

# The development of sexuality in children in a risk situation\*

O DESENVOLVIMENTO DA SEXUALIDADE DE CRIANÇAS EM SITUAÇÃO DE RISCO

EL DESARROLLO DE LA SEXUALIDAD DE NIÑOS EN SITUACIÓN DE RIESGO

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## ABSTRACT

The objective of this study was to depict and analyze the development of sexuality in children in a risk situation. Forty-two children, of ages between 6 and 12 years, were interviewed in pairs, using techniques to facilitate communication. The qualitative, descriptive-exploratory method was used, according to Thematic Content Analysis. The lack of guidance and information, the inadequate references and sources of knowledge and the violation of their rights characterize the course of sexuality in these children. Away from fairy tales, they discovered the dichotomy between love and sex, which was associated to violent events.

## DESCRIPTORS

Child  
Child development  
Sexuality  
Sex education

## RESUMO

O estudo teve como objetivo retratar e analisar o desenvolvimento da sexualidade de crianças em situação de risco. Quarenta e duas crianças, de 6 a 12 anos, foram entrevistadas aos pares, utilizando-se técnicas facilitadoras de comunicação. Empregou-se o método qualitativo descritivo-exploratório, segundo Análise de Conteúdo Temática. A falta de orientação e de informação, as referências e fontes inadequadas de conhecimento e a violação de seus direitos caracterizaram o percurso da sexualidade dessas crianças. Fora dos contos de fadas, elas descobriram a dicotomia entre amor e sexo, sendo este associado a eventos violentos.

## DESCRITORES

Criança  
Desenvolvimento infantil  
Sexualidade  
Educação sexual

## RESUMEN

El estudio tuvo por objetivo retratar y analizar el desarrollo de la sexualidad de niños en situación de riesgo. Cuarenta y dos niños de 6 a 12 años fueron entrevistados de a pares, utilizándose técnicas facilitadoras de la comunicación. Se empleó el método cualitativo descriptivo exploratorio, según Análisis de Contenido Temático. La falta de orientación e información, las referencias y fuentes inadecuadas de conocimiento y la violación de sus derechos caracterizaron el camino de su sexualidad. Fuera de los cuentos de hadas, ellos descubrieron la dicotomía entre amor y sexo, estando éste asociado a eventos violentos.

## DESCRIPTORES

Niño  
Desarrollo infantil  
Sexualidad  
Educación sexual

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## INTRODUCTION

Sexuality is a broad concept, beyond sexual act and reproduction, because one can be a sexed being from birth to death. Addressing sexuality implies to think of it from a psychological, historical, cultural, ethnical, religious, political, ethical, moral and educational context, as all these elements are part of human sexuality.

Sexuality is part of each person's personality, as an energy driven to find love, contact, and intimacy, and it is expressed in the form of feelings, and through one's movements and how they touch and are touched, how they are sensual and sexual. It influences one's thoughts, feelings, actions, and integration with others, and, therefore, one's physical and mental health<sup>(1)</sup>.

Full health also depends on the healthy development of sexuality. If health is an essential human right, the development of sexuality is also a right. Depriving a child from his or her sexuality and from information is a violation of a right necessary for his or her development. That right, when violated, poses a risk to the child's health and quality of life.

Child sexuality is a natural and cultural process developed since the baby's early affective experiences with his or her mother. The manifestation of that sexuality is a children's right. Adults have the role to guarantee that right, permitting children to experience and learn the sexual activities that are appropriate to their age<sup>(2)</sup>.

Nevertheless, adults often have inappropriate attitudes regarding child sexuality, being careless in terms of their sexual behaviors. They allow children access to an eroticized environment. By doing this they impose a standard behavior from the view of adult sexuality. Highly eroticized environments can make children uncomfortable, and in a certain context it may be a form of violence against them. That imposition makes the manifestation of child sexuality difficult and also leads children to reproducing adult sexual behavior in their own games. Consequently, the children's understanding is built based on interpretations of experiences that are inappropriate to their stage of development. Subliminal messages are recorded in the child's mind in a confusing way.

Children who are confused and under poor supervision become more susceptible to abuse. This unsafe environment infringes the child's right to a healthy sexual development and exposes him or her to situations of risks. It is important that adults, especially health professionals, identify how children learn the information they receive in order to develop educational practices that suppress equivocated understanding and guide the child according to his or her age.

From this perspective, the present study had the objective to describe and analyze the view that children in a situation of personal and social risk have about their own sexuality, more specifically about their conceptions, experiences, feelings, and the effects on their behavior.

## METHOD

The present study was grounded on the qualitative descriptive-exploratory method, as this resource permits to explore the universe of meanings and representations of reality. To organize the collected material, Thematic Content Analysis was used<sup>(3-4)</sup>.

Data collection was performed between February and May 2008, at the Centro Comunitário da Criança e do Adolescente – CCCA (*Children and Adolescents Community Center*). This institution is located in Central São Paulo, and assists children and adolescents in a situation of risk (from 4 to 15 years of age, both genders, morning, afternoons or full-time) with the purpose to improve their learning, develop their citizenship and social integration through socio-educational and extra-school activities.

For eight years, the institution has counted on a nursing service made available through an internship agreement with the Department of Maternal and Child and Psychiatric Nursing of the University of São Paulo School of Nursing. Other projects of the department are also associated. Therefore, nursing undergraduates and those with a grant for community extension activities and graduate studies, under faculty supervision, develop projects with the users (and their families).

Participants were children of ages 6 to 12 years, from the morning period. Children from the afternoon period were not included in the study because they were involved in activities developed by other health care professionals. The children attending the institution full-time were also not included because they were pre-scholars.

The criteria for selecting the subjects was the children's stage of development and being in a risk situation. The children included were at school age<sup>(5)</sup>. In this phase, children already have well developed language skills, and are capable of expressing ideas and narratives in the chronological order of the facts and give their view of the world according to the representation they have of the situation around them<sup>(5)</sup>. Furthermore, statistics shows that it is at this stage of development that children are more vulnerable to sexual abuse<sup>(6)</sup>.

Interviews were performed in pairs (as long as both children were authorized by their parents or guardians) to avoid or reduce any possible situation of constraint or in-

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security towards the researcher. The children chose a peer they trusted to pair up with.

The interviews were semi-structured with open questions. Normalization<sup>(7)</sup>, Autogenic Narrative<sup>(8)</sup> and Therapeutic Toy<sup>(9)</sup> techniques were used to facilitate communication with the children. These techniques permit to address feelings or behaviors with moral content, susceptible to judgments of value, with less constraint, besides allowing the children to rationalize and control the creation of their own history.

Twenty-one pairs of children were interviewed. The collected data were organized and grouped into thematic sentences. The sentences were coded with the letter M corresponding to the discourse of boys, or F for girls, followed by a number to help with the organization of the interviews. The letter P, followed by a number, refers to the discourse of the pairs. The organization of the discourses into thematic groups generated the following empirical categories: *the means of knowledge; conceptions of sexuality; time and sexuality; violence and sexuality.*

### **Ethical considerations**

All the ethical conducts, as determined by resolution 196 of the National Health Council<sup>(10)</sup> were followed in this study, which was also approved by the Ethics Committee of the University of São Paulo School of Nursing, according to process number 699/2007/CEP-EEUSP.

Usually the children's mothers were the ones who signed the Free and Informed Consent Form and encouraged the children to talk about sexuality with the nursing team. The fathers showed more resistance, and some verbalized their disagreement to their children participating in the interview and receiving nursing care at the institution. Children whose parents disagreed about their participation were asked if they were actually interested in participating voluntarily. In this case, they were the ones who decided to participate or not.

It was established with the Ethics Committee that the researcher would refer the child to nursing care at the CCCA for a routine appointment, in case disclosed any of the disclosed information implied suspected abuse. At that service, children whose parents provide written consent are submitted to physical and developmental evaluations. The children's reports would not be disclosed with the service considering the confidentiality character of the study, they would only be offered the opportunity to ask for help spontaneously.

According to the Brazilian Child and Adolescent Statute<sup>(11)</sup>, health professionals who fail to report suspected child abuse must respond to the penalties imposed by law. According to the norms of conducts for research involving human beings, all reports must be kept confidential. This dichotomy results in an ethical dilemma. Therefore, in case the child did not authorize to notify his or her

case to the authorities, the researcher would notify the Ethics Committee about the impasse so they would evaluate what should be done.

## **RESULTS AND DISCUSSION**

### ***The means of knowledge***

The means of knowledge most frequently reported by the children as sources of information about sexuality included: television, observing and analyzing things happening around them, friends, and parents.

It was observed that the children's first source of information about sexuality was their parents. They taught them the first concepts about what it was to be a boy or a girl, about behaviors and about puberty. However, the children said that the information their parents provided were insufficient and lacked details. The children complained about their parents repressing them for talking about this subject, they said it was wrong or that it was a lack of respect. To avoid these unpleasant situations, children sought other means of information, such as friends and the media.

My parents say it is wrong to talk about it [sexuality]... And because they [parents] won't talk about it, we find some other way (F2-P15).

Because of their parents' attitude, the children sought other means to obtain information about sexuality. Television was one of those means.

I learned by seeing it on television [...]. TV is filled with things about sexuality (M1-P06).

Television is the means of communication that people most see and comment about. It is the source of information with the highest impact on children in North America. It is one of the most influent socialization agents in their lives, accounted for contemporary social learning about sex and love<sup>(5)</sup>.

The television programs that children most watched were soap operas and an entertainment show broadcasted by the Globo television network: *Big Brother Brasil (BBB)*. This show was not recommended for the participating children's age<sup>(12)</sup>, but it was watched by the whole family, nevertheless; it was a moment of family entertainment.

Most people at home want to watch BBB, so I watch with them [...]. I watch Big Brother at home with everyone before I go to bed (M1-P3).

The interviewed children lived in families with deprived socio-economical conditions and in small insalubrious houses, with many people and little room for leisure. They were not allowed to play on the streets because it was dangerous, so television was one of the few leisure activities they had left.

Therefore, they learned about sexuality from what they saw on television. At a time when their sexual development is not yet complete, television has a subtle role of a dictator of truths. The children, who are unable to understand and judge the content of what they watched, assimilated the ideas brought by the media as if they were common facts of life.

However, the content seen on television was compared to another reference they had about sexuality: fairy tales. They talked about the affective feeling between couples, and created an idealized romantic view of human relationships, with happy endings in a traditional, affective and harmonious family.

The man and the woman get married, have little children, and then live happily ever after (M1-P5).

When the children compared the fairy tales to the scenes they saw on television, they realized that the adult world is very different from what they learned in fairy tales. They became disappointed by what they saw on television. They saw the scenes as real facts, as everyday scenes in the city they live in. Thus, they begin to experience the problems of the adult world, which makes them feel insecure.

It's like on Big Brother, they cheat. Some people have a girlfriend outside the Big Brother show, but they cheat on the program. They also fight a lot, and yell. I don't want to get married because the mother or father cheats and leaves. They fight all the time. Even on Big Brother boyfriends and girlfriends fight and cheat (F1-P6).

Violence, the fight for consumption goods, the stereotypes of beauty and social status were some of the conflicts of the adult world that the media presented and made the children feel worried. Television became a standard, an ideal they should achieve. The main goals to be achieved were physical beauty, money and conquering love relationships.

Children at school age are strongly influenced by significant people, cultural norms, and fads<sup>(13)</sup>.

A pretty woman is like the women that are on TV. For me that is what a woman should be like (M3-P13).

When girls grow up, they become pretty, with a prettier body, small waist, big breasts, and they wear makeup. The prettier she is, the more boyfriends she has. She can be happy (F2-P8).

The children shared the information they got from the television with their peers. Friends represented safe and comfortable grounds to discuss and learn about sexuality. With friends they had the chance to get answers and support to talk about the subject without suffering any repression or judgment like they reported suffering from some adults.

Besides television, the children also sought for information by spying on their parents while having sexual intercourse.

My room is separated from their room by a wall, but there is a small hole on the wall. When I'm sleeping and I hear a small noise I go there to check, I see the television on and they are under the covers and making a sound crec-crec-crec, but I can't see everything (F2-P18).

What children saw, watched, and how they were able to spy on their parents was taught and encouraged by their friends. Therefore, without any safe guidance, the children built their concepts about sexuality.

### Conceptions of sexuality

In the children's conceptions, the main meaning of sexuality was the sexual act and sexual identity. But when they talked about these two subjects, the children developed topics about gender, sexual roles, homosexuality and pregnancy.

The sexual act was seen as an activity for reproduction, but which also gave pleasure to adults. The children reported it was a subject that they should not talk about, only adults were allowed to. They learned it was something ugly, dirty, repulsive and they would be impolite if they brought up the subject.

It is ugly for children to talk about these things [...]. Sex is what couples do when they grow up. They have sex when they want to have kids (F2-P15).

I saw them doing a lot of ugly things (F2-P18).

Children reported they were censored when they talked about themes related to sex and sexuality, especially by their father figure. However, they manifested a need to talk about the subject, although they felt a bit afraid and embarrassed.

Because they were censored, they felt uncomfortable to say the words sex or sexual act. For this reason they used other words or gestures. They used terms such as *that*, *things*, *fuc-fuc-fuc*, *aaam*, and gestures such as rubbing or taping the palm of one hand over the other hand in a fist, making a come and go movement, or mimicking the sexual act with their body.

[Sex] Is to do that, you know thaaaaaat [...]. They take off their clothes until they are naked, but they take it off little by little. Then they both go into bed "fuc, fuc, fuc, fuc", one on top of the other (F2-P18).

As to their sexual identity, the children were strict when categorizing others as male or female. According to the behavior or specific features of the groups, male or female, there was a standard behavior that was expected, and no variations were tolerated.

Girls wear pink, play house. Boys wear blue, play soccer (F1-P4, M1-P6).

The girls were polite and under control to appear delicate, reserved and submissive. They were taught to focus on their family, and that they should be responsible for

home chores. In their games, girls reproduce housework. Their games and toys were associated with the role of women, wives, and homemakers.

Girls wear little skirts, lipstick, play doll, play house, wear bikinis. Women use perfume, hairbands, they have long hair, they wear pink sandals with little flowers, hearts, and scented (F1-P4).

The boys were encouraged to be active, physically aggressive and to restrain any manifestations of emotions (crying, love, pain, sufferings, etc). In addition, they were controlled and required by their friends and people around them to demonstrate their masculinity. They self-declared to be curious, aggressive, imprudent, and more physically active than girls. The boys' activities reproduced attitudes of bravery, courage, strength and aggressiveness by playing superhero games, car competitions, ball games, etc.

Boys have the strength to hit. They are really strong, it is a maaacho thing! It's not a girlie thing, they are all weak and cry babies (M1-P5).

Children at school age already show some knowledge about sexual activities and the social role of genders. They play in a segregated and stereotyped way, with separated girls and boys groups<sup>(14)</sup>.

The boys' games and behaviors were directly or indirectly associated with cultural stereotypes related to power and to the ability to lead and fight. Boys understand that being strong and physically aggressive are attitudes of being manly. For them, being manly is a privileged category among boys.

The children did not accept homosexuality. They saw homosexuals as men who did not follow the standard attitudes of males, assuming feminine behaviors. The children used the connotative terms "gay", "fag" and "queer" to refer to homosexuals, in an offensive, depreciative and pejorative way. Homosexual relationships among women were ignored.

A fag is a man who dates two men. He's a queer. It's a man that kisses another man on the mouth (M1-P5).

Women walk together hand in hand because they are friends, men that hold hands are fags (M1-P5).

In the interviews, it was observed that adults taught children the meaning of homosexuality and encouraged prejudice. Boys showed to be more intolerant to homosexuality than girls.

You have to be a man that dates women. My mother told me so (M1-P5).

If a man wants to flirt with me it's because he is a fag. I'm not a fag to be flirted with (M1-P5).

Men are the ones who are fags (M3-P19).

The boys were constantly afraid of having their sexuality identified as female or of being dominated by another

man, as if they were women. They were afraid of becoming homosexuals.

The children were victims of an education intermediated by violent, aggressive, discriminatory and prejudiced ideas about homosexuality. They were controlled about what they should think and how they should behave. But, without realizing, they also became aggressors when they reproduced and perpetuated what they learned.

For the children, healthy sexuality was limited to a monogamous, legitimate and heterosexual relationship between sexually mature adult individuals, with the purpose of reproduction, which also gave pleasure.

In terms of the pregnancy, the children's understanding ranged according to age. Children between six and eight years of age said that pregnancy was something spontaneous that resulted from the full maturing of the female body. That maturing would only be achieved with marriage. If a woman got pregnant before getting married, it was because some preexisting dysfunction in her body accelerated the development of the fetus.

Pregnancy is when a woman gets old and her body thinks it is time to make a baby. Her body begins to make the baby and the belly gets big, then she needs to go to the doctor to open her belly and take the baby out, then he closes it and she goes back home (M1-P1).

Children older than eight years said that the pregnancy was a result of the sexual act without using a condom.

A woman gets pregnant when she has sex without using a condom (F1-P9).

Despite the repressions and threats to the children, especially the girls, pregnancy in adolescence was a common fact in their family and social environment. The children told stories about brothers or sisters who had become parents in their adolescence.

My sister is fifteen and she has a baby (F1-P9).

Pregnancy should only occur after marriage, but it was a common fact in the children's environment. Becoming pregnant in adolescence meant to let go of a dream and living the consequences of an error.

### **Time and sexuality**

The children were aware about the sexual differences between adults and children. Their own denomination already evinces that. Male and female children are referred to as boys and girls, respectively.

Initially, the criteria used to differentiate adults from children were height and age. They considered that adults were those who were older and taller. They recognized that adulthood was reached at the age of eighteen, when they would have fully completed their physical development. They believed that during childhood sexuality is latent, and is manifested in adolescence, during puberty, and is completed in the adult stage.

*When you are a child there isn't any [sex]. Only when you grow up (F2-P11).*

For the children, puberty marks the moment when they start having sexuality. Boys and girls have different understandings about this stage.

Boys realize that puberty and adolescence will be a positive time in their lives; a time when they will gain more liberty, autonomy, interact more with their friends, learn more pleasant activities, discover the opposite sex, and make new life projects.

For girls, adolescence and puberty are represented as a time permeated with many inconvenient issues they will have to face, filled with obstacles and distress. The changes in their bodies, such as developing breasts, made them embarrassed and uncomfortable. They said that the breasts started to draw too much attention, mainly from boys, who said things that made them uncomfortable.

The gender models present in the children's socialization have a male figure that does not tolerate doubts about his virility. The same occurs with the boys, because the adults present the ideal behavior, which is considered appropriate and expected for boys and girls. Children and adolescents reproduce the information they receive and recreate ideas and forms of being and acting. The social and symbolic attributes legitimize sexuality, which is manifested with behaviors following a certain order<sup>(15)</sup>.

Boys and girls both talked about a form of relating with the opposite sex, the *making out*. To children, *making out* is a common behavior among adolescents, and is characterized as an uncommitted, transitory relationship that could last a few hours or a few days. It implies touching and kissing, and usually does not involve having sex as a search for knowledge and pleasure.

To make out with a boy means being with him for a few days. You make out today, and tomorrow it's over, then again, and again. Dating is more serious, it lasts longer, and it's long after they made out (F2-P15).

While making out, faithfulness is not required and cheating is not judged, but when dating, fidelity becomes a rule, and infidelity becomes a problem.

When making out relationships evolve and become a commitment, they move to the next stage of the relationship, dating. Dating was represented as a continuous *making out*.

Dating is different from making out. You have to know what you are doing. It is like making out, but you have to date, you have to kiss, when it is Valentine's Day you have to give things, go out with her, give her presents. It lasts longer. There are more responsibilities (M3-P13).

Dating is understood as having a future plan, recognized by the family and friends. They talk of bonding and feelings of love, respect, faithfulness, commitment, support, and company. These requisitions are not related with making out<sup>(16)</sup>. After dating, the next step is marriage. This was represented as the higher and full level of establishing a union

between individuals. It is the legitimization of the union between a man and a woman to build their own family.

First they date, then they get married, become husband and wife (M1-P5).

For the children, the basic foundation of marriage was the need to join a man and a woman. Both have their own abilities and needs, but are incomplete and, if they share interests, they unite synergistically.

### **Violence and sexuality**

This category discussed on what the children understood by violence against their sexuality, what they would do if they were victims of sexual violence and what their perspectives of life were regarding their sexuality and their violent everyday lives.

Some children did not know what sexual violence was, especially those younger than 8 years. They did not know what to characterize sexual violence. Many of them associated the term sexual violence to rape and rapist.

The thief can touch your body, hug you, tie you up, take off your clothes and rape you[...]. I don't know what rape is, that's just what I was told (F2-P7).

Rapists were considered a more perverse and cruel version of other criminals. They said that the thieves intended to steal, without using guns or coercion; burglars wanted to steal using guns and coercion; murders wanted to kill people for some reason, using guns; and rapists wanted to chase, threaten, and kill people with no reasons for that crime, using their own strength.

Children often go through situations considered to be violent, but they do not recognize them as such because of the trivialization of the act. This disqualification exposes children to risks, as most victims are abused by people they know, trust and love<sup>(17)</sup>.

For children, sexual aggressors were mainly male strangers. Few children reported the names of acquaintances and close people as sexual aggressors. The people more familiar to them that they reported as possible sexual aggressors were the boyfriends and husbands.

The children considered forced sexual act the exclusive form of sexual violence. Other situations of violence/abuse were not recognized as such. Although they felt sad and troubled with an experience they had, they did not consider themselves victims. They reported those facts simply as attempted sexual abuse/violence.

Sexual violence can be manifested in several ways. From events involving evident physical and psychological harms to cases that are imperceptible. From a legal point of view, sexual violence covers any sexual act or game whose aggressor can have any power of physical, social or intellectual domination over the victim, obtaining the ends through pressure, emotional games, physical violence, threats or the induction of his or her will<sup>(18)</sup>.

Younger children considered as violence only events in which their physical integrity was threatened.

I would run away and tell my mom if someone forced me to do something I don't want. What if he hurts me? (F2-P16).

Some boys said that if a man abused them sexually, they would not report the fact because it would disqualify their image of being manly. That was also true for girls. Few stated they would report what happened. Only the children who said having had an experience or knowing of someone close with a history of sexual abuse/violence said they would report the case.

I tell my mom. I told my mom and she went to the police office and he was arrested (F2-P10).

Several violent incidents permeated the children's lives. Since very young, they were direct or indirect victims of adverse events. Children who were victims of sexual violence or participated of the experience of another person close to them showed sequels such as feeling scared and insecure.

## REFERENCES

1. World Health Organization (WHO). Defining sexual health: report of technical consultation on sexual health. Geneva; 2006.
2. Ribeiro MO, Dias AF. Child-juvenile prostitution: a systematic literature review. *Rev Esc Enferm USP* [Internet]. 2009 [cited 2009 Nov 25];43(2):465-71. Available from: [http://www.scielo.br/pdf/reeusp/v43n2/en\\_a29v43n2.pdf](http://www.scielo.br/pdf/reeusp/v43n2/en_a29v43n2.pdf)
3. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 10ª ed. São Paulo: Hucitec; 2007.
4. Bardin L. Análise de conteúdo. 4ª ed. Lisboa: Edições 70; 2008.
5. Hockenberry MJ, Wilson D, Winkelstein ML. Wong: fundamentos de enfermagem pediátrica. 7ª ed. Rio de Janeiro: Elsevier; 2006.
6. Diniz NMF, Almeida LCG, Ribeiro BCS, Macêdo VG. Mulheres vítimas de violência sexual: adesão à quimioprofilaxia do HIV. *Rev Latino Am Enferm*. 2007;15(1):7-12.
7. Carlat DJ. Entrevista psiquiátrica. 2ª ed. Porto Alegre: Artmed; 2007.
8. Stuart GW, Laraia MT. Enfermagem psiquiátrica: princípios e práticas. 6ª ed. Porto Alegre: Artmed; 2001.
9. Rocha PK, Prado ML, Kusahara DM. O brinquedo terapêutico como um modo de cuidar de crianças vítimas de violência. *Ciênc Cuidado Saúde*. 2005;4(2):171-6.
10. Conselho Nacional de Saúde. Resolução 196, de 10 de outubro de 1996. Dispõe sobre diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. *Bioética*. 1996;4(2 Supl):15-25.
11. Brasil. Ministério da Saúde; Coordenação-Geral de Documentação. Estatuto da Criança e do Adolescente. 3ª ed. Brasília; 2006.
12. Brasil. Ministério da Justiça; Secretaria Nacional de Justiça. Departamento de Justiça, Classificação, Títulos e Qualificação. Manual da nova classificação indicativa [Internet]. Brasília; 2006 [citado 2009 nov. 25]. Disponível em: <http://www.goianiamostracurtas.com.br/media/arquivos/ManualClassificacaoIndicativa.pdf>
13. Montes DC. O Significado da experiência de abrigo e a autoestima da criança em idade escolar [dissertação]. São Paulo: Escola de Enfermagem, Universidade de São Paulo; 2006.
14. Cordazzo STD, Vieira ML. Caracterização de brincadeiras de crianças em idade escolar. *Psicol Reflex Crítica*. 2008;21(3):365-73.
15. Ribeiro JSB. Brincadeiras de meninas e de meninos: socialização, sexualidade e gênero entre crianças e a construção social das diferenças. *Cad Pagu*. 2006;(26):145-68.
16. Rieth F. Ficar e namorar. In: Bruschini C, Hollanda HB, organizadores. Horizontes plurais: novos estudos de gênero no Brasil. São Paulo: Ed. 34; 1998. p. 11-133.
17. Monteiro Filho, Phebo LB, Abreu VI. Abuso sexual: mitos e realidade. 3ª ed. Rio de Janeiro: Autores & Agentes & Associados; 2002.
18. Castro MG, Abromovay M, Silva LB. Juventude e sexualidade. Brasília: UNESCO; 2004.

## CONCLUSION

The first difficulty in dealing with violence is recognizing it. Information and education are distinct, but complementary concepts. Sexual education should involve more than simply giving information. It is necessary to give a socially positive meaning to sex, capable of integrating the individual to social life. Sexual information is useful and necessary, but it does not education alone does not educate. The lack of orientation and information, together with equivocated and stereotyped knowledge, leaves a vast field for children to elaborate their own judgments and answers, making it easier for aggressors to act. For children to be protected from sexual violence, they must know and understand sexuality in a context appropriate to their age, and according to their development. Children must be allowed to have a healthy understanding of the world and to participate in it also through appropriate orientation and information.

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