



CHAMP Practice Recommendations

Photographic Documentation

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CHAMP endorses the National Children's Alliance (NCA) modifications to its standards, as described in a summary statement of the October 2006 Ely Consensus Meeting, that photographic documentation of sexual abuse examination findings should be the standard of care. Photographic documentation of the genital examination in every case, even when there are no abnormal findings, is recommended. CHAMP also recommends photographic documentation of bruises and injuries when observed in suspected physical as well as sexual abuse cases. In addition to photographic documentation, all findings should be clearly documented in writing in the medical record.

Advantages of photographic documentation

- The child may not have to undergo additional examinations because medical consultants can often utilize the photographic documentation.
- The images create a baseline for comparison if the child is examined at a later time. This is particularly useful in cases of repeated sexual abuse.
- The case can be reviewed for quality assurance or continuing education. Peer review of child sexual abuse examinations is an NCA standard.
- The photos can be used to reassure the child or adolescent and parent(s) regarding the physical findings.
- Quality photographs can benefit legal proceedings by helping the medical provider explain the anatomy and physical findings.
- Photographs can be reviewed at a later date, magnified and studied for patterns of injury.

Challenges of photographic documentation

- Some children and/or parents will be uncomfortable being photographed.
- The images need to be stored in a secure place, and space can become a problem.
- Protocols for photographic documentation need to be developed and followed.
- The equipment can be expensive and need upgrading when there are technology advances.
- The provider must develop a basic understanding of medical photography.

Consent

In New York State, parent or guardian permission for taking photographs should be sought but is not necessary for treatment or child abuse evidentiary purposes once suspected child abuse has been reported to the State Central Register. Document the consent or refusal in the medical record. Note that consent is not the same as "assent." Force should never be used if a child or adolescent refuses to be photographed.

Social Services Law, Section 416

Any person or official required to report cases of suspected child abuse and maltreatment may take or cause to be taken, at public expense, photographs of the areas of trauma visible on a child who is subject to report, and if medically indicated, cause to be performed a radiological examination on the child. Any photographs or X-rays taken shall be sent to the child protective service at the time the report is sent, or as soon thereafter as possible. Whenever such person is required to report under this title in his capacity as a member of the staff of a medical or other public or private institution, school, facility, or agency or his designated agent, who shall then take or cause to be taken, at public expense, color photographs of visible trauma and shall, if medically indicated, cause to be performed a radiological examination of the child.

- **Who can consent**

Parents and adolescents who are mature minors can provide consent.

- **Consent can be part of general consent form or a specific form**

Examples of consent forms:

Appendices A1 and A2: General consent form that includes consent for photographic documentation

Appendix B: Consent form for photographic documentation

Institutional Protocol

- **Describe how to identify photographs**

Example:

Identify photographic evidence with the name of the victim, hospital medical record number and date taken.

- **Describe how to treat photographic documentation**

Example:

Document in the medical record that photographs were taken or that the genital exam was videotaped.

According to New York State Social Services Law ~ Section 416, photographs are part of the medical chart. As such, they are legal documents subject to the same guidelines that govern the storage and release of other medical records.

- **Describe who is responsible for taking the pictures**

Examples:

The hospital Attending Physician has the responsibility to assure hospital personnel take photographs even when the law enforcement officials take photographs.

Call the Photography Department to take digital images of physical injuries during working hours Monday – Friday. After normal business hours and on weekends, the Resident or Attending Physician will take the photographs with a digital camera provided by Social Work Services when they are notified of the case.

In the ED use colposcopic photo documentation in suspected sexual assault cases. The SANE will be responsible for the photo documentation.

- **Describe how to store photographic documentation**

Examples:

The Social Work Services personnel present at the time images are taken will deliver the photographic media to the Photography Department.

The photographic media shall be kept in a locked file in the Child Abuse Coordinator's office.

- **Describe who is responsible for fulfilling requests for copies of images**

Examples:

Child protective agencies requesting photographic evidence of physical abuse should be referred to the Child Abuse Coordinator. The Child Abuse Coordinator will pick up the photos from the Photography Office or download the digital images. Upon receiving the photographic media from the Child Abuse Coordinator, the child protective worker shall sign the Photographic Evidence Release form, which will be maintained by the Child Abuse Coordinator.

Digital pictures can be reprinted by [specific person] from her computer.

Example of an evidence release form:

Appendix C

- **Release of genital examination photographic documentation**

Photographic documentation of the genital exam is usually in the child's best medical interest and the physician should make the decision to photograph based on based best practices for medical care. However, genital photographs that are released to non-medical professionals are at risk of being misinterpreted. In order to reduce misinterpretation, the institution may want to develop a protocol for the release of this documentation. This protocol could include requiring the medical records department to contact the medical provider whenever there is a request for release of photographic documentation. The medical provider may then be able to halt the release when release of this information is considered to be potentially harmful to the patient.

Alternatively, the provider may wish to make contact with the agency or person who requested the release in order to review the photographs together.

Genital Examination Imaging Recommendations

1. A digital or film camera, either SLR or automatic, can be used for photographic documentation of the genital area. Or, a video camera can be used to record the genital exam.
 - Adjust the lighting and focus to get a clear picture.
 - Document findings with several shots.
 - With a digital camera, use the highest megapixels available. The setting should be at least 3, and preferably more than 5, megapixels.
 - Use a database for daily storage of the digital images and identifying information.
 - Back up digital images on a secure server.
2. Various brands of colposcopes have been manufactured specifically for use in child abuse evaluations.
 - Video and still image colposcopes are commercially available. Some are available with computer database options.
 - When a colposcope is used to create the photographic documentation of the genital exam, use a digital or film camera to document non-genital findings.

Photography Tips for Body Surface Images

Adapted from *www.ChildAbuseMD.com*.

- Compose the picture the way you normally look at the area.
- To avoid distortion, take photographs head-on so that the surface to be photographed is perpendicular to the camera and at the same level.
- Use an uncluttered, neutral-colored background. Skin is best photographed against a blue background.
- Lighting is crucial to accurate color reproduction. In the absence of proper lighting, it is very important to document, in writing, in the medical chart the color and description of the lesion.
- Use a color wheel for color comparisons of the injury when possible. Take a photograph with the color wheel in the photo.
- Photograph transfer evidence that may be present on the body or clothing, such as dirt, gravel or vegetation.
- Ultraviolet light may be helpful for photographing bite wounds months later even when the overlying skin appears totally normal.

Photographic Documentation Recommendations for Physical Abuse

1. Use one memory card or roll of film per patient. Record the name of the person taking the photos in the patient's chart as well as the memory card identification number.
2. Take a picture of the patient's face with the hospital admission face sheet for identification purposes, including name, date and hospital number.
3. Take a full body photograph for identification purposes. Take overall photographs including front and back views as well as the patient's clothing.
4. When photographing the person's back, have the patient turn his/her face toward the camera for identification purposes.
5. Photograph injuries to show where they are in relation to the body. Take photographs of lesions that include landmarks, such as an elbow or a knee, so that lesions are seen in their proper location.
6. Use the rule of three. Take at least two shots of three orientations: full body, medium range of the finding, and close up.
7. Document injuries using a measuring tape to show the size of the injury. Be sure that there is at least one other close-up of the injury without the scale to show that the scale was not covering evidence.
8. Demonstrate pattern or circumferential injuries, such as burns and bite marks, with antero-posterior and lateral views
9. Take close-up photographs of hands and fingernails to show damage to the nails; missing nails; or traces of blood, skin or hair.
10. Use close-ups to document pattern injuries and marks of restraint or bondage so that these injuries might later be compared with the rope or object that made the marks. Use the lens to zoom. The camera should not be closer than one-foot distance from the patient.

References

- Dove SL. Non-accidental injury: photography and procedures. *Audio Media Med.* 1992 Oct;15(4):138-42.
- Muram D, Arheart KL, Jennings SG. Diagnostic accuracy of colposcopic photographs in child sexual abuse evaluations. *J Pediatr Adolesc Gynecol.* 1999 May;12(2):58-61.
- Ricci LR. Photographing the physically abused child. Principles and practice. *Am J Dis Child.* 1991 Mar;145(3):275-81.

Appendix A1

CONSENT FOR CARE AND TREATMENT

I hereby authorize _____ to receive a medical examination by the medical professionals employed by [name]. I understand that this examination may include the collection and documentation of information and/or evidence concerning reports or suspicions of maltreatment. I understand that treatment may be provided if necessary.

This examination has been fully explained to me and I understand that it may include tests for sexual abuse or sexual assault and for sexually transmitted infections. The examination will include clinical observation for physical signs of sexual abuse or sexual assault, physical abuse or assault, neglect or a combination of these. I consent to the taking of photographs and/or videos if medically necessary or if necessary for the evaluation and/or documentation of injuries that may have been the result of maltreatment. I consent to the use of these photographs and/or videos for medical, legal, and/or educational purposes.

I fully understand that the nature of the examination and the medical information gathered by these means may be used as evidence in a court of law or in connection with the enforcement of public health rules and laws.

I understand that the [name] works as part of a multi-disciplinary team with other agencies involved in the protection of children. Thus, the information obtained during and as a result of this medical assessment may be shared with law enforcement, Child Protective Services, or prosecution (District Attorney or County Attorney), or if necessary with my child's primary or other medical care provider (_____).

By signing this consent form, I grant permission for information obtained to be exchanged with these agencies that participate in the multi-disciplinary process.

Signature of Patient or Parent/Guardian

Print name of Patient or Parent/Guardian

Date:

Relationship to Patient

Interpreter (if required)

Signature

Print Name

THIS DOCUMENT MUST BE MADE PART OF THE PATIENT'S MEDICAL RECORD

Appendix A2

CONSENT TO PROVIDE TREATMENT

I, (please print name) _____, as
Mother/Father/Guardian, Other _____ of child (see below), consent to the performance of a medical examination of my child by the medical staff of [name of institution or clinic]. I understand that the examination may include the collection of information and/or evidence concerning reports or suspicions of maltreatment and provide treatment if needed. This examination has been fully explained to me and I understand that it may include tests for sexual abuse (or assault) and sexually transmitted infections. The exam will include clinical observation for physical signs of sexual abuse (assault), physical abuse (assault), or both. I consent to the taking of photographs or radiographs if medically necessary or if necessary for the evaluation of and/or documentation of injuries that may have been the result of sexual or physical abuse. I consent to the use of these photographs or radiographs for medical, legal and/or educational purposes.

I fully understand that the nature of the examination and the medical information gathered by these means may be used as evidence in a court of law or in connection with the enforcement of public health rules and laws.

I understand that the [name of institution or clinic] is part of a multidisciplinary program having direct contact with area agencies involved in the protection of children. These agencies including, but not limited to, law enforcement, Child Protective Services, prosecution, and the child's primary care physician, (_____) are sometimes involved in this process. By signing this consent form, I grant permission for information obtained to be exchanged with those agencies that participate in the multidisciplinary process.

Child's Name _____ Date of Birth _____

Signature of Parent/Guardian _____ Date _____

Appendix B

**Consent for Photography or Other Recordings for Marketing,
Education, Research, or Scientific Purposes**

Name: _____

MR# (if patient) _____ DOB: _____

I hereby authorize [Name of Institution] to:

Please place check mark in all applicable boxes:

Take and use still, video photographs/images, or digital photographs/images of myself/ my child, either in conjunction with or without my name/my child's name for publicity and/or marketing. I understand that these photographs/images may be used in newspapers, magazines, publications, advertisements, and on television and the world wide web. In addition to signing this consent form, I will be required to sign a separate authorization to permit the use of my photo/image along with any identifying information.

Take and use still, video photographs/images, or digital photographs/images of myself/ my child, either in conjunction with or without my name/my child's name for use in medical teaching purposes or other scientific or research purposes. I understand that these photographs and images may be used in various mediums, including medical or scientific publications and videos, and may be transmitted electronically.

By signing below, I waive any rights I may have in such photographs/images, as well as the privilege of inspecting or approving them for determining their final disposition. I hereby agree to release [Name of Institution], its physicians, employees and consultants from any and all liability in connection to such photographing, videotaping, etc. for which I am hereby giving my consent. In the event that I wish to revoke my permission granted herein, I understand that I must do in writing that will be signed and dated by me.

Print Individual's Name: _____

Signature: _____

Address: _____

Phone #: _____

Parent or Legal Guardian's Signature: _____ (required for patients who are minors)

Witness: _____ Date: _____

Appendix C

Photographic Evidence Release Form

Date:

This is to certify that I received _____ slides/disc of _____.

The photographic images were taken on _____ by _____.

These slides/disc were given to me by _____.

Signature _____

Authorized Agency _____

Telephone Number _____