SECURING PHYSICAL EVIDENCE

When a child has been burned & has other injuries & has alleged sexual abuse ...

Photographs MUST BE TAKEN & TAKEN ASAP!

In cases of child neglect, the success of the investigation, the collection of evidence, and the court proceedings may hinge on the investigator's understanding of what constitutes neglect. This guide explores the complex issue of child neglect, beginning with the standard against which neglect is measured: the duty of the child's parents or designated caretakers to provide a reasonable and prudent level of care for the child. The primary ways in which parents may fail in this duty to a degree that constitutes neglect are then examined. These topics include the failure to provide food, fluids, medical care, nurturance, or supervision, or to intervene when the child is endangered. Under each of these areas, the circumstances that qualify as neglect are defined and the ways to detect neglect are described. These include the types of evidence to look for, the kinds of records to check, the points to look for in medical or autopsy records, and the people who should be consulted. Guidance is given on factors to consider when deciding to seek civil or criminal court involvement. The importance of distinguishing neglect caused by poverty from neglect not caused by poverty is also discussed.

This guide also addresses Munchausen syndrome by proxy (MSBP), a form of child abuse in which a parent intentionally fabricates an unidentifiable illness in the child, sometimes with serious or even fatal consequences. The author presents criteria for diagnosing MSBP and summarizes in a table the most common symptoms exhibited by children who are victims of MSBP and the mechanisms perpetrators use to cause these symptoms. Investigation by a multidisciplinary team is recommended, and the personnel needed for the team and the goals of the investigation are outlined. **(NCJ 161841)**

Burn Injuries in Child Abuse

Phylip J. Peltier, *Criminal Investigator, San Diego District Attorney's Office, San Diego, California;* ***Gary Purdue,*** *M.D., Professor, Department of Surgery, The University of Texas Southwestern Medical Center, and Co-Medical Director, Burn Intensive Care Unit, Parkland Memorial Hospital, Dallas, Texas; and* ***Jack R. Shepherd,*** *Inspector and Executive Assistant, Investigative Services Bureau, Michigan State Police, East Lansing, Michigan.*

This guide focuses on methods for determining whether a child's burn injury was deliberately inflicted or resulted from an accident. Three types of burn injuries are considered: those caused by spills or splashes, those caused by immersion in a tub or other container of hot liquid, and those caused by contact with flames or hot solid objects. Burn patterns indicative of each type of injury are described and the ways each type of burn is typically inflicted are discussed. Skin conditions that may give the appearance of a burn injury are also described. The authors present recommendations regarding medical examination, reenactment of the incident to determine the veracity of the caretaker's report, documentation, and working with other agencies. The guide includes a table outlining the characteristics of first- through fourth-degree burns; an evidence worksheet, with instructions, for use at the scene of an immersion burn; and an Investigator's Checklist. **(NCJ 162424)**

Law Enforcement Response to Child Abuse

Bill Hammond, *Law Enforcement Consultant/Trainer, Rockville, Maryland;* ***Kenneth Lanning,*** *M.S., Supervisory Special Agent, Federal Bureau of Investigation Missing and Exploited Children's Task Force, Quantico, Virginia;* ***Wayne Promisel,*** *Detective, Child Services Section, Fairfax County Police Department, Fairfax, Virginia;* ***Jack R. Shepherd,*** *Inspector and Executive Assistant, Investigative Services Bureau, Michigan*

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Photodocumentation as Court Evidence

Photographic evidence should include a form with the victim's name, the case number, and the date and time the photographs were taken. The form should also contain a remarks section that includes case notes. Outline drawings of the child's body are also helpful to show the specific areas that were photographed. Photographs must be properly verified and relevant to the case so that:

- The photographer or investigator can testify in court that the pictures accurately portray the findings and can explain how the photographs were taken.
- A health professional who examined the child (other than the photographer) can verify in court that the photographs accurately represent the findings.

Both. Should be There DR + INVESTIGATOR.

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This is Exhibit "O" referred to in the Affidavit of Arlene Lowery sworn before me this 27th day of FEBRUARY A.D. 20 06

A Commissioner of Oaths in and for the Province of Saskatchewan
My Appointment Expires.

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Photographing Injuries

Prior to photographing the injuries, the investigator should identify the suspected child abuse victim by completing an identification sheet and/or taking a full-face picture of the child that also displays the child's name. Separate rolls of film should be used for each case to avoid losing or mixing up evidence, which could result in dismissal of the case. Although time-consuming, it is helpful to place an identifying sign, including name or initials, date of birth, date and time of photographs, case number, and the photographer's name or initials, in front of the victim's injury for each picture. In addition, many 35mm cameras contain databack attachments that imprint the time, date, and an identifying code on each film frame.

In addition, the investigator can use a medical photography form as a tool for highlighting injury sites, description of injuries, time and date of photographs, the victim's identification or case number, and the number of photographs taken and by whom. The form is then included in the finished photo envelope as relevant to the chain of evidence. A sample form is included as figure 1.

Tips for Photographing a Suspected Victim of Child Abuse

- Take two pictures of every view and angle, one for the file and one for court.
- Photograph the injury with an anatomic landmark. The inclusion of an elbow, knee, belly button, or other body part identifies the location of the wound.

the swollen/rounded injury site. This effect may obscure the photograph. To help minimize the reflections, take photographs from several different angles, then do a followup series when the swelling has gone down.

Burns

In cases of burns or severe scalding, take pictures from all angles *before* (especially before any creams or oils are applied) and *after* treatment. Accidental burns usually exhibit splash marks or indiscriminate patterns of injury. Intentional submersions show distinct lines or well-defined areas of damaged skin compared with healthy skin.

Facial injuries

If an injury is inside the mouth, use a plastic or wooden tongue depressor to keep the mouth open and the injury visible. If there is an eye injury, use a pocket flashlight or toy to distract the child's gaze in different directions to show the extent of the damage to the eye area.

Amputation

In cases where abuse involves the amputation of a body part, photograph the dismembered part alone and then in relation to the body as a whole. Closeups should also be taken of the skin's torn edges, which may help verify the method of amputation in court.

Neglect

When there is suspected child neglect, the child's general appearance should be photographed, including any signs such as splinters in the soles

of the feet, hair loss, extreme diaper rash, wrinkled or wasted buttocks, prominent ribs, and/or a swollen belly.

Sexual abuse

If sexual abuse is suspected, the child and his or her injuries should be approached as follows:

- Photograph the child in the presence of a trusted relative or guardian.
- Inform the child of what will be involved in taking the pictures.
- Remember to consider the child's level of development when speaking to him or her.
- Do not make quick moves toward the child, as these may be frightening.
- Make eye contact with the child to make him or her feel more comfortable.
- Keep a supply of toys or coloring books as a reward for being helpful.
- Allow time for the child to become accustomed to the photographer before being photographed. Do not surprise the child. Tell him or her what parts of the body need to be photographed.
- Let the child undress himself or herself or have the parent or guardian help.
- Photograph sexual organs, including an overall view and closeups of the injury. This may require that the labia (vaginal lips) be

spread apart for closer photography or that the child kneel down on all four limbs to allow the anus to be photographed.

- In general, photographing a sexual abuse injury is best done by a medical specialist in the field of child abuse, with appropriate equipment such as a colposcope.

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