



# Best Practice Guidance

**Management of requests from statutory agencies (police/social services) for medical opinion on photographic images of possible physical abuse in children**

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RCPCH Child Protection Standing Committee

# Background

Concern has been expressed about the practice of police and /or social services approaching forensic physicians or paediatricians requesting a medical opinion or interpretation on the nature of marks and injuries seen in photographic images. Such photographic images may have been taken by carers or others using mobile phones or other devices and given to statutory agencies some time later when the injuries may have healed. These images may be of poor quality and their validity may be in question. Moreover, images can be digitally altered.

Carers and others may bring these photographic images to the attention of statutory agencies (police / social services) in the context of concerns regarding possible child abuse.

If asked to comment on such photographic images (whether in expert work or as a treating clinician) clinicians must consider whether lack of validity and sub-optimal quality of photographic images and other considerations will affect their ability to provide a reasonable opinion. They also need to consider whether failing to comment on a photographic image might have significant consequences for the child involved. The doctor will therefore need to consider these issues on an individual case by case basis.

This guidance is intended to create an agreed practice framework to manage such requests.

## Referral for medical assessment

Social services and police requesting a medical opinion on photographic images must do so within the context of requesting a medical assessment for possible child abuse or neglect under local and national child protection procedures. They should initially make telephone contact with the clinician to discuss the case and decide if referral for medical assessment is appropriate.

If the police or social services have a reasonable cause to suspect the injuries seen in the photographic images are consistent with abuse, or if there is an allegation of abuse or the abuse was witnessed, then the child should be seen for assessment by a paediatrician and/or forensic physician and the photos considered within that context.

**Paediatricians and forensic physicians should only comment on photographic images in the context of a safeguarding medical assessment and not in isolation.**

Photographic images **must not** be sent for medical opinion by email unless securely encrypted. Alternatively, copies could be brought to a medical assessment.

Any photographic images received by a paediatrician or forensic physician must be coded and securely stored, or securely stored with password protection according to local protocols, policies and procedures in order to protect anonymity. Secure fall-back arrangements should be in place in case they are needed in the absence of the original coder, including cross-referencing in the notes. These photographic images must be maintained as part of the child's medical records if it can be established that the images are that of the child in question.

## Medical assessment

The paediatrician / forensic physician should take a full history from relevant carers and examine the child as per the usual local procedures for a safeguarding medical assessment. If the police / social services are agreeable, the photographic images should be shared by the examining doctor(s) with relevant carer(s), and any comments and explanations documented and explored.

**Definitive medical photographs should be taken if the injuries or marks are still visible on clinical examination. Consideration should be given as to whether it may of value to take a photograph of the fully-healed area for comparison.**

### Consider potential problems with photographic images:

- It may not be possible to identify the child
- Images may be digitally altered
- Images may be of poor quality
- Colour of injury may appear different in photos
- It may not be possible to verify time and date when the image was taken.

If any of the above apply in an individual case this must be clearly stated by the examining doctor in any medical report.

# Medical report

The paediatrician or forensic physician must establish if it is possible to verify the provenance of the photographic images e.g. via information from police on equipment / devices seized.

- In some cases it may be possible to comment in terms of a medical opinion on the nature of the injury if it is clearly depicted in the photographic image supplied and the provenance is established. If so this must be clearly stated in the medical report.
- In some cases it may be possible only to comment on the nature of the injury as presented in the photographic image supplied. It may not be possible to link any medical opinion regarding the photographic image supplied to the child who is being presented for assessment. If so this must be clearly stated in the medical report.
- In some cases a conclusion regards medical opinion cannot be reached because of the poor quality of the photographic image available. If so this must be clearly stated in the medical report.

## References

General Medical Council. Acting as a witness in legal proceedings. Online.

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/acting-as-a-witness/acting-as-a-witness-in-legal-proceedings>

General Medical Council, Protecting children and young people: the responsibilities of all doctors. Online. <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people>

General Medical Council. Doctors giving evidence in court. Online. <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people/doctors-giving-evidence-in-court>

Faculty of Forensic & Legal Medicine (FFLM). PICS Working Group Guidelines on Photography. May 2017. <https://fflm.ac.uk/wp-content/uploads/2018/01/PICS-Working-Group-Guidelines-on-Photography-Dr-Will-Anderson-May-2017.pdf>