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INVESTIGATING THE CHALLENGES FACED BY INDIVIDUALS WITH APHASIA IN ACCESSING FAIR TRIALS WITHIN THE KENYAN JUDICIAL SYSTEM: A CASE OF MILIMANI LAW COURTS

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Abstract:
The purpose of this study was to investigate the challenges faced by individuals with aphasia in accessing fair trials within the Kenyan judicial system, with a specific focus on Nairobi City. This research was anchored in social support theory, which provided a framework for understanding institutional responses to communication needs and adaptive strategies within legal settings. A mixed-method case study research design was employed, and participants were selected using a purposive sampling technique. The participants included individuals with aphasia, judicial officers, and carers. The research participants were either involved in focus group discussions or filling out structured questionnaires. The collected data were analysed both quantitatively and qualitatively. Quantitative data were analysed using descriptive statistics, while qualitative data were analysed thematically. Findings revealed that the main barrier to accessing a fair trial was a lack of trained personnel to support aphasia patients, which translates to poor infrastructure within the legal system. A substantial proportion of respondents, including judicial officers themselves, acknowledged limited capacity to effectively communicate with individuals with aphasia. Further to this, lack of trained personnel also leads to inadequate communication aids, which also emerged as the most frequently reported challenge. Another area that was affected was the absence of alternative and augmentative communication (AAC) tools within court settings, which limited the ability of individuals with aphasia to express themselves, comprehend proceedings, and provide accurate testimony. The study concluded that the Kenyan judicial system lacks

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systematic mechanisms to ensure communicative participation for individuals with aphasia. The study recommended that there be a need for deliberate institutional reform, interdisciplinary collaboration, and policy-driven integration of speech-language pathology expertise within judicial processes. Kenyan courts should allocate resources for the acquisition of AAC tools such as picture boards, written keyword systems, and tablet-based communication applications. These resources should be readily available within court environments to supplement private procurement by litigants. Courts should allow structured breaks, flexible scheduling, and extended response time for individuals with aphasia to reduce fatigue and processing overload.

Keywords: alternative support mechanisms, fair trials, individuals with aphasia, judicial officers, judicial system, Speech-Language Pathology (SLP) services

1. Background

Aphasia is a communication disorder that significantly impairs an individual's ability to speak, understand speech, read, and write, typically resulting from a stroke, traumatic brain injury, or other neurological conditions. Consequently, aphasia's effects extend far beyond the affected individual; it deeply impacts their carers and the broader community. In addition to that, aphasia is not a disease but a consequence of damage to the brain's language centre, typically in the left hemisphere, making it a neurogenic symptom. However, aphasia does not affect an individual's ability to articulate (dysarthria) or use their voice (dysphonia) (American Bar Association, 2022).

South Korea, Australia and the USA have enacted laws to support aphasia patients in the judicial system (Calitri *et al.*, 2021). The laws have focused on minimising barriers for effective presentation in courts. This has facilitated participation for people with aphasia in the judicial system. Research conducted in the USA has shown increased cases of individuals with aphasia in the courts. The research highlighted that the communication environment, evolving social roles, and societal attitudes towards aphasia are key factors that influence participation levels in all parts of the judicial system. These insights reveal the complex challenges faced by individuals with aphasia and underscore the need for alternative support mechanisms to facilitate their meaningful participation in the judicial system, bearing in mind that courts adjudicate through oral presentation and listening where conflicting parties present their argument. In addition, the speech acts in court are procedural and goal-orientated to bring out cause and effect so that the conversation brings out the person to be blamed. To a large extent, language use guides the process in the judicial system to access justice, as the elements of blame, justification, accusations, denials and allocation are made possible (American Bar Association, 2022). This shows a significant relationship between linguistics and law, where legal language is considered abstract and complex in the questioning and pragmatic strategies used by lawyers, police prosecutors, and judges. This complexity is

challenging for individuals with aphasia because of verbal paraphasias, neologisms, and agrammatism (World Health Organization 2021).

Contextually, different jurisdictions have established mechanisms to make courts accessible. In South Africa, legal experts emphasise the importance of putting in place accommodative strategies for court witnesses with disabilities for effective involvement during proceedings. This extends to persons with communication disorders, where courts permit affidavits sworn by witnesses in court during proceedings and reduce discriminatory procedures such as psychological examinations. These accommodations align with the prescriptions of the CRPD. In Kenya, similar challenges are evident, particularly for victims of rape during investigation and trial (Wilson *et al.*, 2023). Structural challenges, including limited access to judicial facilities, inadequate supportive environments, and ineffective dissemination of information related to trials, have been addressed through the adoption of an integrated service delivery approach involving collaboration among the police, prosecutors, and judicial officers to eliminate secondary victimisation and ensure that victims can seek recourse effectively. In summary, there needs to be a comprehensive approach in addressing dynamic challenges faced by aphasia patients in Kenyan courts.

1.1 Statement of the Problem

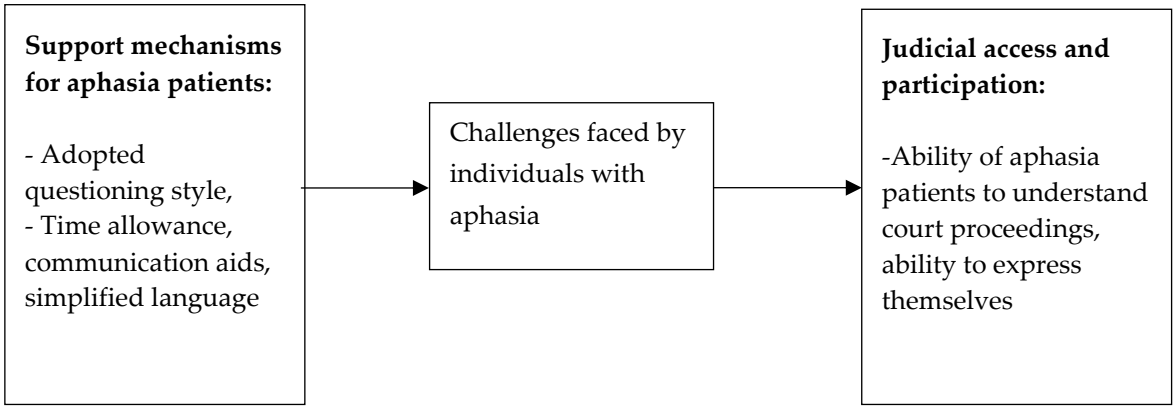
Patients with aphasia encounter significant barriers in their ability to communicate in the courtroom because of the legal jargon and procedural complexities that make it difficult for them to effectively express their issues or understand the legal proceedings they are involved in. In Kenya, the patients find it more challenging because the services of the speech-language pathologists are limited. This means that the inability to accommodate aphasia patients in court proceedings means that their voices are often unheard or misunderstood, leading to a miscarriage of justice. The situation is worse for vulnerable groups who may face additional structural barriers which may obscure their path to justice. Addressing these challenges, the Kenyan judicial system had made provisions for the inclusion and integration of individuals with aphasia. This involved developing and implementing alternative provisions that will help them to fully benefit from legal processes. Such measures are in alignment with the CRPD, which emphasises the need for procedural accommodations that empower them. However, these provisions have not been adopted into the system fully.

1.2 Purpose of the Study

To investigate the challenges faced by individuals with aphasia in accessing fair trials within the Kenyan judicial system.

1.3 Conceptual Framework

Figure 1: Conceptual Framework on Development of IEPs for Learners with Intellectual Disability



2. Literature Review

2.1 Theoretical Framework

The study was based on the social support theory by Drennon Gala. Drennon Gala developed the Social Support Theory from Travis Hirschi's Social Bond Theory. Travis Hirschi's Social Bond Theory emphasised the importance of bonds in enabling participation within social systems. The social support theory extends this understanding by emphasising the role of interpersonal and institutional support in promoting inclusion, functionality and well-being. In the judicial context, people with aphasia face challenges for meaningful participation in legal proceedings because of structural communication barriers experienced in courts, and because aphasia affects language production and comprehension, aphasia patients will experience challenges expressing themselves or understanding the court discourse. Importantly, because judicial officers serve as gatekeepers of fairness and procedural justice, they are responsible for ensuring that individuals with aphasia can effectively participate in the court proceedings even though most jurisdictions have not provided the necessary accommodations.

2.1 Challenges Faced by People with Aphasia in the Kenyan Judicial System

The history of the Kenyan judiciary has been marked by interference from the political class, but through the promulgation of the 2010 Constitution, there has been tremendous change in access to justice by creating an independent judiciary. This has been a result of resilience and perseverance (ICJ, 2024). Even though the new constitution provided the judiciary with the independence it needed, it still faces the ultimate test of integrity and independence. Progressively, the system has grown, and it is considered a progressive institution by different countries and human rights activists (Judiciary, 2024). Providing support starts by recognising one's challenges. Article 27 of the Constitution of Kenya emphasises the right to equality and non-discrimination on the basis of disability. The following Article 28 upholds that all individuals have inherent dignity, including the

right to have that dignity respected and protected. Specifically, Article 54 focuses on the rights of persons with disabilities. These provisions promote inclusivity and ensure the protection of rights for persons with disabilities in Kenya. Despite these provisions, people with aphasia face various challenges in the Kenyan judicial system. The challenges range from the judicial system not taking into account individuals' ability to express themselves to policy frameworks in our judiciary. These challenges have impeded their access to justice and fair treatment (Judiciary, 2024).

Individuals with aphasia often struggle with speech and language, making it difficult to communicate effectively with legal representatives, judges, and other court personnel. This is compounded by limited understanding of aphasia among the legal professionals, which therefore leads to inadequate support and misinterpretation of the individual's needs (Aphasia Institute, 2024). In order to support them, courts need to provide necessary accommodations, such as access to assistive communication devices or qualified interpreters, which can hinder individuals' ability to participate fully in legal proceedings. Unfortunately, this has been a major challenge in the Kenyan judicial system (ICJ, 2024). The majority of patients who come to the court struggle to communicate, and because there is a shortage of staff who can sympathise and support them, they become irritated trying to get their points across. Admiringly, strides have been made to create awareness about these fundamental rights, but still the gap is significant.

Legal jargon can be challenging for individuals with aphasia, making it hard to comprehend legal documents, court instructions, and procedures; making the whole experience intimidating; and causing individuals with aphasia to experience increased anxiety or frustration, affecting their ability to present their case. The experience in most instances is a result of the absence of legal aid services as well as the resources not being readily available or accessible for individuals with aphasia, limiting their ability to seek help (ICJ, 2024). There can be a societal stigma associated with aphasia, which may influence the attitudes of legal professionals and others involved in the judicial process, and this may lead to most legal professionals not being keen on training in handling cases involving individuals with aphasia, leading to inadequate representation (Muthoki, 2022).

The judicial system often operates on tight timelines, which can be challenging for individuals with aphasia who may require more time to process information and respond; and because of a lack of coordinated support between healthcare providers, legal representatives, and social services, it can lead to gaps in assistance for individuals navigating the judicial system. Even though Article 13 of our constitution insists on the right to a fair hearing, persons with aphasia have yet to access the same because of this. The same has been emphasised by the UN charters on human rights, but our drafters still insisted on the time framework concept, as they envisioned that time and justice correlate, meaning justice delayed is justice denied (Judiciary, 2024). However, it has become a challenge to balance both, as addressing these challenges requires awareness,

training, and systemic changes within the Kenyan judicial system to ensure equitable access to justice for individuals with aphasia.

3. Methods

3.1 Study Locale

This study was conducted at the Milimani Law Courts, located in Nairobi City County, Kenya, where the court serves as one of the largest and most significant court complexes in the country. This is because it houses several divisions of the High Court of Kenya. This includes: the Civil, Commercial, Family, and Anti-Corruption Divisions. Additionally, the court hosts Kenya's major judicial offices, legal practitioners, and support institutions, therefore making it an ideal setting for examining the support mechanisms available for individuals with Aphasia. In addition to its composition, the Court was chosen due to its high volume of cases that are processed yearly.

3.2 Study Design

The study adopted a mixed-method case study design. The design was effective because it enabled an in-depth evaluation of alternative support mechanisms used for individuals with aphasia within the Kenyan judicial system, which operates as a bounded system. The research design also provided an opportunity for exploring how judicial processes, institutional practices, and interpersonal interactions shape access to justice for individuals with aphasia. Additionally, the study integrated both quantitative and qualitative approaches to collecting data to provide a comprehensive understanding of support mechanisms. The quantitative component assessed the availability, accessibility, and frequency of formal support services like communication accommodations, assistive resources, and procedural adaptations within the court system, while the data collection from the qualitative component enabled the researcher to examine the structural dimensions of support and identify gaps in institutional provision. Through in-depth interviews and narrative accounts, the study captured experiential, relational, and contextual dimensions of support that could not be adequately understood through numerical data collection.

3.3 Study Population, Sampling Techniques and Sample Size

The research targeted 12 individuals with aphasia, 230 judicial officers, 20 caregivers and 5 medical practitioners. A purposive sampling technique was used to identify and recruit participants who were relevant to the study. This technique ensured that the participants met the criteria that could contribute to understanding the challenges and alternative support mechanisms for individuals with aphasia within Kenya's justice system. From a target population of 287, a sample of 189 participants (65.9%) was obtained, comprising 12 individuals with aphasia (100% of the accessible population), 152 judicial officers (60.8%), 20 caregivers (100%), and 5 medical practitioners (100%). The tabulation below

shows the working of the samples using the Cochran Sample Size Formula as presented in Table 1.

Table 1: Sample Size

Category	Target population	Sample size	Percentage
Aphasia patients	12	12	100%
Judicial officers	250	152	60.8%
Caregivers	20	20	100%
Medical practitioners	5	5	100%
Total	**287**	**189**	**65.9%**

Source: Author 2025.

3.4 Research Instruments

The study used structured questionnaires to collect a quantitative set of data as well as focus group discussions to collect a qualitative set of data. The questionnaire consisted of closed-ended questions, five-point Likert-scale items, and a limited number of open-ended questions. The researcher developed a semi-structured FGD guide to collect qualitative data from carers and aphasia patients. The FGD comprised 5 participants. It lasted 90 minutes, during which the discussion was audio-recorded and later transcribed verbatim for analysis.

3.5 Piloting

A pilot study was conducted at Milimani Law Courts in Nairobi County. It targeted a small sample of judicial officers who shared similar characteristics with the intended study participants. Piloting the study tested the feasibility and clarity of the instruments on a small scale before the main study, where piloting the instruments with 10-15 participants from the target population was used to identify and correct issues such as ambiguity, bias, or redundancy. Notably, the participants were not included in the final sample size. The activities in the piloting study involved observing court proceedings, administering the draft questionnaires, conducting preliminary interviews with judicial officers, and reviewing selected documented cases involving persons with aphasia. The feedback obtained during the pilot study phase led to the revision of question wording, restructuring of some sections of the questionnaire, and refinement of interview prompts.

3.6 Validity and Reliability of the Research Tools

The research used a content validity approach to ensure that the research instruments comprehensively cover all aspects of the study. It also employed a construct validity approach to ensure that the research accurately reflects the theoretical concepts it aims to study. Furthermore, face validity assessed whether the research instruments are appropriate and meaningful to participants, and the pilot testing of the instruments with a small sample of participants was to refine unclear or irrelevant questions. External validity determined whether the findings could be generalised to other contexts. The research used test-retest reliability to assess the consistency of responses when the same

instrument was administered to the same participants at different times. The researcher administered questionnaires to a subset of participants twice within a two-week interval and compared results to identify inconsistencies. The consistency in responses was compared; a correlation coefficient of 0.81 was obtained, and thus the instrument was deemed reliable.

3.7 Data Collection, Preparation and Analysis

The researcher used the focused group discussion technique to conduct in-depth, face-to-face or virtual discussions with the carers. The discussion was recorded with participants' consent for accurate transcription and analysis. The recorded discussion was followed by qualitative data in the form of transcripts detailing participants' experiences, perceptions, and suggestions. The structured questionnaires were distributed to a larger sample of participants using online platforms: Google Forms. The researcher used thematic analysis in focused group discussions to extract insights about challenges and alternative mechanisms used in courtrooms. The questionnaires collected were used to calculate the proportion of respondents familiar with communication aids or their perceived effectiveness. The researcher also analysed patterns in perceptions across demographic categories.

4. Results

4.1 General Characteristics of the Sample

The data were collected to establish participants' background characteristics relevant to their interaction with aphasia patients. The results show that the majority of respondents were judicial officers aged 46–60, representing 56% of the total respondents. This indicates significant professional experience relevant to court operations and aphasia communication. Data were collected through one Focus Group Discussion (FGD1) involving two adult participants living with aphasia and three caregivers. The FGD explored the participants' experiences, challenges, and recommendations regarding their interaction with the Kenyan judicial system.

Table 2: Respondent Distribution by Category

Category	Gender	
	Male	**Female**
Judicial officers	19	35
Aphasia patients	2	0
Caregivers	1	2
Medical personnel	2	5
Total	**24**	**42**

The cross-tabulation Table 3 shows that respondents with no experience working with aphasia patients were present across all age groups.

Table 3: Cross-tabulation of Age of Participants by Year of Experience

Age group (Years)	No experience	1-3 years	4-6 years	7+ years	Totals
18-30	12 (35.3%)	5 (41.7%)	1 (14.3%)	1 (12.5%)	19 (31.1%)
31-45	16 (47.1%)	5 (41.7%)	4 (57.1%)	4 (50.0%)	29 (47.5%)
46-60	5 (14.7%)	2 916.6%)	2 (28.6%)	5 (62.5%)	14 (23.0)
Above 60	1 (2.9%)	0 (0.0%)	0 (0.0%)	1 (12.5%)	2 (3.3%)
Total	**34 (100.0%)**	**12(100.0%)**	**7 (100.0%)**	**8 (100.0%)**	**61(100.0%)**

Source: Author (2026).

From Table 3, the highest proportion was recorded in the 31–45 years' age category. It represented 47.1%. Participants aged 46–60 years constituted the largest proportion of those with 7+ years of experience, representing 62.5%, while younger respondents (18–30 years) were more represented in the 1–3 years' experience category (41.7%). Overall, the table shows uneven distribution of respondents across different age groups, and this suggests that an increase in age does not consistently correspond with increased experience. Additionally, the crosstab findings are strongly supported by the Focus Group Discussion, where the participants alluded that professional seniority or age did not guarantee competence in supporting individuals with aphasia, as shown below.

One caregiver said:

> *"Some officers have worked for many years, but they have never been trained on how to communicate with someone who has aphasia."* (FGD- caregiver)

An aphasia patient further observed:

> *"You find young people trying to help more than older people because they are willing to learn, not because of age."* (FGD- patient)

The sentiment of the patient and the caregiver supports the conclusion established from the cross tabulation.

4.2 Challenges in Accessing Fair Trials

Table 4 presents findings of the challenges affecting access to fair trials for individuals with aphasia in Kenyan courts as shared by the respondents in the research study. The quantitative findings were triangulated with Focus Group Discussion (FGD) data to have a detailed analysis of the studied components. Each group of participants presented their view on different items presented.

Table 4: Challenges Accessing Fair Trials

	Caregiver N. (%)	**Judicial officers N (%)**	**Medical personnel N (%)**	**Total N. (%)**
Lack of trained court personnel	2 (100)	4 (57.1)	40 (74. 1)	48 (72.7)
Inadequate communication aids	1 (50.0)	5(71.4)	47 (87.0)	54 (81.8)
Limited public awareness of aphasia	0 (0.0)	2 (28.6)	13 (24.1)	16 (24.2)
Delays or denial of trials due to communication difficulties	2 (100)	3 (42.9)	11 (20.4)	18 (27.3)
Lack of legal representation with knowledge about aphasia	2 (100)	6 (85.7)	14 (25.9)	25 (37.9

The study established that lack of trained personnel within the judiciary is a major structural barrier in the Kenyan judiciary. This was represented by 72.7% of respondents. The 72.7% represented all aphasia patients (100%), 66.7% of the caregivers (66.7%) and 74.1% of the medical personnel. They were in agreement that court personnel lack adequate skills to communicate effectively with individuals with aphasia. This was affirmed from qualitative analysis as shared by the response of one caregiver in the FGD who said this,

> *"Most court officers assume the person cannot think simply because they cannot speak clearly. There is no patience or understanding of the condition."* (Caregiver)

A judicial officer similarly acknowledged:

> "*We are trained in law, not in communication disorders. When such cases arise, we rely on assumptions rather than structured support."* (Judicial officer)

This finding shows that there is a disconnect between the needs of the clients visiting the court and the preparedness of the court to meet the demands of aphasia patients! The result of this is misrepresentation of the condition, which primarily affects linguistic processing and not intellectual capacity, but because of the disconnect, the court's failure to differentiate these constructs, therefore in most cases it risks procedural injustice which includes diminished credibility, exclusion from testimony, or misinterpretation of responses. To remedy this, the international literature reinforces the importance of professional communication facilitation. Research by Robyn White and Juan Bornman (2023) demonstrates that structured accommodations reduce misinterpretation and enhance dignity in legal proceedings.

Inadequate communication aids emerged as the most frequently reported challenge, representing 81.8%. The challenge was shared by 87.0% of the Judicial officers and 71.4% of the medical personnel. They all emphasized that the absence of Augmentative and Alternative Communication tools within courtrooms posed a challenge in offering support for the aphasia patient. This was attributed to the absence

of comparable structured training within the Kenyan judiciary, which was one of the professional gaps identified in the literature review.

A medical professional noted:

> *"Courts do not provide picture boards, written prompts, or any structured aids. The patient is expected to respond verbally, which is unrealistic."*

An aphasia patient shared:

> *"I know what I want to say, but there is no way to show it in court."*

These accounts highlight a fundamental communicative mismatch between courtroom expectations and aphasia-related expressive limitations in the Kenyan court, but the scenario is different in jurisdictions such as England, Wales, Scotland, and Israel, where AAC is formally integrated into court processes, often alongside trained intermediaries (National Aphasia Association, 2023). Similarly, Israeli courts have adopted deliberate linguistic access strategies, including simplified questioning and multimodal communication supports (Frontiers in Psychology, 2021). The Kenyan scenario is unique in the sense that even though the courts have demonstrated flexibility in cases such as State v. John Mwangi, where AAC and SLP involvement were judicially recognized, the present findings suggest that such measures remain exceptional rather than institutionalized. Other literature reviews insist that the absence of structured AAC systems limits expressive participation and undermines the principle of equality before the law. Additionally, limited awareness of aphasia as reported by 24.2% of respondents makes the situation worse, as that leads to undesired treatment or misinformation when it comes to handling the patient in the court system. This was magnified by the responds from a caregiver:

> *"People think aphasia means mental illness or confusion. They do not understand that the problem is communication."*

Mislabelling aphasia as cognitive impairment may result in paternalistic decision-making or exclusion from meaningful participation in the court. The preceding discussion demonstrated that awareness training is central to inclusive justice systems. For example, differential questioning strategies adopted in Israel intentionally avoid linguistically complex or misleading question forms to safeguard participation (Frontiers in Psychology, 2021). The absence of such awareness frameworks in Kenya suggests that generalisation of support in Kenya hinders access to justice for aphasia patients. This may sometimes lead to delays in trials, which in some cases may work in the advantage of the patient, as reported by 27.3% of respondents. All aphasia patients (100%) and most caregivers (66.7%) indicated experiencing postponements linked to communication difficulties.

An aphasia patient stated:

"The case was postponed many times because they said I was not ready to talk."

A caregiver quoted a judicial officer:

"*When communication is unclear, the safest option becomes adjournment, even though it affects the victim."*

Research has shown that while adjournments may be intended as protective measures, they may inadvertently penalize individuals with aphasia by prolonging legal uncertainty; therefore, unless the strategy is applied well, it can disadvantage the patient in court. Developed countries like the U.S. bypass the issue of prolonging the case by applying accommodations such as scheduled breaks, remote testimony, and structured facilitation, which in most cases leads to avoiding unnecessary adjournments while preserving fairness (White & Bornman, 2023). Within the Kenyan context, high caseloads and judicial backlog may exacerbate this challenge, but strangely the courts still rely on postponement rather than the listed accommodations. This reflects the absence of structured communication protocols. Using the lens of Social Support Theory, this represents a failure of institutional instrumental support, forcing individuals with aphasia to bear the burden of systemic inefficiency. Lastly, it was reported by 37.9% of the respondents that lawyers lacked knowledge about aphasia patients. All caregivers and aphasia patients in the study identified this challenge as one of the major challenges in accessing a fair trial.

One of the caregivers said:

"*The lawyer kept asking yes or no questions very fast. My son could not follow, and the lawyer did not adjust."*

A medical professional added:

"*Without understanding aphasia, legal representatives may unintentionally silence their clients."*

These sentiments are concerning because legal counsel serves as a primary advocate within adversarial systems of the court, where the use of rapid questioning, closed yes/no formats, and complex syntactic constructions should be sparingly used because the technique not only overwhelms individuals with aphasia but also other clients approaching the court, because in most cases it leads to inaccurate or incomplete responses. These are some of the reasons that led to reforms in Israel, which brought about the elimination of tag questions and inappropriate questioning styles precisely to mitigate such risks (Frontiers in Psychology, 2021). Additionally, a collaboration between

legal practitioners and SLPs is critical to ensure that questioning styles align with the client's communicative capacity. In the Kenyan case, the absence of such interdisciplinary engagement further confirms the systemic professional gap within Kenyan judicial practice that may have been caused by a lack of awareness of the role of the SLP in the legal system.

Collectively, the findings established that the inability to incorporate communication strategies in the judicial process is facilitated by interconnected structural, professional, and attitudinal barriers which are affecting access to fair trial for persons with aphasia. This is happening despite the Kenyan constitutional provisions prescribed in Article 50, which provide the right for fair trial and equal participation. When Kenya is compared to other jurisdictions, intermediaries, AAC systems, structured questioning frameworks, and SLP involvement are institutionalized, whereas Kenya's approach appears reactive and largely informal. These findings therefore substantiate that the Kenyan judicial system lacks structured, SLP-informed communication frameworks necessary to ensure equitable access to justice for persons with aphasia. Checking on a Social Support Theory framework, informal support (caregivers) dominates, while formal institutional support remains underdeveloped compared to a speech-language pathology perspective; this imbalance compromises communicative participation, evidentiary integrity, and procedural fairness.

5. Conclusion

The Kenyan courts' approach to supporting aphasia patients remains largely reactive and case-dependent, which is mainly attributed to systemic challenges which undermine access to a fair trial for persons with aphasia, as the judiciary lacks trained personnel, structured communication aids, and limited awareness of aphasia. Because of inadequate aphasia-informed legal representation, the courts experienced delays or adjournments as a result of communication breakdowns. Collectively, these barriers reflect institutional shortcomings in policy, training, and interdisciplinary collaboration, which translate to individual skills deficits, and from a social support theory perspective, the Kenyan judicial system demonstrates an imbalance between informal and formal support structures, which means that emotional and familial support is present, but professional and instrumental supports remain underdeveloped. This imbalance places disproportionate communicative responsibility on carers and individuals with aphasia themselves, thereby increasing vulnerability within the adversarial legal contexts.

6. Recommendations

1) Kenyan courts should allocate resources for the acquisition of AAC tools such as picture boards, written keyword systems, and tablet-based communication applications. These resources should be readily available within court environments to supplement private procurement by litigants.

2) Collaborative workshops between the judiciary, legal practitioners, medical professionals, and SLPs should be conducted to foster interdisciplinary understanding and coordinated support frameworks.
3) Courts should allow structured breaks, flexible scheduling, and extended response time for individuals with aphasia to reduce fatigue and processing overload.

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Conflict of Interest Statement
The authors declare no conflicts of interest.

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