

Just A Pediatrics Viewpoint on At-Home Sexual Assault Kits

Introduction [00:00:05] Now this is recording, RTI International Center for Forensic Science presents Just Science.

Voiceover [00:00:19] Welcome to Just Science, a podcast for justice professionals and anyone interested in learning more about forensic science, innovative technology, current research, and actionable strategies to improve the criminal justice system. In episode three of our Perspectives on At-Home Sexual Assault Kits season, Just Science sat down with Dr. Toni Laskey, a professor of pediatrics at the University of Utah School of Medicine and the division chief of the Center for Safe and Healthy Families at Primary Children's Hospital. According to the Centers for Disease Control and Prevention, one in four girls and one in 13 boys under the age of 18 will be a victim of sexual abuse over their lifetimes. Listen along as Dr. Laskey discusses her work in child abuse pediatrics, her outlook on sexual assault response for victims under 18, and her perspective on at-home sexual assault kits in this episode of Just Science. This season is funded by the National Institute of Justice's Forensic Technology Center of Excellence. Some content in this podcast may be considered sensitive and may evoke emotional responses or may not be appropriate for younger audiences. Here's your host, Tyler Raible.

Tyler Raible [00:01:21] Hello, and welcome to Just Science. I'm your host, Tyler Raible, with the Forensic Technology Center of Excellence, a program of the National Institute of Justice. Today, we'll be continuing our conversation surrounding at-home sexual assault kits, and to lead us in that discussion, I'm joined by our guest, Dr. Toni Laskey, professor of pediatrics and division chief medical director of the Center for Safe and Healthy Families at University of Utah and Primary Children's Hospital. Welcome, Toni. It's great to have you on the podcast.

Toni Laskey [00:01:47] Thanks, Tyler.

Tyler Raible [00:01:48] Toni, you're a highly respected subject matter expert in the field of pediatrics and child abuse, including sexual abuse cases. So I know that you're involved in a variety of initiatives. Can you tell us and our audience a little bit about what you do?

Toni Laskey [00:02:02] So first and foremost, I'm a pediatrician. I actually have no interest in taking care of grown-ups unless they're directly related to me, and I need to provide life-saving measures. But when you're a pediatrician, you obviously take care of children from birth to 18. Sometimes we go a little older than that if the child has late developmental issues or other issues that they had during childhood that still need some pediatric care after they turn 21. But the subspecialty of pediatrics that I am trained in is something called child abuse pediatrics. Child abuse pediatrics is an area of medicine that specifically focuses on identifying child abuse and neglect, as well as recognizing things that look like that but aren't actually.

Tyler Raible [00:02:48] In the vein of child abuse and neglect, I'm assuming there's something to do with levels of concern. Can you talk a little bit about how you go about discerning this or the value that this- this sub-specialist field really, really brings to the table?

Toni Laskey [00:03:01] It's really important to recognize that if you provide medical care for children, you have to have an understanding of child abuse and neglect, and what your role as a health care provider is, which is recognize what may be abuse or neglect. Report

your concerns as you're mandated by law to do, but it's also to know what resources are available to you to help figure out cases that are maybe a little bit harder. So some children have very clear signs that are unambiguously inflicted trauma, but other cases have things that could be confused for abuse. So a child abuse pediatrician's job is to work as a member of a larger team that's both health care providers and what we call our community partners - so law enforcement, Child Protective Services - to help figure out what has happened, and if it is abuse, we need to take certain steps to protect a child from further injury or further harm. And if it's not abuse, we need to make sure that the system stands down because that child is already safe from their caregivers, but they might have a medical condition that needs to be addressed.

Tyler Raible [00:04:09] So it sounds like it's a matter of looking at patterns of injuries, you know, is this- is this broken arm a result of abuse or did they fall off a trampoline?

Toni Laskey [00:04:18] Yeah. And likewise, with sex abuse. I mean, sex abuse is hard when you have a child who is maybe pre-verbal and is having behaviors that are causing concerns for the caregiver. So they don't, they don't know like why is my child doing this? And they bring it up with their pediatrician, and their pediatrician might not have adequate training to be able to answer that question. So we're a resource to help in the evaluation of kids who are demonstrating signs or symptoms that might suggest that they've been sexually abused.

Tyler Raible [00:04:51] To me, it seems like this is invaluable work. So how did you get started in this field? Were there any moments or events within your career that- that drove you to this point or to this sub-specialization?

Toni Laskey [00:05:02] I always knew I wanted to be a pediatrician like literally since elementary school because I just love kids, and I was always the mother hen that would be micromanaging small children on the playground. But the reality is, is during medical school, you get exposed to lots of different types of medicine, and adult medicine was very clearly not something I was interested in. But by that same token, I knew that I wanted a little bit more variety in my day than just what we call general pediatrics, which is when you go see your regular pediatrician to check on growth and development and see if your kids got an ear infection or whatever. And so I had the opportunity to work with a child abuse pediatrician when I was in medical school and see how every day for her was something different. And that was, that was really attractive to me - the opportunity to have such a positive influence at such a really difficult time for a family can be very gratifying.

Tyler Raible [00:05:56] Yeah, I can imagine you were, you are going to be present in a situation where a family really needs you. So there's- there's, you know, an immense amount of value, and I could see it'd be very, very satisfying.

Toni Laskey [00:06:06] One of the things that's also really important is is that I feel like understanding the medical world is very difficult for those outside of it. So you have people that are all working on a- on the same case together and have to understand the medical component. And some doctors aren't very good at communicating with non-medical people, and so, you know, law enforcement or child welfare or attorneys are sometimes intimidated by having a conversation with a doctor who they know is going to talk way over their head and not slow down, and, you know, assume that everybody is on board with what's being said. So I really enjoy the opportunity to teach different people about what different medical things mean and don't mean. And so that's- that's an integral part of my job.

Tyler Raible [00:06:51] I know that you're part of this, this Intermountain Primary Children's Center for Safe and Healthy Families. Can you tell us a little bit about this organization?

Toni Laskey [00:06:59] It's an organization I'm really proud of because it's an example of the good things that can come when people come together for a mutual cause. So I work for the University of Utah and I work at Intermountain Health Care's Primary Children's Hospital, and in every other arena in the state, they're competitors, except in the care of children. Both Intermountain Health Care and the University of Utah mutually support the Center for Safe and Healthy Families so that we can mutually care for the potentially abused child without concern about where is this kid and what health care system are they in? So together we have a child abuse program that is at Primary Children's Hospital, and we provide both medical evaluation and mental health services for children who have experienced trauma. So those two services together are also around the entire state of Utah at our Children's Justice Centers so that we can provide the best care as close to the patient as possible.

Tyler Raible [00:08:01] It is great to see competitors unify on such an important conversation and I guess goal. So I do want to kind of use that to segue into the bulk of our conversation. But before we really dive into today's topic, I want to set some background. Toni, oftentimes when- when we think about sexual assault cases, we might think about almost exclusively adult cases. But obviously sexual assaults occur against children as well. So can you tell us, besides the age of the victim, how do these cases differ?

Toni Laskey [00:08:32] Child sexual abuse is different in that the people who often perpetrate this are somebody in the family or closely related to a child in their social circle. So the reality is that there's differences based on age - school age children are exposed to different risks than preschool children and different than a teenager. So we have to think about sort of the age and developmental status of the child. And when I say child, it's really important to recognize that I mean, anyone under the age of 18, because while my teenager certainly wouldn't be happy if I were referring to him as a child, the reality is that until you reach 18, the laws of the state identify you specifically as a child. So just to be clear, child and teen in my mind are in the same category. So the numbers that we have about sexual abuse victims are based on research that either capture cases that we know about now because a child has told somebody that it's happened or they come from adults being interviewed about things that happened in the past. So what that tells us is we know some idea of how often this happens, but we probably don't have a full idea of how often this happens because there's no way to know for sure unless somebody tells us. And that- that really means that the problem could be a lot bigger than we realize.

Tyler Raible [00:09:59] I mean, when you- when you put it in that light, it's a little overwhelming. So one thing that you said that kind of stuck out in my head is it seems like there are kind of three different, for lack of a better word, categories. How do they actually break down within that subgroup?

Toni Laskey [00:10:12] I mean, medically, we think about it in those sort of broad categories of your pre-verbal, so you're not able to tell us that something has happened and we're responding to either behaviors or symptoms or sometimes even witnessed events. So that's- that's in the youngest kids. And in those cases, the kid's never going to be able to tell us what happened. Then you have school aged kids, which remember you

can't really lump a kindergartner in with an eighth grader - they're fundamentally different and so sort of the things that happen to them and how they tell us about those things are different. But broadly speaking, sort of school age is a category. And then there's the category of adolescent, which, of course, most adolescents are in school, but again, their relationships with peers or in other outside of the home activities that might have less parental supervision, like sports or camps, things like that, expose them to different risks also. So broadly speaking, yeah, three groups that I think of.

Tyler Raible [00:11:13] Excellent. Thank you for the clarification. I do want to talk a little bit about some of the statistics, some of these numbers. I know that there's definitely a significant amount of research. Can you shed a little light on, on any of the statistics surrounding child sexual assault so we can really kind of start to unpack the severity of the problem?

Toni Laskey [00:11:31] Sexual abuse and sexual assault are sort of two phrases that we sometimes hear. An assault tends to refer to events that we think of like rape in an adolescent, for example. We rarely use sexual assault terminology associated with younger children. But sexual abuse and sexual assault are in the same category, so I sometimes will use those interchangeably. So some of the statistics that we have from research suggests that one in four girls and one in 13 boys will be a victim of child sexual abuse over the course of their lifetime. You know, and if you think about that one in four, that means you absolutely know somebody in your life that has been a victim, whether or not they've shared that with you. So that's- that's really important to, to recognize. And another statistic tells us that of women who will be victims of sexual assault over the course of their entire lifetime, one in three will have had that happen between the ages of 11 and 17 so while they were a child. And men who will be a victim over the course of their lifetime, one in four of them will have it occur between the ages of 11 and 17. If you think about what it means to you developmentally to have that sort of thing happen while you're still developing an understanding of like who you are in the world and what your relationship is to other people, I mean, think about what kind of long term impacts that has.

Tyler Raible [00:12:54] This trauma probably doesn't even resurface for- for many years, you know, depending on the age of the survivor.

Toni Laskey [00:13:01] Yeah. And you know, sadly, we don't have broadly available trauma therapy services available to victims. You can get better, and you can get past this. But until we have services broadly available and recognized as being an important part of the healing journey, we have people that grow into adulthood and have to deal with this forever.

Tyler Raible [00:13:22] One thing that- that we touched on a little bit, and I want to make sure that we're very clear, is the difference in terminology between child sexual abuse and child sexual assault. Is there a major distinction to be made and if so, what is it?

Toni Laskey [00:13:36] There are technical definitions that, for example, the Department of Justice uses in crime reporting statistics, which is always interesting when the legal world has different language than the medical world. So sexual abuse is the inappropriate touching or exposing a child to sexual activities that are inappropriate for their developmental age and comprehension. Sexual assault we tend colloquially to think of as somebody has been raped. So there are definitely situations where a teenager could be sexually abused by a caregiver - they're inappropriately fondled or they're forced to

participate in the production of child pornography - but we wouldn't typically think of that as sexual assault. It's horrible. It's bad, but it's something sort of categorically different.

Tyler Raible [00:14:27] Perfect. Thank you for the clarification. One thing we've talked about in previous episodes in previous seasons is this distinction between victim and survivor in terms of terminology. So is this the same case with children? Do you use victim versus survivor? Is there a preference?

Toni Laskey [00:14:43] It's interesting because survivor is a- is a term of empowerment that says I am not a victim of my perpetrator forever, and I fully embrace that concept. That is a really important concept because if you always see yourself as a victim, it's difficult to turn the corner and move forward with meaning. So I completely embrace that concept. But when we're dealing with children, it's important to recognize that they've been a victim of an adult who has done this to them, and at some point, they will become a survivor. But while I'm dealing with them, while they're going through this process as a child, we refer to them in pediatrics as victims. But that's not meant to take away from the fact that they will be able to regain control and move into a survivor position later in life. But for pediatrics, we tend to refer to them as victims.

Tyler Raible [00:15:36] That's perfect. Thank you for the clarification. For the remainder of today's conversation, we'll use the word victim because that is the appropriate terminology in this- in this capacity. Toni, I want to talk a little bit about the role of forensic evidence in these cases. So I imagine it's got to be difficult to interpret.

Toni Laskey [00:15:50] Not just to interpret, but to even recover. So the child's body is physiologically different than the adult body. So if you think about the changes that puberty brings, some of those include the pH of the genital tract changes, the biological flora - so just the microorganisms that live in the genital tract - those change when you go through puberty. The hormonal changes that your body goes through changes how your tissues look and respond to different types of things. So all of those things play a significant factor in our ability to successfully recover forensic evidence from a pre-pubertal body. So anybody that hasn't started going through puberty yet, we automatically are at a disadvantage for getting forensic evidence off of the body.

Tyler Raible [00:16:39] And that makes perfect sense. Is there a risk of, I don't know if cross-contamination is the right word, but I mean, if you look at children who are being diapered - is there a risk that you're going to find skin cells that aren't related to an abuse?

Toni Laskey [00:16:53] So that's an excellent question. When you have a teenager telling you what happened, you know, we know what to look for and we- there's really no reason for somebody else's DNA to be in their private parts unless there was contact there for a sexual purpose. In a child, particularly a pre-verbal child, pre-verbal children largely are in diapers, and there's toileting care that you have to do in order to provide appropriate care to a child that age. So obviously, semen and saliva don't belong there - if you found that, that's a problem - but what does touch DNA in the diaper area mean, particularly if it's somebody that provides care for that child? So if it's dad and you find his touch DNA in their diaper area and that's all you find like, how do you interpret that? Because we don't have research that says what normal touch DNA transfer is in those types of situations.

Tyler Raible [00:17:50] And that highlights the value of your subspecialty, right, to try and interpret and understand how this evidence might be there?

Toni Laskey [00:17:57] Yes, because if it's there and there are significant injuries or, for example, a sexually transmitted infection - that totally changes everything, right? And so those are medical things that we are looking for. Are there injuries? Is there an infection? But if you just take the DNA itself, that's not standalone enough to answer the question did something happen to this child?

Tyler Raible [00:18:21] Excellent. Thank you. Toni, I want to get into the topic of today, but it's this concept of a sexual assault evidence collection kit that is publicly available and not associated with a hospital or a medical facility, and we've been referring to them as at-home sexual assault kits. So can you talk a little bit about what this is and the kind of impact that they might have from your perspective?

Toni Laskey [00:18:44] Yeah, the development of this is really disturbing for those of us that provide medical care for- for this particular population. Frankly, I was completely surprised when I heard that this was coming onto the market. I couldn't imagine what the niche was that it was filling. I've heard that they were designed to provide some measure of control back to a victim of sexual assault or allow them to make choices that work for them. But something we say in pediatrics all the time is children are not small adults. So things that may be thought of in one way for an adult really does not immediately transfer to the pediatric population. A teen might have a body that looks like an adult, but by definition, because of their age and frankly, their developmental status, they need to be thought of and treated differently than adults.

Tyler Raible [00:19:38] And that makes perfect sense. There's a fundamental difference. So when it comes to collection, then, what kind of impact does this have?

Toni Laskey [00:19:46] Well, you know, the problem I have is that I think people misunderstand the effort that goes into doing forensic evidence collection correctly. This isn't as simple as like taking a Q-Tip from your bathroom and swabbing an area that you think is- is potentially going to have evidence on it. The amount of attention to detail that has to be spent to do this correctly, it's labor intensive. It requires a significant amount of training. There are important safeguards that have to be put into place while you're collecting the evidence to ensure that you're not contaminating that evidence. So it is an extremely meticulous process that has to be done with absolute attention and care. And after the evidence is collected, it has to be handled in a way that would guarantee that there is not tampering with the evidence. Because if you've gone to the trouble of doing it right, you want to make sure that it goes from the victim to the crime lab without tampering in between.

Tyler Raible [00:20:48] Right, there are all sorts of things that could go wrong. On the same topic, do you think there's a significant possibility for retraumatization? You know, if a child's been abused, been assaulted, and now they have to go through this invasive process with a- with a parent or a caregiver, like is it possible to retraumatize the child?

Toni Laskey [00:21:07] Yes, I really believe that there is. One of the things that doctors and nurses who do this type of medical care are trained in is being victim centered and trauma informed and being able to recognize what does this child who has had this experience and is at this developmental level, what do they need right now to prevent furthering the harm? And so we are trained to be responsive to the cues that they're giving us, whether those are nonverbal or things that they're saying. And there's also a process that we have to think about about how do we collect this in a way that doesn't cause physical pain and make sure that the child understands we're doing this to help them. So

imagine that you are a school age child and you have told your mom that something bad has happened to you, and your mom says, OK, then you know, we need to do this. Lay down. Take your pants off, and I'm going to swab you. Like, what message does that send to a child? Whereas as a medical provider, I think children by and large understand I'm going to the doctor, I'm going to the hospital, I'm going to see a nurse. They're going to do medical things, and it has a different connotation. I just think it's really confusing for kids to sort out, like, why do I have to take my pants off and have my mom swab my private part? That doesn't make any sense.

Tyler Raible [00:22:35] Right, I mean, as a child, if you go to the doctor, you expect to be poked and prodded. Maybe not necessarily that same behavior from a- from a parent or a caregiver. So Toni, what are some of the differences between this kit and say what would be available to a child sexual assault patient at a hospital?

Toni Laskey [00:22:52] I think a really important distinction is when you go to a health care setting to have an evaluation after a sexual abuse or sexual assault, the provider that's seeing you is doing so much more than just collecting forensic evidence. What we're doing is we're ensuring your physical and mental health and collecting forensic evidence. When I say we're ensuring your physical and mental health, we're doing a crisis assessment. What is your level of trauma symptoms right now? Do I need to get a crisis social worker involved? Are you actively suicidal? Are you experiencing trauma symptoms, and I need to get you hooked up with the trauma therapist sooner rather than later? Medically, I'm thinking about, have you sustained an injury that I need to document because that injury could be corroborative to what you've told us has happened. So I have, as a medical provider, a responsibility to do a complete physical exam on a patient and document findings that I see. Then I'm also thinking about could you have gotten a sexually transmitted infection, or if you're a teenager, could you have gotten pregnant from this event? And if that's a possibility and you're within a certain timeframe, then I can give you medicines to prevent those things from happening. So I'm literally preventing something worse happening to you after this bad thing has already happened. So after I've done all of those things, then I'm also collecting forensic evidence, which is part of a bigger puzzle.

Tyler Raible [00:24:25] Can you tell us in general what happens when a child or a teen comes into a medical facility after disclosing abuse or assault?

Toni Laskey [00:24:32] After they've come in, depending on where they come into and what resources are available in the state, ideally, a health care professional, either a doctor or a nurse, who is specially trained in caring for children who have had this happen will come and sort of assume the responsibility for this patient. So they're going to work with the child. And if their parent is there, sometimes teens do or don't have their parents with them, we're going to work with them together to figure out what do we need to do? So what has happened to you? When did it happen to you? Because that's going to tell us what we need to do immediately versus what do we have some time to do later. And then we're going to- we're going to start a process of thinking about how do I meet your needs right now? So like I said before, we're going to do sort of a trauma screening to figure out, is there active suicidality or a potential for self-harm right now? Then we're going to get some urine and blood samples. We're going to do a complete physical exam. Sometimes, if they have their clothes on that it happened, we'll take the clothes into evidence and provide them with new clothes. And then we're going to figure out what parts of their body do we need to collect evidence from?

Tyler Raible [00:25:44] It certainly seems like it's a more involved, thorough process, and it's being done by a professional, so the quality of the work is going to be likely superior than an at-home kit. In that vein, what cautions or concerns do you have related to the use of these at-home kits, especially in relation to child sexual assault cases?

Toni Laskey [00:26:04] Boy, I really have a lot of concerns. One of them is this failure to recognize that as a child, there's a legal mandate that law enforcement or child welfare be involved in these cases - like this is not something- sometimes you'll hear people be like, oh, I'm not going to press charges. If you are under the age of 18 and this has happened, the law says that law enforcement and/or child welfare has to be notified. If the health care provider, for example, would not notify law enforcement or child welfare, they actually would be breaking the law and there's criminal penalties associated with that. So we're thinking about how do we help ensure that this doesn't happen either to you again or to anybody else again? So we have to- we have to make that report. Then there's the problem of if the child were to have an at-home kit done, what is the admissibility of that evidence? Everything tells us that that evidence is literally going to be thrown away because its integrity cannot be ensured, and the integrity starts at collection and it ends at processing at the crime lab. If you cannot say that this was collected in a forensically sound way by a trained professional who followed all of the guidelines, and then they sealed the evidence up in the way that they're trained to seal it up, and there's a chain of custody saying every single person that has touched that evidence between the body and the crime lab, it's not going to be used in court. So God forbid that patient actually did have forensic evidence on them, that might be our only proof that something happened, and now it's inadmissible in court. So now we have taken an opportunity away from that victim for getting justice.

Tyler Raible [00:27:50] Right? I mean, I can imagine a scenario where a savvy defense attorney could get that just removed immediately.

Toni Laskey [00:27:55] Yes. And you know, in Utah, you so rarely see the defense bar and the district's attorneys on the same side of anything, and they both were testifying against at-home kits because neither side wants these in court because we cannot be sure that they are done properly. And the only way that forensic evidence is of value is if it's done properly.

Tyler Raible [00:28:20] So something that's been brought to my attention was the possible use of these at-home kits by adults who may be responding to a very distressing or desperate situation. Can you talk a little bit about these types of issues?

Toni Laskey [00:28:33] Given the stats that we talked about earlier, we know that many, many adults have had a trauma history themselves, and sadly many of them have not had access to trauma therapy when they were children or teenagers. So they might still be dealing with trauma in their own life. And they could misinterpret things that their child says or a behavior that they have and interpret it through their trauma lens and see the possibility that their child might have experienced something like they experienced. And in that light, they may choose to do one of these at-home kits thinking that they're helping their child without quote-unquote exposing them to the trauma of going to the hospital and having an evaluation. And the reality is, is that we don't know what that means for that child. If that child truly is a victim, they've now not had access to trained professionals who can help them. And if this thing really did happen to them and there was evidence, we don't have it, so we can't make sure that that person doesn't hurt this child again going forward. So my concern is, is that when we have parents trying to do this, they're out of the

parent swim lane now - they're in my swim lane and they're potentially harming their child when they were trying to help. And I don't think any parent wants to harm their child when they think they're trying to help. The other sad thing is, and this is a commonly held myth, is that this is going to be the answer. And what we know is the answer is rarely in the forensic evidence. The answer is in the professional evaluation that goes alongside the evidence collection. So the professionals who are trained to talk to children in a developmentally appropriate way and understand what has happened to them, and the professionals who are trained to understand what a finding on a child means or what a behavior that they're exhibiting means. So if we think that doing the- the at-home kit is going to give anybody that answer as to whether or not this bad thing happened, the reality is, is it's not. And if there was an answer to be had, the child didn't have access to those resources.

Tyler Raible [00:30:55] So Toni, I ask all these questions because I want to know your opinion. Is it fair to say that these at-home kits could pose a real threat to supporting child victims of sexual assault and abuse?

Toni Laskey [00:31:08] Yeah, I really think they will. This is very much a field of medicine that developed because we wanted to make sure that people, whether they're children or adults, who have experienced a horrific trauma that nobody should ever have to experience, have victim-centered, trauma-informed care. And we all have committed our professional lives to that. And when you have something that removes a potential victim from those services, I think we're all really worried about the harm that's going to come from that. So it's across the board, medical professionals like nurses and doctors, victim advocates, defense attorneys, and prosecutors - we all are very concerned that this is a harmful product.

Tyler Raible [00:31:56] So then in your opinion, what do you think is the correct course of action for someone - caregiver, parent, other adult - who suspects that a child is being sexually abused?

Toni Laskey [00:32:05] One of the things that I talk about when I do education for, for example, teachers or coaches or parent groups is believe. Children rarely lie about this and believing a child is known to substantially improve their long-term outcomes. So believing might be hard because it's a horrific thing to hear. But if you can believe, then that child stands a chance at being kept safe. So one of the things I tell caregivers because I'm a pediatrician is, you know, Mister Rogers always said, find your helpers. So you may not know what to do, do with this information because this is really awful. You just heard this bad thing, and, you know, what do I do with it? Find your helpers. So your response should be, I am so sorry that this happened to you. I'm so glad you told me because I'm going to help you, and your help may just be getting them to the right person. You don't have to do everything yourself. You know, not everybody knows how to handle this. So your help is finding the right person. In all 50 states, there is a legal mandate for everyone who is concerned about abuse or neglect to make a report to either law enforcement or child welfare, and that starts the ball rolling about getting that child the help and services that they need. So believe and then find who's going to help.

Tyler Raible [00:33:28] Of course, you can't expect a teacher to be an expert in approaching the subject but having the resources in place to get the help that the victim, the survivor needs is important. Do you have any- do you have any recommendations on who do they call? Who do they contact? Where can they find these resources?

Toni Laskey [00:33:45] Well, we all know Google is, is the keeper of all knowledge, so you can always Google in your state. You can call 1-800-4-A-CHILD, which is 1-800-422-4453. That's a national resource that will help figure out what the resources are specifically in your community. And you can also Google something called the children's advocacy centers, and you would find that by looking for the National Children's Alliance. When you do that, those are actually places that are around the country - there's over 900 of them now - that have been specifically set up to provide services to children who've been sexually abused. So it's a place that they can get medical care or get a referral to a place that can give them medical care. Law enforcement and child welfare work together in these settings to provide child-centered care, and they provide victim support services. So that's a really valuable resource. So another resource that's really helpful in cases like this is one called RAINN network, which is the Rape, Abuse, and Incest National Network. So R-A-I-N-N, and you can google that online, and I found that to have really useful information.

Tyler Raible [00:34:59] Thank you for sharing those. We'll make sure to include the link for National Children's Alliance and the- the 1-800-4-A-CHILD on the landing page for this episode just in case. So, Toni, as far as supporting children victims, can you talk about some of the positive actions that you would recommend in the kind of support capacity?

Toni Laskey [00:35:18] Again, believe is my take home message - you've got to believe a victim who shares this with you. What we know about victims of sexual assault, and this is- this also applies to adults, telling something like this to someone else is really hard. And the way that children developmentally think about this sort of thing is they think it's their fault that this happened, and that holds true for teenagers, that holds true for littles. They think that this is their fault. So when they tell an adult and the adult doesn't believe or doesn't respond in a way that makes the child feel like they're believed, that reinforces that this is something that you brought on yourself. And what that means to a child is that their ability to see a path forward, it just it closes. So we have examples of children who told a teacher, for example, and the teacher didn't believe them and said, well, if it happens again, let me know. The child often has been told by their perpetrator no one will believe you if you tell them, and they've just had that reinforced. So they choose not to tell, which means they remain in a victim capacity because they can't tell anybody. Or worse, they might not be a victim of that perpetrator anymore, but they might become a victim of someone else later in their life, but they've already had the foundation laid that if you tell, that nothing happens, nothing changes. So I can't emphasize enough believe, and tell a child, I believe you, and I'm so sorry this happened. I want to help you. That's empowering. And that leads to resilience. Another really important thing to remember is it's not your job to interrogate. You're not trained in talking to children about this. You don't know what questions are important or what questions might actually be harmful, either to the investigation or to the child because they're not trauma-informed. So don't start playing 20 questions. The child shared something with you, and we encourage what's called reflective listening. So they share something with you, and you respond to that by saying, you know, I can see that you're upset. I'm really sorry. This is what I'm going to do to help you or thank you for sharing that with me. This is not your fault. I'm really glad you told - you were very brave. Those sorts of things are helpful as opposed to starting to ask questions. And then the final most important step that you can do to make a difference in the child or a teenager's life who has shared this with you is making the report, calling CPS or calling law enforcement - whatever the- the laws in your state are or whatever is easiest for you. That is the next best step that you should take after you've believed them, because now you're starting a process that's going to start them towards healing.

Tyler Raible [00:38:03] Thank you so much. I mean, there are so many things that just that resonate.

Toni Laskey [00:38:07] You know, one of the things that I worry that adults think about when they're- when they're dealing with this is like, oh my gosh, this is so awful. And there's no hope. I think what I want adults to hear today is, is that there is hope. Children can recover from this. We know that bad things happen to kids, but if we take the right steps and put effort into the healing process, and sometimes it's long, and sometimes it's bumpy, but there is hope and you can be OK and you can go on to have normal relationships and not have this be an everyday part of your life. But on that same token, we sometimes have adults who are like, it would be better if you forgot about this. So just- we're not going to talk about it, and they constantly are shutting their child down who's trying to talk about it. And the way that children interpret that is that this is shameful and something bad about you that you should keep inside because nobody wants to hear about it because it's something bad about you. That's, I mean, kids are very egocentric, and I mean that in the psychological way, not the negative association way. Children feel like the way that adults respond to them are because there's something wrong with them. So when you tell a child, you know, we're not going to talk about this, you know, let's just forget about it. Children don't forget about it. They can't move on unless they are able to process what has happened. And trauma therapy is the answer to that. So really working with your victim advocates and child welfare to figure out what are the resources in your community to get your child the services that they need after this thing has happened to them?

Tyler Raible [00:39:45] Are there any final thoughts you'd like to share with our listeners today before we wrap up?

Toni Laskey [00:39:48] I really want people to know that, you know, obviously this is a difficult subject for people to think about because, you know, sexual abuse is scary on its face and should never happen to anyone. But then when you consider it in the context of a child, that just takes it to a whole new level. And so sometimes people have a hard time processing that sort of difficult material. But I really want to make sure that people hear that there is hope for people that have had this happen, and we all, everybody in society plays a role in keeping children safe and know that there are people who literally commit their lives to taking care of children and people that have had this happen so that we can turn the path that they're on in a more positive direction. So ask for help, don't go it alone, and believe children.

Tyler Raible [00:40:36] I'd like to thank our guest today, Dr. Toni Laskey, for sitting down with Just Science to discuss supporting child victims of sexual assault, to discuss these at-home kits. Toni, thank you so much for being on the episode.

Toni Laskey [00:40:47] Thanks, Tyler. I appreciate the opportunity.

Tyler Raible [00:40:49] And for those of you listening at home, on your drive, or wherever you digest your podcasts, if you enjoyed today's conversation, be sure to like and follow Just Science on your podcast platform of choice. For more information on today's topic and resources in the forensic field, visit ForensicCOE.org. I'm Tyler Raible, and this has been another episode of Just Science.

Voiceover [00:41:11] Next week, Just Science sits down with Laurieann Thorpe, the Executive Director of Prevent Child Abuse Utah, to continue the conversation on at-home

sexual assault kits. Opinions or points of views expressed in this podcast represent a consensus of the authors and do not necessarily represent the official position or policies of its funding.