

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Tips for Photographing a Child and/or Trauma	Effective Date: September 1, 2014
	Reference: 4.F (4.14 Examining and Photographing a Child and/or Trauma)	Version: 1

General Tips for Photographing a Child and/or Trauma¹

1. Ensure an identifying picture is taken of the child's face.
2. Label each photograph with the child's name, date of birth, date the picture was taken and who took the photograph.
3. Ensure there is enough light in the room. If needed, turn on additional light or move toward a window. Take more than one (1) photograph if there are concerns that lighting or flash may cause issues with the photographs.
4. If possible, use an uncluttered neutral background. Skin is best photographed against a blue background. Do not be afraid to shoot from different perspectives, which will enhance revealing shadows or eliminate flash glare.
5. Take a photo of the injury, including an anatomical landmark such as an elbow, belly button or knee to identify the location of the injury.
6. If possible, use a measuring device directly above or below the injury in one (1) of the photos. Examples of measuring devices can be but not limited to: rulers, coins or business cards.
7. Take photographs of the object allegedly used to inflict the injury or other pertinent objects.
8. If injury is related to a fall, take photographs of what the child fell from and where the child landed, if possible.
9. Scene Photos: Always take a picture of the entire room in which the incident allegedly occurred.
10. If sending photographs to be reviewed by a health care professional expert or Law Enforcement Agency, ensure they are transmitted via a secure email or secure website.

¹ Botash, A. S. (n.d.). *DOCUMENTATION: Photographic Documentation* . Retrieved October 23, 2013, from Child Abuse Evaluation & Treatment for Medical Providers:

<http://www.childabuseemd.com/documentation/documenting-photographic.shtml>

Specific Injury Documentation²

1. **Bruises:** All bruises should be photographed whether they are old or new.
 - a. **Note:** Areas of swelling sometimes have strong reflection caused by the flash bouncing off the injured site, this may obscure a photograph. In order to reduce flash reflection, take photographs from several different angles.
2. **Punctures, Bite Marks, Slashes, Rope Burns and Pressure Injuries:** Take photographs straight on or at a slight angle. Take close-up photographs of patterned injuries or marks of restraint so photos can later be compared to object used to inflict the injury.
3. **Burns:** Take photographs of dirty abrasions and burns before cleaning and after. Photograph from all angles and prior to any cream being applied. If possible, photograph after medical treatment.
4. **Neglect:** Take photographs of child's general appearance, signs of neglect such as splinters, or blisters on feet, hair loss, extreme diaper rash, prominent ribs, and/or swollen belly.
5. **Facial:** Ask a health care provider to assist in mouth injury documentation. For eye injuries, distract child to look in opposite direction to photograph the extent of the injury to the eye.
6. **Sexual Abuse:** If possible, during a medical examination for sexual abuse have a medical professional take all photographs of alleged sexual trauma or injuries. If a medical professional refuses to take photographs but expresses the need for photographs to be taken after a medical examination, DCS is permitted to take photographs with a witness present in the room.

² Ricci, L. R., & Smistek, B. S. (2000, March). *Photodocumentation in the Investigation of Child Abuse*. <https://www.ncjrs.gov/pdffiles1/ojdp/160939.pdf>