



# Adult & Adolescent Non-Fatal Strangulation (NFS) Photography Documentation Guideline 2025

*\*Consent obtained from all subjects used in photos*



## Introduction:

Forensic healthcare providers frequently examine individuals who are victims of Non-Fatal Strangulation (NFS). The use of this guideline will help promote the continuing development of the highly specialized skills necessary for the comprehensive evaluation and documentation of a person who has experienced NFS. This guideline will be beneficial in assisting physicians, physician assistants, first responders, nurses, nurse practitioners, emergency room healthcare providers, attorneys and law enforcement in the standardization of the assessment and documentation of NFS cases within their communities.

**Series of 4**, as defined within this guideline, is used to compose a series of four or more photographs for each finding. This systematic approach generally refers to distance, mid-distance, close-up, and close-up with photomacrographic scale. In some cases, extreme close-up may also be necessary.

## Procedure:

**Note: Consent should be provided by patients, both verbally and in writing, prior to taking photographs. Some exceptions may be made based upon organizational or jurisdictional policies or court orders, so always follow local protocols.**

1. The very first photo the forensic examiner will take is that of a bookend card or the patient's ID wristband. It will mark the start of the examination/Photo Documentation.

**Note: A copy of the SDFI bookend card can be downloaded at:**

<https://www.sdfi.com/Downloads/bookends.pdf>

Date:	<input type="text"/>
Name:	<input type="text"/>
Case #:	<input type="text"/>
Photographer:	<input type="text"/>
ID Record #:	<input type="text"/>
D.O.B:	<input type="text"/>
	(mm/dd/yy)
or Age:	<input type="text"/>



2. Perform a full body overlapping photographic storyboard if you are in a smaller space that doesn't allow you to step back far enough to take a full body photo of each side (front, back, left side, and right side). This series of photos will identify the patient and will be useful in demonstrating the general condition of the patient and their clothing at the time of examination.

***Note: Refer to the SDFI Digital Forensic Photography Documentation Guideline for more information about this step.***



3. Capture a **Series of 4** and if necessary, extreme close-up, of all non-genital areas of injury and areas of interest from the head-to-toe assessment. Stand directly in front of the area and take the pictures at a 90-degree angle to the area of interest.
- The mid-distance example picture shows the area of interest at the center of the image (shown as a red X) at the same time showing the front of the neck and both shoulders to demonstrate anatomical location.
  - Next, take a close-up picture of the area of interest or injury on the person's body without a photomacrographic scale. Then, take a picture with the photomacrographic scale.
  - After completing the close-up photos of a particular non-genital area of interest with and without a photomacrographic scale, capture an extreme close-up of that particular area to demonstrate details of the finding. For areas too large for a single extreme close-up shot, capture an overlapping photo storyboard of that area of interest.
  - When taking extreme close-up pictures, make sure that the area of interest fills the viewfinder without cutting any part of it off the frame.
  - Repeat taking this series of pictures of all non-genital areas of interest.



Mid-distance photo



Close-up without measurement

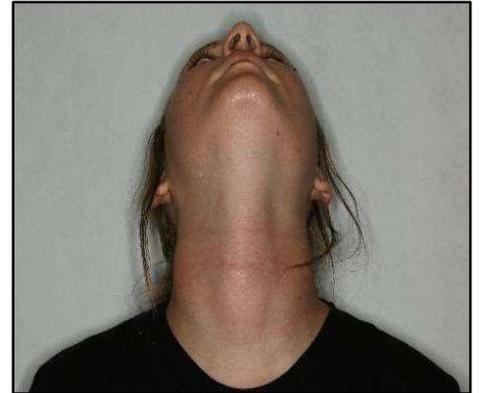


Close-up without measurement



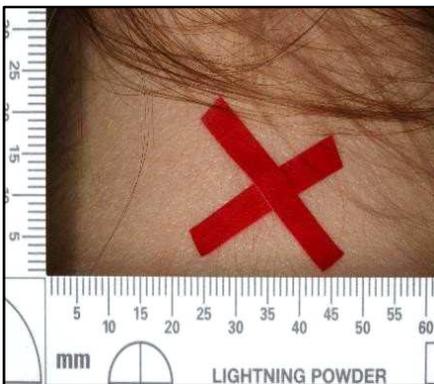
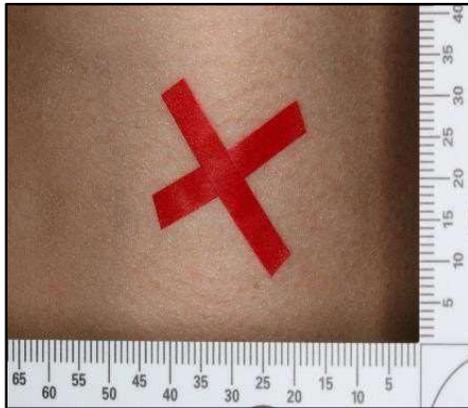
Extreme close-up

4. Take a series of mid-distance photos of the front of neck with upper chest (with head tilted backwards to expose the full neck and the area under the chin), back of the neck/nape and shoulders, left side of the face/head, and right side of the face/head.



5. Take a series of close-up and extreme close-up photos, including any visible injury and other areas of interest, on the front, left side, right side, and back of the neck. Take a photo of each close-up finding with and without a photomacrographic scale (such as ABFO ruler).
6. Conduct a comprehensive head, nose, and ear assessments and take close-up photos of the ears, behind the ears, nose, scalp, jaw line, submandibular area and chin. Include extreme close-up photos of areas of interest or injury. Examine the ear canal and tympanic membrane with an otoscope. Document all findings.

*Front of the neck,  
with and without scale*



*Back of the neck, with and without scale*

*Behind the ears, with and without scale*





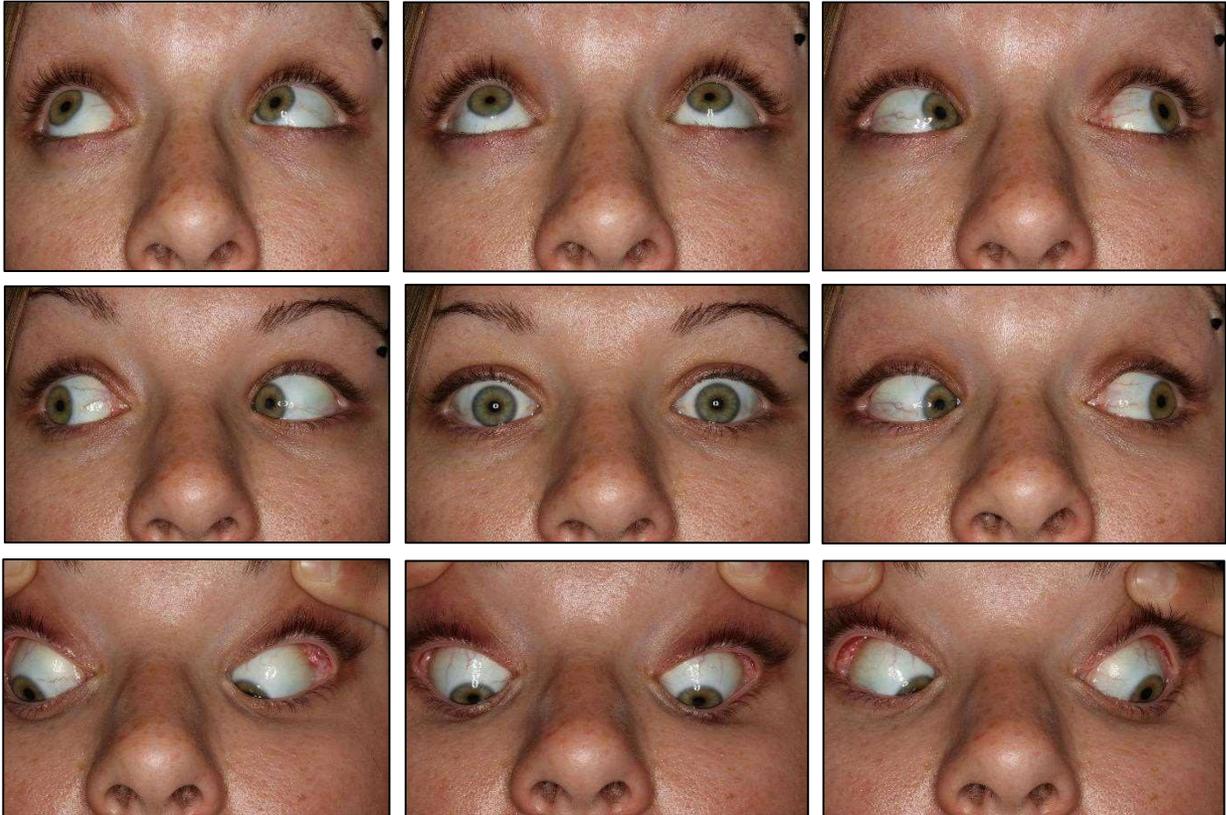
*Anterior and posterior earlobes*

*Scalp, with and without scale*



7. Capture a series of close-up photos of the eyes in the 9 cardinal gazes (shown below). The examiner should look for petechiae, petechial hemorrhages, or subconjunctival hemorrhages.

**Note: There are no injuries noted in the eyes below**

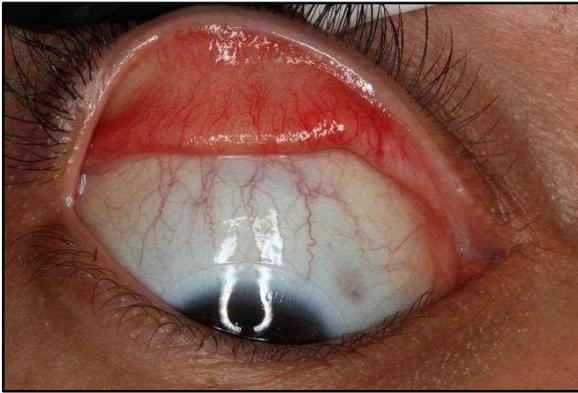


8. Capture a series of close-up photos of each eye using the eye inversion technique. Apply pressure medially and laterally on the lower lids to expose the entire surface. This step will expose the back of the upper and lower eyelids where the examiner can look for petechiae, petechial hemorrhages, and other areas of interest.

To achieve this on the upper eyelids, grasp the lid using the fingers of a gloved hand by the middle eyelashes, pull it down and forward and then pull it back over a cotton applicator placed at the upper margin of the tarsus while the patient looks downward.

To achieve this on the lower eyelids, place the cotton applicator on the lower margin of the tarsus and depress laterally while the patient looks upward. Capture a series of close-up photos of each eye, applying the pressure medially and laterally on the lower lids to expose the entire surface.

***Right Upper Eyelid***



***Right Lower Eyelid***



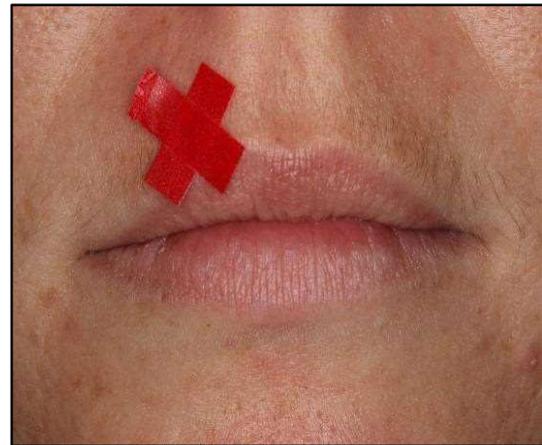
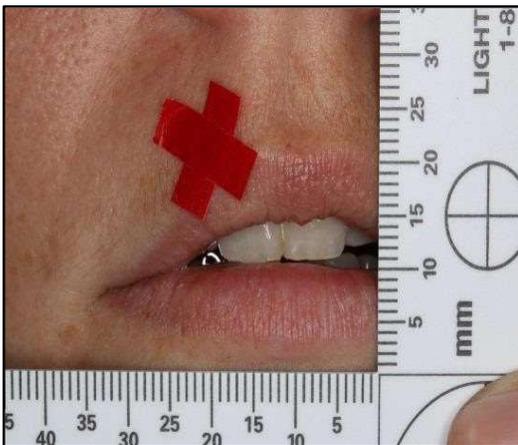
***Left Upper Eyelid***



***Left Lower Eyelid***



9. Capture a series of close-up photos of the upper and lower lips, including photos of any visible injury or areas of interest, both with and without a photomacrographic scale.



10. Perform a comprehensive assessment of the oral cavity, hard and soft palate, uvula, posterior oropharynx, dorsal and ventral surfaces of the tongue, inner aspects of the upper and lower lips, superior and inferior labial frenum, sublingual frenum, and bilateral buccal mucosa. Photograph all structures and document all injuries and areas of interest, including but not limited to, contusions, abrasions, petechiae, and petechial hemorrhages.



Superior labial frenum



Inferior labial frenum



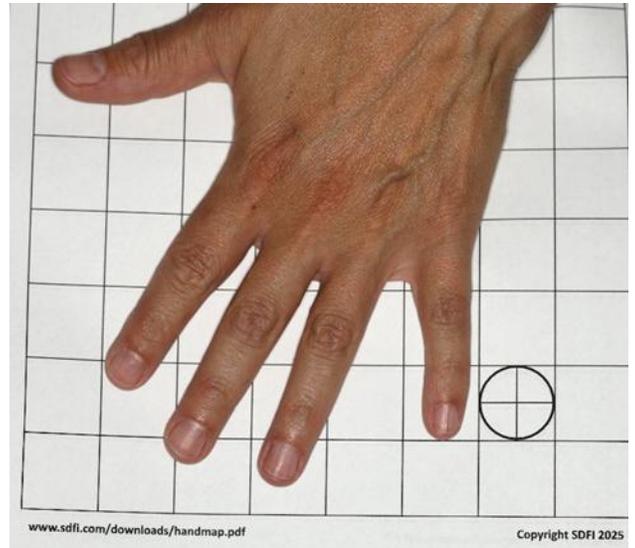
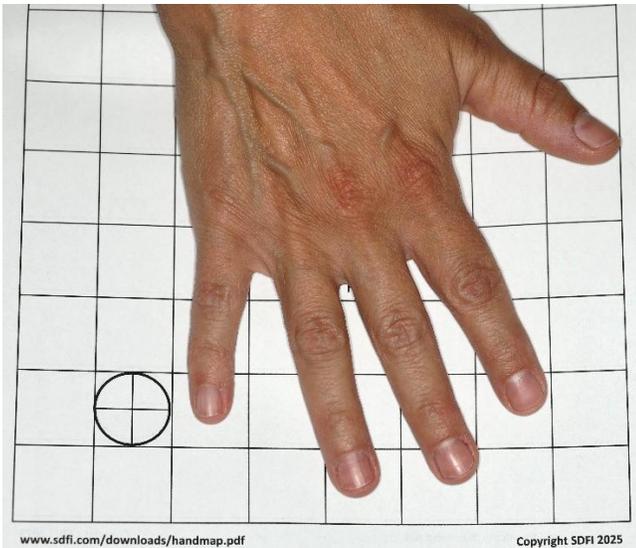
Sublingual frenum



Posterior oropharynx and uvula

11. Take a close-up photo of each hand separately. Use of the SDFI hand maps may facilitate this process. If you see any injury or other areas of interest, capture additional close-up photos with and without a photomacrographic scale.

**Note:** A copy of the SDFI hand map can be downloaded at <https://www.sdfi.com/Downloads/handmap.pdf>



12. Capture close-up photos of the fingertips and fingernails from both hands. Capture additional photos of visible injury or other areas of interest with and without a photomacrographic scale.

13. The use of the mannequin can be effective in understanding the dynamics of an assault. This can show physical positions of the patient and the perpetrator at the time of the assault. In the example pictures below, the patient is photographed demonstrating the method(s) of strangulation using the model Styrofoam head. Capture mid-distance photos of this demonstration.

**Note: The examiner should be sensitive to how the patient may react in using this method and should follow what the patient is comfortable doing.**



14. In cases where the patient is unable to demonstrate the strangulation using a mannequin or model, the examiner may use the **Adult Non-Fatal Manual Strangulation Chart** (see page 13), also known as the “8 pack”. This is another tool that may help the patient describe the event.

15. Take a photo of the bookend card or patient’s ID wristband which will mark the conclusion of the photo documentation part of the examination.

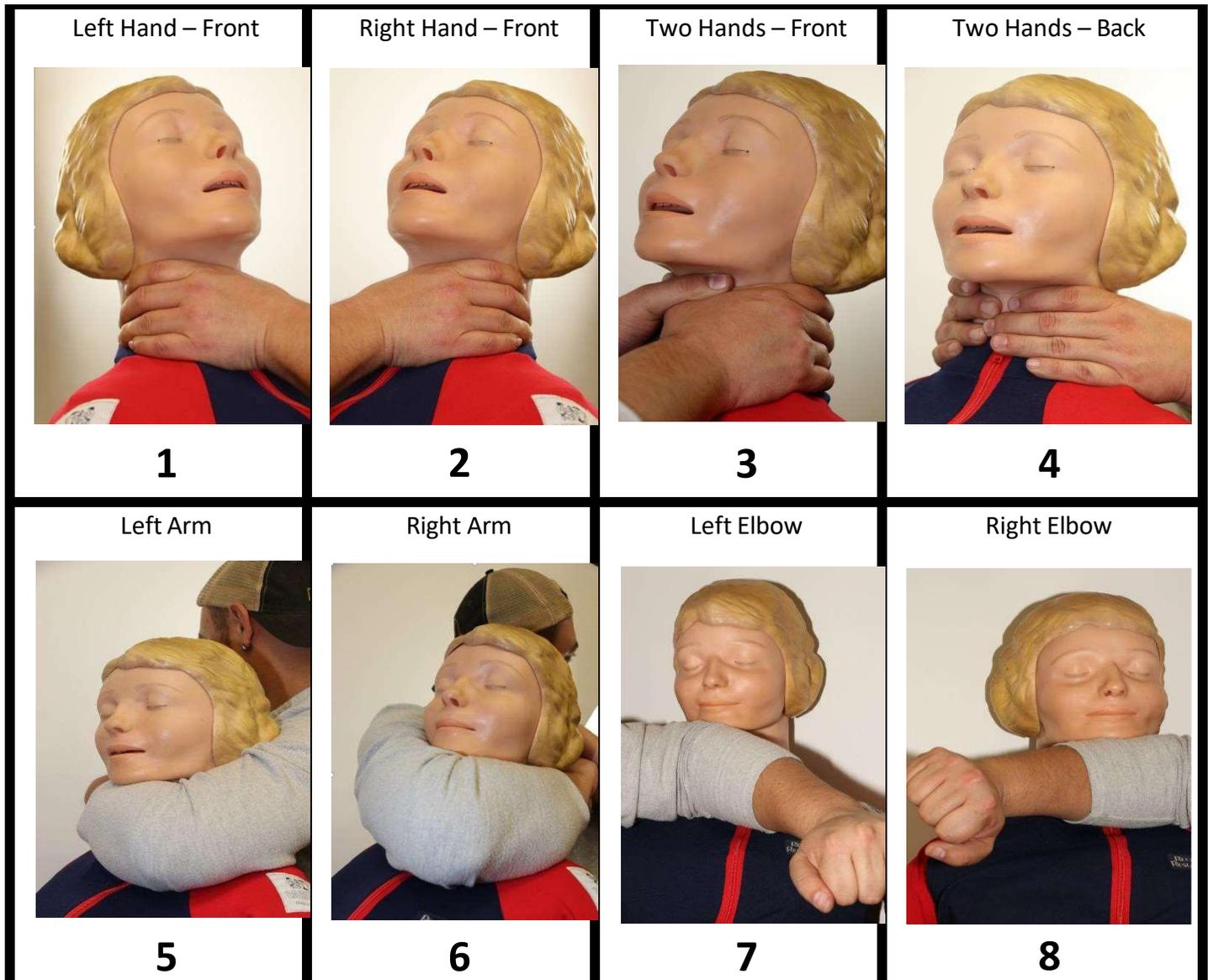
<b>Date:</b>	<input type="text"/>
<b>Name:</b>	<input type="text"/>
<b>Case #:</b>	<input type="text"/>
<b>Photographer:</b>	<input type="text"/>
<b>ID Record #:</b>	<input type="text"/>
<b>D.O.B:</b>	<input type="text"/> or <b>Age:</b> <input type="text"/>
	(mm/dd/yy)



## Adult Non-Fatal Manual Strangulation Chart

*Note: This 8 Pack does not address ligature or suffocation. The examiner should assess for these additional methods.*

**Follow Trauma Informed Patient Care:** Your patient may have difficulty showing the position of the perpetrator's hands on their neck. This 8-pack tool may be less traumatizing in assisting the patient to describe the event by pointing to one of the eight positions that resemble what happened to them. The positions are numbered 1-8 for ease of documentation by the provider.



Photograph the patient pointing to the position(s) and/or document the position numbers in the written record. If the patient was strangled more than one way, the examiner will document and photograph each selection.





## References

- Emergency Nurses Association (ENA). (2016). *ENA topic brief: An overview of strangulation injuries and nursing implications*.  
<https://evawintl.org/wp-content/uploads/AnOverviewofStrangulationInjuriesandNursingImplications.pdf>
- Faugno, D., Waszak, D., Strack, G. B., Brooks, M. A., & Gwinn, C. G. (2013). Strangulation forensic examination: best practice for health care providers. *Advanced emergency nursing journal*, 35(4), 314–327.  
<https://doi.org/10.1097/TME.0b013e3182aa05d3>
- Foote-Lucero, C., & Calow, N. (2023). *Position Statement: Non-Fatal Strangulation (NFS) Practice Recommendations for Forensic Nurses*. Academy of Forensic Nursing.  
[https://www.goafn.org/\\_files/ugd/3ebece\\_78852b48f93d4f609dcca12f2c1af836.pdf](https://www.goafn.org/_files/ugd/3ebece_78852b48f93d4f609dcca12f2c1af836.pdf)
- International Association of Forensic Nurses. (2023). *Non-Fatal Strangulation Documentation*.  
<https://www.forensicnurses.org/wp-content/uploads/2023/11/IAFN-Strangulation-Toolkit-2023.pdf>
- MacDonald, Z., Eagles, D., Yadav, K., Muldoon, K., & Sampsel, K. (2021). Surviving strangulation: evaluation of non-fatal strangulation in patients presenting to a tertiary care sexual assault and partner abuse care program. *CJEM*, 23(6), 762–766. <https://doi.org/10.1007/s43678-021-00176-x>
- Monahan, K., Bannon, S., & Dams-O'Connor, K. (2020). Nonfatal Strangulation (NFS) and Intimate Partner Violence: a Brief Overview. *Journal of Family Violence*, 37(1). <https://doi.org/10.1007/s10896-020-00208-7>
- Reckdenwald, A., Powell, K. M., & Martins, T. A. W. (2022). Forensic documentation of non-fatal strangulation. *Journal of forensic sciences*, 67(2), 588–595. <https://doi.org/10.1111/1556-4029.14958>
- Ruder, T. D., Gonzenbach, A., Heimer, J., Arneberg, L., Klukowska-Rötzler, J., Blunier, S., Exadaktylos, A. K., Zech, W. D., & Wagner, F. (2024). Imaging of alert patients after non-self-inflicted strangulation: MRI is superior to CT. *European radiology*, 34(6), 3813–3822. <https://doi.org/10.1007/s00330-023-10354-3>
- Stellpflug, S.J., Weber, W., Dietrich, A., Springer, B., Polansky, R., Sachs, C., Hsu, A., McGuire, S., Gwinn, C., Strack, G., & Riviello, R. (2022, April). Approach considerations for the management of strangulation in the emergency department. *Journal of the American College of Emergency Physicians*, 3(2).  
<https://doi.org/10.1002/emp2.12711>
- U.S. Department of Justice Office on Violence Against Women. (2023). *A National Protocol for Intimate Partner Violence Medical Forensic Examinations*. <https://www.safeta.org/wpcontent/uploads/2023/05/IPVMFProtocol.pdf>



## **Author:**

**Christine Foote-Lucero** MSN, RN, CEN, SANE-A, SANE-P, AFN-C, IVSE-C, DF-AFN  
Forensic Specialist & Consultant  
Journal Committee Chair, Academy of Forensic Nursing

## **Reviewers:**

**Diana Faugno** MSN, RN, CPN, AFN-C, IVSE-C, FAAFS, SANE-A, SANE-P, DF-IAFN, DF-AFN  
Forensic Nurse  
Founding Board member, End Violence Against Women International  
Founding President and Board member, Academy of Forensic Nursing

**Tommy Sandwisch** MBA  
Director of Product Development and Innovation, SDFI-Telemedicine

**Valerie Sievers** MSN, RN, CNS, AFN-C, IVSE-C, DF-AFN  
Forensic Clinical Nurse Specialist, Forensic Healthcare Consultant  
Founding Board Member, Academy of Forensic Nursing

**Bill Smock** MD  
Police Surgeon Louisville Metro Police Department  
Medical Director – The Institute of Clinical Forensic Medicine and Nursing