



# **Pediatric Non-Fatal Strangulation (NFS) Photography Documentation Guideline 2025**

*\*The children used in this protocol are child models, done with and under parental supervision, or generated by AI*



## Introduction:

### **Pediatric-Friendly Communication in a Medical Setting: Helpful Tips**

*(\*Also, see SDFI Pediatric Supplemental Guideline for additional guidance when working with pediatric patients)*

1. Talk with the child and use the name they wish to be called. This helps the child feel that you care.
2. Smile and speak positively to the child. *"Your hair looks cute today."* Kids like friendly adults and will respond better.
3. Sit or squat at eye level or lower than the child. This gives them some feeling of control over the situation. This will help calm their nerves, fears, and anxieties, thus increasing their level of cooperation.
4. Phrase your instructions as "helping" and demonstrate if needed. *"I need you to help me by placing your hands on your lap. Let me show you."*
5. Reassure and praise when it is warranted. *"You are doing such a good job!"*
6. Give the child a helping role. Children like to help and playing a role in their own examination gets their minds off being apprehensive or fearful.
7. Distraction is your friend in pediatric care. Have child friendly toys or coloring books for them to play with.

### **Mastering the lingo: What Kids Hear When you say...**

1. Young children do not understand abstract ideas. They are concrete thinkers, so be specific with the task. Instead of saying *"relax"*, say *"please place your hands on your lap"*.
2. Use open ended questions allowing them to talk. Be patient and listen. Do not interrupt.
3. Engage in trauma informed dialogue. Ask children questions that make use of their five senses to elicit more information. *"Tell me everything about what you smelled"* etc.
4. Children respond better to friendly adults who smile and listen.

**Procedure:**

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.

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**Note: A copy of the SDFI bookend card can be downloaded at <https://www.sdfi.com/Downloads/bookends.pdf>**

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. 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.**



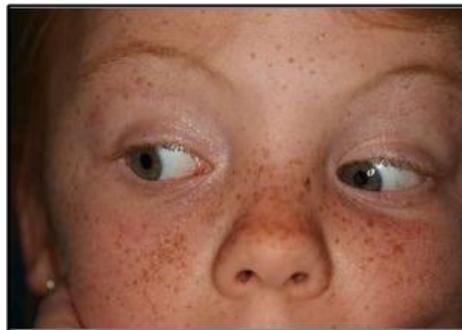
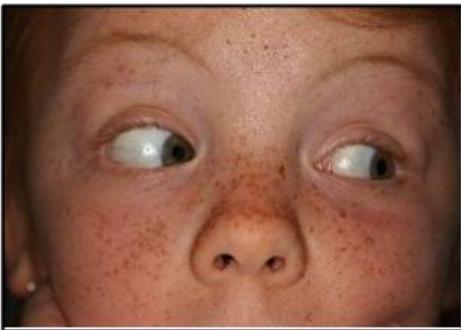
3. Take a series of mid-distance photos of the front of neck with upper chest (*with head tilted backwards to expose the full neck and the area under the chin*), back of the neck/nape and shoulders, left side of the face/head, and right side of the face/head.



4. Take a series of close-up and extreme close-up photos and include any visible injury, or 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).
5. Conduct 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. Examine the ear canal and tympanic membrane with an otoscope. Document all findings.



6. Capture a series of close-up photos of the eyes following the 9 cardinal gazes. The examiner should look for petechiae, petechial hemorrhages, and sub-conjunctival hemorrhages. In some cases, you might need to hold the child's head still as some children tend to turn their heads with their eyes. Holding up a toy in the direction you want the child to look can be effective.



7. Use the finger of your gloved hand to gently lift the upper eyelids. Take a close-up photo of the upper inner eyelid. Children may not tolerate a cotton swab to be used to roll the upper eyelids and often, this will stress them and make conducting the rest of the examination more difficult. Mitigating discomfort is crucial. Trauma-informed care approaches must be followed.



8. Take a series of close-up photos of the upper and lower lips. 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.

**Note: Most children are curious to see photographs of their own mouth. If they are, use this opportunity to have them help you angle their head to better visualize inside the oral cavity. To perform an assessment of the inner upper and lower lips, use the finger of a gloved hand to gently lift or pull down the lips to fully expose the frenulum. You can also involve them by asking them to help hold the lip up or down to expose the area of interest. Giving positive reinforcement to the child by saying “good job” will help put them at ease.**



9. 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. You can have young children put their hands on the caregiver’s lap or even their own if they are not comfortable putting their hands on a hand map.

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



10. The use of a mannequin or Styrofoam head can be effective in understanding the dynamics of the strangulation. This tool can show the physical positions of how the patient and perpetrator were during the assault. If the child is old enough and has the cognitive ability to do this, have the child show how the strangulation happened using the toy model or Styrofoam head. Capture mid-distance photos of the demonstration.

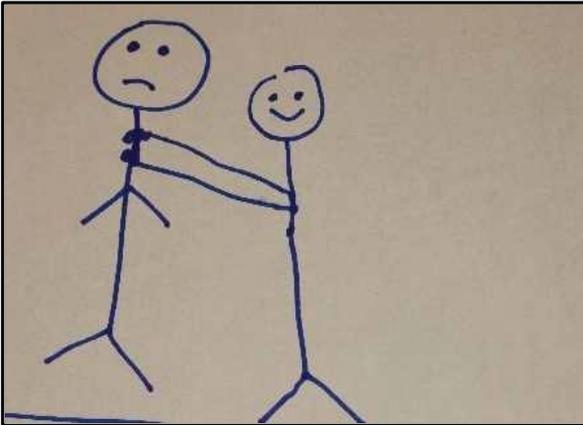


**Note: The examiner should be sensitive to how the child may react in using this method and should follow what the child is comfortable doing. The examiner could also use a toy doll or stuffed animal to demonstrate what happened (see pictures below).**

A good rapport with the child is important during this part of the examination. Communicating with a calm tone while giving the child specific and easy to understand instructions will help achieve better results. Example: *“Can you show me what happened to you on this teddy bear?”* In many places, a forensic interviewer (Child Advocacy staff, law enforcement, or even a child protection worker) will obtain an interview with the child, in addition to the medical history obtained by the forensic healthcare provider. Take photos of ligature that might have been used if it is available. Follow local protocol.



**Note: Sometimes children will not have the words to describe the incident, but they are able to draw from memory what happened to them. In this case, have paper and crayons available.**

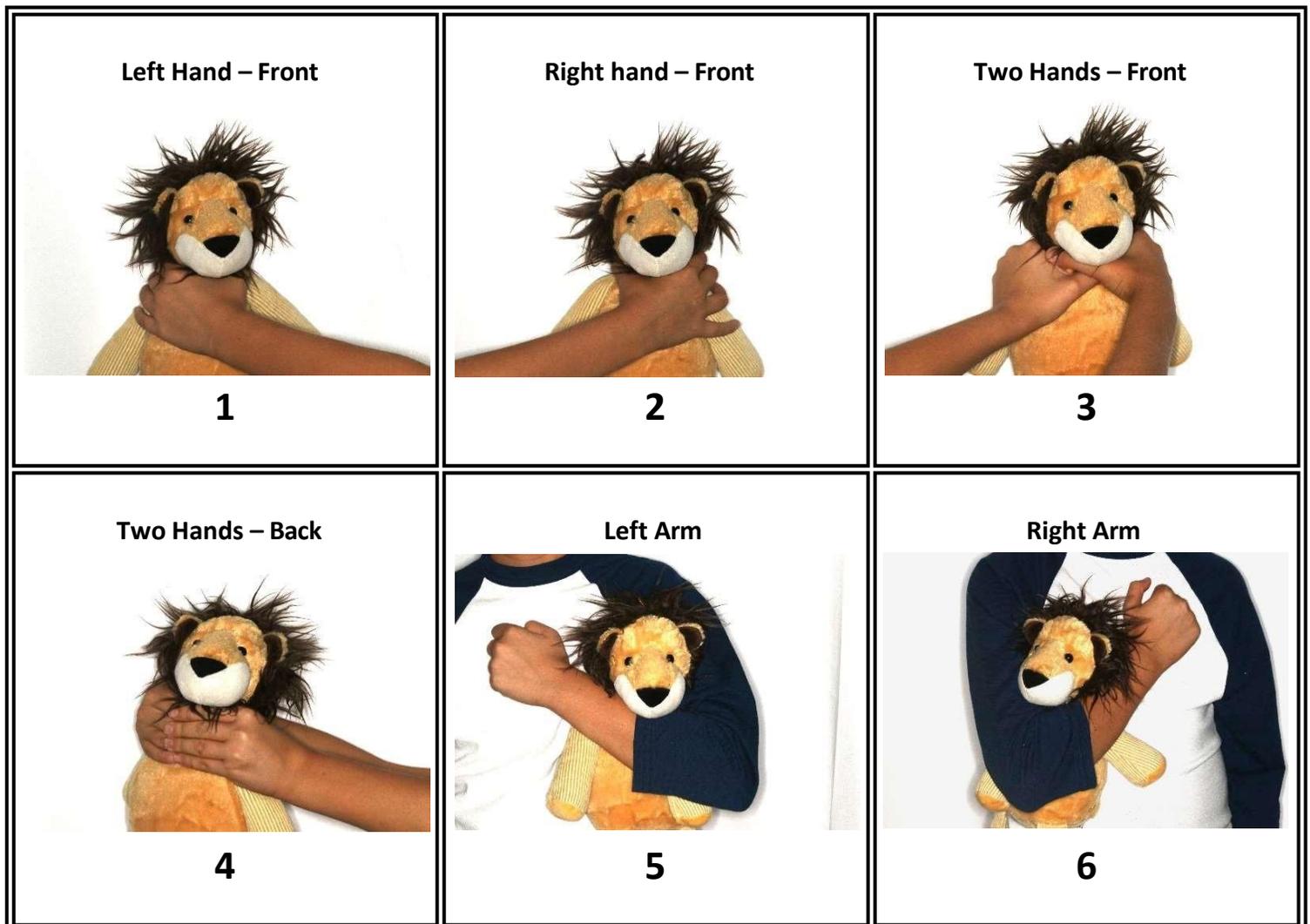


11. Take a photo of the bookend card or patient's ID wristband which will mark the conclusion of the photodocumentation part of the examination.

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<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"/>
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## Pediatric Manual Strangulation Chart



**Trauma Informed Patient Care:** This chart, also known as the 6 pack, is another tool that may help the child describe the event by pointing to one of the six positions that closely resemble what happened to them. The positions are numbered 1-6 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.



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