

Challenges of Childhood Sexuality and Sexual Assaults Among Children: Case Reports and Review of Literature Amidst Ethical Concerns

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ABSTRACT

The incidences of sexual encounters among children is at the least not expected to occur as most children are especially protected by their parents and/or guardians. Children are not expected to know anything about sex nor anything related to or resembling sexual encounters not to talk of its real engagements and occurrences. Children are supposed to be pure, clean and innocent, spared from the scars of sexual assaults and immorality. Sexual assaults among children are perhaps not a common problem nor occurrence. This is not expected to happen, or at least not reported/under-reported for what they actually are or at worse not recognized for what the acts truly are. Adult witness maybe in self-denials not believing what they are seeing nor hearing as childhood period is a period of near total innocence and close parental supervision that are expected to be in place would ensure that no child should be aware of any sexual-indicated activities. But this expectation often is deflected by an out-of-the-bloc, once in a while, report that puts everyone on the alert. That is what is expected by the narration of these short case reports. Modern norms around intimacy have tended to include ideas that sexuality is private, domestic and adult only. However, much debate about child sexuality has focused on child abuse rather than children's own sexual activities. This article attempts to highlight the hidden problems that may exist in the world of these supposed innocent ones, and for adults to be aware that such indecent acts are possible even among our children.

Keywords: Childhood, Self-denial, Sexual Assaults, Sexual Awareness, Under-reported.

INTRODUCTION

Childhood period is assumed and honestly believed to be a period of total innocence in the life of all children everywhere. These young ones are actively protected by their parents and by the society around them. The African attitude is that of the society at large owning all children and not their biological parents or legal guardians alone. This communal ownership of every child plays out in the region where all/any adult can morally correct any erring child even if that child is not his/her own

biological child. The society would be offended at any adult who observed a wrong action by any child and either ignores the child nor reported such a child to his/her parents or guardians. Thus, all children in the traditional African legacy are expectedly trained thoroughly by members of its nuclear family and the public at large. In the region where we are situated, no one person owns the child. Moral upbringing of all children is a duty shared by persons in the immediate locality of that child. Africans are culturally very moral, religious people, both

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orthodox and traditional African's beliefs. These African beliefs, myths and practices contributed in large ways to determine the final outcome in morality when older. Most African parents pass these beliefs to their children when nurturing them. They are all tailored towards producing some inner fears to desist from doing wrong things. It is a taboo to even discuss sexually explicit activities in the hearing of these young ones, not to be seen to be actively involved with anything with the semblance of sexuality of any form in the viewing presence of these young ones.

Unfortunately, these African local intelligence and high standard of beliefs are being eroded with the increased viewing of sexually explicit movies on our televisions, cinemas and internet. These motion pictures paint a picture of high acceptability if one is involved in these activities, previously unacceptable but now seen as the happening real world. These motion pictures encourage the dual involvements of alcohol beverages and illicit medicinal substances. They impact negatively on the minds of the young ones, being regarded as classy and an expression of one's free-will and maturity. The internet has played the most damaging effects in exposing the high level of adult movies freely available, thereby leaving the viewing children with the knowledge learnt. They feel that they can practice what they have seen, heard, or witnessed occasionally when unsupervised by an adult.

Conceptual Concern

Childhood sexual involvement is probably a rarity that was not expected to happen. It was not a possibility and an occurrence that can only be imagined in an anti-social mind. It is a taboo in the African tradition for even legally married couples to display affections such as kissing or hugging in the presence of their young children. These acts may be accepted in the western world but are not encouraged in our locality. These amorous acts are shielded away from children physically, but the common availability of the televisions and social medias has propagated the viewing of these acts by children everywhere. These crude, raw information are available via the internet, news outlets, children's

cartoon network and they can be accessed via hand-held devices, complex I-pad, laptops, and table computers. Many well-to-do families feel that the ownership of these aforementioned gadgets by their young children portrays them as being vocally classic and knowledgeable. They readily purchased these electronic gadgets for their children probably only to show off their wealth. They may never be able to monitor what these young ones can do with their newly acquired toys and they could end up with dangerous exposures to marauding adults out there looking for vulnerable youths to befriend. The unguided children may get involved in emotionally-driven activities, some damaging or dangerous, while some may not be so negatively impactful. We hereby present two unreported cases that we were involved with. But before then, who is a child?

The Oxford Advance Dictionary describes a child as a young human who is not yet an adult. While an adult is described as a fully-grown person who is legally responsible.^[1] A child is a young person who is described by the United Nations convention on the Right of the child as "a human being who is below the age of 18 years" under the law applicable to the child, maturity is attained earlier.^[2,3] In most English-speaking nations, a child may be referred to as a minor who is a person that is younger than the majority of the population. Majority is set at the age of 18 years old. Generally speaking, a child has fewer responsibilities and rights than all adults and is said to be unable to make major and serious decisions.

In collaboration with the foregoing definition, the African Charter on the Rights and welfare of the child, 1990, defined a child as every human below the age of 18 years.^[3,4] Under this charter, the Nigeria constitution Child's Right Act, 2003, section 277 defined a child as a person under the age of 18 years. But of importance is that the United Nations defined a child as a person under the age of 14 years despite noting that the Article 1 of the same United Nations convention on the Right of the child (UNCRC) defined children as a person not up to 18 years. The goal-worthy intention of the convention was to ensure as much protection and rights of the child to as wide age groups as was possible. The age was the

limit that once attained, the child was considered as adult.^[5]

The UNCRC Article 1 has a big impact on the overall well-being of every child.

- (1) It protects and safeguards all children from harm and exploitation, thereby ensuring child safety.
- (2) It ensures provision of education for all gender and adequate healthcare
- (3) It encourages the enactment of legal framework that focuses on children well-being.^[6]

National human rights commission agrees with the Nigeria child's Right Act, 2003 that a child is a person under the age of 18years.^[7,8]

PRIMARY EDUCATION IN NIGERIA

The primary school education follows after the kindergarten or crèche schools, and it begins from around the ages 5-6 years for most Nigerian children. it usually lasts for a total of 6years, and most graduates are therefore aged between 11-12years old.^[9]

The Universal Basic Education (UBE) programme was started in the year 1999 and its one singular aim was to provide free, universal and compulsory basic education for every Nigerian child aged between 6-15years that children between ages 6-11years ought to be in primary school.^[10-12]

CASE REPORT I

A young girl aged 7 years old attending a privately-owned primary school reported to her mother about the activities of a bench-seat sharing partner who happens, to be a boy of only months older than herself. Apparently, the boy who had only recently been admitted into that school and was paired with her on a bench-two-seater locker had been acting inappropriately towards her. The first noticeable and frightening time was when he attempted to put his hand inside her skirt and up to her pants and she successfully fought him off. She dutifully reported the incidence to her class teacher who was outraged at the occurrence and loudly warned the boy. He appeared remorseful. But days later during a short break-time, and without the teacher physically present in the classroom, the boy attempted to

forcefully insert his fingers into the young girl private part. He had successfully and aggressively pulled the girls pants down and was attempting to do the unimaginable but was stopped by other pupils when the victim screamed out in pains and fears. The now alarmed class teacher ran back to the classroom now in total chaos and met a defiant boy and a thoroughly frightened girl. The boy was not denying nor accepting any wrong doing and felt that "what is now to her, she knows what i wanted to do". No remorse at all, and only a 7years old boy. The parents of both the girl and boy were sent for to come to school the following day. The boy's parents were defensive trying to protect their son of any wrong doing.

The school's management were amazed at their behaviour and threatened to expel the boy from the school. At this juncture, the traumatized girl's parents threatened to go to the police and officially report the incident. The school authority was not excited about this development as they felt that such a legal exposure may lead to it losing some pupils and possibly other intending pupils. It finally came out that the boy was expelled from his previous school for similar immoral activities. The letter of expulsion was never presented at his new school, which simply accepted and admitted him for financial gains. Un-ceremoniously, the boy parents withdrew him from the school, apparently to go to another school, and the girl's parents who felt that there was not enough protection for their school pupils by the teaching staff and they too removed their daughter out of the school and registered her in another school; where they narrated their experience and demanded for a better child's protection.

CASE REPORT II

Another report involved an eight- year old boy who had repeatedly being inviting a classmate to have sex with him. These youngsters were both pupils in a primary school and were in the same arm of their class. Apparently, the boy had verbally been asking the girl out to meet him in some quiet corner of the school so as to have sex with him. The report said that the girl had warned him several times to leave her alone and not to ever mention such dirty request to her again. But he persisted and eventually she

reported to her parents, who furiously stormed the school and tabled the stories to the school authority. Alarmed, the boy's parents were invited and they were equally alarmed at the stories that they were hearing. Upon deep questioning, the boy confessed that he had watched his parents have sex in their bedroom several times and he had always wanted to find out what it felt like to have sex by himself. He also said that he had seen his parents cuddled, fondled themselves and kissed that he deeply desired to do those things himself. Shamefully, the boy was withdrawn from the school by his parents to another school and his parents were told to be more careful in their bedroom activities.

In order to find out if this childhood sexual interaction actually occur here, we decided to interview the physicians at the Children Emergency Room, the Accident and Emergency Room(A&E) and the Children Outpatient clinic if any such cases gets reported at their units. We also conducted a brief interview of a few of our hospital's personnel to seek out their personal encounters with such traumatized patients in their different units. We encountered ten senior health care providers in different units of our hospital, and the findings are as below

- (1) Have you ever managed any child who had been sexually abused by another child?
Yes ----- Six
No ----- Four
No answer (neither Yes/No)
- (2) Department where such a case was managed
Children Emergency Room ----- One
General Outpatient Department
Accident/Emergency Room
Not stated ----- Two
- (3) Cadre of managing physician
Nursing Officer ----- Two
Resident Doctor ----- Two
Dedicated Unit Medical Officer ----- Three
- (4) What were/was the age(s) of the patient?
3---5years old ----- Four

- 5---10years old ----- Two
10years and above ----- Nil
- (5) Specific ages of the patient if known
3years old ----- 2
4years old ----- 2
5years old ----- 1
7years old ----- 1
- (6) The ages of the assailants, if known
5—10years ----- 2
10years and above ----- 4
Do not know ----- 1
- (7) Specific ages of the assailants, if known
7years ----- 1
14years ----- 2
15years ----- 1
16years ----- 1
- (8) Gender of the patients
Female ----- 5
Male ----- 1
- (9) Any visible trauma to the genitalia of the patient?
Yes ----- 4
No ----- 2
- (10) Attitude of the assailants' parents
Remorseful ----- 2
Protective ----- 3
Threatening ----- 1
- (11) Any offer of monetary gratification to patients' parents to end the case?
Yes ----- 2
No ----- 4
- (12) Did you call the psychiatrist to review both the patient(child) and the assailant?
Yes ----- 2
No ----- 4
- (13) If no to the above, why?
- The consultant paediatricians handled it

- No psychiatrists available

(14) Did you invite the law enforcement agents?

Yes ----- 2

No ----- 4

(15) If no to the above, why?

- Hospital authority were informed

- Logistics (few staff on duty)

- Reported to higher authority in the hospital

- Families wanted to settle among themselves.

DISCUSSION

From the findings, there is an obvious revelation that the problem or issue under consideration actually occurs. The different units over an undetermined period of time recorded ten cases of sexual assaults of school children. All the recorded cases happened in different school environment, but not all were perpetuated by the victim's classmates. There was an evident poor record keeping by the responding physicians who did not specify where the patients that they attended to were seen. Despite this drawback, they responded that these assaulted children were attended to at the general outpatient clinic, children emergency room, which is appropriate since these victims were all children that qualified to be seen in this dedicated clinic, and the hospital's accident and emergency room. The incoming patients were attended to at the point of contact by senior nurses, resident doctors in the dedicated children emergency room and by medical officers in the A&E room. This may raise a concern if any of the cases ended up in the court room where a more senior doctor may be requested to give evidence. But from the reports, all the cases were reviewed by these senior physicians, and as later proven, most cases deliberations ended at the reviews of the unit counselling physicians.

The reported ages of the patients ranged from three years to ten years and above with the most patients been between three to five years. There were two patients aged three years old, two aged four years old, one aged five years old and another seven years old each. While the ages of the assailants ranged

between seven years old to ages above ten years of age. Specifically, there were one assailant aged 7 years, 15 years and 16 years of age while the other two were aged 14 years old. This finding does not support the sought information that the assailants were classmates as they are obviously not. They are older children who are not in primary school age group.

Our findings suggested that these older assailants attended the same private schools as the victims, as most private schools have pupils from primary school up to secondary school. These aggregated schools maybe in the same fenced off compound but are situated in different blocks housing primary school, junior and senior secondary classes in different blocks. This school arrangement may have been the factor that exposed the victims to the preying older school mates, not necessarily classmates. This inference is supported by the fact that all reported cases happened in school during brief periods of times when classroom teachers gets distracted. Such periods of breaks, periods in-between changes of subject teachers.

The gender distribution of the patients revealed more of girls as there were five victims being girls and one was a boy. Incidentally, the single boy that was assaulted was by a boy aged 15 years, who reported that he was only playing with the boy's testicles and did not mean any harm at all. The reviewing physicians reported some degree of trauma inflicted on the genitalia of the female victims. A review of the attitudes of the parents of the assailants revealed that one of them was threatening both the school's management and the parents of their victims, while three of them were protective, simply denying any involvement of their male children in such heinous crime, while two accepted the fact that their children were involved and had confessed to them. Among the protective parents, two of them offered monetary gratification to discontinue the cases and not to go to court.

Surprisingly, the school management, though not offering to give out money did not want the cases reported to the law enforcement agency since they fear that such a negative news would impact negatively on their reputation and probably reduce

the intake of new students/pupils. The hospital has a psychiatric unit but most of the cases were not reported to them and also there was a poor recourse to the law enforcement agencies possibly due to the fears above.

Due to the inconclusive findings of the questionnaire, we decided to directly interact twenty-five management of private schools, on whether they had issues of sexual molestation between pupils in their primary school. They all strongly denied any occurrences, with five of them literally aggressively drove us out of their schools and asked that we never come again. We suspected that maybe there had been some un-reported cases in those schools, and the management did not want them brought out to the public. They apparently were concerned that such information may impact on the intake of new pupils.

CONCLUSION

Sexual assault occurs among minors. Unmonitored exposure to social media plays a large role due to potential negative influence on such young minds. Parents and school authorities need be alert to prevent cases of sexual assaults among minors both at home and in the school environment.

Recommendations

- (1) Ensure that every class has two adults employed to watch over the pupils at all times
- (2) Do background check whenever you are admitting a pupil from another school. Find out why that pupil was expelled from the previous school.

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