Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

VICTIMS OF VIOLENCE: PERCEPTION, COMPLAINTS AND BEHAVIORS RELATED TO THEIR HEALTH

MULHERES VÍTIMAS DE VIOLÊNCIA: PERCEPÇÃO, QUEIXAS E COMPORTAMENTOS RELACIONADOS À SUA SAÚDE

MUJERES VÍCTIMAS DE VIOLENCIAS: PERCEPCIÓN, QUEJAS Y COMPORTAMIENTOS RELACIONADOS A SU SALUD

Franciele Marabotti Costa Leite[1], Aline Cristina Araujo Silva[2], Larissa Regina Bravim[3], Fabio Lucio Tavares[4], Candida Caniçali Primo[5], Eliane de Fátima Almeida Lima[6]

ABSTRACT

Objective: to characterize women victims of violence regarding the perception, complaints, and behaviors related to their physical and mental health. ***Method***: it is a descriptive study with a quantitative approach. The population was constituted by women victims of violence, attended at the Multidisciplinary Support Center in the city of Serra (ES), Brazil. The collection took place in a reserved room. The data were obtained by an interview with registration in a form. The descriptive analysis of the data was performed using the statistical package STATA 12.0. The data were presented in figure and table. ***Results***: more than half of the women perceived their health status as regular or poor, 64.3% reported pain, 69.1% inadequate sleep, and 61.9% tiredness all the time, 54.8% were easily frightened, 83.3% were nervous, tense or worried and 71.4% cried more than usual. ***Conclusion***: clinical, physical and/or mental manifestations are present in women victims of violence, suggesting the impact of this phenomenon on the health of their victims. ***Descriptors***: Violence Against Women; Domestic Violence; Women's Health.

RESUMO

Objetivo: caracterizar as mulheres vítimas de violência quanto à percepção, queixas e comportamentos relacionados à sua saúde física e mental. ***Método:*** estudo descritivo, com abordagem quantitativa. A população foi constituída por mulheres vítimas de violência, atendidas na Central de Apoio Multidisciplinar no município de Serra (ES), Brasil. A coleta ocorreu em uma sala reservada. Os dados foram obtidos por meio de entrevista com registro em formulário. A análise descritiva dos dados foi realizada por meio do pacote estatístico STATA 12.0. Os dados foram apresentados na forma de figura e tabela. ***Resultados:*** mais da metade das mulheres percebem seu estado de saúde como regular ou ruim, 64,3% referiram sentir dor, 69,1% sono inadequado e 61,9% cansaço o tempo todo, 54,8% se assustaram com facilidade, 83,3% estiveram nervosas, tensas ou preocupadas e 71,4% choraram mais do que o costume. ***Conclusão:*** as manifestações clínicas, físicas e/ou mentais estão presentes em mulheres vítimas de violência, sugerindo o impacto desse fenômeno sobre a saúde de suas vítimas. ***Descritores:*** Violência Contra a Mulher; Violência Doméstica; Saúde da Mulher.

RESUMEN

Objetivo: caracterizar las mujeres víctimas de violencia sobre la percepción, quejas y comportamientos relacionados a su salud física y mental. ***Método:*** estudio descriptivo, con enfoque cuantitativo. La población fue constituida por mujeres víctimas de violencia, atendidas en la Central de Apoyo Multidisciplinar en el municipio de Serra (ES), Brasil. La recolección fue en una sala reservada. Los datos fueron obtenidos por medio de entrevista con registro en formulario. El análisis descriptivo de los datos fue realizado por medio del paquete estadístico STATA 12.0. Los datos fueron presentados por figura y tabla. ***Resultados:*** más de la mitad de las mujeres perciben su estado de salud como regular o malo, 64,3% sentían dolor, 69,1% sueño inadecuado y 61,9% cansancio todo el tiempo, 54,8% se asustaban com facilidad, 83,3% estuvieron nerviosas, tensas o preocupadas y 71,4% lloraron más de lo que costumbre. ***Conclusión:*** las manifestaciones clínicas, físicas y/o mentales están presentes en mujeres víctimas de violencia, sugiriendo el impacto de ese fenómeno sobre la salud de sus víctimas. ***Descriptores***: Violencia Contra la Mujer; Violencia Doméstica; Salud de la Mujer.

[1]Nurse, Ph.D. Professor. Undergraduate and Masters Degree in Nursing, Federal University of Espírito Santo/UFES, Vitória (ES), Brazil. E-mail: francielemarabotti@gmail.com; [2]Nurse. Undergraduate Nursing. Federal University of Espírito Santo/UFES, Vitória (ES), Brazil. E-mail: aline.cris09@hotmail.com; [3]Nurse. Specialist. Hospital Santa Rita de Cássia, Vitória (ES), Brazil. E-mail: larissa_bravim_29@hotmail.com; [4]Nurse, Master Professor, Ph.D. student, Federal University of Espírito Santo/UFES, Vitória (ES), Brazil. E-mail: fabiotavares54@hotmail.com; [5]Nurse, Ph.D. Professor. Master in Nursing, Federal University of Espírito Santo/UFES, Vitória (ES), Brazil. E-mail: candidaprimo@gmail.com; [6]Nurse, Ph.D. Professor, Undergraduate and Masters Degree in Nursing, Federal University of Espírito Santo/UFES. Vitória (ES), Brazil. E-mail: elianelima66@gmail.com

INTRODUCTION

Public health in Brazil is incorporating violence into its reality as a matter of great complexity, since it is a social phenomenon triggered by a multiplicity of factors, and affectING not only the victims but their families and society. Currently, it is present in several scenarios, whether public or private, affecting children, adolescents, men, women, the elderly and people with disabilities from different socioeconomic classes, which makes it a global problem.[1]

Considering gender, violence against women is a major public health problem, leading to human rights violations. Among the most generalized forms of violence, there is physical violence practiced by intimate partners and sexual violence.[2] Because it is a complex phenomenon with cultural, economic and social causes together with low visibility, illegality, and impunity, domestic violence against women is the real translation of masculine power and physical strength and the history of cultural inequalities between men and women who legitimize or exacerbate violence through stereotyped roles.[3]

In the context of violations of women´s rights, Law 11.340/2006, better known as Maria da Penha Law, was the result of a feminist struggle against impunity for violence against women. This law provides for protective measures, and it has mechanisms to curb domestic and family violence. It has five forms of violence: Physical, with behaviors reaching its integrity or corporal health; Psychological, which promotes emotional damage and decreased self-esteem; Sexual orientation that intimidates her to witness, maintain or participate in unwanted sexual intercourse, to induce her to sell or use her sexuality, to limit the exercise of her sexual and reproductive rights; Property, which represents damage to personal property; and Moral that is configured in acts that generate slander, defamation or injury.[4]

About the magnitude of violence against women, the data show that the prevalence of this disease is extremely high worldwide. Recent studies show that 56% of women in India are victims of violence, as in Karachi, Pakistan, 56.3% of women aged 25-60 years old reported having been beaten. In the regions of Ceuta and Melilla, in Spain, the percentage of women beaten corresponds to 40.2%.[5] A study carried out by the WHO showed that in São Paulo, 41.8% of the women already suffered psychological violence, 27.2% has physical damages and 10.1% reported having been victims of sexual violence.[6]

As regards the authorship of the violent act, it is observed that although this power was committed by relatives, friends and unknown people, the main responsible of violence against women are partners, husbands, and ex-boyfriends. Most of the time, many of them use alcoholic beverages and narcotics.[7]

It is a fact that the experience of violence directly affects the health of its victims, which can generate serious injuries and incapacity, causing damage to physical, social, mental, emotional and, in many cases, lead to death. Women who have been victims of violence are more likely to have a precarious health and commit suicide, as well as use substances and present physiological changes generated by stress.[7] This phenomenon leads to physical damage, psychological damage such as mental disorder, depression, eating and sleep disorders, and post-traumatic stress disorder.[8]

In this context, considering that violence is a public health problem and the impact generated on the physical, and mental health of the victim, the purpose of this study is to characterize women victims of violence regarding the perception, complaints and related behaviors of physical and mental health.

METHOD

This is a descriptive study with a quantitative approach, carried out at the Multidisciplinary Support Center of Serra, located at the João Manoel Carvalho Forum, in the municipality of Serra, Espírito Santo (ES), Brazil, attending court problems of Family and Domestic and Family Violence against the Woman. The team consists of six professionals, four social workers, and two psychologists.

The population of this study was women victims of violence, assisted at the Multidisciplinary Support Center, aged 18 or over. These women were referred to the institution after a court decision. The criteria for excluding the study were those that presented any communication difficulties.

Non-probabilistic sampling was used for convenience. The women were invited to participate in the research by their arriving. The final sample consisted of 42 female victims.

To collect data, some questions were used to address the women´s perception of their health, as well as the main complaints and behaviors related to their health in the last four weeks.

The collection took place in a reserved room. The data from the study were obtained from November 2012 to July 2013 through an interview with a registration form. Before the data collection, the pre-test of the questionnaire was performed to verify the language and comprehension of the questions.

The study participants were informed about the objectives of the study, by reading the Informed Consent Term (TCLE). After signing the TCLE, the interview was started individually, and a copy of the TCLE was duly signed by the researcher and the interviewee.

The descriptive analysis of the data was performed using the statistical package STATA 12.0. The data were presented in figure and table.

The research project of this study was sent to the Research Ethics Committee of the Federal University of Espírito Santo (UFES) and was approved under Opinion number 195,469.

RESULTS

Figure 1 shows the perception of women victims of violence about their health. It is noted that 42.9% of women consider their state of health regular, while 35.7% reported having a good state of health. For 11.9% of the interviewees, the health status is perceived as excellent, and only 9.5% said that health is poor.

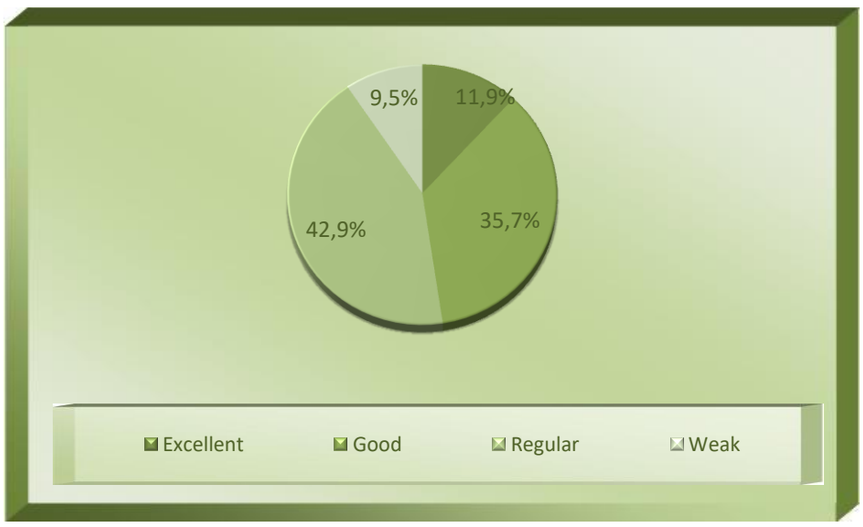

Figure 1. Women´s perception, victims of violence, on their health. Serra (ES), Brazil, 2013.

The main complaints of the last four weeks related to the physical health of women victims of violence can be seen in Table 1. Of the 42 women interviewed, 64.3% reported pain, 35.7% had a lack of appetite, 69.1% complained of inadequate sleep, 38.1% had tremors in their hands, 28.6% experienced poor digestion, 61.9% reported tiredness all the time and 47.6% complained of dizziness.

Table 1. Main complaints from the last four weeks related to the physical health of women victims of violence in Serra. Serra (ES), Brazil, 2013.

Variables	n=42	%
Pain		
No	15	35.7
Yes	27	64.3
Lack of appetite		
No	27	64.3
Yes	15	35.7
Inadequate sleep		
No	13	30.9
Yes	29	69.1
Tremors in their hands		
No	26	61.9
Yes	16	38.1
Poor digestion		
No	30	71.4
Yes	12	28.6
Tiredness all the time		
Não	16	38.1
Sim	26	61.9
Dizziness complaints		
No	22	52.4
Yes	20	47.6
Total	42	100.0

Table 2 lists the main complaints of the victimized woman in the last four weeks. Most of them reported that they were easily frightened (54.8%), nervous, tense or worried (83.3%) and cried more than usual (71.4%). Less than half of the women had difficulties to think clearly (40.5%), they felt sad (23.8%), had difficulty performing daily activities (35.7%), difficulties in making decisions (42.5%), had lack of interest in things (47.6%), felt useless (33.3%) and thought about suicide (38.1%).

Table 2. Main complaints from the last four weeks of women victims of violence in Serra. Serra (ES), Brazil, 2013.

Variables	n=42	%
Memory or concentration problems		
No	27	64.3
Yes	15	35.7
Easily frightened		
No	19	45.2
Yes	23	54.8
Nervous, tense or worried		
No	07	16.7
Yes	35	83.3
Difficulties to think clearly		
No	25	59.5
Yes	17	40.5
Cried more than usual		
No	12	28.6
Yes	30	71.4
Felt sad		
No	32	76.2
Yes	10	23.8
Difficulty performing daily activities		
No	27	65.9
Yes	15	35.7
Difficulties in making decisions		
No	24	58.5
Yes	18	42.5
Lack of interest in things		
No	22	52.4
Yes	20	47.6
Felt useless		
No	28	66.7
Yes	14	33.3
Thought about suicide		
No	26	61.9
Yes	16	38.1

It can be observed that, in the last four weeks, 39.1% of the women victims of violence took painkillers and more than half (64.3%) used analgesics. When questioned about the search for the health service, 28.6% said they had sought some service in the last four weeks. About suicidal behavior, 14.3% of the women interviewed reported having tried to kill themselves (Table 3).

Table 3. Behaviors of women victims of violence in the last four weeks in Serra. Serra (ES), Brazil, 2013.

Variables	N=42	%
Use of painkillers		
No	26	61.9
Yes	16	39.1
Use of analgesics		
No	15	35.7
Yes	27	64.3
Search for the health service		
No	30	71.4
Yes	12	28.6
Tried to kill themselves		
No	36	85.7
Yes	06	14.3

DISCUSSION

In this research, the complaints, perceptions, and behaviors of women victims of violence that denounced aggression were studied. It is noted that more than half of women perceive their state of health as regular or weak. This finding is of extreme relevance since violence is a problem that has serious consequences for health, representing a greater risk for illness. A study carried out in Salvador, which describes the perception of victimized women about their health, observed that many recognize the negative impact that violence has on their state of

health, reporting the mental and physical damage.[9]

It is observed in this research that a significant percentage of the victimized women presented pain complaints. Similarly, a study conducted in Colombia, where the contribution of exposure to intimate partner violence, other traumatic events and posttraumatic stress disorder for chronic pain and other depressive events was evaluated, showed that 42.3% of women who were victimized had chronic pain and, of them, 74% reported some pain interference in their daily activities.[10]

Most of the interviewees had inadequate sleep and tiredness in the four weeks before the present study. This finding is similar to research conducted in the southern region of Brazil, which found that insomnia and lack of appetite are among the behavioral and emotional reactions most cited by women victims of violence.[11] Other authors still associate some complaints with violence such as dizziness, weakness, physical exhaustion, constant feeling of fatigue and lack of energy.[12]

A study that sought to analyze the database of a telephone service to help women in the city of Nova Friburgo (RJ) found that the symptoms resulting from violent relationships were translated by women as insomnia, headache, fatigue, constipation, weight loss, among others. The effects of conjugal violence occur due to their repetition, as psychic trauma of moderate or severe intensity, without the alignment of a drug posture with problems that are political and sociocultural.[13]

The violence suffered by women generates psychological suffering and great emotional impact. This phenomenon may lead them to develop psychosomatic diseases, such as posttraumatic stress, anxiety, phobias, panic, and depression, which is considered to be the most common of the disorders developed.[14] Also, in the metropolitan area of the city of Rio de Janeiro/RJ, women who are violated by their intimate partners have personal feelings of annihilation, sadness, despondency, loneliness, stress, incapacity, impotence, hatred, uselessness and low self-esteem.

When evaluating the use of painkillers or/and analgesic medications, a documentary study evaluating the records of women attended in the Psychology sector of a Women's Police Station in Porto Alegre, RS, indicated that among the women in the sample, 34.2% reported using psychiatric medications, mainly antidepressants and anxiolytic. Research developed in Madrid/Spain has shown that women who are victims of violence, use drugs in excess, mainly antibiotics and anti-inflammatories.[17] These findings are similar to this study, demonstrating that a significant number of women victims need the help of medications to continue in their daily lives.

The need to seek health services after the aggression was reported by a small number of victims (28.6%), which differs from the finding in the United States, showing that women victims of violence account for the increased demand for emergency health services and mental health treatments.[7] Opposite to this study, a survey conducted in the city of Embu/SP found that the rate of women victims of some physical marital violence needed medical care due to the aggressions was only 38.7%, but only 36.7% of them got the care. The main reasons given for not receiving medical care did not include lack of access to health services, but mainly focused on personal reasons such as embarrassment to expose their problem or fear of retaliation from the husband/partner.[18]

About suicidal behavior, it is observed that 14.3% of women reported they have already tried to suicide. A study carried out in Portugal showed that women victims of violence related to non-victims presented 300% more suicidal ideation and 600% more suicide attempts, showing that this behavior is prevalent in these cases.[19]

Aggression causes disruption to the victim´s mental health, and it is often more severe than physical sequels, as it promotes suicidal behavior in the victim. The depressive picture presents as the main disorder related to suicidal thoughts and attitudes. The repetitive aggressions generate the desire for liberation, and the interruption of life is the choice of many women.[20]

Finally, it is worth emphasizing that professionals still today find it difficult to recognize violence as a possible cause for several symptoms they attend daily.[21] Likewise, there is a lack of a multidisciplinary team in promoting adequate and qualified care to ensure better health conditions and quality of life for women victims of violence[22].

CONCLUSION

This investigation allowed concluding that most women victims of violence perceive their state of health as regular or weak and present physical complaints and behavioral changes. These findings suggest the impact that violence has on the health of its victims and the negative repercussions it can bring.

Thus, this study points out the need to prepare a multidisciplinary team to attend and identify cases of women victims of violence in the health services, being necessary the good development of communication by the team and a critical view at the clinical manifestations presented, so that these people can be addressed, directed and guided to the appropriate services.

The role of the nurse as a care provider is of great importance, being responsible for giving a humane reception, establishing a bond and promoting safety for the victim, so the assistance provided is holistic, geared towards physical, psychological and social recovery. It is necessary to prepare the nursing professionals for the recognition and registration of patients in situations of violence, given the important and challenging role of the nurse in the violence against women.

REFERENCES

1. Labronici LM, Ferraz MIR, Trigueiro TH, Fegadoli D. Perfil da violência contra mulheres atendidas na pousada de Maria. Rev Esc Enferm USP [Internet]. 2010 [cited 2014 Dec 02];44(1):126-33. Available from: http://www.scielo.br/pdf/reeusp/v44n1/a18v44n1.pdf

2. World Health Organization (WHO). Responding to intimate partner violence and sexual violence against women. Clinical and policy guideline. Geneva (CH): WHO; 2013.

3. Santo LN, Nakano MAS, Lettiere A. Percepção de mulheres em situação de violência sobre o suporte e apoio recebido em seu contexto social. Texto Contexto Enferm [Internet]. 2010 [cited 2015 Feb 03]; 19(3):417-24. Available from: http://www.scielo.br/pdf/tce/v19n3/a02v19n3.pdf

4. Secretaria de Políticas para as Mulheres. Lei Maria da Penha, Lei n. 11.340 de 07 de agosto de 2006: Conheça a lei que protege as mulheres da violência doméstica e familiar. Brasília, 2012 [cited 2014 Dec 02]. Available from: http://www.mulheresedireitos.org.br/publicacoes/LMP_web.pdf

5. Leite MTS, Figueiredo MFS, Dias OV, Vieira MA, Souza LPS, Mendes DC. Relatos de violência contra as mulheres em diferentes ciclos de vida. Rev Latino-Am Enfermagem [Internet]. 2014 [cited 2015 Feb 03];22(1):85-92. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692014000100085

6. Azevêdo ACC, Araújo TVB, Valongueiro S, Ludermir AB. Violência pelo parceiro íntimo e gravidez não pretendida: prevalência e fatores associados. Cad Saúde Pública [Internet]. 2013 [cited 2015 Feb 03];29(12):2394-404. Available from: http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0102311X2013001700005

7. Organização Mundial da Saúde. Prevenção da violência sexual e da violência pelo parceiro íntimo contra a mulher: ação e produção de evidência. Washington DC: Organização Mundial da Saúde; 2012.

8. Mozzambani ACF, Ribeiro RL, Fuso SF, Fiks JP, Mello MF. Gravidade psicopatológica em mulheres vítimas de violência doméstica. Rev psiquiatr [Internet]. 2011 [cited 2014 Dec 02];33(1):43-47. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0101-81082011000100008

9. Gomes NP, Diniz NMF, Gesteira SMA, Paixão GPN, Couto TM. Vivência e repercussões da violência conjugal: o discurso feminino. Rev Enferm [Internet]. 2012 [cited 2014 Dec 02];20(1):585-90. Available from: http://www.facenf.uerj.br/v20nesp1/v20e1a06.pdf

10. Medina NT, Erazo GEC, Dávila DCB, Humphreys JC. Contribution of intimate partner violence exposure, other traumatic events and posttraumatic stress disorder to chronic pain and depressive symptoms. Ivest. Educ. Enferm [Internet]. 2011 [cited 2014 Dec 02];29(2):174-85. Available from: http://www.scielo.org.co/scielo.php?pid=S012053072011000200002&script=sci_arttext

11. Santos ACW, Moré CLOO. Repercussão da violência na mulher e suas formas de enfrentamento. Paidéia [Internet]. 2011 [cited 2014 Dec 02];21(49):227-35. Available from: http://www.scielo.br/pdf/paideia/v21n49/10

12. Netto LA, Moura MAV, Queiroz ABA, Tyrrell MAR, Bravo MDMP. Violência contra a mulher e suas consequências. Acta Paul Enferm [Internet]. 2014 [cited 2014 Dec 02]; 27(5):458-64. Available from: http://www.scielo.br/pdf/ape/v27n5/pt_1982-0194-ape-027-005-0458.pdf

13. Pazo CG, Aguiar AC. Senses of intimate violence: analysis of an anonymous telephone service database. Physis Rev Saúde Coletiva [Internet]. 2012 [cited 2014 Dec 02];22(1):253-73. Available from: http://www.scielo.br/pdf/physis/v22n1/v22n1a14.pdf

14. Fonseca DHF, Ribeiro CG, Leal NSB. Violência doméstica contra a mulher: realidades e representações sociais. Psicologia

& Sociedade [Internet]. 2012 [cited 2014 Dec 02];24(2):307-14. Available from: http://www.scielo.br/pdf/psoc/v24n2/07.pdf

15. Barbosa R, Labronici LM, Sarquis LM, Mantovani MF. Violência psicológica na prática profissional da enfermeira. Rev Esc Enferm USP. [Internet]. 2011 [cited 2014 Dec 02];45(1):26-32. Available from: http://www.scielo.br/pdf/reeusp/v45n1/04.pdf

16. Gadoni-Costa LM, Zucatti APN, Dell'Aglio DD. Violência contra a mulher: levantamento dos casos atendidos no setor de psicologia de uma delegacia para mulher. Estudos de Psicologia. [Internet]. 2011 [cited 2014 Dec 02];28(2):219-27. Available from: http://www.scielo.br/pdf/estpsi/v28n2/09.pdf

17. Sonego M, Gandarillas A, Zorrilla B, Lasheras L, Pires M, Anes A, Ordobás M. Unperceived intimate partner violence and women's health. Gac Sanit [Internet]. 2013 [cited 2014 Dec 02];27(5):440-6. Available from: http://www.scielosp.org/scielo.php?pid=S021391112013000500010&script=sci_arttext

18. Miranda MPM, Paula CS, Bordin IA. Violência conjugal física contra a mulher na vida: prevalência e impacto imediato na saúde, trabalho e família. Rev Panam Salud Publica [Internet]. 2010 [cited 2014 Dec 02];27(4):300-8. Available from: http://www.scielosp.org/pdf/rpsp/v27n4/a09v27n4.pdf

19. Quaresma C. Violência doméstica: da participação da ocorrência à investigação criminal. Lisboa: Instituto Superior de Ciências Sociais e Políticas; 2012.

20. Correia CM, Gomes NP, Couto TM, Rodrigues AD, Erdmann AL, Diniz NMF. Representações sobre o suicídio para mulheres com história de violência doméstica e tentativa do mesmo. Texto Contexto Enferm [Internet]. 2014 [cited 2014 Dec 02];23(1):118-25. Available from: http://www.scielo.br/pdf/tce/v23n1/pt_0104-0707-tce-23-01-00118.pdf

21. Hasse M, Vieira EM. Como os profissionais de saúde atendem mulheres em situação de violência? Uma análise triangulada de dados. Saúde Debate. [Internet]. 2014 [cited 2014 Dec 02];38(102):482-93. Available from :http://www.scielo.br/pdf/sdeb/v38n102/0103-1104-sdeb-38-102-0482.pdf

22. Silva PLN, Oliveira EMS, Abreu GGD, Souza AAM, Oliveira RS, Rocha RG. Nurse attendance to women victim of domestic violence. J Nurs UFPE on line [Internet]. 2014 [cited 2015 Apr 18];8(6):1604-11. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/4995/pdf

Submission: 2016/05/22
Accepted: 2016/11/29
Publishing: 2016/12/15

Corresponding Address

Eliane de Fátima Almeida Lima
Universidade Federal do Espírito Santo
Departamento de Enfermagem
Av. Marechal Campos, 1468
Bairro Maruípe
CEP 29040-090 – Vitória (ES), Brazil