ABSTRACT
Objective: to report the experience of the implementation of specialized services on sexual violence/molestation against children and adolescents, called Bem Me Quer Terê. Method: a descriptive study of experience report type, describing theoretical and practical aspects involved in the Project Bem Me Quer Terê. The development took place in the Program field with the nurse coordinator and the psychologist.
Results: the experience explains the importance of integrated, reference and expertise care to ensuring the rights of the child/adolescent as a great advance in public health in the municipality of Teresópolis-RJ. Conclusion: with the implementation of the Program, it was possible to identify a specialized, quality and reference service in view of the multidisciplinary, interdisciplinary, cross-sectoral approach, focusing on children and adolescents, the family, free of taboos, prejudices, revictimization and stereotypes, thus ensuring the children and adolescents' legal rights. Descriptors: Nursing; Sexual Abuse in Childhood; Child; Adolescent.

RESUMO
Objetivo: relatar a experiência da implantação do serviço especializado sobre a violência/molestação sexual contra crianças e adolescentes, sendo este o Bem Me Quer Terê. Método: estudo descritivo, do tipo relato de experiência, no qual foram descritos aspectos teóricos e práticos que envolvem o Projeto Bem Me Quer Terê. O desenvolvimento ocorreu no campo do Programa com a coordenadora enfermeira e a psicóloga. Resultados: a experiência explicita a importância do atendimento integrado, de referência e especializado, na perspectiva de garantir os direitos da criança/adolescente, sendo apontado como um grande avanço na Saúde Pública do município de Teresópolis-RJ. Conclusão: com a implantação do referido Programa, foi possível identificar um serviço especializado, de qualidade e de referência na perspectiva da atuação multidisciplinar, interdisciplinar, intersectorial, centrada na criança e adolescente, na família, livre de tabus, preconceitos, revitimizações e estereótipos, garantindo, assim, os direitos legais da criança e adolescente. Descriptores: Enfermagem; Abuso Sexual na Infância; Criança; Adolescente.

RESUMEN
Objetivo: relatar la experiencia de la implantación del servicio especializado sobre la violencia/molestia sexual contra niños y adolescentes, siendo este el Bem Me Quer Terê. Método: estudio descriptivo, del tipo relato de experiencia, en el cual fueron descritos aspectos teóricos y prácticos que envuelven el Proyecto Bem Me Quer Terê. El desarrollo fue en el campo del Programa con la coordinadora enfermera y la psicóloga. Resultados: la experiencia explicita la importancia de la atención integrada, de referencia y especializada, en la perspectiva de garantizar los derechos del niño/adolescente, siendo apuntado como un gran avance en la Salud Pública del municipio de Teresópolis-RJ. Conclusión: con la implantación del referido Programa, fue posible identificar un servicio especializado, de calidad y de referencia en la perspectiva de la actuación multidisciplinar, interdisciplinar, intersectorial, centrada en el niño y adolescente, en la familia, libre de tabus, prejuicios, revictimización y estereotipos, garantizando, así, los derechos legales del niño y adolescente. Descriptores: Enfermería; Abuso Sexual Infantil; Niño; Adolescente.
INTRODUCTION

Sexual violence is a global public health problem and actions have been implemented to stimulate studies on the subject to propose prevention interventions and adequate and excellence care.

Sexual violence is defined by the World Health Organization as any sexual activity, attempting to obtain the sexual act, women for prostitution trafficking actions or unwanted sexual comments made by any person known or unknown to the victim by using coercion, threats or physical strength. This concept denotes no limitation of sexual violence to the sexual act and includes everything from the practice of caresses, the manipulation of genitals, breasts or anus, sexual exploitation, voyeurism, pornography, exhibitionism up to sexual intercourse, with or without penetration.¹

In Brazil, this issue has caught the attention of the professionals involved in the protection of children and adolescents especially from the 1990s, with the publication of Law No 8069 of July 13, 1990, which provides for the Statute of Children and Adolescent (ECA).²

Regarding the epidemiology of sexual violence, studies conducted in different parts of the world suggest a prevalence of infant-juvenile sexual abuse of 7% to 36% among girls and from 3% to 29% among boys.³ According to the Brazilian Protection Association Data of Children and Adolescents, it is estimated that 165 children suffer sexual abuse per day or 7 children every hour in Brazil.³

Violence against children and adolescents is revealed in situations of neglect, physical, psychological and sexual violence, being the sexual violence the focus of this study. It should be noted that, in most cases, children and adolescent victims of sexual violence are also victims of other forms of violence.⁴⁻⁵

In this sense, children or adolescents in sexual violence situations can develop depression, anxiety disorders, eating, dissociative, hyperactivity and attention deficit, borderline personality disorder, and post-traumatic stress. These children and adolescents may also present dysfunctional beliefs related to the abusive situation.⁶

The infant-juvenile sexual violence is a prevalent phenomenon since ancient times, which currently due to high incidence rates and their negative impact on the development of children and adolescents, it has become a matter of public health. This fact reflected the need to create specialized and skilled services that provide care to children and adolescents who have suffered sexual abuse, since the delay in the collection of forensic, physical and psychological evidence, sexual offenses against children, impairs, investigate the facts, and save the resulting trauma of the offense.⁷

In this context, the Presidential Decree Nº 7958 of 13 March 2013, establishes guidelines for the humane care to victims of sexual violence and integrated action among professionals of public safety and service network of the Unified Health System. Thus, hosting is necessary for a reference service and qualified listening and privacy space to provide atmosphere of trust and respect for the victim.⁷

The clipping of the reporting experience was the sexual abuse/molestation against children and adolescents. Interest in the issue related to the implementation of the sexual violence/molestation program against children and adolescents in 2014 in the city of Teresópolis-RJ, in Serrana region, called “Bem Me Quer Terê.” The program today is the referral service to children and adolescent abuse/molestation in the city.

Therefore, the purpose of this study reports the experience of the implementation of specialized services on sexual violence/molestation against children and adolescents, called Bem Me Quer Terê.

METHOD

A descriptive study of experience reports type on the Program “Bem Me Quer Terê,” which aims to ensure comprehensive care to children and adolescent victims of sexual violence/molestation for control and treatment of the different impacts of the event, from the physical, emotional and legal point of view.

The effective implementation of the program was given by the nurse, coordinator of the program, and the psychologist of the Program, in partnership with the Public Ministry (PM) of the 1st Court of Childhood and Youth People of the City, after an idea of the PM given to the Program coordination presenting the project to the management of the Municipal Health Secretary of that time. Subsequently, the appointment of the technical team through the concierge and the release of the Municipal Decree Nº 4642 was held on February 19, 2015, in which legally establishes the creation of “Bem Me Quer Terê.”

The program is linked to the Municipal Health Secretary (MHS) of Teresópolis-RJ and...
covers 167,622 of the citizens. It was established to serve as reference sexual abuse/molestation in the city of Teresópolis-RJ in 2014 with the priority of providing care to victimized children and adolescents. The program’s emphasis is on sexual abuse and exploitation.⁸

The team is composed of an administrative assistant, a nurse, a psychologist and a social worker. The work of the nurse involves coordination of the program and technical staff, as well as lectures, health education groups in schools, health units, and children’s institutions. Since the activities of the social worker and psychologist are limited in scheduling for space, respecting the privacy and the rights of children and adolescents with different schedules. This team performs Home Visits once a month to keep monitoring the infants and preserve their rights. The program also has the psychiatrist when the infant is referenced. Also, there is a delegate to conduct investigative interviews in the program.

**BEM ME QUER TERÊ PROGRAM**

The name of the program was based on the game of taking a petal of a flower at a time; the last petal removed meant the feeling of others about us: The person does not like me (Mal me quer) or the person likes me (Bem me quer). Assuming that the Mal me Quer is already the abuse, in which the rights and respect for the subject have been violated; Bem me Quer is closely related to the purity of feelings, innocence, virginity, first love, dreams and expectations in the future.

The “Bem me Quer Terê” Program has the function to carry out awareness lectures in schools in Teresópolis/RJ, hosting institutions, religious institutions, health facilities to lead to the children and the adolescents and their parents to reflect on the issues surrounding sexual abuse: what is abuse, which is molestation, profile of abusers, strategies used by them, abuse and possible family conflicts, the importance of the complaint and the compulsory notification, reporting channels, offered protection victims and punishment of abusers.

It is important to stress that the work was done by “Bem Me Quer Terê” is a reference to the city, which is the only one. There is an ongoing effort by the professionals working in the team for quality work, excellence, where the focus is to ensure the rights of children and adolescents, humanization and hosting.

Statistics are held monthly containing: type of abuse (inside or outside the family) abuser profile, children’s and/or adolescent age group and demand emerging in the month, highlighting previous demands. Subsequently, it is filed with the Municipal City of Health, the Municipal Council of Health and the 1st and 2nd Court of the Childhood and Youth People.

After the discovery/revelation of the abuse, it is notified to the competent authorities through the police incident report (BO). Such registration can be done at any police station, though to the preferred location is the Police Child and Adolescent DECA) when there is one in the city.

The first step when the infant or adolescent comes to the program “Bem Me Quer Terê” sent by the Guardian Council, the police or the 1st and 2nd Court of the Childhood is the reception and welcome done by the nurse, being completed, recorded and directed the type of care according to the specialty.

In the second step with the BO, the police agency begins an investigation (police investigation), which are called those involved and witnesses to testify. Thus, they are forwarded to investigative interview with the delegate able to act in the case. Research is carried out in “Bem Me Quer Terê” Program, where after finishing the child enters in the agenda for the study of revelation, with the psychologist, as well as for further therapy and social care. Psychiatric care is directed depending on the emotional gravity. Victims of weekly reports are filed with the 1st and 2nd Court of Childhood and Youth People, depending on the case also for the child protection agency and the judiciary.

If the police investigation concludes that there is evidence of materiality and authorship of the crime (or offense (O), if the suspect is under 18 years old), the report is forwarded to the Public Ministry (PM). Thus, it is up to the PM to complain to the judiciary, and from that moment begins the judicial process.

According to the guidelines of the specialized program, “(…) exhausted all possibilities of intervention, without changing violators standards of rights, the competent authority shall be informed through detailed report so that the relevant measures are taken,” what occurred in the context studied.⁹
In the program, commitment, dedication, effectiveness and efficiency are very visible by the team. Also, legal and clinical aspects should be conducted in a coordinated way so that the child and/or adolescent is not revictimized by the repetition of unnecessary questioning and that information is not lost or distorted.

Making a communication adjusted for the child’s understanding and documenting all the information, including the emotional states of the child or adolescent and his family are also relevant factors.\(^1\)

The literature shows the interdisciplinary work as an effective tool for assessment and intervention in cases of sexual violence since it enables the planning of effective and coordinated actions from the perspective of different behaviors.\(^10\)

To maintain the continuity of the work, there is the need and importance of the service network and integrated protection. In this sense, the protection network is the integrated performance of the institutions operating in the care of children, adolescents and their families, such as schools, basic health units, Programs in different shifts to school, among others.\(^11\)

The network is understood “as relationships and interactions that are established with a purpose and are interconnected through lines of action or joint work.” It also stresses that an integrated and coordinated network as the various sectors of public policies (health, education, among others) will offer a complete service to children, adolescents, and their families.\(^12\)

The disarticulation of the municipal network, in fact, is a weakness that requires special attention, which should start at the municipal manager. Numerous competent bodies are involved in ensuring the rights of children and adolescents, as Guardianship Councils, Specialized Police, Prosecutor, Public Defender’s Office and Court of Childhood and Youth People, as well as specialized service - Specialized Reference Center for Social Assistance (CREAS). It is a duty of the professionals who treat children and adolescents to take measures to anticipate, limit and reduce the number of interviews and statements, giving effect to the principles of early intervention and minimal intervention (Article 100, sole paragraph, items VI and ECA) and other rights provided for in the Children’s and Adolescents Statute.\(^2\)

Therefore, an effective network is not a set of institutions and professionals working in isolation, but rather institutions and professionals who recognize, being aware of the purpose and role of each institution so that the work takes place in a horizontal and decentralized way to higher quality information and referrals.\(^13\)

Considering the importance of health care of the child and adolescent sexually victimized as well as in therapeutic interventions, the reception is approached as the first step of “Bem Me Quer Terê” Program for effective treatment.

In this context, it is necessary to establish a good relationship, always explaining what will be done and why it done without that promise what it cannot be fulfilled because listening to the child or adolescent in history, free from prejudice without interruptions or requests unnecessary breakdowns will show respect for who was disrespected in what is most precious, which is their body, their image and their self-esteem.\(^14\)

When choosing the type of care, the literature points out the psychosocial and psychoeducational psychological treatment, the choice dependent on the initial assessment of the child or adolescent. It is worth noting that children and adolescents who apparently have no symptoms can benefit from psychoeducational treatment for preventing future victimization and verification for a period, the consequences could be even latent.\(^15\)

However, it is noteworthy that the factor most relevant to the operation of the children and adolescents sexual abuse is not the time duration of treatment, but the duration of its effects, because a treatment with greater duration of effects not only produces improved psychological symptoms but it also has better results in the suspension or even in reversing the psychobiological effects of the children and the adolescent sexual abuse.\(^16\)

Also, the program promotes other intervention measures such as telephone calls and home visits in case of absence of the child and/or adolescent in pre-scheduled appointments. Such measures represent no negligence by the program with the families in attendance.

Home visits are also used to verify the medium in which the child is located, being another important aspect, since the coexistence of different forms of violence in case of sexual abuse has often been pointed out by the researchers.\(^10,17,8\)

The study confirms the assumption that the work carried out in an integrated manner, in particular, early by professionals attending...
the children and adolescent can reduce revictimization by the repetition of unnecessary questioning and that information is not lost or distorted, but also contributes to the proper treatment of these being essential for minimizing the damage caused by violence, as well as for the proper development of children and adolescents after victimization. In this sense, the program carried out is to protect and guarantee the rights of the children and adolescent population, which can be considered a breakthrough for public health in the city of Teresópolis-RJ.

CONCLUSION

Given the complexity and impact of sexual violence on the health of children and adolescents, this study contributes to enhancing increasingly the work of the team seeking a work of prevention, promotion, humanization, quality, excellence in approach and the attention based on the paradigm of comprehensive protection.

This study found that the scientific literature on the subject is scarce, predominantly research dealing with the size and magnitude of the problem to integrated professional performance, prioritizing care to the victim and the family.

It was noticed the lack of protocols and specific technical standards of the health sector for the care of children and adolescents in situations of sexual violence, at the expense of a qualified and contextualized attention to this age group.

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