Adult Domestic Violence/Non-Fatal Strangulation PhotoDocumentation Protocol 2020

The Edition for Pediatric Strangulation Cases Can Be Found Here

Special Thanks to the following individuals for their involvement with this project:

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Reviewed By: Bill Smock, MD, Police Surgeon – Louisville Metro Police Department, Medical Director – The Institute of Clinical Forensic Medicine and Nursing

March 31st, 2020
Introduction:

Healthcare providers, working in the field of clinical forensic medicine, frequently examine individuals who are victims of domestic violence and non-fatal strangulation. The use of this protocol will help promote the continuing development of the highly specialized skills necessary for an effective evaluation and documentation of a person who has experienced a domestic violence and/or a non-fatal strangulation assault. This Domestic Violence/Non-Fatal Strangulation Photodocumentation Protocol 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 areas of interest in domestic violence/non-fatal strangulation cases within their communities.

Multipurpose Recommended Equipment:

- Protective portable camera case (meets or exceeds IP67 • MIL C-4150J • Def Stan 81-41/STANAG 4280).
- Digital SLR camera capable of capturing RAW and JPG files (with appropriate accessories, depending on the camera system used).
- Hand-held camera remote.
- Foot-pedal-controlled camera remote.
- Low-profile, quick-release camera stand with ball-head function.
- Photomacrographic scales.
- A computer (64-bit with 6 GB RAM) with 1.5TB or greater of accessible local/network storage space. The best place to store forensic data is on a local, secure computer network. **Never** store digital evidence in the “Cloud”!
- Computer software and storage capable of reading/managing vast amounts of digital data.
- Computer software capable of securing and encrypting vast amounts of digital images and video at AES 256-bit federal military-level encryption standards.
- High-speed Internet connection (not less than 10 Mbps download and 5 Mbps upload).
- Nested, end-to-end encrypted asynchronous file transfer technologies.
- Optional 24-inch or larger HDTV or screen with an HDMI connector.
Procedure:

1. The very first photo the forensic examiner should capture is that of a bookend card, a patient’s ID wristband or a photo of a printed evidence label. It marks the start of the photodocumentation portion of the examination.

Note: Download a free copy of the SDFI bookend card at:  

2. Capture an orientation/full-body, overlapping photographic storyboard. This series of photos will identify the patient and will be useful in determining the general condition of the patient at the time of the examination.
3. Capture a series of mid-distance and close-up pictures of all non-genital areas of interest from the head to toe assessment.

The mid-distance example picture on the right 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. This orientation picture will indicate where the area of interest is located on the body.

Next, take a close-up picture of the area of interest on the person’s body, first with a measuring device or an object of known size in the picture, then one without a measuring device. Stand directly in front of the area and take the pictures at a 90-degree angle to the area of interest.

After completing the close-up photos of a particular non-genital area of interest, capture an extreme close-up of that particular area (as shown on the right). For areas too large for a single extreme close-up shot, capture an overlapping photo storyboard of that particular area of interest.

When taking the extreme close-up pictures, make sure that the area of interest fills the viewfinder without cutting any part of it off the frame. Stand directly in front of the area being photographed and take the picture at a 90-degree angle. Repeat taking this series of pictures of all non-genital areas of interest.
4. Capture a series of mid-distance photos of the front, back, left and right side of the face/head, upper chest/neck, upper back/nape and shoulders. Capture another photo of the front of the neck with the head tilted back to expose the full neck and the area under the chin. This will allow augmentation of the neck and head.

5. Capture a series of close-up photos of any visible areas of interest on the front, left side, right side and back of the neck. Take the photo with the scale first and then without. Conduct an assessment for the other visible areas of interest that might be located on the earlobes, scalp, jaw line, submandibular area and chin.
Back of the neck, with and without scale

Behind the ears, with and without scale

Inner and outer earlobes

Scalp with and without scale
6. Capture a series of close-up photos of the eyes in the nine different positions of gaze (shown below). The examiner should look for petechial hemorrhages or sub-conjunctival hemorrhages. There are no hemorrhages noted in the sample photographs below.

7. 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, hemorrhaging and any other area of interest.

To achieve this on the upper eyelid, 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 person you are caring for looks downward.

For the lower lid, place the cotton applicator on the lower margin of the tarsus and depress laterally while the person you are caring for looks upward. Capture a series of close-up photos of each eye using the inversion technique. Apply pressure medially and laterally on the lower lids to expose the entire surface. Use the same gaze positions as used in Section 6.
8. Capture a series of close-up photos of the upper and lower lips. If the examiner sees or suspects bruising, hemorrhaging or spots any other area of interest, capture photos with a measurement scale first and then without a scale.
9. Capture a series of close-up photos of the oral cavity (shown on right). The examiner will assess the soft palate, uvula and oropharynx.

The next series of pictures to capture will be that of the frenula of the upper and lower lips (shown below).

If the examiner sees or suspects bruising, hemorrhaging or spots any other area of interest, capture additional close-up photos of the finding.

10. Capture a series of close-up photos of both hands showing the dorsal and palmar sides separately using the SDFI Hand Map. If the examiner sees or suspects bruising or spots any other area of interest, capture additional photos with a measurement scale first then without a scale.
11. Capture close-up photos of the fingertips and fingernails from both hands. If the examiner sees or suspects bruising or spots any other area of interest, capture additional photos with a measurement scale first then without a scale.

12. The use of the mannequin can be effective in understanding the dynamics of an assault. This tool 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 way the perpetrator carried out the strangulation using the model Styrofoam head. Understand that the person you are caring for may have varied reactions in demonstrating this. Always follow what the patient wants to do in this part of the examination.

If a mannequin or model Styrofoam head is available, capture a mid-distance photo of the patient, showing placement of the perpetrator’s arms and hands at the time of the strangulation assault.

13. In cases where the person being cared for is unable to demonstrate the strangulation using a mannequin or model, the examiner may use the Non-Fatal Manual Strangulation Chart (see page 11). The chart shows eight different depictions of manual strangulation also known as the “eight pack”.

If the patient can identify an image on the chart that emulates what happened during the strangulation assault, the examiner will capture a mid-distance photo of the patient pointing to the particular image on the chart.

14. The last picture the examiner will take for the exam will be that of the bookend card, a patient’s ID wristband or a photo of a printed evidence label. This will mark the conclusion of photodocumentation part of the examination.

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Reviewed by: Bill Smock, MD, Police Surgeon – Louisville Metro Police Department, Medical Director – The Institute of Clinical Forensic Medicine and Nursing
Det. Alex Smith – Lancaster Sheriff’s Department
Non-Fatal Manual Strangulation Chart

**Trauma Informed Patient Care:** Often times your patient may have difficulty showing the position of the perpetrator’s hands on their neck. This 8 pack will help the patient describe the event by pointing to one of the eight positions similar to what happened to them. The positions are numbered 1-8 for ease of documentation by the provider.

<table>
<thead>
<tr>
<th>Left Hand – Front</th>
<th>Right Hand – Front</th>
<th>Two Hands – Front</th>
<th>Two Hands – Back</th>
</tr>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Left Arm</td>
<td>Right Arm</td>
<td>Left Elbow</td>
<td>Right Elbow</td>
</tr>
<tr>
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<td><img src="image6" alt="Image" /></td>
<td><img src="image7" alt="Image" /></td>
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<tr>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
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**Examiner’s Notes:**

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