) years, Kenyan law sets 18 years as the minimum legal age for marriage, and any marriage involving a minor is null and void.

Female Genital Mutilation (FGM)

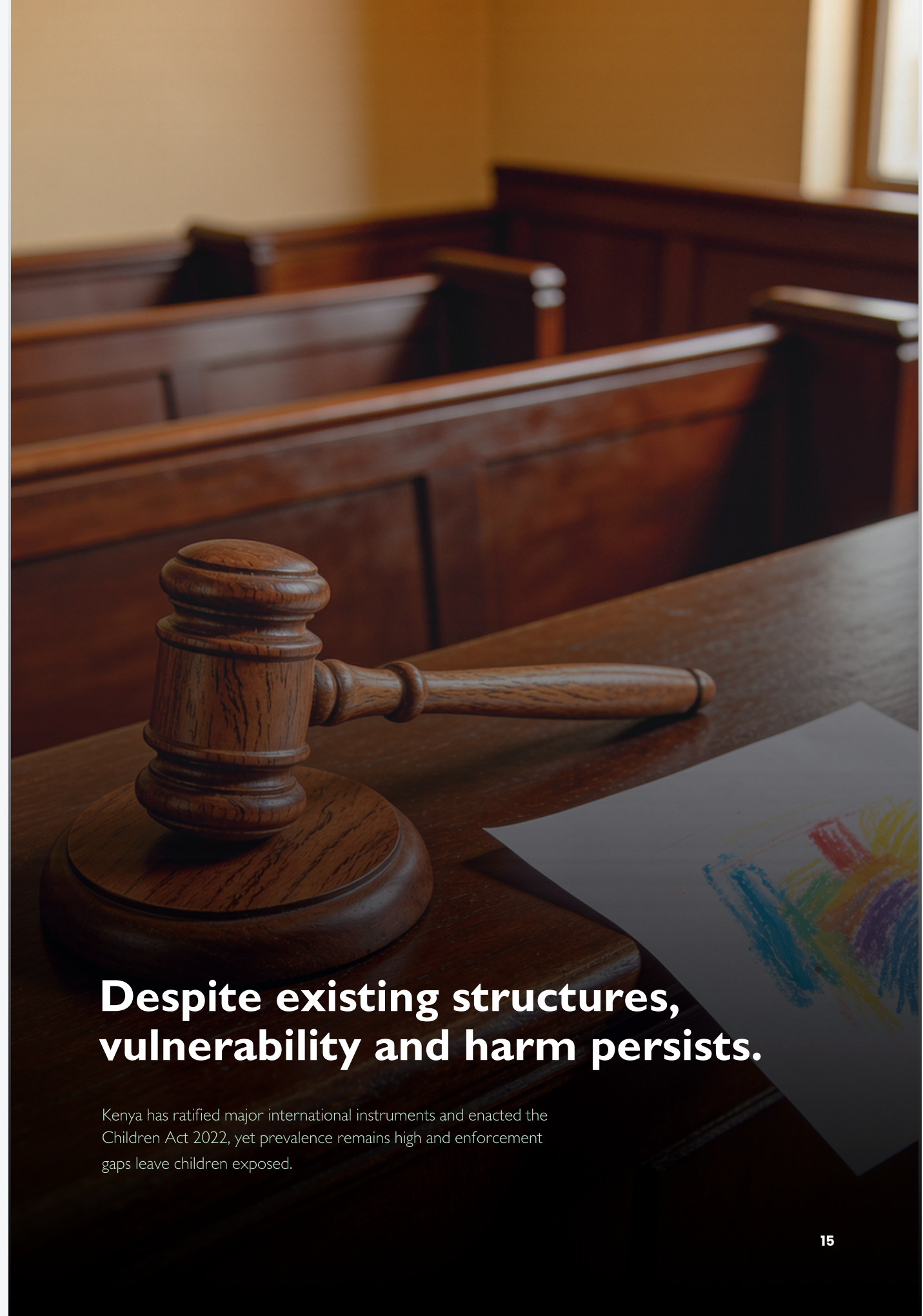
All procedures involving the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It is recognized as a harmful cultural practice and a violation of human rights, particularly affecting girls under eighteen, and is subject to strict legal penalties (Prohibition of Female Genital Mutilation Act 2011) Kenya.

Sextortion

The abuse of power or authority to obtain sexual favors through coercion, threats, or manipulation, particularly in contexts where there is a power imbalance and where a child is involved. It can happen both online and offline.

Incest

Any male or female person who commits an indecent act or an act which causes penetration with a male or female person who is to their knowledge is a daughter, granddaughter, sister, mother, niece, aunt or grandmother, son, father, grandson grandfather, brother, nephew or uncle is guilty of an offence termed incest.



Despite existing structures, vulnerability and harm persists.

Kenya has ratified major international instruments and enacted the Children Act 2022, yet prevalence remains high and enforcement gaps leave children exposed.

03 - Background & Introduction

Child Sexual Exploitation and Abuse (CSEA) constitute one of the gravest violations of children’s rights worldwide. The United Nations Convention on the Rights of the Child (UNCRC, 1989) and its Optional Protocols^[1] established binding obligations for states to prevent and respond to sexual exploitation and related violations. These global commitments are reinforced by United Nations Sustainable Development Goal (SDG) 16.2, which calls for the elimination of all forms of violence against children. Complementary strategies, such as WHO’s INSPIRE framework (2018) and UNICEF’s Advocacy (2010) emphasize evidence-based prevention and accountability (Cohen et al., 2010). Despite these progressive frameworks, children remain exposed to sexual exploitation and abuse due to weak enforcement, underinvestment in child protection and fragmented service delivery systems.



Globally, 650 million (or 1 in 5) females alive today have been subjected to sexual violence as children (UNICEF, 2025); among males, between 410 and 530 million (or 1 in 7) experienced sexual violence in childhood. In Africa, CSEA is shaped by intersecting vulnerabilities such as poverty, conflict, harmful practices, and institutional capacity gaps (WHO, 2011). Regional frameworks, including the African Charter on the Rights and Welfare of the Child (ACRWC 1990), have established legal foundations for prohibition of child marriage and betrothals, recruitment into armed forces, right of pregnant girls to continue their education, and rights of refugee and internally displaced children to received unique protection. However, widespread harmful practices and limited enforcement mechanisms enable exploitation and abuse to persist.

According to the 2019 Survey on Violence Against Children, the Ministry of Labor and Social Protection estimated that 23% of girls in Kenya were married before the age of 18. (where in Kenya, the age of consent is at 18, SOA 2006). Data from electronic medical records at the Gender Violence Recovery Center between 2021 to 2022 reveal that defilement accounted for 40.8% of all reported cases, with most perpetrators known to the child—often parents, teachers, religious leaders, or neighbors (GVRC, 2022). This highlights a worrying trend of sexual abuse occurring within trusted circles; complicating detection, reporting, and access to justice for survivors due to the fear of stigmatization and preference of resolving these cases using informal systems (Ramirez et.al, 2022). The 2019 VAC survey (KNBS, 2019) highlighted that online sexual exploitation is increasing, driven by high internet penetration among minors and limited digital literacy among parents and guardians which limits identification and reporting of OCSEA.

Kenya has made significant strides by ratifying major international treaties such as the UN Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC), and enacting The Children Act 2022,

^[1] Especially the [Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography \(OPSC\)](#).

several critical enforcement gaps however still persist (Ndirangu Emmanuel & Diana, 2022) due to lack of technical capacity to enforce existing regulations, political interference, in-effective internal controls and limited accountability mechanisms. County-level data document prevalence of cases such as teenage pregnancy, FGM, Online CSEA, defilement, and sexual violence, underscoring the need for targeted responses.

The National Crime Research Centre (NCRC) provides summaries of chronic crimes and offenses, comparing the prevalence of exploitation and abuse in Kenyan Counties compared to the national average (Katungati, 2020). The national average of defilement in Kenya stands at 31.3% with prevalence higher in two main counties i.e. Samburu 50.1%. and West Pokot 36.3% (KDHS, 2022). The report also estimates prevalence of online CSEA at 13% driven by high internet penetration especially within urban areas.

The 2022 Kenya Demographic and Health Survey Indicator Report, recorded a high prevalence of teenage pregnancy in Kenyan counties. In Samburu, prevalence was highest at 50%, followed by Marsabit at 29.4%, Meru at 23.6%, Siaya at 29.4%, Taita-Taveta 18.4%, Busia at 18.3% and Kiambu at 11.9%. In Kenya, the national average of Female Genital Mutilation (FGM) stood at 15% (KDHS, 2022) with prevalence high in the following counties: Wajir at 97.2%, Mandera at 95.9% (with over 90% in specific areas like Alungu village), Garissa at 94%, Marsabit at 83%, Samburu at 75.6%–86%, Kisii and Nyamira: 70.3%–77.3%, Narok at 51% and Tana River: 60.1%.

A 2010 study by the National Council for Children Services assessed the effectiveness of Kenya’s child protection system. The study established the existence of a contextual gap with limited recent studies of the topic in Kenya. The current legal framework although robust lacks, the existing bills, laws and policies are not harmonized, and in many cases are contradictory, often resulting in procedural and substantive confusion (NCCS, 2010). In addition, many policies are adopted, but are not implemented, monitored or evaluated. Complicating matters further is that many duty bearers are not aware of all the different laws and policies, regulations and guidelines, leading to misapplications that result in children falling through what should be a protective net.

The increasing access and use of digital platforms such as social media and gaming sites in Kenya challenges efforts by agencies handling CSEA to protect children from online threats such as cyberbullying, sextortion, and exposure to harmful content from online predators. Keeping up with rapidly evolving technologies and enforcing relevant laws is an ongoing struggle (Sirima, 2024). Continuous review and improvement of existing laws and policies, along with sustained commitment and investment in child protection, are necessary to create a safer environment for children. Addressing these policy gaps and challenges requires coordinated efforts involving government agencies, civil society organizations, international partners, and the public (Bertucci, 2000).

Child protection in Kenya faces challenges and limitations over the years. The Government of Kenya developed the Child Protection Systems Guidelines (2013) to provide structure for coordinated action in the 47 counties of Kenya so that all formal and informal actors can deliver more professional services within the realm of child protection. These guidelines are meant to guarantee more sustainable actions and responses towards children and their families.

The National Plan of Action (2015-2022) also outlines priorities designed to address gaps in child protection and support the realization of children's rights in Kenya. There are emerging issues, anticipated challenges and risks in the actualization of the NPA including (a). Inadequate coordination of services among key stakeholders in the children sector; (b). Inadequate disaggregated data and information from various regions and sectors to inform the Plan on situations of various categories of children; (c). Weak enforcement of legislation and policies; (d). Inadequate resources to implement the planned activities; (e). High levels of poverty. However, they encounter various challenges, such as inadequate infrastructure, a lack of effective coordination and linkage among service providers along the continuum of care, and harmful patriarchal norms that discourage the reporting of abuse (Wangamati et al., 2021). The crucial role of service providers who support survivors of child sexual abuse in Kenya is undeniable.

Against this backdrop, this study sought to examine the functionality of child protection services in addressing CSEA, through survivor journeys and case management practices in Kenya.

County Profiles

Kenya is divided into 47 counties, a system established under the constitution of Kenya 2010 which replaced the former eight provinces/regions (Central, Coast, Eastern, Nairobi, North Eastern, Nyanza, Rift Valley, and Western). The study focuses on 7 out of the 47 counties.

CSEA in Garissa, Kisii, Busia, Nairobi, Mombasa, Kisumu and Nakuru is a critical concern driven by various factors. Counties of Kisumu, Garissa and Busia for instance, experience harmful cultural practices such as child marriages and forced marriages. Girls and boys are exploited in commercial sex in Kisumu, particularly in the informal settlements (SGBV Policy, 2019).

In Mombasa County, sexual exploitation and abuse is primarily driven by tourism, poverty, and increasing online criminality (Olum et.al, 2025). The report by Olum further indicated that thousands of children in the Mombasa region are involved in sex tourism, with a growing number of cases involving online solicitation and sexual abuse.

Nakuru has been identified as a hotspot county for child trafficking, physical, sexual and online abuse, particularly within the informal settlements, transit towns like Maai Mahiu, and areas with high numbers of flower farm workers (Wanyonyi, 2024). In Busia County, sexual abuse is the second most common form of child abuse in the county with significant cases of defilement and commercial sexual exploitation recorded (African Network, 2021). As a border county neighboring Uganda, Busia is a prime entry and exit point for cross border child trafficking for the purposes of child labor as well as exploitation and abuse.

Garissa County hosts refugee camps, especially Dadaab camp, one of the largest refugee complexes in the world hosting over 240,000 to over 400,000 registered refugees primarily from Somalia (UNHCR,2023). According to the KDHS report, prevalence of FGM in Garissa is at 94%, significantly higher than the national average at 15% (KDHS, 2022).

Sexual abuse cases are at 5 rapes per 1000 women monthly in Dadaab with a few reported (Abdi, 2016); mainly attributed to the preference of Maslaha system, a traditional dispute resolution mechanism where elders listen and give directions on a matter. In Kisii County, prevalence of FGM is estimated between 70.3%–77.3% (KDHS, 2022) and was worsened by the impacts of Covid-19 where school-going girls were significantly affected (Orucho, 2022).

Nairobi County, Kenya's largest city and capital, records the highest rates of OCSEA (Okoth, 2024). Due to the rising internet access, children aged 12-17 are increasingly targeted via social media for grooming, sextortion, and the production of Child Sexual Abuse Material with about 7% of internet-using children in Kenya reporting being offered money or gifts for sexual images (Mutura, 2025).

In the last decade, Kenya has made significant progress in Child protection including the establishment of The Kenya Children Policy (2025) which emphasizes the necessity of a multi-sectoral approach to child welfare, recognizing that the survival, development, protection, and participation of children require a concerted effort from all sectors of society but limited contextualization and implementation within the 47 counties remains a challenge.

**Nakuru**

A hotspot for child trafficking and physical, sexual and online abuse, especially in informal settlements, transit towns such as Maai Mahiu, and flower-farm areas.

**Nairobi**

Records the highest rates of OCSEA. Rising internet access exposes 12–17-year-olds to grooming, sextortion and the production of abuse material.

**Mombasa**

Sexual exploitation is driven by tourism, poverty and rising online criminality, with thousands of children reported in sex tourism and online solicitation.

**Kisumu**

Children are exploited in commercial sex, particularly in informal settlements. The county has pioneered specialised SGBV courts that expedite cases.

**Garissa**

Hosts the Dadaab refugee complex (240,000–400,000+ refugees). FGM prevalence is 94%; the Maslaha traditional system is widely preferred over formal justice.

**Busia**

A border county with Uganda, a prime entry/exit point for cross-border child trafficking. Sexual abuse is the second most common form of child abuse.

**Kisii**

FGM prevalence is estimated between 70.3% and 77.3% , a situation worsened during the COVID-19 period, when school-going girls were significantly affected.

Problem Statement

Kenya has made significant efforts to empower CSEA actors in data systems and enforcement of existing legal frameworks for effective reporting, investigation and adjudication of cases involving online and offline child exploitation. Despite this progress however, prevalence of CSEA remains high. The national average of defilement in Kenya stands at 31.3% with prevalence of online CSEA at 13% driven by high internet penetration especially within urban areas. According to a 2020 study by the National Crime Research Centre (Katungati, 2020), levels of satisfaction with actors in regard to crime prevention measures were found to be lowest for the police compared to other actors. Dissatisfaction with the National Police Service was revealed at 63.8%, health institutions at 26.8%, the Judiciary at 21.1%, Civil Society Organizations including Faith-Based Organisations, Community Based Organisations at 2.9% and Children Department at 1.7%.

The role played by CSEA actors in child protection is critical in access to justice for survivors, however, review of literature showed that little attention has been paid to understanding the capacity and capability of CSEA actors in handling cases of child exploitation. Additionally, there are gaps in the legal framework, and policies implemented are not monitored or evaluated to facilitate learning and corrective action. This study, therefore, aims to address these limitations.

A Mixed- Methods Research Design was used to answer the Research Questions.

Observation, in-depth interviews and case reviews across seven counties cross-verified to promote validity, credibility, accuracy and precision.

04 - Methodology

Objectives of the study

The overall objective of this study was to assess the Functionality of Child Protection Services through Survivor Journeys and Case Management Processes. The study was guided by the following objectives:

Specific Objectives

- 1 Assessing the capacity and capability in respect of CSEA investigations and child protection systems at both the county and national levels.
- 2 Mapping the survivor journey of a CSEA investigation, including case management and case referral processes for survivors.
- 3 Understanding the legislation in place and detailing the challenges faced in enforcing existing child protection laws and policies especially as they relate to CSEA.
- 4 Developing recommendations on:
 - A. How the survivor journey can be improved
 - B. How data systems can be enhanced and capability heightened
 - C. Pinpointing systemic gaps in the legislation and policy frameworks that need addressing

Pilot Study

Before undertaking the full-scale study on the reporting, investigation, and adjudication of CSEA in Kenya, a pilot study was conducted. The purpose of the pilot study was to: **test and refine the research design and tools** by assessing the feasibility, reliability, and validity of the proposed research methods. This included refining research questions and identifying gaps or limitations in data collection instruments to improve the quality of the full-scale study; **identify practical and logistical challenges** by uncovering field-level challenges, such as issues in engaging stakeholders, using the sampling framework, and collecting reliable data and insights that would help improve planning, coordination, and implementation of the main study; **evaluate data analysis strategies and enhance research efficiency** by testing the proposed data analysis techniques, generating preliminary insights and determining whether these methods could produce meaningful findings, while also revealing ways to avoid inefficiencies and optimize use of resources in the full study.

This pilot study helped identify gaps in the data collection instruments and provided a practical opportunity to engage with key stakeholders, who would be critical to the main research. It also allowed the research team to evaluate whether the proposed sampling framework was effective in accessing relevant data, and whether the proposed tools could capture sufficient and accurate data needed for analysis. Additionally, the pilot study tested the data analysis techniques that were planned for use in the broader research. Several benefits emerged from conducting the pilot. It offered researchers fresh ideas, approaches, and practical insights that had not been anticipated during the initial planning phase. Importantly, it also helped avoid potential inefficiencies, thus saving time and resources in the long term.

Feasibility, Validity and Reliability tests of Research Instruments

Pilot study data was collected in Nakuru County: in Molo and Nakuru West Sub-Counties where the design of the questions were found to be logical, clear and exhaustive of the domain of concept. A reflection meeting was held with the enumerators involved in the pilot study which enabled further sharpening of the data collection tools. Testing of tools developed for case reviews were also conducted in Nakuru West Sub-County Children Office to assess their relevance and applicability. This informed the methodological approach for case reviews.

Reliability testing was conducted to assess consistency of the observation checklist and its performance during pilot and actual data collection. This enabled identification of potential failure points and ensured that the research instrument (observation checklist) met its intended purpose and performance criteria. According to Franket & Wallen (2000), the acceptable reliability threshold for a research tool is set at an alpha score of 0.7 and above. Reliability tests for the study were performed at 95% confidence level and a **high alpha score of 0.805** was found on the tool (n=17) hence showing an acceptable level of instrument reliability.

TABLE I
Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.805		17

Validity of research instruments

In order to test for the degree to which the result obtained from the data collection tools represents the actual phenomenon understudy, an advisory group made up of a university professor, a Child Protection expert, Social Scientist and PhD scholar, reviewed the research instruments. By utilizing content validity, the advisory group read through the interview guide, observation checklist and case review toolkit and gave comments on whether the items in the tools captured the topic effectively. After several consultations, reviewing and editing, the team approved the instruments.

Research Design

The study adopted a mixed-methods Research Design, incorporating a mix of qualitative and quantitative approaches. In this design, triangulation of data findings was done to promote accuracy, precision and establish associations, rather than proving cause-and-effect relationships. By using observation studies, in depth interviews, case reviews and existing Government reports/literature, the study was able to address the research questions more comprehensively.

The research design enabled the investigation of common factors in terms capacity and capability in respect of CSEA investigations and strength of child protection systems at the county levels, mapping the survivor journey through case management and case referral processes, detail the challenges faced in enforcing existing child protection laws and policies especially as they relate to CSEA and generate recommendations on:

how the survivor journey can be improved, how data systems and capacity can be enhanced, and pinpointing systemic gaps in the legislation and policy frameworks that need addressing. The study also assessed the association between case management and attainment of justice for survivors. Data collection methods consisted of observation schedules, in-depth key informant interviews, case review sheets and systematic review of existing reports/literature, interventions, policies and legal frameworks in child protection. The following research approaches were utilized:

1. Observational Studies

The use of observational studies involved trained researchers observing and collecting data at a child protection agency without intervening or manipulating the subjects, aiming to witness the operational practices first-hand. The research assistants aimed to observe the use of data systems by the staff, case documentation and storage of files, confidentiality in case reporting, trauma-informed staff, clear institutional mandate and coordination with other agencies in child protection. The research assistants observed and recorded information about the subjects and agency using an observation schedule sheet that was provided during training. The focus of the observation study was to understand the process of case management, use of data systems by agencies and existing relationships/coordination between actors handling survivors of CSEA. The identity of the stakeholders observed were kept anonymous, and no names/identification details were written on the observation sheets. Observations were conducted within the same agency where the in-depth interviews were undertaken with a total of 56 agencies observed.

2. In-depth Interviews

The interview questions were mostly open-ended, allowing the respondent to give anecdotal evidence to support their opinions. The key informants for the study included key personnel and stakeholders involved in CSEA. From the key informant interviews, the study sought to identify the strengths in CSEA investigations and child protection systems in the seven counties. In addition, the study sought to examine the challenges and gaps in enforcing existing child protection laws and policies related to CSEA. In total, 58 stakeholders were interviewed for the study.

3. Case Reviews

The review entailed an assessment of cases that have gone through judicial processes and closed between 2019 and 2025. At the time of conducting this study, the cases were being recorded and kept in a case file within the criminal registry in the Children's Courts. Case reviews entailed a systematic review of the survivor journey from reporting, investigations, referrals, prosecution, and adjudication. Additionally, the case review process involved a review of the roles and responsibilities of various actors involved in the survivor's journey, applicable legislation at each stage, and the challenges ("pain points") or successes ("positive moments") experienced throughout the journey. The methodology for case reviews involved a systematic approach with key stages: defining the case and case boundaries, developing key areas of inquiry, collecting data through document analysis and reporting the findings in a comprehensive and structured case review sheet. The case reviews were anonymized and coded using the format; Abbreviation for Organisation/County/Case number/Year when case was closed for instance a case review in Nakuru County was coded as MH/NKR/CSEA001/2023.

This process emphasizes thorough data collection, the use of multiple data sources in the files for triangulation, and a clear link between the case and relevant laws/policies to provide a deep, contextual understanding of the topic. The primary tools for review were a Case Review Sheet and a Case analysis toolkit developed by the researchers at MIDRIFT. The tools enabled the collection of both qualitative and quantitative data selected based on a clear inclusion and exclusion criteria. A total of 356 files were reviewed (population size) and a sample of 57 selected to represent the population. The data is summarized in Table 2.

TABLE 2
Case reviews

County	Population Size (N)	Sample Size (n)
Nairobi	22	8
Nairobi — DCI-AHTCPU	12	3
Mombasa	21	7
Mombasa — DCI-AHTCPU	7	3
Garissa	77	8
Kisii	78	6
Busia	80	8
Kisumu	26	6
Nakuru	33	8
Total	356	57

Sample Size and Sampling Criteria

This study strategically selected hotspot counties for investigation considering the following aspects: percentage of proportion of women aged 15-19 who had ever been pregnant, prevalence of FGM, hotspot counties for online CSEA, population distribution of children, prevailing security situation in those counties, regional representation of the Counties in Kenya, accessibility in terms of road & infrastructure, counties that form regional headquarters, proximity of counties to each other, and existing partner networks for easy navigation of the study enumerators. The counties that met the criteria were selected as the research counties including: Garissa, Kisii, Busia, Nairobi, Mombasa, Kisumu and Nakuru.

The target population for the study was selected using both random and non-random techniques to promote relevance and reduce bias in the research groups. Agencies at the sub-county level were selected purposefully for Key Informant Interviews (KIIs) and the observational studies in each county. The agencies observed were also where key informants were sourced. In each of the 7 counties, 2 sub-counties were selected and the agencies reached. The Sub-Counties include: Kisauni, Garissa Township, Teso South, Nyaribari-chache, Kasarani, Kibra, Matayos, Nyaribari Masaba, Kisumu Central, Daadab, Likoni, Kisumu East, Gilgil and Nakuru East.

For case reviews, some case files also involved multiple survivors with one accused person; and others involved a single survivor and multiple accused persons. Due to different bureaucratic and contextual dynamics in the counties, the researchers reviewed all the 356 cases and sampled 57 cases based on an inclusion and exclusion criteria.

Inclusion and Exclusion Criteria for Case Reviews

- **Homogeneous group- only cases of CSEA including: Sexual Abuse:** (Defilement, Sodomy, indecency), Teenage pregnancy, Child marriage, Online CSEA including (Livestreaming of live child sexual abuse, Cyber stalking and abuse live-streams, and using subscription-based platforms for abuse, Exposure to sexual content and sending explicit content to minors, gaming platforms and social media/chat functions or apps, arranging offline meetings), Child trafficking (for the purposes of Sexual exploitation, child pornography, sexual slavery), Abduction (for the purposes of sexual abuse), Neglect (leading to survival sex, being lured by traffickers), Sextortion (coercing a child to provide sexual favors by threatening them) and Child Prostitution
- **Cases that have been closed:** Cases that have reached a final resolution within the last 5 years (2019 to 2025) e.g. judgement, dismissal or withdrawal.
- **Cases concluded within the 7 selected Counties of:** Mombasa, Nakuru, Kisumu, Nairobi, Kisii, Busia and Garissa.
- **Complete case files:** case files that represent the entire, organized record of cases from initiation to disposal of the matter within the select period.

Ethical Considerations

Ethical standards were applied in the planning of the study, design of data collection tools, collection of data, analysis and reporting on the findings and in the dissemination and use of the results. Before deployment, research assistants were trained on data handling and professional conduct during the entire data collection process; and adherence to all ethical requirements stipulated under the Data Protection laws in Kenya. Participants were contacted beforehand where willingness to participate was sought; the research process was explained to them and interview visits scheduled. Case review data was anonymized, recorded and used only for research purposes. Only descriptive information, e.g. gender, age, disability, relationship of perpetrator to the child etc. was collected during the case review, and no pictures were recorded in the process. Informed consent was also sought from all respondents during which the research assistants explained the purpose of the research. The research assistants obtained consent to record audios of the interviews and from the target respondents.

These recordings were kept confidential and after transcription, they were deleted. In the case review process, researchers who experienced vicarious trauma were supported by the MIDRIFT psychologist as stipulated in the MIDRIFT Safeguarding policy 2024. The in-house psychologist conducted debriefs with the team before, during and after the case review process. One-on-one phone conversations were also organized for the researchers to receive real-time support when they needed. MIDRIFT HURINET also provided the research assistants with a research approval letter from Kenyatta University Ethics Review Committee, a research permit from NACOSTI, an approval letter from the office of the Inspector General-National police Service, an approval letter from the Principal Secretary-Directorate of Children Services and an approval letter from the Registrar of Magistrates Courts which coordinates all Children Courts in Kenya. The approval letters are ethical and legal requirements in Kenya for undertaking studies involving children. The letters also served as authorisation for Key Informants to participate in the research within the respective counties. All the primary data was handled only by authorized MIDRIFT investigators to ensure privacy and confidentiality of the information provided. Picture taking was forbidden

Data Analysis Techniques

Quantitative data was cleaned and edited for completeness then coded to translate responses into specific categories. The data was then exported into SPSS version 26 and analyzed using descriptive statistics such as the frequencies and percentages, then presented in tabular form for easier comprehension. Analysis using inferential statistics was conducted, which included reliability testing on research instruments. Graphs and pie charts were generated using Excel for data visualization.

Qualitative data on the other hand was transcribed, cleaned and analyzed using NVivo software based on thematic and content analysis where findings were grouped into themes and then checked for similarities in patterns and frequencies of words and codes. Responses with common themes or patterns were grouped together into coherent categories and presented in narrative and graphical formats.

Data was presented based on specific responses to the research questions: strengths and gaps in CSEA investigations and child protection systems at both county and national levels; handling of child survivors of CSEA during CSEA reporting, investigations, case management, and referrals; and challenges faced in enforcing existing child protection laws and policies as they relate to CSEA. Findings from observation sheets, case reviews and in-depth interviews were triangulated for a more comprehensive and nuanced perspective of the research subject. The results and findings are presented in the next section.



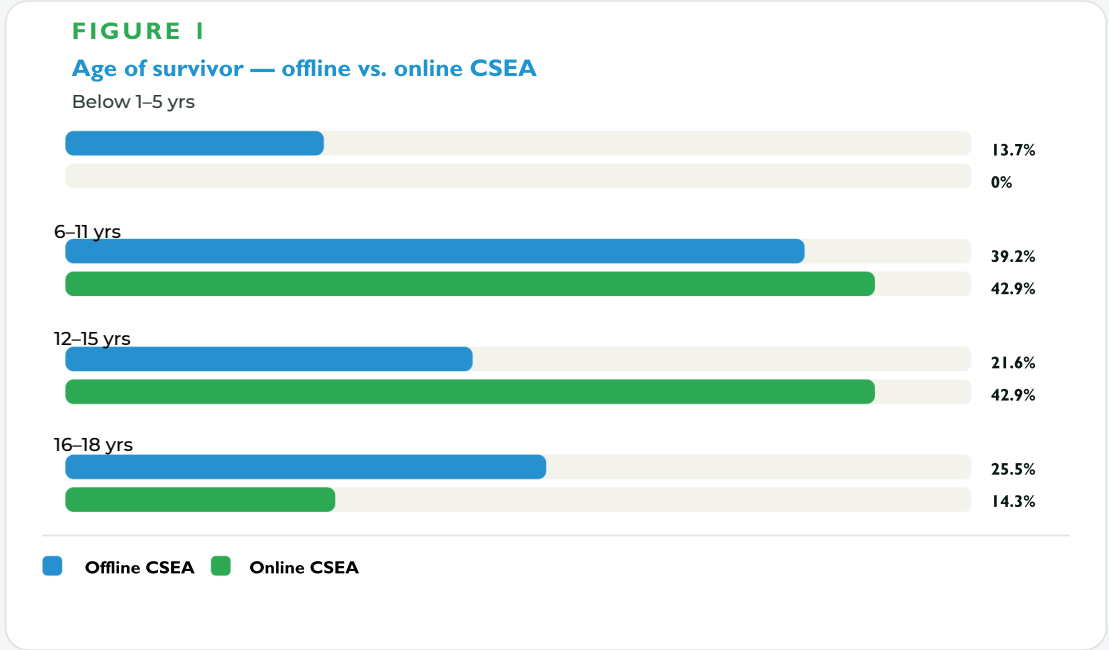
What the case files, observations and interviews revealed.

Demographics, forms of abuse, data systems, referral networks, treatment, the legal framework, case duration and outcomes triangulated across observations, interviews and 356 case files.

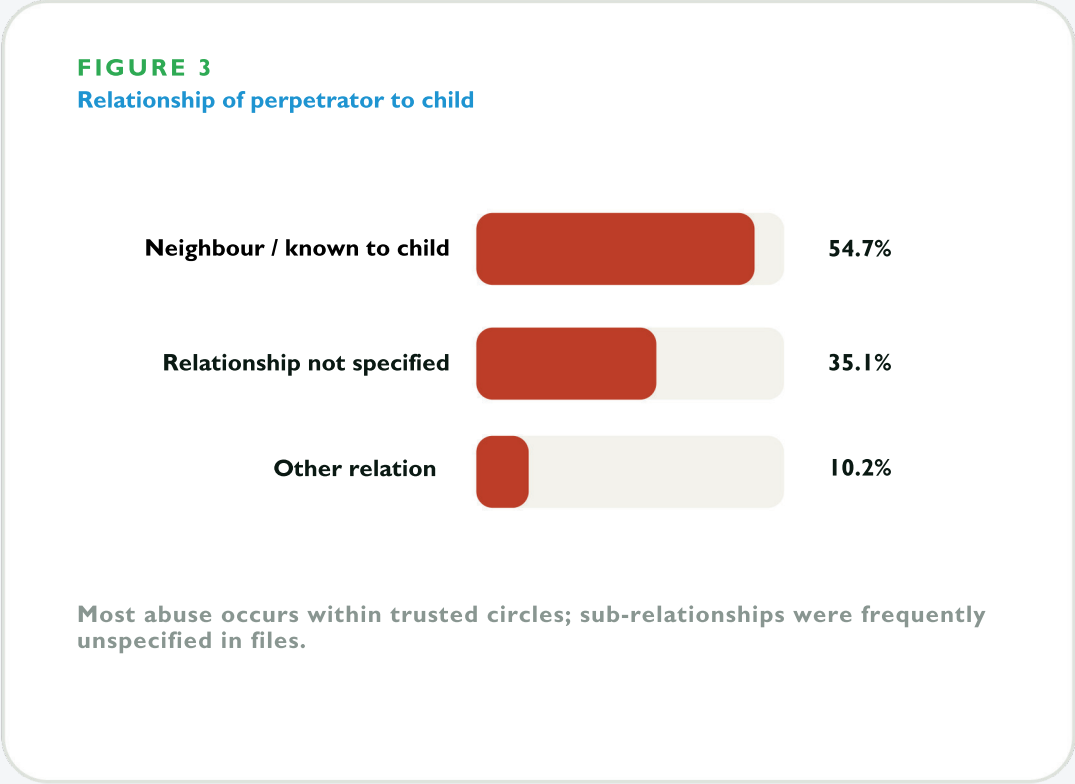
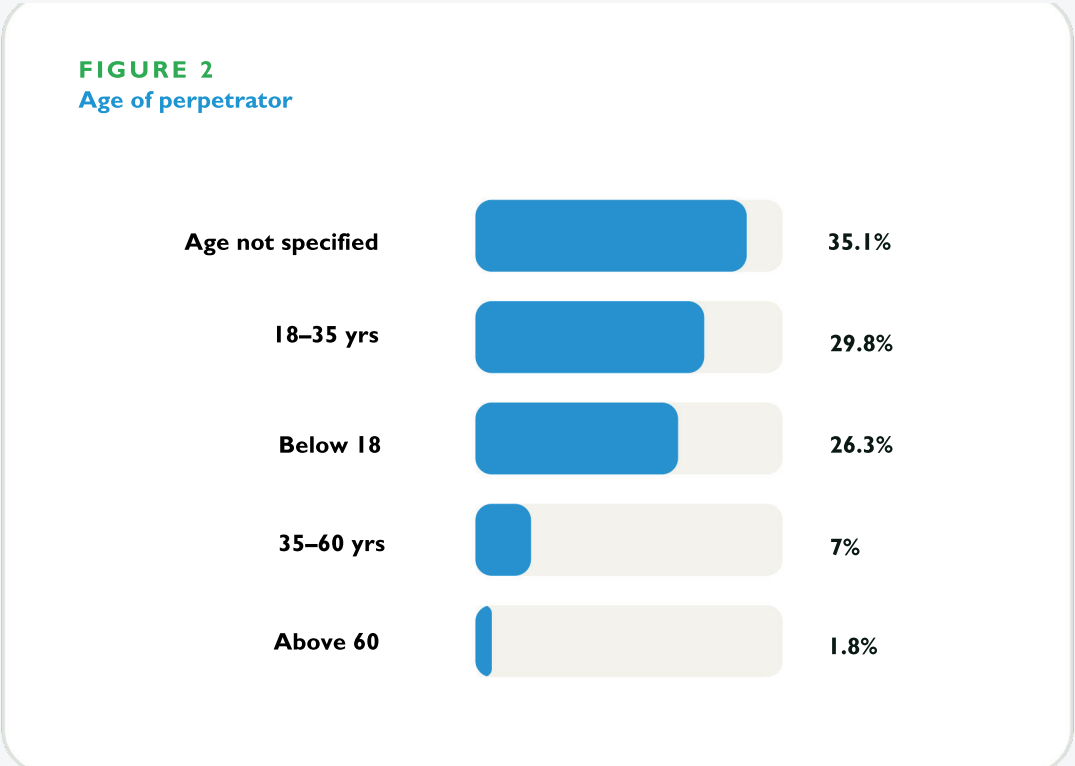
05 - Results and Findings

Demographic Information

Case reviewed data was analyzed for demographic information including age, gender and disability status to understand the characteristics of the survivors and perpetrators of CSEA. Analysis of the demographic information for offline CSEA, majority of the survivors are between the ages of 6 and 11 years (39.2%), females (79%) and without a disability (78%). The most common age group of the survivors varied in the counties as follows: 16-17 years old for Kisii (50%) and Busia (62.5%), 6-11 years for Nakuru (50%), Nairobi (50%), Mombasa (57.1%) and Garissa (50%). For online CSEA cases, Survivors are between the ages of 6 and 15 years old as presented in figure 1.



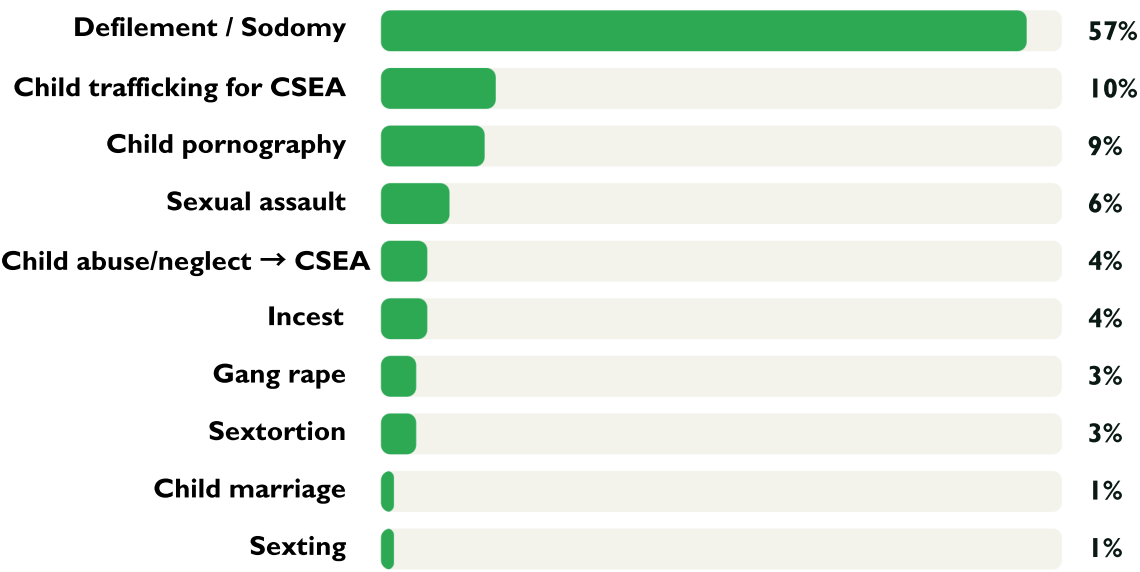
Demographic information of the perpetrators was analyzed in terms of gender, age and relationship to the child. The findings revealed that the majority of the perpetrators were male neighbors (54.7%) between the ages of 18-35 (29.8%). In some case files, the age and gender of the perpetrators were not specified (35.1%).



Forms of CSEA

A multiple checklist tool was used in categorizing the forms of CSEA with some case files reporting multiple forms.

FIGURE 4
Forms of CSEA (multiple-response)



Capacity and capability of CSEA investigations and Child Protection systems

Existing Data Systems in Child Protection

The systematic storage of data enables easy retrieval of files to support decision making and provide real time feedback to case managers or survivor families. A total of 57 agencies were observed. These included 7 Courts, 14 Children Offices, 14 Police Stations, 7 Hospitals/Health service providers, 13CSOs/CBOs/Rescue Centers and 2 Offices of the Director of Public Prosecutions (ODPP). The findings revealed that all the Children Offices, Courts and ODPP utilised computers and technology in case management and referral processes. Agencies that did not use computers relied on manual systems for case management and referrals. From the findings64.3% of the police did not have computers, and 42.9% of Healthcare institutions. This is presented in the table 3:

TABLE 3
Agencies using computers for case management & referrals

Agency Observed	Use computers	Do not use computers	Total
Children's Offices	100%	0%	n=14
Healthcare facilities	57.1%	42.9%	n=7
National Police Service (Police Stations)	35.7%	64.3%	n=14
Judiciary	100%	0%	n=7
CSOs / NGOs	84.6%	15.4%	n=13
Office of the Director of Public Prosecution (ODPP)	100%	0%	n=2
Total	75.4% (n=43)	24.5%(n=14)	57

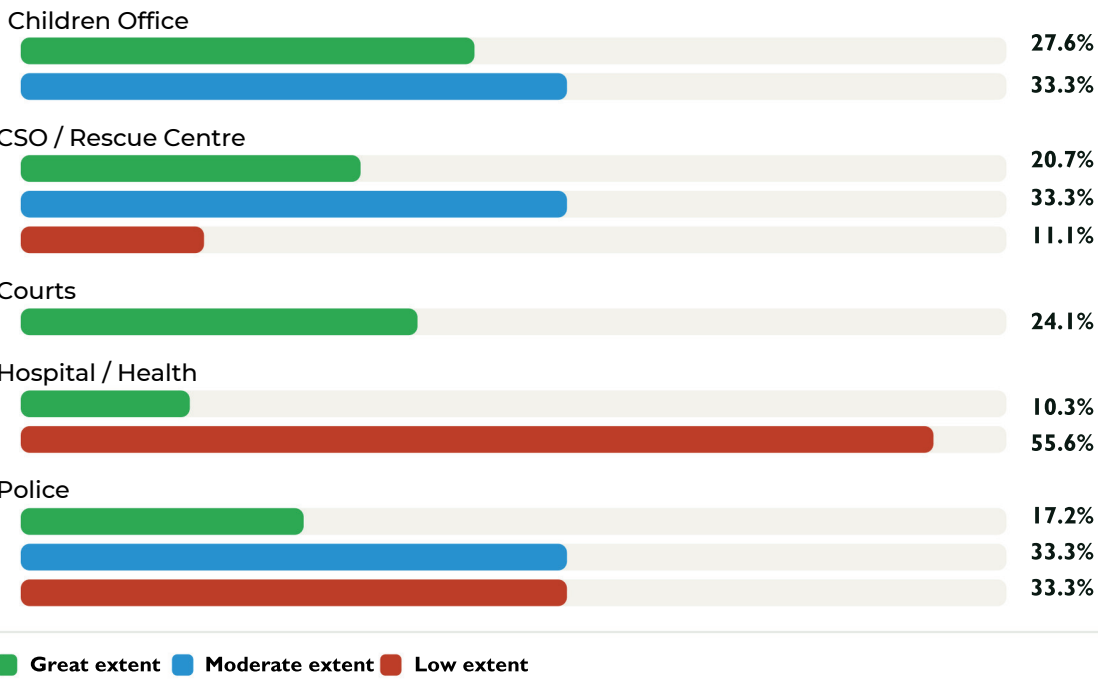
In the key informant interviews, the stakeholders reported utilizing various technologies for storing client records, case tracking, virtual court appearances, communication and coordination with other agencies, receiving incidences for prompt response and accessing records of previous offenders.

TABLE 4 : Data systems in active use by the agencies			TABLE 4 : Data systems in active use by the agencies		
Agency	Data System Used	Nature & Relevance of the system	Agency	Data System Used	Nature & Relevance of the system
Directorate of Children Services	Child Protection Information Management System (CPIMS)	Unitary online system accessed by authorized children’s officers at Sub-county, County and National levels. Used for case recording and case management. Any child who interacts with children’s officers will have their details recorded and stored here.	CSO/CBO/Rescue Centers	Vurugu Mapper	Accessed by authorized stakeholders within the CSEA agencies, for case tracking
				Record Management System	As system designed to organize, track and control client records
	WhatsApp	Coordination and Communication with other Child Protection Networks	Hospitals	Kenya Electronic Medical Record, (EMR)	A digital filling system that records patient details and is accessed by medical officers.
	MICHE Program (Immigration Improvement through Cash and Education)	Supported by World Bank		Medicap	Commissioned by Physicians for Human Rights currently used in Nakuru Provincial Hospital, Molo Hospital and Naivasha.
Child Line Kenya	116 Child Line	National toll-free helpline for anonymous reporting of cases involving Child Abuse and Exploitation. It is available 24/7	ODPP	Uadilifu	Recording of all criminal proceedings for case follow up accessible to the public upon special request.
Courts	Case Tracking System	Integrated and accessed by all judicial officers contains client files and is updated based on case progress including judgement/case outcome.			
	Judiciary Kiosk	E-filing of cases and uploading reports. Accessible to other agencies.			
	Cash Transfer Programme	For orphans and vulnerable children			
	Convicted Sexual Offenders Register (CSOER)	An electronic register consisting of lists of individuals found guilty of offences like rape, defilement, incest, sexual assault, and child pornography. Managed by the Judiciary.			
Police	National Police Information Management System	Commissioned under the NPS Strategy (2025-2030), a digital platform designed to unify fragmented police systems into a single cohesive solution. It digitizes records, including the Occurrence Book (OB), Human Resource Management (HRM), and crime management systems.			
			35		

Effectiveness of the Data Systems

During the key informant interviews, the stakeholders were asked to rate the extent to which the existing technologies in child protection are effective in their work. A total of 44 stakeholders responded to the assessment and the scores are presented in Figure 5. Cross tabulation with the agencies in CSEA revealed that 27.6% of the children's officers recorded technology being useful to them to a great extent, similarly reported by the CSOs/Rescue centers. The courts at 24.1% also recorded technology is useful to a great extent. For police stations, 33% recorded technology being useful to a moderate extent and 33% low extent. For hospitals however, 55.6% reported that technology is useful to a low extent. The data is presented in Figure 5.

FIGURE 5
Extent to which technology has been useful in case management



The stakeholders interviewed attributed the usefulness of technology to: quick retrieval of case records, efficiency and accuracy of case access, confidentiality and easy traceability of survivors.

We are able to know the number of cases being reported in the Subcounty within a financial year and how best to tackle such cases...
(Children officer, Mombasa)

'... allows for quick access to information just at the click of a button'

(Police Officer, Kisumu).

'...the children can testify online for instances they don't want to face the perpetrators, the magistrate can handle cases in their office'

(Court, Mombasa).

'...useful in the sense that within just a click of the button, I'm able to get all the cases for any given month of the year, all the cases beginning January to December are in that system....'

(Children's officer, Kisii County)

Some stakeholders mentioned challenges in the use of technology. For the hospitals, one stakeholder mentioned that slow data systems are a challenge to their work and they sometimes have to revert to manual systems as quoted:

‘The Kenya EMR that is specifically used at the GVRC might be slow or down and this may necessitate the service providers to revert back to using the hard copies which they are in the process of phasing out’

(Hospital, Nakuru)

The police mentioned challenges of lack of computers impeding their work as well as the lack of internet connectivity, similarly, a court magistrate also mentioned:

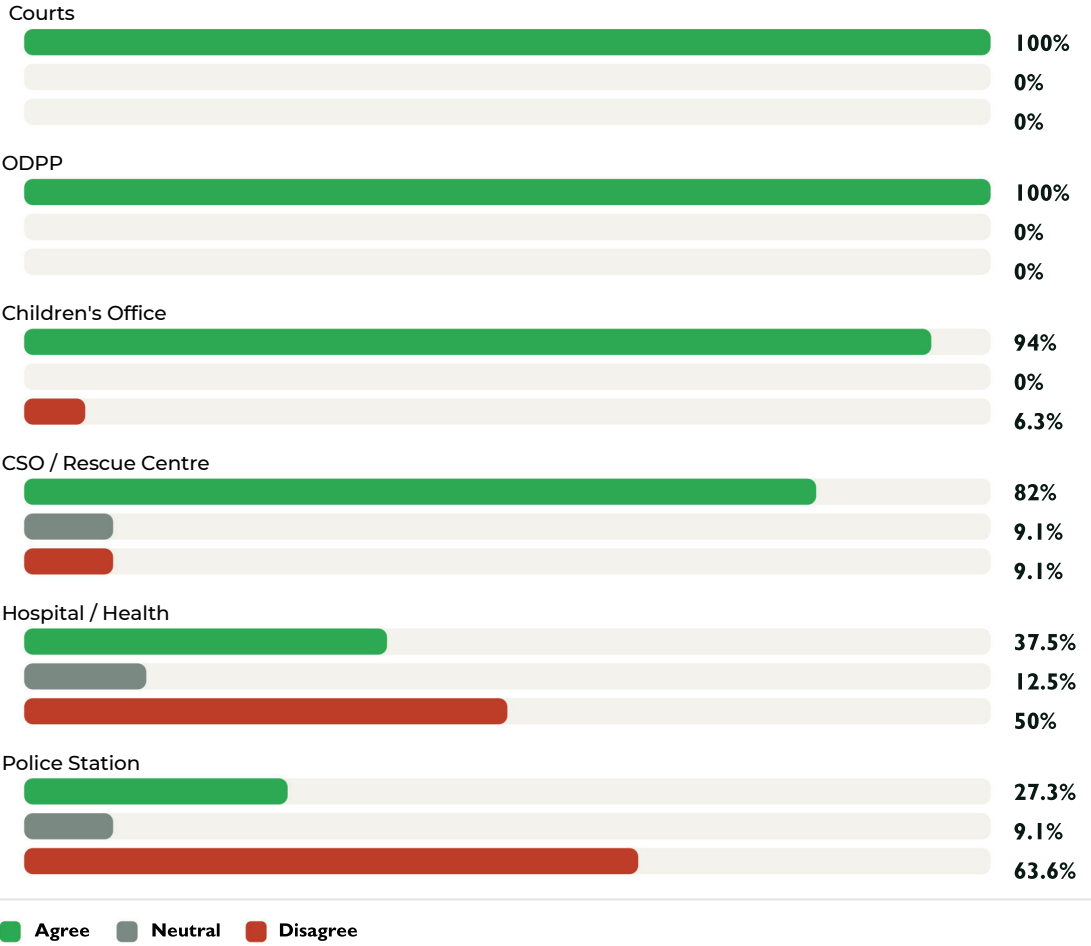
‘Works well and is fully in use. Have experienced some challenges like lack of internet access or power.’

Court Magistrate

Data Systems and Survivor Feedback

Through observational studies in the 57 agencies targeted, 75.4% of the agencies utilize computers and data management systems in recording and storing data, referrals as well as reporting, while 24.5% do not use computers and rely mostly on manual systems (table 2). Crosstabulation analysis of observational data established that courts, children offices, rescue centers, ODPP and CSOs have digitized their data systems. Out of the 14 Police Stations observed, 9 do not have computers and this was observed to affect feedback and turn-around time for clients. For the health institutions, 4 out of the 8 did not have computers. The data is summarized in Figure 6.

FIGURE 6
"Client data in the computer is up to date and there are no delays"



A total of 14 Police stations and 7 hospitals were observed, to assess how they utilize computers and whether clients receive real time feedback. Out of these, 63.6% of police stations and 42.9% of the hospitals reported not having computers in their stations (table 3). This was found to influence the wait times and feedback loops for survivors since computers can aid in data storage, retrieval and referrals. The challenge in technology within police stations was linked to the lack of computers, limited personnel at the reporting desk with some stations having 2 or 3 officers at a time and distance travelled to access computers and records from other agencies.

‘..yes in Bamburi police desk there is no software to record data. We depend on the child protection unit and it is very far and we do not have transport means to be going there every day’

(Police, Mombasa)

‘..... We don't have a computer....we keep our records. Once a report has been written in the GBV cases record book, where we record them, I mean the reports that have been reported to our stations the day, the name of the complainant and all the relevant details there.....’

(Police officer, Kisii.)

Nevertheless, Adungosi police station in Busia was rated highly in the observational findings as having an organized filing system, computer use at the station where case files are scanned and stored for easy retrieval and visibly giving clients satisfactory updates/feedback. However, they face several challenges including intermittent internet access and power blackouts. One officer mentioned at an interview:

“For example, while compiling a file to be taken to court, sometimes files are many and may get lost. So, what we do is, we scan the files and keep them. In case the file is misplaced, we retrieve. Sometime when we lack data (internet) or experience power blackouts, we go back to manual system.”

Case Management and Referral Systems for Survivors

The study sought to identify the agencies handling CSEA cases and survivors, understand the existing referral networks and collaboration platforms that are active in the counties, as well as establish strengths and limitations in case management for CSEA survivors.

Agencies Handling CSEA Cases

A multiple response assessment was conducted for case reviews to determine the interaction of children with other CSEA actors. Findings revealed that police officers were the most common actors who handled CSEA cases at 32%, followed by hospitals at 26% and Court/Legal aid at 17% (n=175). This shows that the police, hospitals and courts are critical actors within the referral pathway for CSEA survivors. Observational data from the agencies showed that 55.7% maintain a directory of child protection stakeholders that is accessible to all staff thereby enhancing coordination and referral processes for survivors. Qualitative findings from key informant interviews revealed that some of the stakeholders mentioned police and hospitals as their key referral points.

CSEA collaboration networks

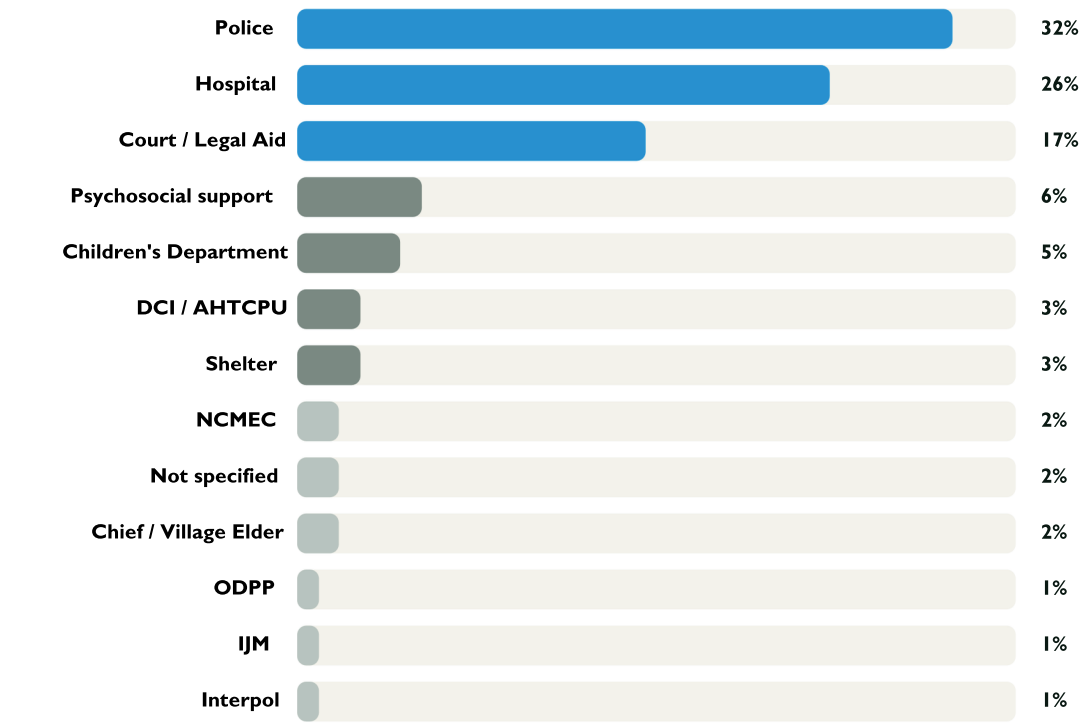
The collaboration networks mentioned include: Child Advisory Committees at the Sub-County levels mainly involving actors who report cases i.e. the chiefs, nyumba kumi, CSOs, NGAO, social workers; Gender Technical Working Groups at both County and Sub-County levels; Court Users Committee mainly involving Children Officers, Lawyers and Magistrates, Police, Probation and Aftercare, Prisons, Civil Society Groups; Court Steering Committees among others.

One actor in Garissa County mentioned being part of almost all of these networks:

We are a member of the county gender-based violence Working Group. We are a member of the County Child Protection, actually the same on the Child Protection gender based Working Group. We are also a member of the CUCS, the court user's committees at the three levels here in Garissa. We participate in all of them. And then there's the CAC, the children's advisory committee, normally, before they were called the area advisory councils. Now they are the children's advisory councils. So they are the county level, and also at the sub county level, we do take part in all those groups. There are also other groups, like the county steering group, all those we are part of parcel of them, and we participate very actively. We attend those meetings.’

(Garissa Rescue Centre)

FIGURE 7
Actors involved in CSEA cases (multiple-response, n = 175)



Coordination beyond the core three actors, shelters, psychosocial providers, children's officers, remains minimal.

Despite the existence of these collaboration networks, further analysis revealed that coordination with some agencies was minimal. Figure 7 shows that the hospitals (26%), police (32%) and courts (17%) majorly handle CSEA cases while other actors including: Shelters (3%), Children's department (5%), Psychosocial support providers (6%), Chief/Village Elders (2%) etc handle cases at a minimal from investigation to adjudication. Agencies such as NCMEC(2%) were mentioned to provide information to police on missing children that are reported through cyber tip lines and hotlines while agencies like Interpol and DCI/AHTCPU handle cases involving both domestic and international trafficking.

'...you refer such cases to them, then follow up is very minimal. Maybe you can make calls to them. You are referring a case to them, but they sometimes ignore, or maybe they do not want to associate with that such cases, and that's for us, it's giving us a lot of problems because we can't be able to assist that person that time, because the other agencies don't want to give feedback. Personally, the DCI is very complex'

(Children Officer, Mombasa)

Case review analysis of court files in all the 7 counties revealed that handling of survivors by Children officers at 5% at reporting. The Children Services are a key referral, mandated to safeguard the rights and welfare of children and ensure coordination of CSEA actors for timely access to services for child survivors. In the 57 CSEA cases reviewed, reports from the children's officer were not included, further widening the gaps on access to psychosocial services (6%) and shelter (3%).

Interviews with Children officers notably revealed that they face several challenges impeding their work including: logistical challenges when following up cases

"In Nakuru, court is in Naivasha, and we are in Gilgil' as well as limited support for Child Protection Volunteers at the grassroots level .. the only thing I can say that lacks in this is resources. You remember I talked about the Child Protection volunteers, the people we use in the community level. But you see, we do not have even airtime to give them. Yeah, this person is using their own airtime to report....."

(Sub-County Children's Office, Nakuru).

In Garissa, a children officer also mentioned logistical and human resourcing challenges impeding their work: '

'...You need to respond, where's the government? Where's the government? If I brought it, there's no fuel. If you bring it, if there's fuel, there's no right again, you have to get to employ another driver from you, you borrow a driver from another government department, and the same driver has to be paid by an allowance. Let proper funding be done, let proper human resources be again, let the logistics included, movement that is utilities to be there. Commitment where child protection can be responded within 24 hours, child protection is 24 24/7 ...'

The agencies handling CSEA also mentioned their need for capacity building especially for new officers on trauma informed approaches for handling survivors as well as digital skills for interacting with technologies and data systems.

‘...training in specific elements of child protection. Under structured training, I’m talking about something that can be certified, something that could be measured. I have had, we have had the benefit, and I can’t downplay we have had the benefit of maybe one day awareness creation, one day, maybe sensitization on something, but structured training, especially by non-state partners, unfortunately, I have not been a beneficiary’

(CSO, Kisumu)

Another actor also mentioned the need to train police officers so that they understand the recent Children’s act:

‘I suggest many trainings for the Gender desk Officers. They need to be trained, because there is the new Children’s Act (2022). Many people have not interacted with it. So, we should have many trainings for the stakeholders – the Police, child protection (child directorate services) we should be trained, because there is the new Act’

(Police, Nairobi).

The stakeholders interviewed mentioned agencies actively offering capacity building opportunities for CSEA actors in the 7 counties.



TABLE 5
Capacity-building opportunities in CSEA

County	Training Program	Agency offering the program
Nakuru	Counter-trafficking · Children's Act	Interpol · Children's Office
Mombasa	Online CSEA · Children's rights · Child Online Protection	Child Fund · Haki Africa, Sauti ya Wamama & IJM · Tuko Cyber Smart
Busia	Equality	Independent Medico-Legal Unit (IMLU)
Garissa	Medico-legal documents (P3, PRC) · Child trafficking · Handling CSEA · Legal aid · CUC capacity · Education & child rights	RCK · IOM · 160 Girls · MUHURI · NCAJ · UNICEF, Save the Children, TDH, Human Kind, Hercula Sheria
Kisii	Counselling & child protection law · Judicial systems (CTS, Judiciary Kiosk) · Trauma-informed care · Reporting procedures	Dept. of Children Services · Kisii Law Courts · PATH, ICS-Kenya · National Police Service
Kisumu	Online CSEA	DCI / AHTCPU
Nairobi	Sensitisation on child labour	Amka Afrika

Duplication of Roles and Data in CSEA

Despite the existing data management systems in child protection, agencies mentioned that duplication of data still exists. Due to limited integration of the data systems, this results in double counting, inconsistencies of reports and data fragmentation among the agencies.

‘..data duplication may arise because, you know, I’ve told you earlier, there are cases that will end up at the hospital but not reported at police. There are cases that will go to the children’s department, and probably, when you look at the data within the police, they’re not there, because we have very diverse cases that come to the CPU...’

(Police, Busia).

'.. duplication of data is there, and it is going to continue. ask me why?, because when they come to the health facility, I need to fill the PRC form, the P3 and the register, that register is the one that I'm going to use in the MOH to send for my report. I'll count that person. Let's say that maybe that person was sent from another facility, maybe Facility A to facility B, which is here, that person took the data, and because they referred that person, they didn't give a service. The service they gave captured is referral, which is a service they took that data, that facility will report that person that they saw. They saw somebody si hio umecount one time, ikikuja kwangu it will be duplicated Yes, going to be to be, to be to be to be again duplicated, because I also have to report. They go to the police station. They go to maybe the chief. They started with the chief's office. The chief took that statistic. They send to the police, police station, that person, that police station, also, they are going to take the statistic for that person. That is how the duplication is going to continue'

(Hospital, Nakuru).

Duplication of roles was also mentioned to exist due to some agencies not being part of the existing referral networks and have not been mapped as operating in the counties.

'...In my opinion, there is, there could be duplication of roles. And the reason why that happens is because there are some partners who just come into the Sub-County, and they start doing their activities without informing the office.....' and another actor 'So you end up finding out that there's a lot of duplication. That it's important for mapping to be done of all the stakeholders and the activities they're doing. So I think the NGO board, or the Sub County, or the County Social Development services. Before they give registration to any CBO, they need to inform of where they're going to be working and what categories of people they'll be working with and their target group, and also, yeah, just basically what they'll be doing with the field, so that to avoid all the duplication there is in the in the Child Protection area'

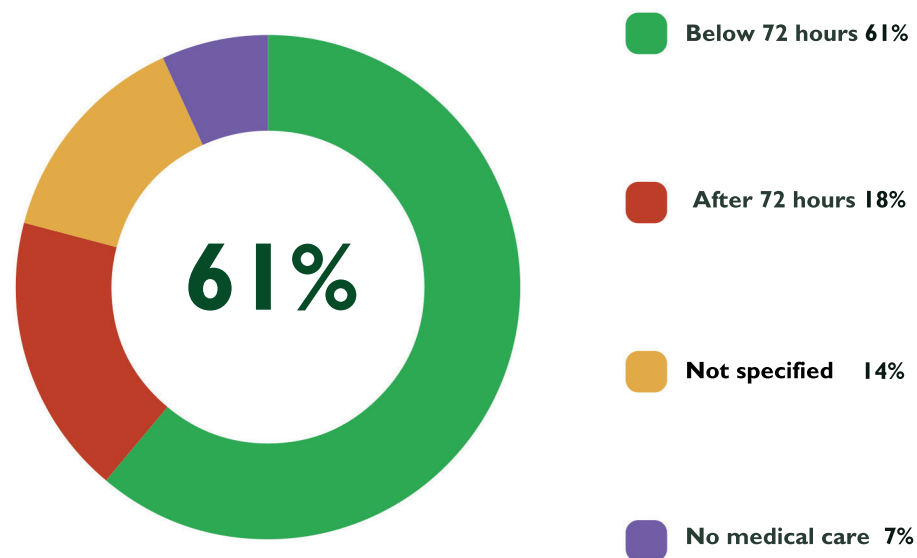
(Children Officer, Nakuru).

Access to Treatment for Survivors

Hospitals are a key referral point for survivors of CSEA at 26% (Figure 7: Actors handling CSEA cases). Key informant interviews were conducted from Government hospitals at the county and sub-county levels including: Coast General Teaching and Referral Hospital in Utange Mombasa, Gilgil Sub-County Hospital in Nakuru, Embu Sub-County Hospital, Busia Health Facility, Jaramogi Oginga Odinga Teaching & Referral Hospital in Kisumu, and Nakuru Provincial General Hospital; as well as other private/ Non-Governmental health facilities including: GVRG centers, SHOFKO, Path Kenya, CSO Terres Des Homes. While most of the Government hospitals provide Post rape care treatment and filing of P3 and PRC forms, the private/non-governmental facilities provide basic treatment and comprehensive trauma care. Access to Post rape care treatment within 72 hours of incident is critical for survivors where rapid, specialized intervention is crucial for both the survivor's health and the investigation. Often referred to as the 'golden hour', findings from case reviews showed that the majority of the survivors received treatment within 72 hours (61%) and PRC forms filled for investigations at 60%. This suggests that a high proportion of the CSEA survivors received timely medical support following the incident as presented in figure 8.



FIGURE 8
Treatment timeline



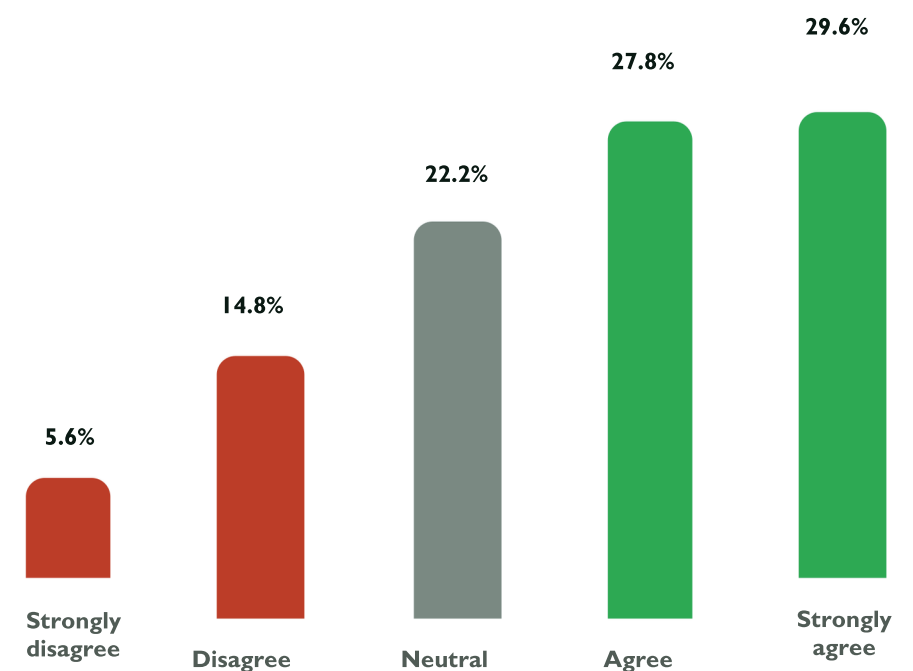
In cases of CSEA, it is important for survivors to access medical attention as soon as possible where tests for pregnancy or sexually transmitted infections are conducted. In Kenya, public health facilities offer medical and mental health support for survivors at no charge, medico-legal documents are filled and collection of DNA samples is done for testing. Medical treatment was found to be timely and findings from the interviews also revealed that survivors were referred for psychosocial support to specialists in the private health providers. Psychological first aid and/or basic level care was mainly provided within public hospitals and then referred to private providers. In the CSEA cases reviewed, findings reveals that survivors who received timely and coordinated psychosocial support are better able to cope/engage with investigations and court proceedings.

Integrating trauma-informed practices including safe interview environments, confidentiality, timely medical care and psychological counseling is essential to protecting the dignity, rights, and well-being of child victims while ensuring the integrity of the investigative and judicial process.

For online cases OCSEA/NRB001/2025, early referral for counseling and medical care immediately following disclosure, proved successful in supporting both the physical and emotional well-being of the child. Similarly, case DCI-AHTCPU/OCSEA/NRB003/2025 showed that child-friendly interviews and repeated psychosocial follow-up enhanced the survivor's cooperation during the investigation process and reduced stress during court testimonies.

Other cases, such as DCI-AHTCPU/OCSEA/NRB005/2025 and DCI-AHTCPU/OCSEA/NRB006/2025, demonstrated the value of multi-agency coordination, where the child received medical care, counseling, and protective interventions from social services alongside law enforcement investigations. The case ended in convictions.

FIGURE 9
There is designated staff to ensure survivor wellbeing



Data from the observational studies was analyzed on whether the agencies have a designated staff to ensure survivor wellbeing. Trauma care by government agencies was mostly provided by Hospitals, Children Officers, Social care workers and Police gender desk officers. According to Figure 9, majority of the agencies were observed to have a designated staff in the agency for survivor support (29.6% Strongly Agree & 27.8% Agree). Examples of the designated staff included psychologist, social worker, case worker, guidance & counselling teacher etc. to support CSEA survivors, these agencies were also observed to welcome and receive people in an ethical manner.

The existence of safe spaces for survivors of CSEA ensured confidential and safe reporting of survivors and their families. In Kisumu for instance, the survivors share their testimonies in court through the witness protection box which is a specialized, secure, and screened enclosure installed in courtrooms, to shield witnesses from intimidation, threats, and public exposure while testifying in sensitive cases.

‘when we have vulnerable children who don't want to be seen, you know, sometimes these perpetrators, some of the children get traumatized when they see them. So that box (witness protection box), when we find such a child, we just bring the child and put them inside there then they are able to testify from there even the accused person cannot see him or her’

(Magistrate, Kisumu).

The existence of designated staff to ensure survivor wellbeing was however not available for courts observed in Garissa County. In one case, this had a direct influence on the case outcome as found in case MH/CSEA/02/GAR/2024 where the child gave contradictory statements in open court. The case file recorded that the child was visibly tensed and anxious during court proceedings especially when the accused person was presented. The child initially stated that she was defiled, but later recanted and gave contradictory statements that the sex was consensual. The case was appealed at the Garissa high court, and the accused person was released on the account that the witness was untrustworthy. There was no mention of psychosocial support to the survivor in the case files. This case highlights that the lack of psychosocial support for the survivors influences court testimonies and ultimately, case outcomes.

Legislative framework enforcing child protection on CSEA.

The study sought to understand whether the actors handling CSEA were familiar with existing laws and policies in CSEA and whether they apply them. The current legislative framework establishes mandatory, enforceable standards to prevent abuse, exploitation, and neglect, while prioritizing the child's best interests in all decisions. Agencies were asked to rate the effectiveness of the current laws and policies in child protection and propose recommendations for more accountability and justice for children.

Effectiveness of Current Legal Framework

Interviews with stakeholders found that the majority of the actors are aware of the existing laws and policies in child protection. One Stakeholder from Busia stated:

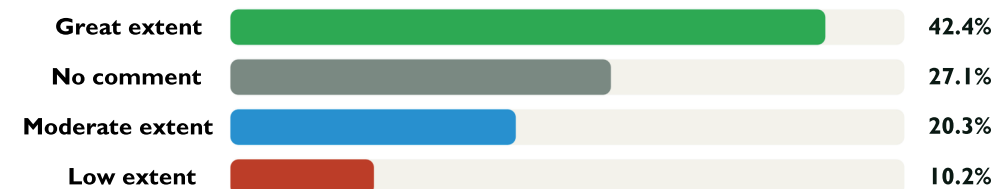
‘The UNCRC; United Nations Convention on the Rights of Children, The ILO; Laws under the International Labour Organization, the Constitution of Kenya, The Children’s Act, the Employment Act, the Penal Code, the Basic Education Act, Disability Act, and Anti Human Trafficking in Persons Act, which other one....those are some of the ones that I know..... I mentioned the Children’s act, the constitution of Kenya, that one I have added. the counter trafficking Persons Act, Sexual Offences Act etc.’

(Children’s Officer, Busia).

The effectiveness of the current laws and policies were ranked as effective at a great extent (42.4%), moderate extent (27.1%) low extent (10.2%) and other stakeholders (27.1%) did not comment.

FIGURE 10

How effective are current laws in preventing CSEA?



The graph shows that 42.4% of the stakeholders agreed that the current laws are effective and comprehensive. One stakeholder stated that

‘.....Kafala is a Muslim term where children are brought up within the family, a child can be adopted within the Muslim family, so that this child becomes part and parcel of that family. That is called Kafala in Islam. It is very common. It is called Kafala. Then we even have intersex the current Act of 2022 the one we are using, addresses even intersex children. It addresses issues of children with disabilities, and that is why I'm saying it is comprehensive.....’

Children’s office, Kisii).

Other actors however pointed out that the major barrier to the prevention of CSEA are gaps in implementation. One stakeholder mentioned:

‘The laws are good. However, it is challenging when it comes to the implementation of these laws and policies. This makes the laws and policies inefficient.’ (Hospital, Nakuru). The current legal framework was criticized for leaning more to the girl-child, one actor stated: ‘The law leans more on the girls side and this makes it difficult for the law enforcement officers to handle cases that place the boychild as the victim’

(Police, Kisumu)

Another police officer described the issuance of bail for accused persons as being a great impediment to justice as quoted:

‘..most offenders are given bonds which sometimes they escape, the laws need to be more harsh’

(Police, Mombasa)

Similarly, another stakeholder mentioned that accused persons should be denied bail due to witness interference and/or threatening the survivor families as quoted:

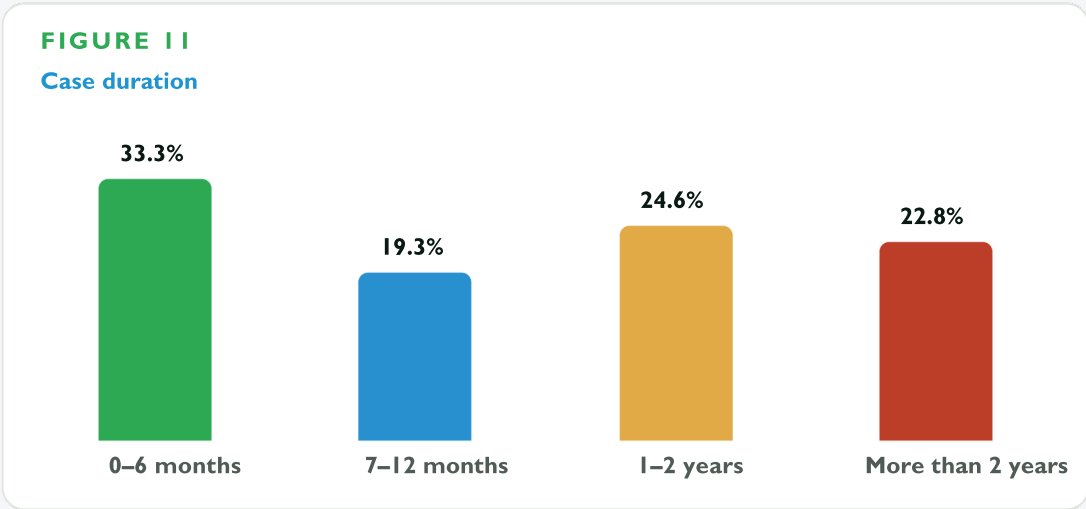
‘as much as he's the suspect. He shouldn't be given a bond, you know, like, sometimes they give you in a bond, and then they stay... because now, if they stay out there, the safety of the child is not guaranteed, or the safety of the family is not guaranteed. So those are some of the things that such people, they shouldn't be given any bonds or allowed back there until, the case has been heard and justice has been served, because you never know. They might go in and try and intimidate the family...’

(CSO, Mombasa).

In Nakuru, a case review outcome revealed a case of misapplication of the law when it comes to CSEA. A case of indecent acts with a minor/ sexual assault (MH/NKU/CSEA007/2024), the survivor was a 4-year-old girl and the case took 2 years, the accused person was sentenced to 1 and half year imprisonment or pay a fine of Ksh. 15000. He paid the fine and was released.

Case Duration

The constitution of Kenya emphasizes that justice shall not be delayed and requires courts to be expeditious in dispensing justice. Key principles in Article 159 and the right to fair administrative action under Article 47 (COK, 2010) mandate that justice be administered without undue delay, and administrative actions be carried out in an expeditious and efficient manner. Legislative and judicial rules specify that cases involving children should be concluded within 6 months^[2]. The analysis revealed that 33% of the cases reviewed took 0-6 months from incident reporting at the police station to when the case was closed in court. The data is summarized in Figure 11.



For cases reviewed in Kisumu, Nairobi and Mombasa; 50%, 66.7% and 71.4% respectively were concluded within six months of case reporting. Findings from Key informant interviews demonstrated best practices and actions by these local courts aid in expediting CSEA cases.

In Kisumu for instance, November being Child Service month, the courts utilize this time to expedite cases as recorded:

^[2] <https://www.kenyans.co.ke/news/81249-cj-martha-koome-asks-judges-prioritise-children-cases?amp=1&page=144>

‘..and this is the reason why we are talking about November being just a service month. It is one way of managing case management. In this month we make sure that all the cases that we handle are particular, yeah, we give more emphasis to the children's cases. Give more emphasis to the children's cases, of course, not regulating other other case categories. But we concentrate more on children's cases.. We again set aside a particular week to attend to these cases. We attend to these cases again. One way of managing these cases also is when, when these children come to court, they are given priority’

(Children’s Court, Kisumu)

Since 2023, adjudication timelines in Kisumu significantly improved, with some cases concluded within two weeks attributed to the existence of specialised SGBV courts. A medical officer reported:
The existence of specialized SGBV courts was also mentioned in Kisumu:



‘From 2018 up to 2020, there about they were taking so many years, two to three, to four years. But now, after having a lot of requests, a lot of bargaining, the cases are nowadays they take, the shortest time possible, in fact, right now, not more than maybe one year. Others even within two months. Two months exactly, complete, because we have got special SGBV court’

(Medical officer, JOOTRH).

While the average duration for concluding CSEA cases in the three counties was within six months, other counties of Garissa, Busia and Kisii varied between 2-3 years. In Garissa for instance, the geographical influence of the vastness of the county influenced reporting and attendance in courts. While urban areas have access to roads and infrastructure, as well as affordable transport services, families in the rural areas face challenges in terms of money for transport to attend court and access to agencies.

‘If you were to take a case scenario of a case from further constituents in the interior, somebody has been offended. How much time will it take for them to move from their place of the scene of crime to Garissa police station for reporting purposes. And we have this system of if somebody has been offended either sexually, the case is reported to the police station, then the referral is made to hospital for purpose of now, treatment and maybe preparing the reports. Then he goes back, or she goes back to the police station again. This involves resources. They don't have any place to sleep.... unlike cases reported in major towns, it differs from one place to another depending on the location of the events and the region where this offense has been committed. So for the North Eastern it's still, it's still a challenge. It takes so much time to say that it's some of them. They even fail to report the cases. Because if you are to come to Garissa, Constituency from Fabi, or you go to Dadaab, or you are now told to go to Bura east for reporting purposes, then treatment you come to the Garissa, some of them give up in the way, and there's so much interference because of the muscle’

(ODPP, Garissa)

In Kisii, accused persons were mentioned to influence the survivor and their families and this interfered with court appearances and ultimately case durations. One stakeholder mentioned:

‘.....maybe you get a child who is under aged, maybe the accused person is one of the family members. When you want to seek maybe a home whereby the child can be taken for during the time of the case.....So you find that when they go back to the family to the same environment, they are being intimidated not to go to court....’

(Police Officer, Kisii)

In Busia, cases were adjourned multiple times due to absent witnesses, unavailable investigating officers, missing police files and court disruptions such as those caused by the COVID-19 pandemic. These delays extended the duration of cases eroding momentum and weakening the prosecution's case. For instance, MH/CSEA/01/BLC/2025, which spanned 2 years 11 months was repeatedly adjourned and lacked consistent follow-through by key actors, ultimately resulting in the accused person being acquitted.

Adjournments arose due to late arrests, absent witnesses, unavailability of investigating officers, and the need for interpreters, especially in cases involving survivors with disabilities. Compared to Busia law court, however, Malaba law court cases were concluded relatively faster, with durations ranging from three to seventeen months.

Similarly in Garissa, case delays were also attributed to the unavailability of the critical actors in court. One Children officer mentioned:

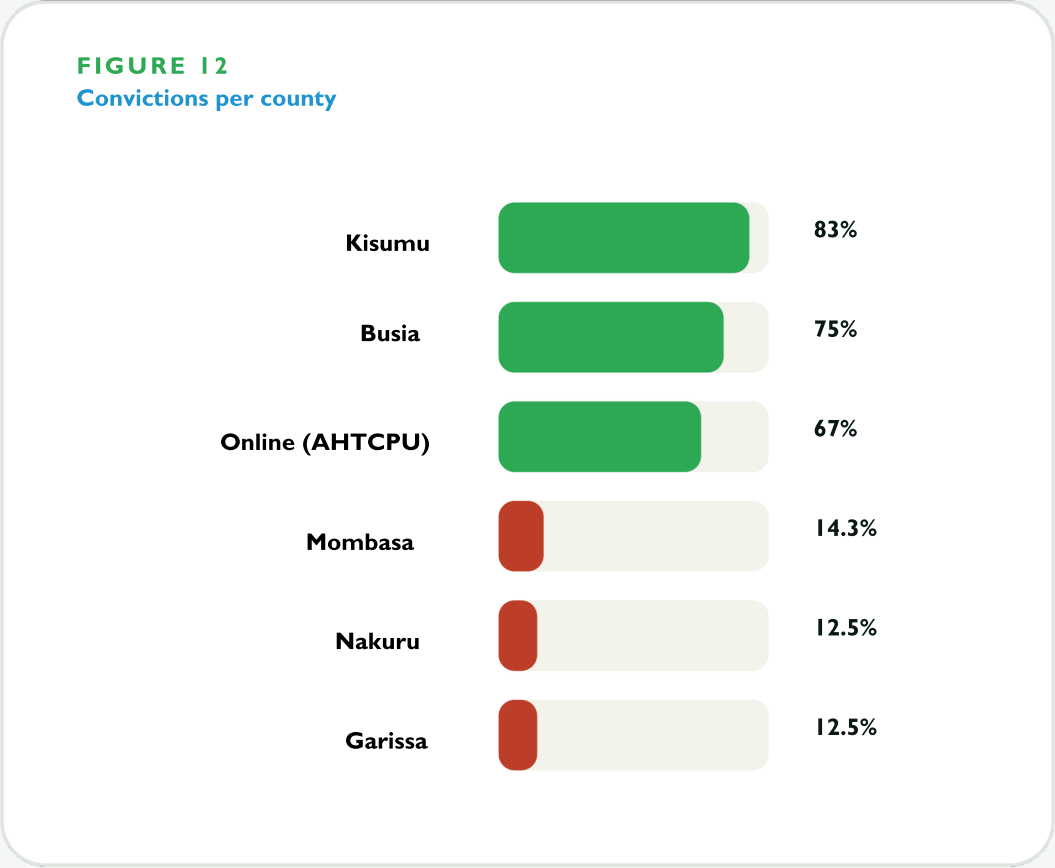
‘One of the cases I realized in my life is a child was defiled at the age of five years. She attained the court at eight years, while still, the case was not finished. She was defiled during corona, the schools were closed temporally, that case appeared in 2023 I followed until I got her today. I don't know where that case was. She had eight years at the court with all the evidence available in the hospital. So which means the court processes the subject, the survivor that faces a lot of frustration, because every now and then it's mentioned, another day, the doctor is not there. No witness is missing. The prosecutors on leave, the magistrates on leave, the police, and the CID officer were transferred. There's a lot of frustration’

(Children Office, Garissa)

Case Outcome

Findings from the case reviews established that 57% of the cases were defilement cases (Figure 4) involving female minors between the ages of 6 and 11 (Figure 1). Case outcomes were assessed based on the legal provisions stipulated under the Sexual Offences Act (2006) which establishes strict penalties for sexual offenses for crimes like rape (minimum 5-10+ years), defilement (15-20+ years, or life), and child pornography (6+ years imprisonment and/or a fine of at least 500,000 shillings). For defilement cases, the Act provides sentencing length depend on the age of the minor i.e. minor below 11 years (Life Imprisonment), 12-15 (20 years imprisonment), 16-18 (at least 15 years imprisonment). In the case reviews, majority of the case outcomes were convictions (42.1%), followed by probation (19.3%) and acquittal at 14% (Figure 13).

In Kisumu County, conviction rates were notably high at 83% followed by Busia County, which is a cross-border county at 75% and Online CSEA by AHTCPU^[3] at 67%. Compared to the other counties: Convictions were lowest in Nakuru (12.5%), Garissa (12.5%) and Mombasa at (14.3%). Findings were presented in Figure 12.

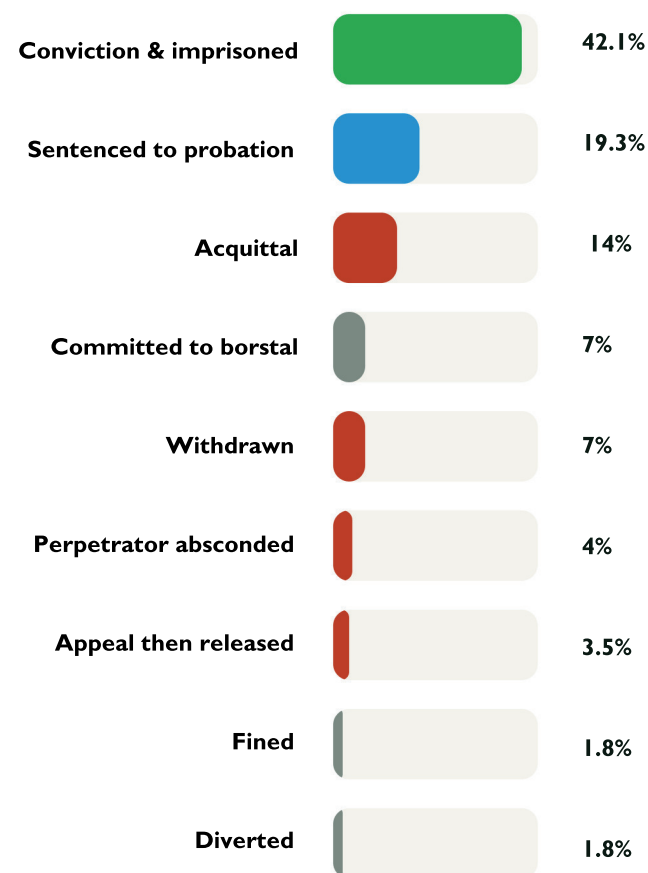


In Nakuru county, 37.5% of the cases reviewed involved perpetrators who were minors, specifically children in conflict with the law and were placed in borstal institutions. In Mombasa, 86% of the accused persons were sentenced to probation. In Garissa County, cases were either withdrawn (25%) or perpetrator absconding therefore sentence was issued in absentia and arrest warrant issued (25%). Another 25% of sentenced cases in Garissa were appealed, and the accused persons acquitted. Due to the porous border^[4] between Garissa County and Somalia, 50% of the accused persons would abscond immediately after being granted bail/bond by the court. Findings from case reviews showed a gap in collaboration between the police, courts and probation officers in terms of assessing flight risk before granting them bail/bond indicated by a lack of flight risk assessment report in the files. The findings in Garissa and Mombasa also established that there is preference for resolving cases using traditional Somali systems (Maslaha) rather than through formal judicial processes resulting in case withdrawals at 7%

^[3] AHTCPU is a specialized government agency handling cases of Child trafficking. For the case reviews, AHTCPU indicates online CSEA cases that were sourced from the agency in Nairobi and Mombasa.

^[4] A porous border is an international boundary that is poorly monitored or weakly protected, allowing easy, often illegal, movement of people, goods, and contraband between countries. It signifies inadequate state control, often resulting from difficult terrain, long distances, or limited security resources

FIGURE 13
Case outcomes (all cases)



During key informant interviews, stakeholders indicated that case outcomes were also determined by the strength of the evidence presented in court. Findings from case reviews across the counties revealed that there were challenges in evidence preservation both from the key actors in the investigation process and the survivor's side. In the acquitted cases (14%), medical reports including the PRC form indicated that 'survivors took a shower' or 'clothes were clean', or where survivors went for medical examination 4 to 8 days after the incident and DNA was not found. In some instances, e.g. in Garissa, medical reports were completed several months after the offence after the survivor's family realized their child was pregnant. DNA samples were collected and survivor families were asked to incur the costs of taking the samples to Kenyatta National Hospital in Nairobi for analysis which they couldn't afford due to cost, the case was withdrawn.

In Busia and Nakuru cases, while most case files had P3 or PRC forms, inconsistencies documentation reduced evidentiary strength hence leading to the accused person being released: for instance, Case (MH/NKU/CSEA005/2023) was concluded and the accused acquitted due to weak prosecutorial evidence. Inconsistent findings on the P3 and PRC cast doubt on the credibility of the medical reports presented before the court where the P3 form indicated there was redness of the vagina while the PRC form indicated that there was no record of redness or foul smell in the vagina. In another case MH/KISII/CSEA06/2023, the DNA samples that were sent to the government chemist were not presented in court as evidence when the investigating officer was testifying in court. This lack of physical evidence undermined the strength of the prosecution's case and the accused were acquitted by the courts.

For online CSEA cases, one of the cases reveals that cases involving multiple charges had complex legal proceedings. In a case (DCI AHTCPU/OCSEA/MBSA/002/2025) involving multiple charges of defilement and child pornography, the accused person was acquitted under Section 215 of the Criminal Procedure Code on the basis a person cannot be retried for the same offense due to the principle of double jeopardy.

The Survivor Journey

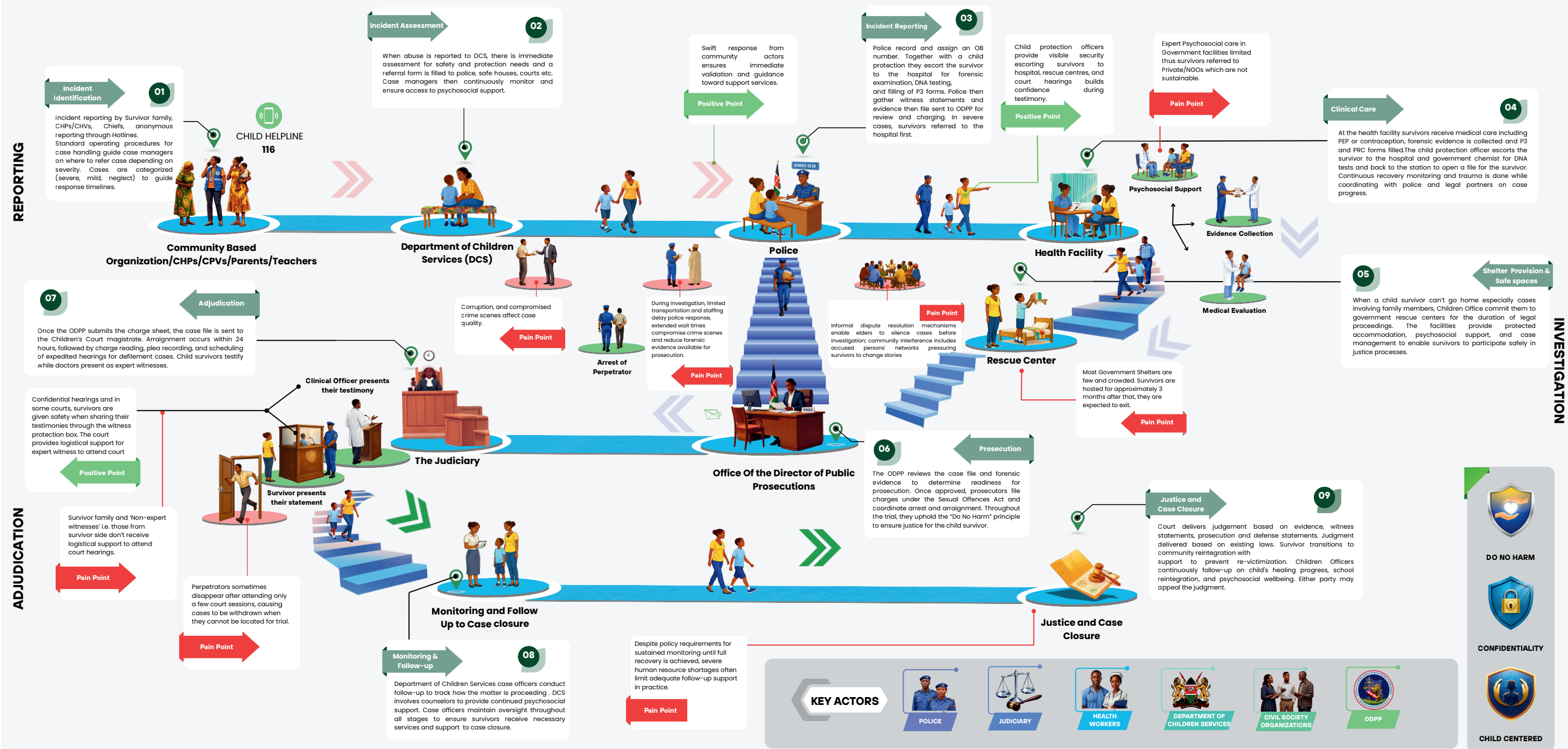
Child Survivors of Sexual Exploitation and Abuse in Kenya



The survivor journey map traces a child's chronological experience, from disclosure to justice, documenting the pain points that re-traumatise and derail cases, and the positive moments that protect dignity and strengthen outcomes.

06-The Survivor Journey

Child Survivors of Sexual Exploitation and Abuse in Kenya





Synthesizing the Findings

Reading the findings against the wider evidence-base on child protection in Kenya and beyond.

07 - Discussions

The aim of the present study was to assess the functionality of child protection services through survivor journeys and case management processes. Results showed that survivors of CSEA were females between 6-11 years old (39.2%). This collaborates analysis from comparable data from violence against children surveys across 16 countries, that the majority of adolescents who have been sexually abused as children report the first occurrence of abuse to have happened before the age of 13 (CHILDLIGHT, 2023). The study also showed that 29.8% of perpetrators of CSEA were between the ages of 18-35 and 54.7% were persons known to the child (neighbour). According to the Disrupting Harm survey (UNICEF, 2023), children are most vulnerable to individuals they already know and trust, and previous work has shown that sexual abuse is typically perpetrated by someone within the child's social circle, while cases of stranger-perpetrated abuse are relatively fewer in comparison (Quadara et al., 2015) & (WHO, 2017).

The study found that technology is a crucial part of case management and referral with CPIMS being the most widely used data management system. The introduction of the system by DCS was a significant milestone towards evidence-based programming in child protection. However, the study found challenges in the effectiveness of the system including: resource and internet challenges, lack of training for new child officers and limited integration with other existing data systems in child protection. These challenges mirror broader digital governance issues in low-resource settings, where fragmented systems undermine data-driven decision-making. The lack of inter-operability between agencies results to inefficiencies that directly affect survivor outcomes. This duality reflects findings from United Nations E-Governance research (2020), that found that digital tools only improve service delivery when supported by adequate infrastructure and user capacity. A review of literature found limited studies have been conducted to assess the effectiveness of Kenya's Child Protection data systems, this study therefore provides novel insights, with significant practical implications, for the investigation and processing of CSEA cases in Kenya.

Results showed that the Police, Hospitals and Courts are key actors within the case management. However, levels of satisfaction and feedback to survivors was challenged by long wait times and feedback loops. The study corroborates findings from the National Crime Research Centre (Gitonga, 2020) which showed that levels of satisfaction with actors in regard to crime prevention measures were lowest for the police compared to other actors. Wangamati et.al (2021) highlighted that child protection actors encounter various challenges, such as inadequate infrastructure, a lack of effective coordination and linkage among service providers along the continuum of care, and harmful patriarchal norms that discourage the reporting of abuse. This collaborates with the study findings that child protection actors face challenges in human resourcing, budget and financing challenges, and equipment/infrastructure to conduct their work.

The existence of Maslaha systems for resolving CSEA cases was found to be a challenge in the attainment of justice especially in Garissa and Mombasa Counties. Similar studies have been documented in Kenya's informal settlements (Ramirez et.al, 2022) and (Rono et.al, 2023) where traditional family values influence the attainment of justice for sexual violence cases. The two reports revealed that there is a high preference of resolving sexual and gender-based violence through informal systems in order to preserve family dignity.

The study found that 61% of survivors accessed medical treatment within 72 hours (the golden hour), a positive indicator for both health and evidentiary outcomes. This aligns with WHO guidelines emphasizing early medical intervention is critical for both recovery and evidence preservation. For Psychosocial support services, the study found that survivors who received timely psychosocial support were more likely to engage effectively in investigations and court processes. A UNODC report (2025), established that victims of traumatic crimes often experience anxiety, fear of retaliation, and secondary victimization, which inhibits their ability to testify in court. The report highlights that psychological support is an essential component of the justice system, serving as a critical bridge between trauma-affected witnesses and the ability to provide credible, coherent testimony. Another report recommends that providing psychological support during the legal process helps to mitigate re-traumatization and address survivor's evolving emotional needs (Hester & Lilley, 2018).

The study also found that despite the existence of a comprehensive legal and policy environment, prevalence of CSEA remains high in the research counties due to limited implementation of the existing laws and policies. For instance, the Bail and Policy Guidelines of 2015 and Article 49 (1h) of the Constitution of Kenya (2010), stipulate that probation and investigating officers must conduct a thorough flight risk assessment for accused persons before they are granted bail. In the case files reviewed, flight assessment risk reports were not recorded. Other studies have demonstrated similar findings affirming that continuous review and improvement of existing laws and policies is crucial for sustainable child protection practice while ensuring implementation of existing ones (Bertucci, 2000).

Results revealed that case outcomes were determined by the strength of the evidence presented in court. In the acquitted cases (14%), medical reports including the PRC form indicated that 'survivors took a shower' or 'clothes were clean', or where survivors went for medical examination 4 to 8 days and even months after the incident and DNA samples were not collected. The study corroborates findings from a study by (Cross.et.al,2022) which examined the relationship between DNA evidence and outcomes of prosecution of sexual assault. The study found that cases with a DNA match were significantly more likely to move forward and result in conviction, even with other predictor variables statistically controlled. The study recommended for quality forensic medical examinations, investment in DNA analysis, and increased prosecutor training.

Medico-Legal documents emerged as critical enablers of justice for survivors of CSEA. The study revealed inconsistencies in the filling of P3 and PRC forms in Busia and Nakuru. The inconsistencies reduced evidentiary strength of the case leading to acquittals. In a Kenyan Law report (CO Vs Republic, 2023), the case led to successful appeal by the accused person due to doubts regarding the chain of evidence, medical findings, and reliability of the complaint. These documents are considered critical, and discrepancies such as conflicting medical findings or inconsistent narratives between the initial report and the final P3 form are often highlighted in cross-examination to discredit survivors.

08 -Recommendations

The recommendations are derived from the study findings across seven counties and are organized under three thematic areas: improving the survivor journey, strengthening data systems and institutional capacity, and addressing legislative and policy gaps. Each recommendation specifies the proposed action, responsible actors, and level of implementation (national, county, or community).

IMPROVING THE SURVIVOR JOURNEY

While 61% of survivors accessed medical treatment within 72 hours, psychosocial support within government facilities remains largely basic, with specialized care primarily provided by NGOs. In addition, the absence of designated trauma-informed personnel in some courts, such as in Garissa, was found to negatively affect survivor testimony and, in some cases, the case outcomes.

1. Strengthen Trauma-Informed approaches for survivors.

The Ministry of Health, in collaboration with County Health Departments, should establish dedicated Child Sexual Violence Response Units within every county and sub-county referral hospital. Each unit should be staffed with a trained clinical psychologist, a social worker, and a forensic officer to ensure coordinated medical, psychosocial, and forensic support for child survivors.

The presence of child-friendly infrastructure, such as witness protection boxes in some courts (e.g., Kisumu), enhanced survivor confidence and the quality of testimony, while the absence of such facilities in counties like Garissa, weakened cases and potentially impacted the outcome. The Judiciary, through the Chief Registrar of the Judiciary, could undertake a national rollout in the Kenyan courts to ensure all Children's Courts are equipped with trauma-sensitive facilities including the installation of screened witness protection spaces and designation of trained child officers to support survivors during court processes. Counties currently lacking such facilities could be prioritized during implementation.

2. Reduce Case Durations and Adjournments

Case reviews revealed that CSEA investigations and subsequent legal proceedings in Busia, Garissa, and Kisii frequently lasted between two and three years, exceeding six months as a best practice seen in Kisumu for cases involving children. Delays were largely attributed to absent witnesses, transferred investigating officers, unavailable medical personnel, and repeated adjournments. In contrast, Kisumu demonstrated improved efficiency through structured case prioritization initiatives such as "Child Service Month," which significantly shortened timelines and improved case management.

The Judiciary, in collaboration with the Office of the Director of Public Prosecutions, could develop and operationalize a dedicated electronic CSEA case tracking dashboard integrated into the existing Court Case Tracking System (CTS) that can automatically flag cases that take more than six months from the date of reporting, generating alerts for pending witness attendance or missing documentation, and enable proactive case management by magistrates and prosecutors.

he dashboard-generated performance reports can be generated and shared with Court Users Committees existing in the study counties. Repeated adjournments emerged as a major contributor to prolonged case durations in CSEA matters, often resulting from absent witnesses, unavailable investigating officers, and uncoordinated scheduling among key actors. This was a major contributor to prolonged CSEA case durations, particularly in Busia, Garissa, and Kisii counties. These delays undermined survivor confidence, increased re-traumatisation, and weakened the overall quality of prosecutions.

The Judiciary, through Chief Magistrates at the county level, should institute a strict adjournment control policy for all CSEA cases within six months. Adjournments should be limited to a maximum of three per case, unless exceptional and clearly documented circumstances justify otherwise. Judicial officers should be required to record reasons for any additional adjournments and implement proactive case management measures to ensure the availability of witnesses and critical personnel. Compliance should be monitored through court performance reviews to reduce the average number of adjournments in CSEA cases.

3. Establish Mobile Reporting and Medical Outreach Units

The study found that survivors in Garissa and other remote regions often fail to report CSEA cases due to high transport costs, long travel distances to police stations and hospitals, and a lack of temporary shelter during case processing. In border regions, particularly Garissa, accused persons escape to Somalia after being released on bail.

The National Police Service, in collaboration with the Judiciary, DCS and County Governments, could collaborate to deploy mobile child protection outreach units composed of a police officer, a children's officer, and a trained nurse to conduct monthly visits to remote wards. These units should facilitate on-site reporting, immediate medical assessment, preliminary evidence documentation, and referral coordination to reduce delays and logistical burdens on survivors and their families. Priority implementation should be given to Garissa and Busia counties which are significantly affected. This may lead to an increase in reported CSEA cases from rural and remote areas with a reduction in case withdrawals attributed to survivor non-attendance or logistical constraints.

STRENGTHENING DATA SYSTEMS & CAPACITY

4. Strengthen CPIMS and Data Integration

The study identified inconsistent use of the CPIMS across agencies involved in CSEA case handling. In several court files reviewed, reports from the Directorate of Children Services were minimal or absent, limiting visibility into case management and referral processes. Additionally, overlapping mandates among actors led to duplication of roles, fragmented documentation, and gaps in accountability.

The Directorate of Children Services could mandate the integration and compulsory use of CPIMS across all frontline CSEA actors, including police gender desks, public and private health facilities, prosecutors and courts for instance, the system could assign a unique reference number for each case reported for easier tracking.

5. Enforce Standardized Forensic Evidence Preservation

Case reviews revealed inconsistencies in PRC and P3 documentation, delayed medical examinations, and situations where DNA testing costs were transferred to survivors' families. These challenges potentially affected case outcomes and contributed to acquittals.

The Ministry of Health, in collaboration with the National Police Service, should enforce a standardized national forensic evidence protocol for all CSEA cases. This should include the provision of free, state-funded DNA testing and mandatory forensic medical examinations. Clear referral pathways between police and health facilities should be formalized to prevent delays.

6. Continuous Training of CSEA actors

The State Department for Children Services, as the coordinating authority for child protection actors, could conduct periodic training needs assessments to strengthen the capacity of CSEA actors. Training on the Children's Act, Online CSEA, existing technologies and data systems are recommended for the Police and other actors.

The office of the Director of Public Prosecutions should institutionalize annual specialized training for prosecutors on complex online CSEA cases, including prosecution of cases involving multiple victims, digital evidence handling, cyber-tracing, and coordination with investigative cyber units. Training should include practical case simulations and updates on emerging digital trends.

LEGISLATIVE & POLICY FRAMEWORK

7. Conduct Appropriate Assessments Before Bail/Bond

Case reviews in Garissa County revealed that several accused persons absconded after being granted bail or bond, frequently fleeing across the porous Kenyan border. In some instances, perpetrators were sentenced in absentia after arrest warrants were issued but not executed. The findings revealed high rates of withdrawals (25%) and appeals (25%) in Garissa, with some convictions overturned. These trends were linked to flight risks, weak bail risk assessments, and intimidation of survivors and families.

The Judiciary, in collaboration with Probation Services, can institutionalise mandatory pre-bail assessment reports for all CSEA suspects especially in the identified high-flight-risk regions and counties (e.g., Garissa, Busia). These assessments should evaluate cross-border mobility risks, community interference potential, and survivor safety considerations before bond terms are determined.

8. Awareness creation on Consequences of Traditional Systems

The study findings revealed the preference for resolving CSEA cases through traditional dispute resolution mechanisms at 7% in Mombasa and Garissa County. NGOs and CSOs could conduct structured and sustained community dialogues in affected counties to clarify the legal limitations of informal dispute resolution in cases of CSEA.

These engagements could explicitly reference provisions under the Children Act and the Sexual Offences Act, emphasizing that CSEA cases cannot be lawfully settled outside the formal justice system. The community engagements should also emphasize on penalties and punishments for actors involved in Maslaha systems in resolving CSEA cases, to deter people in the community from applying the system in criminal cases.

9. Strict Application of CSEA Laws.

The report highlighted an incident of misapplication of the law. In Nakuru (e.g., MH/NKU/CSEA007/2024), in a case involving indecent acts with a four-year old minor, the accused person was found guilty and sentenced to 1.5 years' imprisonment or a fine of Ksh. 15,000, which was paid, resulting in release. Judicial actors should ensure proper application of the law to deter people.

STUDY LIMITATIONS

During the research process, the study faced the following limitations:

- For the case reviews, sampling was done in consultation with judicial and children's officers within the agencies. In 6 of the 7 counties, good reception and unlimited access to case files was given to the researchers apart from Mombasa. Sampling of case reviews therefore relied on institutional support and goodwill. In Mombasa County, cases were selected and handed over to the researcher for review thus introducing a bias in sampling.
- The use of observational approaches is often limited to observable characteristics at the time when the researcher was present at the agency. This is common in observation studies where their use is limited to associations rather than proving true cause-and-effect relationships. The observational data is further limited by the existence of confounding variables which may not have been observed at the time of data collection.
- The study findings paint a picture of the situation of reporting, investigation and adjudication of CSEA in the 7 counties and may not be generalized for the entire country, readers should therefore recognise that there may be other unique experiences and diversities in the other 40 counties of Kenya that are not represented in this report.

09 - Conclusion

In Kenya, National and county-level data reveal rates of defilement and teenage pregnancy at (15%) and FGM (15%), with some counties recording significantly higher prevalence than the national average (KDHS, 2022). The need to undertake this study was therefore driven by the persistent and uneven prevalence of Child Sexual Exploitation and Abuse (CSEA) in Kenya. The study presents an opportunity for comparing data across the regions of Kenya to assess the functionality of child protection services through survivor journeys and case management processes.

The study findings reveal that: there is weak inter-agency coordination and fragmented data systems that undermine effective case management and accountability. While digital tools such as CPIMS have improved documentation and tracking, their impact remains limited by inadequate infrastructure, lack of integration and insufficient user capacity. The study also found that despite Kenya having a legal framework, including the Sexual Offences Act and the Children Act, persistent gaps in reporting, investigation, coordination and case outcomes continue to affect survivors. The findings further show that child sexual exploitation and abuse predominantly occur within familiar environments, reinforcing the need to reframe prevention strategies toward risks within trusted relationships rather than focusing primarily on external threats. The study highlights that timely access to medical care and psychosocial support plays a decisive role in shaping justice outcomes for survivors.

Addressing the identified gaps requires a deliberate shift from policy formulation to effective implementation. Priority actions include strengthening multi-sectoral coordination frameworks, investing in data systems and capacity building for frontline responders, enhancing forensic and investigative capabilities, and addressing socio-cultural barriers that discourage formal reporting. Sustained resource allocation and institutional commitment is critical to translating existing frameworks into meaningful protection outcomes for children. Without such targeted efforts, the gap between policy intent and lived realities of survivors will persist. There is therefore a need to strengthen the capacity of CSEA actors in reporting, investigations and adjudication of CSEA cases across the Country. On study limitations, access to case reviews was limited in Mombasa County; the existence of confounding variables for observational studies and limited representation of unique capacities in the other 40 counties of Kenya. Future researchers can investigate these areas to assess functionality of child protection systems using similar or different variables.

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ABOUT MIDRIFT HURINET

MIDRIFT HURINET is a Non-Profit organization operating in Kenya since 2008. We are dedicated to advancing Peace, Good Governance, and Human Rights in Kenya. Our work is anchored on three strategic priorities: Peacebuilding and Conflict Transformation, where we engage stakeholders and empower communities to resolve conflicts and foster a culture of Peace and Security; Good Governance and Human Rights Advocacy, where we promote transparency, accountability, and civic participation; and Institutional Strengthening and Development, where we build the capacity of Government institutions, non-state actors, and our own team to collaboratively deliver on our mission for a more just and peaceful society.



Vision

A prosperous society that enjoys Human Rights, Good Governance, Peace and Security.



Mission

To empower Citizens, State and Non-State actors to foster a Culture of Human Rights, Good Governance, Peace and Security in Kenya.

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