IN THE CIRCUIT COURT FOR ANNE ARUNDEL COUNTY, MARYLAND

JOHN/JANE DOES (WC) 1-10, inclusive,	:	
Plaintiffs,	:	
v.	:	
The STATE OF MARYLAND, acting through its agencies, MARYLAND DEPARTMENT OF JUVENILE SERVICES, and/or DEPARTMENT OF HEALTH (formerly the DEPARTMENT OF HEALTH AND MENTAL HYGIENE)	:	Civil Case No.:
	:	Filed:
	:	
Defendant.	:	
	::	

COMPLAINT

"If you were sort of a mad scientist who was sent to Maryland to deliberately make kids into criminals, you could hardly do any better than what's going on in Maryland's juvenile facilities. You'd have to work hard to cripple kids worse than they're being crippled now."

– Vincent Schiraldi, then-executive director Center of Juvenile and Criminal Justice, 2001; now newly-appointed Maryland Secretary of Juvenile Services.

INTRODUCTION

The Thomas J.S. Waxter Children's Center was founded 60 years ago with a mission to reform, repair, and re-socialize troubled youth. Instead, decade after decade, the Waxter Children's Center has been the site of rampant, documented sexual abuse, harassment, coercion, and manipulation such that many of the girls and boys committed to its care were released more badly damaged than when they arrived. Damaged, in fact, for life.

Waxter housed children from troubled backgrounds. Most children were minorities, almost all came from poverty, and most had histories that demanded trauma-informed care – not the infliction of additional trauma. Some of the young people sent to Waxter Children's Center had committed felonies. Some had committed misdemeanors. Some were sent after violating probation by breaking curfew or skipping school. Some of the children were awaiting adjudication. Some were there for mental health or substance abuse treatment. Some were abused, heartbreakingly, while being housed between foster homes; they had committed no crimes at all.

At some point during their childhood, each of the Plaintiffs was housed at Waxter Children's Center for a period of days, weeks, or months, during which time each child was under the direct custody, care, control, and direction of the State of Maryland through its agencies, currently the Department of Juvenile Services. During each Plaintiff's time at Waxter, the State of Maryland's employees, agents, and third-party contractors used their positions of trust and authority to sexually abuse Plaintiffs. Plaintiffs were forced to remove their clothes while guards molested them, sometimes holding them down to do so. As young as nine years old, they were forced to perform oral sex, be penetrated vaginally and anally with fingers and objects, and raped.

The culture of abuse permeated Waxter's campus. Children were abused in bathrooms, showers, utility closets, and even in their own bedrooms with doors locked from the outside. Sometimes, the children were bribed with food and privileges; others, the children were threatened

or beaten; still others, the children were simply held down on the ground as their abusers used force to take what they wanted.

The culture of silence at Waxter made it impossible for the children to report their abuse. Many children were told they or their families would be killed if they reported what happened. The amount of violence and crime at Waxter made these threats very real to the children: guards set up fight clubs where children would fight for entertainment and status; guards held themselves out as street thugs and drug dealers; guards beat children as retaliation for not being able to receive anal sex. Boys and girls who knew about the Waxter grievance system found that they were reporting to the peers of their abusers; their complaints were rebuffed and ignored. A culture of silence prevailed, with staff mocking their young charges with a familiar refrain: "Who's going to believe YOU?"

The girls and boys at Waxter were subjected to these violations in a chaotic, dangerous, and toxic environment, including the unchecked use of restraints, seclusion, and humiliation as punishment and the withholding of desperately needed mental health and medical care. An OB/GYN who treated Waxter's girls was kept on staff despite repeated reports of inappropriate conduct. Youth were strip searched after visits with family members, meetings with lawyers, medical appointments, court appearances and off-campus excursions, even when the excursions were rewards for good behavior. While suicidal ideation and behavior was rampant at Waxter, youth experiencing these catastrophic mental health crises were forced to strip naked and stand in their cells, often without access to so much a mattress, while guards looked on or used their humiliation as an opportunity to sexually molest and abuse them further. In 2011, a juvenile justice monitoring report summed up the situation at the facility neatly: "The Waxter detention facility should be closed." It was – 11 years later.

Plaintiffs file this Complaint to seek justice for the innumerable instances of child sexualization, humiliation, degradation, harassment, sexual abuse, and other illegal treatment inflicted upon Plaintiffs and others who endured similar abuse; to recover damages for the abundant and lasting scars – physical and mental – the Plaintiffs have been left with; to punish the perpetrators and to make sure this sort of abuse is never allowed again under the State of Maryland's watch.

THE PARTIES PLAINTIFF

1. Plaintiffs are former residents or detainees of the Waxter Children's Center in Maryland.

2. Their abuse occurred between 1978 and 2006 when Plaintiffs were minor children, generally 11 to 19 years old, with one boy aged 9 at the time of his abuse.

3. Plaintiffs' current ages range from 43 to 55 years old.

4. Plaintiffs John/Jane Does (WC) 1-10 are now adult residents and citizens of various states, who resided at the Thomas J.S. Waxter Children's Center, Anne Arundel County, Maryland at relevant times herein.

5. Plaintiffs bring their claims pursuant to the Child Victims Act of 2023, which recognizes that the soul-crushing and sometimes physically debilitating legacy of childhood sexual abuse lasts a lifetime.

6. Plaintiffs John/Jane Does (WC) 1-10 file this Complaint under the pseudonyms of John/Jane Does (WC) 1-10 by agreement with and consent of the Attorney General of the State of Maryland. The subject matter of the lawsuit could bring embarrassment and publicity to Plaintiffs and/or their families. Plaintiffs are vulnerable to the mental or physical harms of such disclosure.

7. Plaintiffs are all persons who as minors were housed, detained or incarcerated within juvenile justice facilities at the times of the acts complained of herein. Court records pertaining to children are protected as confidential pursuant to Md. Code, Cts. & Jud. Proc. § 3-8A-27 (2002) which protects court records pertaining to children as confidential. Those records cannot be divulged except by order of the court upon good cause shown, or other inapplicable circumstances. Here, identification of Plaintiffs by name would automatically breach that confidentiality.

8. Plaintiffs cannot be lawfully forced to disclose protected information as a requisite to asserting their claims for childhood sexual abuse.

9. Further, publication of the intimate and private material in this case involves the risk of serious humiliation and embarrassment to Plaintiffs and their families. The ability to proceed by pseudonym provides some comfort and assurance as they pursue these claims, due to the publication of the intimate material. If Plaintiffs are not allowed to proceed under pseudonyms, certain of them will experience further harm as a result of exercising their legal rights. For many Plaintiffs, forced disclosure of their identities would amplify and exacerbate the injuries they have suffered. If not permitted to proceed under pseudonyms, these Plaintiffs would be forced to choose between suffering further mental and emotional harm and pursuing their legal rights.at issue here.

10. Additionally, forced disclosure of Plaintiffs' identities would have a chilling effect on other similarly injured persons who are considering coming forward with their claims; fear of embarrassment and repercussions in their personal and professional lives may cause them to remain silent regarding their experiences.

11. The public interest in the disclosure of Plaintiffs' identities is minimal.

12. As demonstrated by the Attorney General's stipulation, Defendant would not be unduly prejudiced by allowing Plaintiffs to proceed anonymously, and any potential prejudice will be mitigated by the confidential disclosure of Plaintiffs' actual identities.

THE DEFENDANT AND ITS AGENCIES

13. Defendant, the State of Maryland ("the State" or "Defendant"), enforces Maryland's laws through its Executive Branch, consisting of various officers and agencies as authorized by Maryland's Constitution and its laws. Among the laws enforced by the State of Maryland are those governing the management, supervision and treatment of youth involved in the State's juvenile justice system.

14. From 1969 to 1987, the Juvenile Services Agency within the Department of Health and Mental Hygiene ("DHMH") was responsible for the management, supervision and treatment of youth who were involved in the juvenile justice system. DHMH was renamed the Department of Health in 2017.

15. In 1987, the Juvenile Services Agency ("JSA") was reorganized as an independent agency. JSA assumed responsibility from DHMH for the management, supervision and treatment of youth who were involved in the juvenile justice system from 1987 to 1989.

16. In 1989, the State General Assembly established the Department of Juvenile Services ("DJS") to assume responsibility for the management, supervision and treatment of youth who were involved in the juvenile justice system from 1989 to present. Between 1995 and 2003 DJS operated under the name "Department of Juvenile Justice." In 2003, the General Assembly reverted DJS back to its original name.

17. Within its broader mandate to manage, supervise, and treat youth who are involved in the juvenile justice system in Maryland, DJS is responsible for operation of Maryland's secure juvenile detention facilities.

18. DJS currently oversees six juvenile detention centers, and four committed placement centers (one closed indefinitely).

19. DJS or its predecessors have operated additional juvenile detention and committed placement centers that are now closed, including, but not limited to, the Montrose School closed in 1988, and the Thomas J.S. Waxter Children's Center closed in 2022.

JURISDICTION AND VENUE

20. During the relevant period, the State of Maryland managed, supervised, and treated youth involved in the State's juvenile justice system through the agencies listed above. Each of those agencies conducts or conducted business in Anne Arundel County, Maryland during the relevant period.

21. Venue in this Court is proper under Md. Code, Cts. & Jud. Proc. § 6-201, because Defendant "carr[ies] on a regular business" in this County.

22. Jurisdiction and venue are proper under Md. Code, Cts. & Jud. Proc. § 6-202(8) because Plaintiffs bring negligence claims "[w]here the cause of action arose." The events alleged occurred in Anne Arundel County.

23. Defendant is subject to the Maryland Tort Claims Act.

24. This action arises from claims of sexual abuse as defined in Md. Code, Cts. & Jud. Proc. § 5-117 and is exempt from the Maryland Tort Claims Act requirement to submit claims to the State Treasurer. Md. Code, State Gov't § 12-106(a)(2).

25. Plaintiffs' claims are not time-barred because they arise from incidents of sexual abuse that occurred while the victims were minors. Md. Code, Cts. & Jud. Proc. § 5-117(b).

26. The amount in controversy exceeds the jurisdictional minimum of $30,000.

THE DUTIES OF THE DEPARTMENT OF JUVENILE SERVICES

27. DJS holds itself out as "a child-serving agency responsible for assessing the individual needs of referred youth and providing intake, detention, probation, commitment, and after-care services." According to its website, the Vision of the Department is, "Successful Youth, Strong Leaders, Safer Communities." The Goals of the Department are to "[i]mprove positive outcomes for justice-involved youth, to only use incarceration when necessary for public safety, to keep committed and detained youth safe while delivering services to meet youth needs, to ensure a continuum of care for justice-involved youth that is age- and developmentally-appropriate, to build, value, and retain a diverse, competent, and professional workforce and to enhance the quality, availability, and use of technology to improve services for staff, youth, and families."

28. Within its broader mandate to manage, supervise, and treat youth who are involved in the juvenile justice system in Maryland, DJS is responsible for operation of Maryland's secure juvenile detention facilities.

29. DJS is also the administrative agency of the State charged with setting standards for juvenile detention facilities that are operated both by DJS and by private third-party providers. Md. Code, Hum. Servs. § 9-237. The standards reflect adherence to three critically important central purposes of juvenile detention. These being 1.) to protect the public; 2.) to provide a safe, humane, and caring environment for children; and 3.) to provide access to required services for children. *Id*., at (b)(1)-(3).

30. Among the specific standards, there are provisions that seek to eliminate the unnecessary use of detention, establish population limits for juvenile detention facilities; set staffing ratios; provide for staff qualifications and training to recognize and report child abuse and neglect; protect a juvenile's right to privacy; prohibit excessive force against a child; and impose auditing and monitoring of programs and facilities. *Id*., at (c)(1)-(12).

31. DJS is statutorily obligated to establish regulations applicable to its residential facilities that "prohibit [the] abuse of a child," and to adopt regulations that require each State residential program to provide "a safe, humane, and caring environment."

32. DJS has additional non-discretionary statutory obligations related to the hiring and training of its employees. DJS must set "minimum . . . qualifications and standards of training and experience for the positions in the Department,"90 and on or before the first day of employment with the Department must complete "a federal and State criminal history records check" for each employee.

33. Finally, DJS has non-discretionary statutory obligations to "adopt a code of conduct for staff of the Department; and . . . require each private agency under contract with the Department to adopt a code of conduct for its staff that is in substantial compliance with the code of conduct for staff of the Department."

34. DJS promulgated its own regulations, ostensibly to comply with its constitutional and statutory obligations. These regulations provide that acts of abuse are prohibited at DJS facilities, including both physical abuse and sexual abuse. DJS regulations also govern the Department's hiring and training practices.

35. Despite its obligations, and in violation of state law and its own regulations, DJS knew of the incidents, reports, and culture of abuse at the Waxter Children's Center during its

years of operation but failed to meet the minimum conditions required for its facilities by the U.S. and Maryland Constitutions and its own authorizing statutes.

36. The failure to address and remediate the harms identified in the myriad internal and external investigations into the abuse and neglect of children at the Waxter Children's Center and other facilities directly enabled the sexual abuse of the Plaintiffs.

THE STATE'S COMMITMENT TO THE PREVENTION OF CHILD ABUSE – INCLUDING SEXUAL ABUSE

37. The 14th Amendment of the U.S. Constitution requires states to provide confined juveniles with reasonably safe conditions of confinement and must protect juveniles from physical assault and the use of excessive force by staff.

38. The Maryland Constitution provides similar protections to individuals in State custody, including juveniles.

39. In addition to the federal and state Constitutions, there can be no question that one of our state's greatest moral obligations is to the prevention of child abuse and the protection of children from all forms of abuse, but particularly sexual abuse. This is why Maryland mandates that anyone who suspects abuse or neglect has an obligation to report that suspicion and provides immunity to them for acting in good faith with that obligation. See Md. Code, Fam. Law § 5-702. In addition, like many states, Maryland specifies that certain professionals and workers must report whenever they have a reason to believe that a child has been subjected to abuse or neglect. *Id*., at 5-704(a).

40. Staff members in a juvenile detention center are expressly among those positions that must report such abuse to the head of their institutions, being required to make both an oral report as well as a written report to their appropriate department and law enforcement agencies and officers. *Id*.

41. Over the last several decades, amid repeated reports of abuse at several detention centers, the State has conducted numerous investigations into DJS operations.

42. In the 2000s, following a series in the Baltimore Sun, a Juvenile Justice Monitoring Unit ("JJMU") was established within the Office of the Maryland Attorney General. From 2010 to the present day the JJMU has issued quarterly and annual reports on incidents within Maryland's juvenile detention facilities.

43. These quarterly reports do not specifically categorize incidents of staff-on-youth physical or sexual abuse.

44. However, the reports have documented a troubling volume of problems such as the excessive use of restraints on children, strip searches, programmatic failures, and incidents of suicide ideation, gestures, attempts or behavior throughout Maryland's juvenile detention facilities, including the Waxter Children's Center.

THE CULTURE OF ABUSE AND NEGLECT AT WAXTER

45. The Thomas S.J. Waxter Children's Center was opened in the early 1960s and later renamed in honor of Thomas S. J. Waxter, the longtime director of the State Department of Public Welfare. Originally designed for both boys and girls, it became a center only for girls in 2000 and until November 2011 was Maryland's only secure commitment facility for girls.

46. The Waxter Children's Center was shuttered by the state in January 2022 – but its legacy of abuse and neglect lives on.

47. In 1967, the U.S. Department of Health, Education and Welfare investigated the Maryland juvenile detention system, finding it "too large" and marked by "an overuse of institutionalization," leading to the first of what would be many recommendations for Maryland

to establish community-based programs for delinquent youth capable of being treated in the community.

48. Within the juvenile detention system, Waxter Children's Center was a smaller facility, with fewer than 50 beds. But even as a small facility, Waxter, under management of the State of Maryland, routinely failed its young charges.

49. Victims housed at Waxter as children describe a culture of verbal and physical abuse that enabled the sexual abuse to occur unabated.

50. The staff at Waxter would conduct "fight clubs" where children would fight each other as entertainment for the staff and other children. Staff would smuggle in prohibited outside food, like McDonald's, for the victors, and give them privileges around the facility. Those who won at fight club were expected to discipline other children by beating them. Those who lost at fight club were beaten, harassed, and had their food withheld.

51. The Waxter staff was assailed in one JJMU report for the excessive use of restraints on children housed there – finding that restraints were used on children housed at Waxter an average of 4 to 12 times during their stays at the facility.

52. One form of seclusion used as punishment was "cell lock." Children placed on cell lock had to stand in their cells, nude, for long periods of time. Guards and other children would walk by, look at them, and laugh. Children subjected to this practice have described it as like being a zoo animal – deprived of clothing and put on display for all to see.

53. One of the most common reasons for the use of the "cell lock" procedure was that a child was experiencing suicidal ideation, had engaged in self-harm, or had attempted suicide. Cell lock was used, often in lieu of mental health treatment, to make children who were already incredibly distressed even more vulnerable.

54. In 2006, Katherine Perez, Maryland's independent monitor of juvenile prisons, visited Waxter with a colleague. Even in front of the independent monitor's team, abuse occurred. Perez and her colleague witnessed a male guard pull a girl resident into a room after she said something he did not like. They heard her yelling at him to stay off of her and they watched through a window as he punched her, while one of his colleagues tried to deflect the situation.

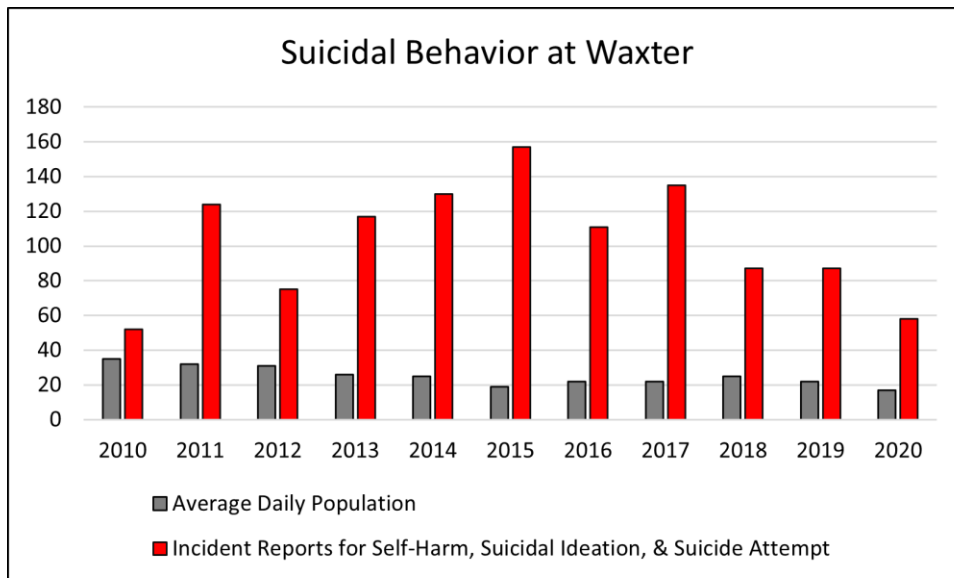
55. Nothing, however, illustrates the hopelessness of the children at Waxter more clearly than the numbers of young detainees who engaged in suicidal ideation and behaviors.

56. In 1994, a 12-year-old boy housed at Waxter died, allegedly by hanging. The boy was confined to his room due to disciplinary problems. On the day of his death, he was frequently heard kicking and screaming; his body was found after other students reported he had gone quiet. The state medical examiner ruled it a suicide. The mother stated that a Waxter employee told her the boy was found with a sheet next to him, not around his neck, and his clothing contained evidence of assault.

57. Seven years after the 12-year-old boy was found dead, the Office of the Independent Monitor listed among its major findings that Waxter lacked a suicide prevention plan.

58. That was February 2001. In March 2002, a 15-year-old girl in state custody for petty property crimes was found hanging by her shoelaces from a bottom bunk.

59. The JJMU monitoring reports, available on the Maryland Attorney General's website, reveal a pattern of incident reports for self-harm, suicidal ideation, and suicide attempts from 2010 to 2020 that is both startlingly high and consistent.



60. Until 2011, Waxter was supposed to be a secure treatment facility for girls. However even basic medical care was perilous for the girls at Waxter.

61. One of the treating caregivers was a physician who provided OB/GYN services to the female teenagers at Waxter – a physician the JJMU found to have violated DJS standards of appropriate conduct.

62. That physician, whom many girls at Waxter refused to see because of the inappropriate conduct, was kept on staff even after the JJMU brought it to light. Girls who refused to be examined by this individual were not provided with alternative services to meet their medical needs.

63. The pattern of failing to meet basic needs continued throughout the 2010s. Throughout the decade, the JJMU described conditions at Waxter as "dilapidated," "decrepit," "in a state of disrepair," and "in need of extensive renovation for the facility to be habitable." Faulty heating and cooling systems subjected the girls to extreme heat in the summers and freezing temperatures in the winters. Condensation coating the walls and floors turned to mold and mildew, and girls routinely complained of the smell and developed respiratory issues. The walls and doors

leaked, the floors had holes, the showers were constantly broken, there was no hot water, the facilities were infested with rats and bugs, and the smell of raw sewage permeated the air.

64. These issues not only presented squalid living conditions for the girls; they also made it impossible for the facility to retain staff.

65. The JJMU reported that the terrible facility conditions stopped the facility from recruiting qualified personnel to supervise the girls and administer the program. Indeed, throughout the years, the JJMU noted that Waxter continually struggled to find qualified employees willing to work there, and that job vacancies were frequent and hard to fill.

66. Waxter's staffing issues contributed to the persistent mistreatment of children housed there.

67. For example, in 2011, the JJMU found that, due to a lack of staff to escort them to Waxter's classrooms, many girls - especially those with physical and mental disabilities - were being left in their cells instead of receiving education services.

68. The lack of staff and poor training were inadequate to the task at hand for the Waxter population.

69. By 2017, the data showed that 81% of the girls in Maryland's juvenile justice system had moderate-to-high mental health needs, yet the JJMU documented and substantiated multiple instances where Waxter used physical restraint in lieu of de-escalation and mental health treatment because mental health staff were unavailable. For example, when a youth who had thrown juice and cards did not want to be touched, Waxter staff backed her up to a wall and carried her to her cell by her arms and legs. When a different youth asked to speak with a case manager or mental health counselor because the phone system did not work correctly and shut off unexpectedly, Waxter refused to contact the on-call therapist, and instead told the girl to go to her

cell. When she would not, and instead began walking on chairs and tables and pulling ceiling tiles, she was physically restrained and carried to her cell by her arms and legs.

70. The policies at Waxter also encouraged the unnecessary strip searches of youth even though JJMU consistently recommended that all Maryland DJS facilities completely cease the practice, due in part to research showing that strip searches have a more serious impact on children than adults and can seriously traumatize children. All youth at DJS facilities including Waxter were required to be strip searched after all visits with family members, visits with lawyers, off-grounds travel, medical appointments, school appointments, court hearings, and outings earned as rewards. In one striking example at an unidentified facility in 2015, all youth in the facility were strip searched after a staff member misplaced their keys – even though the keys had been returned to the master control area by another staff member.

HOW ABUSERS SILENCED VICTIMS

71. The abusers on staff at Waxter took affirmative steps to avoid detection and reporting.

72. For example, the adults running the fight club would stop the fights before anyone got so injured that they could not survive without medical care, because if someone needed the infirmary, an incident report would be written.

73. Because offering abuse victims medical treatment would result in the abuse being documented in writing and potentially revealed, abuse victims at Waxter were routinely denied medical care.

74. It was an open secret at Waxter that staff would use normal chores as opportunities to isolate children for abuse.

75. For example, one child at a time would be assigned to clean the bathrooms. That child would be alone with a staff member, away from cameras and other children, for a long time. Alone with staff in the bathroom, children would frequently be subjected to sexual abuse.

76. Reporting of abuse was fruitless, the victims found. Those who tried to file "grievance reports" discovered that they were supposed to report to their abuser or his or her friends on staff. Victims were told the facility was out of forms, out of paper. Worse yet, victims were promised that things would change; they never did.

77. The abusive staff made repeated and direct threats to their victims, suggesting that the abusers would retaliate if the children reported what happened to them.

78. Some threats were general, such as one guard who told her victims to keep their mouths shut if they knew what was best for them; others, such as a guard's threat to kill his victim's family, were frighteningly specific.

79. Staff threatened to physically harm children, withhold their food, falsify behavioral reports about the children, and extend children's sentences if they reported what the abusers did.

80. Children feared retaliation by abusers so much that some of them would not speak about what happened, even to their peers. When children did discuss the abuse with their peers, they would have to huddle together quietly for fear of being overheard and punished.

81. Humiliating and traumatizing procedures like "cell lock" and strip searches were used both as punishments and as opportunities for more abuse to occur.

82. The "cell lock" procedure gave Waxter's staff easy access to nude children, and the staff frequently used this access to sexually harass and molest the children.

83. Restraint and seclusion, including “cell lock,” were among the many consequences Waxter’s personnel threatened or used any children who reported their abuse.

84. Strip searches were often done at the whim of staff members, and often preceded instances of molestation or rape.

85. Staff also helped avoid the reporting of sexual abuse by targeting child victims with the weakest support systems. Guards observed who received visitors frequently and who did not, and those with the fewest visitors became the biggest targets for abuse.

86. Guards would also work to isolate their victims from any support the victims had. One victim reported signing up for telephone privileges regularly but never finding his name on the docket.

87. Children were constantly reminded by their abusers that the children were offenders, the children were criminals, and that the children would never be believed, while the guards who molested, raped, and abused them were upstanding members of the community who would always be believed over the children. They were constantly asked, “Who would ever believe someone like you over me?” by the people molesting them.

88. Despite the staff's consistent efforts to avoid reporting, when abuse was reported, nothing happened.

89. Even with case workers or probation officers brought forward reports, Waxter made zero effort to remove abusers from positions where they were in contact with children.

90. When the children would trade experiences at the facility, they would learn how hopeless Waxter’s reporting and grievance process really was. At least one victim chose not to report because his abuser had already been reported before, without any reprimand or discipline to the abuser.

91. Any child who reported abuse was regarded as a snitch and subject to a campaign of harassment and torture by the staff and other students.

92. Children who came forward about their abuse were beaten, denied food, denied recreation time, and smacked in the mouth for speaking out.

93. The fear of retaliation this abuse and harassment caused in the children frequently stopped them from reporting abuse, even when they wanted to.

94. Some victims report that they would have preferred being tried as adults, because adult prison conditions were so much better and involved so much less sexual abuse.

DEFENDANT'S ABUSE OF THE PLAINTIFFS

THE ABUSE OF JOHN DOE (WC) 1

95. JOHN DOE (WC) 1 was eleven years old when a male employee began sexually abusing and harassing him. Upon information and belief, the employee was a guard at the facility.

96. The abuse, which occurred on at least forty occasions, began in approximately 1986.

97. Among other things, JOHN DOE (WC) 1 was forced to perform oral sex on the officer approximately seven times in JOHN DOE (WC) 1's room, in the bathroom, and elsewhere. JOHN DOE 1 (WC) was forced to endure oral sex by this employee approximately fifteen times. The officer forced JOHN DOE (WC) 1 to masturbate the employee to the point of ejaculation, bare handed. This occurred in the shower, back dorm room, activity area, bathroom, and JOHN DOE (WC) 1's room. It occurred most commonly when JOHN DOE (WC) 1 was forced to clean the bathrooms while his peers went to exercise.

98. JOHN DOE (WC) 1 was forced to endure masturbation by the guard to the point of ejaculation about seven times.

99. The officer forcefully tried to sodomize/penetrate JOHN DOE (WC) 1 with his fingers on three occasions, and he was only unable to do so because JOHN DOE (WC) 1 was in too much pain. On one occasion when this happened, the guard became so angry at JOHN DOE (WC) 1 that he punched the child in the face.

100. The guard intimidated JOHN DOE (WC) 1 into silence by telling JOHN DOE (WC) 1 that no one would believe him, and by suggesting the employee would have JOHN DOE (WC) 1's entire family killed if JOHN DOE (WC) 1 spoke up about the abuse.

101. Among other damages, JOHN DOE (WC) 1 has dealt with depression, suicidal ideation, and post-traumatic stress disorder for decades as a result of the abuse.

THE ABUSE OF JANE DOE (WC) 2

102. JANE DOE (WC) 2 was twelve years old when a male employee began sexually abusing and harassing her. Upon information and belief, this employee was a guard, officer, supervisor, watchman or some other type of staff member at the facility.

103. The abuse, which occurred on at least three occasions, began in approximately 1990.

104. The abuse started with verbal harassment, where the employee would comment on JANE DOE (WC) 2's appearance and body. For example, when the child became re-incarcerated at Waxter after being released, the employee would say, "the hot ass is back."

105. Among other things, the employee would use his key to enter JANE DOE (WC) 2's cell at night to molest and rape her. He groped JANE DOE (WC) 2 's vagina underneath her underwear, bare handed. He penetrated JANE DOE (WC) 2 's vagina with his fingers and then proceeded to rape her. He also forced her to perform oral sex on him.

106. The employee abused JANE DOE (WC) 2 in a similar manner on several other occasions.

107. The employee was very open about getting high and using drugs on the job. He would bring drugs to work and distribute them to the children, often as a way to control them and solicit sexual favors. For example, JANE DOE (WC) 2 remembers one girl needing to submit to sexual abuse by this employee as a way to get drugs and avoid withdrawal symptoms.

108. This staff member introduced JANE DOE (WC) 2 to drugs by giving her morphine.

109. He also used intimidation and fear to avoid detection. Not only did he tell JANE DOE (WC) 2 that no one would believe her; he also made her feel threatened by telling her she better not tell anyone or even try to tell anyone. Given that he was a large man with a key to her room, JANE DOE (WC) 2 believed this officer might try to kill her.

110. Since her abuse, JANE DOE (WC) 2 has dealt with depression, drug addiction, and sleeplessness. She has been prescribed sleep aid medication in the past. She struggles to develop trusting relationships with men.

THE ABUSE OF JOHN DOE (WC) 3

111. JOHN DOE (WC) 3 was ten years old when a male employee began sexually abusing and harassing JOHN DOE (WC) 3. Upon information and belief, Johnson was an officer at the facility.

112. The abuse, which occurred on at least three occasions, began in approximately 1978. Among other things, the officer entered JOHN DOE (WC) 3's room and forced himself on JOHN DOE (WC) 3. The officer disrobed JOHN DOE (WC) 3 and performed oral sex on JOHN DOE (WC) 3 and then forced JOHN DOE (WC) 3 to perform oral sex on the officer. Johnson then penetrated JOHN DOE (WC) 3.

113. The coerced JOHN DOE (WC) 3's silence by threatening to throw JOHN DOE (WC) 3 into "lock up," another word for the "cell lock" procedure where children were stripped naked and left alone for extended periods of time. This coerced JOHN DOE (WC) 3's silence, as he had already endured cell lock before, and he did not want to have to go through that traumatizing experience again.

THE ABUSE OF JANE DOE (WC) 4

114. JANE DOE (WC) 4 was fourteen years old when a female employee began sexually harassing and abusing her. Upon information and belief, the employee was an officer at the facility.

115. The abuse, which occurred on at least five occasions, began in approximately December 1997.

116. The abuse occurred in the shower, the day room, and the performance stage area. The officer would grope JANE DOE (WC) 4 on her breasts, vagina, and pubic area, and would masturbate to orgasm while JANE DOE (WC) 4 was forced to watch.

117. On one occasion, JANE DOE (WC) 4 was in the shower, and the officer came up to ger stated she wanted a "sample," before beginning to perform oral sex on JANE DOE (WC) 4.

118. On multiple other occasions, the officer set down next to JANE DOE (WC) 4 in a dayroom while she was watching a movie and put her hand down JANE DOE (WC) 4's clothing and groped her vagina, began to rub it, and then penetrated it with her fingers. The officer signaled to JANE DOE (WC) 4 to shush with her other hand.

119. On at least one occasion, the officer spilled cleaning solution on JANE DOE (WC) 4's clothing to force her to disrobe and shower.

120. The officer would bribe JANE DOE (WC) 4 with food and privileges to submit to the abuse and to keep quiet.

121. When JANE DOE (WC) 4 would not submit to the abuse when bribed, she would attempt to push the abuser away. The officer threatened JANE DOE (WC) 4, saying no one would believe her if she were to file a report.

122. Since the abuse at Waxter, JANE DOE (WC) 4 has suffered from depression. She has struggled to love people effectively and have positive, faithful relationships.

THE ABUSE OF JOHN DOE (WC) 5

123. JOHN DOE (WC) 5 was nine years old when a male employee began sexually abusing and harassing him. Upon information and belief, the employee was an officer or guard at the facility.

124. The abuse began in approximately 1993, and continued on at least sixteen occasions.

125. The guard started by bribing JOHN DOE (WC) 5 with candy to go into a room, away from other juveniles and staff, alone with the guard and another child. Once he had the two children alone in his room, the guard forced the children to remove all their clothes and the guard fondled JOHN DOE (WC) 5's genitals and buttocks.

126. While the guard started the abuse with bribes and privileges, he eventually turned to force and threats. By the end of JOHN DOE (WC) 5's time at Waxter, the guard held him down to abuse him and threatened to kill him and his family if he told anyone what happened.

127. Since his abuse, JOHN DOE (WC) 5 has struggled with suicidal ideation and depression.

THE ABUSE OF JANE DOE (WC) 6

128. JANE DOE (WC) 6 was 16 when she was sent to Waxter in 2001 for taking her mother's car for a joy ride. Shortly after arriving, she learned that staff performed strip searches routinely on the girls at the center, including before and after showers.

129. JANE DOE (WC) 6 was sexually harassed and abused by a correctional officer. The abuse, which occurred on at least four or five occasions, began a few months after her arrival at the center. Among other things, the officer would observe the strip searches, and then let himself into her locked room while she was dressing. There, he would touch her legs, grope her genitals, and penetrate her vagina with his fingers. In addition to her cell room, the officer abused her in a similar manner in other areas of the facility, including the room next to the showers.

130. Following the abuse, JANE DOE (WC) 6 struggled with addiction for years. She has been in and out of rehab a dozen times before finally getting clean a year ago. She has severe anxiety and depression related to her abuse and wrestles with PTSD more than 20 years after the abuse. To this day she finds it difficult to be around men she does not know.

THE ABUSE OF JOHN DOE (WC) 7

131. JOHN DOE (WC) 7 was sexually abused and harassed by a male employee. Upon information and belief, this employee was a guard or correctional officer employed by Defendant. The abuse, which occurred on at least six occasions, began in approximately 2001, when JOHN DOE (WC) 7 was 13 or 14 years old. Among other things, the employee forced JOHN DOE (WC) 7 into a bathroom supply closet where he grabbed JOHN DOE (WC) 7's testicles and then penetrated JOHN DOE (WC) 7's anus with his finger. The employee performed oral sex on JOHN DOE (WC) 7 On another occasion, the employee entered JOHN DOE (WC) 7's locked room on the ward and laid on top JOHN DOE (WC) 7. The employee then pulled JOHN DOE (WC) 7's boxers down and performed oral sex on him.

132. On another occasion, the employee followed JOHN DOE (WC) 7 into the shower area, when the boy was alone. As the boy was shampooing his hair, JOHN DOE (WC) 7 remembers distinctly the employee grabbing his testicles with one hand and using the other hand

to insert his finger in JOHN DOE (WC) 7's anus. As JOHN DOE (WC) 7 was attempting to push the employee off, the officer licked the boy's testicles and asked, "You like that?"

133. JOHN DOE (WC) 7 said it was no secret what this employee was doing with him and possibly other boys at the facility. There would be one officer at the end of the hall and this employee would go down the hall to "make his rounds," and enter JOHN DOE (WC) 7's room.

134. JOHN DOE (WC) 7 reported the sexual abuse more than once to his case manager; she promised to take action on the complaints, but the abuse continued unabated. In addition to the multiple sexual assaults, JOHN DOE (WC) 7 was threatened repeatedly by his abuser that there would be trouble if he reported the abuse. JOHN DOE (WC) 7 once tried to fill out a grievance form, only to learn that it had to be turned in to the guards themselves. Another time, the abuser learned from the case manager that the boy had reported the abuse; he came to the boy and said: "You're the one who's going to get in trouble."

135. On one occasion, the abuser made good on his threat. It was the day after JOHN DOE (WC) 7 reported the abuse. He and other boys were in the day room and JOHN DOE (WC) 7 was in an argument with another boy; they were both standing and exchanging barbs. The abuser came up behind JOHN DOE (WC) 7 and slammed his face down on a table, then pushed his body down on the floor and held him down. JOHN DOE (WC) 7 was taken to the hospital, where he received more than 20 stitches above his eye. That was the only time in 18 months at Waxter that he got to see his mother. When he returned to Waxter, he was placed in solitary. No one else, including the employee/abuser, got into any trouble.

136. JOHN DOE (WC) 7 has experienced significant trust issues over the years since his release from Waxter. He had suicidal thoughts while he was at Waxter and since. It took almost three years following the attack in the day room for his eye to return to normal function. The abuse

made JOHN DOE (WC) 7 ask why he was targeted, what kind of signal he gave off as a teen. He still has problems with his "nerves," and has dealt with blinding anger and crippling depression. He has been in therapy for years and has been on medication for depression.

137. He never finished high school after being released from Waxter.

THE ABUSE OF JANE DOE (WC) 8

138. JANE DOE (WC) 8 was fourteen years old when she was sent to Waxter after running away from a foster home; she had committed no crime. She spent 30 days at the center until a new placement for her was found. Within days, she observed that a few of the staff members would disappear into rooms with girls during their "rounds." Two of the officers, one male, one female, regularly watched the girls during their showers and followed them to their rooms.

139. After she had been at Waxter for a week, a male employee who was known as an activity coach began telling her he was available if she needed someone to talk to. Then one night he let himself into her room after showers, and sexually molested her, touching her and penetrating her with his fingers and raping her.

140. The abuse occurred on at least two occasions during JANE DOE (WC) 8's first stay at Waxter. After violating her probation, she was sent back to Waxter and learned she was pregnant. Her abuser visited her several more times when she was pregnant, despite her telling him of her condition.

141. JANE DOE (WC) 8 learned from other girls that one of the guards or counselors was abusing several of the girls. One day in the recreation room at Waxter, she saw him place restraints on one of these girls and had her "trussed up" and pressed up against his privates as he bent her over a pool table to allegedly get her under control during an altercation with another girl.

142. JANE DOE (WC) 8 also observed her abuser and another girl leave the rec room during a movie night and come back later, one after the other.

143. After her own abuse, JANE DOE (WC) 8 told her grandmother about the incidents over the phone and her grandmother called and threatened the facility's administrators. JANE DOE (WC) 8 was allowed to go home to her grandmother and at her next hearing she told the judge about what had occurred. The case worker, however, told the judge JANE DOE (WC) 8 is one of those children who lies about everything.

144. JANE DOE (WC) 8 was abused by the activity coach employee two or three times during her first stay at Waxter and two to three times more during her second stay, when she was pregnant.

145. JANE DOE (WC) 8's time at Waxter was in 1989. She still has problems with intimacy and is hyper vigilant about her children's safety. She dealt with addiction issues over the years and has received therapy following the sexual abuse for many years.

THE ABUSE OF JOHN DOE (WC) 9

146. JOHN DOE (WC) 9 was 14 years old when he was sent to Waxter after getting caught smoking pot at school. He was originally supposed to stay 30 days. A male employee began sexually abusing and harassing him about a week after his arrival. Upon information and belief, this employee was a guard or correctional officer at the facility.

147. One night in March of 1995, the employee entered JOHN DOE (WC) 9's room, which was locked from the outside, but to which he had a key. Once inside the room, he approached JOHN DOE (WC) 9 on his bed, pulled down his pants and grabbed JOHN DOE (WC) 9's penis with his bare hands.

148. On another evening, when the residents' rooms had been locked down for the night, the Waxter employee once again entered JOHN DOE (WC) 9's room, pulled JOHN DOE (WC) 9's pants down, and started to mount him. JOHN DOE (WC) 9 screamed and fought back until another employee knocked at the door to "make sure everything was alright." Later that evening, the abuser brought four other male juveniles into JOHN DOE (WC) 9's locked room to physically assault JOHN DOE (WC) 9 by punching and kicking him repeatedly. In the day room a few days later, the abuser and other staff, including JOHN DOE (WC) 9's probation officer, mocked him for getting beaten up. When he tried to tell his PO what had occurred, she laughed at him; when he talked back, he was immediately told he was getting another month at the facility.

149. JOHN DOE (WC) 9 had two more short stays at Waxter Children's Center over the following year for violating probation. Rather than leaving detention having "learned his lesson," JOHN DOE (WC) 9 returned home angry at the world. He began to self-medicate heavily and has been in therapy and on psychiatric medications for years to address the lasting damage of childhood sexual abuse.

150. The sexual abuse at Waxter "took my whole adolescence from me," said JOHN DOE (WC) 9, now 43. "I was really messed up by it. It still follows me to this day."

THE ABUSE OF JOHN DOE (WC) 10

151. Plaintiff JOHN DOE (WC) 10 was twelve years old when the abuse and harassment began by a female employee. On information and belief, she was a guard at Waxter.

152. JOHN DOE (WC) 10's abuse began in approximately 1983.

153. The guard made sure no one was around, went into JOHN DOE (WC) 10's room, told JOHN DOE (WC) 10 to take all his clothes off, and rubbed and touched JOHN DOE (WC)

10's genitals, bare handed. This happened about 8 times while JOHN DOE (WC) 10 was at the facility. This would last five to fifteen minutes each time and would take place around 10:00 pm.

154. At the end of every encounter, the guard would tell JOHN DOE (WC) 10, “if you know what’s best for you, you will keep your mouth shut.” This made JOHN DOE (WC) 10 feel afraid and threatened; she kept coming into his room and he never knew if she was going to hurt him.

155. On information and belief, when JOHN DOE (WC) 10’s abuse began, this employee had already abused multiple other victims and been reported for sexual abuse. Nothing was done about the prior reports. When JOHN DOE (WC) 10 learned about this fact, he was further dissuaded from reporting.

156. Since his abuse at Waxter, JOHN DOE (WC) 10 has struggled with nightmares, flashbacks, and depression.

RESPONDEAT SUPERIOR

157. As principal and/or employer of perpetrators and other offending parties described herein, Defendant is liable for their wrongful acts and omissions under the doctrine of respondeat superior and other vicarious liability principles found in the Second Restatement of Agency. Defendant maintained at all times a non-delegable duty to youth in the care and custody of facilities it was charged with managing, overseeing, and operating.

IMMUNITIES

158. While Maryland has partially waived immunity under the Maryland Tort Claims Act as amended by the Child Victims Act, Md. Code, State Gov’t, § 12-104(a), to the extent claims herein trigger any governmental immunities, damages are sought only under and up to the amount of insurance coverage available.

159. Each event complained of by each Plaintiff herein caused a distinct injury, and is pled as a separate incident or occurrence.

COUNT I: NEGLIGENCE

160. The preceding paragraphs are incorporated by reference as if set forth in their entirety herein.

161. At relevant times, Defendant was required to appropriately manage, supervise, and treat youth involved in the juvenile justice system in Maryland. It was responsible for all aspects of care, protection and services for youth in their custody, including but not limited to housing, provisions, education, nurture, care and personal safety and protection.

162. Given this level of control over residents' lives, Defendant stood in loco parentis and owed Plaintiffs a heightened duty of care akin to special care or a fiduciary level of care.

163. These duties and obligations are statutorily mandated and are non-delegable. Even though Defendant has, through the years, contracted with third party providers (such as YSI and Rebound) as agents for some of these services, the ultimate responsibility for oversight, management and operations at all levels of the Waxter Children's Center remains with DJS, as assigned by the Legislature.

164. These duties and obligations require Defendant to meet applicable standards of care for facilities such as the Waxter Center under its operation and control.

165. These duties and obligations extended to all youth residents, and specifically to Plaintiffs.

166. Defendant breached each of these and other duties in one or more of the following ways:

a. Failing to properly manage and staff facilities;

b. Failing to supervise youth to ensure they were protected from sexual abuse, both by staff and by fellow youth, while at each facility;
c. Failing to provide an environment that was free from sexual abuse;
d. Failing to investigate and respond to youth complaints of sexual abuse;
e. Failing to provide medical treatment, therapy and/or counseling for youth who were sexually abused in a facility;
f. Failing to rectify and eliminate sexual abuse, including but not limited to terminating perpetrators and those who knew and contributed to tolerance of the abuse; and
g. Such other failures as may become apparent through further investigation and discovery.

167. Defendant directly breached these duties required by statute and/or applicable standards of care.

168. To the extent that Defendant selected and contracted with third-party providers, Defendant was negligent in selecting and contracting with said entities, whom it failed to properly vet to ensure suitability for the critical services to be provided.

169. The exact services third parties were contracted to provide, if they did so at Waxter, are currently unknown to Plaintiffs, who lack access to those contracts, but upon information and belief, such services would have included direct supervision, personal protection and care of youth at Defendant's facilities including but not limited to the Waxter Children's Center.

170. These third-party providers breached the national standards of care applicable to their services to youth, more specifically by hiring, failing to supervise, and continuously retaining unfit staff who perpetrated upon youth as set forth with specificity above.

171. The acts and omissions of any third-party providers selected and paid by Defendant are imputable to Defendant as principal/employer and holder of these non-delegable duties.

172. As a direct and proximate result of these breaches, or any one or more of them, Plaintiffs were each harmed and suffered losses as follows:

a. Physical injuries and/or disfigurement, past and continuing into the future;

b. Severe emotional distress, past and continuing into the future;

c. Expenses relating to medical care and treatment, past and continuing into the future;

d. Lost wages and lost opportunities, past and continuing into the future;

e. Other economic losses, past and continuing into the future;

f. Loss of enjoyment of life, past and continuing into the future;

g. Litigation costs and expenses;

h. Prejudgment and post judgment interests at the legally proscribed rates;

i. Plaintiffs seek an award of attorney's fees as permissible by Md. R. Civ. Pro. Cir. Ct. 2-702 and 2-703(b) and other applicable authorities; and

j. Such other relief as the Court may deem appropriate or as may be uncovered through further investigation and discovery.

COUNT II: NEGLIGENT HIRING, SUPERVISION, AND RETENTION

173. The preceding paragraphs are incorporated by reference as if set forth in their entirety herein.

174. Defendant had statutory, mandated, non-delegable duties regarding hiring staff at all levels within its management and operation of juvenile justice facilities, including the Waxter Children's Center. Md. Code, Hum. Serv. § 9-201 *et seq.*

175. Defendant directly hired individuals at executive levels to oversee, manage and operate juvenile justice facilities including the Waxter Children's Center.

176. In addition, Defendant selected and hired both direct employees and third-party agents and providers to oversee, manage, and operate the Waxter Children's Center.

177. Defendant paid those employees, agents and/or providers to undertake these tasks, directly or indirectly, such that Defendant stood in the place of a principal and employer as to each of them.

178. Defendant had a non-delegable duty to ensure that only qualified and competent staff were hired at all levels to serve and protect the residents at the Waxter Children's Center and other facilities under its control.

179. Defendant breached this duty and others by hiring, either directly or through third-party providers, not only unqualified and incompetent executives, providers and staff, but in some cases dangerous individuals with known criminal backgrounds and/or readily ascertainable histories of abusing youth in other facilities.

180. Defendant had actual or constructive knowledge of these providers' and individuals' incompetence and/or dangerous propensities.

181. Defendant would have known of these providers' and individuals' proclivities if they had undertaken an appropriate background search in connection with hiring them or vetting them prior to granting them access to youth in their care, including Plaintiffs.

182. Defendant had a further non-delegable duty to monitor and supervise staff at all levels within its operation of the Waxter Children's Center and other facilities under its control to ensure that services and protections were afforded to youth in its care, including Plaintiffs.

183. Defendant breached this duty by failing to monitor and supervise their direct staff and the performance of third-party providers and their staff to ensure that sexual abuse was not occurring.

184. Defendant and/or its selected third-party providers breached this duty by failing to investigate complaints both by youth residents and by independent evaluators that staff and youth at the Waxter Children's Center and other facilities under their control were perpetrating sexual abuse upon residents, including Plaintiffs.

185. Defendant and its selected third-party providers each had a duty to retain only safe and qualified staff to serve youth in their care, and to terminate any staff who sexually abused a youth.

186. Defendant and/or its selected third-party providers breached this duty by continuously retaining both its direct staff members and third-party providers' staff members whom they knew or should have known had dangerous propensities and/or had sexually abused youth.

187. Each of these breaches violated Defendant's statutorily mandated duties and applicable standards of care, as well as standards of care applicable to third-party providers.

188. DJS had the power to terminate its direct employees and, at minimum, power to terminate its contract with any third-party provider who failed to protect youth from sexual abuse.

189. Defendant failed to exercise this power and was negligent in both the supervision and retention of its direct employees and those of the third-party providers with whom it contracted.

190. Defendant failed to promptly terminate the contracts with third-party providers despite actual or constructive knowledge of the sexual abuse the providers' staff were perpetrating upon youth, including Plaintiffs.

191. Had Defendant acted appropriately and not failed in any one or more of the above duties of hiring, supervising, and/or retaining proper staff, the harm to Plaintiffs would have been prevented and they would not have been injured.

192. Had Defendant's selected third-party providers acted appropriately and not failed in any one or more of the above duties of hiring, supervising and/or retaining proper staff, the harm to Plaintiffs would have been prevented and they would not have been injured.

193. The acts and omissions employees, staff, and/or agents, as well as those of its selected third- party providers is imputable to Defendant.

194. As a direct and proximate result of these breaches, or any one or more of them, Plaintiffs were each harmed and suffered losses as follows:

a. Physical injuries and/or disfigurement, past and continuing into the future;
b. Severe emotional distress, including pain and suffering, past and continuing into the future;
c. Expenses relating to medical care and treatment, past and continuing into the future;
d. Lost wages and lost opportunities, past and continuing into the future;
e. Other economic losses, past and continuing into the future;
f. Loss of enjoyment of life, past and continuing into the future;
g. Litigation costs and expenses;
h. Prejudgment and post judgment interests at the legally proscribed rates;

i. Plaintiffs seek an award of attorney's fees as permissible by Md. R. Civ. Pro. Cir. Ct. 2-702 and 2-703(b) and other applicable authorities; and

j. Such other relief as the Court may deem appropriate or as may be uncovered through further investigation and discovery.

COUNT III: NEGLIGENT FAILURE TO TRAIN AND EDUCATE

195. The preceding paragraphs are incorporated by reference as if set forth in their entirety herein.

196. Defendant, as custodian in loco parentis of Plaintiffs, owed a special duty of care and/or was in a fiduciary relationship with Plaintiffs, who were vulnerable, otherwise unaccompanied minors in its residential facilities.

197. Defendant also had a special duty of care to ensure Plaintiffs' safety and well-being due to Defendant's non-delegable and non-discretionary duties as the state agency charged with overseeing Maryland's juvenile detention centers.

198. Among those duties, Defendant had a duty to take reasonable measures to protect the Plaintiffs and other children from sexual abuse.

199. Defendant also had a duty to properly train and educate its staff/employees/agents at all levels to protect Plaintiffs and to prevent them from being sexually abused.

200. While Defendant was permitted to hire third- party providers to carry out its work, Defendant retained at all times a duty to ensure that the staff of third- party providers were properly trained in regard to protecting children from sexual abuse.

201. Because these duties originate by statute and at the direction of the Maryland Legislature, Defendant cannot fully abdicate the ultimate responsibility to protect minors in its care, even when it hires third -party providers.

202. Defendant or others acting on its behalf or under its direction or control (both direct and third-party providers), breached these duties to Plaintiffs by, among other things:

a. Failing to protect Plaintiffs from sexual abuse while in its facilities;

b. Failing to properly train or educate its staff, employees, and/or agents (direct and third parties) on behaviors constituting sexual abuse by staff and/or among residents;

c. Failing to properly train or educate its staff, employees, and/or agents (direct and third parties) on how to uncover and recognize sexual abuse;

d. Failing to properly train or educate its staff, employees, and/or agents (direct and third parties) on how to monitor the facilities to prevent sexual abuse;

e. Failing to properly train or educate its staff, employees, and/or agents (direct and third parties) on how to establish and maintain proper channels whereby residents could report abuse;

f. Failing to properly train or educate its staff, employees, and/or agents (direct and third parties) on how to investigate allegations of sexual abuse;

g. Failing to properly train or educate its staff, employees, or agents (direct and third parties) on how to respond to, document, and report allegations of sexual abuse; and

h. In such other ways as may become apparent through further investigation and discovery.

203. Defendant knew or should have known, and it was foreseeable in these circumstances, that it had created an opportunity for vulnerable children (including Plaintiffs) to be sexually abused.

204. As a direct and proximate result of these breaches, or any one or more of them, Plaintiffs were each harmed and suffered losses as follows:

a. Physical injuries and/or disfigurement, past and continuing into the future;

b. Severe emotional distress, including pain and suffering, past and continuing into the future;

c. Expenses relating to medical care and treatment, past and continuing into the future;

d. Lost wages and lost opportunities, past and continuing into the future;

e. Other economic losses, past and continuing into the future;

f. Loss of enjoyment of life, past and continuing into the future;

g. Litigation costs and expenses;

h. Prejudgment and post judgment interests at the legally proscribed rates;

i. Plaintiffs seek an award of attorney's fees as permissible by Md. R. Civ. Pro. Cir. Ct. 2-702 and 2-703(b) and other applicable authorities; and

j. Such other relief as the Court may deem appropriate or as may be uncovered through further investigation and discovery.

COUNT IV: GROSS NEGLIGENCE

205. The preceding paragraphs are incorporated by reference as if set forth in their entirety herein.

206. Defendant maintained at all times a manifest duty to hire safe and qualified individuals, to supervise them properly, and to terminate any employee or staff who posed a danger to or sexually abused a youth. This was equally true in regard to direct hires and anyone employed by third party providers.

207. In turn, all third-party providers had a duty to hire and retain only qualified staff to serve youth in Defendant's juvenile facilities.

208. Defendant and its selected third-party providers, separately and jointly, intentionally failed to act on literally decades of complaints and allegations both from youth residents and independent evaluators which informed them that numerous staff had, and were continuing to, perpetrate sexual abuse upon the youth in their care.

209. These failures were in reckless disregard of the grave consequences to youth, including Plaintiffs, which damaged them in body, mind, and their abilities to thrive and enjoy normal lives, as set forth with particularity above.

210. As such, Defendant and its selected third-party providers, or one or more of them, were grossly negligent in failing to perform their statutorily mandated, nondelegable and assumed duties to protect Plaintiffs and other youth from sexual abuse.

211. As a result of this gross negligence, the sexual abuse at the Waxter Children's Center was tolerated, and proliferated among more and more staff as years went on.

212. As a direct and proximate result of these breaches, or any one or more of them, Plaintiffs were each harmed and suffered losses as follows:

a. Physical injuries and/or disfigurement, past and continuing into the future;
b. Extreme emotional distress, past and continuing into the future;
c. Expenses relating to medical care and treatment, past and continuing into the future;
d. Lost wages and lost opportunities, past and continuing into the future;
e. Other economic losses, past and continuing into the future;
f. Loss of enjoyment of life, past and continuing into the future;
g. Litigation costs and expenses;
h. Punitive damages;
i. Prejudgment and post judgment interests at the legally proscribed rates;

j. Plaintiffs seek an award of attorney's fees as permissible by Md. R. Civ. Pro. Cir. Ct. 2-702 and 2-703(b) and other applicable authorities; and

k. Such other relief as the Court may deem appropriate or as may be uncovered through further investigation and discovery.

COUNT V: PREMISES LIABILITY

213. Plaintiffs incorporate and reallege all paragraphs of this Complaint into this Count.

214. Plaintiffs were tenants or invitees of Defendant while within its residential custody and on its premises.

215. Defendant knew or should have known of the risk that its staff, /employees, and/or agents (either its direct hires, or those of its selected third-party providers) might sexually abuse tenants/invitees such as Plaintiffs, and therefore had a duty to take reasonable measures to eliminate the conditions contributing to sexual abuse.

216. Defendant had a specific and non-delegable duty to provide reasonable security measures to eliminate conditions contributing to foreseeable harm such as sexual abuse.

217. Defendant had prior knowledge of sexual abuse occurring on the premises of its various facilities, as evidenced by past events cited above. This created a duty to eliminate the risk that sexual abuse would recur.

218. In the alternative, Defendant had a duty to prevent sexual abuse by specific persons whom it knew or should have known had sexual predatory tendencies; those being its staff, employees, and/or agents (direct and those of its selected third -party providers) and/or residents who perpetrated sexual abuse upon Plaintiffs.

219. In the alternative, Defendant had a duty to prevent sexual abuse of residents based on its knowledge of like events occurring within its various facilities (and others staffed by its

selected third- party providers) prior to the actual sexual abuse of Plaintiffs, all of which made imminent harm foreseeable.

220. Defendant breached its duties and created a foreseeable risk of harm by, among other things:

a. Failing to properly protect Plaintiffs, then minors, from sexual abuse and harassment;

b. Improperly protecting Plaintiffs, then minors, from sexual abuse and harassment;

c. Failing to investigate, correct, and/or otherwise address the openly pervasive environment of sexual abuse and harassment of its residents;

d. Ignoring and/or otherwise failing to properly address complaints about numerous instances of sexual assaults occurring in Waxter;

e. Failing to promptly report Plaintiffs' sexual assaults to the authorities;

f. Failing to take any action to prevent retaliation against Plaintiffs after their assaults were reported to Waxter;

g. Failing to conduct an exit interview with Plaintiffs when they left Waxter;

h. Failing to supervise, monitor, and/or train staff to handle reports of sexual assault appropriately and adequately;

i. Retaliating against Plaintiffs for reporting that they were sexually assaulted by subjecting them to arbitrary, capricious, and unwarranted "discipline" for pretextual reasons that masked the discriminatory nature of the facilities' treatment of them; and

j. In such other ways as may become apparent through further investigation and discovery.

221. Defendant knew or should have known that its acts and omissions created an opportunity and unreasonable risk for Plaintiffs to be sexually abused.

222. Defendant's conduct was wanton, malicious, or oppressive, or Defendant disregarded or exhibited reckless indifference to the foreseeable risks of harm and acted with ill will, hatred, hostility, a bad motive, or the intent to abuse its power.

223. As a direct and proximate result of these breaches, or any one or more of them, Plaintiffs were each harmed and suffered losses as follows:

a. Physical injuries and/or disfigurement, past and continuing into the future;
b. Severe emotional distress; past and continuing into the future;
c. Expenses relating to medical care and treatment, past and continuing into the future;
d. Lost wages and lost opportunities, past and continuing into the future;
e. Other economic losses, past and continuing into the future;
f. Loss of enjoyment of life, past and continuing into the future;
g. Litigation costs and expenses;
h. Prejudgment and post judgment interests at the legally proscribed rates;
i. Plaintiffs seek an award of attorney's fees as permissible by Md. R. Civ. Pro. Cir. Ct. 2-702 and 2-703(b) and other applicable authorities; and
j. Such other relief as the Court may deem appropriate or as may be uncovered through further investigation and discovery.

COUNT VI: ARTICLE 24 MARYLAND DECLARATION OF RIGHTS – SUBSTANTIVE DUE PROCESS

224. The proceeding paragraphs are incorporated as though fully set forth herein.

225. Plaintiffs have a substantive due process right to bodily autonomy under Article 24 of the Maryland Declaration of Rights.

226. The Maryland Constitution and principles of *respondeat superior* require Defendant to avoid Constitutional violations by its employees, staff and agents through adequate training and supervision and by disciplining employees, staff, and agents for unlawful conduct.

227. The perpetrators of repeated acts of sexual abuse against Plaintiffs acted under color of the laws of the State of Maryland in their role as employees, staff, or agents responsible for the management and operation of the Waxter Center.

228. All the perpetrators' actions occurred within the course of their duty and within the scope of their employment at Waxter Children's Center.

229. Plaintiffs have a substantive due process right to bodily autonomy.

230. The perpetrators repeatedly violated Plaintiffs' rights under Article 24.

231. Defendant is vicariously liable for the perpetrators' violations of Plaintiffs' rights under Article 24.

232. Defendant therefore deprived Plaintiffs of their right to bodily autonomy under Article 24 when the perpetrators repeatedly sexually abused Plaintiffs.

233. As a direct and proximate cause of Defendant's unconstitutional conduct, Plaintiffs were deprived of their substantive due process rights to bodily autonomy.

234. As a direct and proximate result of Defendants' unconstitutional conduct, or any one or more of them, Plaintiffs were each harmed and suffered losses as follows:

a. Physical injuries and disfigurement, past and continuing into the future;
b. Severe emotional distress, past and continuing into the future;
c. Expenses relating to medical care and treatment, past and continuing into the future;

d. Lost wages and lost opportunities, past and continuing into the future;
e. Other economic losses, past and continuing into the future;
f. Loss of enjoyment of life, past and continuing into the future;
g. Litigation costs and expenses;
h. Prejudgment and post judgment interests at the legally proscribed rates;
i. Plaintiffs seek an award of attorney's fees as permissible by Md. R. Civ. Pro. Cir. Ct. 2-702 and 2-703(b) and other applicable authorities; and
j. Such other relief as the Court may deem appropriate or as may be uncovered through further investigation and discovery.

COUNT VII: ARTICLE 24 MARYLAND DECLARATION OF RIGHTS – PATTERN AND PRACTICE (*LONGTIN* CLAIM)

235. The proceeding paragraphs are incorporated as though fully set forth herein.

236. It is the custom and practice of the State of Maryland, DJS, and Waxter Center to permit its employees, staff, and/or agents to violate children's substantive due process rights to bodily integrity by physically and sexually abusing them.

237. Defendant failed to properly train and supervise their staffers to prevent those repeated Constitutional violations.

238. Defendant's failure to supervise demonstrates gross disregard for and deliberate indifference to Plaintiffs' Constitutional rights.

239. Defendant's failure to train and supervise Waxter Children's Center employees, staff, and/or agents Waxter staffers is so patently obvious from the repeated sexual abuse that Plaintiffs and other children at Waxter Center have experienced for decades.

240. As a result of the failure to train and supervise, and the permitted pattern of practice at Waxter, Defendant's employees, staff, and/or agents were allowed to sexually assault children.

241. Defendant's Waxter Center employees, staff, and/or agents failed to report these incidents of reckless and intentional unlawful conduct, and the State or Maryland and Defendant lacked effective procedures to control or monitor its Waxter employees, staff, and/or agents/staffers who had a pattern or history of unlawful behavior.

242. The State of Maryland and Defendant caused its Waxter Center employees, staff, and/or agents to believe that unlawful sexual abuse would not be aggressively, honestly, and properly investigated.

243. Defendant should have foreseen that such a policy would promote illegal and unconstitutional behavior.

244. This custom and practice directly and proximately caused Plaintiffs' Constitutional injury.

245. As a direct and proximate result of Defendants' unconstitutional conduct, or any one or more of them, Plaintiffs were each harmed and suffered losses as follows:

a. Physical injuries and disfigurement, past and continuing into the future;
b. Severe emotional distress, past and continuing into the future;
c. Expenses relating to medical care and treatment, past and continuing into the future;
d. Lost wages and lost opportunities, past and continuing into the future;
e. Other economic losses, past and continuing into the future;
f. Loss of enjoyment of life, past and continuing into the future;
g. Litigation costs and expenses;
h. Prejudgment and post judgment interests at the legally proscribed rates;
i. Plaintiffs seek an award of attorney's fees as permissible by Md. R. Civ. Pro. Cir. Ct. 2-702 and 2-703(b) and other applicable authorities; and
j. Such other relief as the Court may deem appropriate or as may be uncovered

through further investigation and discovery.

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs pray unto the Court:

1. Enter judgment against Defendant in favor of the Plaintiffs for a sum in excess of $30,000, jointly and severally;
2. For a trial by jury on all issues so triable;
3. That the costs, including expert witness fees, of this action be taxed against Defendant;
4. Pre-judgment interest and post-judgment interest;
5. For reasonable attorneys' fees as allowed by law; and
6. For such other and further relief as the Court deems just and proper.

This the 1st day of October, 2023.

Respectfully submitted,

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