EXPERIENCE REPORT ON SEXUAL EDUCATION WITH CHILDREN FROM 4 TO 8 YEARS IN THE THERAPY

RELATO DE EXPERIÊNCIA SOBRE EDUCAÇÃO SEXUAL COM CRIANÇAS DE 4 A 8 ANOS NA CLÍNICA

INFORME DE EXPERIENCIA EN EDUCACIÓN SEXUAL CON NIÑOS DE 4 A 8 AÑOS EN LA CLÍNICA

Luana Luiza GALONI[1]
Ilanna Pinheiro da Costa MEDEIROS[2]
Gabriela de Araújo Braz dos SANTOS[3]
Ana Cláudia de Azevedo PEIXOTO[4]

ABSTRACT: Thinking about the managements for a positive education of children is also thinking about the healthy development of sexuality in childhood. The aim of this article is to present an experience report about a intervention of sexual education guided by cognitive-behavioral therapy for children aged 4 to 8 years old. A set of 5 sessions, lasting 40 minutes, was organized using playful and educational materials to deal with the topic together with three siblings who were in the process of adoption. The results showed that there was progress in the children's cognitive, motor and emotional development, in the form of the development of games, imagery ability, knowledge of the body and establishment of safe limits. Sex education for children is considered necessary to prevent possible sexual violence, favoring dialogue through a playful and non-invasive way, respecting children's rights and assisting in their development.

KEYWORDS: Sex education. Sexual abuse. Cognitive behavioral therapy.

***RESUMO**: Pensar sobre o desenvolvimento de crianças requer ações que possibilitem também o desenvolvimento saudável da sexualidade na infância. O objetivo deste artigo é apresentar um relato de experiência sobre uma intervenção de educação sexual orientado pela terapia cognitivo-comportamental para crianças de 4 a 8 anos. Foi organizado um conjunto de 5 sessões, com duração de 40 minutos, utilizando-se de materiais lúdicos e pedagógicos para tratar do tema junto com três irmãos que estavam em processo de adoção. Os resultados mostraram que houve progresso no desenvolvimento cognitivo, motor e emocional das crianças, na forma da elaboração de brincadeiras, capacidade imagética, conhecimento do corpo e estabelecimento de limites seguros. Considera-se a educação sexual*

[1] Federal Rural University of Rio de Janeiro (UFRRJ), Seropédica – RJ – Brazil. PhD student in Psychology. ORCID: https://orcid.org/0000-0003-4426-4000. E-mail: luana.luiza.galoni@gmail.com
[2] Federal Rural University of Rio de Janeiro (UFRRJ), Seropédica – RJ – Brazil. PhD student in Psychology. ORCID: https://orcid.org/0000-0002-7430-8708. E-mail: ilanna.psi@gmail.com
[3] Federal Rural University of Rio de Janeiro (UFRRJ), Seropédica – RJ – Brazil. PhD student in Psychology. ORCID: https://orcid.org/0000-0002-1109-1820. E-mail: psicologa.gabrielabraz@gmail.com
[4] Federal Rural University of Rio de Janeiro (UFRRJ), Seropédica – RJ – Brazil. Adjunct Professor, Department of Psychology. PhD in Psychology (UFRJ). ORCID: https://orcid.org/0000-0002-6324-3187. E-mail: claudiaapeixoto@gmail.com

para crianças necessária para prevenir possíveis violências sexuais favorecendo o diálogo através de uma forma lúdica e não invasiva, respeitando os direitos das crianças e auxiliando seu pleno desenvolvimento.

***PALAVRAS-CHAVE**: Educação sexual. Abuso sexual. Terapia cognitivo-comportamental.*

***RESUMEN**: Pensar en las gestiones para una educación positiva de los niños es pensar también en el sano desarrollo de la sexualidad en la infancia. El objetivo de este artículo es presentar un informe de experiencia sobre una intervención de educación sexual guiado por la terapia cognitivo-conductual para niños de 4 a 8 años. Se organizó un conjunto de 5 sesiones, de 40 minutos de duración, utilizando materiales lúdicos y educativos para abordar el tema junto a tres hermanos que se encontraban en proceso de adopción. Los resultados mostraron que hubo avances en el desarrollo cognitivo, motor y emocional de los niños, en forma de desarrollo de juegos, capacidad imaginativa, conocimiento del cuerpo y establecimiento de límites de seguridad. La educación sexual infantil se considera necesaria para prevenir posibles violencias sexuales, favoreciendo el diálogo de forma lúdica y no invasiva, respetando los derechos de la niñez y ayudando a su desarrollo.*

***PALABRAS CLAVE**: Educación sexual. Abuso sexual. Terapia cognitiva conductual.*

Introduction

The term Sexual Education encompasses a process that involves tools and knowledge related to sexuality, this dynamic has been identified as a preventive form and protection factor at any stage of development. In the psychotherapeutic process with children's victims of sexual violence, psychoeducation focused on the healthy development of sexuality comprises a fundamental part of the cognitive-behavioral therapy (CBT) process to help the patient understand about its functioning, avoiding dysfunctional consequences in the cognitive, emotional and behavioral areas.

In 2017, the Laboratory of Studies on Violence against Children and Adolescents of the Federal Rural University of Rio de Janeiro (LEVICA-UFRRJ) conducted research on the care performed in partnership with the Vida Plena Association from Rio de Janeiro. The results show that of 44 children and adolescents treated, 43% of the cases refer to sexual violence, in which it is evidenced that in 27% of them there was joint violence, occurring not only sexual violence, but also the presence of psychological, physical and neglect violence (GALONI, 2018). In this sense, violence against children or adolescents translates as a strong stressor in relation to the typical process of growth and development. Victims experience feelings such as helplessness, fear, guilt and anger. In addition to these consequences, other studies have identified that the perception of helpless children victims of violence favor the

formation of dysfunctional schemes such as abandonment, distrust/abuse and vulnerability to damage/disease, which are linked to a negative and dysfunctional view of themselves and their relationships, interfering in the healthy development of their personality (BRAZ, 2018). Due to these factors, efforts have been directed to overcome the effects of violence, as well as the advance in the conception of care and protection for children and adolescents. These, for the most part, are defined through the drafting of laws that ensure the rights of people at this stage of life.

The aim of this article is to apply a set of 5 structured sessions on sex education for children aged 4 to 8 years. The demand for this initially arose in the reception of a female homosexual couple in the process of adoption of three siblings who were in psychotherapeutic care at the Vida Plena Association, coordinated by LEVICA and who had been victims of sexual violence, neglect and physical violence. The mothers complained of the manifestation of hypersexualized behaviors among siblings in the context of the home. The sessions related to sexual education were part of the psychotherapeutic intervention process, using the CBT approach.

Consequences of child sexual abuse

The Call 100 Complaints Channel recorded, in the period from 2003 to 2010, about 2 million calls with complaints of violations of the rights of children and adolescents. Of this total, 59.40% refer to reports of sexual abuse and 38.41% to sexual exploitation. Also, according to the complaints channel, statistics from January to July 2010, in the percentages of records by macro categories of violence, sexual violence was in first place, tied with physical and psychological violence (36%), followed by negligence (28%). However, it should be taken into account that many cases are still underreported.

Regarding the theme of child and youth violence, Egry, Apostolico and Morais (2016) highlight that children and adolescents are more vulnerable to violence and that they are beings who demand from the adult universe the protection and security necessary for their full development and, when in contact with the necessary tools, are able to transpose stressful situations. On the other hand, because the child or adolescent, in many cases, undergoes to silence their experiences, which can be a complicating factor and perpetuation factor for some kind of violence, in many cases, submits to silence their experiences, which can be a complicating factor and perpetuating factor for some type of violence.

The consequences of violence may be the most diverse, and may result in significant changes in its development. Lisbon and Habigzang (2017), when describing the consequences of sexual abuse, more specifically, indicate that the effects vary between victims, as well as their cognitive, emotional and behavioral impacts. The authors highlight the presence of signs such as enuresis and encopresis, feelings of shame, guilt, anger, feeling of abandonment, difficulties of concentration or memory. In addition, disorders such as anxiety, depression, mood disorders, eating disorders or personality disorders may occur.

Cognitive Behavioral Therapy and Sexual Education

According to Habigzang *et al.* (2009, p. 71, our translation) "a meta-analysis on research published in English that evaluated forms of psychological treatment for victims of sexual abuse in the period between 1975 and 2004 identified only 28 studies in the area". Among these studies, those who use Cognitive Behavioral Therapy as a form of treatment have shown better results when compared to other forms of treatment for children and adolescents with symptoms resulting from sexual violence. In the same period, in Brazil, only two studies were found that evaluated therapeutic processes for victims of sexual abuse (HABIGZANG *et al.*, 2009).

Therapeutic treatment with children's victims of violence is part of an important focus that concerns a broad analysis of the patient, considering all the contexts of relationships in which the children participate. Therefore, it is necessary to identify aspects of its general functioning, symptoms, relevant details of its life history and unmet emotional needs, which facilitates the construction of therapeutic strategies (PAIM; ROSE, 2016). In the present work, the strategy to accommodate the demand of the cases presented here was based on a fundamental resource in CBT, psychoeducation, which is about sex education, with attention to the emotional needs of children and the details of the family microsystem to build new restorative experiences.

Psychoeducation techniques relate psychological and pedagogical methods that facilitate therapeutic success, raise the patient's awareness about its functioning and develop health prevention work (LEMES; NETO, 2017). Sexual Education, in this sense, emerges as a preventive work, and can be performed through psychoeducation. According to Meyer, "sex education refers to the process that develops tools and knowledge related to sexuality, which begins from before birth and lasts throughout life" (2017, p. 44, our translation).

It is considered that it is not necessary to start sexual education only in adolescence or adulthood. In this sense, it is understood that children and adolescents are constantly developing their sexuality, which involves many crossings such as religion, culture, family and school.

The family plays a key role in this construction. It is her duty to convey the understanding of what is permissible or not. When this dialogue does not occur, many can be the consequences. The greater and richer the dialogue and the information provided, the better and richer the child's or adolescent's tools will be to identify possible risk situations (MEYER, 2017). However, there are few the preparations of parents or caregivers to address the subject, even believing that there is an exact age to deal with these issues - when these are not the abusers themselves. The school and educational spaces thus play a crucial role in sex education, placing itself as a safe space, information and prevention for children.

A study conducted by Ferreira *et al*. (2017) with 127 parents, found that, of this total, the majority said they were comfortable with the subject; however, only 33% approached it, of which 22% were on the children's initiative. In this sample, most parents believe that the ideal age would be from 10 years of age. Subjects such as inappropriate touches, different types of family and behaviors of body exploitation were addressed exclusively at home and at the initiative of parents or caregivers.

For Santos and Ippolito (2009) sex education is the main key against abuse, where professionals who deal with the children's public must be qualified to do so. In addition, they highlight that the work must be carried out by all spheres involving children and adolescents. It is also noteworthy that adults should seek dialogue and that "good communication can help children and young people to refuse unwanted sexual pressures and abuse by people in positions of authority and other adults" (SANTOS; IPPOLITO, 2009, p. 29, our translation).

Methodology

This report refers to a cut out of three clinical cases, descriptive and documentary, based on a professional experience of three volunteer psychologists in an institution that offers psychotherapeutic care to children and teenagers who are victims of violence in Baixada Fluminense, supervised by LEVICA - UFRRJ.

Data were collected through session records, consultation of reports, photographs and materials made during psychotherapeutic intervention. The report refers to patients by

fictitious names, 8-year-old female Eduarda, 7-year-old male Solomon, and 6-year-old female Bianca.

Before the adoption process initiated by the couple, the children were in protective measure of institutional reception by complaint of negligence and physical violence practiced by their parents. After a few months of living with the surrogate family, the children also began to report scenes and episodes of sexual abuse they had suffered while in their family of origin. The surrogate mothers brought these reports to the sessions along with a concern regarding the sexual behavior of the children, reporting that they were kissing. Therefore, the objective was to elaborate an intervention focused on psychoeducation on sexuality, considering the stage of development in which the children were, meeting their needs and respecting their limitations.

A set of 5 sessions, lasting 40 minutes, were organized following previously established objectives. In the first session, we sought to present to the caregivers the objectives of the intervention and to establish a bond with the family and with the child. The second session aimed at respectful knowledge of the child and his body. Following the same theme, the third addressed the concepts of the body, directed to the relationship with the other. In the fourth session we sought to educate about the right to say no. In the fifth session, the closing time was performed with the child and with the guardians, recapping the contents learned and preparing feedback.

These materials were composed of videos from the series "Que Corpo é esse?" [5] of Canal Futura, and the playful resources regarding sexual education and prevention of sexual violence made available by pedagogue and sex education specialist Caroline Arcari on her virtual platform[6], these being the activity book "Pipo & Fifi" and the board game "Trail of Protection".

[5] Series prepared by Canal Futura for the prevention of sexual violence. Available in: https://g.co/kgs/CQqW95.
[6] Pedagogical material for child sex education prepared by Caroline Arcari. Available for download at: https://www.pipoefifi.org.br/.

Table 1 – Sex education sessions

SESSION	CONTENT
1st session	1 - conversation with those responsible, addressing the importance of sex education in childhood, and explaining what content will be covered 2 - explain their action as co-therapists throughout the process 3 - deliver the board game "Trail of Protection" to be worked at home 4 - the child's first contact with the "Pipo and Fifi Activity Notebook", pages 1,2,8 and 9
2nd session	1 - video "I have a body" from the series "What body is this?" 2 - talk about the video and activity book pages 10, 12 and 14.
3rd session	1 - video "is it a boy or a girl?" from the series "what body is this?" 2 - conversation about the video, along with playtime, where the child chooses any toy in the room to play with.
4th session	1 - video "the right to say NO" from the series "what body is this?" 2 - conversation about the video, and activity book pages 17, 18, 19, 20, 21 and 22.
5th session	1 - Activity book pages 15 and 16. 2 - feedback with the parents and resposibles.

Source: Prepared by the authors

Topics such as emotions, body awareness, care for the private parts, forbidden touches and allowed touches and the channels of reporting in cases of sexual abuse were treated during the sessions. The participation of mothers throughout the process was extremely important, showing themselves to be present in the feedbacks of the week, participating in meetings to discuss the progress of children and collaborating with the execution of homework.

Results and discussion

Eduarda, the meeting of the safe place

Of the five sessions planned, all were reorganized with intervals between them, in order to accept specific demands of Eduarda that were related to emotional dysregulation. Thus, there were five sessions on sex education interspersed with 4 sessions on management

and anger management. It was possible to observe an advance of the patient with regard to her communication and significant gains in relation to her body awareness.

The patient's life history was also internalized, generating the resignification of memories related to violence. In one of the sessions, Eduarda said that her mother fought when she kissed Solomon and that she no longer did so. Then he said, "the biological father kissed us." The patient then continued with an expression of surprise, telling her that her birth mother burned Solomon's hand. She was asked if this mother had hurt her, too. The patient said that this mother took her neck (at that moment expressed with her hands and eyes watering), but she managed to scream and then came to the police and stayed hidden with her brothers in the bathroom.

In every process, the therapeutic relationship was an important instrument, assuming the role of a key part in the treatment. The construction of a secure bond could provide the care of basic emotional needs of Eduarda, which were neglected, mainly due to early exposure to violence, such as: bond, belonging, affection and acceptance, besides allowing the patient to report episodes related to abuse and could re-signify these memories.

The application in this interval model, interspersing the sessions and adapting them to the patient's demands, contributed to the patient's greater involvement with the content. Although the patient presented cognitive and behavioral difficulties, she showed a good assimilation in the interventions, especially with regard to the elaboration of a support figure. In one of the activities, when asked to talk about a safe place Eduarda said, "In the hand of Mother S. and Mother J." (sic).

In a statement, the intervention based on sexual education contributed to the quality of family life by strengthening the elaboration of the patient's safe place, in addition, reinforced on the therapy process with strengthening the belief of safety in the therapist, being a significant and promising gain for improvement in treatment.

Salomão, understanding limits

During the sessions, Salomão showed a lot of interest in the videos used, asking at times to see more than once. However, he did not like to perform the exercises in the activity book, and was restless, wanting to finish playing.

When treated about the private parts, Salomão was a little ashamed and began to speak what they were, always looking like who expected an approval from the therapist to continue, who encouraged him: "That, you can say, pepeca and pipi" (sic). In the video that addressed

the allowed and disallowed touches, the kiss on the cheek was mentioned and he soon reacted: "You can't kiss!" (sic), the therapist at that time demonstrated a strangeness to better understand what he was referring to, asking: "Can't you even kiss on the cheek?" (sic), "No, can't kiss" (sic), he replied. At that moment, trying to build with him some kind of reflection, the therapist intervened, reaffirming the information brought in the video, that there are touches that can and touches that cannot, but that we can kiss on the cheek and hug if we want and if we want and we can say not even to our friends and family if we do not want, and that only adults used to kiss on the mouth. Salomão listened to everything very quiet and paying attention, The therapist asked if then could hug him, if he would like, he said yes and returned the hug.

In the exercises held on who to count on, Salomão immediately mentioned the mothers and sister Bianca. I asked about Eduarda and he reported that sometimes she did things because she had "something on her mind" (sic) and that made the mothers sad. Demonstrating some of the tension that exists due to Eduarda's recurrent anger and crying crises.

In Salomão's speech, police narratives were often present in sessions prior to sex education and returned when talking about channels of denunciation. The memory of a police car taking them to the host house appeared at various times, especially in make-believe games. In general, sessions focused on sex education allowed the opening of a path for internalization of content related to self-protection, allowed and disallowed touches and figures of affection and security.

Bianca, I have a body

Bianca, the youngest of her three siblings, was six years old at the time of the sessions. The first were intended for the knowledge of the characters in the activity book, in addition to being reminded about how each emotion was related to a bodily sensation: "When I get scared, I feel in the chest..." (sic). In this specific session, there had been a fight between her and her brother, the therapist treated with Bianca possible solutions so that they could "make up", such as the act of hugging to make an apology, but soon the therapist was interrupted by the girl saying: "I cannot hug my brother, my mother does not let" (sic). The mothers' fear that the brothers would have sexual contacts was vetoing even healthy contact such as the embrace, a fact that also appeared in the sessions with Salomão. In addition to fear, there was a moral related to religiosity, overlapping the family relationships that materialized in several mothers' statements. In the video that showed the father saying goodbye to the mother with a

kiss, the patient signaled that "You can't kiss, you can't kiss, you can't be a child or an adult"(sic); when instilling the reason, she stated that "kissing is a sin, the devil comes and catches you at night"(sic). As fear and modesty were present, it was necessary to demonstrate safe relationships through the sessions, about limits and how kisses and hugs could happen if there was respect and permission on her part. Some sessions also needed to be done with the mothers so that one could have dimension of their fears, welcome them and also demystify some issues related to sexuality.

The body and private parts were treated within the sessions with great naturalness and body awareness. The differences from the female body to the male body were addressed and Bianca spoke spontaneously: "I have boobs, but it has not yet grown. Salomão has, but he is small and will not grow" (sic).

The first subject addressed, regarding kisses and hugs between brothers, already seemed more enlightened in recent sessions. When presenting one of the videos she reported: "You can't kiss on the mouth of a child, or a child with a child... No one can touch the private parts, only Mom" (sic)/"Kiss on the cheek only when I want it right? And if it's not too wet!" (sic), she claimed. The whole process of construction and application of the sessions took place in a very valid way, considering that after the closure, the clinical observation allowed Bianca to visualize a greater body awareness, the internalization of contents on the right to say no and the difference of the bodies of boys and girls.

Feedback from sessions: Twister Game

During the protocol application process, the mothers actively participated. In addition to the sessions in which they were able to participate, there were also meetings to discuss the progress of children at home. In addition, the board game "Protection Trail" was sent at the beginning of the sessions so that as a family they could deal with the theme.

Despite the challenges presented, mainly due to the children's life histories and the joint adoption of the three, it is considered that a crucial part for the success of the sessions is due to the participation of mothers throughout the process, attentive to the orientations given, involved in treatment and with positive parental practices, having a non-violent communication, establishing limits in an understandable way and being figures of affection.

During the process, the need for psychologists to clinically observe how the relationship of the siblings participating in this study was, in addition to finalizing the protocol of sexual education in a playful and group way. To this end, an adaptation of the

game known as *Twister* was performed along with questions and answers about the content scans covered during the sex education sessions. The game brought the relationship between siblings to the therapeutic setting, providing different views of those we accompany in individual therapeutic setting. The space dispute over the demonstration of new knowledge was somewhat noticeable: "I know, I know that. Let me talk, you've already said" (sic). In addition, we can see the support of both when a question was directed to one of these: "Go Eduarda... The name is the one Mom's already talked about."

In this process, it was possible to notice that many concepts were internalized by the children. As a caveat, we highlight that the game needs to be adapted for younger children who still have little space awareness. This was, at some moments of the game, a complicating element, but it did not prevent the realization of the game, since the main objective was to analyze the interaction and knowledge acquired during the sex education sessions.

During the time of care, the clinical observation of the activities and tasks proposed in therapy allowed us to perceive some jumps of cognitive, motor and emotional development of children, in the form of preparation of games and imagery capacity, regarding limits and motor coordination. Nevertheless, we noticed that the time and way of internalizing the contents brought during the sessions varied between the three, and we were concerned to respect the particularity brought by each one. Although siblings, adopted by the same couple, there was an individual story and a particular way of perceiving each of them.

Final considerations

Despite the challenges presented, mainly due to the children's stories, the adoption of siblings and adaptation of the surrogate family, and also the time available to perform the intervention, since at the time psychologists were in the process of disconnection, it was possible to visualize jumps in the cognitive, motor and emotional development of children through clinical observation of the activities and tasks proposed in therapy.

Understanding thus that a work of sexual education allows a better development in different aspects for the child's life, it is also considered that a crucial part for the success of the sessions is due to the participation of mothers as central support figures throughout the process. The guardians remained attentive to the orientations given, involved in the treatment and with positive parental practices, having a non-violent communication, establishing limits in an understandable way and being figures of affection. As well as the therapists, they were

welcoming to demystify content about sexuality and assist them in this approach with the three children.

It is expected, through this work, to highlight in a peremptory way preventive work, still scarce in Brazil, so that professionals who act in the area of violence against children and adolescents, in protective network equipment and family members are stimulated in the understanding that sexual education can act as a preventive form of abuse, and can also positively influence as a protective factor for future violence and revictimizations, bringing benefits for the integral development of the child and post-adoption support to surrogate families.

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