Sexual Assault Medical Forensic Course for Physicians & SAFE/SANE Team Coordinators

September 25-27
DoubleTree by Hilton, Berkeley Marina, Berkeley, California

This course is targeted to meet physicians’ educational needs in three areas of practice:
• caring for the adult/adolescent patient who has reported sexual assault;
• Anticipating or performing the role of medical director for a Sexual Assault Nurse Examiner (SANE) or a Sexual Assault Forensic Examiner (SAFE) Team; and
• Working collaboratively with SAFE/SANE Team Coordinators

DAY 1: Monday, September 25, 2017
Registration: 7:00 a.m. – 8:00 a.m.

Welcome and Introductions – 8:00 a.m. – 8:15 a.m.
William M. Green, M.D., FACEP

Module I: 8:15 a.m. – 9:15 a.m.
Sexual Assault Patient Care: Past, Present, and Future
William Green, M.D., FACEP
Ralph Riviello, M.D., FACEP
Michael L. Weaver, M.D., FACEP

The care of patients who have been sexually assaulted evolved with the emergence of the anti-rape movement in the 1970’s. From that starting point, advocates and committed professionals from all disciplines enacted rape law reform, standardized sexual assault forensic medical exam procedures, developed SAFE/SANE Teams, organized specialized investigation and prosecution units, and developed SARTs in communities throughout the nation. The role of the physician providing medical leadership in hospitals and for SAFE/SANE Teams is key to successful program development and operation.

At the conclusion of this educational offering, attendees will be able to:
• Explain the development of sexual assault programs and the SANE or SAFE model.
• Discuss persistent myths and major shifts in patient presentation.
• Verbalize the evolution from SART to SARRTs.
• Describe the importance of physician leadership in patient care, training, and research.

Break: 9:15 a.m. – 9:30 a.m.
Module II: 9:30 a.m. – 11:30 a.m.
Essential Elements of Forensic Examinations and Evidence Collection, Overview of DNA Evidence, and Assuring Integrity of Evidence
William Green, M.D., FACEP

Overview of the Sexual Assault Forensic Exam Process
• History
• Physical exam
• Documentation

Forensic Evidence and Findings
• Anticipation, identification, collection and management
• Enhancements, e.g., Alternate Light Source, magnification

Overview of DNA Evidence
• Use of DNA Evidence in the context of Sexual Assault Examination and Investigation
• The progression of DNA evidence from exam room to crime laboratory to DNA databases to investigators to the courtroom

Avoiding Evidence Problems
• Contamination and degradation
• Chain of custody
• Inadmissibility

At the conclusion of this educational offering, attendees will be able to:
• Verbalize the basic forensic exam process, including history, physical exam, evidence collection, and management.
• Describe procedures and techniques for forensic evidence collection, handling, labeling, and packaging.
• Summarize the significance and use of DNA evidence in the context of sexual assault examination and investigation.
• List and describe potential problems with sexual assault evidence and strategies to prevent these problems.

Lunch on your own: 11:30 a.m. – 12:30 p.m.

Module III: 12:30 p.m. – 2:30 p.m.
Forensic Aspects of Injury Identification, Documentation, and Interpretation of Findings
William Green, M.D., FACEP

Documentation of Findings
• Review three types of documentation
• Injury Definitions
• Pattern injuries
• Non-specific injuries
• Body injuries (examples and significance)
• Anogenital injuries (examples and significance)
Equipment
• Colposcope vs. Digital Camera with Macro Lens
• Anoscopy

At the conclusion of this educational offering, attendees will be able to:
• Describe principles of forensic documentation.
• List common types of injuries encountered in sexual assault and discuss their forensic significance.
• Summarize basic components of the assessment and conclusions that can be fairly drawn after completing the sexual assault forensic exam.

Break: 2:30 p.m. – 2:45 p.m.

Module IV: 2:45 p.m. – 4:15 p.m.
The Challenging Management of Drug and Alcohol Facilitated Sexual Assault
Michael L. Weaver, M.D., FACEP

This module will review the components of drug and alcohol facilitated sexual assault (DFSA) and will discuss clinical presentations, treatment, and medical/legal aspects of forensic evidence collection in these cases.

At the conclusion of this educational offering, attendees will be able to:
• Describe initial assessment of a DFSA patient.
• List common drugs used in DFSA.
• Discuss forensic testing and procedures in DFSA.
• Summarize “consent” and “competency” challenges.

Module V: 4:15 p.m. – 5:15 p.m.
Forensic Photography: Essential Practices and Techniques
William Green, M.D., FACEP

Forensic photography is an essential documentation method for visible evidence and traumatic findings. The forensic examiner must understand the basic principles of forensic photography; and, the forensic exam team must develop a Standardized Operating Procedure (SOP) for image identification, security, storage, retrieval, duplication and sharing.

At the conclusion of this educational offering, attendees will be able to:
• Describe the various types of photo documentation equipment.
• Define the basics of digital imaging.
• List the criteria of a quality forensic photograph.
• Include medical/legal issues within photographic protocols
• Cite the principal requirements to admit a digital image into evidence
• Relate the guidelines to follow to ensure the admissibility of photographs
5:15 p.m. – 7:00 p.m. No Host Reception
Grapes, Hops, and Pics: A Forensic Photography Practicum

After the didactic training on forensic photography, participants are invited to enjoy an alcoholic or non-alcoholic beverage and snack, and practice taking forensic images. The “victims” will be anatomic models moulaged by a professional make-up artist with realistic “injuries” commonly encountered in sexual assault. Participants are encouraged to bring their own camera or use one of the CCFMTC’s digital cameras. The faculty will offer informal discussion, feedback and critique of the images.

At the conclusion of this Forensic Photography Practicum, attendees will be able to:

- Describe the methods involved in performing macro-photography.
- Explain the proper type, use and placement of scales and references.
- Express the technique and importance of the “forensic series”.
Advanced Sexual Assault Medical Forensic Course for Physicians & SAFE/SANE Exam Team Coordinators

**DAY 2: Tuesday, September 26, 2017**

**Module VI: 8:00 a.m. – 10:00 a.m.**  
*Cultural and Linguistic Competence in SAFE Care: Are You Aware and Prepared?*  
Michael L. Weaver, M.D., FACEP

As our population is increasingly diverse, this module will discuss culturally appropriate care for the sexual assault patient.

At the conclusion of this educational offering, attendees will be able to:
- Discuss different approaches to patients from different races/ethnicities, religious, gender, and sexual orientation.
- Explain cultural issues when caring for patients.
- Identify transgender issues.

**Break: 10:00 a.m. – 10:15 a.m.**

**Module VII: 10:15 a.m. – 11:15 a.m.**  
*Post Sexual Assault Prophylaxis 2017*  
Ralph Riviello, M.D., FACEP

One of the important pieces of the medical forensic sexual assault examination is post assault prophylaxis. This module will review current recommendations, challenges, and alternatives to providing emergency contraceptives (EC), STI, HIV, hepatitis, and HPV Prophylaxis for sexual assault patients.

At the conclusion of this educational offering, attendees will be able to:
- Discuss the use of STI testing in sexual assault care.
- Review appropriate care for sexual assault STI and HIV prophylaxis.
- Verbalize indications and controversies for the most recently available EC products.

**Module VIII: 11:15 a.m. – 12:15 p.m.**  
*Highly Functioning SART Teams: Vision, Values, Champions, and Best Practices*  
Marilyn Peterson, MSW, MPA

Sexual Assault Response Team (SART) is a coordinated multi-disciplinary, interagency, sexual assault intervention model. Collaboration strengthens the response of individual agencies and unites them into a coordinated team approach. No one agency can successfully handle all aspects of a sexual assault given the complexity of the crime’s nature.
At the conclusion of this educational offering, attendees will be able to:

- Describe brief developmental history of Sexual Assault Response (SART) Teams.
- List core members of multi-disciplinary SART Teams and the SARRT concept.
- Identify why the SART approach is effective for patients and stakeholders, e.g. hospitals, exam teams, law enforcement investigators, prosecutors and the larger community.
- Summarize key characteristics and best practices of highly functioning SART Teams.
- Describe victim-centered practice.

Lunch on your own: 12:15 p.m. – 1:15 p.m.

Module IX: 1:15 p.m. – 3:15 p.m.
Subpoena in My Mailbox: Role of the Expert and Knowing the Challenges
William Green, M.D., FACEP

Overview of the Criminal Justice Process
- Law enforcement investigation and prosecutorial decisions
- Prosecution and defense strategies
- Role of the Expert Witness
- Case preparation and the pretrial conference
- Testimony basics and difficult testimony issues
- Realistic assessment and conclusions
- Consistency versus diagnostic certainty
- Can the examiner determine consent?

At the conclusion of this educational offering, attendees will be able to:

- Explain the basic forensic process and goals.
- Summarize investigative and prosecutorial processes in sexual assault.
- List and discuss essential elements of the pretrial conference.
- Summarize the elements of effective testimony.
- Discuss common problematic areas in sexual assault expert testimony.
- Identify and discuss controversies.

Break: 3:15 p.m. – 3:30 p.m.
Module X: 3:30 p.m. – 4:30 p.m.
Strengthen Your Program: How to Perform Peer Review, Quality Assurance, and Journal Club Review with Your Team
Malinda Wheeler, NP, FNP, RN, SANE

Peer review, journal discussions, and quality assurance are the hallmarks of a highly functioning SAFE/SANE Team. This presentation will discuss various approaches and the role of the medical director and SAFE/SANE Team Director/Coordinator to ensure quality of patient care.

At the conclusion of this educational offering, attendees will be able to:

• Describe effective peer review procedures for a SAFE/SANE Team.
• List recommended sound quality assurance methods for SAFE/SANE Team.
• Summarize useful approaches for journal review discussion.

Module XI: 4:30 p.m. – 5:30 p.m.
Forensic Evaluation of the Child: What Do I Need to Evaluate Children in My Hospital?
Angela Vickers, M.D.

Providing diagnostic services to properly evaluate possible victims of child sexual abuse, physical abuse, and all types of neglect requires collaboration between outpatient clinics, Emergency Department, Pediatric Ward, Pediatric Intensive Care Unit, Burn Unit and consulting relationships with nearby hospitals. Hospitals benefit from a team consisting of a child abuse pediatrician, social worker(s), and mid-level practitioners to provide expert level consultation and coordination for children arriving at various hospital entry points. The other critical role of the child abuse team is to consult and coordinate with local law enforcement, children’s protective services, the prosecuting attorney’s office, and participate in multi-disciplinary case review. The Child Abuse Pediatrician also serves on the local Child Death Review Team.

At the conclusion of this educational offering, attendees will be able to:

• Describe the necessity of collaboration among medical disciplines in the evaluation of the child abuse cases.
• Identify when children need an acute referral for evaluation to a Children’s Hospital or Children’s Assessment Center.

5:30 p.m. – 6:30 p.m. Hosted Reception
Meet the Faculty and Colleagues: Grapes, Hops, and Chats
Day 3: Wednesday, September 27, 2017

Module XII: 8:00 a.m. – 10:00 a.m.
Controversies in the Field of Sexual Assault Forensic Medicine
William Green, M.D., FACEP
Ralph Riviello, M.D., FACEP
Michael L. Weaver, M.D., FACEP

The field of Sexual Assault Forensic Medicine and Nursing first emerged in 1975 in Memphis, Tennessee and early teams began operations in Houston, Minneapolis, and San Luis Obispo, California. California established an important benchmark in 1984 by establishing the basic elements of a sexual assault forensic exam in state law and required the use of a standard state form for recording exam findings. From these early beginnings, the field has developed and controversies have emerged.

Attendees will receive a copy of the new Sexual Assault Forensic Medical Glossary of Terms and Definitions produced by the CCFMTC in collaboration with experts.

- Interpretation of Genital Trauma
- Interpretations of Cervical Findings
- Role of genital trauma in the determination of consent
- Tyranny of TEARS
- Injury Severity Scales
- Colposcopes versus macro camera systems
- Toluidine Blue: potential benefits versus misinterpretation
- HPV vaccine

At the conclusion of this educational offering, attendees will be able to:
- Explain the role of genital trauma in the determination of consent.
- Discuss the challenges of proper identification and interpretation of cervical findings.
- Define and discuss TEARS.
- Describe the appropriate role of the injury severity scales.
- Compare the advantages and disadvantages of various imaging systems.
- Distinguish the advantages and disadvantages of Toluidine Blue.
- Describe the rational use of HPV vaccine in post-assault prophylaxis.

Break: 10:00 a.m. – 10:15 a.m.
Module XIII: 10:15 a.m. – 11:15 a.m.
The Yin and Yang of Strangulation: Forensic Nursing and Emergency Medicine Working Together
William Green, M.D., FACEP
Ralph Riviello, M.D., FACEP
Michael L. Weaver, M.D., FACEP

Strangulation is frequently used by the sexual assault assailant to intimidate and control the victim. Strangulation is a potentially life-threatening form of interpersonal violence and always has both medical and forensic significance. Historically, the serious risks associated with strangulation have been under-appreciated and the patients have been under-managed. The response to the patient who has been sexually assaulted and strangled must be expeditious and comprehensive. The optimum response will require the knowledge and skills of both Emergency Medicine physicians and well trained forensic nurses. This module will review the pathophysiology of strangulation, presenting signs and symptoms, evaluation and management strategies and forensic documentation.

At the conclusion of this educational offering attendees will be able to:

• Describe the pathophysiology, signs, symptoms, and risks of strangulation.
• Develop standardized local protocol for evaluation of patients reporting strangulation.
• Articulate the importance of Forensic Nursing and Emergency Medicine Physicians working collaboratively for optimal patient care.

Module XIV: 11:15 a.m. – 12:00 p.m.
Working with Advocates for Good Patient Outcomes
Marisa McCullough, San Diego Regional Center Director

Victim advocates were the original spark of the victimology movement for compassionate treatment of victims by all disciplines. Rape crisis center advocates are there for the patient long after the patient leaves the exam room, during the criminal investigation and prosecution, and afterward, if the case does not move forward. They play a key role in patient care, advocacy in the criminal justice system, ensuring access to victim compensation for medical and mental health care, advocating for public policy initiatives at the Federal, State, and community level to improve care for victims.

At the conclusion of this educational offering, attendees will be able to:

• Define the role of the advocate in the care of sexual assault patients.
• Describe the effective integration of the advocate into provision of immediate and follow up care for the sexual assault patient.

Lunch on your own: 12:00 p.m. – 1:00 p.m.
Module XV: 1:00 p.m. – 3:00 p.m.

Neurobiology of Sexual Trauma: Impact on Victims and Their Ability to Recall Events
John D. Preston, Psy.D, Professor, Author, Trainer

Following sexual assaults, all victims are significantly emotionally traumatized. This often leads to brain changes that affect the patient’s ability to communicate effectively, and interfere with interviewing and examining the patient. It is important to understand the unique problems that such victims experience. The talk will also include newly developed interview strategies that lessen the emotional impact of the examination and make it easier to obtain information from the victim.

At the conclusion of this educational offering, attendees will be able to:
• Define the nature of neurological changes that often interfere with cognitive functioning which may lead to more difficulty in examining the patient.
• Discover practical approaches to interviewing and examining traumatized patients.
• Consider the role of psychiatric medications for treatment of acute trauma.

Break: 3:00 p.m. – 3:15 p.m.

Module XVI: 3:15 p.m. – 4:45 p.m.

SAFE Medical Directorship: Are You Really Prepared?
William Green, M.D., FACEP
Ralph Riviello, M.D., FACEP
Michael L. Weaver, M.D., FACEP

This presentation will review the core elements of providing medical oversight and leadership of sexual assault care for established SANE and SAFE programs or for physicians in institutions with only policies for emergency department nurses.

At the conclusion of this educational offering, attendees will be able to:
• State how to identify and support medical directors.
• Discuss staff training, protocols, quality assurance, community alliances, follow up, and funding issues related to running a successful program.
• Define the physician’s role in case review.
• Describe the transition to a full forensic care program.

Adjournment: 4:45 p.m.
William Green, M.D., FACEP, was founding co-chair of the American College of Emergency Physicians, Forensic Section, in 2007. He was asked to serve as an advisor to the U.S. Department of Justice in its development of the National Protocol for Sexual Assault Medical-Forensic Examinations and to the first White House Roundtable on Sexual Violence in 2011. Dr. Green served as Medical Director for 20 years for the University of California, Davis Medical Center’s SAFE Team in Sacramento, CA, and is currently the Medical Director of the California Clinical Forensic Medical Training Center (CCFMTC) www.ccfmtc.org.

Ralph Riviello, M.D., MS, FACEP is Professor and Vice-Chair of Clinical Operations, Department of Emergency Medicine, at Drexel University, Philadelphia, PA. In addition to being a board-certified emergency physician, he holds a Masters in Forensic Medicine. Dr. Riviello also serves as Medical Director for the Philadelphia Sexual Assault Center. Dr. Riviello is also a member of the Advisory Panel and Faculty for the Training Institute on Strangulation Prevention. He is the editor of the textbook, “Manual of Clinical Forensic Emergency Medicine: Guide for Clinicians”. He is Past-Chair of the American College of Emergency Physicians Forensic Medicine Section. He served as a Committee Member to the US Department of Justice in its development of the National Protocol for Pediatric Sexual Assault Medical-Forensic Examinations and Planning Committee for the SANE Program Development and Operation Guide. He is a nationally known expert in the field of clinical forensics and sexual assault.

Michael L. Weaver, M.D., FACEP, was founding co-chair of the American College of Emergency Physicians, Forensic Section, in 2007. He was asked to serve as an advisor to the Department of Justice in its development of the National Protocol for Sexual Assault Medical-Forensic Examinations and to the first White House Roundtable on Sexual Violence in 2011. Saint Luke’s Hospital was the first private sexual assault center in the United States. Dr. Weaver has been the medical director since 1980 through the establishment of their SANE program to their evolved Clinical Forensic Care Program for sexual assault, interpersonal violence, and elderly and child abuse.
Faculty

Marisa McCullough has been the Director of Training at the San Diego Regional Training Center for the past 6 years. In this capacity, she develops, implements and coordinates all POST certified courses under the Violence Against Women Act contract as well as all local public agency course offerings within San Diego county. She supervises instructors, course coordinators, independent consultants; and, produces program training materials and curriculum development for courses including a counseling training curriculum.

Marisa worked as a Victim Advocate at the University of California, Davis Campus Violence Prevention Program and Police Department for 5 years from January, 2006 – October, 2011. In that capacity she was responsible for program management – developing, implementing and coordinating the 24 hour crisis intervention services, victim case management, supervised volunteers, produced educational materials and provided research assistance to faculty and students. She was strongly engaged in Community Relations and Training with Yolo County and Sacramento County law enforcement, UC Davis Campus, and UC Davis Medical Center. She conducted national training seminars for the California Coalition Against Sexual Assault (CALCASA), local community colleges and universities, state agencies and various community groups.

From March 2006 to present she has taught various courses for Peace Officer Standards and Training (POST) and the Institute of Criminal Investigations (ICI). She is a Certified Instructor with the Robert Presley Institute of Criminal Investigations and a Certified Master Instructor through the Commission on Peace Officer Standards and Training. Marissa has also taught extensively for the California Clinical Forensic Medical Training Center (CCFMTC) Adult/Adolescent Sexual Assault Forensic Examination Training Program for many years.

Marisa earned a Bachelor’s of Science in Biological Sciences and Psychology from the University of California, Davis in 2005 and graduated with high honors. She received numerous awards including the Distinguished Service Commendation, University of California Police Department Police Chiefs for her work at the University of California, Davis as a Victim Advocate.

Marilyn Peterson, MSW, MPA has a distinguished history in California policy and program development. Ms. Peterson was hired as the first Director of the Yolo County Rape Crisis Center (1976-1980). She was then recruited by the Governor’s Office of Criminal Justice Planning in 1980 to serve as Chief, Sexual Assault and Child Sexual Abuse Branch for seven years. In that capacity, she was assigned in 1984 to implement new legislation requiring the establishment of a statewide forensic medical examination protocol for sexual assault and child sexual abuse victims and the implementation of a statewide training program. Together with an advisory group, Ms. Peterson created a paradigm shift for California hospitals, law enforcement agencies, and prosecutors’ offices by creating a standardized forensic medical exam protocol and a required sexual assault forensic medical report form, first implemented in 1987 and revised in subsequent years.

In 1988, Ms. Peterson was recruited by the University of California, Davis Medical Center Department of Pediatrics to develop and implement a child abuse medical assessment, mental health treatment, and a statewide training program. The UCDMC CAARE Diagnostic and Treatment Center was featured in a children’s hospital publication as one of the top five in the United States. Ms. Peterson together with colleagues Dr. John McCann and Dr. William Green developed the California Clinical Forensic Medical Training Center implemented at UC Davis from 1996-2010.

In 2011, Ms. Peterson was recruited by the California District Attorneys Association (CDAA) to serve as director of the California Clinical Forensic Medical Training Center (www.ccfmtc.org) after the statewide
training grant was awarded to CDAA for implementation. Ms. Peterson has also sparked several legislative initiatives to improve the systems’ response to sexual assault most recently establishing the SART concept in the California penal code, standardizing sexual assault evidence kits used by crime laboratories, and other initiatives.

Ms. Peterson received her bachelor’s degree from Gustavus Adolphus College, St. Peter, Minnesota, and two Masters degrees in Social Work and Public Administration from California State University, Sacramento.

John D. Preston, Psy.D is a board certified neuropsychologist, and ABPP in counseling psychology. He is the author or co-author of twenty-one books on various topics including psychopharmacology, psychological assessment, neurobiology and psychotherapy. His books have been translated into 14 foreign languages. He has been in clinical practice for 35 years and a workshop presenter for the past 25 years. He has lectured in many locations throughout the North America, as well as in Africa, Europe and Russia. Dr. Preston received is Psy.D in Clinical Psychology from Baylor University, Waco, Texas. He had a private practice in Clinical Psychology for 18 years in Sacramento, was employed as a Clinical Psychologist at Permanente Medical Group in Sacramento for 7 years and served as Chief Psychologist for two years. Dr. Preston has extensive teaching experience. He has been a Professor at Alliant International University, Sacramento since 1999, and was awarded Professor Emeritus status in 2009. He has also taught at the University of California, Davis School of Medicine in the Department of Psychiatry and Department of Family and Community Medicine.

Angela Vickers, M.D. is Board Certified in Child Abuse Pediatrics and General Pediatrics. She is a Stanford graduate, attended Medical School at the University of California, San Diego (UCSD), and completed her Residency in Pediatrics at UCSD Medical Center. Currently, Dr. Vickers is the Medical Director of the Sutter Hospital BEAR Program, Sacramento and previously was Associate Medical Director of the UC Davis Children’s Hospital CAARE Diagnostic and Treatment Center. In her capacity as medical director of child abuse programs for these hospitals, she serves as a Child Abuse Consultant to the PICU, Pediatric Ward, Pediatric Emergency Room, and outpatient clinic serving adult, adolescent and child victims of sexual assault/abuse. Dr. Vickers also has a Foster Care Health Screening Program in conjunction with Sacramento County Children’s Protective Services. She has many scholarly publications and presentations. Dr. Vickers is a member of the prestigious Helfer Society on Child Abuse and Neglect among many other professional memberships.

Malinda J. Wheeler, RN, FNP, SANE-A, SANE-P developed one of the first in the nation private nursing corporations employing sexual assault nurse examiners, Forensic Nurse Specialists, Inc. in Long Beach, California. Malinda is the owner and President. She holds several contracts with cities, universities, counties and hospital systems. Forensic Nurse Specialists currently provides services to over 55 law enforcement agencies in the Los Angeles and Orange county area.

She received her bachelor’s degree of Nursing from Niagara University, NY, her master’s degree from UCLA as a Clinical Nurse Specialist in Critical Care and her Family Nurse Practitioner certificate from California State University, Long Beach. Malinda was a Professor of Nursing for Long Beach City College 10 years and has worked as a Family Nurse Practitioner in various settings. She is nationally certified as a sexual assault nurse examiner in the areas of pediatrics, adolescents and adults.

Malinda is past member on the Board of Directors for the International Association of Forensic Nurses, Forensic Nurse Certification Board and is Founding President of the So. California Chapter of IAFN. She was co-chair of the Los Angeles Sexual Assault Coordinating Council for 4 years and helped established certification requirements for all SART Centers in Los Angeles County. Currently Malinda is a board
member with the Children’s Advocacy Center in Covina, as well as a child forensic interviewer with the CAC. Malinda is currently a trainer and consultant for the California Clinical Forensic Medical Training Center. She has helped develop curriculum for the state law enforcement educational requirements on sexual assault and domestic violence. Malinda has consulted and lectured extensively on Sexual Assault, Child Sexual Abuse, Domestic Violence, Strangulation and Drug Facilitated Sexual Assault.

**California Clinical Forensic Medical Training Center (www.ccfmtc.org)**

The California Clinical Forensic Medical Training Center (CCFMTC) was established by state law in 1995 to increase access by victims of interpersonal violence to trained nursing and medical professionals. The California legislature determined that access to healthcare professionals knowledgeable about medical evidentiary examinations and psychological trauma caused by violence and abuse was uneven in both rural and urban areas throughout California. As a result, PC 13823.93 was enacted to meet this need and create this public policy direction. The Center is primarily funded by the California Governor’s Office of Emergency Services (Cal OES) with Federal and State funds. The CCFMTC provides basic, advanced, and specialized training for healthcare providers, develops and provides training on the standardized forensic medical report forms, produces training DVDs and publications, and is actively engaged in research. The CCFMTC is part of the California District Attorneys Association (www.cdaa.org).

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Missouri State Medical Association through the joint providership of Institute for International Medicine (INMED) and California Clinical Forensic Medical Training Center. The Institute for International Medicine is accredited by the Missouri State Medical Association to provide continuing medical education for physicians.

Institute for International Medicine designates this live activity for a maximum of 24.50 *AMA PRA Category 1 Credit(s)™*. Physicians should only claim credit commensurate with the extent of the participation in the activity.