Sexual Assault

Sexual Assault Nurse Examiners’ Experiences Providing Expert Witness Court Testimony

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Sexual assault victims are often advised to seek medical care immediately post-assault for forensic evidence collection. Traditionally, hospital emergency department (ED) physicians have performed these exams, often reluctantly because as Littel (2001) and Martin (2005) noted, many doctors do not want to testify in court (see also Crandall & Helitzer, 2003; Ledray, 1992; Ledray & Barry, 1998). Providing court testimony can be time consuming as it is not uncommon for cases to be delayed or rescheduled on short notice (Ledray & Barry, 1998), which can be problematic for ED staffing schedules. In addition to these logistic complexities, when medical professionals are called as witnesses in sexual assault cases, they must be ready to field questions regarding qualifications, training, and credentials – in addition to remembering precise details of the case at hand. Because ED physicians typically do not have extensive training in forensic evidence collection (Littel, 2001), responding to these kinds of questions may be difficult and may further contribute to their reluctance to testify (Ledray & Barry, 1998).

Yet, for the forensic nursing specialty, these challenges became opportunities for expanding the role of Sexual Assault Nurse Examiners (SANEs) (Ledray, 1999; Ledray & Arndt, 1994; Littel, 2001; Selig, 2000). Since the widespread emergence of SANE programs throughout the 1980s and 1990s, forensic nurses have sought specialized training in comprehensive patient care, evidence collection techniques, and court testimony (Ledray, 1998). Despite the central role of court testimony in the work of SANEs, very little is known about their experiences as expert witnesses. The purpose of the current study was to address this gap in the literature by interviewing nurses from a national random sample of SANE programs about their most recent experience providing expert witness court testimony.

If a sexual assault case is prosecuted, a SANE may provide factual or expert witness testimony at the trial (Ledray & Barry, 1998). In factual witness testimony a SANE provides information about exactly what occurred in her/his interactions with the victim (evidence collected, injuries sustained, etc). If a SANE is qualified by the court as an expert, she/he can testify not only about evidence collected and the facts of the case, but also about opinions and conclusions that can be drawn from the evidence. Daubert v. Merrell Dow Pharmaceuticals (1993) clarified the standards for admissibility of expert evidence, emphasizing that reliable scientific evidence must provide the foundation for the studies cited in the expert’s testimony.
for testimony (see Groscup [2004] and Sales & Shuman [2005] for reviews). Key considerations for admissibility as an expert include the witness’s knowledge, skills, experience, training, education, certifications, and other professional credentials (Federal Rules of Evidence [FRE] 702, 703) – all of which are addressed in the training and certification of forensic nurses (IAFN, 2006; United States Department of Justice, 2006).

To date, there is limited case law specifically on SANEs as expert witnesses (see Gonzalez v. State of Texas [1991], United States v. Withorn [2000], State v. Humphrey [2001]), but the landmark Supreme Court ruling in Crawford v. Washington (2004) established that if victims make statements for medical treatment, SANEs can testify about those statements under the usual hearsay rules pertaining to medical treatment and diagnosis (see Phillips, 2004a,b; 2005a,b for more analysis of Crawford).

In the literature on sexual assault forensic nursing, there is minimal published work specifically on what SANEs encounter in their court testimony experiences. Based on her extensive practice, Ledray noted it is important for SANEs to work with attorneys before trial to review the case so they will know what facts they will be asked to testify about in order to be adequately prepared (for example, specific injuries or the lack of thereof) (Ledray & Barry, 1998).

At trial, it is not atypical for SANEs to have difficult experiences with opposing attorneys regarding their qualifications, competence, and quality of evidence. As Ledray and Barry (1998) advise, “She [the SANE] should expect to be vigorously cross-examined about her credentials, her findings, and perhaps even her character” (p. 287). Similarly, the literature on psychologists as expert witnesses echoes many of these same points (Brodsky, 1991; 1999; 2004). For instance, Blau (1998) noted that although psychologists have been providing expert witness testimony for over 100 years, they continue to be challenged on their credentials, qualifications, and competency.

Brodsky (1991) distinguished three ways attorneys attack witnesses’ credibility by questioning their experience:
1. Arguments of insufficient experience (witness does not have enough practice)
2. Arguments of irrelevant experience (witness does not have enough directly relevant practice)
3. Claims that experience is not predictive of competency (witness’s opinions are essentially no more informed than a lay person’s)

Psychologists and other professionals should expect these challenges in court and they should be responded to with “...knowledge of the literature and affirmation of the worth of your own experience” (Brodsky, 1991, p. 26).

Although it is not well-documented what SANEs specifically experienced when they testify as experts, it appears that the information they provide is helpful to prosecutors. Littel (2001) stated that “prosecutors have found SANEs to be credible witnesses in court as a result of their extensive experience and expertise in conducting evidentiary exams” (p. 7).

Some case study reports suggest SANEs’ expert witness testimony is instrumental in obtaining convictions (O’Brien, 1996; Smith, 1996, as cited in Ledray, 1999). In a large-scale New Mexico study, Crandall and Helitzer (2003) found prosecution rates significantly increased before and after implementation of a SANE program, but members of the legal community had mixed views about the contributive impact of SANEs’ testimony. Key informant interviews highlighted the utility of SANEs’ testimony regarding factual elements of the case, such as evidence collection procedures and documentation, but “doctors hold more weight with juries than nurses, even though they may not be as well prepared, do not see testifying as part of their job, and are less cooperative and available...the lack of MD testimony could be a disadvantage with juries, especially if expert medical testimony is needed” (p. 58, emphasis added).

Developing an empirical knowledge base on SANEs as expert witnesses is needed, and as such, this study had two main objectives.

First, through interviews with nurses from a national random sample of SANE programs, our goal was to obtain descriptive information about nurses’ expert testimony experiences such as: who from their programs provides testimony, whether the participants had ever provided expert witness testimony, and if so, to describe their most recent experience providing testimony. Follow-up questions explored the difficulties they encountered (if any), the types of questions they were asked in testimony, and the case outcome.

The second goal was to determine whether characteristics of the nurses or the SANE programs with which they were affiliated predicted whether SANEs experienced difficulty during their expert testimony. The limited literature on this topic suggests education, training, and experience are key determinants of whether nurses may be qualified as experts and how they are treated by attorneys (Ledray & Barry, 1998). In this study, two binary logistic regression models were evaluated. One examined nurse characteristics as predictors, such as age, education, and SANE experience; the second considered aspects of the SANE programs such as program age, size, and location as well as the relationship of the program with local legal communities.

Method

Sample. A sampling frame of 288 SANE programs in the United States that serve adult sexual assault victims was generated by searching multiple databases and published sources (see Campbell et al., 2005, for more details regarding the development of the sampling frame). A random sample of 144 programs was selected and the program directors were contacted by phone to request their participation in this study. Twenty programs were no longer in existence or served only child victims (thereby excluding them from the sampling frame) and 24 programs declined to participate, yielding a final sample of N=110 with an 89% response rate.

The most experienced SANE from each sampled program participated in a phone interview; in this study
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“most experienced” was operationalized as the nurse who had been performing sexual assault patient exams the longest in her/his career. On average, these nurses were 44.06 years old (SD=7.26 years), 99% were female, and 97% were Caucasian. Nearly all were RNs (97%) and 16% had an associate degree, 43% a bachelor’s degree, and 7% a graduate degree. The nurses had been working as a SANE for 5.16 years on average (SD=3.95 years) with a range of 5 months to 26 years.

Procedure. The program director at each sampled program was contacted by phone, the purpose of the study explained, and the name of the most experienced SANE in the program requested (in many instances this was the program director). That SANE (if different from the program director) was contacted directly to seek her/his consent to participate in a confidential telephone interview. Consent to participate was obtained orally and a copy of the consent form was faxed to all nurses who agreed to participate to keep for their records. If either the program director or the most experienced SANE within a program declined to participate, a new program was randomly selected as a replacement and the recruitment procedures were repeated with a new program. The telephone interviews were conducted by the seven authors of this paper, all of whom participated in a 20-hour team training program on interviewing techniques (see Dillman, 1978; 1999, for details regarding the Total Design Method/Tailored Design Method, which guided the administration of the interviews). The interviews lasted on average 63.15 minutes (SD=17.93 minutes). The procedures used in this study were approved by the University of Illinois at Chicago’s and Michigan State University’s Institutional Review Boards for the ethical protection of human subjects in research.

Measure. The interview protocol was created specifically for this study, informed by prior national surveys of SANE programs (Ciancone et al., 2000; Ledray, 1997a; 1997b) (see Campbell et al. [2005] for more details regarding the development of the interview protocol).

This paper presents findings from the sections of the interview pertaining to the nurses’ experiences providing expert witness court testimony. Given the minimal empirical research on this topic, open-ended questions were used to solicit information on five topics:

1. Who in the SANE program provides expert witness testimony
2. Whether the SANE interviewed for this study has ever personally testified as an expert in a case, and if so, how many times in her/his career
3. Those who have provided expert witness testimony were then asked to reflect on their most recent testimony:
   3.1. What happened in that experience, with follow-up probes to explore what was difficult or problematic about that experience (if applicable)
   3.2. What kinds of questions the SANE was asked during that testimony
   3.3. The outcome of that case (conviction, acquittal, plea bargain)

The participants answered these five focal questions in their own words, and interviewers coded the themes mentioned in their answers in real time (as the participants talked, the interviewer checked off what was mentioned in their answers from a predescribed list of possible answers). To develop the thematic codes, pilot interviews were conducted to obtain sample answers and to develop a list of possible codes for the answers. If a participant mentioned a theme in her/his response, that code was marked “1=yes, mentioned by participant” (or 0=no, not mentioned by participant). For these questions, participants could have mentioned multiple themes for each question and could have multiple codes for each question. Inter-rater reliability was achieved through weekly research meetings in which interviews were discussed and questions resolved through group consensus.

Results

When cases from their programs go to court, the SANEs who performed the exam are usually the ones who testify (94%), but in some programs, both the SANE and the program’s supervising doctor testify (5%). In less than 1% of the programs surveyed, doctors provide testimony, instead of SANEs, even if they did not perform the exam.

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Most of the nurses who participated in this study have provided expert testimony in their careers as SANEs (n=80, 73%), on average 15.71 times (SD=19.78).

Those who have provided testimony were asked to describe their most recent experience in court and all subsequent analyses were performed on this subsample of n=80 SANEs. These SANEs were asked the open-ended question, “What was that experience [your most recent expert testimony] like?” and their answers formed two naturally-occurring, mutually-exclusive groups: n=34 (43%) described their most recent court testimony appearance as “fine” with no major or minor problems (“no difficulties” group), and n=46 (58%) stated that they encountered problems (“difficulties” group).

In light of the participants’ markedly distinct answers, understanding what differentiated “no problems” from “problematic” became a topic for further questioning in the interview and a focal issue in data analysis. Follow-up probes were used to capture what was problematic about the court experiences for the SANEs who characterized their most recent case as difficult. Many of these nurses described testifying as an emotionally unnerving experience, but they also reported encountering difficulties with both defense attorneys and prosecutors regarding the credibility of the victim, the quality of the evidence, and their qualifications as SANEs. Table 1 provides sample narrative quotes from nurses describing each of these difficulties.

<table>
<thead>
<tr>
<th>Open-Ended Response</th>
<th>% Who Mentioned</th>
<th>Sample Narrative Data/Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testifying was emotionally unnerving</td>
<td>n=39, 49%</td>
<td>“It was difficult...I felt very on-edge, anxious...I wanted to make sure I was 100% accurate and clear and I worried about getting my words twisted.”</td>
</tr>
<tr>
<td>Difficulties with defense attorney regarding the victim</td>
<td>n=20, 25%</td>
<td>“He [the defense attorney] tried to rattle me; lots of questions about her [the victim’s] credibility. Lots of questions about if the evidence backed her up...questions if she was telling the truth. He practically called her [the victim] a whore.”</td>
</tr>
<tr>
<td>Difficulties with defense attorney regarding exam/evidentiary findings</td>
<td>n=18, 23%</td>
<td>“I got questions about whether the evidence was right, did I make it up, fabricate it, did I collect it right, was it really there. Also lots of questions about whether the injury was really there and whether I identified it correctly.”</td>
</tr>
<tr>
<td>Difficulties with defense attorney regarding SANE qualifications</td>
<td>n=10, 12%</td>
<td>“On both sides [both defense and prosecutor] I had to go through my qualifications. [I] expect questions to establish my credentials, but [this time] it was different, I was really questioned, like, are you really qualified to do this? What makes you think you can do this? He talked down to me and acted like I didn’t know what I was talking about.”</td>
</tr>
<tr>
<td>Difficulties with prosecutor regarding preparedness</td>
<td>n=10, 12%</td>
<td>“She [the prosecutor] was unprepared and she didn’t know what to do with me and my testimony. She didn’t know how to use it to make her case. It was very frustrating because I can only answer the questions I’m asked and she didn’t know what to ask.”</td>
</tr>
</tbody>
</table>

Note: Percentages do not total 100% as the respondents could provide multiple answers.

Table 1. Nurses’ Characterizations of Their Most Recent Expert Witness Testimony Experience

As might be expected, whether the nurses characterized their testimony experiences as difficult was related to the ultimate outcome of the case. Overall, 56% of the SANEs’ most recent testimony cases resulted in convictions, 22% in plea bargains, and 22% in acquittals. However, difficult testimony experiences were significantly associated with acquittals as opposed to convictions or plea bargains (χ² [2, N=69]=7.14, p<.05). Specifically, within the acquittal cases, 74% were characterized by the nurses as difficult testimony experiences, and only 26% were characterized as non-problematic. Chi square analyses were used to examine the relationship between the type of difficulties

2Ten nurses did not yet know the outcome of their most recent expert testimony case at the time of their interview for this study.
encountered in testifying (see list in Table 1) and case outcome. When the nurses encountered difficulties from defense attorneys regarding victims’ credibility, the case was significantly more likely to end in an acquittal ($\chi^2 [2, N=69] = 11.99, p<.01$). When defense attorneys raised concerns regarding the quality of the exam/evidentiary findings or the nurses’ qualifications as SANEs, the cases were significantly more likely to end as acquittals or plea bargains: $\chi^2 (2, N=69)=9.66, p<.05$, and $\chi^2 (2, N=69)=21.21, p<.001$, respectively.

To determine whether difficult expert testimony experiences were a function of either characteristics of the nurses themselves or the SANE programs with which they were affiliated, two multivariate binary logistic regression models were analyzed.3 In both equations, the dependent variable was whether the nurse characterized her/his most recent testimony experience as difficult (“no difficulties” group [coded=1] vs. the “difficulties” group [coded=0]).

In the first model, the independent variables were five characteristics of the nurses: their age, how long they had been a SANE, whether they worked as an administrator or patient-care ED nurse (in their non-SANE nursing work), their highest education level attained, and whether they had completed additional forensic nursing training after their initial training to become a SANE. This model was statistically significant (LR $\chi^2 [5, N=77]=20.49, p<.001$), and could correctly classify 75% of the cases into the “no difficulties”/“difficulties” groups (see Table 3 for Wald tests, odds ratios, and 95% confidence intervals).

Younger nurses and those who worked as administrators were significantly more likely to report that they encountered no difficulties in their most recent expert testimony experience. The longer a nurse had worked as a SANE, she/he was more likely to report a positive court experience. The nurses’ education level was not significant, but there was a trend such that nurses who had completed additional forensic nursing training were somewhat more likely to report no difficulties in recent expert testimony.

The second logistic regression model examined five characteristics of the SANE programs with which these nurses were affiliated: how long program had been in existence, whether the program was hospital- or community-based, the number of patients seen in the past year, whether the program was created in collaboration with local police and prosecutors (vs. created through the efforts of hospital/medical staff only), and rating of quality of relationship with prosecutor’s office. This model was also statistically significant (LR $\chi^2 [5, N=77]=15.11, p<.01$), and could correctly classify 69% of the cases into the “no difficulties”/“difficulties” groups (see Table 4 for Wald tests, odds ratios, and 95% confidence intervals).

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### Table 2.
**Nurses’ Accounts of the Questions They Were Asked in Their Most Recent Expert Witness Testimony Experience**

<table>
<thead>
<tr>
<th>Questions Asked During Expert Testimony</th>
<th>Overall %</th>
<th>% “No Difficulties” Group</th>
<th>% “Difficulties” Group</th>
<th>Differences in Proportions Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was collected in exam</td>
<td>n=64, 80%</td>
<td>n=29, 85%</td>
<td>n=35, 76%</td>
<td>NS</td>
</tr>
<tr>
<td>SANE’s training/qualifications</td>
<td>n=62, 78%</td>
<td>n=26, 77%</td>
<td>n=36, 80%</td>
<td>NS</td>
</tr>
<tr>
<td>Victim’s injuries</td>
<td>n=61, 76%</td>
<td>n=28, 82%</td>
<td>n=33, 73%</td>
<td>NS</td>
</tr>
<tr>
<td>Victim’s description of assault</td>
<td>n=60, 75%</td>
<td>n=20, 59%</td>
<td>n=40, 87%</td>
<td>z (79) = 2.43 *</td>
</tr>
<tr>
<td>If evidence corroborated victim’s story</td>
<td>n=30, 38%</td>
<td>n=7, 23%</td>
<td>n=23, 77%</td>
<td>z (79) = 3.89 **</td>
</tr>
<tr>
<td>Victim’s demeanor/character</td>
<td>n=18, 23%</td>
<td>n=2, 11%</td>
<td>n=16, 89%</td>
<td>z (79) = 2.04 *</td>
</tr>
</tbody>
</table>

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### Table 3.
**Logistic Regression Model Predicting Court Testimony Experiences by Nurse Characteristics**

<table>
<thead>
<tr>
<th>Characteristic of the Nurse</th>
<th>Wald Test</th>
<th>Odds Ratio</th>
<th>95% CI for Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>9.79**</td>
<td>.87</td>
<td>.79 - .95</td>
</tr>
<tr>
<td>How long been a SANE</td>
<td>4.83*</td>
<td>2.03</td>
<td>1.09 – 6.33</td>
</tr>
<tr>
<td>Administrator (vs. ED nurse)</td>
<td>3.96*</td>
<td>1.57</td>
<td>1.01 – 5.68</td>
</tr>
<tr>
<td>Highest education level</td>
<td>.24</td>
<td>.97</td>
<td>.75 – 1.62</td>
</tr>
<tr>
<td>Received ongoing SANE training</td>
<td>3.33a</td>
<td>1.10</td>
<td>.99 – 3.58</td>
</tr>
</tbody>
</table>

*p<.01
*p<.05
a p=.10

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3Two separate equations were analyzed to maximize statistical power and to maintain an appropriate subjects-to-variables ratio for the limited sample size available for these analyses (Tabachnick & Fidell, 2001).
long a program had been in existence and whether it was hospital- or community-based had no significant bearing on whether nurses reported positive expert testimony experiences. SANEs from programs that treated more patients per year were more likely to report that their most recent court testimony experience was fine. Nurses affiliated with SANE programs that were created in collaboration with the legal community and those who had more positive relationships with their local prosecutors’ office were also more likely to report no difficulties in their most recent testimony case.

**Discussion**

Most of the nurses interviewed for this study have provided expert witness testimony in their careers as SANEs (73%). When asked to describe their most recent court experience, 43% characterized it as “fine” with no difficulties and 58% mentioned that they had encountered problems.

Because the nurses’ answers were so clearly distinct, a key focus of this study was to understand what distinguishes difficult expert testimony experiences. Whereas it is probable that there are many shades of gray in what makes for a problematic court experience, the results of this study suggest that intensive questions about the credibility of the victim was a consistent feature. The nurses reported that typical challenges from defense attorneys focused on the victim’s demeanor, the veracity of the victim’s account of the assault, and whether the evidence corroborated the victim’s story. This finding is not surprising as Ledray and Barry (1998) cautioned that these tactics from the defense should be expected. In addition, the SANEs may have characterized these kinds of questions as problematic because they deal with topics that are typically not within the purview of what they can testify to as experts. This possibility was not directly examined in this study, but seems probable because emerging case law stipulates that SANEs focus on the nature of documented injury and other obtained evidence, not the believability of the victim (Michigan Judicial Institute, 2002).

When SANEs encountered difficulties from defense attorneys regarding victims’ credibility, the case was significantly more likely to end in an acquittal. It is essential to note that this study did not collect data from judges and juries, so it is impossible to know why these cases were acquitted and what role, if any, the SANEs’ testimony had in the decision not to convict. Moreover, because we do not have information about each case, we do not know if these were “weaker” cases to begin with that were less likely to result in conviction. Yet, these data do highlight a significant relationship with critical implications for how SANEs prepare for their testimony experiences.

These findings suggest that initial and advanced SANE training should expand practice for handling the intensity of probable questions during cross examination, and for establishing boundaries of admissible topics for testimony. Courtroom observation is required by IAFN to sit for the SANE-A certification exam but additional training such as role plays, mock trials, and review of court transcripts in staff meetings are currently used by many SANE programs (R. Diegel and J. Ferrell, personal communication, January 16, 2006), and could be expanded through program-to-program mentoring networks. In addition, research on psychologists as expert witnesses has found that video feedback is an effective training strategy for improving communication (Brodsky, 2004) (see also Boccaccini, 2002 for a comprehensive review of social science research on witness preparation).

SANEs also encountered challenges to their qualifications and skills as forensic examiners. The debate regarding nurses’ role in medical forensics is long-standing (DiNitto et al., 1986) and despite growing empirical evidence affirming SANEs’ skills in evidence collection (Sievers, Murphy, & Miller, 2003) and patient care (see Campbell, Patterson, & Lichty, 2005 for a review), this issue continues to be raised by attorneys.

The findings of this study suggest that such lines of questioning may be successful for the defense because challenges to the quality of the exam/evidentiary findings or the nurses’ qualifications as SANEs were significantly associated with acquittals or plea bargains.

Again, it is important to acknowledge that case details were not captured in this study, so it is unknown how and why such questioning affected case outcome. As case law continues to evolve regarding the admissibility of SANEs’ testimony as expert witnesses, it is important that individual practitioners be prepared to defend their qualifications. Building and disseminating an empirical knowledge base regarding the effectiveness of

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**Table 4. Logistic Regression Model Predicting Court Testimony Experiences by SANE Program Characteristics**

<table>
<thead>
<tr>
<th>Characteristic of the SANE Program</th>
<th>Wald Test</th>
<th>Odds Ratio</th>
<th>95% CI for Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long the program has been in existence</td>
<td>1.19</td>
<td>.92</td>
<td>.65 – .99</td>
</tr>
<tr>
<td>Hospital-based (vs. community-based)</td>
<td>.78</td>
<td>.88</td>
<td>.44 – 1.00</td>
</tr>
<tr>
<td>Number of patients served in the past year</td>
<td>4.32*</td>
<td>2.51</td>
<td>1.34 – 7.02</td>
</tr>
<tr>
<td>Program created in collaboration with legal community (vs. created through efforts of medical community only)</td>
<td>3.57*</td>
<td>1.85</td>
<td>1.01 – 4.21</td>
</tr>
<tr>
<td>Rating of the relationship between the SANE program and prosecutors’ office</td>
<td>3.79*</td>
<td>2.08</td>
<td>1.15 – 5.98</td>
</tr>
</tbody>
</table>

* p<.05
SANEs is critical for sustaining nurses’ place in the courtroom.

Based on these findings, what can SANEs and SANE programs do to try to make positive expert testimony experiences more probable? The logistic regression results revealed that nurses younger in age, those more experienced as SANEs, and those who worked as administrators were more likely to report no difficulties in their most recent expert testimony experience. This finding may reflect emerging trends in the field of forensic nursing – younger nurses can begin specialization in these topics quite early in their careers.

The availability and quality of professional training has likely increased with the rapid expansion of SANE programs and the growth of scientific scholarship on forensic nursing. Moreover, as SANE trainers have gained more experience providing expert witness testimony in their own careers, they have been able to pass that knowledge on to younger nurses, helping them start their careers with a better understanding of the intricacies of this professional role (R. Diegel and J. Ferrell, personal communication, January 16, 2006).

Post-hoc exploratory analyses lend some support to this idea: in our entire sample of N=110 SANEs, age and years of experience as a SANE were significantly positively correlated (r=.26, p<.05), but among the n=80 who have provided expert testimony (the subsample that was the focus of this paper), age and experience were not significantly correlated (r=.09, NS). In other words, younger nurses who have provided expert testimony did not have substantially less professional experience as a SANE.

In the logistic regression analyses, a trend emerged suggesting that additional professional training (post-initial training to become a SANE) may also be related to positive court experiences. Taken together, these variables emphasize the importance of experience. For SANEs building their professional portfolios, seeking training opportunities for more exposure to court work and increasing their credentials through specialized certifications (beyond SANE-A) may be beneficial.

At the program level, nurses affiliated with larger SANE programs and those with stronger collaborative relationships with their prosecutors were more likely to state that their recent testimony was nonproblematic. Larger programs typically treat more patients, giving more opportunities for nurses and attorneys to interact and establish how the knowledge and expertise of SANEs can be used in sexual assault cases.

Forging relationships with prosecutors is a wise investment from the very inception of SANE program planning.

As noted previously, in difficult testimony experiences, SANEs were questioned on topics that are typically beyond what they can testify to as experts; stronger relationships between SANE programs and attorneys may help establish clearer boundaries regarding admissible testimony. For well-established SANE programs, these findings emphasize the importance of continuing to strengthen collaborative relationships with the legal community. For the creation of new SANE programs, forging relationships with prosecutors is a wise investment from the very inception of program planning.

There are several limitations of this study that must be noted as they temper the strength of the conclusions that can be drawn from this work. First, we asked the SANEs if they had ever provided expert testimony, and if so, proceeded to explore what happened in their most recent case; however, this study did not document how these nurses qualified as experts in their most recent case (what knowledge, skills, experience, and expertise did they possess that allowed them to be qualified as experts?). Williams (2006) recently cautioned forensic nurses about stepping into the role of expert prematurely, so documenting what is necessary to become an expert witness, as opposed to a factual witness, will be important in future research on this issue.

Second, the frame of reference in our interview was the nurses’ most recent case providing expert witness testimony, which may or may not have been typical of their collective experience of court work. Without such typicality ratings, it is difficult to know whether the problems nurses encountered in these most recent cases were unique. On the other hand, our sample size was reasonably large (N=110 overall, n=80 who had provided expert testimony), so it is likely that many cases were representative of what nurses commonly encounter in court.

Finally, to protect patient/case confidentiality, the SANEs were not asked to provide case specifics about their most recent experience (victim characteristics, what occurred in the assault, exam findings/injuries, DNA evidence) because pilot work for this study revealed that most SANE programs had confidentiality policies that prohibited the nurses from revealing such information without patient consent (or at a minimum, without patient awareness that such information may be used for research/evaluation purposes). Nevertheless, it was possible to garner substantial information about SANEs’ expert witness court experiences without case-specific information.

This study provides some of the first empirical documentation of SANEs’ experiences as expert witnesses, and raises new questions that should be pursued in future research such as: how SANEs prepare to testify, both general training in this area and details regarding how they approach particular cases; how case characteristics relate to testimony experiences and case outcomes; how SANEs build relationships with prosecutors to make the most use of the evidence obtained through the exam; and how SANEs work with attorneys when called as experts for the defense. In addition, rigorous evaluation of SANE training is needed to identify content and instructional techniques that are the most useful and successful in testimony work.
The findings of this study demonstrate the growing importance of forensic nurses as expert witnesses in sexual assault cases. As SANEs continue their work on the frontlines of medical treatment for sexual assault patients, their expertise will play a vital role in the legal process.

References
