Mock Juror Perception of Sexual Assault Nurse Examiner Testimony

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Mock Juror Perception of Sexual Assault Nurse Examiner Testimony

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The perception of a sexual assault nurse examiner's (SANE) testimony in a criminal rape trial was investigated. Men and women undergraduates ($N = 138$) read a fictional criminal trial summary of a rape case in which medical testimony from a SANE or a registered nurse (RN) was presented, or no medical testimony was presented. Results indicated that mock jurors were more likely to render guilty verdicts when a SANE testified than when an RN testified, and this relationship was fully mediated by perceived credibility of the nurse as well as provictim perceptions. Results are discussed in terms of the impact of SANE involvement in legal proceedings.

Keywords: rape; juries; victimization; adjudication; expert testimony; sexual assault nurse examiner

One of every six women in the United States has been a victim of a completed or attempted rape at some point in her life (Tjaden & Thoennes, 2006). Yet, only about one third of female rape victims receive medical treatment (Tjaden & Thoennes, 2006) and most cases have not been prosecuted by the criminal justice system (Campbell, Patterson, & Lichty, 2005). Within the past 40 years, however, sexual assault nurse examiner (SANE) programs have become a widespread resource for providing postassault medical care (Campbell et al., 2005). Certified SANEs are registered nurses (RNs) who have significant additional training in examining sexual assault victims compared to a typical RN (Littel, 2001). Not only can SANE programs better address the needs of sexual assault victims than emergency departments (EDs) without SANE programs (Plichta, Clements, & Houseman, 2007) but they also serve as a valuable resource for legal personnel in the investigation of sexual assaults. SANE examinations have been linked with more effective investigations and more prosecutions for sexual assault cases (Crandall & Helitzer, 2003; Lewis-O'Connor, 2009; McGregor, Du Mont, & Myhr, 2002). Although SANEs have shown to be important resources to criminal justice professionals, it is unclear how jurors in sexual assault cases perceive SANE testimony. Thus, the purpose of this study is to determine juror perceptions of SANE testimony during a rape trial.

SANE programs have influenced the prosecution of sexual assault cases. Sexual assaults are one of the most underreported crimes. According to the National Violence Against Women survey, approximately 19% of women who reported being raped after they turned

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18 reported the incident to police (rape was defined as vaginal, oral, or anal intercourse without the victim's consent; Tjaden & Thoennes, 2006). According to the victims surveyed, only 12% of the reported incidents were actually prosecuted (Tjaden & Thoennes, 2006). A quasi-experimental study of criminal justice system outcomes for sexual assault cases in a Midwestern community pre- and post-SANE implementation indicated that the SANE program positively affected prosecution outcomes of such cases. Specifically, more cases progressed to a higher level in the criminal justice system (i.e., trials) after SANE program implementation than before (Campbell, Patterson, & Bybee, 2012). Researchers have also reported that the use of evidence collected by SANEs increases the number of plea bargains. Once the defendant is presented with the physical evidence collected by the SANE, he may opt for a lesser charge rather than proceed with a trial (Campbell et al., 2012; Campbell et al., 2005; Littel, 2001).

If a sexual assault case goes to trial, SANEs can be called on to provide factual or expert witness testimony (Ledray & Barry, 1998). SANEs are thus a unique resource in this sense because they receive training in providing courtroom testimony, whereas other medical professionals do not. In fact, some doctors and nurses have been hesitant to testify in court for fear of their qualifications being contested (Campbell et al., 2005; Littel, 2001). However, prosecutors perceive SANEs as credible witnesses due to their extensive experience and proficiency in conducting evidentiary exams (Ledray, 1992; Littel, 2001).

Campbell et al. (2007) noted that SANEs who testify might face difficulties with attorneys regarding their qualifications, competence, and quality of evidence. To investigate the type and extent of issues of SANEs' experience as witnesses, Campbell et al. (2007) interviewed SANEs nationwide on what happened in their most recent experience as a witness, and what was the outcome of the trial. They found that of 80 SANEs who had provided testimony, 43% did not encounter difficulties in their experiences, whereas 58% faced problems. Of those who had problematic experiences, many reported having difficulties with the defense attorney regarding the reported victim (25%), specifically in fielding questions about the reported victim's demeanor, credibility, the truthfulness of the reported victim's story, and whether the evidence supported the reported victim's account of the assault. These types of questions can be problematic for SANEs because they are outside the bounds of their expertise and rely more on opinions. Although the cases in which SANEs had recently testified resulted in convictions most of the time (56%), those cases in which the SANEs encountered problems with the defense attorneys concerning the reported victim's credibility were significantly more likely to result in an acquittal. Campbell et al. (2007) noted that it was impossible to know why these cases led to an acquittal, and what role the SANEs' testimony played in the verdicts in general. This study aims to identify the impact of SANE testimony on juror decision making specifically regarding credibility of the alleged victim.

Sexual assault cases in which the victim is viewed as credible are more likely to be prosecuted than cases in which the victim is not believed to be credible (Spohn, 2008). In a study conducted using courtroom observation and posttrial interviews of 38 sexual assault trials, jurors reported being influenced by the victim's character as well as their perception of whether the victim had employed adequate caution at the time of the incident (Reskin & Visher, 1986). Statistical analyses from this study showed that, overall, jurors' verdicts were most influenced by evidentiary characteristics (i.e., recovered weapon, victim injury, eyewitness testimony, and "other physical evidence"), but the verdicts were

also significantly affected by victim characteristics that ultimately determined credibility. Furthermore, in cases with weak evidence, the jurors' perception of the victim's character was actually the strongest predictor of verdict. Victim credibility is important during a sexual assault trial because it is related to the believability of the victim's testimony. Jurors must determine whether the victim contrived or embellished her story and whether she has an ulterior motive in making a sexual assault claim (Bryden & Lengnick, 1997). In the end, the verdict usually favors the person who is perceived as most credible because his or her story is the most believable.

Research to date suggests that SANEs' involvement in the legal process for sexual assault cases is important, but the nature of their impact in the courtroom is unclear. The literature lacks empirical research on how jurors perceive SANE testimony; there is no systematic study of the impact of SANE testimony in sexual assault trials. Although there are some reports of the effectiveness of SANE testimony during trial, it is unclear from this data how SANE testimony compares to testimony from another medical professional (e.g., an RN) or no medical testimony at all. This study employs an experimental design to explore perceptions of a SANE compared to these other evidentiary conditions.

It is important to note that due to SANEs' unique credentials, time spent with the victim is also part of the independent variable of nurse type (SANE or RN) in this study. One of the issues related to treating rape victims that SANE programs sought to address was that hospital EDs were not providing needed medical services (Campbell et al., 2005). A sexual assault medical forensic examination, as administered by a SANE, is a complex and time-consuming procedure (U.S. Department of Justice: Office on Violence Against Women, 2004). Derhammer, Lucente, Reed, and Young (2000) compared the duration of sexual assault victim medical exams pre- and post-SANE implementation at a large hospital and found that the amount of time spent examining the victim was significantly longer post-SANE implementation (162 $\pm$ 31 minutes post-SANE vs. 74 $\pm$ 45 minutes pre-SANE). To retain ecological validity in this study, time spent with victim was not examined separately from nurse credentials. Specifically, the RN testimony states that she spent 30 minutes with the reported victim, whereas the SANE reports that she spent 2 hours with the victim, which is reflective of real life circumstances (Derhammer et al., 2000).

Regarding the impact of participants' gender on perceptions of rape in a courtroom, it is expected that findings in this study will be consistent with those of mock juror research on victimization cases such as child sexual abuse, adult rape, and elder sexual mistreatment. This research indicates that women are more likely to make pro-prosecution judgments (e.g., guilty verdicts) and positive victim perceptions (e.g., believability) than men (e.g., Borgida & Brekke, 1985; Bottoms, Golding, Stevenson, Wiley, & Yozwiak, 2007; Hodell et al., 2009).

Based on the literature previously discussed, we expect to see (a) significantly more convictions when a SANE testifies compared to a non-SANE or no medical testimony. Furthermore, we expect that (b) SANEs will be viewed as more credible than non-SANEs and that (c) testimony from a SANE will ultimately lead to more provictim ratings as compared to a non-SANE. We predict that (d) the credibility of the nurse as well as provictim ratings will mediate the relationship between type of nurse and verdict (i.e., the impact of nurse testimony on verdict will be explained through credibility ratings). Lastly, we expect to see (e) female participants give higher provictim ratings and more guilty verdicts compared to males.

METHOD

Participants

Participants were 151 undergraduates (83 women) who were recruited from an introductory psychology course at a large southeastern public research university as partial fulfillment of course requirements. Data for 11 male participants and 2 female participants were discarded from the analyses because of failure to accurately recall whether a nurse testified in their condition, leaving a final sample of 138 (81 women) participants. All participants were at least 18 years of age and U.S. citizens and were therefore jury eligible. Only two participants had prior experience serving as jurors. Data were not collected on race/ethnicity, but the student body is approximately 13% multicultural/non-White.

Design

A 2 (participant gender) × 3 (medical testimony: SANE, RN, or no medical testimony) between-participants design was employed.

Materials

Criminal Trial Summary. All participants read a summary of a fictional trial for a stranger rape case in which the defendant was charged with rape in the first degree by engaging in sexual intercourse with the reported victim by forcible compulsion. The summary contained a general description of the trial, the prosecution's case, the defense's case, and the judge's instructions to the jurors. The direct examination and cross-examination of witnesses for both the prosecution's and the defense's cases was presented. Each version of the case summary contained the same general information, varying only details necessary to manipulate the independent variable of testimony type (i.e., medical testimony from a SANE, RN, or no medical testimony). It should be noted that when presenting their credentials, the SANE compares her training to that of an RN, and the RN compares her training to that of a SANE to establish the extent of their qualifications (Underwood & Weissenberger, 2011).

The prosecution's case included testimony from the reported victim and the detective who was assigned to the case. For the SANE and RN conditions only, the prosecution's case also included testimony from the nurse that examined the reported victim. In the trial summary for all three conditions, the 25-year-old reported victim stated that she met the 30-year-old defendant while she was drinking with friends at a local bar. The defendant bought the reported victim three drinks before she accepted a ride home from him. The reported victim stated that rather than driving her home, the defendant drove her to an isolated area where he threatened her with a knife and forced her to have sexual intercourse with him. (The knife was not presented as evidence at trial.) The detective assigned to the case testified that he was called to the reported victim's apartment by her roommate the morning of the alleged rape. He stated that the reported victim's clothing was torn and she appeared to have bruising and cuts on her arms. The detective then drove the reported victim and her roommate to the hospital for a rape examination.

In the condition in which SANE testimony was presented, her credentials were reported (i.e., she was an RN and a certified SANE) and then compared to an RN's or a physician's credentials and training. The trial summary explained that

> a SANE typically receives 40 hours of classroom instruction specializing in the principles and techniques of evidence collection as well as dealing with crisis intervention in

> cases of sexual assault (International Association of Forensic Nurses [IAFN], 2006). In addition, SANEs receive 60 hours of additional training (IAFN, 2006) that includes the actual collection of forensic evidence (e.g., vaginal swabs, pubic hair samples), interview techniques (e.g., sexual assault history), and meeting with advocates trained to deal with the treatment of sexual assault victims and those who investigate and prosecute sexual assault crimes. (Patterson, Campbell, & Townsend, 2006)

The SANE's testimony continued by comparing her training to that of an RN who typically receives 3 hours of classroom instruction dealing with crisis intervention in cases of sexual assault and a physician who receives 15 hours of classroom instruction on crisis intervention as well as training in the collection of forensic evidence (University of Kentucky, 2010). The SANE testified that she spent 2 hours with the reported victim during which the victim recounted the same story she told the detective as well as what she previously stated during the trial (amount of time was chosen as a conservative estimate; Derhammer et al., 2000). The SANE described the different medical procedures she conducted (e.g., examination with a colposcope, collection of semen samples, pubic hair samples, blood samples, and vaginal swabs as well as photographs of the reported injuries).

In the RN condition, her credentials were reported first in the same manner as they were discussed in the SANE condition. There was also a comparison made between her training (3 classroom hours) and a SANE's (40 classroom and 60 clinical hours) or physician's training (15 combined classroom and clinical hours). The RN testified that she spent 30 minutes with the reported victim during which she collected pubic hair samples and blood samples (amount of time was chosen as a conservative estimate; Derhammer et al., 2000). She also observed cuts and bruises on the reported victim consistent with the history provided by the reported victim. Both nurses properly labeled, sealed, and stored the evidence and sent it to the appropriate lab to be examined.

The defense's case (for all conditions) included testimony from the reported victim's friend, the defendant's close friend, and the defendant. The reported victim's friend was at the bar with the reported victim on the night the alleged rape occurred. This witness testified that she was able to see and hear the reported victim while she was interacting with the defendant at the bar and at no time did the defendant show any signs of aggressive behavior or say anything of a sexual nature. The defendant's close friend testified that he and the defendant had been friends for 15 years. He described the defendant as a moral person of the utmost character. He also stated that he did not believe that the defendant was capable of rape, but if the defendant had committed the rape, he was sure the defendant would have told him.

Lastly, the defendant testified that he was simply trying to be kind in offering the reported victim a ride home because she had been drinking too much to drive. He admitted to having consensual sex with the reported victim but explained that it was she who suggested that they go somewhere other than her apartment. The defendant also recalled that the consensual sex was somewhat rough, and he stated that he had bruises after the incident. He also stated that at no point did he threaten the reported victim with a knife.

The judge's instructions were based on Kentucky Revised Statute 510.040 (2002; Cooper, 1999) and stated that jurors should find the defendant guilty of rape in the first degree if, and only if, they believed from the evidence beyond a reasonable doubt that the defendant engaged in sexual intercourse with the reported victim by forcible compulsion.

Trial Questionnaire. Participants answered various questions pertaining to the case. The questions were presented in the same order for all participants because there was no theoretical reason to believe order would affect the results. All rating questions had only the endpoints labeled. Participants indicated their verdict (*guilty* or *not guilty*) and rated the guilt level of the defendant on a 1 (*completely not guilty*) to 10 (*completely guilty*) scale. Participants also reported their confidence in their ruling on a 1 (*not at all*) to 10 (*completely*) scale. They were then asked to provide the reason(s) for their decision and, if they ruled "guilty," to indicate how many years in prison (between 10 and 20) they recommended the defendant to serve. In addition, rating questions (using a 1 [*not at all*] to 10 [*completely*] scale) asked participants how credible the various witnesses were (e.g., nurse, victim, defendant) and how angry and sympathetic they felt toward the reported victim and the defendant. The participants rated the reported victim's and defendant's ability to remember and report the incident using a 1 (*extremely poor*) to 10 (*excellent*) scale. Finally, only those exposed to the SANE or RN testimony provided ratings on the credibility of the nurse, as well as how much the training of the nurse influenced their verdict (using a 1 [*not at all*] to 10 [*completely*] scale).

Procedure

Prior to beginning the experiment, participants were informed that they would read a description of a rape trial summary and would subsequently answer questions about the trial without referring back to the summary at any time. Upon completion of the questionnaire, materials were collected and the participants were debriefed. The study took approximately 25 minutes to complete.

RESULTS

Overall, 66% of participants rendered guilty verdicts. Means, standard deviations, and total number of participants for each of the primary dependent variables are presented in Table 1. Prior to analysis, examination of the main variables of interest indicated that the data met the necessary assumptions for conducting regression analyses (Cohen, Cohen, West, & Aiken, 2003). The medical testimony condition data was dummy coded such that SANE testimony and no medical testimony conditions were dummy variables and the RN testimony condition was the reference group. Additionally, an exploratory factor analysis (principal component analysis with an oblique promax rotation due to nonorthogonal factors) was conducted to reduce the rating variables that all participants had completed (i.e., ratings specific to the nurse were not included). The data was aggregated in this way to reduce the number of variables, thereby preserving power and preventing multicollinearity. This analysis yielded three subscales: provictim (victim credibility, sympathy for victim, victim memory, and anger toward defendant; factor loadings ranging from .81 to .85), prodefendant (anger toward victim and sympathy toward defendant; factor loadings ranging from .46 to .93), and defendant credibility (defendant credibility and defendant memory; factor loadings ranging from .72 to .79). Subscale scores were computed by averaging the component variable scores.

TABLE 1. Overall Descriptives for Dependent Variables

Variable	*N*	*M*	*SD*
Verdict	138	0.66	0.48
Guilt	138	6.61	1.94
Confidence	138	7.09	1.76
Victim credibility	137	6.29	1.98
Sympathy toward victim	138	6.82	2.18
Anger toward victim	138	3.20	2.22
Victim memory	138	5.74	2.23
Detective credibility	138	7.42	1.96
Nurse credibility	90	7.93	2.22
Influenced by nurse	90	7.69	2.40
Victim's friend credibility	138	5.78	1.94
Defendant's friend credibility	138	4.56	2.16
Defendant credibility	137	5.07	1.80
Sympathy toward defendant	137	3.46	1.90
Anger toward defendant	138	6.03	2.58
Defendant memory	138	6.77	1.81
Sentence	92	13.34	3.73

Hypothesis 1: Impact of Nurse Testimony on Verdicts

See Table 2 for all verdict analyses. A logistic regression of verdict on testimony type controlling for participant gender indicated that, as predicted in Hypothesis 1, when the SANE testified, participants were significantly more likely to render guilty verdicts (odds ratio [*OR*] = 3.15, $p < .05$). The presented *OR* represents the increase in odds of rendering a guilty verdict associated with being presented testimony from the SANE. In this instance, a guilty verdict was three times more likely when SANE testimony was presented compared to that of the RN. The RN testimony and no medical testimony conditions did not differ significantly for verdict. A logistic regression analysis in which dummy coding allowed for a comparison of SANE testimony and no medical testimony (controlling for gender) indicated that when the SANE testified, participants were significantly more likely to render guilty verdicts (*OR* = 3.19, $p < .05$).

Hypothesis 2: Nurse Credibility

A linear regression of nurse credibility on type of nurse, controlling for gender, revealed that the SANE was perceived as more credible than the RN (ß = .48, $p < .001$). Thus, Hypothesis 2 was supported.

TABLE 2. Logistic Regression Model Predicting Verdict by Gender and Testimony Type

Independent Variable	Wald Test	Odds Ratio	95% CI for Odds Ratio
Gender	15.84**	4.94	2.25–10.83
SANE (vs. RN)	4.60*	3.15	1.10–9.00
SANE (vs. No medical testimony)	5.27*	3.19	1.19–8.56
RN (vs. No medical testimony)	0.001	1.01	0.41–2.47

Note. CI = confidence interval; SANE = sexual assault nurse examiner; RN = registered nurse.
*$p < .05$. **$p < .001$.

Hypothesis 3: Impact of Sexual Assault Nurse Examiner Testimony on Provictim Ratings

A series of linear regression analyses was conducted to test the prediction that participants in the SANE testimony conditions would have more provictim ratings than in the RN testimony condition. The independent variables were gender and testimony, and the dependent variables were the provictim subscale, prodefendant subscale, and defendant credibility subscale. Exposure to SANE testimony predicted significantly higher provictim subscale ratings (ß = .33, $p < .01$) than exposure to RN testimony, providing support for Hypothesis 3. There were no significant associations between testimony and the remaining subscales.

Hypothesis 4: Statistical Mediation

To account for the association between SANE testimony and verdict, nurse credibility and the provictim subscale were tested as potential mediators of these relationships. Initially, Baron and Kenny's (1986) method was employed to establish the presence of mediation. The first requirement of establishing a significant relationship between the independent variable (e.g., SANE testimony) and the dependent variable (e.g., verdict) was fulfilled, as discussed earlier. The second requirement, a significant relationship between the independent variable and the mediator variable (e.g., nurse credibility and provictim subscale) was also satisfied (see previous linear regression analyses). The third and fourth requirements specify that a significant relationship between the mediator and the dependent variable exist, and when the mediator and independent variable are included in the same regression equation as predictors of the dependent variable, there is a significant relationship between the mediator and dependent variable, whereas the relationship between the independent and dependent variables is no longer significant.

To test the third and fourth mediation steps, a logistic regression analysis was conducted including nurse credibility as a predictor of verdict, controlling for gender and medical testimony condition. This analysis revealed that nurse credibility was significant ($OR = 1.64$, $p < .01$), whereas SANE testimony was no longer significant ($OR = 1.34$, $p = .65$). An additional logistic regression including the provictim subscale as a predictor of verdict, controlling for gender, and medical testimony condition indicated that the provictim subscale was significant ($OR = 2.46$, $p < .001$), whereas SANE testimony was

no longer significant ($OR = 1.48$, $p = .55$). The mediation of the association between SANE testimony and verdict by nurse credibility and the provictim subscale were tested for significance using a Sobel (1982) test computed with a macro provided by Preacher and Hayes (2004). Results indicate that both nurse credibility and the provictim subscale were significant mediators ($z = 2.73$, $p < .01$; $z = 2.06$, $p < .05$) supporting Hypothesis 4. Therefore, when the SANE testified, participants perceived the nurse as more credible than a RN and had more positive judgments about the victim, which made mock jurors more likely to rule for the prosecution.

Hypothesis 5: Impact of Participant Gender on Verdict and Ratings

Participant gender impacted the results as predicted in Hypothesis 5. The logistic regression analysis for verdict indicated that women were significantly more likely than men to render guilty verdicts ($OR = 4.94$, $p < .001$). In addition, the linear regression analyses for the subscales indicated that women had more provictim ratings than men as measured by the provictim subscale (ß $= .31$, $p < .001$).

DISCUSSION

This study provides insight into how SANE testimony impacts verdicts in a sexual assault trial. Specifically, mock juror perceptions of medical testimony and of the reported victim were examined when a SANE, as compared to an RN, testified. The main findings indicate that a SANE was perceived as more credible than the RN, and her testimony made jurors report more positive perceptions of the victim than when the RN testified. These perceptions led mock jurors to render more guilty verdicts than when an RN testified. This is an important finding considering SANEs who have had difficult experiences providing testimony have indicated that the difficulties have been with the defense attorney regarding SANE qualifications and questions about the victim's credibility (Campbell et al., 2007). The observed gender differences for verdict and victim ratings, such that women were more provictim than men, lend additional support to findings that women tend to be more provictim than men in cases of victimization (e.g., Borgida & Brekke, 1985; Rotundo, Nguyen, & Sackett, 2001).

Implications

The finding that SANE testimony led to more guilty verdicts by increasing credibility of the medical testimony and promoting provictim judgments could have implications for SANEs' preparation as witnesses. Campbell et al. (2007) noted that SANEs with less professional experience had more difficulty in their most recent experiences serving as a witness. Knowing that jurors will perceive them as credible could help boost the confidence of these less experienced SANEs.

In addition, previous research indicates a role conflict for SANEs qualified as witnesses in that they are not serving as a victim advocate (Campbell et al., 2005; Canaff, 2009). To address this issue, many SANE programs have involved a rape crisis center in their response procedures to ensure that the victim has emotional support while the SANE effectively completes the medicolegal exam to remain an unbiased witness in court (Campbell et al., 2005). SANEs are still nurses who treat their patients with compassion, but from a legal perspective, SANEs will be of most value when they present themselves in court as

objective and confident nursing professionals and not as victim advocates (Canaff, 2009). A SANE's apparent bias toward the prosecution or victim can taint his or her testimony as an expert and damage his or her credibility in court (Canaff, 2009). The current findings that SANE testimony led to more positive evaluations of the victim highlights the importance of the SANE's role as provider of objective medical testimony. Practices that allow victims to receive the necessary psychological support without compromising the SANE's credibility as a witness may thus be beneficial to legal outcomes of sexual assault cases.

Limitations and Future Directions

As the first study of its kind, this research contributes a unique perspective to understanding the impact of SANE testimony. Yet, certain limitations should be noted. First, only one trial summary was employed in this study; thus, there may be factors in real trials that could vary from those in the trial presented. For example, the current trial summary depicted a case in which the reported victim and defendant were new acquaintances at the time of the incident, yet sexual assault can be perpetrated by acquaintances, intimate partners, and strangers (Logan, Cole, & Capillo, 2007). In addition, although the reported victim in the current case sustained injuries to her body and genital region, rape victims may have injuries different than those presently depicted or may not have any injuries at all. Researchers examining the role of injury in legal outcomes in a retrospective review of sexual assault forensic exams found evidence of only body trauma in 22% of cases, only genital trauma in 12% of cases, and trauma to both the body and genital regions in 23% of cases (Gray-Eurom, Seaberg, & Wears, 2002). Because the presence of trauma has been linked to successful prosecution (e.g., Gray-Eurom et al., 2002), SANE testimony may help to explain the injuries or even normalize the absence of injuries in certain cases. Future research in this area should examine the impact of SANE testimony in cases with other types of victim–offender relationships as well as those in which presence or type of injuries sustained by the reported victim vary.

Second, this study was designed to examine the impact of a SANE's testimony as compared to that of a RN. In an actual case, it is likely that a SANE's involvement in the case leads to differences in the forensic evidence presented at trial because SANE training also encompasses such topics as forensic evidence collection and chain of evidence maintenance (Patterson et al., 2006). Research has indicated that SANE-conducted rape kits are consistently of better quality than non–SANE-conducted rape kits (Campbell et al., 2005; Ledray & Simmelink, 1997; Littel, 2001), and the chain of evidence that must be followed to use the medical evidence in court is better maintained in SANE kits (Ledray & Simmelink, 1997). Future research in this area should also include further consideration of rape kit evidence in court.

Finally, applicability of the present findings may be affected by the use of a student sample and focus on individual mock juror perceptions rather than involving jury deliberations (Weiten & Diamond, 1979). However, both are common practices in gaining understanding of juror perceptions, and research has typically found little impact on the results in such studies (Bornstein, 1999). Because little research in this area exists, this study was intended to be an initial step in understanding perceptions of SANE testimony in the courtroom. It is hoped that future research will include jury deliberations to increase generalizability because this study examined individual mock juror judgments. Despite these limitations, this study is an important addition to research on the effect of SANEs on the legal system because it allowed for clarification of how SANE testimony influences decision making in court.

In summary, this study fills a noted gap in the research concerning the underlying processes that contribute to SANEs' impact in the legal proceedings for sexual assault cases (Campbell et al., 2005). The credibility of SANE testimony and its positive impact on mock juror perception of an alleged sexual assault victim highlight the importance of SANEs, especially in their role as witnesses.

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