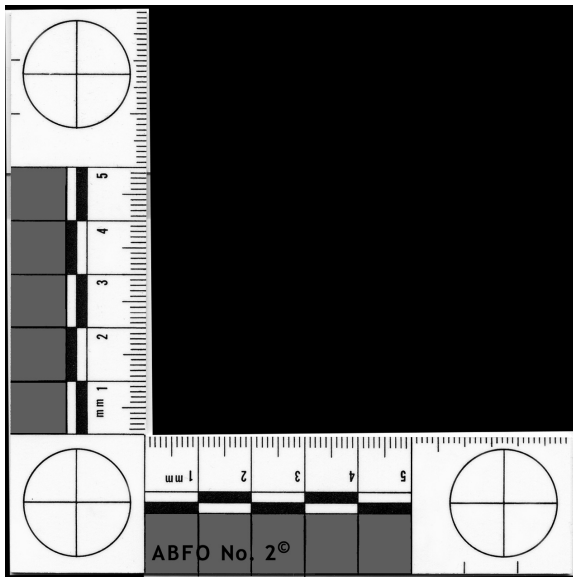


FORENSIC PHOTOGRAPHY

Tips for Photographing a Suspected Victim of Child Abuse:

- Establish a protocol or checklist for photodocumentation
- Decide in advance who will photograph the suspected victim.
- Label all photographs appropriately.
- Prior to photographing the injuries, identify the suspected child abuse victim by taking a full-face picture of the child with the child's name or initials, date of birth, date and time of photographs, case number, and the photographer's name or initials. It is also prudent to have the above identification data in front of the victim's injury for each picture.
- Place a measuring device such as a ruler with a metric scale directly above or below the injury to ensure accurate representation of the size and depth of the injury. It is ideal to use an ABFO (American Board of Forensic Odontology) scale, which is an L-shaped piece of plastic used in photography that is marked with circles, black and white bars, and 18-percent gray bars to assist in distortion compensation and provide exposure determination. For measurement, the plastic piece is marked in millimeters.



- A standardized color bar may be placed in the photographic plane for comparison with the color of the injury. This ensures that adequate color comparisons can still be made if color is distorted in the developing or printing process.
- Include two photographs of each wound or injury- one with the anatomic landmark and another that fills the frame or a closeup of the wound or injury
- Photograph the injury with an anatomic landmark. The inclusion of an elbow, knee, belly button, or other body part identifies the location of the injury

- Position the camera so that the plane is parallel to or directly facing the injury. If an ABFO scale is used, a direct camera angle would not result in the distortion of the three circles incorporated on the ABFO scale.
- Vary the perspective of the photograph by taking shots from various angles and distances.
- Have two copies made of each view and angle taken, one for the file and one for court.
- Review all photographs.
- Keep photographs protected.

Methods for Photographing Specific Injuries Punctures, slashes, rope burns or pressure injuries

Take photographs straight on and at a slight angle. The former provides an overall view of the surface while the latter provides depth and texture to a photograph.

Bite marks

These injuries should be photographed straight on and with various slanted angles. The direct or parallel views would depict the shape and size of the injury while slanted angles would highlight the texture of the bites including the depth of indentations. This is best photographed using the ABFO scale.

Bruises

Bruises go through changes over time and maybe more evident after several hours or days. Thus, additional photographs may be needed to document the injury. If a second or third series of photographs are required, the angles and positions used to photograph the first series should be reproduced. Both old and new bruises should be photographed. Areas of swelling sometimes appear as reflection caused by the flash bouncing off the swollen or rounded injury site, which may obscure the photograph. Take pictures from several different angles to minimize these reflections. Follow-up photographs may be needed to demonstrate when the swelling has gone down.

Burns

Take photographs of burns include scalds from all angles before and after treatment. It is better to have initial photographs before any creams or oils have been applied.

Facial injuries

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

Amputation

Take a picture of the dismembered part and then in relation to the body as a whole. Take a close-up of the skin's torn edges, which may help verify the method of amputation later on.

Neglect

The child's general appearance should be documented. Take a photograph of the child in his or her own clothing. Document

other signs of neglect such as splinters in the soles of the feet, hair loss, extreme diaper rash, wrinkled or wasted buttocks, prominent rib cage, and/or swollen belly.

Sexual abuse

Approach suspected victims of sexual abuse as follows:

- Photograph the child in the presence of a trusted relative or guardian
- Inform the child of what will be involved in taking photographs
- Consider the child's level of development when speaking to him or her
- Make eye contact with the child to make him or her feel more comfortable
- Allow time for the child to become accustomed to the photographer before being photographed. Do not surprise the child. Do not make quick moves toward the child, as these may be frightening.
- Inform the child what parts of the body need to be photographed.
- Let the child undress or have the guardian or parent help.
- Photograph the sexual organs, including an overall view then close-ups of the injury. This may require labial traction and/or knee-chest position with the child kneeling on all four limbs to allow another view of the hymen or the anus.

Reference:

*United States. Office of Juvenile Justice and Delinquency Prevention.
Photodocumentation in the Investigation of Child Abuse. United States.
March 2000*



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