FREE PREVIEW

PATROL REFERENCE PRESS

PATROL ESSENTIALS

Sexual Assault Investigations (Adult)

First Response & the First Hour · Trauma-Informed Interviewing · Recantation Is Not Falsity · Before You Call a Report False · Evidence & the Adult Exam · Beyond the Account · Documentation & Handoff · Court, Authority & Testimony

A Pocket-Reference Guide for Patrol Officers

RESPOND · PROTECT · SEPARATE · PRESERVE · DOCUMENT · HAND OFF

First Edition — 2026

This free preview contains the complete Foreword, How to Use This Manual, and the full Chapter 1 from the 70-page manual.

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This manual is a training and reference aid. It does not constitute legal advice, nor does it replace department policy, state law, POST or agency training, your agency's legal advisor, the prosecutor's direction, a hospital's or examiner's protocols, or a court's own rules and orders.

About This Free Preview

This preview gives you the complete opening of **Patrol Essentials: Sexual Assault Investigations (Adult)** — the Foreword, How to Use this Manual, and the full first chapter, *First Response to an Adult Sexual Assault Report*. You'll see the manual's real format: the Quick-Reference card that opens each chapter, the case-law callouts, the red-line rules, the high-risk-practice calls, the officer notes and the pitfalls that make the full manual a fast, field-ready reference.

> Provisional. Verify before you rely — agency policy and your legal advisor govern.

If this preview helps, the full 70-page manual continues with the seven chapters and three appendices listed below. Almost none of this work is federal law, so every proposition in it is labelled by its source — a state statute or case, an agency requirement, a hospital or examiner protocol, or a best practice — and every case the volume relies on is listed in Appendix C with its verified citation, the band it sits in, and the one point it carries.

Contents of the full 70-page manual

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Scope note — adults only. This volume is for reports made by adult complainants. It is not for child-victim reports — see *Juvenile Sexual Assault Investigations*, which owns child and adolescent doctrine: developmental interviewing, the forensic interview and Child Advocacy Center path, child hearsay and outcry, mandatory child-abuse reporting, the juvenile suspect, and the pediatric medical-forensic examination. When a call involves both an adult complainant and a child, or the complainant's age is not yet clear, use that volume for the child's route and this one for the adult's. Section 1.5 states the seam once and does not restate the child doctrine.

Foreword

An adult sexual-assault report usually arrives at the least convenient hour of the shift, from a complainant who is the least sure she wants to be there, and it asks the first officer to do several things that pull in different directions: make her safe, get her medical care, keep the account intact, keep the evidence intact, and not decide the case. The calls that go badly are rarely the ones where the officer was unkind. They are the ones where the officer worked fast and alone — asking detailed questions because nobody else was there to ask them, forming a view about whether the story held together, and writing that view into the file before anyone had looked for the evidence.

This manual is about that first hour and the decisions inside it. It is a patrol book, not an investigator's manual and not a prosecutor's manual. It does not tell you how to run a case to a conviction. It tells you what a patrol officer owns in an adult sexual-assault case — the safety, the separation, the medical referral, the limited account, the preservation, the documentation, and the handoff — and it labels the rest as somebody else's, with a card number attached.

Three failures bring officers to the material in this volume, and every chapter is built to prevent one of them.

The officer became the investigator at the scene. The field interview becomes a detailed chronology; the chronology becomes a set of firm opinions; the opinions become a case theory that the report fights for. A patrol officer who takes a trauma-informed free narrative and stops gives the case its best possible start. A patrol officer who interrogates a complainant in the first hour gives the defense a transcript to work from and gives the file an account that everyone afterwards has to defend.

The officer read trauma as deception, or as proof. An adult who reports late, calmly, inconsistently, or without injuries is routinely read at the scene as somebody whose story does not add up. The trained answer is narrower and more useful: trauma can change what a person remembers, how she sounds, and when she feels able to report, and none of that makes a report true or false. Chapter 2 is the whole of that argument.

The officer closed the case instead of handing it on. A recantation is treated as the end of the matter. A slow week, a weak-feeling file, or a supervisor's pressure is answered by an unfounded coding. The complainant is told what will happen to her case, or told nothing. Chapters 3 and 4 own the corrective discipline: recantation is not falsity, coding has consequences, and a report may be called false only on a finished investigation and evidence that no offense occurred.

Where this manual meets a subject another title in this series already owns, it hands off rather than repeats, and it says so at the point of contact. The child-complainant route belongs to *Juvenile Sexual Assault Investigations* (the first response and separation discipline on `JSA-JUV-0011` and `JSA-JUV-0029`, the limited child interview on `JSA-JUV-0016` and `JSA-JUV-0024`, the question ladder on `JSA-JUV-0025`, the pediatric examination and patient options on `JSA-JUV-0026` and `JSA-JUV-0009`, child statements and hearsay on `JSA-JUV-0003`). The authority to seize, custody, and every search doctrine belong to *Stop, Search & Detention*. Statements and advisements at the moment of custody belong to *Stop, Search & Detention* and *Arrest, Warrants & Court Process* (`SSD-DET-0017`, `SSD-DET-0021`, `AWR-ARR-0019`). The collection, packaging, sealing and chain-of-custody mechanics of every item belong to *Evidence Collection & Chain of Custody* (`EVC-EVD-0005`, `EVC-EVD-0006`). The fact-versus-inference discipline, the report templates and the disclosure duty belong to *Report Writing & Case Documentation* (`RPT-DOC-0007`, `RPT-DOC-0017`, `RPT-DOC-0031`). Capacity, guardianship and who may consent for another person belong to *Special Populations* (`SPP-SPC-0011`). What *this* manual owns is the adult sexual-assault first hour and the discipline that keeps it honest: the sequence, the trauma-informed account, the recantation response, the unfounding safeguards, the evidence priorities, the case built beyond the account, the documentation, and the authority an adult sexual-assault case actually turns on.

One warning on the ground this manual covers. Almost nothing in an adult sexual-assault investigation is federal law. The Constitution governs searches, seizures, statements and the trial, and this series covers those elsewhere. What the offense *is*, what consent means, when an examination is available and who pays for it, how long a kit may be held, what a victim is entitled to keep private, and what your agency may close and how — those come from your **state's statutes and cases**, your **agency's policy**, your **hospital's and examiner's protocols**, and professional practice, and they differ from one jurisdiction to the next. This volume states the investigative standard and labels each proposition so you can tell law from practice. Read the standard as the floor. Your authority is your state's law and your agency's policy.

On the material in Chapters 3 and 4: the treatment here of recantation, of unfounding, and of false-report data summarizes the published literature and the professional guidance of bodies such as the International Association of Chiefs of Police, including Lisa R. Avalos, *Policing Rape Complainants: When Reporting Rape Becomes a Crime*, 20 J. Gender, Race & Justice 459 (2017). It is presented as investigative best practice and attributed where it is used. It is not reproduced as a policy position, and it is not a substitute for your agency's own directives.

Read this manual once end to end, then keep it with the kit you take to these calls. The chapters are short on purpose, and the question underneath all of them is the same one: what did this complainant need in the first hour, and what did I leave for the people who come after me. — **Patrol Reference**

Press *First Edition, 2026*

How to Use This Manual

This manual is built for the working patrol officer and is structured so you can find the answer in seconds — on a call with the complainant in front of you, in the car with the radio still up, or at the station at the end of a long tour when the report has to be right.

Each chapter opens with a Quick-Reference card — the chapter's core doctrine as one table you can scan in thirty seconds. This print edition carries the full discussion. The same doctrine is also carried as a short field card in the **Patrol Core** mobile reference — Rule / Need / May / May Not / Watch For / Authority / Related — so the section's distilled answer and its cross-references are in your pocket as well as on the page.

Icons and callouts used throughout:

- ⚖️ **CASE LAW** — A decision or a verified citation that shapes the question. Hold the point; confirm the citation in your own jurisdiction before you rely on it.
- 🛑 **RED LINE** — A bright-line safety or integrity rule. Cross it and you have harmed the complainant, the record, or the case.
- 🚨 **HIGH-RISK PRACTICE** — A circumstance-dependent judgment call where the wrong choice can create a suppression problem, a contamination problem, or a credibility problem. Not a bright line — weigh it, and document the reasoning.
- 💡 **OFFICER NOTE** — Practical field guidance and lessons learned in review.
- ⚠️ **PITFALL** — A common mistake that costs officers their case.

A word on the two kinds of language in this book. Genuine safety rules and bright-line integrity rules are written in **absolute** language — "never," "do not." Almost everything else in an adult sexual-assault investigation — how long an interview should run, what order to ask about, how much weight a trauma response carries, which cases your agency may close and how — is written in **qualified** language — "can," "commonly," "should," "your agency's policy governs." When you see a RED LINE, treat it as a boundary. When you see guidance, treat it as a considered approach to be weighed against the facts, the complainant in front of you, and your agency's policy.

Label the source of every rule. A requirement in this work can come from law, from your agency's policy, from a prosecutor's direction, or from professional practice, and they are not interchangeable. Where this manual states a legal standard it says so. Where it describes an **agency requirement** or a **best practice** it says so. It never dresses a best practice as a legal duty, and where the law is unsettled it says that too.

Nothing in this manual decides credibility. No chapter, card or callout scores a report as true or false, tells you whether a complainant is believable, or supplies a reason to disbelieve an account because of how it was told or when it was made. Where the manual gives you a behavior to expect, it is there so you do not misread it — not so you can weigh it. The decisions that end a case belong to the evidence, the prosecutor and the court.

Cross-reference convention. Where a doctrine has its own deep treatment in this series, this manual states the practice and points you to the owner, by card number: *Juvenile Sexual Assault Investigations* (the whole child-complainant route), *Stop, Search & Detention* and *Arrest, Warrants & Court Process* (authority, custody, statements, Miranda), *Evidence Collection & Chain of Custody* (what to do with every item once you have it), *Report Writing & Case Documentation* (how the record is built, corrected and disclosed), *Special Populations* (capacity and consent for another person), and *Conflict De-Escalation* (the family-disturbance and coercive-control framing).

The volume name never goes in a report. "Sexual Assault Investigations (Adult)" is the name of this manual. It is a product title, not an offense, not a classification and not a case type. Write the offense your state's statute defines and the facts you observed.

How this volume is organized. Chapters 1 through 4 are the first hour and the decision that follows it: the first-response sequence and what you are actually proving, the trauma-informed account, the recantation response, and the safeguards before a report may be called false. The rest of the volume carries the evidence priorities and the examination, the case built beyond the complainant's account, documentation and handoff, authority and testimony, and the appendices (the field card, the recantation-and-unfounding flow, and the case index).

Disclaimer: This manual is a training and reference aid. It does not constitute legal advice, and it does not replace department policy, state law, POST or agency training, your agency's legal advisor, the prosecutor's direction, a hospital's or examiner's protocols, or a court's own rules and orders. Adult sexual-assault law, the definition of consent, examination availability and payment, evidence and kit retention, victim-confidentiality provisions, and case-closure and reporting requirements vary by state and by agency, and they change over time. Where this manual and your state's law, your agency's policy, a hospital's or examiner's protocol, or a court order differ, those sources govern. Confirm every citation and every state- or agency-specific rule with your legal advisor before you rely on it. When in doubt, consult a supervisor, your department's legal office, or the prosecutor. Provisional. Verify before you rely — agency policy and your legal advisor govern.

CHAPTER 1

First Response to an Adult Sexual Assault Report

QUICK-REFERENCE

First-Hour Sequence — Adult SA

The first hour has one order, and it is not the order the call feels like. Six steps, in this sequence, and each one makes the next possible.

#	Step	Why it sits here
1	**Safety and control of the scene.** Identify the suspect, weapons, other people at risk, and any immediate medical need.	Nothing else you do is safe, or defensible, until the scene and the people in it are controlled.
2	**Medical first.** Injury, bleeding, altered consciousness, difficulty breathing or swallowing, a possible drugging, an overdose, pregnancy risk or acute distress — request EMS.	Strangulation and drugging are the two time-sensitive, often invisible injuries in this case type, and neither one waits for your interview.
3	**Separate.** The complainant away from the suspect, from anyone who speaks for him, and from other witnesses. No group retelling.	Contamination and intimidation both happen in the first ten minutes, and both are permanent.
4	**Preserve what expires.** Clothing, bedding, a device, the room, and every camera that overwrites on its own clock.	Physical and digital evidence in an adult case runs on hours, and the person who decides what survives is usually you.
5	**Limited account.** Rapport, the free narrative, then only what must be known now — in her words.	You are taking a record, not solving a case. A bad question asked now is in the file forever.
6	**Hand off on the record.** Investigator, examiner or hospital, advocate, supervisor — with the facts, the risk, the action taken and the next step written down.	The case is carried by whoever follows you, and they need to know what you already knew.

Bottom line: Safety, medical, separation, preservation, a limited account and a clean handoff. The complainant is a patient and a witness — not a suspect, and not a case you have to solve at the scene.

1.1 Elements First — What You Are Actually Proving

An officer who knows the shape of the offense collects differently from one who does not. Not because a patrol officer applies the statute — she does not, and she should not say she does — but because the collection decisions in the first hour are all downstream of one question: what would have to be true for this to be the crime the statute describes?

The shape is stable even where the wording is not. Adult sexual-assault statutes criminalise a sexual act performed **without consent**, and almost all of them define the "without consent" half by circumstances rather than by the complainant's state of mind: force or violence, a threat of force or harm, unconsciousness or an inability to resist, a level of intoxication that removed the capacity to consent, a mental or physical condition that made consent impossible, a substance given without her knowledge, a relationship of authority or care, or a complainant below an age the statute names. The list is a map of what forces an adult case can turn on — it is not a checklist, it is not the wording of any state's statute, and it is not the same list in two states.

Why patrol needs it. Three of the most common first-hour mistakes come straight out of not knowing the shape. The officer who hears "I was too drunk to say no" and collects nothing because there was no fight is looking for force where the case is capacity. The officer who hears "he said he would hurt my mother" and collects nothing because nobody was struck is looking for injury where the case is threat. The officer who hears a report from a complainant whose husband did it and quietly downgrades it is applying an exemption most states no longer have, and where any narrow version survives it belongs to your state's overlay and to your prosecutor, not to your scene assessment.

> 🚨 **HIGH-RISK PRACTICE**
>
> Deciding the elements at the scene. The most damaging sentence in a first-hour report reads something like "based on her account I advised her this would not meet the elements of sexual assault." That conclusion is a prosecutor's, not a patrol officer's, and it produces the two outcomes Chapters 3 and 4 exist to prevent: a complainant who disengages because she has been told her report does not count, and a case coded or investigated as something smaller than it is. Take the report, collect toward the circumstances the facts actually support, and record the facts that do not fit as well as the ones that do. If a supervisor or an investigator needs a view on the elements, that is what the handoff is for.

> 💡 **OFFICER NOTE**
>
> Ask the question that maps to the statute. You do not need the statutory language in your mouth. You need five facts: what act occurred; whether it was against her will; what was said or done to compel it; whether she was awake, aware and able to refuse; and what the suspect knew about her state. Those five cover force, threat, incapacity and the substance circumstance, and they are all things a complainant can answer in her own words.

1.2 Safety, Separation & Suspect Access

In the child-complainant case, separation protects an account from a caregiver who may be the suspect or may coach. In the adult case, separation does something additional and often more urgent: it removes the person who just committed a crime from the person who is about to describe

it, at the one moment when both are still in the same place and the suspect still has leverage.

Assume the suspect is known, and often still present. Most adult sexual assaults are committed by somebody the complainant knows — a partner or former partner, a household member, a date, a co-worker, a family friend. That means he is frequently on scene, frequently the person who called, frequently the person who is "helping", and frequently the person the complainant is worried about losing. Where he is present, he is your first separation problem, not your first interview. Where he is not present, he is still your first access problem: he may hold her housing, her children, her immigration status, her job or her phone.

The four things separation means in practice. One: the complainant goes to a private space with one officer, and the suspect stays with another. Two: nobody retells the event in a group, in a living room, or in a hallway, because a group retelling contaminates every account in it. Three: the complainant is not asked to confront, call, text or record the suspect, and nobody at the scene talks her into a plan to find out what he will say. Four: what happens after you leave is documented — whether he comes back, whether he has a key, whether the children are with him, whether she has somewhere to go tonight.

Control how information moves, and write down what you could not control. Ask who she does not want to see or hear from, and record it, because it goes into the safety plan and the investigator needs it. Ask who else already knows and who has already called her. Where a shared phone, a shared plan or a shared account means the suspect can see or delete messages, say so in the report as a fact and leave the preservation to the people who own it (`EVC-EVD-0006` for the preservation duty; your evidence card in Chapter 5 for what matters in this case type). Give her whatever advocacy, hotline and shelter information your agency provides; the decision about a protective order, custody or an emergency housing placement is not yours to make at the scene, and where your agency has a specialised unit or number for it, that is the call you make (`AWR-ARR-0029` owns who to call in a special custody or family situation).

> 🚨 **HIGH-RISK PRACTICE**
>
> The "he says it was consensual" conversation at the scene. Where the suspect is present, officers are routinely drawn into a three-way conversation in which the complainant's account is tested against his within the hour it was made, often with the complainant listening. That conversation is a second, competing account built inside the window when the complainant is most vulnerable, it is rarely useful, and it hands the defense a comparison it will use for years. Take the suspect's identity, his location, his access and his statements as observed; leave the interview of the suspect to the people who do it under the rules they own (`SSD-DET-0017`, `SSD-DET-0021`).

> ⚠️ **PITFALL**
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> The separation that never happened. The most common version is unintentional: an officer keeps the suspect in the driveway while the complainant is interviewed near the front door, the two can hear each other, and the complainant answers around him. The second version is deliberate and worse: a family member, a roommate or a neighbor is allowed to "help her explain". Both produce an account that the defense can attack as coached or as given under the suspect's eye. When the scene makes a clean separation impossible, say so in the report — the condition you could not control is a fact, and the investigator needs it.

1.3 Medical Triage — Injury, Strangulation, Drugging & the SANE Referral

The medical question outranks the investigative one, and it is the one officers most often answer themselves. Three findings in an adult sexual-assault case are time-sensitive and frequently invisible, and a patrol officer's job on all three is the same: treat the symptom as a medical need, get a clinician in front of the complainant, and do not let anything you want from her delay it.

Injury. Obvious injury is easy. The harder category is the injury a complainant does not report and does not feel yet — the neck that hurts when she swallows, the wrist she cannot fully flex, the scalp she has not touched, the bleeding she has not noticed. Ask about pain, restricted movement, bleeding and breathing directly, and let a clinician examine what you cannot see. Photographing an injury for the record is a matter for your agency's policy and training; the diagnosis is not.

Strangulation. Non-fatal strangulation is one of the strongest predictors of a later lethal assault in an intimate-partner case, and it very often leaves no visible mark. Treat as a medical emergency a report of pressure on the neck, a loss of consciousness, difficulty breathing, a raspy or lost voice, pain or difficulty swallowing, petechiae, incontinence, a memory gap, or a feeling of having nearly died. Whether or not the complainant wants to report, whether or not she wants to leave, and whether or not there is a mark, the answer is the same: EMS, and a clinician who knows what to assess. The child-case triage discipline, including the strangulation and drugging assessment, is `JSA-JUV-0015`'s; the family-disturbance version of the same problem is `DES-COM-0013`'s; this section owns the adult complainant's route to care.

Drugging. A complainant who says she felt drunk after one drink, woke up mid-act, lost a period of time, or felt heavier or slower than the alcohol in front of her described may have been given a substance. She may also be describing the effect of alcohol on top of trauma, of a prescribed medication, or of a pre-existing condition. You are not deciding that question; you are documenting the timeline, the quantity she believes she had, what she felt and when it started, what she ate or drank and where it came from, and who had access to it — and you are getting her to a clinician who can take what the laboratory needs while the window is open. What an adult examination involves,

what may be collected from a person and who collects it, is the subject of Section 5.1 and of *Evidence Collection & Chain of Custody* (EVC-EVD-0026); what this section adds is that the referral is not yours to withhold.

The examination is an offer, and it stands. The medical-forensic examination is the complainant's decision. It is not a condition of the report, of the investigation, or of anybody's willingness to help her, and it is not a test of how sincere she is. Offer it, explain in plain terms that it is a medical examination first, make the referral whether or not she accepts it now, and record what you offered and what she chose. The examiner's own practice, the patient's options including anonymity where they exist, and the timing questions are Section 5.1's.

> 🛑 **RED LINE**
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> Never delay or condition medical care to obtain a statement or preserve evidence. This is a safety rule before it is an investigative one, and it admits no exception. The complainant bleeds while an officer finishes a chronology, the strangulation that will close an airway is deferred for photographs, the examination is threatened or promised as a bargaining chip — each of these is a serious failure, and in the second and third there is also accountability waiting at the other end. Care first. The account and the evidence will still be there when the clinician is done, or they will be gone anyway.

> 💡 **OFFICER NOTE**
>
> The triage sentence for your radio and your handoff. "Adult female, sexual assault report, possible non-fatal strangulation — pressure to the neck, voice change, memory gap — EMS requested, suspect identified, separation established, scene held." Four facts: the medical risk, the mechanism, the suspect and the scene. That sentence is what makes the next hour work, and it belongs in the record whether or not it was ever said out loud.

> ⚠️ **PITFALL**
>
> Documenting "no injuries" as a finding about the report. "Complainant had no visible injuries" is an observation and belongs in the report. "Complainant had no visible injuries, consistent with her account not being credible" is a conclusion that no patrol officer at a scene is in a position to reach, and it is the sentence that most reliably damages a case in the hands of a defense attorney. Injuries are frequently absent in adult sexual assault, particularly in non-stranger cases; absence of injury is not a fact about truthfulness — and that reasoning runs in both directions, which is the whole point of Section 2.1.

1.4 Privacy, Dignity & the Room

Everything a complainant says in the first hour is shaped by where she says it and by what she believes will happen next. The room and the first three sentences are therefore not soft skills; they are the conditions that decide whether the account you take is usable.

The room. A private space, one officer asking, no doorway traffic, no radio audible to the conversation, and no other person in the room unless the complainant wants an advocate or a support person there. A lobby, a patrol-car back seat, a kitchen with the family in it and a hallway within earshot of the suspect are all places where a complainant gives you the version she can safely give. The child-case privacy and setting discipline, including the rule about not promising an outcome, is `JSA-JUV-0023`'s; the adult application is this section.

The picture. Positioning matters more than anyone expects. Sit at an angle rather than across a desk, at her eye level, with nothing between you and her, and with your hands and your posture as neutral as your words. Keep your voice level and your questions short. Explain the small mechanics — that you will take notes, that someone may come to talk to her, that she can pause, that she can ask you to repeat or rephrase anything.

Honesty is the technique. Tell her who you are, what you are there to do, and what you cannot do. Say that you are a police officer, that you will write a report, that the report will be read by other people, that you cannot promise her that her case will be charged, that you cannot promise she will not have to talk about this again, and that you cannot keep what she tells you secret. Then say what you can do: get her medical care, keep what happened to her as contained as the law and the case allow, and make sure the people who handle this work get the facts right. A complainant who has been told the limits is a complainant who is not later surprised, and surprise is what turns cooperation into withdrawal.

> 🛑 **RED LINE**
>
> Never promise secrecy you cannot keep. "This stays between us" is the sentence that most often destroys an adult sexual-assault case, and it is usually said to be kind. What you tell her goes into a report, that report goes to a supervisor, an investigator and a prosecutor, and discovery rules may put it in the hands of the defense (`RPT-DOC-0031`). Say instead what is true: what you write goes into the case file, and you will tell her when something she said may have to be shared. A limited, honest promise is worth more than a large false one, and the false one is also a promise you will be asked about on the stand.

> 💡 **OFFICER NOTE**
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> The opening that sets the room. "My name is Officer [name]. What happened to you was not your fault, and you are not in trouble. I am going to ask you some questions, and I am going to write down what you tell me. You can stop me at any time, you can ask me anything, and if I do not know an answer I will tell you I do not know." It takes fifteen seconds, it tells her the rules, and it moves the next twenty minutes from interrogation toward an interview.

> ⚠️ **PITFALL**
>
> The small indignities that close a complainant down. Keeping her standing in a hallway; leaving a door open to a room where relatives are waiting; asking your questions in front of the person she is frightened of; telling her "just the basics" and then asking for detail you do not need; referring to her in the third person while she is in the room; and using the word "alleged" to her face. None of it is misconduct. All of it is a reason for a complainant to decide, in the first ten minutes, that this process is not for her — and that decision is the one Chapter 3 has to answer for afterwards.

1.5 Adult Reports Are Not Child Reports

An officer who has worked a child sexual-assault call once will recognize the shape of this call and will be tempted to run the same play. Parts of it transfer well — the calm voice, the limited account, the preservation discipline, the handoff. Parts of it are wrong for an adult in ways that matter, and this section states the seam once so neither volume has to explain itself twice.

Doctrine	Owner	What this volume does instead
First response and separation for a child complainant	*Juvenile Sexual Assault Investigations* (JSA-JUV-0011, JSA-JUV-0029)	Applies the same principles to an adult and never restates the child sequence.
The child forensic interview, the Child Advocacy Center and the multidisciplinary team	*Juvenile Sexual Assault Investigations* (JSA-JUV-0016, JSA-JUV-0024, JSA-JUV-0025)	Owns the adult trauma-informed interview in Chapter 2.
Child hearsay, outcry statements and the confrontation analysis	*Juvenile Sexual Assault Investigations* (JSA-JUV-0003)	Owns the adult hearsay and testimonial-statement posture in Chapter 8.
Mandatory child-abuse reporting and caregiver duties	*Juvenile Sexual Assault Investigations*	Refers any child or adolescent victim, in any role, to that volume and to your state's reporting statute.
The pediatric examination and the child patient's options	*Juvenile Sexual Assault Investigations* (JSA-JUV-0026, JSA-JUV-0009)	Owns the adult examination and the adult patient's decision in Section 5.1.
Capacity, guardianship and who may consent for another person	*Special Populations* (SPP-SPC-0011)	States the adult capacity question and links out.

What is genuinely different. An adult complainant has the legal authority over her own body, her own statement and her own medical decisions, and that authority does not depend on her cooperating with you. She can decline the examination, decline to give a statement, decline an advocate, and still be entitled to the same care, the same information and the same respect. An adult can also be the person who is arrested, for something else entirely and sometimes for conduct arising out of the same night, and her status as a complainant does not suspend anything you know about custody and statements (AWR-ARR-0019, SSD-DET-0017). And an adult's age does not tell you her capacity: an adult with an intellectual disability or a cognitive impairment raises the questions SPP-SPC-0011 owns, and the sexual-assault investigation of that complainant can require both volumes and both skill sets at once.

> ⚠️ **PITFALL**
>
> Running the child playbook on an adult. Reaching for a caregiver to speak for her; calling a child-protection number because a sexual-assault report came in; treating a refusal of the examination as evidence of a false report; and — the one that does the most damage — asking an adult complainant to give a detailed chronology because that is how the interview was run the last time, by somebody else, in a different volume. Take the age you are dealing with, run the response that fits it, and where a case sits on the boundary between the two, get the investigator and an advocate involved early.

> 💡 **OFFICER NOTE**
>
> The boundary call. Where the complainant is 17, is a young adult with a developmental disability, or is an adult reporting an offense that began when she was a child, you are likely in both volumes at once. That is not a reason to guess: it is the reason to make two calls, to the investigator and to the advocate, and to say in the report what you knew about the complainant's age and capacity and when you knew it. The report records the call you made; it does not have to resolve which volume the case belonged to.

Get the Full 70-Page Manual

The first hour, written down so the case can survive it.

- **Chapter 1: First Response to an Adult Sexual Assault Report** — the six-step first-hour order, what you are actually proving, safety and separation, medical triage and the SANE referral, privacy and dignity, and the seam between an adult report and a child report.
- **Chapter 2: Trauma-Informed Interviewing of an Adult Complainant** — trauma, memory and behaviour, timing and sensory-based questioning, the adult question ladder, and the questions you never ask.
- **Chapter 3: When a Complainant Recants — Recantation Is Not Falsity** — why adults recant, and recantation read as a safety signal — pressure, threat and intimidation.
- **Chapter 4: Before You Call a Report False — The Safeguards** — the three unfounding safeguards, coding a case honestly, finishing the investigation, and who decides what.
- **Chapter 5: Evidence in an Adult Sexual Assault Case** — the first-24-hour evidence priorities, the adult exam and kit windows and the patient's choices, biological, digital and third-party evidence, and packaging and chain of custody.
- **Chapter 6: Beyond the Complainant's Account** — the suspect — role, timing, Miranda and statements — and non-stranger and intimate-partner sexual assault.
- **Chapter 7: Documenting an Adult Sexual Assault Case** — exact words and trauma-informed language, documenting a recantation, facts versus inferences, and the handoff briefing.
- **Chapter 8: Court, Authority & Testimony** — testimonial statements, hearsay and the Confrontation Clause, rape-shield rules, and testifying about a lab report.
- **Appendix A: Field Card — First Hour & Interview Prompts** — the tear-out field card — the first hour in order, the prompts, the never-ask list, and the handoff block.
- **Appendix B: Recantation & Unfounding Response Card** — the recantation and unfounding response card — where each moment is answered, and what the answer is not.
- **Appendix C: Case Index — Authority Quick Table** — the case index — every authority this volume relies on, in three bands, with the point each one carries.

The full manual also carries the Quick-Reference card that opens every chapter, the callouts that mark the bright lines, the tear-out field card in Appendix A, and the three-band case index in Appendix C. The same doctrine is searchable and offline in the **Patrol Core** field reference at **patrolreferencepress.com**.

Provisional. Verify before you rely — agency policy and your legal advisor govern.