#
INDIANA
CHILD
SERVICES

INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Tool: Tips for Photographing a Child and/or Trauma

Reference: 4.F (4.14 Examining and Photographing a Child and/or Trauma)

Version: 2

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 are 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. To capture 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 medical professional expert or law enforcement agency, ensure they are transmitted via a secure email or secure website.

http://www.childabusemd.com/documentation/documenting-photographic.shtml

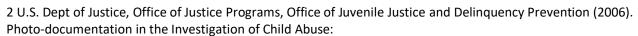
¹ Botash, A. S. (n.d.). *DOCUMENTATION: Photographic Documentation*. Retrieved October 23, 2013, from Child Abuse Evaluation & Treatment for Medical Providers:

Specific Injury Documentation²

1. **Bruises:** Bruises should be photographed whether they are old or new.

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.

- 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 photographs can later be compared to the 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: 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, DGS is permitted to take photographs with a witness present in the room.



https://openlibrary.org/books/OL14554629M/Photodocumentation_in_the_investigation_of_child_abuse