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Fingermark quality assessment, a transversal study of subjective quality scales

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Abstract

Fingermark detection research aims to improve the quantity and quality of fingermarks detected through the development of novel techniques. Subsequently, there is a need to evaluate these methods to determine the quality of the developed mark. Since the 1980's there has been a significant number of publications, which utilise a variety of different quality assessment methods. The introduction of common practice methods from the International Fingerprint Research Group (IFRG) aimed to implement a more standardised approach. Although these schemes are recommended as common practice, they are only guidelines. Consequentially, there is currently no universally accepted method to evaluate the enhancement techniques implemented in research. Therefore, this study aimed to collate and analyse the published protocols being used within fingermark detection research in order to better understand their application and how research is currently analysing and interpreting fingermark quality.

This study comprised of manual and automatic searches of over 2000 published papers within the fingermark detection area. After a thorough analysis of the articles, 398 published papers were found to have used a scale within the years spanning 1998 to 2022. The number of publications that report the use of a scale to assess quality for fingermark detection research has considerably increased over the last decade. However, whilst the number of publications utilising scales has increased, it is not proportional to the number of papers using the IFRG scales. The choice of scale is often institution specific and even more specific to their location. There are also numerous different adaptations of the IFRG recommended scales, as well as novel scales, which do not associate with the IFRG recommended versions being introduced the more research continues to grow. One such reason for this is investigated here, as different quality parameters are utilised within each individual scale. There is underrepresentation of these quality parameters within some of the IFRG scales, in particular the Centre for Applied Science and Technology (CAST) scale. This correlates to the considerable number of tailored approaches as authors are forced to add these parameters within the descriptions. Until there is an introduction of clear guidelines surrounding all areas of fingermark quality, from definition to parameters chosen within phases, the research area will continue to face such issues. This article recommends areas of potential study, whilst also recommending procedures that may be employed to alleviate some of the issues seen with fingermark quality evaluation.

Keywords:

Subjective Scales; Fingermark analysis; Quality metrics; International Fingerprint Research Group (IFRG)

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1. Introduction

Fingermarks are one of the most extensively utilised traces within casework [1]. Analysis of this trace is divided into two distinct but complementary fields: (i) fingermark detection, which focusses on improvement the quality of developed marks and (ii) comparison and identification, which focusses on comparing fingermarks recovered as part of an investigation to a known suspect or exemplar in casework [2-6]. Research in fingermark detection is an active counterpart to comparison and identification methods. However, research focuses on developing novel techniques or advancing current fingermark detection methods that are applied prior to the eventual use of fingermarks in comparison and identification. Whilst some level of comparison analysis may be done within this detection area, the focus is primarily on increasing the number of successful good quality fingermarks produced. The current research methods thus utilise a wide variety of techniques and methods in order to achieve this end goal. However, the original application and investigation of these methods was often inconsistent across studies [7, 8]. In order to address this, the International Fingerprint Research Group (IFRG) [2] released guidelines in 2014, which aimed to recommend procedures to standardise the experimental design for fingermark research. This created a more streamlined process for design of a new detection technique through first concept to casework implementation. Although this may be considered common practice, they are only guidelines and often authors will tailor these methods for their studies purpose. This is specifically true when considering the methods used to evaluate the fingermarks are not widely accepted and broadly adopted.

Fingermark quality assessments are commonly implemented in two broad categories of subjective (typically is completed by a person that gives an estimate of quality from provided criteria) and objective evaluation (performed using an algorithm that provides quantitative data). The most common approaches are often subjective and are utilised due to their widespread application and easy availability. Subjective assessments are inherently subjective and often involve a significant level of criticism surrounding their reliability [8, 9]. This is often because they are poorly accepted, proficiency levels for using them are undefined and it is unknown if they allow repeatability or cross-comparison between studies [8]. Objective assessments were introduced to minimise these disadvantages, but their application is often thought of as support tools or are utilised alongside subjective measurements [10, 11]. These methods also have their own weaknesses with reliance on software, narrow-metrics that have difficulties assessing a fingermark as a whole and still involve a level of subjectivity [8]. As such, subjective means are still one of the most favoured mechanisms to assess the fingermarks produced in research.

In early subjective assessments, fingermarks were often classified as operationally useful or useless [12]. These definitions were eventually created into descriptive numerical representations that used specific descriptions to indicate the 'usefulness' of a fingermark [13]. The first formal introduction of a scale came from the New Scotland Yard (NSY) or Godsell scale [3, 14]. However, the scale descriptions used in the original '1 to 6' scale are not officially published outside of internal reports. The Home Office Internal Police Scientific Development Branch (PSDB) was the next institution to introduce a scale in the early 1980's. There was evolution of scales within this time frame but record

of such is less detailed and likely part of internal Home Office reports. Some scales can be found through memorandums, with non-numeric versions [15] and throughout 1975 to 1976 different variants of the 1 to 6 scale [16, 17]. This is where grading schemes significantly evolved and became more than just counts of number of marks developed.

Past the 1980s scales have continued to develop and are now more routinely used within research. These scales have become more specialised, having specific roles to determine different levels of quality or even compare marks against each other. These include those recommended within the IFRG [2]. The first being the Centre for Applied Science and Technology (CAST) scale [18] (**Table 1**) that focuses on the areas of developed ridge detail in a whole fingermark. Similarly, the University of Lausanne (UNIL) [19] (**Table 2**) introduced a whole fingermark scale that focuses on the clarity of level 2 ridge details. A comparative scheme by the University of Canberra (UC) [20] (**Table 3**) is also indicated, which alternatively uses half-marks to compare techniques directly against each other. Despite this, since the 1980's there has been a significant number of publications, which utilise a variety of different quality assessment methods. Consequentially, there is currently no universally accepted method to evaluate the enhancement techniques implemented in research.

Detail Visualised				
No evidence of a fingermark				
Some evidence of a fingermark				
Less than 1/3 clear ridge detail				
Between 1/3 and 2/3 clear ridge detail				
Over 2/3 clear ridge detail				

Table 1: CAST absolute grading scheme for the assessment of developed fingermarks [18]

Table 2: UNIL assessment for reagent performance [19, 21]

Grade	Definition			
0	No ridge, no fingermark visible			
1	Ridges are visible over a small area (or over the whole mark), but it is extremely difficult to retrieve Level 2 characteristics (such as minutiae) because of extremely poor ridge details.			
2	 Ridges are visible on almost the whole mark; Level 2 characteristics can be retrieved. Nevertheless, the quality is not optimal because of a low contrast, strong background staining, or faint ridges. 			
3	Ridges are very well defined on the whole mark. Level 2 characteristics can easily be retrieved. The contrast is optimal with no (or extremely faint) background staining			

Table 3: UC comparative scale used to assess the relative performance of two detection methods [20]

Grade	Definition			
1.2	Half-impression developed by method A exhibits far greater			
+2	ridge detail and/or contrast than method B			
. 1	Half-impression developed by method A exhibits slightly			
+1	greater ridge detail and/or contrast than method B			

0	No significant difference between half-impressions				
-1	Half-impression developed by method B exhibits slightly greater ridge detail and/or contrast than method A				
-2	Half-impression developed by method B exhibits far greater ridge detail and/or contrast than method A				

Creating a consistent grading method that relates to a universal and refined definition of fingermark quality would allow for a more streamlined process and easier cross-collaboration. However, there are numerous current methods of fingermark quality analysis that one singular definition cannot be established. In particular, no one 'best fit' scale can be recommended as each study, institution and even country utilise a wide variety of scales to represent a fingermarks quality. Therefore, this study aims to investigate the current published protocols being used within fingermark detection research to better understand the application of these quality grading methods. This will in turn allow for a better understanding of how quality can and is being assessed. This systematic critical review will identify and present literature on subjective fingermark quality assessment methods in research. The objective is to summarise existing research on fingermark assessment methods whilst critically analysing their uses and trends, as well as proposing different perspectives on the positive and negatives associated with these approaches. This study will not recommend a universally accepted method, but rather give an insight into the current approaches used.

2. Review Methods

2.1 Search Strategy

The search strategy comprised of an automatic and manual search as visualised in **Figure 1**. General keywords derived from known terminology under fingermark quality were utilised in different publisher databases. These identified relevant papers based on study titles and abstracts. All possible permutations of fingermark quality assessment were utilised in this search, including, "grading", "scoring", "scale/s", and the titles of commonly found scales within research such as "CAST", "UC" and "UNIL" (both their abbreviation and unabbreviated names). Once the primary data was obtained, the data analysis phase of the papers and consideration of their relevance began. EndNote X9 was used to store all relevant research articles for referencing purposes. This also allowed removal of duplicates.

A manual search was also conducted using the referencing within Interpol reports [22-29]. Interpol reports are an extensive collection of published papers performed every three years and providing an overview on a various number of topics within fingerprint and fingermark detection. The references in these reports were imported and extracted for manual search, otherwise known as snowballing, which is an iterative process in which references of references identify further literature in order to extract more relevant studies.

2.2 Selection Process

1280 research studies were found in the automatic and manual search. Initial keyword searches found 632 research articles, which either inferred analysis of fingermark quality or included an assessment scale. After a thorough review of the articles, those studies that were not associated with measurements of quality (an example of general exclusion criteria can be noted in **Table 4**) or used objective computer software to conduct analysis were excluded. Articles were also excluded for duplicity or non-availability. 250 were duplicates from automatic searches and were eliminated. Inclusion and exclusion criteria (as visualised in **Table 4**) removed 612, leaving 418. A further 22 were eliminated due to access (fingerprint whorld articles, which ceased publication in the mid 2000's has

limited access to previous publications), which left 396 studies. This can be visualised in **Figure 1** below.



Figure 1: Overview of studies selection process

2.3 Inclusion and Exclusion Criteria

An inclusion and exclusion criteria were implemented to ensure only articles of relevance were considered. The criteria included only peer reviewed publications and excluded conferences, symposiums, and workshops as well as thesis papers. Studies from any country could be included only if there was a translation to English. In this critical review, studies published from January 1998 to October 2022 were considered.

It was acknowledged that for laboratory accreditation or quality assurance, verification or validation studies may require the use of a qualitative system. Only if the findings were published were these quality systems included in this analysis, any assessment system which was internal to an organisation and not shared more broadly was not included.

Exclusi	on Criteria
×	Objective software used without an accompanying subjective scale used to assess quality
×	Scales associated with comparison/identification casework analysis – e.g., utilise an examiner to score yes or no if a mark is suitable for comparison in order to investigate the efficiency of said examiner
×	Papers using specific chemical analysis as a form of fingermark quality assessment
×	Case studies unless they specifically performed research on questions created from the case
×	Papers that focused solely on DNA extraction from fingermarks and no analysis was performed on impact on mark quality from DNA testing
×	Scales used within newsletters or local internal validation studies

Table 4: Representative exclusion criteria for publications

2.4 Data Extraction and Synthesis

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The data from each of the 396 studies were extracted. MS Excel was used to record information pertaining to areas of interest in each study. The data contained ID (identifiers for each study, including study title and DOI when applicable), publication platform, authors name, location of first author (unless an institution was provided), publication year, and study context (those being the scales utilised and their parameters). These were extracted via reviewing the methods and results of the papers and sorting the studies into categories within MS Excel. **Table 5** shows the fields of extracted data. The scale type was classified based upon the scale utilised, in order to determine which category these sat within, their references were analysed to determine where the scale was either formed from or if no reference was used a manual determination was conducted where choice was made by analysing the descriptions used. Then the scale used was individual assessed by its scale parameters, and number of scales used. This also included analysing and collating data from the descriptions within the scale. Table **6**.

Selected Features	Description			
Study identifiers	Identification for research article including DOI and study title			
Reference	Authors, title, publication, publication year, phase of study			
Scale Type	IFRG scale, novel as well as absolute vs relative (meaning whole mark or half-mark analysis)			
Original or tailored	Indication if the scale had been tailored from the IFRG recommended versions or not			
Number of scales used	Number of scales presented within each individual study			
Quality parameters	Those variables used within each scale description (Table 6)			

Table 6: Quality parameters, general description for fingermark quality par	rameters, which wer	e
extracted from each scale within the study		

Quality Parameter	Description			
Ridge Detail	The level of ridge characteristics (level 1,2,3) and/or minutiae within a mark (e.g., the core or delta is present)			
Ridge Visibility/ Continuity	The visibility and how continuous they are (line, dotty, smudged) within a mark			
Development Level	The level at which a technique has developed			
Background Development	The level of noise or technique development on the substrate other behind or on top of the mark			
Contrast	The difference between the ridges and furrows as well as the ridges and substrates			
Fluorescence	The fluorescence of a technique			
Clarity of Images	How sharp an image is, whether the mark is blurry or distorted			
Identification/Comparison	Definitions used based on suitability for comparison within casework – is the mark suitable to be compared against a suspect print and make an identification			
Added Grades	Adding a sub-grade or another grade within a scale (e.g., +1, 0, -1 becomes +1, 0, 00, -1)			
Qualitative Grading	Instead of numbers to grade marks, words or symbols are utilised			
Number of Marks Developed	The number of marks a technique is developing, usually a count of any quality of mark as long as something is produced			

All sorting and visualisation were performed on MS Excel and Tableau 2022.4. A scale was classified as a word, number or description with multiple choices, which was used to indicate a marks quality. Each identified scale was separated into four categories: CAST, UNIL, UC and novel. The first three denote the scales associated with the IFRG Guidelines [2] as noted in **Table 1**, **2** and **3**. Each were then sub-classified as either the original iteration or a tailored version, which has changed either numbers or descriptor classifications. The final category is the novel scales, which indicate those that are not associated with the IFRG guideline recommended scales and are newly introduced. Often the novel scales could be used more than once in separate papers but did not warrant classification as a scale name as they were not utilised more than four isolated times. A fifth separate category was introduced as visual examination, representing the studies that only analysed fingermarks by images with written

comments about quality rather than any scale equivalent. These papers only required sorting for study identifiers, reference, and phase of study (**Table 5**).

3. Systematic Critical Review Results

The number of publications that report the use of a scale to assess quality for fingermark detection research has considerably increased over the last decade (**Figure 2**). The increase can be explained by the ability for these scales to allow quick and precise analysis of multiple fingermarks at once as well as create the possibility of cross-comparison between studies. Additionally, these scales created an easier method to reveal deviation in results, such as in studies that examine donors or substrates variations [30]. The popularity of using a scale to assess quality is thought to originate from their recommended use by the IFRG in 2014 [2]. This is supported by the increase seen from 2014 to 2022. However, this excludes any indication of how many of these scales are actually the ones that are recommended by the IFRG.



Figure 2: Total number of publications that reported the use of a scale or fingermark quality assessment method (blue) or visual examination of a fingermark (orange) against number of publications in fingermark detection research (extracted from Scopus search using 'fingermark' to remove any publications involved in comparison/identification research or IR area - grey) from January 1998 to October 2022.

3.1 Overall Analysis

The novel scales within this study were found to have the most accumulation of use (**Figure 3**) [8, 31-216]. The CAST scale follows closely to this at 164 of the 412 studies [3, 10, 18, 30, 35, 50, 217-374]. The UC and UNIL scales have the lowest representation respectively [19-21, 50, 249, 287, 291, 316, 318, 324, 357, 375-424]. The UC is likely to have less representation as it only performs comparison of marks, meaning it cannot determine other quality variables excluding if one technique is better than

another, however, the same cannot be said for the UNIL scale. It is expected the novel scales would show some level of higher frequency as the data ranged from 1998 and the closest scale to this date is from the CAST's introduction in 2004 [218]. When classified by year, the novel scales are never the least represented. As noted in **Figure 4**, there are never less than 5 novel scales being used each year from 2006.



Figure 3: Number of each scale category (CAST/UNIL/UC denoting the IFRG guideline scales and novel being those scales introduced by authors that do not have any connection or reference to the IFRG scale) within this study.

Looking at the overall frequencies of the scales, it is clear that the highest utilised method are the novel scales. These assessment methods have been created by the authors for that particular study. These scales create issues around cross collaboration and are often subjective to not only the individual assessing the marks but the study as well. More often than not these scales are only used in singular studies, with exceptions [8, 56, 68, 77, 81, 84, 91, 92, 104, 107, 108, 114, 115, 128, 131, 144, 145, 186, 320, 425, 426]. Those that are utilised in more than one study often are being used by particular research groups or are authors utilising their own scale multiple times in different studies, but not being utilised outside of these instances. It is easy to validate this by stating the subjective nature of measuring fingermark quality is unclear and undefined. However, one might conclude the IFRG guidelines should have corrected this issue. The CAST scale is utilised 40% of the time overall. However, whilst the IFRG scales are being used, there are still novel scales being employed in other studies (**Figure 4**).



Figure 4: Total number of articles published per year linking to their scale category (CAST/UNIL/UC denoting the IFRG guideline scales and novel being those scales introduced by authors that do not have any connection or reference to the IFRG scale).

An author may choose to use specific quality parameters or qualifiers to determine the quality of a mark. For example, if they were looking to implement a new technique, they could simply indicate a fingermarks contrast and development level [1, 37, 87, 140, 148]. This would allow an understanding of if a technique can develop a fingermark with good contrast but lacks any further detail about ridge characteristics. This scale would then only be suitable for use in studies that are trying to introduce a new technique, it would have no place in casework implementation studies. To further this, if another study of similar technique indicates better performance using a different scale, which used both contrast and ridge characteristics, there could be no definitive correlation between which technique may perform better as both have designated different conclusions based on the quality of the marks produced.

This becomes more obvious when the scales are shown compared to one another. For example, a onestep fluorescent cyanoacrylate technique, presented an abundant amount of research during the 2010s. However, when evaluated against each other the way in which these studies evaluate the results varies. Jones et al. [175], in a multi-phase study utilised a scale which made a comparative assessment of development based on symbols of "+", "=" and "=" but indicated no descriptions against these qualitative grades. Sherriffs et al [325], then furthered this by optimising the technique but utilised a tailored version of the CAST scale that utilised ridge detail and development level. Beerman et al. [334] also adapted both the UNIL and CAST scales by adding mid-scores, which allowed further scores within each whole grade. This is then different to the study in 2016 by Bisotti et al [139] that scored based on comparison of Lumicyano vs a Lumicyano kit and exploited differences in development, contrast, and ridge detail. All four studies, whilst different in application, discuss the same technique. The question here being, would it be possible to directly compare their evaluations against each other. It is currently difficult to assess if the explicit conclusions drawn about the techniques can be compared, but it could be implied the evaluation of mark quality is not equivalent within these studies. Research would benefit from implementing a universal method of evaluation to allow conclusions to be definitively compared, especially when comparing different studies utilising similar techniques.

3.2 Early Introduction of Scales into Research

During the earlier years examined in this study, most if not all fingermark research involved making generalised comments about level of development seen [427, 428] or gave quantitative representations of the number of marks or ridges present [37, 54, 57, 177, 277] or a mixture of both [429]. This also includes those studies that counted the number of marks present or how many could be used for comparison. A select few also utilised a scale, which often represented some form of ridge counting [41, 54, 55, 57, 59, 62, 69-71, 73, 76, 78, 82, 85, 90, 92, 124, 150, 177, 215, 277, 430, 431]. Looking specifically into the earlier scales from 1998 to 2004 they are frequently focused more on ridge characteristics and if the mark is suitable for comparison purposes. This can be seen in **Figure 5** where ridge detail, visibility and identification parameters are most frequently used within descriptions. Of the 12 scales represented in this time frame, half included a descriptor that was based around a mark being "a good trace for identification" [38, 52, 53, 70, 160]. There is a level of adaptability to these descriptors, and they are often subjectively bias, meaning they rely on a person's ability to know when a mark is suitable for identification. These initial scales are often thought of as the introduction of scales into research and represent the progress into streamlining the assessment of fingermark quality in research.



Figure 5: Total number of each quality parameter used within the novel scales from 1998-2004.

Many authors during this time often alluded to quality, with only a select few identifying parameters used to come to these conclusions. More often than not, these methods included understanding the ability of the mark to be used for comparison and identification. Ridge counting, and minutiae identification are complex and in order to be proficient in these methods in casework one has to go

through rigorous training in order to perform them [1, 432-434]. However, it's expected that a researcher could make an inference of these qualifiers for hundreds of marks at once. Ridge or minutiae feature counting is not an appropriate proxy for quality as it is dependent on the expertise and experience of the assessor, with a researcher often less trained than an examiner. Likewise, a numerical value of ridge counts is redundant unless it meets a specific count number. This leads to the question of if 20 minutiae in one mark can be compared to 10 minutiae in another. This is also complicated with how many ridges constitutes as different levels of quality. This is often why these older studies give basic descriptions to each mark instead of utilising a quantitative method to demonstrate quality as the number of ridges currently cannot be quantified to a specific quality level. This is where the highly subjective and often disputed terminology of "good" "poor" and "clear ridge detail" was introduced [47, 435]. The use of these highly subjective definitions in the analysis of ridge detail has created issues with current evaluation scales. Whilst the introduction and continued effort into using quantitative scales to determine quality has been beneficial, we are still using outdated and often disputed terminology to create them.

3.3 International Fingerprint Research Group Scales

Some of the complexity within those first scales was thought to be alleviated when 'common practice' scales were introduced. These involve a holistic look at the marks without having to give specific numbers of minutiae or visual descriptions to each mark. In 2004 the CAST scale was introduced, although notably its increase in application does not occur until 2011 [227, 232, 234, 235, 241-243, 248]. It could be said its introduction was created to streamline the process by which quality can be measured in research. It also would allow for collaboration between studies as assessment methods prior to this could not be compared to each other. Further to this the introduction of the UNIL and UC scales in 2009 [19] and 2010 [20] respectively created a more streamline introduction of these quality measures. This is particularly of note as the IFRG guidelines were released in 2014 which is where a notable increase in their use is seen (**Figure 4**).

3.3.1 Geographical Analysis

The CAST scale has the greatest representation followed by UC and then UNIL. Age could play a factor, with the CAST scale published 6 years prior to the UNIL scale. However, if this was the case, we would see a more dramatic rise in its use post introduction. Its steady incline occurs from 2011 onwards, with a further increase following its release within the IFRG guidelines in 2014. There is likely a point where these assessment methods gain traction outside of their institutions from popular publications. Therefore, they gain a wider audience, often through references of references of publications. The CAST system is often the most circulated outside of its country of origin, however the UNIL and UC are yet to achieve this acceptance. Over 50% of the CAST scale is used within the United Kingdom (UK) alone (Figure 7) [57, 220-225, 227-230, 232-235, 237, 239-241, 243-248, 255, 256, 258, 259, 261-264, 266, 267, 274-276, 278, 280, 284-286, 292-294, 298, 300, 302, 306, 313, 317, 319, 321, 325, 327, 328, 332-336, 338, 339, 379-381, 383, 436-441]. Considering the scale originated from the UK it's likely the scale was easier to access and considered 'common practice' there. Similarly, the UNIL scale within Switzerland, its place of origin, is used 50% of the time within these studies (Figure 9) [19, 21, 375, 385-387, 424]. This is further strengthened with the UC scale, which was developed and is most frequently used in Australia (Figure 8) [20, 50, 177, 316, 324, 397, 399-401, 408, 413, 415, 423, 442, 443].



Figure 6: Heat map of number of publications per country for the novel scales



Figure 7: Heat map of number of publications per country for the CAST scale





Whilst the IFRG scales seem to be dependent upon their location of origin, the novel scales seem to have no correlation to this. The United Kingdom and United States both hold the majority of novel scales, with Australia close behind. Considering the United Kingdom uses the CAST scale the most frequently and Australia sits both in the top two uses of the CAST and UC scales, it could be theorised that both these countries would show the smallest number of novel scales. Looking at the CAST and novel separated into years it's interesting to note that the novel scales are still being created alongside the CAST scale. In 2016 alone, there were more novel scales being used in the United Kingdom than the CAST (**Figure 6**) [8, 109, 112, 115, 118, 124, 128, 129, 132, 138, 139, 141, 156, 444, 445]. In the United States, excluding 2015, the CAST scale never out represents the novel scales [31, 38, 40, 42, 43, 51, 53, 58, 59, 62, 67-70, 74, 79, 81, 87, 90, 98, 99, 103, 109, 123, 127, 132, 136, 148-151, 155, 165, 166, 172, 179, 180, 189, 191, 203, 205-207, 209, 211, 215, 236, 238, 299, 307, 351, 360, 364, 444]. It could be speculated that perhaps geographical location has some correlation to the assessment method chosen by the authors, demonstrating that perhaps location plays more of a role in the common practice conditions we adapt in research.

3.3.2 Tailoring of Scales

3.3.2.1 CAST

One of the main issues that impacts the ability for cross-comparison and creates the largest variety in the distribution of the scales is the ability for the IFRG scales to be tailored. When spreading just those scales into tailored and original, the CAST scale has been tailored over 40% of the time when used in research (**Figure 10**) [3, 11, 30, 35, 50, 218, 219, 223-225, 228-231, 233-237, 244, 245, 251-256, 260, 261, 263, 265, 266, 268, 280, 281, 283, 287, 290, 291, 297, 299, 300, 302, 304, 307, 309, 313, 315, 316, 321-323, 325, 327, 331, 334, 338, 343, 344, 348-350, 358, 360-365, 367-369, 371, 372, 374, 376]. As noted in **Figure 11**, during 2012 to 2017 the tailored scales are being used more in these studies than the original CAST scale. This is complicated by the fact the IFRG guidelines not only gives the original indication of this scale but also represents a tailored version (**Table 7**). It is also interesting to note the scale they represent as the original version was released in 2006 and its tailored version was actually the one published in 2004. This could constitute some of the tailored classifications being classed as tailored prior to 2006 as the definitions within this study were produced from the guidelines. However, the IFRG tailored version is actually still the least utilised against other tailored versions, with most tailored versions being independent to the study.



Figure 10: Total percentage of tailored (IFRG tailored indicating the tailored version indicated by the IFRG and tailored indicating those changed by an author) and original versions of the IFRG scales.



Figure 11: Total number of CAST original and tailored iterations per year from 2004 to 2022

As noted in **Table 7**, the original version of the scale showcases different qualifiers for different grades. The most obvious is a grade 4 where the original indicates over 2/3 clear ridge detail, but the tailored version gives this description in a grade 3. Changing the qualifiers each grade relates to infers differences in quality per grades. A grade of 3 and 4 are often associated with marks that are suitable for comparison [30, 325]. This could change based upon the descriptions chosen for grades 3 and 4. Having similar scales but different qualifiers for grades is a significant challenge, whereby each scale now classifies each parameter or qualifier and therefore changes the results. This would mean whilst one study showing a considerable number of grades 3's indicates the marks are still of 'good' quality, another could constitute those grades of 3 as only 'medium' quality. This is especially true where scales can adapt by adding grades, wherein a 5 is now considered the highest qualifier [224]. Considering the large number of tailored approaches still being utilised in research, it could be said that there is actually no agreed upon approach for measuring quality. The introduction of the IFRG scales showed a promising development of standard procedure in quality evaluation, but it is still relatively new and needs to mature and develop alongside the progress made in standardising technique processes. Research within this area should now focus on developing the definition of quality and adapting or creating methods that can be implemented to show overall fingermark quality without the need for adaptation.

Grade	Original CAST Scale Descriptions	Tailored CAST Scale Descriptions
0	No evidence of a fingermark	No development
1	Some evidence of a fingermark	Signs of contact but < 1/3 of mark with continuous ridges

Tahle 7	7· Δ	renroduction	of the	fingermark	aualit	v scales	shown	in tl	he IFRG	auidelines	[2]
i ubie 7	• A	reproduction	J uie	ушуеттик	quuit	y scules	SHOWH	III U	IE IFNG	guiuennes	[4]

2	Less than 1/3 clear ridge detail	1/3–2/3 of mark with continuous ridges
3	Between 1/3 and 2/3 clear ridge detail	> 2/3 of mark with continuous ridges, but not quite a perfect mark
4	Over 2/3 clear ridge detail	Full development – whole mark clear with continuous ridges

3.3.2.2 UNIL and UC

The UNIL scale and its descriptions were not modified enough to be considered tailored any of the 13 times it was used within these studies [19, 21, 375, 385-389, 391-394, 424]. Descriptions used within these scales had the most representation of multiple variables and can be utilised as either qualitative representation ('+', '-') or quantitative using a number to represent quality. The UNIL scale perhaps represents quality better than the other scales seen within this study. However, it is considerably underutilised, which could be the reason for the lack of changes made as it does not have the same influence as the other scales. This poor reach explains the lack of tailoring as it's reach is not broad enough, especially as its use is often location and institution specific to those that created the scale.

Tailored versions of the UC scale most often introduce identification definitions and contrast. They also represent 'added grades' whereby an additional grade is included to reach different qualifiers. In example, Chadwick et al. [401] has additional 0 grades where comparisons can be made between marks that are the same because of similar development levels or similar because there is no development present (**Table 8** and **Table 9**). These added grades are often associated with development levels and not any additional parameters. This change in scale is one of the most seen tailored iterations [400, 401, 408, 410, 411, 413-415] and may represent a beneficial amendment to an original scale. On the contrary, this could be a contentious, especially considering the number of tailored approaches found for the IFRG scales. One could say perhaps a tailored approach may be a better replication of the original scale and should be the recommended scale for use. Although, in order to consider this each individual scale would need to be utilised in comparison to each other and assessor agreement would need to be considered. However, it is recommended that the UC scale adapt this sub-classification, as this tailored approach shows the most beneficial use of any tailored approach to the IFRG scales. This is also under the consideration that it has the ability to show multiple levels of quality from the variable grade of 0.

Grade	Description
	Half-impression developed by method A exhibits far greater ridge
-2	detail and/or contrast than the corresponding half-impression
	developed by method B
	Half-impression developed by method A exhibits slightly
-1	greater ridge detail and/or contrast than the corresponding half impression developed
	by method B
0	No significant difference between the corresponding half impressions

Table 8: Th	e UC fingerma	ark quality sca	ıle [2, 20]
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	Half-impression developed by method B exhibits slightly
1	greater ridge detail and/or contrast than the corresponding half impression developed
	by method A
	Half-impression developed by method B exhibits far greater ridge
2	detail and/or contrast than the corresponding half-impression
	developed by method A

Table 9: The UC fingermark quality scale supplementary scoring system for grades of '0' [401]

Sub-Classification	Description
Good development	Developed fingermarks with clear ridge detail and contrast
Poor development	Developed fingermarks but very little ridge detail and/or poor contrast
No development	Neither technique produced ridge detail

In general, these tailored scales and the parameters they use point to the fact that the current scales within circulation, especially the IFRG scales, are not utilising enough quality parameters within their descriptions. If authors are introducing new quality parameters, perhaps research needs to implement those parameters within the scales that are currently being used. This would then lessen the considerable number of new scales being produced each year. In turn, this would improve cross-collaboration of research once there is a universal and refined set of quality parameters required to encompass fingermark quality as a whole. In particular, the introduction of image quality parameters of development level and contrast and likewise identification may benefit the current versions of the IFRG scales. Especially since the IFRG scale descriptions are currently seen to lack some or all of those parameters, which are required when considering marks that are difficult to qualify or sit in-between grades. However, it should be noted that introduction of new guidelines would require implementing both new parameters, but also consideration of the phases of research and ultimately give a definition of fingermark quality that the scales are trying to achieve. Only then, would there be a universally accepted method of practice for assessing fingermark quality.

3.5 Phases of Research

Within the IFRG guidelines, there are different phases that constitute the process of fingermark research. This divides the research into four phases: (i) pilot studies, (ii) optimisation and comparison, (iii) validation via pseudo-operational trials and (iv) operational evaluation and casework trials (descriptions of the phases can be noted in **Table 10**). The progression of a new technique flows through from phase 1 trials into Standard Operating Procedure (SOPs) and is dependent on the resources available and often spans several years [2]. Although there is no set guide as to the method with which each phase measures the quality of the performance of the technique being introduced.

Phase	Description			
(i) Pilot Studies	Initial pilot/ proof-of-concept experimentation of novel fingermark detection methods or major modifications of any existing methods			
(ii) Optimisation & Comparison	More detailed investigation which involves optimisation of parameters, performance of methods compared to current established techniques, and performance of methods across multiple variables (substrates, aging periods, donors etc.)			

Table 10: Description of the phases of research as specified in the IFRG guidelines [2]

(iii) Validation	Designed to introduce optimised techniques to more pseudo-operational scenarios which simulate casework – also involves comparison to current methods to incorporate the technique into operational use			
(iv) Operational Evaluation & Casework Trials	Focuses on casework implementation and usually done in an operational facility intending to introduce the method into casework scenarios			

3.5.1 Visual Examination

Visual examination, meaning those studies that only examined marks via images and comments about their quality rather than any quantitative scale equivalent, are the most utilised method to assess quality (references for these studies can be found in supporting documentation). It is expected phase 1 will predominantly hold the highest distribution of visual examination as it's recommended by the IFRG that this phase is only required to show the potential for new or modified methods and to justify the steps into further phases which can be done visually. It is likely that the scales within these phases wouldn't need to show a great variety of quality, only if the marks are present and show a certain level of ridge detail. However, there is still a prominent number of studies using visual examination in further phases. This is predominantly from studies that focus on chemical analysis or utilise techniques that are not routinely used in casework. A clear example comes from the use of nanoparticles to detect fingermarks, with a majority of these studies failing to surpass phase 3. It is hard to see these techniques replacing conventional methods as most studies have issues considering the application within a sequence or the consequences of using such hazardous materials in operational setup [446]. However, it would be beneficial to understand the performance of these methods in contrast to other techniques already in casework trials. This could be easily achieved by some level of comparison between quantitative scorings.

Phases 4 also shows a higher level of visual examination (Figure 12). Phase 4 could be attributed to the fact that most scales currently in circulation do not solely focus on suitability for comparison. As casework implementation should focus primarily on those comparison definitions, where fingermarks should be considered useful for making an identification. Although, this would then suggest Phase 3 studies should also likewise show a greater distribution than the other two phases. Although, since a majority of studies that fit into the final phase are performed by operational facilities, they are less likely to adapt or utilise current research methods of quality analysis and adopt their own as per the facility. The papers using visual examination in phase 2 often focused more on pulling out individual ridge characteristics that can be noted on individual marks rather than giving a score equivalent. However, this can only be achieved when the sample size is small. This is most likely why those studies that utilise smaller sample sizes, which is more often than not those that involve analytical techniques, do not employ a scale when performing analysis. Similarly, it is likely why those studies that don't use scales often don't compare to other techniques until phase 3 and 4 pseudo-operational scenarios. Although this could stem issues from the assumption that each technique is not actually being validated for further study the same as another, as some are using scales to validate results and others simply use visual examination. Although, this then asks the question should there be a mandated quality analysis protocol, so all techniques must go through the same process in order to be considered sufficient enough for casework implementation.



Figure 12: Total percentage of publications within each phase of IFRG research phases (as noted in *Table 10*) in each scale category and visual examination.

3.5.2 Scales

Scales are primarily utilised in phase 2 and 4 studies, as noted in **Figure 12**. Phase 2 uses comparison and optimisation of new techniques either with new variables or against existing methods, whereas the latter focuses on casework implementation. The novel scales show the highest percentage of representation in these phases. It is expected phase 4 studies would introduce new novel scales, especially considering the IFRG scales do not represent a level of identification/comparison. Phase 2 focuses on the area of assessing technique success and primarily involves looking at multiple techniques at once, or numerous amounts of fingermarks with varying external variables such as donors, depletions, aging times and so on. Hypothetically, this phase would require a comparison between current methods as well as an understanding of the variable that impact the detection methods. This is especially true where the CAST scale shows its highest frequency of studies within Phase 2. However, it is still out represented by the novel scales.

To further this, the quality parameters chosen within each phase gives a more specific look into what each phase is trying to show. Identification and comparison definitions increase their frequency from phase 1 to phase 4. Although, it should be noted ridge detail and ridge visibility are consistently the top parameters chosen for each phase (**Figure 13**). It is interesting to see that ridge detail and visibility are less frequent in phase 3 and 4 compared to phase 2. This could be that interchange between identification/comparison definitions being used and ridge characteristics. Possibly only specific parameters are needed per different phase. This might make the streamlining of scales easier if there was to be specific scales required for different phases of research. Phases 3 and 4 may require more identification/comparison definitions whereas the phase 1 and particularly phase 2 involves ridge visibility but also development level and contrast or clarity. Although it should be noted that number of minutiae cannot be equated to 'identification' as an examiner may be able to identify from a number below the threshold indicated, for example, a grade of 2 within the CAST system may also

show some marks suitable for identification. This should alleviate some of the tailoring or novel scales seen. This in turn would allow a more accurate description of the quality these phases are trying to achieve.



Figure 13: Top parameters used within the phases of research. Ridge characteristics signifies ridge detail and ridge visibility, and image quality signifies contrast and background development.

3.6 Influence of Quality Parameters

Most authors choose to introduce further parameters within their tailored IFRG scales [30, 35, 50, 225, 229-231, 245, 251-255, 260, 263, 265, 266, 281, 291, 302, 304, 307, 309, 313, 315, 316, 321, 323, 327, 331, 338, 343, 344, 350, 358, 360, 363-365, 367-369, 378, 381, 383, 384, 400, 401, 408, 410, 411, 413-418, 420]. The novel scales likewise introduce a wide variety of parameters, alone they represent the greatest number of parameters of any scales (**Figure 14**). The most consistent variable that was used in all scales included ridge detail, ridge visibility/continuity as well as development level. However, the novel scales introduced a higher level of identification/comparison definitions [1, 31, 34-36, 38, 50-53, 61-63, 70, 71, 73, 82, 86, 87, 91, 92, 95, 99-101, 103, 112-117, 119, 121, 123-125, 127, 130-135, 137, 144-146, 150, 151, 153, 156, 157, 159, 160, 162, 166, 169, 177, 179, 180, 182-184, 187, 188, 190-192, 195, 202-205, 208, 211-216, 447, 448]. These involved stating a fingermark was 'suitable for comparison' or the more temperamental 'identification assured' as a qualifier (an example can be seen in **Appendix Table 4**) [114]. These often were utilised as interchangeable

between ridge detail and identification. However, it should be noted these terms cannot technically be used in replacement of each other.



Figure 14: Sunburst representation of the different quality parameters applied in each scale.

Ridge detail often involves looking at specific levels of detail without using them as qualifiers for identification purposes. This involves attributing a level of detail, for example level 2 minutiae, as a qualifier for higher grades or scores. On the contrary identification and comparison descriptions use qualifiers of a mark being "suitable for comparison" and "unsuitable for comparison" [30]. Whilst the amount of ridge detail present can indicate if a mark is suitable for comparison, a mark being suitable for comparison cannot always indicate what level of that ridge detail is present. This is also complicated by donor variability, wherein pressure or movement upon deposition creates a mark with visibility of development but 'fused' or 'smudged' ridges. For example, in **Figure 15** below, the mark on the left could be considered suitable for comparison, and if considered against the scale utilised in Castello et al. [114] score a 3, with an identification possible. However, the additional descriptions of 'reasonable quality, ridge detail and some characteristics' are where this mark can be differentiated

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from the mark on the right as both show a possibility to be used for identification but they both have very different levels of ridge detail present. Homogeneity complicates these parameters. In example, some assessors may consider a mark with no delta or core of poorer quality, even if the mark without the delta has sufficient and homogenous ridges. Current quality assessment methods are unable to show these distinct differences between marks, especially when considering the number of parameters available to be used within descriptions. This is where the long descriptions using multiple parameters are being introduced. An example of this can be seen in **Table 11** where Thandauthapani et al. [33] utilises not only development level but also ridge flow, ridge detail and distortion to try to represent a marks' overall quality.



3

Reasonable quality, ridge detail & some characteristics visible, identification possible.



Excellent quality, full mark very clear, identification assured.

Figure 15: Representative images showing differences in ridge detail and identification parameters with their score indicated by the scale utilised in Castello et al. [114].

Score	Definition
1	No visible ridges or contacted area – Nothing of interest
2	Weak development: evidence of contacted area but no visible ridge details present
3	Partial development; up to 1/3 ridges present including clear evidence of ridge flow and pattern (first level detail) and partial evidence of individual ridge minutiae - bifurcations and ridge endings (second level detail). Significant distortion evident.
4	Strong development; between 1/3 and 2/3 of ridges present including clear evidence of ridge flow and pattern (first level detail), individual ridge minutiae - bifurcations and ridge endings (second level detail) and partial evidence of pore position and shape (third level detail). Minor distortion evident

Table 11	: The	fingermark (auality	/ scale	utilised in	Thandautha	ipani et al.	[33]
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5	Very strong development; >2/3 of ridges present including clear evidence of ridge flow and pattern (first level detail), individual ridge minutiae - bifurcations and ridge endings (second level detail) and pore position and shape (third level detail). Very minor or no
	obvious distortion evident.

The issue with the longer description scales is they leave little room for marks that do not fit into any category or fit into multiple ones. Summarising multiple parameters into one description can create a tight fit for some marks, especially those that show poor homogeneity throughout the mark and don't associate with specific ridge characteristics. Using such specific qualifiers makes it so a mark has to reach a certain level of either criterion before it can reach a particular grade. Some authors to alleviate this strain have considered using multiple scales (an example can be noted in **Table 12**) with multiple scores. In this review, 15% of the studies utilised a scale, which included more than one scoring category or description grouping [7, 8, 11, 21, 32, 35, 50, 56, 66, 71, 77, 78, 84, 88, 90, 92, 107, 108, 139, 176, 177, 179, 180, 183, 191, 193, 244, 245, 251, 253-255, 263, 304, 307, 315, 316, 321, 327, 334, 377, 390, 391, 410, 447, 449-452]. However, this can create issues with data extraction whereby one mark has multiple scores associated and is complicated by each parameter requiring a different contribution level to an 'overall' score if these scores are to be combined. There has been some discussion about data representation methods [3], but there is currently no study which critically analyses if multiple scores can be combined and how those scores should be combined.

These scales do bring additional parameters into an already complicated evaluation. The ability to show more than one quality parameter allows for discrepancy between marks to be considered. However, they are slow in implementation. Authors are less likely to use these methods as they are long and extremely time consuming. Research requires a significant number of variables and this in turn creates mass amounts of images. To assess the quality, an assessor has to manually visualise and grade the marks, with the recommendation that two or more people perform the assessment. Adding more than one grade per mark complicates this process. This is also complicated by the studies that use two scales, one to perform whole mark analysis and another to do comparison [21, 35, 36, 50, 249, 287, 291, 316, 318, 324, 357, 375, 391]. It could be the reason behind most scales, novel or otherwise, having a propensity to be one scoring method and simply change the descriptions as necessary. However, the added level of quality these scales are able to determine perhaps outweighs the negatives this may pose. Starting from the fact that assessing fingermark quality is not fully agreed upon or mandated, the initiative of creating multiple scales to try and encompass quality as a whole certainly goes in the correct direction. It should however not alter the fact that single score scales can be used in research, especially if only one parameter is required (as per identification/comparison definitions in casework implementation studies). It could simply be that some phases of research may benefit from using more than one scale at once, especially where they wished to determine the quality of multiple variables.

3.6.1 Classification of Parameters (Fingermark Quality vs Image Quality)

Having all of these parameters and being able to represent them individually is a complex issue. Initially, those definitions of minutiae counting were 'classified' as scales used to show fingermark quality, but as this definition becomes more complex research has introduced additional parameters for measurement. Some of these parameters can be grouped into classifications: fingermark quality and image quality. Fingermark quality: those meaning, the variables involved within the fingermark, which associates with visibility of ridges and their characteristics (such as levels of detail present). Correspondingly, image quality parameters are those found from detection techniques and can also be indicators of how well a technique is working minus any specific mark quality factors. Examples of which include background development and contrast.

Expectedly, the most represented variables within all scale's descriptions come from mark quality parameters. The only image quality parameters consistently used in all four scale categories is development level. Although, this is the one category that can be interchanged between image and mark quality as it can represent development by technique or development of ridges. Considering studies within this field involve a level of understanding development success, this alongside contrast and background development are thought to be an easier measurement of quality as they don't require proficiency in determining suitability for comparison or identification. However, it's not established whether development level of ridges or of technique equate to the same level of quality. Often the qualifiers of both are subjective in nature, one uses "full development" [235] and the other "over 2/3 clear ridge detail" [18].

Here is where some level of subjectivity is noted, those performing grading if given a specific description will often exchange these parameters subconsciously. If told to measure level of ridge detail, one can assume an assessor would also consider if the mark had too much contrast or background development as this could obscure the ridges. Some authors endeavour to investigate how proficient an assessor needs to be to perform this grading without subconscious bias [7, 8]. However, no matter their level of expertise the scale that is given will influence how one subjectively interprets the quality. If an assessor is given one parameter of ridge detail (as seen within the CAST scale) they interpret the image quality based upon their own knowledge. Contrasting this, if a scale shows only image quality characteristics [37, 39, 45, 48, 85, 102, 158, 176], an assessor will then analyse the ridges based upon their own assumed knowledge of ridge characteristics. This could be why the UNIL scale is never tailored to suit a study. It utilises both mark and image quality parameters equally. However, the use of these scales in comparison to each other would need to be performed to fully understand the comparison. This is further noted in the study by Fritz et al. [7] where variability in assessors is investigated to understand how reliable the CAST grading is performed. However, the scale utilised actually tailored the CAST scale by adding an image quality parameter, "contrast of ridge detail and background" (Table 12). As a consequence, it is currently difficult to assess the proficiency level of assessors for any scale other than the one represented within the study. An interesting route of study would be to investigate the level of agreement between assessors these scales would have, especially those that utilise different quality parameters. However, the aim of proficiency and agreement testing deviates from the evaluation methods themselves and has subsequently not been extensively studied in this article, especially under the consideration that there are minimal studies associated with this concept [7, 8].

Grade	0	1	2	3	4
Friction Ridge Detail Development	No development	Signs of contact, has less than 1/3 of fingermark continuous ridges	½-2/3 of fingermark continuous ridges	More than 2/3 of fingermark continuous ridges, but not quite a "perfect"	Full development; whole fingermark continuous ridges
		_		mark	_

Table 12: The	fingermark	quality	scale	utilised	in	Fritz	et al	. [7]
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Contrast of Ridge Detail and Background	No contrast	Poor contrast	Moderate contrast	Good contrast	Very good contrast
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4. Recommendations

Fingermark quality and its assessment methods is a worthwhile area to be explored. If assessment methods are aimed at answering a specific definition of quality whilst being refined and allowing for cross-collaboration, research could quickly identify limitations of techniques, compare methods, and give definitive conclusions. The current limitations in research relate to the wide variety of methods that are thought to achieve this. Even with the 'common practice' methods from the IFRG, authors are still creating new assessment protocols and even tailoring those that already exist. It could be said that the guidelines are not standardized to where they should be. Addressing this limitation comes from our inability to conclusively agree upon a definition of quality. Moreover, gaining knowledge about how authors interpret these scales and officially understanding the proficiency level required to perform these grading's may alleviate some of the subjectivity associated.

Contrary to this, not having a strict quality scoring method could pose some advantages. Simply, the ability for a person to adapt a scale based upon their aims is easy and can allow fit-for-purpose investigation. This may also assist wherein a person can measure quality based upon their own interpretation, which could possibly eliminate some of the issues with assessors interpreting descriptions based upon their own knowledge or experience when utilising current practice scales. Mandating a process may also cause issues where each phase, or even technique requires subtle changes to descriptions (for example fluorescence in methods that do or do not fluoresce). However, each evaluation phase faces differing challenges, introducing new aims and evaluation methods could create hundreds of scales that cannot be directly compared. In the same way, science is not necessarily a collection of opinions. There needs to be a refutable aspect to each conclusion, with a clear point or argument in order to refute those conclusions. This is especially true where each scale creates a different argument or conclusion that is difficult to counter unless those exact methods are applied in comparison.

Throughout this article it is clear to note that one of the main issues revolves around the wide variety of scales, both recommended as common practice and not, that are in circulation. This point alone constitutes the need for a more reformed process for quality evaluation and that the current scales in circulation may not be best suited for this as authors are choosing their own methods beyond those recommended. It is recommended that research firstly evaluates the quality parameters necessary to evaluate fingermark development, especially in consideration to the phases of research. Here some general and informative conclusions can be made about the parameters currently being utilised by studies. These parameters and any additional that may not come from the scales themselves but personal knowledge from assessors should be combined to determine the parameters necessary to determine a marks overall quality. Only then can a scale with universal and definitive descriptions be created. Ultimately, this would need to associate with a refined definition of what fingermark quality is. This in turn will minimise the creation of novel scales and tailoring of those that are recommended. It is hoped that development of a definition of quality and protocol to perform grading should improve some of the constraints seen within current quality assessment methods.

Some authors suggest that the issues seen with these scales may be alleviated by objective measures [3, 9]. However, throughout this study it was noted that these methods are often used alongside scales [10, 60, 270], and there are minimal publications that only use objective methods beyond the preliminary introduction studies. This is a new and upcoming method of evaluation and is currently being extensively researched and improved [6, 453, 454]. However, currently there is no singular method that is thought to outperform a person performing the analysis. This is also true considering casework is done not only by software (AFIS) but by a human examiner. As research is influenced by the procedures taken in casework, it is self-explanatory that human observation would be favoured to software. Therefore, whilst these methods are currently being tested and applied in research, it is unlikely that it will be used in favour to traditional subjective methods until they can outperform an assessor. Subsequently, as with objective means, subjective methods should also continue to be researched in order to improve their reliability.

5. Conclusions

This critical review aimed to explore all of the subjective fingermark quality assessments. These methods were systematically extracted and analysed from 398 research publications. It was concluded that currently there is no consistent method of assessment, with similar representation from the CAST scale to novel scales. Some methods may be better suited to represent quality, but as such with no current universal definition of what fingermark quality it cannot be confirmed which method can be considered 'best'. The scales indicated for 'common practice' are often tailored in favour of using the novel published methods. It is clear there may not be one such agreed upon approach to measure fingermark quality.

It was observed that the phases of fingermark research may also influence the choice of scale. This is particularly of note as the novel scales showed their highest frequency within Phase 2 and 4 studies. Similarly, the parameters used within the scale descriptions are often influential on scale choice. This is due to the fact that each parameter is assessing different quality areas within an individual mark. It is proposed here that these quality parameters could be grouped to represent both mark quality and image quality parameters. Fingermark quality meaning, the variables involved within the mark, which associates with visibility of ridges and their characteristics. Correspondingly, image quality parameters are those found from detection techniques and can also be indicators of how well a technique is working. Likewise, perhaps there should be investigation into the different scales required within each phase of research.

In research, the number of marks needed within a study alongside donors, depletions, ages, depositions, and repeats has all increased as we determine that fingermarks are variable and as such require an extensive universal method to perform research on them. As we continue to learn more about them, especially their variability, it is only logical that the way we evaluate them would continue to grow as well. However, the 'common practice' methods recommended from the IFRG have not changed. Likewise, neither have the novel scales, which often utilise the same versions of quality the IFRG scales use as well as the outdated methods from initial studies. Until more is known about what quality actually means and how best to determine it, the current scales being used will suffer from the same issues time and time again. Research would benefit from understanding what parameters are required to determine a marks overall quality, especially with the variable level of detail that comes with producing large numbers of fingermarks at once.

Appendix

Appendix Table 1: The fingermark quality scale utilised in Sherriffs et al. [325]

Classification	Definition
0	No mark has been developed
1	An empty mark has been developed
2	Some ridges have been developed with up to 1/3 of the mark having been developed
3	Between 1/3 and 2/3 of the ridges of the mark have been developed
4	From 2/3 to a full mark has been developed

Appendix Table 2: The fingermark quality scale utilised in Bisotti et al. [139]

Value	Scale
	Fingermarks developed with Lumicyano Kit have a lower quality than the ones
-	revealed with Lumicyano
0	The quality of the fingermark developed with Lumicyano Kit is equivalent to that
	of the trace revealed with Lumicyano
+	Fingermarks developed with Lumicyano Kit have a better quality than the ones
	revealed with Lumicyano
++	Quality of the fingermarks developed with Lumicyano Kit is greatly superior to
	that of the traces revealed with Lumicyano

Appendix Table 3: Half-grades indicated for the CAST and UNIL scales used within Beerman et al. [334]

Score	Description
+	Clearly more visible ridges, but not enough to be a higher grade
±	Ridges that are slightly visible but no sufficient to be a + or next full grade
-	Less detail than a full grade

Appendix Table 4: Fingermark quality scale utilised in Castello et al. [114] to showcase identification descriptors in novel grading scales

Grade	Description
0	No visible print
1	Poor quality, very few visible ridges
2	Poor quality, some ridge detail visible or partial mark with limited characteristics
3	Reasonable quality, ridge detail & some characteristics visible, identification possible
4	Good quality print, ridge detail and characteristics visible, probable identification
5	Excellent quality, full mark very clear, identification assured

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none

Highlights

- Critical meta-analysis of subjective fingermark quality evaluation methods in fingermark detection research
- Despite recommended scales, novel scales still dominate
- Scale choice dependent on author and location

Johnal Prevention