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Review

Exploring the Use and Ethics of Forensic Genital Photography in Normal Child Sexual Abuse Exams

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Abstract

The field of child abuse pediatrics has advanced significantly over the past five decades in terms of standardizing the medical and nursing care of victims. Forensic photography is a key component of the child sexual abuse (CSA) examination and has become standard practice. CSA exam photography often involves capturing multiple images or video recordings of sensitive areas of a child's body. This integrative literature review explored best practices in forensic genital photography and CSA examinations, highlighting the consensus among experts that forensic photography is a standard of care during CSA examinations for peer review, legal, and training purposes. However, there is a lack of consistency across programs and protocols regarding the details of photography methodology, especially regarding specific informed consent for genital photography, post-photography debriefing, and psychological support for caregivers who witness the CSA exam involving genital photography. Our overarching aim is to promote greater consistency in forensic genital photography practices for CSA cases, which will improve the care of the most vulnerable members of society: child victims.

Keywords: Forensics, nursing, photography, sexual abuse, child sexual abuse

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1 INTRODUCTION

Child victims may present for care at hospitals, emergency departments, child advocacy centers, and child protection teams. Once admitted, child victims often undergo detailed medical evaluations to assess injuries indicative of sexual abuse, even though genital exams of child sexual abuse (CSA) victims are almost always normal[1-5]. So, why are these exams conducted if "it's normal to be normal?"[6] The typical answer is to reassure child victims that their bodies are normal and uninjured, laying the foundation for psychological healing[4,7]. CSA medical exams also offer an opportunity to explain to victims of sexual abuse that they are believed and to screen them for occasional problems such as sexually transmitted infections and pregnancy[4,8]. Finally, the CSA exam with forensic photography offers an opportunity to document medical exam findings without necessitating further exams of the child.

One of the major ethical duties of child advocates,

forensic nurses, and other medical providers is nonmaleficence, which when applied to sensitive forensic photography, includes the responsibility to ensure photography does not add to the trauma already experienced by the child victim. Those who conduct forensic medical exam also have the duties of veracity and fidelity through fully informing victims about all aspects of the medical exam and obtaining consent *as an ongoing process* throughout the examination. Upholding the privacy and dignity of clients, especially those who are most vulnerable is also central to the critical analysis of forensic photography ethics.

Autonomy involves recognizing the patient's legal and ethical right to decide what occurs with their own bodies[9]. Respecting patient autonomy extends beyond traditional medical interventions to include photographs and videos taken during clinical care. These images carry the risk of embarrassment, privacy violations, and loss of dignity, especially when used for purposes that do not directly benefit the patient, such as research or publication. This makes clinical photography a complex ethical issue. Beyond autonomy, healthcare providers have a duty of fidelity to prioritize the patient's best interests, a responsibility that becomes even more critical when the patient is a child or otherwise vulnerable. Ethical consistency demands that consent for clinical photography "not be obtained under any form of duress"[9].

Trauma-informed care (TIC) is an essential component of forensic evaluations involving child survivors of sexual abuse. Its core principles emphasize patient-centered care, informed consent through transparent communication, offering choices and control, empathetic listening, and attentiveness to signs of psychological trauma, potential triggers, or re-traumatization. The evidence is overwhelming that most CSA victims do not have physical injuries[1,2,6,10].Thus, the necessity of taking multiple sensitive images without full photography informed consent presents an ethical dilemma and potentially violates TIC principles. First, photography sends a significant message to young children, and its purpose should be carefully explained. Obtaining an optimal informed consent for forensic photography includes an explanation of when images will be obtained during the CSA exam, how they will be stored, as well as the right to refuse genital photography[9]. Second, victims and caregivers have the right to know what may happen to the images obtained during the exam. It is essential to fully inform CSA victims and their caregivers that any images obtained may be stored and retained in accordance with jurisdictional laws, and that control over these images may extend beyond the medical provider or advocacy program. This disclosure is required under the duty of veracity, especially in states with open public records laws. A significant risk of storing sensitive photographs is that they may become accessible to perpetrators during the legal discovery process in court proceedings[11].

1.2 Background: How Forensic Photography Became Central to CSA Exams

The field of child abuse medicine emerged in the late 1970s, and in the decades that followed, CSA exams became more routine; however, standardized CSA techniques and protocols were slow to develop, as some healthcare providers were more comfortable than others in examining suspected CSA victims[12]. Modern CSA exams are typically conducted in specialized pediatric clinics, child advocacy centers, and emergency departments by providers with varying levels of experience and training.

Sexual Abuse Nurse Examiner (SANE) programs began in the 1970s, and the nursing forensics field advanced substantially over the following two decades with nurses specializing in forensic medical exams. Currently, there are more than 500 SANE programs in the US, including 2,135 certified SANEs, of which 1,511 are adolescent/adult-certified (SANE-A) and 624 are certified in pediatrics (SANE-P)[12,13]. SANEs are highly trained regarding forensic photography techniques, including use of video colposcopy and additional/alternative light sources.

Medical photography equipment in many of the initial CSA exams in the 1970s and 80s started with colposcopes, which have been considered the gold standard for capturing magnified genital exam images (e.g., of the hymen or anogenital anatomy)[14]. Colposcopes have the advantage of capturing dynamic three-dimensional videos, which, in the early days of child abuse medicine, enabled valuable peer review, often done remotely via telemedicine[15]. Typically connected to a computer monitor, colposcopes allow both the examiner and patient to view real-time images during the exam. This setup can provide an opportunity for patient education when appropriate and if the patient is willing and engaged[11].

In 1997, more than 76% of medical providers conducting CSA examinations used colposcopes[10]. However, in recent decades, the widespread adoption of digital photography has led to increased use of portable and convenient digital cameras and cell phone cameras, gradually replacing video colposcopes in many settings[2]. Exam photos are usually stored, often becoming part of the permanent medical record. Besides documenting CSA exam findings, stored images allow for expert peer review and provide a basis for a second medical opinion if needed in the future. Photos are also used to train providers and for other educational purposes or quality assurance.

1.3 Forensic Photography Instruments: Colposcopes versus Digital Images

Although digital photography is more convenient and

portable than colposcopy, it presents significant ethical challenges. In forensic evaluations, especially with child survivors of sexual exploitation, the duty of nonmaleficence requires careful consideration of how the use of a camera may affect the patient. Devices that resemble consumer electronics, particularly cell phones, can be emotionally triggering or re-traumatizing for children who have been sexually exploited with cameras or videos. Even subtle cues, such as the sound of a shutter, may evoke distressing memories. Every aspect of the imaging process must be thoughtfully managed to minimize harm. Additionally, clinicians must guard against paternalism, such as taking photographs based on self-interest rather than prioritizing the patient's well-being[16].

From anecdotal experience of the two first authors who are subject matter experts in pediatric forensics, the issue of child trauma induced by digital photography may be mitigated somewhat if the camera is mounted on a tripod at the foot of the exam table which makes the camera less conspicuous to the child. The photos obtained by digital cameras and phones also generally produce still images, which can be uploaded into computer storage systems. A major disadvantage of still photography is the loss of information to peer reviewers about the exam technique or other key findings. In our experience, these issues are less pronounced with the use of video colposcopes. Among child victims who have been abused but not photographically exploited, genital photography during the CSA exam still needs to be explained carefully by an experienced healthcare provider[17].

2 SEARCH METHODS

To explore the issues surrounding the use of forensic CSA photography, we employed an integrative literature review methodology to systematically examine forensic photography practices in CSA medical evaluations. This approach enabled a comprehensive analysis of the current evidence, including published peer-reviewed articles. As a secondary, related search, we examined CSA protocols from two states in the U.S.: Florida and Texas. We also reviewed the national guidelines from the International Association of Forensic Nurses, National Children's Alliance, and United States Department of Justice. These institutional frameworks provided contemporary benchmarks for forensic medical examination practices within accredited child advocacy centers.

For the integrative literature review, we conducted a systematic search of peer-reviewed databases identified relevant articles over the last two decades. The two-decade period was selected to allow for inclusion of articles from the early 2000s which was a time the CSA field was advancing at an accelerated pace, as well as casting a broader net for articles on a narrow topic. Our interest was focused on reviewing literature addressing forensic photography procedures, informed consent protocols, documentation standards, peer review mechanisms, and institutional policies governing image acquisition and storage and related ethical issues in CSA examinations.

The search for relevant literature was conducted between November 1, 2024, and February 28, 2025. The methodology included an integrative literature review of three main databases including PubMed, CINAHL Ultimate, and EBSCO Host. We used the following search strings in each database: (*child sexual abuse*) AND (*forensic photography*) AND (*informed consent*) AND (*ethical issues*) in PubMed. *Forensic photography* AND (*child sexual-abuse or sexual victimization*) AND *forensic photography* AND (*child sexual-abuse or sexual victimization*) AND *informed consent*, OR *informed choice* OR *decision making* AND (*ethics or ethical issue or ethical concerns or ethical dilemmas*) AND (*ethics or ethical issue or ethical concerns or ethical dilemmas*) were used in CINAHL Ultimate and EBSCO Host. Inclusion criteria consisted of English-language, peer-reviewed journal articles published between 2005 and 2025 that addressed the topics of interest. Articles were excluded if they were unavailable in full-text and English, or if they addressed photography that was outside the realm of medical or forensic photography. The search of PubMed returned zero articles. The searches of CINAHL Ultimate and EBSCO Host resulted in 74 articles that were screened by abstract. Of the total 74 articles, 13 were salient to the concerns herein. Two additional articles were included because they addressed informed consent for clinical photography[9], and the ethical context of clinical photography[16], although both were outside of the specified period we identified.

3 INTEGRATIVE LITERATURE REVIEW FINDINGS

3.1 Standards for Forensic Photography in Children

Research on the ethics of forensic photography and informed consent remains limited, especially regarding patients' lived experiences[18]. However, the literature is overwhelmingly positive regarding the value of forensic photography as the gold standard for all child victims undergoing CSA exams. The benefits of being able to review the forensic medical exam findings later without subjecting the child victim to another exam are clear and resounding. In a recent study, the use of a standardized and structured peer review vastly improved the quality of CSA exams among 41 US pediatricians who participated in the program[19]. The value of forensic photography as a necessary component of all CSA exams was a strong theme in the literature, and many peer-reviewed articles and studies underscore the importance of forensic photography as the standard of care[2,5,10,17].

Regarding the matter of the preferred type of equipment used for the CSA exam (colposcopy versus digital

photography), the literature is not clear, as there are advantages and disadvantages of each method. While digital photography offers convenience, a quasi-experimental study found that dynamic colposcopy videos outperformed digital still photographs in supporting accurate interpretation of examinations[20]. In their study, Killough et al., evaluated whether video imaging improved diagnostic accuracy compared to still images. Experts assessed postpubertal females to distinguish abnormal findings (e.g., complete transections) from normal variants (e.g., hymenal notches and clefts). Among 116 medical examiners, diagnoses based on video were significantly more aligned with the study center's conclusions ($P<0.01$). Video use led to diagnostic changes in four of eight cases and increased agreement with original examiners in CSA reviews. Researchers concluded that video imaging may significantly enhance diagnostic interpretation[20]. Video imaging offers a clear advantage by capturing the examiner's technique and reducing misinterpretation caused by distortions in still images from tissue traction or exam methods.

One of the protocols we reviewed explored whether colposcopy or digital still photography should be considered the standard best practice. Two compelling cases from the United Kingdom illustrate the consequences of misinterpreted expert images, which were later overturned through peer review[21]. In both instances, criminal charges and dependency proceedings had already been initiated against individuals who were ultimately acquitted. One case involved the mistaken removal of children from their parents, who were wrongly suspected until the original examiner's findings were reversed. In these examples, the use of colposcopy might have facilitated earlier correction of the errors, as the digital still images relied upon were distorted[11,21].

While colposcopy is a valuable diagnostic tool, it has notable limitations. It is relatively expensive and requires specialized training to achieve proficiency. In clinics where colposcopy is impractical due to resource constraints, high-resolution digital imaging technologies-such as Secure Digital Forensic Imaging (SDFI) camera systems -or other advanced imaging methods have demonstrated strong performance. In some instances, SDFI systems have even outperformed colposcopy in detecting genital tissue microtrauma[22]. We believe that high-resolution cameras offer an effective alternative when colposcopy is not a viable option for certain clinics or practice settings. Based on our experience, capturing multiple images and using Toluidine Blue dye to highlight trauma or microtrauma not visible to the naked eye can further enhance injury detection.

Our literature review also examined national and state standards in the U.S. for forensic photography informed consent and post-photography debriefing after CSA medical exams, since the literature was sparse surrounding these topics. We examined state and national guidelines to determine whether specific policies have been developed to assist front-line providers with consent forms and language that clearly explains: (1) the reason/value of forensic photography; (2) consent to allow storage of images; and (3) explanation about how their images may be used.

Several protocols have been developed to address best practices in CSA care, including those published by the National Children's Alliance (NCA). In 2023, the NCA Standards for Accreditation of Children's Advocacy Centers (CACs) were updated. The NCA Standard 5 addresses forensic medical exams in CACs, which provide essential services, including medical exams of children referred for suspected CSA. While the authors of Standard 5 address the necessary elements of forensic medical exams, their guidelines lack specificity about photography practices.

This literature and protocol review also included guidelines from Florida's Children's Medical Services, a division of the Florida Department of Health. Florida's Child Protection Team system was the first in the U.S. to implement a consistent, statewide model for addressing child abuse. Given its pioneering approach, we considered it valuable to examine their specific policies related to forensic medical examinations -particularly those involving photographic documentation. The State of Florida Child Protection Team (CPT) Handbook is published online, and its policies are periodically updated. While the CPT Handbook describes child CSA exams in detail, it lacks specificity regarding consent, debriefing, and duration of image storage. There is a statement about keeping images according to the state statute of limitations.

Texas has a CSA protocol similar to Florida. Their informed consent guidelines are also broad, but they explicitly indicate that "Informed consent occurs throughout the examination process" which implies that consent for photographs is part of this ongoing consent process[23].

The only extant protocol for informed consent for forensic photography in the U.S. was developed by the International Association of Forensic Nurses[17]. There was one other published consent for clinical photography we identified through our search from 2002, but it did not address forensic medical exam photography, only medical photography (videos, slides, and digital images) taken during the course of one's medical treatment[9].Otherwise, the available guidelines we discovered in our search provided only broad, general guidance on the need for standardized photography and peer review in CSA exams. However, there is a knowledge gap regarding the best trauma-informed practices for forensic photography during CSA examinations. This includes a lack of detailed guidelines regarding informed consent for forensic photography and debriefing policies following CSA photography.

We suspect that many different consents exist that are unique to the institutions that created them. To our knowledge, no study or guideline has sufficiently described the photographic elements of a CSA exam in terms of the type of images obtained, who has access, what equipment will be used, or how the storage of images will be handled. Moreover, while many programs provide video education about forensic medical exams prior to the CSA exam appointment, there appears to be a lack of consistency or attention paid to the specific issue of forensic photography, photography education, and post-photography debriefing. Finally, practices regarding the duration of image storage are variable depending on the locale.

4 DISCUSSION OF BEST PRACTICES FOR CSA FORENSIC PHOTOGRAPHY

Drawing on our integrative literature review and the combined 30 years of forensic clinical experience of the first two authors who are both certified forensic nurses, we believe the field of forensic photography would benefit significantly from greater clarity and consistency in its protocols and procedures. First, forensic photography informed consents should be written at an age-appropriate and accessible level for both parents and older children. It must clearly outline all components of the forensic medical exam, including the likelihood that photographs will be taken, whether they will be retained, and for how long. Additionally, child victims and their caregivers should be informed that these sensitive images may become part of the legal discovery process if a case proceeds to court. According to the International Association of Forensic Nurses, informed consent for photography must be tailored to the developmental level of the patient and should include transparent information about the purpose, storage, and potential release of images, especially in legal contexts[17].

Dynamic video colposcopy is considered optimal for documenting forensic medical exam findings and capturing examiner technique. It allows for real-time peer review and provides a more comprehensive visual record. Therefore, video colposcopy should be used whenever feasible. However, we recognize that access to this technology may be limited in certain settings, such as emergency departments or smaller clinics. More training is involved with colposcopy and higher costs[22]. In such cases, digital still photography remains a viable alternative. To enhance diagnostic accuracy and enable peer review, multiple photographs should be taken at varying distances, including distant, mid-range, and close-up. This approach helps mitigate limitations in image interpretation and supports quality assurance in forensic evaluations. This recommendation aligns with findings from Heger et al.[3], and Cossins A et al.[11], who emphasized the benefits of video colposcopy in sexual assault examinations, particularly for standardizing documentation and improving diagnostic reliability. Additional research supports the use of structured digital imaging when video is unavailable, noting that image quality and technique significantly influence injury detection (e.g., microtrauma not visible to the naked eye) and interpretation[22].

The most ethically sound approach to safeguarding the dignity and privacy of sexual abuse survivors is to avoid indefinite retention of photographs whenever feasible, especially when the images taken are normal. However, we recognize that retention policies are shaped by complex legal statutes that vary by jurisdictional area. It should also be standard language in CSA consent forms that photographs and/or images obtained during exams may become part of the discovery process at a future date, and thus, potentially may be viewed by alleged perpetrators, judges, and jurors.

5 CONCLUSION

Forensic CSA exam techniques have accelerated dramatically since the 1970s. The field will continue to evolve as more survivors come forward, and as more medical providers are aware of the ubiquitous nature of CSA and obtain advanced training and experience in conducting these specialized exams. Forensic photography practices in CSA exams lack consistency across institutions. This creates quality gaps and ethical concerns about patient privacy. Video colposcopy demonstrates superior diagnostic accuracy compared to digital photography and should be used whenever possible.

Informed consent protocols require standardization to protect patients and families. Future research must develop validated consent instruments that explain photography procedures, image storage policies, and legal disclosure requirements in accessible language. These instruments need testing across diverse populations to ensure comprehension and cultural appropriateness.

Current image retention policies vary widely without evidence-based guidelines. Research and advocacy efforts should focus on optimal storage duration for normal findings while balancing legal requirements with patient privacy. Studies examining how often stored images are retrieved for legal cases would inform practical retention decisions and help programs develop defensible policies for clinics, hospitals, and statutory/regulatory policy. Advocacy efforts should emphasize the need for standardized, trauma-informed protocols that respect the dignity of those affected by violence and abuse.

Training programs need systematic integration of trauma-informed photography techniques. Curriculum development should focus on patient communication strategies, appropriate equipment selection, and methods to minimize examination trauma during image acquisition. These skills require ongoing competency assessment and

continuing education requirements.

Quality improvement initiatives must implement mandatory peer-review systems for all forensic images captured during examinations. Research examining the impact of structured peer review on diagnostic accuracy and legal outcomes would support widespread program adoption. Multi-site implementation studies should test standardized protocols across different practice settings while measuring patient satisfaction, provider compliance and diagnostic outcomes to establish evidence-based best practices.

Ultimately, the primary goal is to ensure trauma-informed photography throughout the forensic medical exam. In cases of CSA, this exam marks the beginning of a therapeutic and healing journey. Implementing trauma-informed photography starts with preparing the child verbally for the exam, ideally led by a professional trained in child trauma who can tailor explanations to the child's age and developmental stage. During the exam, giving the child a sense of control is essential. Simple actions, such as allowing the child to explore the exam room or handle equipment before undressing, can foster comfort and agency. Consent and assent should be treated as an ongoing process, with the provider checking in regularly to ensure the child feels safe and informed.

Trauma-informed debriefing includes discussing the findings with the child in a supportive, age-appropriate way. For example, reassuring them that a normal exam does not invalidate their experience ("Most exams are normal, and not having an injury doesn't mean you won't be believed") can be profoundly affirming. Caregivers should also be given time alone with the examiner to ask questions and express concerns.

Advancing the field depends on the consistent integration of trauma-informed practices in forensic photography, consent procedures, and evidence-based care. These approaches not only enhance clinical outcomes but also affirm the child's dignity, support their emotional well-being, and reinforce our ethical responsibility to protect and care for those most vulnerable to the impacts of crime and abuse.

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Conflicts of Interest
The authors declared no conflict of interest.

Data Availability
Data sharing is not applicabe to this review as no datasets were generated or analyzed during the current study.

Author Contribution
Thomas RM was responsible for the conceptualization of the study. Hamidi H developed the methodology. Shapiro S was responsible for drawing the conclusions, leading the discussion, and performing the editing of the manuscript.

Abbreviation List
CSA, Child sexual abuse
SANE, Sexual Abuse Nurse Examiner
SDFI, Secure Digital Forensic Imaging
TIC, Trauma-informed care

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