

# Evaluating the Legal Impact of Sexual Assault Nurse Examiner Programs: An Empirically Validated Toolkit for Practitioners

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## ABSTRACT

There has been sustained interest in the academic literature and in policy circles regarding how Sexual Assault Nurse Examiner (SANE) programs may bolster sexual assault prosecution rates in their communities, in addition to the health care they provide to their patients. To build evaluation capacity among forensic nurses so that they can evaluate their own programs, a practitioner-oriented, step-by-step evaluation toolkit (the SANE Practitioner Evaluation Toolkit) that can be used by SANE-A and SANE-P programs, and their community partners, to examine sexual assault prosecution rates in their local jurisdictions was created and validated. This article describes the process of creating and empirically validating the toolkit and presents the toolkit itself and accompanying resources that are available to practitioners. This article also provides recommendations regarding program readiness to engage in evaluation activities, without compromising program sustainability and patient care.

## KEY WORDS:

criminal justice system; evaluation; evaluation capacity building; evaluation toolkit; SANE

The discipline of forensic nursing is inherently multidisciplinary, bringing nursing theory and practice into a legal context (Campbell, Greeson, & Patterson, 2011; Lynch, 2006; Pierce-Weeks & Campbell, 2008). Although the primary focus of forensic nursing is patient health care (International Association of Forensic Nurses [IAFN], 2009; Lynch, 2006; Pierce-Weeks & Campbell, 2008), there has been sustained interest in the academic literature and in policy circles regarding how Sexual Assault Nurse Examiner (SANE) programs may bolster sexual assault prosecution rates in their communities (Campbell, Patterson, & Bybee, 2012). SANE

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programs consist of specially trained nurses who provide comprehensive psychological, medical, and forensic services for victims/survivors of sexual assault, and several case studies have highlighted how these programs are an important resource to the legal community (Campbell, Patterson, & Lichty, 2005). To date, two longitudinal studies have documented increased prosecution rates after the implementation of SANE programs (Campbell et al., 2012; Crandall & Helitzer, 2003). These increases are likely because of the quality and utility of the medical forensic evidence collected by SANEs as well as their ongoing case consultation with police and prosecution and expert witness testimony at trial (Campbell et al., 2007, 2011; Ledray & Barry, 1998). The quality health care provided by these programs may also have a positive indirect effect on victim engagement with the criminal justice system, such that the empowering experiences patients have with a SANE program can help survivors feel more willing and able to participate in the lengthy court process (Campbell, Patterson, & Fehler-Cabral, 2010).<sup>1</sup>

<sup>1</sup>It is important to note that not all victims who consent to forensic evidence collection ultimately decide to report the assault to the police, which further underscores the importance of the medical forensic examination as a primarily healthcare-focused service.

However, research regarding the impact of SANE programs on criminal justice system case outcomes needs to be viewed with caution because only a small number of programs have been rigorously evaluated and there are 700+ SANE programs currently in existence (IAFN, 2014). That some programs have had a positive impact on their communities does not necessarily mean all SANE programs are equally effective. Forensic nurse practices in diverse organizations, communities, political climates, and legal cultures with varying degrees of multidisciplinary collaboration, and it stands to reason that these setting-level factors could also strongly influence a jurisdiction's sexual assault prosecution rates. Therefore, there is a pressing need to expand the scope of research and evaluation of SANE programs and their potential impact on criminal justice system outcomes. To address this gap in the literature and to inform the practice of forensic nursing, a practitioner-oriented, step-by-step evaluation toolkit that can be used by forensic nurses and their community partners to examine sexual assault prosecution rates in their local jurisdictions was created and validated. The purpose of this article is to describe the process used to create and empirically validate the toolkit, to present the toolkit itself and accompanying resources that are available to practitioners, and to provide recommendations regarding program readiness to engage in evaluation activities, without compromising program sustainability and patient care.

### Evaluating the Legal Impact of SANE Programs

Numerous case studies suggest that SANEs are a vital resource to police and prosecutors (see Campbell et al., 2005), and to date, two quasiexperimental pre-post studies found that prosecution rates significantly increased after the implementation of SANE programs (Campbell et al., 2012; Crandall & Helitzer, 2003). These results suggest that SANE programs may be an effective intervention for addressing the long-standing problem of sexual assault underprosecution (see Burgess, Lewis-O'Connor, Nugent-Borakove, & Fanflick, 2009; Lewis-O'Connor, 2009, for additional evidence of SANE or sexual assault response team (SART) impact; see also Lonsway & Archambault, 2012; Spohn & Tellis, 2012).<sup>2</sup> However, promising these findings may be, they need to be interpreted with caution because SANE programs have proliferated much faster than evaluative data have been generated to guide practice. Rogers' (2003) Diffusion of Innovation Theory stipulates that interventions will spread very rapidly if an innovation has readily apparent advantages over an existing model. Given that traditional hospital emergency department care for survivors typically yielded poor-quality medical forensic evidence and was often retraumatizing

<sup>2</sup>Improving criminal justice outcomes for sexual assault cases requires coordinated, multidisciplinary, community-wide efforts (Campbell, 2008; Lonsway & Archambault, 2012). SANE programs are one contributing factor in a complex process.

for survivors (Campbell, 2008; Martin, 2005), it is not surprising that SANE programs so quickly became the preferred model of care (Department of Justice, 2004, 2013). However, as a result, little is known about most SANE programs in existence and their impact on their local criminal justice systems.

What is known from the limited empirical research on SANE programs is that there is no guarantee that they will positively affect legal case outcomes. Campbell et al. (2010) showed that there are essential "critical ingredients" that must be in place, in both the SANE program itself as well as the community, for such effects to occur, including a strong patient-care practice philosophy; provision of advocacy to survivors; high-quality, readily accessible forensic evidence; professional training for legal professionals; and ongoing case consultation as well as other informal settings for collaboration. Patton (2008) characterized such intervention models as "complex," meaning that desired effects are obtained only under specific setting circumstances. Unfortunately, complex interventions often do not consistently achieve desired outcomes if they are adopted quickly and without infrastructure for program monitoring (Patton, 2008; Rogers, 2003).

Taken together, these findings underscore the importance of examining if and under what circumstances SANE programs can have a positive impact on criminal justice system case outcomes—and this information is needed from far more SANE programs than have been studied to date. Certainly, researchers need to strengthen relationships with practitioners to conduct collaborative, policy-relevant research and evaluation (Kazdin, 2008), but this strategy is inefficient and will fall short because there are far more programs to be studied than researchers available to study them. To address this problem, research on the dissemination of innovative programs emphasizes building evaluation capacity among practitioners, so they have the resources and tools to evaluate their own programs, thereby growing the knowledge base about the innovation much more rapidly (Miller & Shim, 2005; Preskill & Boyle, 2008; Wandersman, 2003; Wandersman et al., 2008). Building evaluation capacity is a long-term, multistage organizational investment (Stockdill, Baizerman, & Compton, 2002), so current models of capacity building recommend the development of evaluation resources and tools, technical assistance, and infrastructure for sharing information between and among researchers and practitioners (Preskill & Boyle, 2008; Preskill & Russ-Eft, 2005; Russ-Eft & Preskill, 2001; Wandersman et al., 2008).

### Developing and Validating a Practitioner Evaluation Toolkit

In this vein, Campbell and colleagues developed a practitioner-oriented evaluation toolkit as part of a research study on how SANE programs affect adult sexual assault prosecution rates (Campbell, Bybee, Ford, Patterson, & Ferrell, 2009). As the researchers conducted their study (i.e., sampled cases,

collected data on prosecution outcomes, conducted statistical analysis), they created step-by-step directions for practitioners to be able to conduct the same type of research/evaluation of their own local programs. The goal was to create a comprehensive resource guide that could teach program staff how to evaluate whether sexual assault prosecution rates increased in their communities after the implementation of their SANE programs.<sup>3</sup> The toolkit needed to be clear and accessible to all forensic nursing practitioners, regardless of whether they had prior experience conducting research/evaluation, and scientifically sound in its methodology and recommendations for ethical practice (e.g., provide instruction on institutional review board [IRB] procedures).

Before the toolkit could be disseminated nationally, it needed to be validated, meaning practitioners from different community types (e.g., urban, rural) and program settings (e.g., hospital based and community based) would need to try out the step-by-step processes outlined in the toolkit to conduct evaluations of their programs to determine whether the processes described were feasible for practitioners and, if not, to revise the materials accordingly.<sup>4</sup> Field implementation is critical in assessing the utility of capacity-building resources to ensure that the materials are clear, correct, and useful to practitioners for planning and implementing an evaluation (Sogolow, Sleet, & Saul, 2007; Wandersman et al., 2008).

To recruit SANE programs to participate in the toolkit validation project, we collaborated with the IAFN and the National Sexual Violence Resource Center to advertise this project to all SANE programs within the United States, which, at the time this study was conducted, numbered approximately 600 programs. Thirty programs completed applications, which were independently reviewed by each member of the evaluation team (which included a highly experienced forensic nurse consultant) to assess eligibility. Ten programs met eligibility requirements, which stipulated that the programs had (a) a full-time SANE program coordinator (to serve as a stable point-of-contact with the evaluation team); (b) nursing staffing levels appropriate for their current patient caseloads so that staff would be able to devote time to participate in an evaluation project without adversely affecting program services; (c) a mean score above the 25th percentile on selected items from Preskill and Torres' (2000) Readiness for Organizational Learning and Evaluation Instrument scale, which indicates good organizational readiness for evaluation activities (see extended discussion regarding the importance of organizational readiness later in this article); and (d) secured access to the different

data sources needed to complete an evaluation of legal case outcomes. A stratified random sample was then drawn consisting of two rural sites, two sites serving midsized communities, and two urban sites.

The evaluation team provided extensive technical assistance to the six sites to help them conduct local-level evaluations of their programs, including the toolkit itself, preprogrammed Excel data entry and analysis files, three instructional Webinars (overview of the evaluation process, design and data collection, and data analysis and interpretation), group conference calls to troubleshoot challenges and develop solutions, and individualized phone and email consultation as needed. In-person site visits were conducted at each program toward the end of the project to review the data that had been collected, assist with data analysis and interpretation, and develop action plans based on the findings.<sup>5</sup>

As the six sites worked through the steps of the toolkit, the evaluation team collected both quantitative and qualitative data regarding the programs' experiences evaluating their programs. Field notes were maintained for all contacts with the sites, post-Webinar satisfaction surveys were conducted, and program staff were interviewed during the site visits and then again by telephone 6–8 weeks after the conclusion of the project. Our goal was to document the challenges and problems the programs faced, the solutions developed to respond to those problems, and the revisions that needed to be made to the toolkit before its national dissemination. Data were analyzed using conventional content analysis (Hsieh & Shannon, 2005); the field notes and interview transcripts were reviewed multiple times to immerse the coders in the data; and the coders recorded their initial impressions and developed preliminary codes to capture key changes that needed to be made to the toolkit. The coding was conducted independently by two members of the evaluation team (the project director and the principal investigator), and then findings were reviewed and verified by a third member of the team (the co-investigator). Disagreements among analysts were noted, the data were rechecked, and a group consensus approach was used to reach final coding/interpretation decisions (see MacQueen, McLellan-Lemal, Bartholow, & Milstein, 2008). The toolkit was revised consistent with these findings from the validation study.

### Introducing the SANE Practitioner Evaluation Toolkit: An Empirically Validated Resource

The final, revised SANE Practitioner Evaluation Toolkit (Campbell, Greeson, Karim, Shaw, & Townsend, 2013) and accompanying preprogrammed Excel files are available for download (at no cost) on the National Criminal Justice Reference Service ([www.ncjrs.gov](http://www.ncjrs.gov)). The toolkit begins with

<sup>5</sup>One program received on-site, in-person technical assistance during the data collection step, given the large volume of patient case records that needed to be reviewed for sampling.

<sup>3</sup>This toolkit focuses on the legal outcomes but acknowledges that there are multiple ways to conceptualize the effectiveness of SANE programs (e.g., health outcomes; see Campbell, Patterson, Adams, Diegel, & Coats, 2008).

<sup>4</sup>The purpose of this article is to introduce the toolkit and present its implications for clinical forensic nursing practice (please see Campbell, Bybee, Shaw, Townsend, & Karim, 2014, for the substantive findings; e.g., prosecution rates across SANE program sites) of the pilot toolkit evaluation.

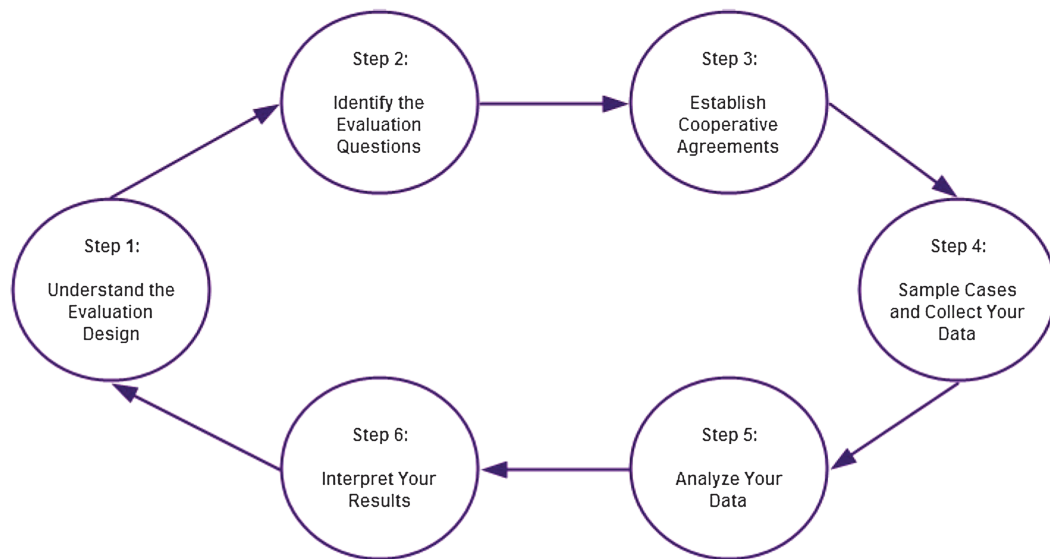


FIGURE 1. SANE Practitioner Evaluation Toolkit: six-step evaluation process.

a literature review regarding different ways to conceptualize the effectiveness of SANE programs (e.g., psychological and physical health impact, legal impact, etc.). Furthermore, the toolkit emphasizes legal effectiveness (i.e., case progression through the criminal justice system and prosecution rates) given the strong interest in the literature to date regarding the utility of forensic evidence to the criminal justice system. An “evaluation 101” summary is also presented, introducing the reader to the purpose of evaluation and key terminology (e.g., logic models, process evaluation, outcome evaluation).

After this introductory material, a six-step process is outlined for planning and implementing an evaluation to assess the impact of SANE programs on sexual assault prosecution rates in a local community (see Figure 1). The first step in the process is to determine the appropriate evaluation design, given the data sources available and the informational needs of the program. The toolkit was originally designed to guide SANE programs through a pre-SANE/post-SANE design that compares prosecution rates in a community before the program was implemented with prosecution rates after the program was in operation. The methodological rigor of this design is well suited for assessing significant change over time, but it can be challenging to implement, largely because of the difficulties of accessing pre-SANE patient records and corresponding legal records.<sup>6</sup> Therefore, an option for a post-only design allows programs to track prosecution rates over time in their communities to assess

whether there are general trends toward increased prosecution (which, in some circumstances, may be more useful to programs than completing a pre–post design, even if they have access to pre-SANE records). However, a critical lesson learned in the validation project was that the post-only design could also be quite challenging, particularly for SANE programs that had been in existence for many years; the design does not require accessing pre-SANE records, but it does require going back to the start of the program and then tracking prosecution rates from that point forward (and for well-established programs that could be 10+ years of records). Therefore, before its final release on the National Criminal Justice Reference Service, the toolkit was revised to include a third design option: a prospective “from-this-point-forward” ongoing design, whereby programs could start tracking their case outcomes now (from this point forward) and monitor them over time. Figure 2 presents a decision tree from the toolkit that guides program staff through the process of selecting the best design for their program’s information needs and resources.

The specific questions that can be answered in an evaluation vary depending on the design that will be used. Therefore, the second step in the evaluation process is to refine the evaluation questions that can (and cannot) be answered, given the selected design. The pre-SANE/post-SANE design is well suited for answering questions regarding the impact of program services on prosecution rates, as it allows for a direct comparison of rate before and after implementation.<sup>7</sup> The post-only

<sup>6</sup>In addition, the pre–post design requires an adequate pre-SANE sample size to have sufficient power to detect statistically significant changes in prosecution outcomes from before SANE program implementation to after implementation. Programs that treat relatively few cases per year (e.g., rural programs) may find it challenging to reach an adequate pre-SANE sample size for comparison.

<sup>7</sup>The toolkit also explains that additional methodological controls and data collection may be needed to make a causal attribution regarding change in prosecution rates because there could be other factors that could have also caused a change in prosecution rates (e.g., change in elected prosecutor, significant change in local or state policy).



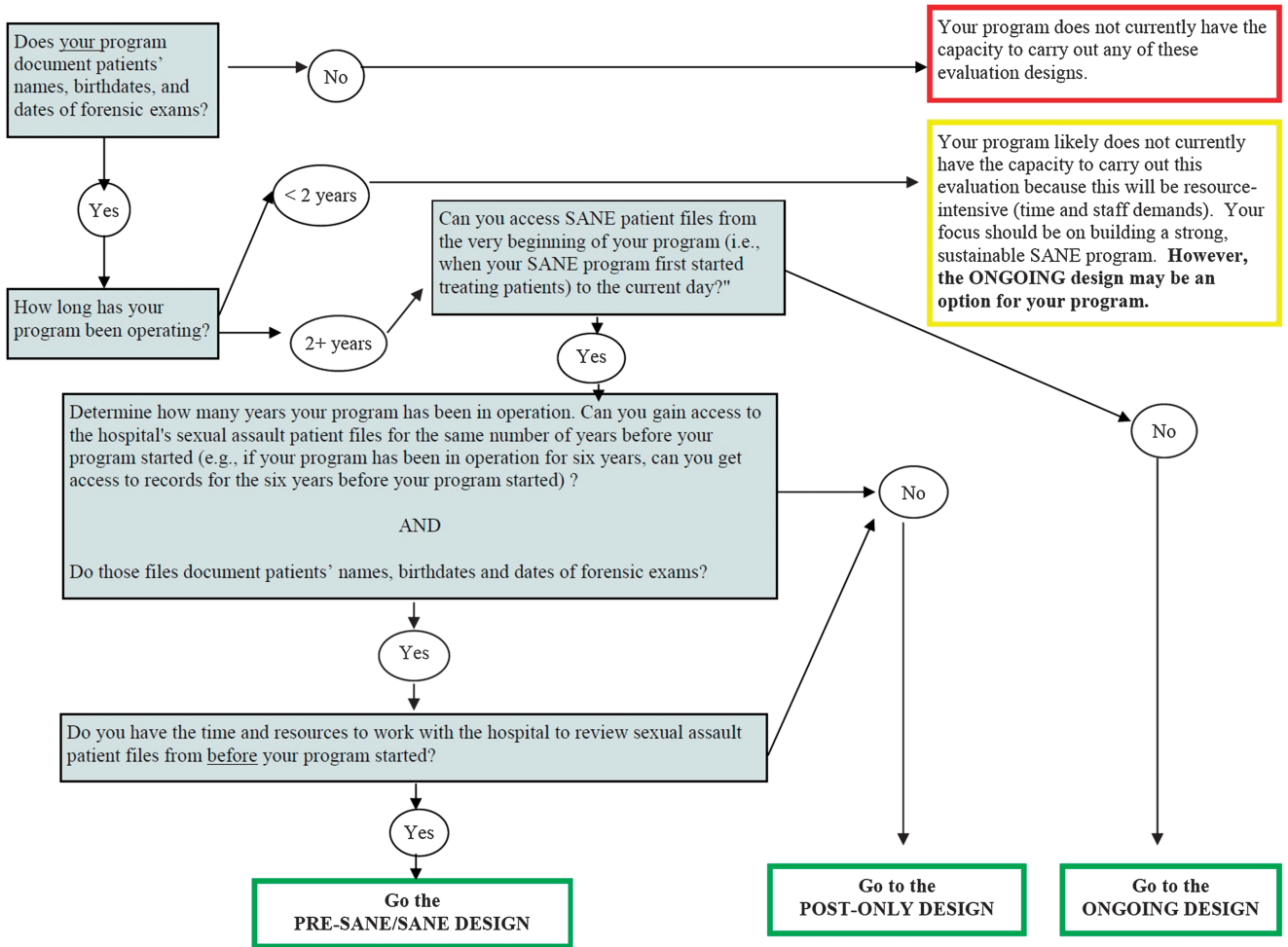


FIGURE 2. Evaluation design flowchart.

design is useful in charting trends in prosecution over time, as is the ongoing evaluation design, although it takes time to see patterns emerge, given how long it often takes to prosecute sexual assault cases (Campbell et al., 2012).

The evaluation design and corresponding evaluation questions will establish the nature of the data to be collected, from which organizations, and over what period of time. Therefore, the third step in the evaluation process is to establish cooperative agreements with those organizations to secure access to the necessary data sources. The toolkit provides sample memoranda of understanding to help programs work with their community partners to outline the parameters of their evaluation project, the terms of data access, and the procedures to be followed to protect patient privacy and data confidentiality. The toolkit also describes the Institutional Review Board (IRB) process in detail and helps practitioners to determine whether they need to secure IRB approval for their evaluation project. IRB processes may be different across institutions and may even be referred to by a different name,

such as a Human Subject's Committee. However, the general purpose is the same: IRBs serve as independent ethics committees designated to review, approve, and oversee research involving human subjects to ensure they are protected and the research is ethically sound. Some projects may not require IRB approval; for example, if the project does not include human subjects or if the research is being conducted strictly for the purpose of internal evaluation and improvement (e.g., the program does not plan on disseminating findings at conferences, such as the International Conference on Forensic Nursing Science and Practice, or in publications, such as the *Journal of Forensic Nursing*). However, if there is even a possibility that practitioners will want to disseminate their findings at the state or national level, then it is appropriate to apply for IRB approval so that the project has ethical oversight from its inception.

With the memoranda of understanding in place, and IRB approval (if appropriate), the fourth step is sampling and data collection. Sampling refers to the process of selecting specific

cases from the program's population of clients to include in the evaluation. Not all patients treated in the program would necessarily be included in the evaluation. For example, if the focus of the evaluation is prosecution outcomes in adult sexual assault, then child and adolescent patients would not be included. Similarly, not all victims who consent to forensic evidence collection ultimately decide to report the assault to the police. Given that such cases would not be pursued by the criminal justice system, the toolkit sampling procedures recommend the selection of only those cases in which there is a police report (given that the purpose of the project is to understand sexual assault prosecution outcomes and this will not occur if there is not first a police report). Otherwise, the inclusion of nonreport cases would obscure the findings regarding case processing in that jurisdiction. The toolkit describes different options for sampling, and outlines inclusion and exclusion criteria, dependent on the evaluation design and evaluation questions. For large/high-volume programs, it may be too burdensome and time consuming to collect prosecution outcome data for all eligible patients, so the toolkit provides guidance regarding how to select a random sample of cases (i.e., a smaller subset of cases) to be evaluated to answer broader questions about the overall program's impact. Sample chart review/sampling checklists are provided to guide program staff through the process of selecting appropriate cases for inclusion in the evaluation project. After program staff have determined which cases will be included in the evaluation project, the next task is accessing the corresponding legal records to determine what actions were/were not taken in each case. The toolkit provides sample data collection sheets to ensure that the information is coded consistently across all cases.

The fifth step in the evaluation process is data analysis. The toolkit provides directions for how to enter the legal outcome data into a computer spreadsheet and then how to verify the accuracy of the data entry. Once the data are in computerized form, the toolkit presents different options for statistical analysis, including descriptive frequencies and graphs as well as the appropriate statistical tests of significance for each evaluation design. Because this step of the evaluation process can be particularly time consuming (and potentially daunting to practitioners), preprogrammed Excel files were created that allow for the data entry and data analyses specified in the toolkit. This resource allows program staff to enter their data directly into a preformatted spreadsheet and then "press go," and the program runs the analyses and graphs appropriate for the design. Numerous examples are included to help guide programs through the interpretation of their data and the statistical findings.

The sixth and final step in the toolkit focuses on the utilization of the findings. The toolkit places strong emphasis on using evaluation findings to improve practice (Cousins & Chouinard, 2012; Patton, 2008). If SANE programs discover through their evaluations that they are not having a positive

impact on legal case outcomes, the toolkit outlines a process for developing an action plan for change. In communities where there is evidence of a positive change, the toolkit recommends strategies for strengthening and institutionalizing core practices. In this validation project, the research team conducted cross-site analyses that combined data across all six programs, which showed that the implementation of SANE programs was related to increased case progression through the criminal justice system (i.e., increased prosecution of adult sexual assault cases; see Campbell et al., 2014, for further discussion). However, despite the positive significant increase over time, the overwhelming majority of adult sexual assault cases were not prosecuted. In other words, there was significant improvement, but the change was from very low prosecution rates to rates that were still quite low (just not as low). Program staff were surprised—and dismayed—at the findings (see Campbell et al., 2013, for extended discussion), and this section of the toolkit and accompanying technical assistance were critical for working with programs to formulate next steps in their communities. Indeed, all six programs developed and executed action plans for change, based on their evaluation findings.

### Assessing Program Readiness to Use the Evaluation Toolkit and Implications for Clinical Forensic Nursing Practice

This validation project established that the toolkit can help forensic nurses carry out high-quality, methodologically rigorous evaluations of their programs. This project also highlighted that completing the toolkit is a substantial undertaking of time, energy, and organizational commitment. These six programs had additional technical assistance from the evaluation team, although they noted that the toolkit itself did provide the information they needed to answer their questions and complete the project. Therefore, it is important for programs to assess their organizational readiness for evaluation before launching into the steps outlined in the toolkit.

The capacity-building literature emphasizes that programs need to have key resources and structures in place before the initiative of evaluation activities (Patton, 2008; Preskill & Boyle, 2008), and this literature informed the criteria used to select the six programs that participated in this validation project. It is recommended that programs consider these same issues when deciding whether to undertake an evaluation of their program. First, programs need to have sufficient staffing levels to be able to devote time to the evaluation. It is not recommended that one person is tasked with conducting the evaluation, as the capacity-building literature clearly suggests that creating learning communities, whereby multiple people are involved in planning and implementing an evaluation, is more likely to result in a completed, high-quality project (Cousins & Chouinard, 2012; Preskill & Boyle, 2008).

Therefore, programs need to consider whether they have multiple people who are interested and available to participate in the evaluation project. It was estimated that programs would need to devote an average of 10 hours per month to participate in the toolkit project (to complete the entire project within 1 year), and this estimate was generally accurate, although for large/high-volume programs, it was slightly underestimated (15 hours on average was more typical).<sup>8</sup> At a minimum, it is recommended that programs have a full-time SANE program coordinator (to serve as a stable point-of-contact for the evaluation) and at least one other staff member who can have sustained involvement.

Second, programs need to consider how conducting an evaluation will impact the overall sustainability of their programs. It is well recognized in the field of forensic nursing that establishing a SANE program and overseeing its implementation requires considerable time and effort (Campbell et al., 2005; Ciancone, Wilson, Colette, & Gerson, 2000; Hutson, 2002; Ledray, 1999; Littel, 2001; Logan, Cole, & Capillo, 2007). It is also well known that program sustainability is an ongoing challenge in the field, and as such, the IAFN and the National Sexual Violence Resource Center have developed resources to help programs identify and solve common challenges that threaten program viability (Ferrell, Awad, & Markowitz, 2009; Markowitz, 2009; Turner, 2009). Therefore, programs that are struggling with sustainability should not attempt evaluation activities until patient care services, staffing, and other organizational challenges have been resolved. It may seem that evaluative data could be helpful in shoring up support for a program (and indeed, it often does), but the cost of obtaining those data could be prohibitive and counterproductive. Furthermore, if a program is evaluated before it is truly ready to be examined, then the results could likely show that the program is not effective, which could erode support for the program, both internally (within the program) and externally (in the community).

Finally, the capacity-building literature suggests that programs need to have the right organizational mindset and support for evaluation activities. Preskill and Boyle's (2008) Multidisciplinary Model of Evaluation Capacity Building highlights that, for a program to be able to carry out evaluations effectively and use the results, the program needs to have capacity in four key areas: leadership; culture; systems and structure; and communication.

□ **Leadership.** Leaders in the program value ongoing learning. They encourage employees/volunteers to acquire new knowledge and skills. They also encourage everyone in the program to contribute to discussions and problem solving.

<sup>8</sup>These monthly time allocations are averages, meaning that, sometimes, programs invested far fewer hours per month, but others invested more than 10–15 hours per month. Step 4 (sampling and data collection) is certainly the most time consuming, so we encourage programs to plan ahead for that particular phase.

<sup>9</sup>The Toolkit provides suggestions for how programs can build their evaluation knowledge and skills (both as individuals and as a program) to help develop their readiness for evaluation.

□ **Culture.** The culture of the program is one in which asking questions is encouraged. There is a commitment to ongoing improvement of the program, and evaluation is seen as an important way of making improvements.

□ **Systems and Structure.** There are systems and structures in place that make evaluation possible. For example, there are few bureaucratic hurdles to overcome when trying to do something new. There are also other processes such as regularly scheduled case reviews or protocol fidelity checks in place that let the program review how well any changes that are made work.

□ **Communication.** There are established channels for communicating with one another in the program and with community partners. Those communication channels can be used to plan evaluations and share evaluation findings.

Programs considering using the toolkit are encouraged to conduct a self-assessment in these four areas, and if there are perceived concerns and weaknesses, it is recommended that the program pause to address these underlying issues before launching an evaluation.<sup>9</sup> The SANE Practitioner Evaluation Toolkit can be a useful resource to programs wanting to assess sexual assault prosecution rates in their communities. Because it is a significant investment of time and energy to do so, careful consideration of program sustainability and program readiness to engage in this work is critical. In addition, an evaluation of SANE program impact on prosecution rates provides only one potential indicator of success. By developing evaluation capacity within the forensic nursing community, the knowledge base about SANE programs and their impact on criminal justice, medical, psychological, forensic, and community outcomes will grow more rapidly, highlighting areas of success and identifying common challenges to improve the community response to sexual assault victims and to advance forensic nursing practice.

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## Call For Authors

### Special Issue: Preventing and Responding to Campus Violence Deadline for Submission April 1, 2015

The *Journal of Forensic Nursing* is currently seeking original articles, review papers, and case reports for a special issue to be published in 2015.

We are particularly interested in the following suggested topics, however other topics of relevance to forensic nursing will also be considered:

- preventing gender-based relationship violence, sexual violence and/or stalking
- the role of nursing and health care in preventing and responding to campus violence
- campus policies related to all forms of violence
- mental health consequences of violence
- mass shootings and other forms of campus violence
- issues specific to special populations such as: LGBQ and transgender students, minority ethnic groups and men as victims
- coordinated campus responses
- technology-aided harassment
- sexual harassment and bullying

#### Special Guest Editor:

**Dr. Kathryn Laughon PhD, RN, SANE-A, SANE-P, FAAN, Associate Professor, School of Nursing, University of Virginia**

Authors are requested to indicate in the Authors' submission letter that they wish their manuscript to be considered for the special issue on Preventing and Responding to Campus Violence. For further information please contact Dr. Kathryn Laughon at [klaughon@virginia.edu](mailto:klaughon@virginia.edu) or Editor-in-Chief, Professor Cindy Peternelj-Taylor at [cindy.peternelj-taylor@usask.ca](mailto:cindy.peternelj-taylor@usask.ca)

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