

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF ARKANSAS
FAYETTEVILLE DIVISION**

NETCHOICE, LLC

Plaintiff

Case No. 5:23-cv-05105-TLB

**TIM GRIFFIN, in his official capacity
as Attorney General of Arkansas**

Defendant

AFFIDAVIT OF KAREN FARST, MD, MPH

1. I am Dr. Karen Farst. I am board certified in general pediatrics and child abuse pediatrics by the American Board of Pediatrics. I am competent in all respects to make this affidavit.

2. I received my medical degree from Texas Tech University Health Sciences Center and then completed a residency in Internal Medicine and Pediatrics and a chief residency in Pediatrics at the University of Arkansas for Medical Sciences ("UAMS"). After spending three (3) years in primary care practice in northwest Arkansas, I completed a fellowship in child abuse pediatrics at the Mayerson Center for Safe and Healthy Children at Cincinnati Children's Hospital Medical Center.

3. I currently practice at UAMS and Arkansas Children's Hospital ("ACH"). My practice involves treating patients, training other doctors, and conducting research to advance medical care. I am a Professor in the UAMS Department of Pediatrics. I am Section Chief of the Children at Risk Division of Pediatrics at UAMS and the Physician Leader of the Child Maltreatment/Team for Children at Risk Division at ACH.

4. I am a member of the American Academy of Pediatrics council on child abuse and neglect, as well as the American Professional Society on the Abuse of Children. I have provided numerous lectures and trainings on issues related to child maltreatment to medical and non-medical

professionals around the country. I have also authored several clinically based publications in the peer-reviewed literature. A detailed account of my training, experience, qualifications, and publications is contained in my curriculum vitae, a copy of which is attached hereto as Exhibit A.

5. In my clinical practice, I perform medical evaluations in pediatric patients when there is a suspicion of abuse or neglect through the outpatient clinic, emergency department, and hospital admissions. The pediatric population includes young children through adolescents. As a specialty physician, I evaluate the history, conduct a patient assessment, review the medical findings, and make recommendations on additional medical care and tests that might be needed. For patients admitted to the hospital, I follow their course until discharge. For patients seen both inpatient and outpatient, I am involved in recommending outpatient medical and counseling services as necessary.

6. If a case warrants mandated reporting to law enforcement or the child abuse hotline, I am involved with assisting investigators with interpreting the medical findings. As a result, I am also called to testify in criminal and child maltreatment proceedings.

7. Beyond patient care duties, in my academic role, I am also responsible for teaching both medical and non-medical professionals on how abuse manifests itself in children. This includes risk factors for abuse including online activity with social media platforms and the developmental characteristics of children that make them vulnerable to abuse in these environments.

8. My research work focuses on clinical management of abuse, and I have published and updated international guidelines for the assessment and management of child sexual abuse including challenges in disclosure, how sexual abuse manifests in certain populations, and how it occurs in various contexts like child sex trafficking.

9. I was consulted by lawyers for the State of Arkansas regarding the role of social media companies in crimes against children and adolescents.

10. A common risk factor that I inquire about in cases of child sexual abuse is if the child is active on social media. This is a concern due to the number of cases I have seen in which a child thought they were communicating with a same-aged peer, and instead it was someone posing in that role in order to gain trust of the child. Through online communication, the predator convinced them to either meet in person or share sexually explicit images with the goal to meet in person. These relationships become a circumstance of sexploitation where an unwillingness to meet in person will be met with threats of releasing explicit photos publicly.

11. Children are especially vulnerable to being lured into meeting someone in person, even if they can understand that it might be wrong or risky. Children process their experiences through an ego-centric world view where they see things as controlled by their actions and not by others. This means that all the cause and effect they see relates to them, so they are not able to distinguish someone else doing something wrong to them from themselves. In other words, they cannot discern that it is the fault of the predator, not their own, and that they should seek help.

12. There is a common misconception that sex trafficking is an issue beyond our borders and is limited to the kidnapping children in other countries. That is not the case. My clinical team is involved in providing medical care and advocacy for children who have been victimized in sex trafficking in Arkansas. These children are often at-risk individuals from homes where there has been abuse, neglect, or family discord, or otherwise do not have healthy family attachments. As a result, they look to social media for attachments and relationships they do not have within their family. This makes them more susceptible to being lured into a situation they think is supportive. It is often too late before they learn that the relationship is hurtful and becomes difficult

to escape. These children may or may not see themselves as victims, but they are also often manipulated by threats, coercion, drugs, and money to stay in the role that someone else is profiting from them.

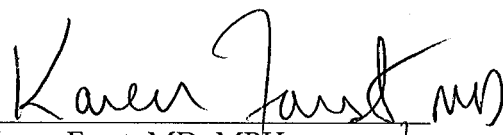
13. Technology has advanced so rapidly that most children are more knowledgeable than their parents with navigating social media and use tactics, even if their parents are educated persons. They often do not reach out to parents with concerns because they do not think their parents could understand or intervene. They also fear getting in trouble or that the threat made by the predator will be realized and do not seek help.

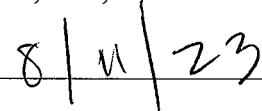
14. I am also familiar with the occurrence of cyberbullying that happens on social media. It is my observation that children and adolescents can become so consumed in their online image that it can lead into unlawful and criminal behavior. For the same reasons as described above with predators, children can engage in sharing personal and private information that is harmful to avoid embarrassment, humiliating, or a threat to their reputation. It can even lead into situations of sexploitation within peer groups.

15. It is my opinion that the connection that social media provides to children who are unable to protect themselves is a significant contributor to sexual exploitation, abuse, and trafficking.

16. My opinions are based on my knowledge, education, and training as well as my experience working with pediatric patients, research, and review of applicable medical literature.

FURTHER, the Affiant sayeth not.



Karen Farst, MD, MPH


Date

ACKNOWLEDGMENT

STATE OF ARKANSAS)
)SS:
COUNTY OF PULASKI)

I, Dr. Karen Farst, do hereby state upon my oath that the statements contained in the foregoing are true and correct to the best of my knowledge and belief.

Karen Farst, MD
Karen Farst, MD, MPH

SUBSCRIBED AND SWORN to before me, a Notary Public, on this 11th day of August, 2023.

Gina L. McGee
Notary Public

My Commission Expires:

2/9/2028

(SEAL)

GINA L. MCGEE
PULASKI COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires February 09, 2028
Commission No. 12364306