

PHOTO-DOCUMENTATION IN CHILD ABUSE AND MALTREATMENT CASES FOR DOE STAFF

DIVISION OF SCHOOL CLIMATE AND WELLNESS



**NEW YORK CITY DEPARTMENT OF
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The goal of photographing visible signs of trauma when child abuse or maltreatment is suspected is to ensure that all relevant information regarding a report is maintained.



Review of Child Abuse Reporting Principles

- Suspicion of abuse or maltreatment requires reporting to the State Central Register (SCR).
- All school staff are mandated reporters.
- In connection with reports of suspected child abuse or maltreatment, photographs must be taken whenever there are any visible signs of trauma. Parental consent is not needed to photograph possible evidence of child abuse or maltreatment and **MUST NOT** be sought.
- Photographs may provide key evidence that child abuse or maltreatment has taken place.
- For further information please review Chancellor's Regulation A-750.



Policy for Photographing Injuries When Child Abuse or Maltreatment Is Suspected

Policy for Photographing Injuries

It is the policy of the DOE that photographs **must** be taken of any visible signs of trauma in connection with suspected child abuse or maltreatment, as follows:

- Photographs must be taken **by a trained staff member** in a private setting that best serves the interest and privacy of the child.
- Where feasible and appropriate, the child should be taken to the nurse's office or the school's medical room in order for photographs to be taken.
- If a school nurse is not assigned to the building or a nurse is not available for a reasonable time or the principal/designee determines that the child's best interest would be served by another staff member taking photographs, the principal/designee will ask the Designated Liaison or another trained staff member to take the photographs.

Policy for Photographing Injuries

- Photographs may only be taken by someone who has completed the appropriate New York City training.
- At a minimum, the school nurse and Designated Liaison must complete this training. **If a school nurse is not assigned to the building, the principal must identify an alternate staff member to be trained.**
- Additional staff may also complete this training.

Policy for Photographing Injuries

a. Notification to Principal/Designee and Reporting to SCR

- i. When a mandated reporter **observes visible signs of trauma** and has reasonable cause to suspect child abuse or maltreatment, the mandated reporter shall:
 - a) for the purpose of causing photographs to be taken, immediately **notify the principal/designee** of the suspected child abuse or maltreatment and the visible signs of trauma; and
 - b) immediately thereafter **make an oral report to SCR**, and no later than the end of the school day provide the principal/designee with the “Call ID” number.

Policy for Photographing Injuries

- ii. When the principal/designee is advised of the suspected child abuse or maltreatment and the visible signs of trauma, the principal/designee shall immediately cause **the nurse or the Designated Liaison or another trained staff member to take photographs of the visible injuries**, in accordance with the procedures described in the following slides.
- iii. The individual taking the photograph must ask the principal/designee to confirm that a report has been made to the SCR.
 - If the principal/designee confirms that the report has been made, he or she must immediately provide the "Call I.D." number to the person who took the photograph.
 - If the principal/designee does not confirm that the report has been made, the individual who took the photograph must immediately call in the report to the SCR.
 - If the principal/designee provides such confirmation but does not provide the mandated reporter with the "Call I.D." number by the end of the school day, the mandated reporter must immediately call in the report to the SCR.

Policy for Photographing Injuries

- iv. The principal/designee shall immediately, but no later than 24 hours after the photographs were taken, **advise the Designated Liaison**, if the Designated Liaison was not responsible for taking the photographs, that photographs were taken.
- v. The mandated reporter must **submit the written LDSS-2221A report within 48 hours** of making the oral report to the SCR. The mandated reporter **must check the "Photographs" box on the form** where it says "Actions Taken or About to be Taken."



LDSS-2221A Form

Email the LDSS-2221A Form to the respective borough specific email addresses.

Children's Services Email List

LDSS-2221A

Electronic Copy from DOE to Children's Services

<u>Borough/Office</u>	<u>Primary & Back up</u>	<u>Email Address</u>	<u>Telephone</u>
<u>Brooklyn</u>	Jacqueline Payne	Jacqueline.Payne@acs.nyc.gov	718-623-4531
	Bernard Jackson	Bernard.Jackson@acs.nyc.gov	718-221-4030
	Cathy Chiou	Cathy.Chiou@acs.nyc.gov	718-218-6619
	Hakeem Adekoya	Hakeem.Adekoya@acs.nyc.gov	718-522-8213
	Randall Stevens	Randall.Stevens@acs.nyc.gov	718-942-8811
	Joyce Frederique	Joyce.Frederique@acs.nyc.gov	718-348-8102
<u>Bronx</u>	David Reznik	David.Reznik@acs.nyc.gov	718-933-2140
	Marvin Benson	Marvin.Benson@acs.nyc.gov	718-933-1075
<u>Manhattan</u>	Barbara Alexander	Barbara.Alexander@acs.nyc.gov	212-534-6975
	Cheril John	Cheril.John@acs.nyc.gov	212-341-3315
<u>Queens</u>	Nancy Kernisant	Nancy.Kernisant@acs.nyc.gov	718-725-6303
	Melissa Brancale	Melissa.Brancale@acs.nyc.gov	718-557-1758
<u>Staten Island</u>	Raka Sarker	Raka.Sarker@acs.nyc.gov	718-720-2817
<u>Office of Special Investigations (OSI)</u>	Yvonne Douglas	Yvonne.Douglas@acs.nyc.gov	212-442-8317
	Theresa Williams-Lloyd	Theresa.Williams-Lloyd@acs.nyc.gov	212-442-7517

Policy for Photographing Injuries

b. Taking of Photographs

- i. Photographs must be taken in a **private setting** in a way that best serves the interest and privacy of the child. Where feasible, the student should be taken to the nurse's office or the school's medical room in order for photographs to be taken.
- ii. Photographs must be taken with a **City-owned device** and may not be taken with a personally-owned device.
- iii. Photographs may **only be taken by someone who has completed the appropriate New York City training**.
- iv. **No photographs may be taken, and no examination may be conducted of a child's genital, perineal or breast areas.**

Policy for Photographing Injuries

c. Transmitting Photographs of the Child's Injury/Injuries to ACS

- i. After the photographs have been taken, the device containing the photo must be immediately given to the Designated Liaison.
- ii. The Designated Liaison must then **obtain the following information**: the SCR "Call I.D." number; the name of the student; the student's OSIS number; and the date when the LDSS-2221A written report was submitted.
- iii. At the time the written LDSS-2221A report is submitted, or as soon as possible thereafter, the Designated Liaison must send an encrypted email from a city owned device with the photographs attached to the borough-specific designated ACS email inbox indicated in slide 21. The email must contain: the SCR "Call I.D." number; the student's name; the student's OSIS number; the number of photos attached; the sender's name; and the school name and DBN.

Email instructions are described in the following slides.

Policy for Photographing Injuries

d. Retaining and Storing of Photographs by the Designated Liaison

- i. The Designated Liaison must print a copy of the photographs. The photographs must be stored together with the LDSS-2221A written report **in a secure place** accessible only to the principal/designee. The report and the photographs are confidential documents and **may not** be released to the subject of the report, parent or family and may only be released to those authorized to receive such information in accordance with the Social Services Law.

Policy for Photographing Injuries

- e. Procedures if SCR Declines a Report of Suspected Child Abuse or Maltreatment
 - i. If a SCR operator declines to accept a report, the mandated reporter may request that a SCR supervisor review the report. If a report is not accepted, the mandated reporter must obtain the name of the SCR operator and/or supervisor who was on the telephone call, advise the principal/designee of the fact that a report was made and not accepted and make an entry into ILOG.
 - ii. The principal/designee must notify the Designated Liaison that the report was declined. The Designated Liaison shall ensure that the entry in ILOG indicating that the report was declined by SCR is updated to reflect the fact that a photograph was taken and *immediately delete the photographs from the City-owned device.*

No copies of such photographs shall be made or retained.

Policy for Photographing Injuries

Photographs of visible injuries must be taken unless:

- The child is **not** willing to be photographed.
- The child is **not** willing to expose body part with visible injuries in a manner which allows for photographing (e.g. Pushing back shirt sleeve).

Reminder: **NO** photos may be taken or examination conducted of a student's genital, perineal or breast areas.

Photography Key Points

- Care should be taken to ensure that the child is comfortable being photographed.
 - *We never want to traumatize children.*
 - *Explain to children what is going to happen in language they will understand.*
- If a child or adolescent student refuses to be photographed, **do not** attempt to take photographs and document the refusal in ILOG.



Photography Key Points

- Under Social Services Law 419, mandated reporters who in **good faith** take photos of child abuse in connection with a report to the SCR have immunity from any liability that might result from taking these photos.
- Images **should not** be compressed, manipulated, altered or cropped.

Setting the Stage for Photography

- Request the school's designated device (i.e. DOE owned iPad, Blackberry, etc.), index card, and odontology ruler from the principal or designee.
- Whenever a photograph is taken, the principal must ensure that two staff members are present at all times. Ideally the second staff member would be someone who the student feels comfortable with.
- The person taking the photographs must provide the device to the Designated Liaison who will then take the device for email transmittal of photos to ACS.

Transmission of Photographs to ACS

Transmission of Photographs to ACS

- At the time the written LDSS-2221A report is submitted, or as soon as possible thereafter, the Designated Liaison must send an encrypted email from a City-owned device with the photographs attached to the borough-specific designated ACS email inbox **as described herein**.
- The photos **must be** attached to an email and the body of the email must contain:
 - *the SCR “Call I.D.” number*
 - *the student’s name*
 - *the student’s OSIS number*
 - *the number of photos attached*
 - *the sender’s name*
 - *and the school name with DBN*

This email must be sent only to the dedicated ACS mailbox– no one else may be copied

Transmission of Photographs to ACS

Designated Liaison emails the ACS borough mailbox where the student lives:

<u>External Email Address (for DOE)</u>	
Bronx	DOEPhotosBronx@acs.nyc.gov
Brooklyn	DOEPhotosBrooklyn@acs.nyc.gov
Manhattan	DOEPhotosManhattan@acs.nyc.gov
Queens	DOEPhotosQueens@acs.nyc.gov
Staten Island	DOEPhotosStatenIsland@acs.nyc.gov

Transmission of Photographs to ACS

- Using a city-owned device, the Designated Liaison connects to Office 365 (Outlook) via internet browser: <https://portal.office.com> or the Full Version of Outlook on a DOE desktop computer.
- The Designated Liaison logs in using a DOE email address and password.
- The Designated Liaison encrypts the email message. (see subsequent slides for more information)

Transmission of Photographs to ACS

- Designated Liaison receives and saves confirmation of receipt email from ACS.
- Designated Liaison prints email and photos from his/her DOE account's "sent" mailbox (using the principal's workstation/office) to file along with LDSS-2221A in a secure location.
- Designated Liaison deletes photos from device camera, deletes email from "sent" mailbox.
- Principal or designee submits a report in OORS within 24 hours after the principal designee is advised of the report to SCR and receives the Call I.D. number.

Encrypting Emails

Encrypting Emails



You can prevent sensitive information in emails from being read, printed, forwarded, or copied by unauthorized people by setting permissions for them.

Because the permissions to access an email are saved within the message itself, that access and those restrictions are always enforced—regardless of where the message goes.

Encrypting Emails

To send to ACS email addresses:

- Use the Encrypt Setting (Web Based Outlook)
or
- Trusted Recipient Confidential (Full Outlook Version)

Encrypting Emails

How to Set Permissions

A. If using O365 (<https://portal.office.com>): ("Old" Web Version)

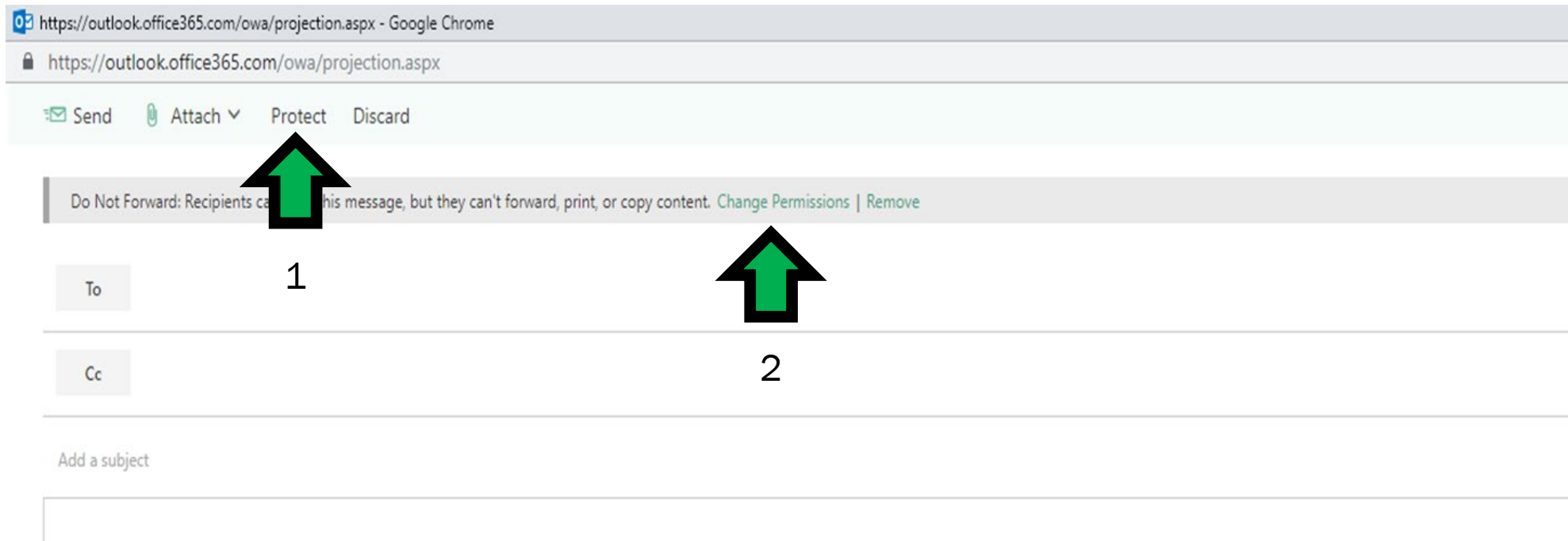
When creating a new email, select Protect and click the Change Permissions menu, then select encrypt from the drop down menu.

B. If using O365 (<https://portal.office.com>): ("New" Web Version)

When creating a new email, select Encrypt at the top of the email.

Encrypting Emails

A.) Outlook 365 ("Old" Web Version):



Encrypting Emails

A.) Outlook 365 ("Old" Web Version):

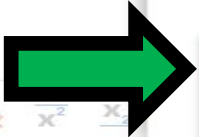
Do Not Forward: Recipients can read this message, but they can't forward, print, or copy content. [Change Permissions](#) | [Remove](#)

To:

Cc:

Add a subject






Add a message or drag a file here

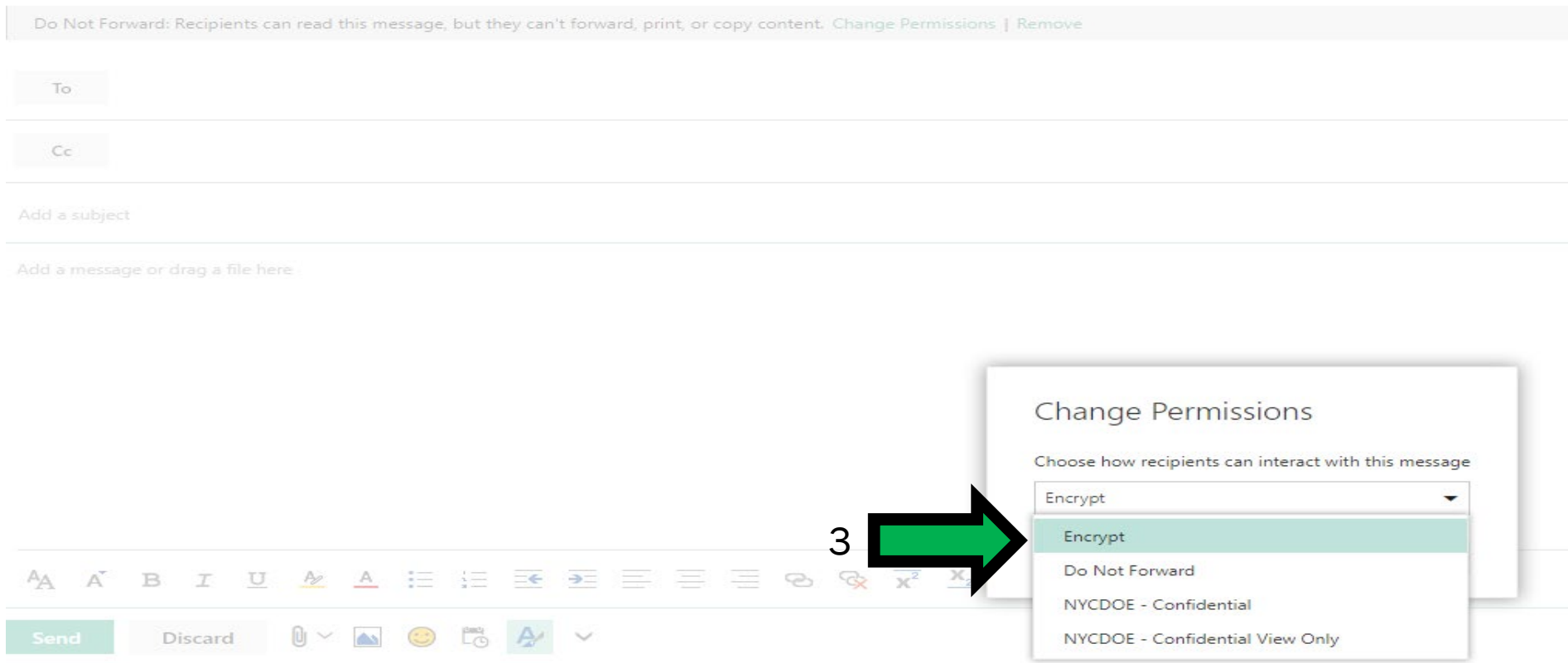
3 

Change Permissions

Choose how recipients can interact with this message

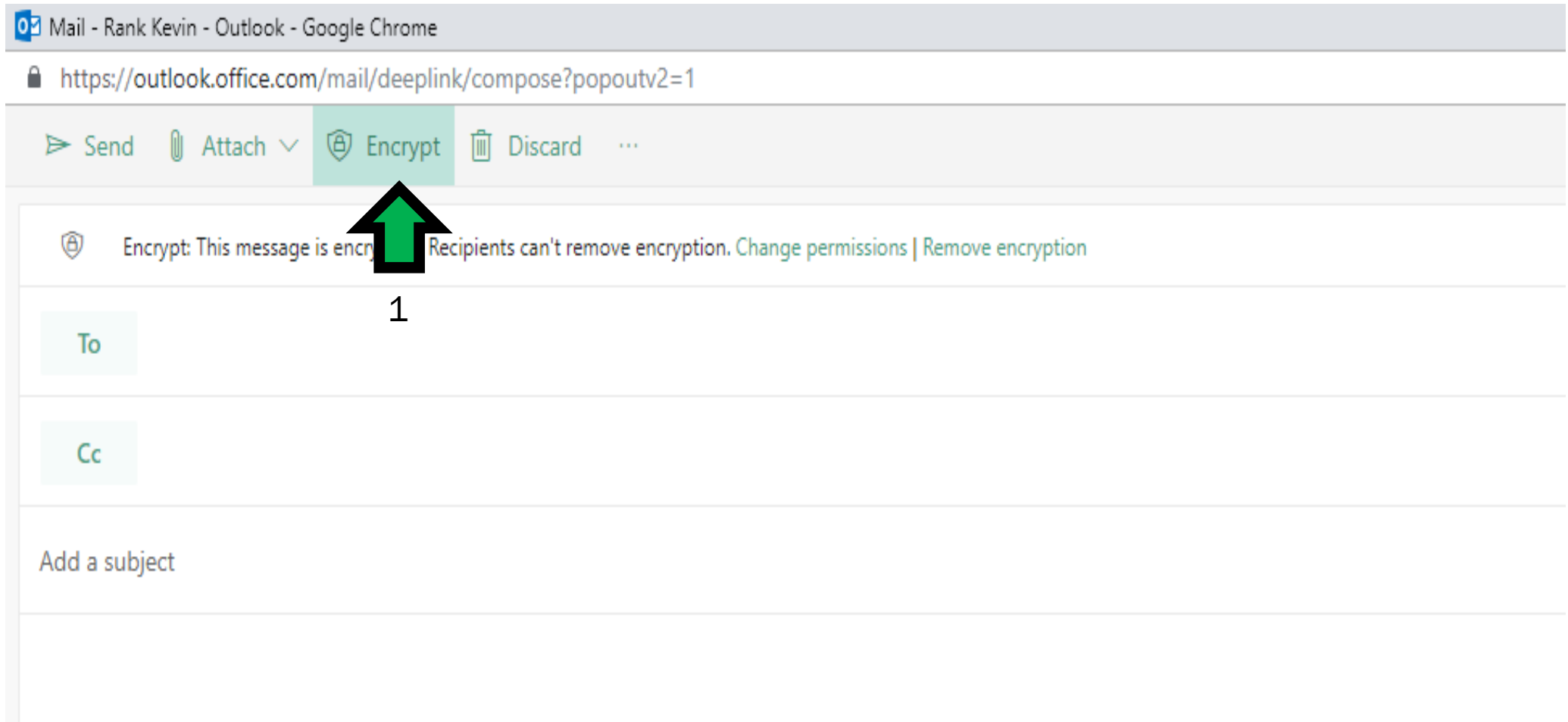
- Encrypt
- Do Not Forward
- NYCDOE - Confidential
- NYCDOE - Confidential View Only

Send Discard     



Encrypting Emails

B.) Outlook 365 ("New" Web Version):

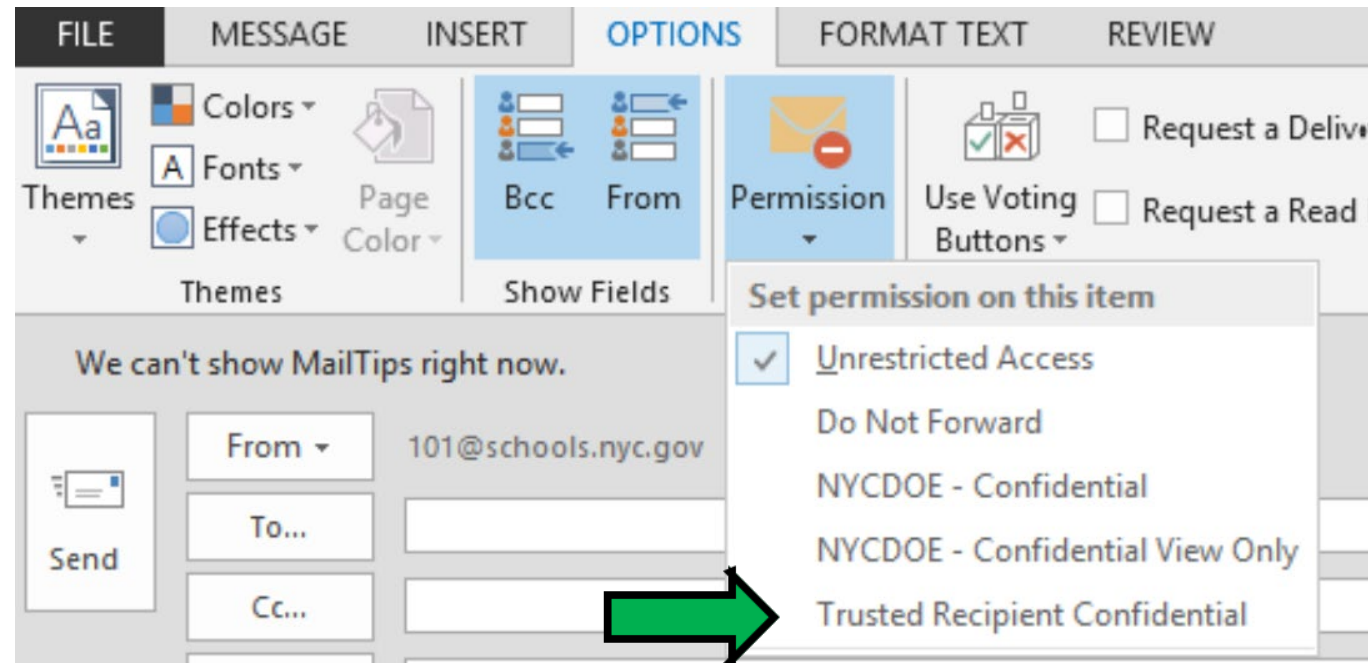


The screenshot shows the Outlook 365 web interface in a Google Chrome browser. The address bar displays the URL: <https://outlook.office.com/mail/deeplink/compose?popoutv2=1>. The top navigation bar includes buttons for 'Send', 'Attach', 'Encrypt', and 'Discard'. The 'Encrypt' button is highlighted with a green background and a green arrow pointing to it from below. Below the arrow is the number '1'. The main content area shows a message header with a shield icon and the text: 'Encrypt: This message is encrypted. Recipients can't remove encryption. [Change permissions](#) | [Remove encryption](#)'. Below the header are fields for 'To', 'Cc', and 'Add a subject'.

Encrypting Emails

C.) Outlook Full Client (Desktop Version):

1. When creating a new email, select the Options tab and click the Permission menu. You will be presented with the five options:



Encrypting Emails

C.) Outlook Full Client (Desktop Version):

2. Choose “Trusted Recipient Confidential” (last option)

This message is marked Trusted Recipient Confidential: The content is encrypted and confidential for NYCDOE and trusted recipients.

3. Recipients will receive an email with a link to view the encrypted message. Clicking on the link will open the message in a browser. They will select either “Sign in” or “Use a one-time passcode.”



Assessing Physical Abuse and Interviewing Children

Physical Assessment

- Injuries suggestive of physical abuse :
 - A pattern of repeated similar injuries
 - Multiple injuries in different stages of healing
 - Injuries to non-bony or other unusual locations, such as over the torso, ears, face, neck, or upper arms
 - Significant injuries that are unexplained

****Note the child's medical history—there are diseases that can be mistaken for abuse (hemophilia, anemia, etc.) ****

History

- When physical signs are present – bruises, abrasions, etc. - limit questions to those relevant to determining if the physical signs seen could be abuse.
 - **What happened?**
 - **Where?**
 - **When?**
 - **Who?**
- As soon as there is enough information to support a suspicion of child abuse/maltreatment, do not question the child further. Additional questioning may interfere with a forensic interview conducted later by the investigative team (ACS, NYPD, etc.).

History

- Index of suspicion is raised when:
 - There is no explanation or vague explanation for a significant injury
 - There is explicit denial of trauma in a child with an obvious history
 - An important detail of the explanation changes dramatically
 - The explanation is inconsistent with the pattern, age, or severity of the injury
 - The explanation is inconsistent with the child's physical and /or developmental capabilities
 - There is an unexplained or unexpected notable delay in seeking care
 - Different witnesses provide markedly different explanations for the injury
 - Additional history about the family (i.e. prior ACS history or prior incidents)

When Talking to a Child About Possible Abuse or Maltreatment, DO:

- Find a private place to talk with the child.
- Sit next to the child, not across a table or desk.
- Use language the child understands.
- Ask the child to clarify words that you don't understand.

When Talking to a Child About Possible Abuse or Maltreatment, DO:

- Express your belief that the child is telling you the truth.
- Reassure the child that it is not their fault, and that the child is not bad and did nothing to deserve this treatment. Determine the child's immediate need for safety.
- Let the child know that you will do your best to protect and support them.
- Tell the child what you will do, and who else will be involved in the process; e.g., the school administrative staff, a school counselor.

When Talking to a Child About Possible Abuse or Maltreatment **DO NOT:**

- Disparage or criticize the child's choice of words or language.
- Suggest answers to the child.
- Probe or press for answers the child is unwilling to give.
- Display shock or disapproval of parent(s)/guardian(s), child, or the situation.
- Talk to the child with a group of interviewers.
- Make promises to the child, about "not telling" or about how the situation will work out.

When Talking to a Child About Possible Abuse or Maltreatment :

- **REMEMBER:** If you are interviewing a child who you suspect has been physically or sexually abused, ask **minimal fact information** and do not ask questions regarding the trauma, as the child will undergo more extensive questioning by Child Protective Services and the investigative team.



Best Practices for Photographing Injuries When Child Abuse or Maltreatment Is Suspected

Best Practices for Photographing Injuries

- Fill the frame with the subject of interest
- Maximize depth of field
 - Don't get too close
 - Use adequate lighting
- Constantly be aware of lighting and focus
- Keep the film plane parallel
- Take distant, mid-range and close-up pictures
- Include measurements (in the close-up picture)
- Always look at the photo taken – is it an accurate representation of the injury (color, etc.)?

Best Practices for Photographing Injuries



Lens plane parallel to each area of concern

Best Practices for Photographing Injuries



Photo #1: Distant (perspective, anatomical landmark)

Best Practices for Photographing Injuries



Photo #2: Mid-range/close-up (detail)

Best Practices for Photographing Injuries



Photo #3: Close-up with measurements

Helpful Hints and Techniques

Tips: Device



- Photos must be taken on a City-owned device; the type of device in each school will vary.
- Familiarize yourself with the device and its operation (before attempting to use it).
- Set for use in automatic mode (for both setting and flash).
- Be aware of the focus and lighting in order to get a clear picture.
- Always compare the photo with the real image for accuracy.

Tips: Composition



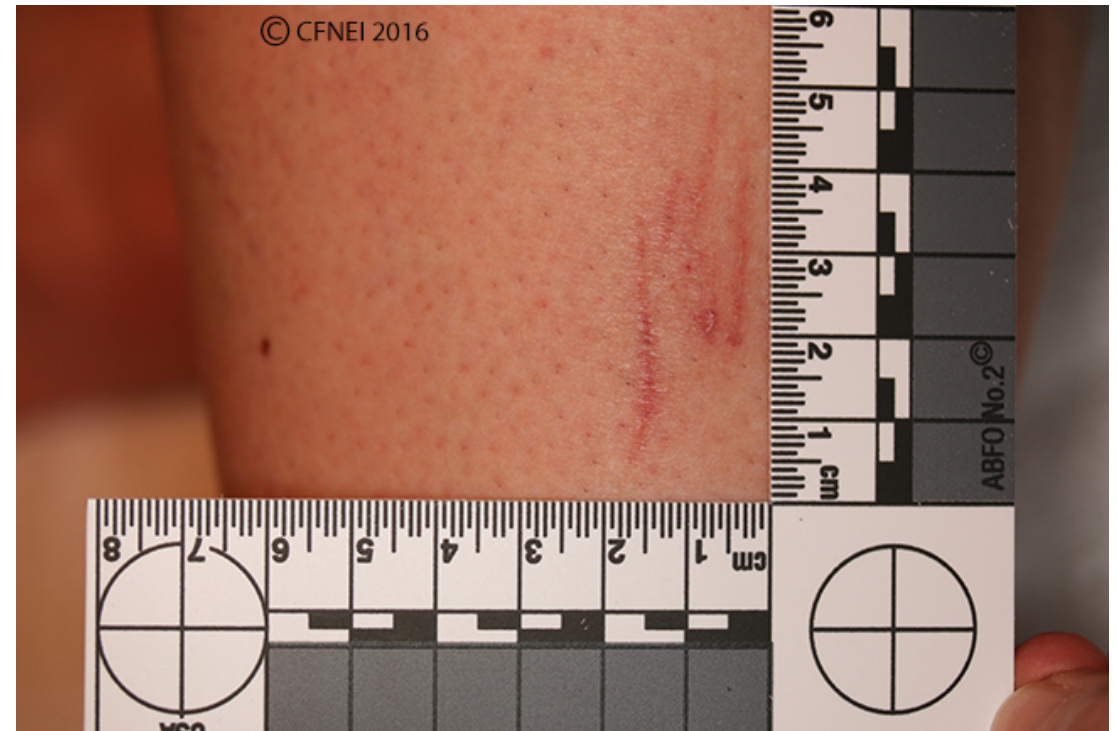
- Exclude irrelevant items
- Use an uncluttered, neutral-colored background, if possible
- Image should be in focus
- Subject should be composed in normal anatomic alignment (natural position at rest)

Tips: Technique



- Take a picture of an index card with the student's name, OSIS #, date of birth, date, and time of photograph
- Take a picture of the child's face and full body for identification purposes
- Use the odontology ruler to document the size of a finding (**Please see next slide**)
- Try to take at least 6 photos. Use the rule of 3:
 - *2 photos of 3 orientations: full body, medium range and close up*

American Board of Forensic Odontology Ruler (Provided to schools by NYCDOE)



Tips: Technique



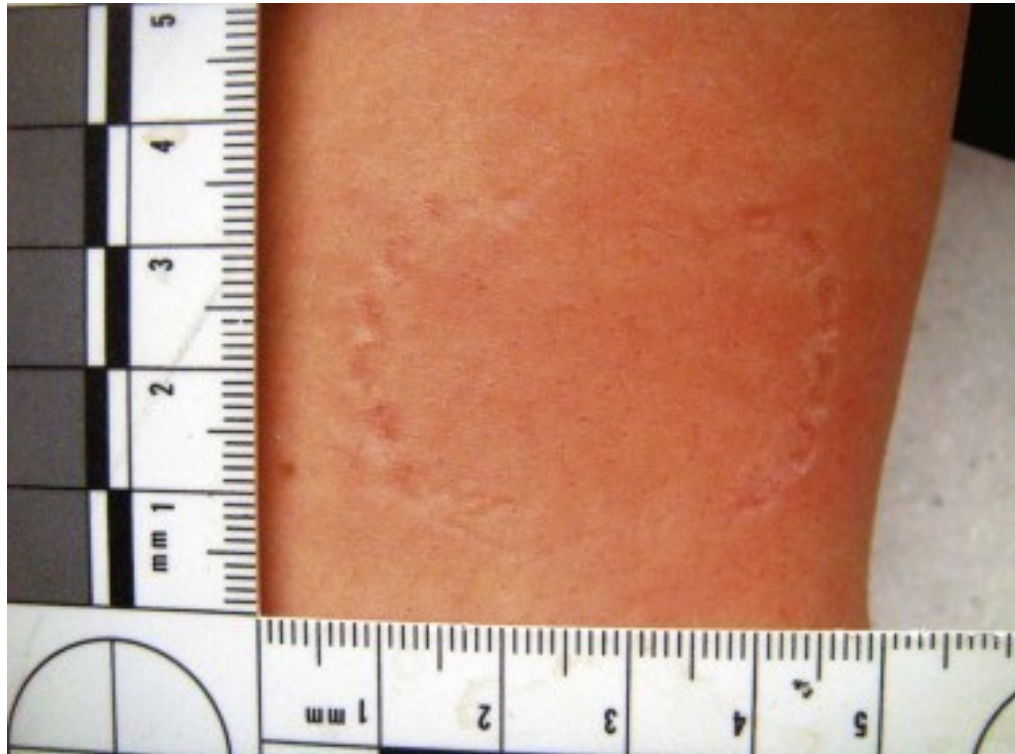
- Take various shots from different angles and distances: darker complexions or swelling can cause flash reflections and loss of definition.
- Photograph the injury with an anatomic landmark. The inclusion of an elbow, knee, belly button or other body part identifies the location of the bruise.
- If the injury is on the child's back, then take one photo with his/her head turned (for partial view of the face).

Common Errors

- Composition is either too far away or too close
- Photographer did not take enough pictures from different perspectives and distances
- Blurry image
- Child moves or device moves
- Image has distorted colors (yellow or green)
 - Use a flash (auto setting)
 - Always compare the photo image to the real image for accuracy of color (include comparison in written form)

Skin Injuries (Examples)

Bite Mark



Cigarette Burn



Skin Injuries (Examples)

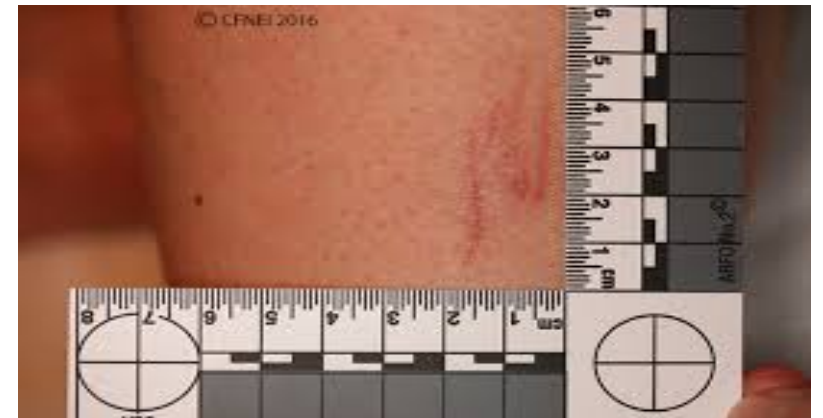
Shoe Print



Bite Mark



Scratches



Please Respond to the Following
Questions

Additional Information

- Chancellor's Regulation A-750
- <https://infohub.nyced.org/partners-and-providers/health-and-wellness/reporting-child-abuse/>
- Lightning Powder Co, Inc.: 1-800-852-0300
 - *To order more odontology rulers*