

Anogenital PhotoDocumentation Guideline

2024

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Introduction

Healthcare professionals in the field of forensic healthcare frequently examine individuals who are affected by violence and abuse. The use of this guideline will help promote the continuing development of the highly specialized skills necessary for effective evaluation, evidence collection and forensic documentation of a person who has experienced a sexual assault.

This photo documentation guideline will be beneficial in assisting physicians, physician assistants, first responders, nurses, forensic nurses, advance practice nurses and emergency department healthcare providers, in assessment and documentation as part of a thorough medical forensic examination.

Patients must provide consent, both verbally and in writing, prior to taking photographs. Photographs are evidence and are required to identify and document injury or no injury. Photographs are always taken before cleaning or evidence collection and photographs are taken after cleaning or evidence collection of area's or injury or interest. Photographs can supplement the medical history, document evidence and physical findings. Always minimize a patients discomfort while they are being photographed and respect a patients and their need for modesty and privacy. Drape a patient appropriately while taking photographs. (*The California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims, 2001, p. 56.*) All members of society are vulnerable to crime and violence, regardless of race, age, gender, ability, or social standing. When abuse and violence occur does occur, patients deserve competent and compassionate care that encompasses proper evidence collection. <https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf> (PDF page 104.)

Follow up photography may be helpful. In addition to documenting emerging or evolving injuries, follow-up photographs provide documentation of healing or resolving injuries and clarify findings of stable, normal variants in anatomy and nonspecific findings like redness or swelling that could be confused with acute injuries. <https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf> (PDF page 102.)

Patients may not remember or be unable to give a history of forced oral copulation. Follow the oral protocol with all of your patients unless the patient declines.

Storyboard, as defined within the protocol, is a series of overlapping photos of a subject, displayed in sequence, to show that each image in the series is part of the whole.

Rule of Thirds, as defined within this guideline, is a guideline used to compose a series of three or more photographs. Far-away, also known as orientation photographs, then mid-distance and finally close-up photographs.

Multipurpose Recommended Photographic Equipment

- Protective portable camera case (meets or exceeds IP67 • MIL C-4150J • Def Stan 81-41/STANAG 4280).
- High resolution mirrorless digital camera system capable of capturing RAW and JPG files (*with appropriate accessories, depending on the camera system used*).
- Hand-held camera remote with separate extension cord.
- Foot-pedal-controlled camera remote.
- Low-profile, quick-release camera stand with ball-head function.
- Photomacrographic scales.
- A computer (64-bit with 16 GB RAM) with 4TB 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 on the computer itself, or 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 500Mbps download and 100 Mbps upload*).
- Nested, end-to-end encrypted asynchronous file transfer technologies.
- Optional 42-inch or larger HDTV or screen with an HDMI connector.



Anogenital Photo Documentation Guideline

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. Bookend cards mark the start of the photodocumentation portion of the examination and the end of the photodocumentation portion of the examination (APD 1).

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 (APD 2).

SDFI®-TeleMedicine SDFI = Secure Digital Forensic Imaging SDFI® Secure Beyond Reasonable Doubt® www.SDFI.com	
INSTRUCTIONS: (1.) Fill out this "SDFI® Bookend Card" completely. (2.) Take a picture of this SDFI® Bookend Card BEFORE AND AFTER each photographic session. (3.) Add the used card to the forensic collection kit or shred and destroy it. SDFI® Bookend Cards are digitally provided for free through: http://www.sdfi.com/eCommerce/sdfi-forensic-photo-documentation-bookend-card	
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Case #:	<input style="width: 90%;" type="text"/>
Photographer :	<input style="width: 90%;" type="text"/>
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D.O.B: (mm/dd/yy)	<input style="width: 20%;" type="text"/> or Age: <input style="width: 20%;" type="text"/>

APD 1. SDFI Bookend Card Sample.



APD 2. An orientation/full body, overlapping photographic storyboard.

Anogenital Photo Documentation Guideline

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 (**APD 3-a**) 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 or injury on the person's body, first with a measuring device or an object of known size in the picture (**APD 3-b**). The second picture should be without a measuring device (**APD 3-c**). 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 (**APD 3-d**). 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.



APD 3-a. Mid-distance photo.



APD 3-b. Close-up with measurement.



APD 3-c. Close-up without measurement.



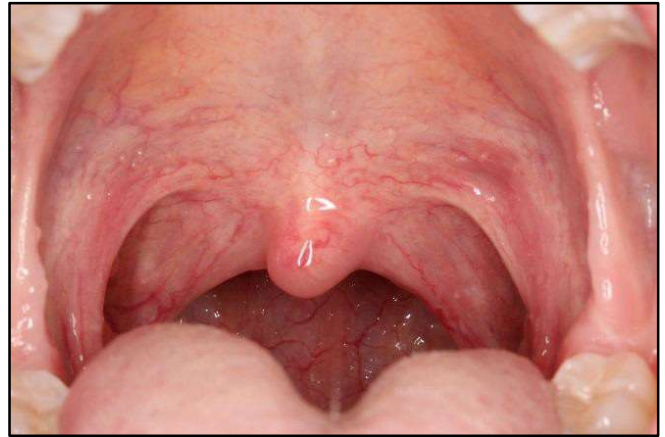
APD 3-d. Extreme close-up.

Anogenital Photo Documentation Guideline

- For all patients, capture a series of close-up photos of the oral cavity (**APD 4-a**). The examiner will assess the soft palate, uvula and oropharynx. There may be injury on the back soft palate related to forced oral copulation.

The next series of pictures to capture will be that of the frenula of the upper (**APD 4-b**) and lower lips (**APD 4-c**) as well as under the tongue.

If the examiner sees bruising, petechiae hemorrhages, spots and/or other areas of interest, capture additional close-up photos of the finding.



(APD 4-a). Oral cavity.



APD 4-b. Frenula of the upper lip.



APD 4-c. Frenula of the lower lip.

Anogenital Photo Documentation Guideline

After capturing the photographs shown in procedures 1 through 6, begin the anogenital photography portion of the examination.

7. Move the patient into the lithotomy position, then take an orientation photograph of the genital area.

For all patients, always begin with an anogenital orientation photograph (**APD 7**). It is important that all evidence is photo documented before labial traction or physical inspection begins.



APD 7. Anogenital orientation photograph.

Anogenital Photo Documentation Guideline

8. Start at the top of the vulva and photograph the clitoral hood. Gently move the hood to the right and then the left so that all sides are exposed and photographed (**APD 8**). Make note of any variances or evidence that will need to be collected. This process requires capturing two to four photographs. Retract the hood and photograph the clitoris. Take one to two photographs and make of note of any variances, any debris or injury/areas of interest. Often injury can be noted here.

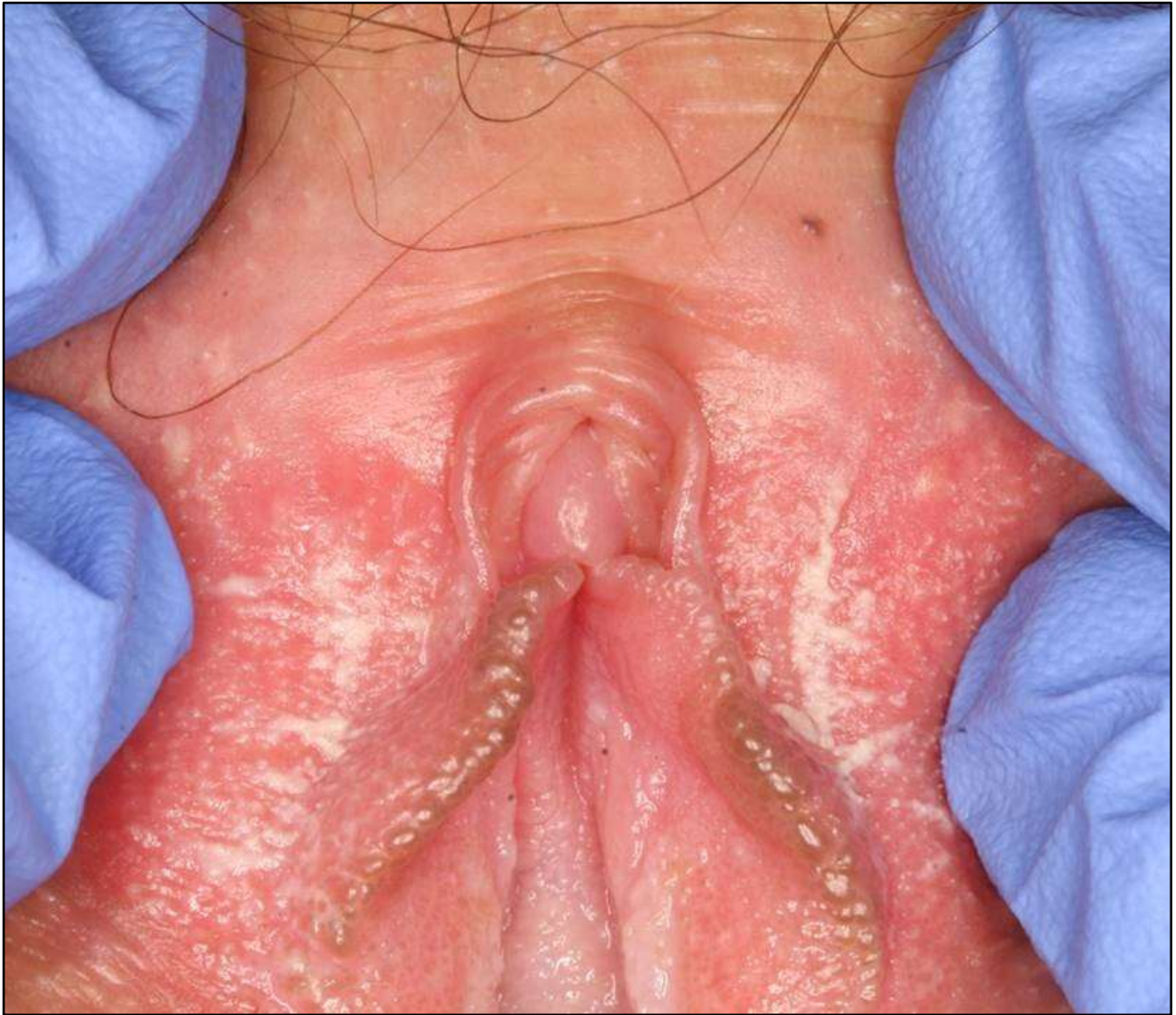
For all patients, open the labia minor on the right and left sides and photograph in the folds. Capture at least four pictures, two on each side. Expose and photo document one side at a time. This will minimize the amount of stretching and discomfort for the patient.



APD 8. Expose all sides and photograph.

Anogenital Photo Documentation Guideline

9. Gently expose the clitoris and photodocument (**APD 9**).



APD 9. *Expose the clitoris and photograph.*

Anogenital Photo Documentation Guideline

10. In these photographs you can see that opening of the right labia minor exposes the redness and injury at the boarder of the labia minor at 8-11 o'clock. On the left labia minor is closed as only one side is opened at a time for less stretching and discomfort for the patient. The arrow identifies where to swab in the vestibule/nongenital area.

Shown with and without an arrow so detail can be seen. **(APD 10-a and b).**

(Shown with and without an arrow so you can see detail)



APD 10-a. Arrow identifying the location to swab.



APD 10-b. Detail of the area to swab.

Anogenital Photo Documentation Guideline

- 11.** Left labia minor opened and exposed area. Take one or two pictures before swabbing or cleaning, per your community protocol. **(APD 11)**



APD 11. Expose the labia and photograph.

Anogenital Photo Documentation Guideline

12. For all patients, use labial traction to visualize the hymen and urethra and peri urethra area. This is an example of labial traction being used to expose the hymen, urethra and peri urethra area. With labial traction the posterior fourchette shelf is also exposed in this photograph (**APD 12**).



APD 12. Labial traction.

Anogenital Photo Documentation Guideline

13. Sometimes adjunct tools are used to lift and evaluate the hymen. An obstetric swab covered with the finger of a non-latex powder free glove can be placed behind the hymen (**APD 13**). This allows for one to four pictures of each side of the hymen for observation of any debris, evidence collection hymen remnants, non-acute transection acute injury, or other findings or variances. This tool should be used only on an estrogenized hymen and not on pre-pubescent children. Use with caution on the post-menopausal patient.

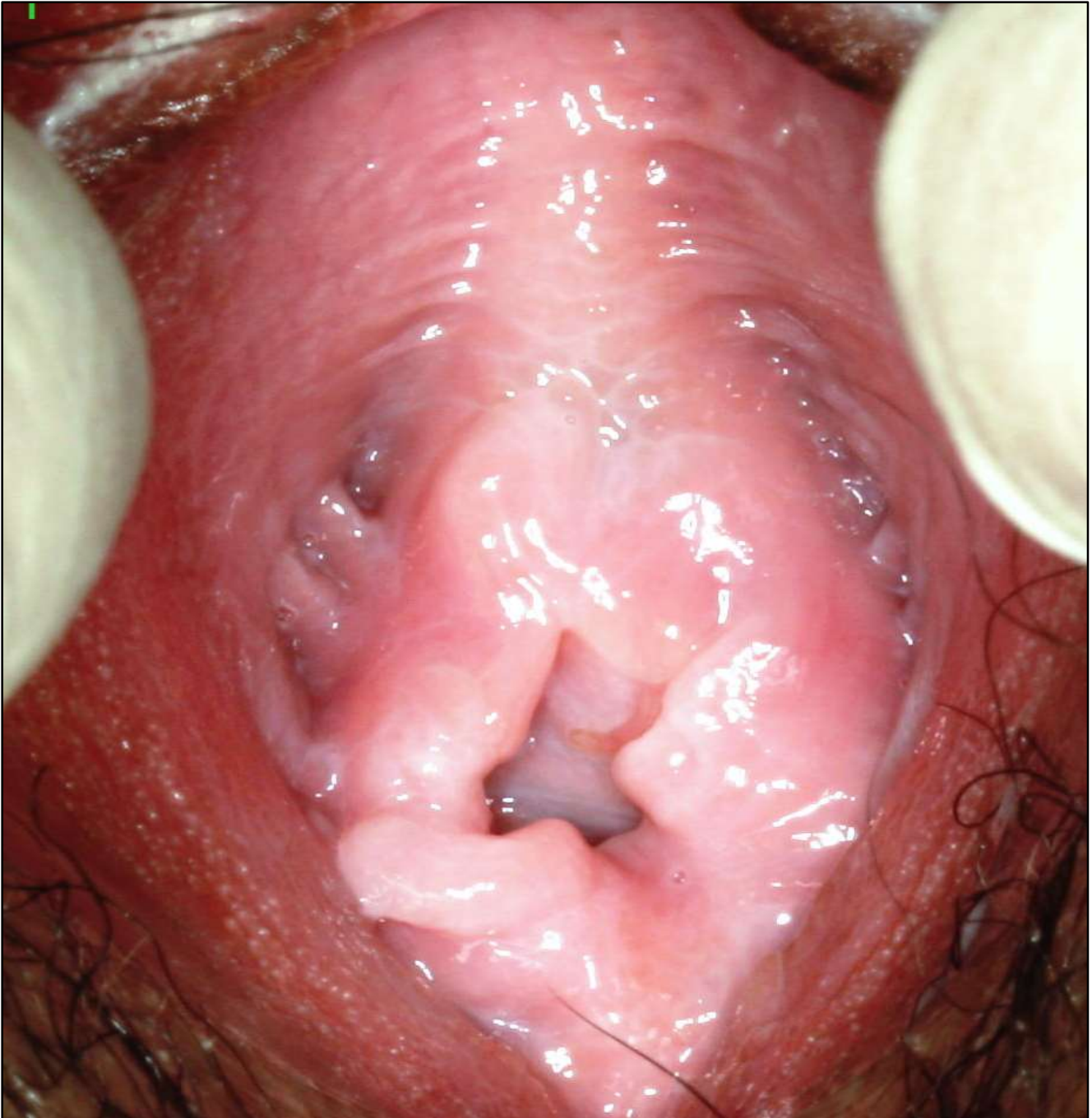
Take one to two photographs of the hymen, urethra, and peri-urethra area that is exposed. Children have a flatter surface area than the adult female in this area. The adult hymen, urethra, and peri-urethral area may require two to four photographs.

Continue using labia traction and expose the peri-urethral bands. Take one to two photographs and note any variations, debris, injury, or non-injury.



APD 13. An obstetric swab covered with the finger of a non-latex powder free glove can be placed behind the hymen.

Anogenital Photo Documentation Guideline

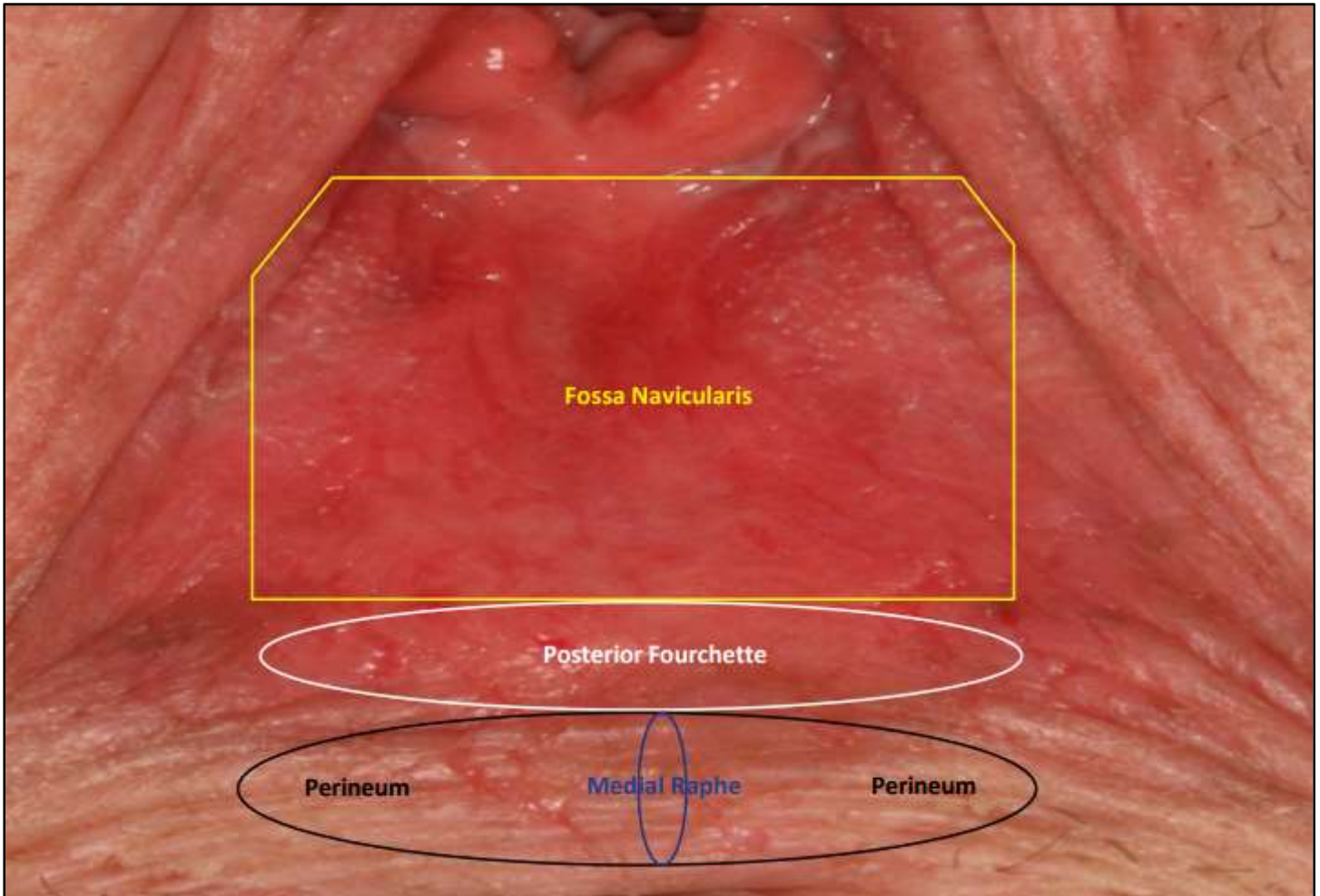


APD 14. Photograph of the peri-urethral bands.

14. Next photograph the posterior fourchette and fossa navicularis from 4-8 o'clock. Typically, four to six pictures would allow for any documentation of debris, acute injury, and variances. If you are able to see the injury before you use the camera for photography, make note of that on your written documentation. An example of documentation is: "I was able to see the injury in the genital area before I used the camera or magnification." Include one to two pictures showing the posterior fourchette shelf above and below.

Anogenital Photo Documentation Guideline

15. The last set of photographs will be of the ano-genital area before we insert a speculum and photograph the cervix and vaginal walls. Take one to two pictures and again note any debris, injury, non-injury, or variances (**APD 15**).



APD 15. Multiple tears to posterior fourchette up to the fossa navicularis and down to the perineum with erythema and tenderness from 4 to 8 o'clock.

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16. If you are using Toluidine Blue (TB) dye you will need to follow this basic photography guideline, swab, clean, and then re-photograph if variances or injury noted. Apply the TB dye in the non-mucous membrane tissue of the genital area. Take pictures, swab, and apply the dye. Photograph again and then gently clean the excess dye off and photograph the area again. The following three photographs show the injury (**APD 16-a**), dye application (**APD 16-b**), and injury highlighted by the TB dye after removal of excessive dye (**APD 16-c**). Dye is applied before speculum insertion in adolescents and adult females.

The TB Dye Procedure:

1. Look.
2. Photograph.
3. Swab for kit.
4. Clean.
5. Photograph.
6. TB dye application.
7. Photograph
8. TB dye removal.
9. Photograph; interpretation of results.
10. Vaginal speculum insertion, if needed.
11. Photograph.



APD 16-a. Photograph before the TB dye has been applied.

Anogenital Photo Documentation Guideline



APD 16-b. Photograph after the TB dye application.

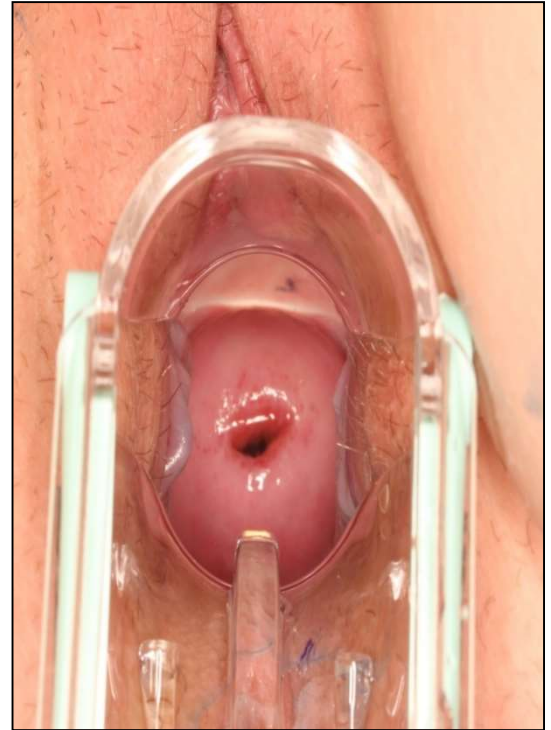


APD 16-c. Removal of TB dye out lining injury in the anogenital area.

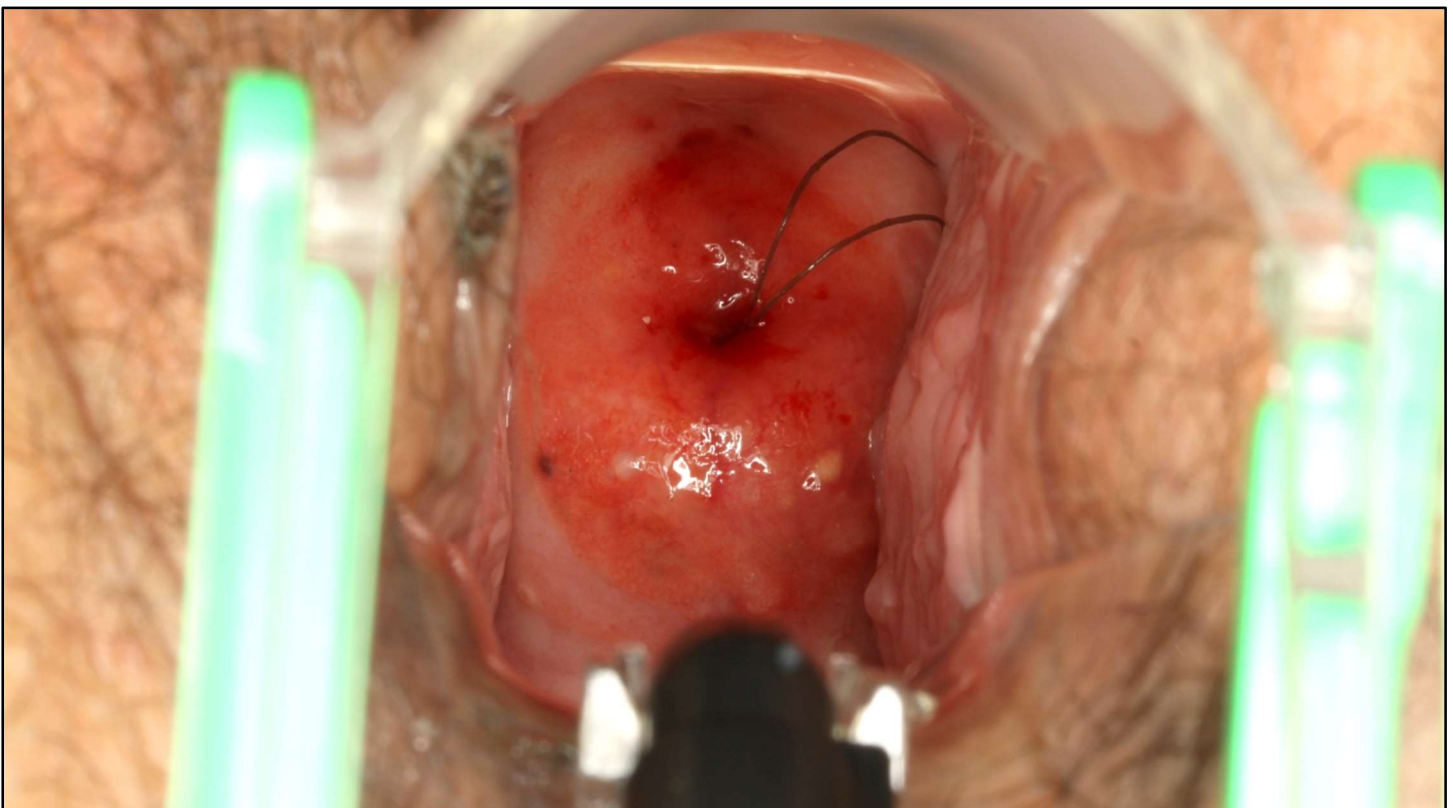
Anogenital Photo Documentation Guideline

17. The cervix is visualized through the vaginal speculum. Observe the vaginal walls and take one to two photographs right and left. Take several photographs of the vaginal vault and cervix (**APD 17-a and b**). It is also best to observe and take one to two photographs of the anterior and posterior cervix as able to note an injury, debris or variances. This may not be tolerated by your patient. Stop and complete your cervix swabbing and collection of any debris and then re-photograph with one or two photos, then remove the speculum. The appearance of the cervix should be described including the appearance of the cervical os and the appearance of any ectropian or findings that may indicate erosion or infection

If the camera will not focus on the cervix, step back. You are too close. If using a colposcope, adjust your magnification.



APD 17-a. Photograph of the cervix.



APD 17-b. Photograph of the cervix with ectropian surrounding the cervical os and two IUD strings visible.

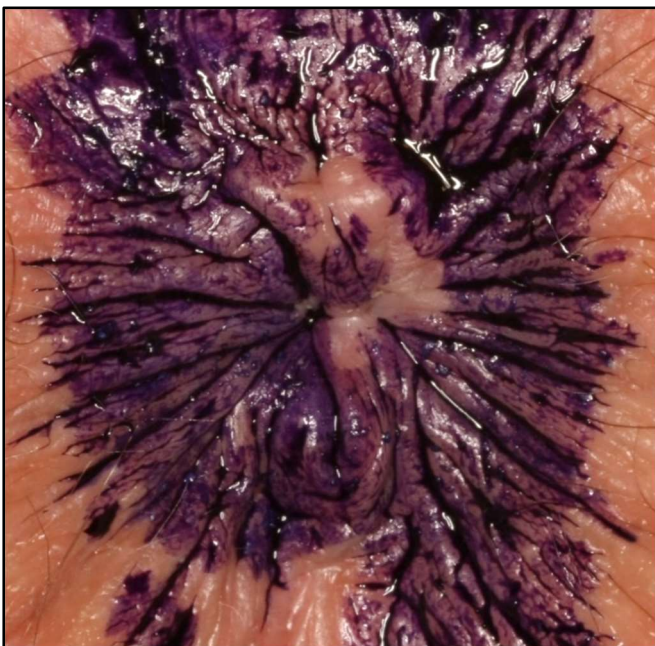
Anogenital Photo Documentation Guideline

18. Place the patient in a supine cannon ball position with arms under the knees and inspect the anus and anal folds. Take two to three pictures again notice any variances, injury, or non-injury (APD 18-a through c). If there is a history of anal penetration and if your program uses the TB dye you would repeat the dye procedure here with photographs.

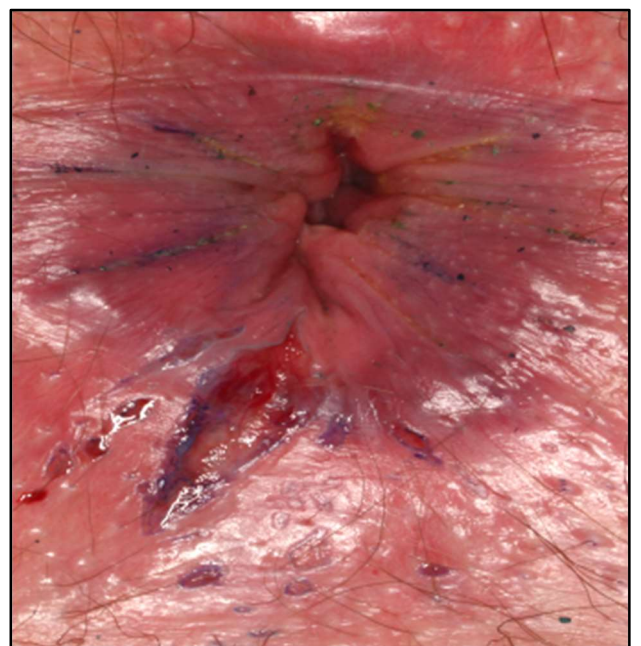
Remember to collect your swabs before using the dye or cleaning.



APD 18-a. Photograph of the anus and anal canal folds.



APD 18-b. Photograph of the anus and anal canal folds after TB dye application.



APD 18-c. Photograph of the anus and anal canal folds after TB dye removal.

Anogenital Photo Documentation Guideline

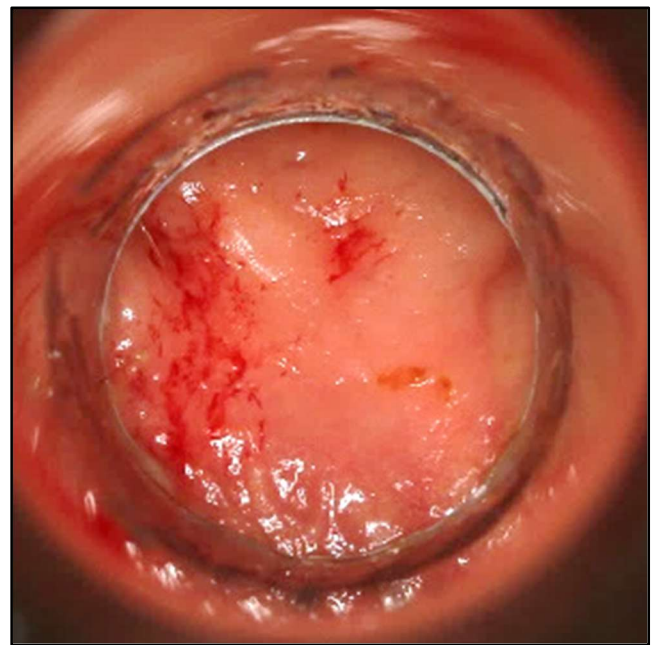
19. If anal penetration of a female or male and your program uses anoscope follow your procedures for when to insert an anoscope.

Once anoscope is placed into the rectum take three to four pictures, swab and then continue taking one to two pictures note any variances (**APD 19-a and b**). Stop and pull the anoscope out 1/3 of the way and take one to two pictures. When the anoscope is sitting on the verge take another one to two photographs. The patient can now sit up and you can proceed with the rest of your examination. This will complete the series of pictures for the oral, anogenital examination of the patient who has been sexually assaulted.

NOTE: In this guideline no pictures of male genital area were presented. Male genitalia is external and non-genital photography techniques should apply.



APD 19-a. Anoscope photograph.



APD 19-b. Anoscope photograph.

20. The last picture that 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. (**APD 20**).

21. Some of your cases will involve follow-up photographs. Schedule accordingly.

This will mark the conclusion of photo documentation part of the examination. Remember that some of the pictures may be blurry or unfocused. Best to take at least 20 to 40 pictures.

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INSTRUCTIONS: (1) Fill out this "SDFI® Bookend Card" completely. (2) Take a picture of this SDFI® Bookend Card BEFORE AND AFTER each photographic session. (3) Add the used card to the forensic collection kit or shred and destroy it. SDFI® Bookend Cards are digitally provided for free through: http://www.sdfi.com/eCommerce/sdfi-forensic-photo-documentation-bookend-card	
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APD 20. Bookend Card.

Anogenital Photo Documentation Guideline

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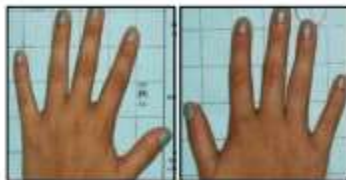


APD 1. Bookend Card.

APD 2. An orientation/full-body, overlapping photographic storyboard.

APD 3-a through d. Series of mid-distance and close-up photographs.

APD 4-a through c. Oral cavity and frenulus photographs.



APD 5-a and b. Close-up photograph of the hands.

APD 6-a and b. Close-up photograph of fingertips.

APD 7. Anogenital orientation photograph.

APD 8. Expose all sides and photograph.



APD 9. Expose the clitoris and photograph.

APD 10-a and b. Detail photographs of the area to swab.

APD 11. Expose the labia and photograph.

APD 12. Labial traction.

APD 13. Use of an obstetric swab.

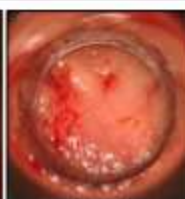
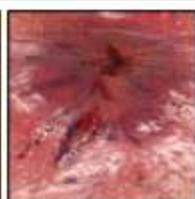
APD 14. Photograph of the peri urethral bands.



APD 15. Posterior fourchette up to the fossa navicularis.

APD 16-a through c. Photographs during the TB dye process.

APD 17-a and b. Photographs of the cervix.



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APD 18-a through c. Photographs of the anus and anal canal during TB dye process.

APD 19-a and b. Anoscope photographs.

APD 20. Bookend Card.

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