



Photo- documentation in the Investigation of Child Abuse

*Portable Guides to
Investigating Child Abuse*

Foreword

A picture, so the saying goes, is worth a thousand words. In the case of the investigation of a charge of child abuse, a picture can determine the eventual case result.

To do the task of documentation properly, child abuse investigators require the right tools and the right techniques. Photodocumentation is one of the most important of these tools.

This guide provides valuable pointers regarding the selection and use of camera equipment, film, and photographic techniques that are most appropriate for use in cases of suspected child abuse. Proper photographing of the child's physical condition will help provide evidence integral both to the investigation and to the courtroom presentation, should formal charges ensue.

It is my hope, therefore, that this guide will help protect children from abuse through the enhancement of investigative techniques.

Shay Bilchik

Administrator

Office of Juvenile Justice and
Delinquency Prevention

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Photographs documenting a victim's injuries often provide key evidence in child abuse cases and convictions. To ensure effective photodocumentation, it is important to use the most appropriate camera equipment and film and to properly identify and investigate the child victim. Critical to all investigations of child abuse is the method of photographing injuries such as pressure injuries, bite marks, bruises, burns, facial injuries, amputations, neglect, and sexual abuse injuries. Accurate courtroom evidence can be hindered by the following:



- ✱ Ineffective camera equipment and film.
- ✱ Insufficient methods of photographing the victim or the victim's injuries.
- ✱ Misinformation regarding the photographs of the case.
- ✱ Mislabeling of child abuse information, including photographs.

This guide offers important information on how to document cases of suspected child abuse through photography to enhance the investigation process or provide courtroom evidence and testimony.



Camera Equipment

To be effective in documenting child abuse cases, camera equipment should have the following capabilities:

- * Be easy to use and require little training.
- * Offer accurate color balance.
- * Provide automatic exposure and the capability for film advance and rewind.
- * Have a built-in flash with quick recharge (flash recharges within 2 to 3 seconds).
- * Offer comfortable operating distance from subject.
- * Be able to produce life-size reproductions of trauma sites and to show much larger areas of the body or the device believed to have caused the injury.

Camera systems for photographing abused children range from expensive and sophisticated colposcopic (a specialized camera/examination unit used specifically by medical examiners for viewing or photographing subtle abnormalities or injuries to the vagina, cervix, or anus) and 35mm closeup systems to less expensive and simpler “bridge” cameras and instant or self-developing cameras. Table 1 lists the types of cameras and their advantages and disadvantages.

Film

The standard film for medical use in documenting child abuse cases is 35mm color slide film, sometimes referred to as color transparency or color reversal film. Color slides are relatively inexpensive and easy to file and can be quickly developed and converted into color prints if necessary.

Regardless of the camera equipment used, the following points concerning type and use of film are important in ensuring consistency in results and reproduction of the injury, its location, color, size, and pattern:

- * Use fine-grain color slide or print film that has a film speed rating of 100 or 200 ISO (International Standards Organization). This type of daylight film allows for a greater depth of field (sharpness) with a minimum amount of grain and blurriness. Always use a flash when shooting indoors with daylight film. *Sixty-second, self-developing film is not recommended.*
- * Keep film and camera equipment in a clean, empty, dry thermal container or picnic cooler. Do not store the film unprotected in a vehicle. Sunlight and extreme temperatures can adversely affect color accuracy, reduce the film's sensitivity to light, and in some cases, result in tearing or splitting.
- * Store film in the refrigerator or freezer to keep it fresh, but place at room temperature for approximately 2 to 3 hours before it is to be used (24 hours if film is frozen).
- * Process exposed film as soon as possible to avoid a color imbalance or shift.
- * Remember when the film was loaded, the type of film, and how many exposures a roll contains. Attach an end flap from the film carton to the camera back as a reminder. Failure to do so could result in lost evidence. Always remove rewind film from the camera and attach an identification sticker or place in an evidence bag before the film is sent for processing.
- * Make sure an extra camera and set of flash batteries are available at all times.

Table 1

Advantages and Disadvantages of Types of Cameras Used in Photodocumentation

Type of Camera	Advantages	Disadvantages
Instant-processing cameras	Simple operation and low cost.	Poor resolution/poor color compared with 35mm film.
Fixed-focus lens "point-and-shoot" or "compact" 35mm cameras	Inexpensive and easy to use.	Limited closeup capability and expendability. Viewfinder does not view the same image as the lens. It creates blurred images when the photographer attempts to magnify the image by moving in closer (6–7 feet) than the focusing limit of the lens.
Colposcopic cameras	Accurate, standardized equipment for examination or photography of sexual abuse injuries. Able to document findings not otherwise seen with the naked eye.	Expensive, not portable, and cumbersome to operate. Require training usually reserved for healthcare providers (i.e., physicians). Not equipped for photography of large areas of the body.
35mm-format cameras	Provide choices of cameras, lenses, and accessories that offer excellent resolution and closeup capabilities.	Generally no disadvantages.

Offer integrated (dedicated) flash that automatically adjusts during photo sessions. Compare favorably with and are significantly less expensive than colposcopic cameras for photographing the sexually abused child.

Require little training and offer comfortable operating distance from the subject.

Provide accurate color balance, automatic exposure, film advance and rewind, built-in flash, and quick flash recharge.

Combine the simplicity and easy use of a point-and-shoot camera with the versatility, expendability, and closeup capability of a 35mm prepackaged camera system, "bridging the gap" between these two kinds of equipment.

Relatively inexpensive, fully automatic, and incorporate telephoto (35–70mm or 35–105mm) capability, built-in flash, autofocus, motor drive, and optional databack.

"Bridge" cameras

Cannot attach specialized lenses or flash units for optional documentation of some injuries (intraoral, intravaginal, ophthalmic).

Ultraviolet Photography

Ultraviolet (UV) photography has an established role in clinical forensic medicine and is beginning to be used in child abuse assessments. UV is a method of photography in which a standard, high-speed (ISO 800/1600) color slide film is used in conjunction with a high-powered electronic flash. The flash must be covered with a Wood's Filter (Wratten Filter 18A); another filter (Wratten Filter 2B or 2E) must be used on the camera lens. The end result of UV photography is an image that may display healed wounds, bite marks, belt imprints, and old pattern-type injuries.

There are disadvantages to UV photography. Photographing conscious subjects can be difficult and may produce little usable evidence, and the image cannot be seen until after development. In addition, the methodology is complex, the working parameters are tight, and any proof may be altered by subject movement or inaccurate focusing. If UV is to be used, the subject should also be recorded on conventional color slide film using a standard nonfiltered flash and lens combination.

Photographing Injuries

Prior to photographing the injuries, the investigator should identify the suspected child abuse victim by completing an identification sheet and/or taking a full-face picture of the child that also displays the child's name. Separate rolls of film should be used for each case to avoid losing or mixing up evidence, which could result in dismissal of the case. Although time-consuming, it is helpful to place an identifying sign, including name or initials, date of birth, date and time of photographs, case number, and the photographer's name or initials, in front of the victim's injury for each picture. In addition, many 35mm cameras contain databack attachments that imprint the time, date, and an identifying code on each film frame.

In addition, the investigator can use a medical photography form as a tool for highlighting injury sites, description of injuries, time and date of photographs, the victim's identification or case number, and the number of photographs taken and by whom. The form is then included in the finished photo envelope as relevant to the chain of evidence. A sample form is included as figure 1.

Tips for Photographing a Suspected Victim of Child Abuse

- * Take two pictures of every view and angle, one for the file and one for court.
- * Photograph the injury with an anatomic landmark. The inclusion of an elbow, knee, belly button, or other body part identifies the location of the wound.
- * Include two pictures of each wound or other injury—one that identifies a landmark and one that provides a closeup (fills the film frame) of the wound.
- * Position the camera so that the film surface or plane is parallel to or directly facing the injury.
- * Vary the perspective of the picture by taking various shots from different angles and distances. This is particularly important since the flash may produce unpredictable reflections. Darker complexions can cause flash reflections and loss of definition. If unsure about correct exposures, take pictures at the camera's recommended exposure and one slightly lighter and one slightly darker (bracketing). To do this, adjust the lens aperture by one-half to one full f-stop on either side of the recommended exposure. Bracketing will ensure proper color balance and brightness when documenting victims with very light or very dark skin tones.
- * Place a measuring device such as an adhesive metric scale directly above or below the injury to ensure accurate representation of the size and depth of the injury. A standardized color bar may be placed in the photographic plane for comparison with the color of the injury. This ensures that if color is distorted in the film developing process, adequate color comparisons can still be made.

Figure 1

Request For _____ S or A No. _____

MEDICAL PHOTOGRAPHY

CHILDREN'S HOSPITAL OF BUFFALO

(please print) Form must be filled out completely

Name _____
Last First

Unit No. _____ Birth Date _____

Diagnosis _____

Photograph to show _____

How Patient dressed _____

 B&W Color

Grant or Account No. _____

Requested by _____
Physician Signature

Remarks - _____

Form - 44

Addressograph Plate

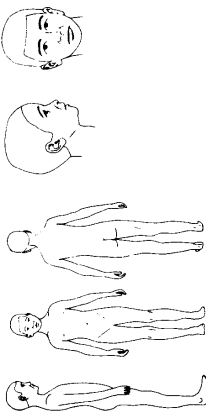
Dept use only

No. _____

Date _____

AMOUNT
CHARGED: _____

OUTLINE AREAS TO BE PHOTOGRAPHED



Reproduced courtesy of the Children's Hospital of Buffalo, New York.

Methods for Photographing Specific Injuries

Punctures, slashes, rope burns, or pressure injuries

When documenting these types of injuries, take photographs straight on and at a slight angle. Photographing the injury straight on provides an overall view of the surface and extent of the injury, while shooting from a slight angle provides depth and texture to a picture.

Bite marks

Forensic bite mark photography is a specialized field of medical photography and is interpreted best by a forensic dentist or pathologist. Bite marks can be recorded by following the method described above for punctures, slashes, and so forth, but the size, shape, color, depth of indentations, and three-dimensional contours also need to be documented. Multiple views from various perspectives are important in delineating texture and shape. Parallel or direct views best depict shape and size, while slanted or indirect views and lighting highlight texture.

Bruises

Bruising goes through several stages of development—a bruise discovered several hours after abuse will become more pronounced as time goes on, and additional photographs will be needed to document the injury. If a second or third series of pictures is required, the investigator should reproduce the angles and positions that were used to photograph the first series. If a child shows evidence of having old and new bruises, repeated abuse may be suspected. Both old and new bruises should be photographed. Areas of swelling (edema) sometimes exhibit a strong reflection that is caused by the flash bouncing off the swollen/rounded injury site. This effect may obscure the photograph. To help minimize the reflections, take photographs from several different angles, then do a followup series when the swelling has gone down.

Burns

In cases of burns or severe scalding, take pictures from all angles *before* (especially before any creams or oils are applied) and *after* treatment. Accidental burns usually exhibit splash marks or indiscriminate patterns of injury. Intentional submersions show distinct lines or well-defined areas of damaged skin compared with healthy skin.

Facial injuries

If an injury is inside the mouth, use a plastic or wooden tongue depressor to keep the mouth open and the injury visible. If there is an eye injury, use a pocket flashlight or toy to distract the child's gaze in different directions to show the extent of the damage to the eye area.

Amputation

In cases where abuse involves the amputation of a body part, photograph the dismembered part alone and then in relation to the body as a whole. Closeups should also be taken of the skin's torn edges, which may help verify the method of amputation in court.

Neglect

When there is suspected child neglect, the child's general appearance should be photographed, including any signs such as splinters in the soles of the feet, hair loss, extreme diaper rash, wrinkled or wasted buttocks, prominent ribs, and/or a swollen belly.

Sexual abuse

If sexual abuse is suspected, the child and his or her injuries should be approached as follows:

- * Photograph the child in the presence of a trusted relative or guardian.
- * Inform the child of what will be involved in taking the pictures.
- * Remember to consider the child's level of development when speaking to him or her.

- * Do not make quick moves toward the child, as these may be frightening.
- * Make eye contact with the child to make him or her feel more comfortable.
- * Keep a supply of toys or coloring books as a reward for being helpful.
- * Allow time for the child to become accustomed to the photographer before being photographed. Do not surprise the child. Tell him or her what parts of the body need to be photographed.
- * Let the child undress himself or herself or have the parent or guardian help.
- * Photograph sexual organs, including an overall view and closeups of the injury. This may require that the labia (vaginal lips) be spread apart for closer photography or that the child kneel down on all four limbs to allow the anus to be photographed.
- * In general, photographing a sexual abuse injury is best done by a medical specialist in the field of child abuse, with appropriate equipment such as a colposcope.

Photodocumentation as Court Evidence

Photographic evidence should include a form with the victim's name, the case number, and the date and time the photographs were taken. The form should also contain a remarks section that includes case notes. Outline drawings of the child's body are also helpful to show the specific areas that were photographed. Photographs must be properly verified and relevant to the case so that:

- * The photographer or investigator can testify in court that the pictures accurately portray the findings and can explain how the photographs were taken.
- * A health professional who examined the child (other than the photographer) can verify in court that the photographs accurately represent the findings.

Photography Tips

- * Establish a protocol or checklist for photodocumentation.
- * Decide in advance who will be photographing the victim.
- * Shoot a test roll before using a new camera system.
- * Compose the picture as the injured area would normally appear.
- * Magnify the picture (create a closeup to fill the film frame) as it is being taken, not during printing.
- * Bracket (vary f-stop above, at, and below expected correct or recommended exposure) if correct exposures are uncertain.
- * Take many pictures from different angles and distances (more is better than less).
- * Review all pictures after they are developed.
- * Label all the prints and slides after development.
- * Keep photographs protected and techniques logged.

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Supplemental Reading

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Organizations

American Professional Society on the
Abuse of Children (APSAC)
407 South Dearborn, Suite 1300
Chicago, IL 60605
312-554-0166
312-554-0919 (fax)
Internet: www.apsac.org

APSAC is the Nation's only interdisciplinary society for professionals working in the field of child abuse and neglect. APSAC's annual colloquium offers advanced interdisciplinary professional education with seminars addressing all aspects of child maltreatment: prevention, assessment, intervention, and treatment with victims, perpetrators, and families affected by physical, sexual, and psychological abuse and neglect. These seminars are designed specifically for advanced professionals in mental health, law, medicine, law enforcement, child protective services, and allied fields.

Missing and Exploited Children's Training Programs
Fox Valley Technical College
Criminal Justice Department
P.O. Box 2277
1825 North Bluemound Drive
Appleton, WI 54913-2277
800-648-4966
920-735-4757 (fax)
Internet: www.foxvalley.tec.wi.us/ojmdp

Participants are trained in child abuse and exploitation investigative techniques, covering the following areas:

- * Recognition of signs of abuse.
- * Collection and preservation of evidence.
- * Preparation of cases for prosecution.
- * Techniques for interviewing victims and offenders.
- * Liability issues.

Fox Valley also offers intensive special training for local child investigative teams. Teams must include representatives from law enforcement, prosecution, social services, and (optionally) the medical field. Participants take part in hands-on team activity involving:

- * Development of interagency processes and protocols for enhanced enforcement, prevention, and intervention in child abuse cases.
- * Case preparation and prosecution.
- * Development of the team's own interagency implementation plan for improved investigation of child abuse.

National Center for Prosecution of Child Abuse
American Prosecutors Research Institute (APRI)
99 Canal Center Plaza, Suite 510
Alexandria, VA 22314
703-739-0321
703-549-6259 (fax)

The National Center for Prosecution of Child Abuse is a nonprofit and technical assistance affiliate of APRI. In addition to research and technical assistance, the Center provides extensive training on the investigation and prosecution of child abuse and child deaths. The national trainings include timely information presented by a variety of professionals experienced in the medical, legal, and investigative aspects of child abuse.

National Children's Alliance
1319 F Street NW., Suite 1001
Washington, DC 20004-1106
800-239-9950 or
202-639-0597
202-639-0511 (fax)
Internet: www.nca-online.org

Regional Children's Advocacy Centers (CAC's):

- ★ Midwest Regional Children's Advocacy Center, St. Paul, MN, 888-422-2955, 651-220-6750, www.nca-online.org/mrcac.
- ★ Northeast Regional Children's Advocacy Center, Philadelphia, PA, 215-387-9500, www.nca-online.org/nrcac.
- ★ Southern Regional Children's Advocacy Center, Rainbow City, AL, 256-413-3158, www.nca-online.org/srcac.
- ★ Western Regional Children's Advocacy Center, Pueblo, CO, 719-543-0380, www.nca-online.org/wrcac.

OJJDP funds the National Children's Alliance and the four regional CAC's to help communities establish and strengthen CAC and MDT programs. The Alliance does this by promoting national standards for CAC's and providing leadership and advocacy for these programs on a national level. The Alliance also conducts national training events and provides grants for CAC program development and support. The four regional CAC's provide information, onsite consultation, and intensive training and technical assistance to help establish and strengthen CAC's and facilitate and support coordination among agencies responding to child abuse. The Alliance publishes a number of manuals and handbooks of use to MDT's, including *Handbook on Intake and Forensic Interviewing in the CAC Setting*, *Guidelines for Hospital-Collaborative Forensic Investigations of Sexually Abused Children*, *Organizational Development for Children's Advocacy Centers*, and *Best Practices*.

Other Titles in This Series

Currently there are 12 other Portable Guides to Investigating Child Abuse. To obtain a copy of any of the guides listed below (in order of publication), contact the Office of Juvenile Justice and Delinquency Prevention's Juvenile Justice Clearinghouse by telephone at 800-638-8736 or e-mail at puborder@ncjrs.org.

Recognizing When a Child's Injury or Illness Is Caused by Abuse,
NCJ 160938

Sexually Transmitted Diseases and Child Sexual Abuse, NCJ 160940

Diagnostic Imaging of Child Abuse, NCJ 161235

Battered Child Syndrome: Investigating Physical Abuse and Homicide,
NCJ 161406

Interviewing Child Witnesses and Victims of Sexual Abuse,
NCJ 161623

Child Neglect and Munchausen Syndrome by Proxy, NCJ 161841

Criminal Investigation of Child Sexual Abuse, NCJ 162426

Burn Injuries in Child Abuse, NCJ 162424

Law Enforcement Response to Child Abuse, NCJ 162425

Understanding and Investigating Child Sexual Exploitation,
NCJ 162427

Forming a Multidisciplinary Team To Investigate Child Abuse,
NCJ 170020

Use of Computers in the Sexual Exploitation of Children, NCJ 170021

Additional Resources

American Bar Association
(ABA)
Center on Children and the
Law
Washington, DC
202-662-1720
202-662-1755 (fax)

American Humane Association
Englewood, Colorado
800-227-4645
303-792-9900
303-792-5333 (fax)

American Medical Association
(AMA)
Department of Mental Health
Chicago, Illinois
312-464-5066
312-464-5000
(AMA main number)
312-464-4184 (fax)

American Professional Society
on the Abuse of Children
(APSAC)
Chicago, Illinois
312-554-0166
312-554-0919 (fax)

C. Henry Kempe National
Center for the Prevention
and Treatment of Child
Abuse and Neglect
Denver, Colorado
303-864-5250
303-864-5179 (fax)

Federal Bureau of Investigation
(FBI)
National Center for the
Analysis of Violent Crime
Quantico, Virginia
703-632-4400

Fox Valley Technical College
Criminal Justice Department
Appleton, Wisconsin
800-648-4966
920-735-4757 (fax)

Juvenile Justice Clearinghouse
(JJC)
Rockville, Maryland
800-638-8736
301-519-5212 (fax)

National Association of Medical
Examiners
St. Louis, Missouri
314-577-8298
314-268-5124 (fax)

National Center for Missing
and Exploited Children
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National Center for
Prosecution of Child Abuse
Alexandria, Virginia
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703-549-6259 (fax)

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800-239-9950
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202-639-0511 (fax)

National Clearinghouse on
Child Abuse and Neglect
Information
Washington, DC
800-FYI-3366
703-385-7565
703-385-3206 (fax)

National SIDS Resource
Center
Vienna, Virginia
703-821-8955, ext. 249
703-821-2098 (fax)

Prevent Child Abuse America
Chicago, Illinois
800-835-2671
312-663-3520
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Office of Juvenile Justice and Delinquency Prevention

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