



OVC Bulletin

APRIL 2006

A MULTIMEDIA PROGRAM TO IMPROVE CRIMINAL JUSTICE SYSTEM PARTICIPATION AND REDUCE DISTRESS AMONG PHYSICALLY INJURED CRIME VICTIMS

Connie L. Best, Ronald E. Acierno, and Heidi S. Resnick

Introduction

Victims of violent crime experience extreme emotional distress, which is particularly intense for those who suffer serious physical injuries that require hospitalization. Unfortunately, most victims leave the hospital without receiving any services to reduce this distress or any information about crime victim compensation programs to which they may be entitled. Moreover, many victims do not participate in the judicial process because such participation would exacerbate the emotional problems they are experiencing and because they know little about it. This lack of criminal justice system knowledge may further contribute to victims' emotional problems, particularly if

they are called on to participate in the process (e.g., testify in court). Thus, after experiencing interpersonal violence, and even after sustaining physical injury, many victims receive no information about crime victim compensation programs, suffer enduring emotional distress, and avoid court participation. Services that will have the maximum impact on reducing victim suffering and increasing knowledge about crime victim compensation and the criminal justice system are needed.

Violence remains an unavoidable facet of human experience. Virtually no one escapes at least vicarious exposure to severe interpersonal conflict, and more than 10 percent of the population endures direct aggression in the form of simple,

Message From THE DIRECTOR

The impact of violent crime is devastating to victims, their family members, and loved ones. Although we understand that there is never closure or a return to normalcy for victims and their loved ones, we do know that helping victims understand and assert their rights and access needed services is critical if they are to regain a sense of control. While the services and support of victim advocates are critical to crime victims, it literally takes a community to ensure that victims understand and have access to the services and compensation they are entitled to. Especially important are medical and social service professionals, who must know how to respond to the needs of crime victims injured by violence with information about responses to trauma and the processes of the criminal justice system, and by connecting them with professionals who specialize in providing services to victims of crime.

The *Recovering From Your Crime-Related Injuries* DVD and brochure will enhance the ability of first response service providers to deliver effective, empathetic services to victims who are hospitalized as a result of their crime-related injuries, in the immediate aftermath of serious crime.

John W. Gillis
Director

aggravated, or domestic assault at some point in their lives (Resnick et al., 1993). Indeed, in 2000, National Crime Victimization Survey estimates approximated 6,475,000 violent crimes against citizens (Bureau of Justice Statistics, 2001). Fully 60 percent of violent crimes are not reported to police. Moreover, data indicate that repeated victimization characterizes a significant subgroup that could benefit from risk reduction or crime prevention strategies. Tangible effects of physical assault are far-reaching and devastating. The U.S. Department of Justice reports that annual violent crime results in at least 2.2 million known injuries, requiring more than 700,000 days of hospitalization (Harlow, 1989; see also Conway et al., 1995). It is, therefore, not surprising that violence is considered both a social and public-health emergency in the United States and other countries (Koop, 1992; Novello, 1992). The overt economic and medical difficulties that victims endure often come with less visible, albeit equally significant, psychological and emotional complications. These include extreme levels of anxiety, depression, substance abuse, and impaired interpersonal and vocational functioning (Kessler et al., 1995; Kilpatrick et al., 1987; Resnick et al., 1993).

Effects of Criminal Violence

Across studies, physical assault is either the most common, or among the most common forms of trauma experienced in the general population (Breslau, Davis, and Andreski, 1991; Kessler et al., 1995; Resnick et al., 1993). Several aspects of victimization are strongly related to subsequent development and/or exacerbation of emotional distress. Indeed, the risk of posttraumatic emotional problems is greatest for individuals who reported that during the trauma they feared they would be seriously injured or

would die, or who actually were injured (Green, 1990; Kilpatrick et al., 1989; Resnick et al., 1993; Wirtz and Harrell, 1987). Of the assault victims who believed that their lives were threatened and who suffered physical injuries, 30.8 percent developed posttraumatic stress disorder (PTSD), compared to 20.6 percent of those who believed their lives were threatened and 25 percent of those who were injured but did not believe their lives were threatened (Kilpatrick et al., 1989). A more recent investigation of 251 victims of violent crime also found that victims who were seriously injured, who feared that they would be seriously injured, and who believed their lives were threatened were more likely to suffer from PTSD (Freedy et al., 1994). Because perceived threat of serious injury and actual injury are both risk factors for posttraumatic emotional distress, it is important to identify which forms of trauma are associated with an event. Along these lines, Resnick and colleagues (1993) demonstrated that the threat of injury or actual injury were most often observed in physical assault victims (90.8 percent), followed by rape victims (67.9 percent). Further, 61.1 percent of physical assault victims and 36.7 percent of rape victims reported both perceived threat of injury and actual injury.

These findings are hardly surprising when considering that most assailants plan to inflict pain and injury during physical assault. Specific emotional problems that follow an assault include PTSD, depression, substance abuse, and panic disorders. According to the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994), a diagnosis of PTSD is assigned only when an individual is exposed to a traumatic event that presents both of the following: actual or threatened death or serious injury to oneself or others, and intense fear, helplessness, or horror. Obviously, physical

assault meets these criteria. Data regarding the course of PTSD for rape victims have been obtained, and, given the comparability of outcomes related to physical and sexual assault, it is reasonable to assume that similar proportions of seriously physically assaulted victims will suffer from the disorder over time. Rothbaum and colleagues (1992) found that fully 90 percent of rape victims met symptom criteria for PTSD within 2 weeks of being raped, and about 50 percent continued to meet criteria 3 months later. Moreover, Kilpatrick and colleagues (1987) showed that PTSD was present 17 years after the assault in 16.5 percent of cases. Overall, about 50 percent of those who meet the criteria for PTSD recover within 2 years, while almost 33 percent do not experience full remission of symptoms, even after several years (Kessler et al., 1995).

Effects of Emotional Distress

During victimization, individuals experience extreme fear, anxiety, dread, and aversive physiological arousal. Immediately following victimization, they may experience additional symptoms of depression and panic as outlined above. These negative emotional responses become associated with salient triggers present in the environment during the attack (e.g., perpetrator race and build, location, weapon) which then elicit emotional distress in the future. Thus, a victim's exposure to reminders of the violent crime, such as those present during participation in criminal justice system proceedings, triggers an anxiety response. To reduce or eliminate the extreme discomfort of this anxiety response, individuals will avoid these triggers. Because avoiding these triggers temporarily diminishes emotional distress, the individual is likely to continue avoiding them and any likelihood that the victim will participate in the criminal justice system process may be decreased. More important, however, the

triggers retain their power to produce fear, and victims experience emotional distress indefinitely.

In addition to triggering emotional problems such as anxiety, fear, and depression, the criminal justice system may also seem confusing and intimidating to many victims of crime. Either of these factors alone may discourage victims from actively participating in the criminal justice system; combined, they are likely to severely curtail victim participation.

What Can Be Done

Victims' lack of knowledge about the criminal justice system, including its processes and the potential benefits of participating in them, must be addressed. However, educational campaigns delivered through mass media presentations are exceedingly expensive "one-shot" attempts that increase knowledge very little. Victims need individualized education, which must be developed at low cost and delivered consistently and in standard format to ensure its quality.

This report describes a standardized service that can be delivered individually to crime victims at very little cost. We have carefully scripted and filmed a DVD (Best, Resnick, and Acierio, 1999) to address the needs and knowledge deficits of physically injured crime victims. The DVD addresses concerns raised in the previous section by increasing crime victims' knowledge about, and familiarity with, the criminal justice system, its relevance to their case, and the benefits of participation, such as crime victims' compensation programs. It also includes information about PTSD and ways to cope with its symptoms. Finally, the content is delivered in a manner that is neither threatening nor embarrassing to crime victims. The following sections describe our efforts to this end. In short, we used knowledge gained from our

development of a video-based intervention for rape victims (Resnick et al., 1999) to develop a standardized DVD intervention for physically injured crime victims.

Description of the DVD

The DVD is a 12-minute color DVD for use with any seriously injured crime victim, regardless of the type of victimization or injury. The DVD, which is based on a model created by Resnick and colleagues (1999) for use with sexual assault victims in an emergency department, consists of two major components, each with several subcomponents. The overall goals are to educate victims about the criminal justice system and to help them reduce the emotional distress they experience.

The first component of the DVD includes general information about the criminal justice system and the crime victim compensation program. It includes definitions of terms frequently used in criminal justice (e.g., indictment, victim impact statements); a discussion of victim notification rights and other victims' rights, such as the right to be present at bond hearings and to comment on plea bargains; and a description of the crime victim compensation program and how to access it.

The second component focuses on common psychological reactions to victimization and strategies for reducing the distress of these reactions. It describes common victim reactions to crime such as feelings of depression, fear, and anxiety; the tendency to avoid people or places that remind the victim of the crime; and the potential for increasing use of alcohol and/or other substances. It explains the potential development of these difficulties and offers strategies for reducing distress and effectively dealing with these feelings.

The visual presentation that accompanies the verbal information on the DVD includes multiple scenes with actors demonstrating the following situations: patients receiving medical care, health care providers treating patients, patients and providers in a physical therapy setting, outpatient care scenes, and crime victim compensation program coordinators helping patient victims fill out paperwork. Images that are frequently associated with the criminal justice system are also featured, such as law enforcement officers, police stations, and bond hearings and other courtroom scenes. Finally, the DVD features multiple scenes of patient victims engaging in positive behaviors that help reduce emotional distress and are associated with healthy outcomes, such as keeping outpatient medical appointments, returning to an acceptable level of previctimization daily routine, spending time with friends while avoiding overuse of alcohol, and seeking out professional mental health services. Throughout the DVD, graphic overlays summarize the major points with written text.

A multicolored, trifold brochure that accompanies the DVD summarizes its main points and contains several screen shots from the DVD to remind the viewer of the points it illustrates.

Method

The DVD was part of an ongoing service delivery program by the National Crime Victims Research and Treatment Center (CVC) at the Medical University of South Carolina, a large tertiary care teaching hospital. Individuals who receive serious injuries are admitted to the Trauma Center. Those who survive their injuries are subsequently admitted to the surgical trauma service. The CVC project

staff, working with the surgical staff, see patients within 24–48 hours of their admission or as soon as their medical condition allows and provide a variety of victim services to those individuals whose injuries are a result of a crime. Services include providing information about community agencies and social services that the victim patients may need, contact information for victim advocates in the police department, referral information for mental health providers, and assistance in completing the crime victim compensation application. Furthermore, the project staff, with the permission of the victim patients, assist with obtaining copies of inpatient and outpatient medical and counseling bills, police reports, and any other paperwork the patients need to complete their application for crime victim compensation. Even after the patient's discharge from the hospital, project staff continue to serve as a liaison between the patient and law enforcement, the courts, the victim compensation fund, and other victim service agencies.

The DVD and brochure used in the project were added to the comprehensive victim service delivery project described above. They were presented to the victim patients at the initial project staff visit using a portable videocassette player. Project staff then asked the victims to complete a survey.

Participants

Participant Demographics

One hundred eighty-six physically injured crime victims receiving services from the Medical University of South Carolina provided data for this report. Some participants were unable to complete the entire survey, and provided

incomplete data. Of these, 23 were women and 163 were men. Approximately 70 percent were African-American, 25 percent were Caucasian, and 5 percent were Hispanic. Fifteen percent were married, 10 percent were separated or divorced, 57 percent were single, and the remaining 18 percent failed to provide marital information.

Injuries Experienced

Crime types ranged widely, as did injury types, and several individuals reported more than one form of injury. All 186 participants reported, or had someone report, the crime to the police. Many individuals (36 percent) were unable to provide information on the type of crime and injury, probably due to the severity of their injuries and loss of consciousness during the assault. Participants experienced gunshots, stabbings, and other forms of aggravated assault. The following categories are not mutually exclusive: 16 percent presented with knife wounds, 33 percent had been shot, 11.3 percent had broken bones or lost teeth, 25 percent suffered internal injuries, 11 percent had head injuries, 5 percent lost consciousness, and 18 percent were badly bruised or cut. About half had been victims of interpersonal violence prior to this incident. Of the victims surveyed, 83 percent thought that they were going to be seriously injured, and 59 percent reported that they thought they were going to die during the incident. Clearly, this is a group of people who had been thoroughly victimized and severely injured.

Criminal Justice System Activities

As mentioned previously, all 186 of the survey participants reported, or had someone report, the crime to police; 33 percent indicated that approximately 2 to 4 days after the crime, the assailant had

been apprehended. Fully 48 percent of victims recognized the assailant, meaning that they had seen the assailant before at some point in their lives. Of the group of assailants, 23 percent were acquaintances of their victims, 18 percent were relatives or boyfriends, and the rest were strangers. Fully 90 percent of offenders were male, and 90 percent used a weapon of some sort to commit the crime.

Results: Video and Nonvideo Participants

Feasibility Questions

Sixty-six participants were assigned to watch the video, and 52 were assigned to the nonvideo condition. Seventy-five percent of participants ($n = 50$) in the video condition indicated that they were able to pay attention to the video either “most of the time” or “all of the time.” Ninety-one percent reported that the information was clear and understandable. Fully 95 percent ($n = 63$) noted that they experienced little to no anxiety watching the video. Thus, participants could watch the video, thought it useful, and were not upset by it.

Crime Victims' Rights and Compensation

When individuals were asked to list some of the rights that the criminal justice system affords crime victims, there were no significant differences between the responses of individuals who watched the video and those who did not. They had similar responses in terms of crime victim compensation funding, victim impact statements, victim notification rights, the right to be present during bond hearings, and the right to comment on plea bargains. However, when asked specifically whether they had heard of crime victim compensation, 25 percent of

those who watched the video responded “yes,” compared to 9.6 percent of those who did not. When asked “How does CV comp work?” 25 percent of video respondents volunteered that it would pay medical bills related to the crime, as opposed to 10 percent of nonvideo participants. About 3 percent of both groups noted that it would pay for counseling, and nearly twice as many video participants as nonvideo participants reported that it would pay a percentage of lost wages (7.4 percent vs. 3.8 percent).

Knowledge of the Effects of Interpersonal Violence

Participants in the video condition were asked to list negative emotions that sometimes affect victims of violent crime (the video mentions several). Depression was identified as a common outcome by 17 percent of the participants; 11 percent reported that panic and avoidance were often experienced; 15 percent noted that general anxiety is a frequent occurrence; and 5 percent noted that increased substance use was possible. When asked what a victim could do to effectively deal with these problems (also covered by the video), 14 percent spontaneously reported that victims could seek counseling, 14 percent indicated that therapeutic exposure exercises could be helpful, and 30 percent reported that keeping active would help. The video participants seemed to have learned about negative emotional reactions to crime, but more important, they were aware of strategies they could use to reduce these negative emotions.

Knowledge of the Criminal Justice Process

Participants were also quizzed about the criminal justice process. In response to the question “Who decides whether

there is enough evidence in a case to formally charge the perpetrator?” 13.4 percent of video participants, compared to 7.7 percent of nonvideo participants, answered correctly. Equal proportions of both groups (about 45 percent) were able to define an indictment as formal legal charges brought against an alleged assailant handed down in court. Similarly, approximately equal proportions of both groups were able to define a grand jury (about 70 percent), a bond hearing (about 89 percent), and a victim impact statement (about 29 percent).

The video addresses the relevance of participating in the criminal justice process for victims of violent crime. The original hypothesis was that such coverage would affect the viewer’s willingness to participate in court and investigative activities. This appears to be the case; fully 95 percent of those who watched the video indicated a willingness to participate in the criminal justice process, and 67 percent reported that the video increased their willingness to participate.

Implications and Applications

The use of a brief, early intervention video for seriously injured crime victims appears to have many positive implications, as well as potential for numerous points of application. The video, now converted to a DVD, was specifically designed to help an individual to understand and navigate the criminal justice system, and to increase an individual’s knowledge about common psychological responses to crime and strategies to reduce their negative effects. By using this DVD, victims of crime can immediately begin to participate more fully in the criminal justice system and reduce their

levels of psychological distress. Both of these results may have significant positive impact for victims of crime, who frequently report feeling a loss of control over their lives after being a victim of crime. By more fully participating in the criminal justice system, victims may experience an increased sense of control in their lives. Although participation in the criminal justice system does not ensure that the perpetrator will be successfully apprehended and prosecuted, victims may derive satisfaction from the knowledge that they did all they could to assist with the process. Victims’ increased participation with the justice system provides another benefit for society in general that may be self-evident: Victims are essentially witnesses, sometimes the only witnesses, to the crimes in which they are victimized. Without the full participation of victims, the likelihood that perpetrators will be apprehended and subsequently convicted is diminished, thereby leaving the criminal to victimize other citizens. Along slightly different lines, victims’ increased understanding of the crime victim compensation program would logically increase their use of a program that reimburses them for their hospital bills and lost wages. Any assistance with financial matters would be of significant benefit to those victims with insufficient resources.

The use of the DVD as a brief, early intervention to educate victims about common psychological reactions and to provide them with strategies for reducing those effects may have enormous benefits for crime victims by lessening the development of crime-related psychological symptoms and/or disorders. The Resnick and colleagues 1999 rape victim study, which was the model for the present project, gathered data that demonstrated the

efficacy of using a brief video as early intervention. Other studies have indicated that approximately one-third of seriously injured crime victims who perceived that their lives were threatened developed posttraumatic stress disorder. Therefore, an intervention that lessens the risk of developing such a debilitating disorder is a tremendous benefit for crime victims and provides a new strategy for professionals to use in their treatment.

This video project was designed for the trauma/surgical inpatient setting of a hospital where victims have acute injuries, but the resulting DVD may have much broader uses. Other potential settings for the DVD and accompanying brochure may be outpatient emergency rooms, other hospital-based clinics, physical therapy facilities, rehabilitation centers, or primary care offices and clinics. The DVD might also be used in nonmedical settings such as the victim advocacy services at police departments or courts, domestic violence shelters, rape crisis centers, or other agencies that offer victim services. Moreover, the DVD's usefulness does not appear to be limited to acutely injured victims. Positive effects may result from using the DVD with victims who have long since recovered from their injuries; they may benefit from a better understanding of the psychological reactions that they may still be experiencing. Finally, the DVD could also be used as a training tool for law enforcement, victim service providers, and health care professionals who would like to increase their understanding of either the criminal justice system or typical crime victim reactions. The best application of this video/DVD intervention may lie with its use as part of a comprehensive victim service program, but it is also a stand-alone intervention tool which can be dis-

tributed directly to victims to ensure that all victims have access to essential information.

For More Information

For more information on this topic, please contact

Office for Victims of Crime

U.S. Department of Justice
810 Seventh Street NW., Eighth Floor
Washington, DC 20531
202-307-5983
Fax: 202-514-6383
Web site: www.ovc.gov

For copies of this bulletin and other OVC publications or information on additional victim-related resources, please contact

OVC Resource Center

P.O. Box 6000
Rockville, MD 20849-6000
1-800-851-3420 or 301-519-5500
(TTY 1-877-712-9279)
Ask OVC: <http://ovc.ncjrs.gov/askovc>
Web site: www.ncjrs.gov

Or order OVC publications online at www.ncjrs.gov/App/Publications/AlphaList.aspx.

For information on training and technical assistance available from OVC, please contact

OVC Training and

Technical Assistance Center

10530 Rosehaven Street, Suite 400
Fairfax, VA 22030
1-866-OVC-TTAC (1-866-682-8822)
(TTY 1-866-682-8880)
Fax: 703-279-4673
E-mail: TTAC@ovcttac.org
Web site: www.ovcttac.org

References

- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. Washington, DC: American Psychiatric Association, 1994.
- Best, C.L., H.S. Resnick (Producers and Writers), and R. Acerno (Associate Producer). *Recovering From Your Crime-Related Injuries*. Charleston, SC: Jennifer Lorenz Productions, 1999.
- Breslau, N., G. Davis, and P. Andreski. Traumatic events and posttraumatic stress disorder in an urban population of young adults. *Archives of General Psychiatry*, No. 48, pp. 216-222 (1991).
- Bureau of Justice Statistics. *Criminal Victimization in the United States*, 2001. Washington, DC: U.S. Department of Justice, 2001.
- Conway, T., T.C. Hu, C. Warshaw, P. Kim, and A. Bullon. Violence victims' perception of functioning and well-being: A survey from an urban public hospital walk-in clinic. *Journal of the National Medical Association*, No. 87, pp. 407-412 (1995).
- Freed, J.R., H.S. Resnick, D.G. Kilpatrick, B.S. Dansky, and R.P. Tidwell. The psychological adjustment of recent crime victims in the criminal justice system. *Journal of Interpersonal Violence*, No. 9(4), pp. 450-468 (1994).
- Green, B.L. Defining trauma: Terminology and generic stressor dimensions. *Journal of Applied Social Psychology*, No. 20, pp. 1632-1642 (1990).
- Harlow, C.W. Injuries from crime. *Bureau of Justice Statistics Special Report*, NCJ 116811. Washington, DC: U.S. Department of Justice, 1989.

Kessler, R.C., A. Sonnega, E. Bromet, M. Hughes, and C.B. Nelson. Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, No. 52, pp. 1048–1060 (1995).

Kilpatrick, D.G., B.E. Saunders, L.J. Veronen, C.L. Best, and J.M. Von. Criminal victimization: Lifetime prevalence, reporting to police, and psychological impact. *Crime and Delinquency*, No. 33(4), pp. 479–489 (1987).

Kilpatrick, D.G., B.E. Saunders, A. Amick-McMullan, C.L. Best, L.J. Veronen, and H.S. Resnick. Victim and crime factors associated with the development of crime-related Post-traumatic Stress Disorder. *Behavior Therapy*, No. 20, pp. 199–214 (1989).

Koop, C.E. Violence in America: A public health emergency. *Journal of the American Medical Association*, No. 267, pp. 3075–3076 (1992).

Novello, A.C. A medical response to violence. *Journal of the American Medical Association*, No. 267, pp. 3007 (1992).

Resnick, H.S., D.G. Kilpatrick, B.S. Dansky, B.E. Saunders, and C.L. Best. Prevalence of civilian trauma and PTSD in a representative national sample of women. *Journal of Clinical and Consulting Psychology*, No. 61(6), (1993).

Resnick, H.S., R.E. Acierno, D.G. Kilpatrick, M. Holmes, and N. Jager. Prevention of post-rape psychopathology: Preliminary findings of a controlled acute rape treatment study. *Journal of Anxiety Disorders*, No. 13, pp. 359–370 (1999).

Rothbaum, B.O., E.B. Foa, D.S. Riggs, T. Murdock, and W. Walsh. A prospective examination of posttraumatic stress disorder in rape victims. *Journal of Traumatic Stress*, No. 5, pp. 455–475 (1992).

Wirtz, P.W., and A.V. Harrell. Victim and crime characteristics, coping responses, and short- and long-term recovery from victimization. *Journal of Consulting and Clinical Psychology*, No. 55, pp. 866–871 (1987).

Bibliography

Kilpatrick, D.G., and R.K. Otto. Constitutionally guaranteed participation in criminal proceedings for victims: Potential effects on psychological functioning. *Wayne State Law Review*, No. 34(1), pp. 7–28 (1987).

Kilpatrick, D.G., R. Acierno, H.S. Resnick, B.E. Saunders, and C.L. Best. A 2-year longitudinal analysis of the relationship between violent assault and substance use in women. *Journal of Consulting and Clinical Psychology*, No. 65(5), pp. 834–847 (1997).

Resnick, H.S., and R.E. Acierno (Producers, Writers, and Directors). *Prevention of Postrape Stress*. Charleston, SC: IVS Productions, 1997.

This project was prepared by the National Crime Victims Research and Treatment Center at the Medical University of South Carolina under grant number 1998–VF–GX–0006, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

The Office for Victims of Crime is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance, the Bureau of Justice Statistics, the National Institute of Justice, and the Office of Juvenile Justice and Delinquency Prevention.

About the Authors

Connie L. Best, Ph.D., is Professor and Director of Adult Services; Ronald E. Acierno, Ph.D., is an Associate Professor; and Heidi S. Resnick, Ph.D., is a Professor, all at the National Crime Victims Research and Treatment Center, Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, Charleston.

U.S. Department of Justice

Office of Justice Programs

Office for Victims of Crime

Washington, DC 20531

Official Business

Penalty for Private Use \$300



PRESORTED STANDARD
POSTAGE & FEES PAID
DOJ/OVC
PERMIT NO. G-91