ACA Camp Crisis Hotline — Annual Review 2012

Case Studies and Lessons Learned from Another Busy Year with the Hotline

What would you do if . . .

• Your disgruntled nurse leaves camp with all of the campers’ medications — and she is nowhere to be found.
• A camper from another country reveals to you that he is being abused at home.
• A parent demands that the family pet be allowed to accompany a potential staff member to camp even though it is not a registered service animal.
• After getting a call from a hospital that the parent of one of your staff members has been killed, and the staffer has been informed and is on the way to the hospital, you find out it was all just a cruel prank.
• In the middle of the night, with only a user group in camp, you discover that your dining hall roof is on fire because someone soaked fireworks in gasoline and lit them on fire on the roof.
These are just a few of the actual situations faced by camps this year. These examples and many others were fielded by ACA’s Camp Crisis Hotline staff. The Hotline serves as third-party support for camps in crisis. While the Hotline staff does not provide medical or legal advice, staffers do help camps talk through their crisis and consider options for next steps. Hotline staff also provides callers with resources, strategies that have been successful in other camps experiencing similar crises, and sometimes simply a “listening ear” of support.

ACA’s twenty-seven years of providing resources to camps has helped create an enduring resource containing the most frequent information, tips, strategies, and other resources provided to those who phone the Hotline. The Hotline resource main page is www.ACAcamps.org/camp-crisis-hotline — here you will find links to our most popular resources, previous annual reviews of lessons learned, and links to other helpful resources.

Annually, ACA provides a review of lessons learned based on Hotline calls received that year, case studies for you to use with your staff, and links to the resources that were found most useful. We hope you will use this review as a training tool for your staff and as a resource to help you prepare your own crisis management plans.

This year, the calls fell into the following categories:
- Health and medical issues: 39%
- Personnel/staff issues: 13%
- Allegations of camper-to-camper abuse: 9%
- Camper behavior: 9%
- Parent behavior: 7%
- Allegations of abuse at home: 7%
- Allegations of staff-to-camper abuse: <1%
- Miscellaneous: 15%

### Annual Review
#### Health and Medical Issues
For the fourth year in a row, the most common type of call to the Hotline concerned health/medical issues. We continue to field calls from camps that simply do not have the healthcare expertise needed in the camp environment. While most camps have a registered nurse on staff (an ACA-accreditation standard), it continues to be a trend that the registered nurses in the camps that call us are not familiar with common childhood illnesses and injuries. The single most common call in this category was about a common infestation — lice. For many camps, finding an experienced camp nurse can be one of the most challenging staff hiring issues. While ACA is not a medical advice hotline, we do have the experience to direct camps to the best information available. In addition, we partner with organizations such as the Centers for Disease Control and Prevention, the American Academy of Pediatrics, and the Association of Camp Nurses to provide education and resources for the camp environment. This category of calls includes a broad range of issues from how to treat common childhood illnesses (e.g., chicken pox) and infestations (e.g., lice, bedbugs) to questions about procedures. Fortunately, this summer, we were not notified of any deaths at camp.

### Lessons Learned — Health and Medical Issues
- **It is imperative that health care staff be familiar with the most common childhood illnesses, infestations, and injuries.** Finding the right healthcare staff — especially your camp nurse — can be a challenge for many camps. Simply identifying someone with an RN is not enough. Nurses that specialize in other areas (e.g., oncology nurses, operating room nurses) may not have the experience to identify common camp illnesses, injuries, and infestations. If your only option is to hire someone inexperienced in these issues, be sure that they receive training and support prior to the camp season. The Association of Camp Nurses (www.acn.org) provides excellent resources and support. In addition, have your healthcare staff review ACA’s Hotline resource pages on medical issues (www.ACAcamps.org/camp-crisis-hotline) and view health-related online courses and webinars through ACA’s Professional Development Center. We have detailed resources and training modules on some of the most common issues.
- **Ensure that non-healthcare staff is also trained to identify signs of common infestations and illnesses.** Many times it is your frontline counseling staff that has the opportunity to witness firsthand changes in campers and their surroundings. Ensure that your camp staff know the basics of identifying infestations such as lice and bedbugs, are trained to perform regular tick checks, and are vigilant to notice any changes in the health of those in their cabin. Frontline staff — while no replacement for trained healthcare staff — plays an important role in the prevention of injuries and the spread of illnesses and infestations. Have all of your staff watch the ACA online course, “Ticks, Tears, and Toothpaste: The Counselor’s Role in Healthcare” online course (www.ACAcamps.org/assistant/counselors-role-healthcare).
- **Plan for the worst, expect the best, and react quickly.** Learn from the crises of other camps (such as those described in the case studies in this article), develop robust risk management and crisis management plans, and ensure staff members are well-trained and able to react quickly should a medical
emergency occur. While everything cannot be anticipated (such as one case where rafters were hit by a falling tree branch as they were floating by), you can ensure that your staff are trained to act quickly and minimize impact.

• **Ensure that your healthcare staff understands the laws in your state relevant to camp health service.** It is critically important that your staff understands the state laws relevant to health care. Some laws — such as those addressing the handling of prescription medication — vary greatly by state. Make sure your staff know what is applicable at your camp — especially if your health care staffers practice primarily in another state (and of course are licensed in your state).

• **The prevention and spread of disease starts before anyone even enters your camp.** Camps should provide advice to parents to not send sick children to camp. ACA has detailed eight critical points that parents need to know. Download and share the parent flyer, “A Healthy Camp Starts at Home,” available at [www.CampParents.org/healthycampupdate](http://www.CampParents.org/healthycampupdate). Camps should also perform detailed health screenings on all incoming campers and should initiate stringent hand-washing and camp sanitation procedures.

• **Gather and bookmark resources before your season begins.** On your computer, bookmark the pages that provide camp-specific information on common health issues (see resources, page 4). Also bookmark the Centers for Disease Control and Prevention ([www.CDC.gov](http://www.CDC.gov)). The CDC offers the very best information available on virtually every disease and illness you may encounter. Some of the diseases, illnesses, and afflictions we were asked about this year included: ecoli, pink eye, scabies, whooping cough, norovirus, MRSA, head lice, pinworms, chicken pox, and bed bugs.

• **Have a health/medical support system in place.** Before camp starts, identify health and medical resources you can call at a moment’s notice to assist you in whatever challenges come your way. This plan includes not just your on-site healthcare staff, but the list of contacts you would phone in the event of the unexpected (e.g., mental health professionals, dentists, etc.).

**Questions to Discuss with Your Health/Medical Staff**

- What would you do if you find lice in a camper’s hair as they are checking in to camp? What is your policy on lice? (Nits vs. no-nits? Send home vs. treat on site?)
- What would you do if it is reported to you that a camper is “cutting” herself?
- What would you do if your nurse suddenly leaves your employ and absconds with all of the prescription medications? (See Case Study 1 on page 10.)
- What would you do if your nurse reports that she’s just discovered she’s been giving the wrong medication to two campers who are brothers?
This year there was a rise in calls related to staff and personnel issues. Camps also reported a rise in the number of employment issues where the parent of a staff member was either interfering or attempting to speak on behalf of their child. We also saw an increase in the number of questions about what to do with information received from a criminal records check.

Resources — Health and Medical Issues
- Association of Camp Nurses: www.ACN.org
- Centers for Disease Control and Prevention: www.CDC.gov
- Communicable Diseases and Infestations: www.ACAcamps.org/knowledge/health/diseases
- Cutting: www.ACAcamps.org/sites/default/files/images/knowledge/human/Notes_Cutting.doc
- Heat-Related Illness: www.ACAcamps.org/knowledge/health/firstaid
- Lice: www.ACAcamps.org/knowledge/health/diseases/lice
- MRSA Infections: www.ACAcamps.org/knowledge/health/diseases/MRSA
- Scabies: www.ACAcamps.org/knowledge/health/diseases/scabies
- Ticks: www.ACAcamps.org/knowledge/health/disease/ticks
- Waterborne Illness: http://www.ACAcamps.org/knowledge/health/diseases/naegleria-fowleri
- West Nile Virus: www.ACAcamps.org/knowledge/health/diseases/west-nile-virus

Personnel Issues
This year there was a rise in calls related to staff and personnel issues. Camps also reported a rise in the number of employment issues where the parent of a staff member was either interfering or attempting to speak on behalf of their child. We also saw an increase in the number of questions about what to do with information received from a criminal records check.

Lessons Learned — Personnel Issues
- **Set thresholds for acceptable criminal records BEFORE you conduct your criminal background checks.** Protecting the safety of those in your care must be your top priority. Serving *in loco parentis,* or “in the place of a parent,” camps and other youth-serving organizations need to use all the information at their disposal to screen applicants that will have access to children, youth, or vulnerable adults. Developing a threshold policy will allow you to comply with the law and protect the safety of everyone participating in your programs. Although some organizations have set policies not to hire anyone with a criminal record of any kind, ACA’s guidance is to establish a criminal background threshold for each position within your organization. Some states have already enacted laws regarding thresholds for individuals who work with children and vulnerable adults. At the same time, there are anti-discrimination laws that must be considered. It is not advisable for individuals with certain types of criminal records to work or volunteer for your organization. For example, the duties and responsibilities of a camp counselor position would not be suitable for someone whose criminal record contained multiple offenses against children. Therefore, by adhering to any relevant laws and establishing a threshold of unacceptable crimes for each staff or volunteer position, you will be able to more effectively use information obtained from criminal background checks in your hiring decisions. A threshold policy should always be developed working in conjunction with your legal counsel.

- **If an employee or potential employee shares with you that they are in the process of reassigning their gender, understand all the issues related to their employment and privacy.** In the past few years, ACA has seen a dramatic rise in the number of these types of calls. Camps want to know everything from “how do we accommodate them?” to “are they protected by law and thus do we have to accommodate them?” We’ve also had this same type of call about campers and potential campers. There are no black-and-white answers here, but laws do vary by state, so be sure to consult with your attorney. ACA does not provide guidance on hiring/accepting staff/campers in these scenarios, but we do advise you to have a proactive policy in place consistent with your camp’s mission and goals. We also connect you with the resources you need to arm yourself with the facts and options (see resources, page 5).

- **Enforce your personnel policies.** It’s not enough to simply have personnel policies — you must enforce them as well. Establish a clear understanding of what the consequences are (reprimand, suspension, dismissal, and so on) for the violation of the policies. If you don’t enforce your own policies, you leave yourself open to all kinds of risks — including lawsuits — especially if you do not enforce consistently (e.g., treating one staff member different than another when they have both ignored one of your policies).
• Have a back-up plan for coverage in an emergency or unexpected loss of a staff member. Supervision ratios are critical to ensuring the safety of your campers. Consider what you would do if you suddenly lost a key staff member — especially someone in a critical role such as your nurse or cook. Before the season begins, identify short-term options that you can turn to for coverage in an emergency. Consider how properly trained volunteers might help you if you suddenly find yourself short-staffed.

• Take any threat of suicide very seriously. While suicide threats are a mental health issue, when they involve staff, they can be particularly impactful to safe camp operations because camper supervision may be compromised. We saw a number of calls related to staff suicide threats this year. First and foremost, it is imperative that you seek out the help of mental health professionals and remove the staff member from supervising children immediately. Ensure that the staff member gets the help that he or she needs.

• Identify an employment attorney to provide you with legal counsel. Identify this person before you begin your hiring cycle. An attorney with experience in labor laws, contracts, and employment issues that you can contact for help at any time is an invaluable resource for any camp.

Questions to Discuss with Your Staff

• If your camp wants a culture of inclusion, what things do you need to think about in accommodating a biologically male counselor who is in the process of transitioning to female?

• What should you do if you overhear another staff member making racial slurs?

• What should you do if another staff member is threatening suicide?

• If a staff member is found to be texting a former camper against the policies of the camp, what should you do?

• What would you do if another staff member is harassing you?

Resources — Personnel Issues

• Camp Administration Online Course: www.ACAcamps.org/einstitute/administrator

• Criminal Background Check Resources: www.ACAcamps.org/publicpolicy/cbc

• Criminal Background Checks: Dispelling the Myths and Confronting the Realities Online Course: www.ACAcamps.org/einstitute/criminal-background-checks

• Criminal Background Check Threshold Setting: www.ACAcamps.org/publicpolicy/cbcthresholds

• Governmental Agencies Related to Employment: www.ACAcamps.org/members/jobdesc/gov

• Handling Threats of Suicide: www.ACAcamps.org/campmag/1009/in-the-trenches

• Staff Position Descriptions: www.ACAcamps.org/members/jobdesc

• “Transgendered Youth and the Role Camps Might Play”: www.ACAcamps.org/campmag/1109/transgender-youth-role-camps-might-play

• International Staff Resources: www.ACAcamps.org/international/practices

Allegations of Abuse Occurring at Camp between Campers

Nine percent of our calls involved allegations of camper-to-camper abuse — a number that has risen over the past few years. While most often the calls are about clarifying the mandated reporter laws and whether to call the authorities, often the conversation leads to identifying the need for techniques/tips to manage the way campers treat one another. This category also includes acts of bullying between campers. A significantly growing number of calls in this category concerns allegedly consensual sexual acts between two or more campers. In one case, two boys performed allegedly consensual oral sex on each other in a portable restroom. In another case, a female camper visited male campers a number of evenings in a row and allegedly had sex with them — the situation only being brought to light when someone e-mailed a video of her taken during one of these incidents. (See Case Study 9 on page 14.)

Lessons Learned — Allegations of Camper-to-Camper Abuse

• Excellent staff supervision is the key to keeping campers from harming each other. In most of the situations explained by callers, the allegation of camper-to-camper abuse came in those brief moments in time when staff was not directly engaged with campers — shower time, trips to the restroom, changing for the pool, etc. It is imperative that your staff is trained to be even more vigilant during these vulnerable times. If your camp does not have staff sleeping in the same room with campers, you must consider what you are doing to ensure there is no inappropriate behavior in the middle of the night. In other cases where older campers engaged in allegedly consensual sexual acts, the questions regarding staff supervision apply. Where was the staff in these situations?

• Teach and model respectful behavior. If your staff are overheard “teasing” or bullying one another — what example does that set? Be clear with your staff that you have a zero tolerance policy on any type of bullying, belittling, and, of course, physical abuse. Practice bullying-related role playing, and have staff demonstrate appropriate behaviors, including ways to confront bullying. Refresh the training throughout the season to keep everyone sharp.

• Establish your community as anti-bullying. Talk about it. Explain why bullying is unacceptable. Act swiftly if bullying happens.
Crisis Help Available
Twenty-Four Hours a Day

We remind you that the ACA Camp Crisis Hotline is available to you twenty-four hours a day. We encourage you to use this service when you need help in a crisis. Be sure to remember the Hotline page on the ACA Web site, which lists resources and links related to the most common types of calls we receive. Take a look at the broad range of resources now — before you need them: www.ACAcamps.org/camp-crisis-hotline. Consider using the case studies as a staff training tool!
The Hotline phone number is 800-573-9019
in thrill-seeking “games” that could cause serious harm and even death — The Cinnamon Challenge, Chubby Bunny, Mumblety Peg, and the Choking Game are just a few. It is critical that camp staff understand the high-risk “games” that are attracting alarming numbers of participants. (Staff can be tempted to participate as well!) Consider covering this topic at “in-service” training soon after campers have arrived. The key to preventing your campers from participating in these risky activities at camp is in your staff supervision practices. (See the resources, below)

- **Strict and well-enforced staff supervision policies are key in decreasing camper behavior issues.** Ensure that your procedures and staff training are designed not only to protect the safety of campers but also to identify situations where campers could be tempted to behave inappropriately.

**Questions to Discuss With Your Staff**

- What would you do if a camper was using racial slurs in their language and conversations?
- What would you do if a camper was acting in a way that you identify as “gang posturing”?
- What would you do if you catch a camper using a contraband cell phone and secretly taking intimate pictures of others?
- What would you do if you suspect that a camper possesses illegal drugs?

**Camper Behavior Resources**

- “Behavior Management — Parenting Skills for Counselors”: [www.ACAcamps.org/content/behavior-management-parenting-skills-counselors](http://www.ACAcamps.org/content/behavior-management-parenting-skills-counselors)
- Dangerous Games Every Camp Must Know About: [www.ACAcamps.org/knowledge/participant/training/dangerous-games](http://www.ACAcamps.org/knowledge/participant/training/dangerous-games)
- “Privacy vs. Protection: Can You Search Camper and Staff Belongings?”: [www.ACAcamps.org/campline/980-privacyvsprotection](http://www.ACAcamps.org/campline/980-privacyvsprotection)

**Parent Behavior Issues**

Seven percent of the calls this year involved parent behavior. While this number is small, it has been growing the past few years. Calls included both the behavior of the parents of campers as well as the parents of camp staff. And sadly, we continue to see a trend in calls from camps where a parent is refusing to pick up their misbehaving child who has been expelled from camp. As camps, you partner with parents, but sometimes it is the behavior of parents themselves that is the challenge.

**Lessons Learned — Parent Behavior Issues**

- **Not every camp is suitable for every child — but there is a camp for every child.** Be clear with families — prior to registration — about the culture and practices of your camp.
- **Sometimes the best solution CAN be to let the parent speak to their child over the phone.** Even if your camp has a policy that parents can only send letters and camp-distributed e-mails to their child, sometimes allowing a parent to speak to their child over the phone is the best solution to an arising situation. While you want to foster independence in children, you are also a partner with parents. Establish a culture whereby you partner with parents in order to solve any issues that arise. Be firm but appropriately flexible when assessing each situation.
- **Ensure that all families have a copy of and understand your camp’s policies.** This includes refund policies and consequences for breaking the rules.
- **Always have a least one — but preferably two — emergency contacts who are not the parents of the camper.** As previously mentioned, we have seen a disturbing growth in the number of calls from camps regarding parents who are refusing to pick up their child early from camp when the camp has determined that they must expel the child. The reasons for expulsion range from threatening behavior to serious medical conditions. As shocking as it seems to the camp, there are parents who simply want the camp to handle everything until the scheduled end of camp. If the camp is unable to get a parent or other emergency contact to take custody of the child in cases of threatening behavior, sometimes the camp’s only recourse is to call the authorities to take custody. These extreme situations are rare . . . but growing. Be sure that your camp families understand your expectations and the parameters that might force you to determine that a child must be sent home — including any medical situations. (For example, if you have a “no nits” policy about lice that deems a child with lice will be sent home, be sure your families are aware of your policy.)
- **Communicate. Communicate. Communicate.** An informed parent is a partner. An uninformed parent can become an adversary — with their children caught in the middle.

Allow parents to make informed choices about whether their child is suited for your camp or a different camp. Consider ACA’s Find a Camp database ([http://find.ACAcamps.org/](http://find.ACAcamps.org/)) as a tool for directing parents to a camp that might be better suited to their child’s needs.
Questions to Discuss with Your Staff

• If a former stepparent of a camper wants access to that camper, what do you do? (See Case Study 3 on page 11.)
• If a parent refuses to pick up their child when you have expelled her from camp because she harmed other campers, what would you do?
• If a parent says that they are concerned about the letters their child has been sending home, and they want to speak to their child on the phone right now so they can find out what is going on, what do you do?

Resources — Parent Behavior Issues

• ACA Communications Toolkit: www.ACAcamps.org/members/toolkit/crisiscomm
• “What Parents Want to Know that Camp Counselors Should Know”: www.ACAcamps.org/campmag/1205/what-parents-want-know

Allegations of Abuse at Home

A growing number of camps are experiencing the situation where a camper has revealed to someone at camp that they are being abused at home. Seven percent of all of the calls to the Hotline this year were about this issue. While sometimes camps feel that they need to investigate to determine if the allegation is true or not, or if the camper was “just kidding” or “just making it up to get attention,” that is not the role of the camp. Instead, the camp should rely on trained professionals to handle the allegation. As mandated reporters, you MUST report to the authorities any time you suspect that a child is being neglected or abused.

Allegations of Abuse at Home — Lessons Learned

• The law is clear — you must contact the authorities whenever you suspect that a child is the victim of abuse or neglect. Recent media stories of the abuse of the victims of former football coach Jerry Sandusky have raised the public’s awareness of these laws. While state laws vary, in general, as camp professionals serving in loco parentis, you must call the proper authorities in your state when allegations of abuse are revealed. (See Case Study 7 on page 13 for a discussion about the alleged abuse of an international camper.) Make sure your staff understands that it is not just the law; it’s in the best interest of campers to get them the support they need.
• Because you have created an emotionally safe environment at your camp, children who are in an abusive situation at home may reveal that abuse to you. In these situations, children often say “Please don’t tell anyone.” You cannot promise them that. Instead you need to assure them that you care and that you must tell the people who can help.
• Document everything. To aid the authorities in their investigation, make sure you have recorded everything in writing — what the child said, who they said it to, what time it was, etc. You should not interrogate or scare the child; simply have the staff member to whom the allegation was revealed write everything down.

ACA’s New Find a Camp! www.ACAcamps.org/fac

Update Your Programs for 2013!

Features:
• More detailed program and session information than ever before!
• Instantly update your information any time!
• Stand out as an ACA-accredited camp!
• Keep the number of your local child abuse reporting authority easily accessible. A number of the calls to the Hotline were simply to get the proper number. We are always happy to help in these situations as we understand the stress and pressure camps feel at these times. Camps can always call us, but you should also consider looking up the number now and posting it somewhere easily accessible to administrative staff. The numbers can be found at: www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=5&rate_chno=W-00082.

Questions to Discuss with Your Staff

• If a camper reveals that she was date-raped by a friend, but never told anyone, what would you do?
• If a camper reveals to you that his uncle is abusing him and his mother knows about it but is doing nothing about it, what would you do?
• If a camper says that his stepfather hits him in order to “keep him in line,” what would you do?

Resources — Allegations of Abuse at Home

• Child Abuse Reporting Telephone Numbers by State: www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=5&rate_chno=W-00082
• Mandated Reporter Issues: www.ACAcamps.org/campline/s-2011/remember-camps-are-mandated-reporters
• How to Abuse-Proof Your Camp: Procedures for Preventing Child Sexual Abuse Recorded Webinar: www.ACAcamps.org/einstitute/webinars/abuse-proof-your-camp-preventing-child-sexual-abuse
• Recognizing and Reporting Child Abuse and Neglect Online Course: www.ACAcamps.org/einstitute/childabusereporting-ecourse

Allegations of Staff Abusing Campers

While we only received one call this year regarding the alleged abuse of a camper by a staff member, one is too many.

Lessons Learned — Allegations of Staff Abusing Campers

• One staff person must never be alone with a camper. Period.
• Staff training and supervision policies must support the above. Is your staff-to-camper ratio high enough to ensure that one staff person cannot be alone with a camper, especially in unique times such as the middle of the night when a camper needs to use the restroom? Develop policies and procedures that support staff in avoiding one-on-one situations and practice strategies for avoiding these types of situations.
• Establish clear policies about appropriate physical interaction between staff and campers. Be very clear where you draw the line. Does your camp allow hugging, petting on the back, sitting in laps, squeezing shoulders, etc.? If so, be sure that your staff understands what is appropriate and what is not. Use role playing in staff training to crystalize your policies.

• Teach your staff to be ever vigilant and question what they see. If just one person had approached Jerry Sandusky when they saw something they thought was inappropriate, his serial child molesting could quite possibly have been stopped much sooner. Train staff to question what they see and not shrug it off.

Questions to Discuss with Your Staff

• If you walk in on another staff member who is with a camper in a cabin alone and the staffer says they were “just getting something,” what do you do?
• If your restroom facilities are in another building and a camper wakes you up in the middle of the night and wants you to take him to the restroom, what do you do?
• If you witness a staff member being especially physically affectionate (long hugs, back massages, frequent shoulder squeezes, etc.) with campers, what do you do?

Resources — Allegations of Staff Abusing Campers

• Child Abuse Reporting Telephone Numbers by State: www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=5&rate_chno=W-00082
• How to Abuse-Proof Your Camp: Procedures for Preventing Child Sexual Abuse Recorded Webinar: www.ACAcamps.org/einstitute/webinars/abuse-proof-your-camp-preventing-child-sexual-abuse
• Mandated Reporter Issues: www.ACAcamps.org/campline/s-2011/remember-camps-are-mandated-reporters
Miscellaneous Issues

Fifteen percent of our calls were unique and of a miscellaneous nature. We have highlighted three of them in case studies. Case Study 8 involves arson. Case Study 2 concerns a staff member wanting to bring a dog to camp. Case Study 6 regards an elaborate, cruel hoax perpetrated on a staff member. Other miscellaneous calls concerned proper use of eyewear, wild animal infiltration at camp, power outage, and threats of litigation. Most of the frequently used resources we turn to on the Hotline can be accessed online at: www.ACAcamps.org/camp-crisis-hotline.

Case Studies

Each of the following ten case studies was an actual call to the ACA Camp Crisis Hotline this year. The Hotline is completely confidential, and consequently, some identifying facts about the camps in the case studies may be slightly changed to protect their identity. While the crisis hotline is a service to ACA camps, occasionally a camp not associated with ACA will find their way to us. We never turn away anyone who calls us for help. We don’t highlight in the case studies whether the camp was ACA-accredited or not. We hope you will use these case studies as a training tool for your staff and as a resource to help you prepare your own crisis management plans.

Case Study 1 — Missing Camper Medications and the Camp Nurse

A camp called the Hotline because they were unsure how to handle a situation that had developed with their camp nurse. Seemingly, the nurse and many camper medications (some controlled substances) were missing — meaning no longer on camp property. Additionally, the nurse had skipped administering some camper medications before disappearing. Some empty prescription bottles were left behind in the health center (mostly amphetamines).

To further complicate the issue, it was the end of the first camp session and the camp was looking for key messages to tell the parents of campers with missed dosages and/or medications. Prior to disappearing, the nurse told the camp she was “worried about her license” and that she was going to the local pharmacy to have the pharmacist “validate that the pills were really what they (campers) said they were.” Many of the empty pill bottles and missing bottles were amphetamines. Nothing else was missing from the health center. All supplies and records were accounted for and in good order.

The camp was already in communication with their legal counsel and was trying to give the nurse the benefit of the doubt. They were trying to get her to return to camp and bring the missing medications with her. However, the camp understood that they were most likely going to have to call the local authorities for the situation to be resolved, as the nurse was not responding to requests from the camp to do so promptly and voluntarily.

Key Considerations and Lessons Learned — Case Study 1

- Was anyone other than the nurse aware that some campers had missed taking their medications? Depending upon the nature of the medications, there could be serious complications related to skipped dosages. Did the unit leaders / cabin counselors know they had campers with missed medications? What are the policies and procedures in place at your camp to protect campers from missing medication and for prompt correction should this occur?

- ACA standards for accreditation require camps to have a healthcare plan in place that provides direction for meeting the health and wellness needs of campers and staff. The healthcare plan should include many things, including that it should spell out the scope, authority, and responsibilities of the camp nurse / camp healthcare manager as well as their qualifications for the job. Does you plan specify who your nurse/manager should consult related to questionable medications or materials that may be turned in to be administered to campers?

- The healthcare plan should also identify procedures for how people can obtain routine and emergency healthcare — including medication administration. Does your camp have an overall healthcare plan that addresses the instances of missed dosages and appropriate follow-up?

- Medication management should be considered a security risk at camp, especially if many campers come with prescriptions considered “controlled substances” that are highly sought after for their street value and ease of abuse/misuse. ACA standards for accreditation also specifically address medication storage and administration. Does your camp risk management plan and/or personnel policy address safekeeping of medications and stealing from camp and/or campers? Even if the thief is the camp nurse?

Resources — Case Study 1

- Risk Management — Security at Camp: www.ACAcamps.org/members/knowledge/risk/cm/rm003security

Case Study 2 — A Companion Animal and Camp Employee

A camp director called the hotline wanting to understand the legal implications of a staff person’s request to bring a dog to camp as a “service” dog. This staff person had a note from her doctor stating that a companion dog was necessary for her emotional health issues caused by an eating disorder. The director also learned that the dog in question was only recently adopted/rescued by the staff.
The CampLine

Key Considerations and Lessons Learned — Case Study 2

- Understand the law regarding the accommodation of legally defined service animals. This dog did not carry that designation. Camps should have access to legal counsel to advise them in matters such as these. Does your camp have access to legal counsel? Does your camp have a good understanding of the Americans with Disabilities Act (ADA) and the varied implications for camp?

- If the staff person in this situation was protected by ADA and accommodations for the employee are necessary, is there a difference between a service animal and a companion animal? Would the camp be required to accept one or both types? Again, it is important to have a good understanding of the law.

- If the camp staff person is not in a protected class by ADA, should the camp consider honoring the doctor’s request and allowing the companion animal anyway? If you honor the request, what are the risks — especially if the animal should misbehave and injure someone?

Resources — Case Study 2


- American’s with Disabilities Act Web Site. www.ADA.gov

Case Study 3 — Legal Guardian Issue

A camp received notice from the father of a camper that the camp registration application completed for his daughter was completed by the girl’s ex-stepmother (now his ex-wife), who was no longer a member of the family and who did not have legal custody. (Because the ex-stepmother/ex-wife never adopted the daughter, the father had sole custody.) The father requested that the ex-stepmother/ex-wife not be allowed to make the application for the daughter to attend camp, not be a part of camp-related communications, and not have access to the daughter. The bottom line was that the father wanted his daughter to attend camp but did not want any information about camp shared with the ex-stepmother/ex-wife.

Key Considerations and Lessons Learned — Case Study 3

- What policies or procedures does your camp have in place to guide decision making regarding custody-related issues? Although camps should avoid getting intertwined in domestic/custody issues and should be cautious when issues such as this arise, these issues are common in many camps and ensuring that proper legal guardians have access to your campers is an important dimension of serving in loco parentis.

- If this situation arose at your camp, would you send the camper application back to the ex-stepmother and require that another application be submitted by the current legal guardian with proper legal notices? Why or why not?

- Does your camp require documentation to identify the legal guardians of your campers? If your camp experienced this situation, what documentation would you require? When applicable, legal guardians should be able to provide court documents that restrain one parent (or ex-stepparent) from access and/or guardianship.

- ACA standards require that camps have procedures in place for releasing campers to authorized persons during camp and at the end of the camp session. What are your camp’s policies and procedures specific to sign out? How are these policies and procedures implemented, monitored, and enforced? How would you involve law enforcement if you found that you turned a camper over to an individual who did not have legal custody?

- Does your camp have access to legal counsel if a situation like this escalated at your camp? Legal counsel is imperative for any camp.

Resources — Case Study 3


Case Study 4 — Health Form / Release Form Issue

The parents of a registered camper believe only in faith-healing with regard to medical matters and have refused to sign the camp’s “permission-to-treat” form. The camp director learned of this just a week before camp began.
Key Considerations and Lessons Learned — Case Study 4

- Would you allow the camper to attend camp without a permission-to-treat form? Does your camp currently have policies, procedures, and forms that guide decision making if this situation happened to you? If not, what’s needed?
- Considering this situation, what is your camp’s view on religious beliefs, and does this view influence your healthcare policies and procedures? Courts have generally interpreted the concept of freedom of religion very broadly to include both religious beliefs and most religious practices. However, in cases of life-threatening medical conditions, courts and Child Protective Services have occasionally intervened and ordered treatment of a child against the wishes of parents/guardians.
- A permission-to-treat form is a foundational document for camp healthcare. ACA standards require camps to have either signed permission to provide routine healthcare, dispense medications, and seek emergency treatments, or a signed waiver refusing permission to treat. Although most, if not all, camps have permission-to-treat forms, some camps have not incorporated the use of a signed waiver that can be used when parents/guardians refuse to grant the camp permission to treat.
- If parents/guardians refuse to sign a permission-to-treat form, for religious or other reasons, the camp should have an alternate form that specifies action to be taken if the camper requires care or treatment. The form should also release the camp from liability if the parent/guardian cannot be reached in an emergency. Some camps have used generic release/assumption of risk forms for this purpose, but camps need to work closely with legal counsel to determine the type of waiver form that would be most appropriate and the exact wording of that form. Camps often choose to include the element of “indemnity” within their waiver form.
- Issues involving healthcare forms might be impacted by privacy and confidentiality issues related to the Health Information Portability and Accountability Act (HIPPA). Camp directors should be aware of HIPPA and should appropriately protect and control the privacy and confidentiality of healthcare forms and related documentation.

Resources — Case Study 4

- “Religious, Cultural, and Philosophical Objections to Care,” American Academy of Pediatrics: www2.aap.org/sections/bioethics/PDFs/Curriculum_Session2.pdf
- “Releases and Related Issues: Revisited”: www.ACAcamps.org/campline/winter-2012/releases

Case Study 5 — A Camper with Threatening Behaviors

An “after-the-fact” call came from a camp about a situation that had arisen a few days earlier. They had a fifteen-year-old camper that had arrived late to camp (so did not go through the normal screening and orientation process) who later in the week exhibited challenging behavior issues. She had been a problem for a couple of days (not following dress code, inappropriate language, etc.) — then she started to threaten the staff. The staff was afraid of her, so when she “ran away” one night, the staff was hesitant to go after her. Not only were they afraid for their own safety, but their camp practices meant they had no extra staff to help cover the campers under their care while they searched for her. Two staff members did eventually find her but were afraid to stay with her until the next morning when her mother was going to pick her up, so they put her in a room by herself, unsupervised.

Key Considerations and Lessons Learned — Case Study 5

- The camp’s having no “extra” staff on site to cover in case of emergencies (including no health care staff) needed to be re-examined. The belief that emergency services provided by the city would be sufficient did not hold up in this situation.
- The camp recognized that no camper should ever be left alone in a room without supervision, particularly one who was distraught — but they did it anyway. The camp was going to problem solve the situation with the staff so they could understand potential consequences as well as more appropriate options.
- The camp’s staff training didn’t address camper problem behaviors or set benchmarks and consequences for inappropriate behaviors. This camp decided to redevelop their precamp training.
- The camp did not have anything in practice for “late arrivals” for health screening (which could potentially have helped in this situation). They had a vague policy, but they decided to rework the policy and make sure it was put into practice.
- Their policy of a single staff person sleeping with four to five campers in a room was problematic on many levels. The camp decided to explore additional options. In this situation, the camp director was concerned that campers of the two staff members searching for the missing camper were left in their rooms for four hours with no staff supervision. Until they could get another plan in place that addressed the need for emergency staff on site at night, as well as different sleeping arrangements, they were going to discuss immediate options for staff coverage at night.
Resources — Case Study 5

- ACA Standards and Various Resources (Especially for Policies and Procedures): www.ACAcamps.org/accreditation/resources-tools
- ACA Staff Training Resources (Especially for Bullying, Risk Management, Staff Supervision, Etc.): www.ACAcamps.org/einstitute and www.ACAbookstore.org

Case Study 6 — False Report of Death

A camp nurse answered the camp phone and took a call from the local hospital. She was told that the parents of a staff member at camp had been in an auto accident. The caller indicated the staff member’s father had died and the mother was in a coma. During this call, several current staff members were also mentioned by name. The camp nurse did not ask for the name of the caller. After getting off the phone, the camp tried calling the hospital to verify if there were any patients with the name of the camp staff member’s parents, but the hospital would not provide any information (per their policy). The director sent another coworker to take the impacted staff member to the hospital. While on their way to the hospital, the impacted staff member was able to verify that her father was alive and well and talked to him on her cell phone. They then discovered that the phone call to the camp was an elaborate and cruel hoax. The staff member returned to camp very upset about the false reported death/injury of her parents. Subsequently, the camp and the staff member determined that the hoax had been perpetrated by the staff member’s ex-boyfriend. The camp decided to file a legal complaint against the individual who made the prank call.

Key Considerations and Lessons Learned — Case Study 6

- Were there any “red flags” about the call that the nurse simply overlooked? A hospital will not normally share information of this type with just anyone who answers the phone. Also, additional staff members were referenced by the caller — how would the hospital know who was on staff?
- Have a plan as to who/how the death or serious accident of a camper’s/staff member’s family member might be shared. It is very important to verify reports such as this PRIOR to sharing the information.
- Establish phone answering / message capturing procedures. Make sure staff members who answer the phone know what information they should obtain whenever a call is received and when a call should be transferred to the director. Consider having a “phone form” to help guide the conversation and document information.
- Develop a relationship with your local hospital. Verify how they share information when someone arrives at the hospital and they are seriously injured/ill. A question such as “If a staff member of ours is in an auto accident, is seriously injured, and is brought to this hospital, who would you notify?” might be helpful.

• What is your camp policy on “pranks and practical jokes”? While not relevant in this particular situation, it is good to review your own policies. Are “pranks” or deceptive jokes/stunts allowed? Tolerated? Forbidden? What are the consequences if someone feels that someone else has “crossed the line”?

Resources — Case Study 6

- Victims of Harassment and Stalking — Resources: www.vaonline.org/stalking.html

Case Study 7 — Revelation of Abuse at Home: International Camper

A camp director called when a ten-year-old female camper from Taiwan shared with her counselor that her stepfather had been abusing her. The director was well aware of the fact she was a mandated reporter and needed to report this to the authorities. Yet, since the camper was from Taiwan, she did not know to whom a report should be made. The director also revealed that the camper did have a relative in United States, but both parents were in Taiwan.

Key Considerations and Lessons Learned — Case Study 7

- All allegations of abuse against a child must be taken seriously and reported. This caller certainly was doing that. Let the appropriate authorities make the decisions regarding an investigation.
- This was a new one for ACA. We know just where to direct callers when the allegation of abuse is regarding a child who lives in the U.S., but we were not sure what to recommend in this case. So, we did the research to find out.
- Many — but certainly not all — countries have a “child protection” agency similar to those in each of the states in the U.S. In times like these, a camp need not try to figure out if the camper’s home country has a child protection agency. Instead, there is a U.S. government agency that keeps track of all of that information and can direct you to the right authorities: Childhelp (800-422-4453), www.childwelfare.gov/responding/how.cfm. In the case of an international camper, you will need to phone Childhelp as the list of foreign country resources is not on the Web site.

Resources — Case Study 7

Case Study 8 — Arson
A camp director from a camp in a very isolated, remote area (hours from law enforcement, and the camp served as its own fire brigade), called for help because a staff member had awakened in the middle of the night and discovered the dining hall roof on fire. The fire was still small and the staff member was able to put the fire out. It was then that it was discovered that the fire started from a “pile” of fireworks being doused with gasoline and set on fire. The dining hall roof was still saturated with gasoline. The director shared that there were no children in camp, but a user group comprised of 125 adults was on the property. The camp called the Hotline first (there was no 911 service in this area), and we directed them to call us back after talking with the police department directly. The police informed them that they would not be able to arrive for three more hours. The director believed that someone from the user group set the fire, and that if the staff person had not coincidentally awakened, there could have been an incredible disaster.

Key Considerations and Lessons Learned — Case Study 8

• Understand your area’s limitations for emergency services, and plan accordingly. In this case, the police would not be arriving at the camp until daybreak. The camp itself served as the fire department for the area. While never an issue before, now that the arsonist was suspected to still be in camp, the camp was unprepared to secure their facility from the alleged perpetrator.

• Know the names and contact information of every user group participant. This camp had 125 people on property, but only knew the names of the user group leaders. When we discussed what they could do before the police arrived, getting a list together of everyone who came onto the property with the user group seemed like an appropriate next step — especially as the camp suspected that the perpetrator could slip out of camp on their own before the police arrived.

• Have a contract with each of your user groups. Contracts should be very clear about all liabilities and responsibilities. An excellent resource to help you develop user group contracts is listed in the resources, below.

Resources — Case Study 8

• Critical Things Staff Need to Know about Risk Management Online Course: www.ACAcamps.org/einstitute/staff-need-know-risk-management

• “Contracting with User Groups/Rental Groups”: www.ACAcamps.org/campline/w-2011/contracting-with-user-groups

• Crisis Communications Toolkit: www.ACAcamps.org/members/toolkit/crisiscomm

Case Study 9 — Allegedly Consensual Sex between Minors with Filming
This call came from a co-ed camp where campers are housed in dormitories on a university campus — girls in one building, boys in another building close by. The parents of a sixteen-year-old female camper contacted the camp because their daughter called them and told them that she had been having consensual sex with a number of male campers at night in the boys building, and someone had just e-mailed her a video of her engaging in this behavior. The parents, the daughter, and the co-director were heading to the police department. The director said that the girl had been caught a few nights earlier leaving the boys’ dormitory late, but she had offered an explanation that did not trigger the staff to think that anything such as this had been happening. The camp did have the girl sign a contract saying that she understood she had broken the rules (leaving her dorm), and that it would not happen again. The girl apparently only revealed the situation to her parents because she was worried that this video was now widely spread on the Web.

Key Considerations and Lessons Learned — Case Study 9

• Staff supervision of older campers is just as important as that of younger campers. Where were staff members each time the girl broke the rules and left her dorm / entered the boys’ dorm? When she was caught leaving the boys’ dorm, why was the only action to have her sign a behavior contract? What more could have been done at that time to bring out what she was really doing there?

REMINDER:
All currently ACA-accredited camps must submit a signed 2012 Statement of Compliance in order to maintain accreditation. This required document can be found at: www.ACAcamps.org/soc
• If you have behavioral contracts with campers, what do you communicate with the parents? Do you talk with the parents when you have a camper sign a behavioral contract? Understand the legal implications involved as minors are not capable of entering into a legally binding contract. The document can, however, be an effective way to drive home to campers the importance of the rules (and may have some legal value in the event of subsequent litigation).

• If you contract with a third party to host your camp at their facility, be sure you understand your/their responsibilities and liabilities. In this case, the camp was held on a university property. When the parents, their daughter, and the camp’s co-director decided to go to the police, it was to the university’s police because the alleged incidents and the filming of such occurred on university property.

• Be sure you have identified legal counsel to support your camp. It is important that you have someone at the ready to help you with any legal issues that might arise. In this case, you don’t know the implications on your camp of either the issue of minors having sex at your camp or the issue of filming and electronic distribution.

Resources — Case Study 9

• “Minors on Campus: Legal Considerations When Hosting Children,” Minnesota State Colleges and Universities: www.ogc.mnscu.edu/Documents/HANDBOOK%20Minors%20on%20C.pdf
• “Checklist for Running Camps on Campus,” United Educators Insurance: www.ue.org

Case Study 10 — Campers Diagnosed with Whooping Cough

While in their second four-week session, a camp was notified that two campers from the first session had been diagnosed with whooping cough. Some of the campers exposed during the first session were still on site for the second session. The camp had notified the health department and was in conversation with the health department, along with their camp doctor. They wanted to talk over their next steps.

Key Considerations and Lessons Learned — Case Study 10

• The recommended practices for whooping cough are virtually the same practices used in other communicable diseases (like H1N1 outbreak). Practicing good sneezing/coughing behaviors, encouraging hand washing, and breaking out the hand sanitizers are all critical!

• Much of the resurgence of whooping cough is likely due to parents NOT getting booster immunizations for their children as they get older. After consultation with health experts, the camp decided to get permission for all the campers who had been exposed to be immunized. Second session parents would be contacted, of course, before their child was immunized. First session parents would be notified of the exposure and given appropriate resources from the CDC.

• The camp decided to send campers home if their parents would not support immunization. This decision was carefully reached and based on the best advice from the doctor and the local health department.

• The camp decided to conduct a “staff refresher” on healthy behaviors and practices (coughing, sneezing, etc.). This included how to monitor kids closely for signs of whooping cough.

Resources — Case Study 10

• Mayo Clinic Lifestyle Remedies: www.mayoclinic.com/health/whooping-cough/DS00445/DSECTION=lifestyle-and-home-remedies
• Pertussis (Whooping Cough) Description: www.cdc.gov/pertussis/
• Ticks, Tears, and Toothpaste: The Counselor’s Role in Healthcare Online Course: www.ACAcamps.org/einstitute/counselors-role-healthcare
• Whooping Cough Fast Facts: www.cdc.gov/pertussis/fast-facts.html

ACA’s Camp Crisis Hotline, established in 1985, is available twenty-four hours a day, every day of the year. The Hotline provides support in times of crisis. If you have any questions about the resources and case studies in this article, please contact Hotline Team Leader Susan E. Yoder (syoder@ACAcamps.org, 800-428-2267). For additional resources and case studies, visit www.ACAcamps.org/camp-crisis-hotline. The Hotline phone number is 800-573-9019.

Contributed by the ACA Camp Crisis Hotline Team — Deb Biolaschki, Kim Brosnan, Barry Garst, Rhonda Mickelson, and Susan E. Yoder
This summer brought forest fires, extreme heat, storms resulting in extended power outages, and flooding — all of which could potentially result in the need for evacuation of a camp site. Would you be ready?

Below is an initial list of things to consider, as it is important to have a system in place that can be activated immediately. During the “crisis” is not the time to plan!

• Who makes the decision to leave? Sometimes evacuation is mandated by the authorities, and sometimes it is in the best interest of the camp to conduct a voluntary evacuation when conditions threaten.

• To what location would the camp evacuate? What would prompt the decision to send campers home vs. having them “wait it out” at an alternate location? What amenities must be available at the alternate location? Consider having more than one potential site!

• How would you transport campers/stuff/food/equipment/belongings? Again, consider the need to have more than one provider.

• What all do you take with you? What equipment? Which personal belongings? Who is responsible for what?

• By what methods would you communicate? Who will be the key “voice” of the camp? Consider setting up an office at an alternate location (with Internet access) to use as a communication base. What messages are shared? What message should staff share? Consider having individuals not currently working at camp (alumni, board members, etc.) serve as camp representatives when parents want to talk to a “real person.”

• Make sure to have a conversation with your insurance company prior to the season! What is your coverage? What is included? What triggers business interruption insurance (if you have it)?

Resources to check out now in preparation for the 2013 season include:

• ACA’s Crisis Communications Toolkit: www.ACAcamps.org/members/toolkit/crisiscomm

• Wildfire Evacuations: www.ACAcamps.org/hottopics/wildfire-evacuations

• Responding to Natural Disasters: www.ACAcamps.org/news/responding-natural-disasters

• Prepare for a Hurricane (or other disaster): www.ACAcamps.org/content/top-ten-prepare-hurricane-or-other-disaster

• “Crisis Response Training — Coaching Non-Counseling Staff to Respond to Emergencies”: www.ACAcamps.org/campmag/1005/crisis-response-training

• “Forest Fire — A Crisis Reality for Camps”: www.ACAcamps.org/campmag/cm023forest

• American Red Cross — Plan and Prepare: www.redcross.org/prepare

• Federal Emergency Management Agency — Plan, Prepare, Mitigate: www.fema.gov/plan-prepare-mitigate

• CDC — Emergency Preparedness and Response: www.bt.cdc.gov/

Contributed by Rhonda Mickelson
Child Sexual Abuse: Liability Issues Revisited

Charles R. Gregg and Catherine Hansen-Stamp©2012*

Introduction

We and others have written previously for the American Camp Association (ACA) on matters pertaining to child sexual abuse and neglect. As long as even one child is the victim of abuse or neglect, we must continue to focus our attention on this issue.

In the Fall 2009 CampLine, we wrote on mandatory reporting requirements for allegations of child abuse or neglect1 and, more recently, on the issue of inappropriate camper-to-staff contact after the camp season.2 Here we discuss more directly the general civil law liability of a camp relating to sexual abuse, discuss those areas of operation and management that are most likely to produce claims of liability, and identify the legal consequences of ignoring (or failing to meet) the duties of care associated with them. We also discuss the importance of a camp’s understanding of sexual abuse issues and preparation to address the threat, including the swift and appropriate handling of any incidents involving sexual abuse.

This article does not include a discussion of matters of criminal liability.

Civil Liability

General Concepts

Generally, the legal duty of care owed by a camp to its camp families is to exercise reasonable care to protect the camper from unreasonable risks of harm. Whether a duty ultimately exists in a given situation — and the nature and scope of that duty — is determined by a court, as a matter of law. Importantly, the nature and scope of a duty can be influenced by a variety of factors, including applicable laws, a camp’s internal policies or express representations, and standards or practices in the industry. The precise nature of the duty will vary with the nature of the activity and the relationship of the camper and camp staff to it. This relationship can be characterized as one that is both custodial (the camp has essentially full control of the child) and fiduciary (families trust a camp to take care of their children), oftentimes forming the basis for the duty owed.

The courts will apply a standard of reasonableness to the camps’ acts and omissions. If the court finds that a duty exists, the inquiry is: What would a reasonable camp have done in the same or similar circumstances? In applying this analysis, courts acknowledge that camps cannot completely ensure a child’s safety and that acting reasonably with respect to a child does not translate into a guarantee of his or her safety. Certain risks are inherent in camp environments and activities. Important for our discussion, however, is that sexual abuse is decidedly NOT one of those inherent or "reasonable" risks of camp, and a camp should, consequently, take proactive steps in their endeavor to protect children from such harm.

Camp Direct Liability

A camp can be found directly liable for the sexual abuse of a camper. Potential claims against a camp include those based upon negligence in screening, selecting, training, or retaining staff members; supervising staff members or campers; or failing to take reasonable measures to protect campers. Again, whether a particular duty exists in a given case is for the court to determine. If a duty exists, it is the fact finder’s (a court or jury) role to determine if the camp breached the duty, and whether that breach caused the harm suffered. (A camp’s potential “direct” liability is in addition, of course, to the liability of the alleged perpetrator).

In Juarez v. Boy Scouts of America, Inc. (“BSA”)

In Juarez v. Boy Scouts of America, Inc. (“BSA”)3 — a non-camp but youth-serving organization example — the court found BSA owed a duty to protect a twelve-year-old boy scout from a volunteer troop leader who sexually assaulted him over a one-year period. The court found that BSA was not negligent in hiring, supervising, or retaining the volunteer, as nothing in his background or conduct as a scout leader revealed evidence to the BSA of his behavior. However, the court found that BSA had a duty to take appropriate measures to protect scouts from sexual molestation by volunteers. These measures included warning, education, and training (of the scout, his parent(s), and the volunteer leaders).
In determining that BSA owed a duty of care, the court looked to factors courts have commonly considered in determining whether a duty is owed in a given case, including the foreseeability of harm to the injured party, the degree of certainty that the injured party suffered harm, the closeness of the connection between the defendant's conduct and the injury suffered, and the policy of preventing future harm.

In part, the court's determination was premised on the fact that BSA understood the dangers and had developed a “Youth Protection Program” complete with written information for parents, disclosing the molestation risks, in their efforts to prevent these occurrences. In addition, BSA had compiled statistics showing that their efforts to mitigate sexual abuse had helped decrease the problems within BSA. Unfortunately in this case, the Spanish-speaking mother of the boy was given an English, rather than Spanish, version of the pamphlet.

The court noted that, alternatively, BSA's duty to protect the scout from the acts of the troop leader could be based upon the special relationship existing between the scout and BSA, which also gave rise to BSA's duty to protect the scout from the acts of the troop leader.

The case was sent back to the lower court for a determination of whether BSA had breached its duty of care and whether any breach had legally caused the harm.

Other examples of legal exposure in the face of an allegation of sexual abuse might include claims not just of negligence but of reckless or intentional misconduct, which could lead to a finding of punitive damages. Another example might be liability based upon the camp's ownership of the premises, depending upon the facts of the case and the law in the particular jurisdiction. Recently, in Doe v. The Church Of Jesus Christ Of Latter-Day Saints, Boy Scouts of America, et al, 2012 U.S. Dist. LEXIS 124658 (August 31, 2012), the Idaho court allowed the plaintiff to proceed on claims of fraud, including a claim for “constructive fraud” in a case where the plaintiff alleged that, as a young scout, he was sexually molested by a scout leader. The court allowed the plaintiff to pursue this claim based upon a duty arising from a “fiduciary” relationship (one based upon trust and confidence) existing between the defendants and the boy scouts in their care.

Note that while most people think about the risk of staff-to-camper claims of sexual abuse, other types of abuse are a risk as well. These include camper-to-camper abuse (see page 6 for the overview of the trends regarding this issue from the ACA Camp Crisis Hotline), third-party-to-camper contact (e.g. a vendor or guest visiting the camp property), and a child’s revelation to camp staff of abuse that happened to the child at another time and place.

Camp Vicarious Liability

A camp can also be held “vicariously liable” (under the doctrine of respondeat superior) for the acts of its staff members (including volunteers) committed in the course of their employment at the camp. However, in many cases (including in the Juarez case), courts will refuse to hold an organization vicariously responsible for sexual abuse committed by an employee (or volunteer) because such conduct is not considered to have been committed in the scope of employment. As the Juarez court stated: “Under the doctrine of respondeat superior, sexual misconduct falls outside the course and scope of employment and should not be imputed to the employer . . . Employees do not act within the scope of employment when they abuse job-created authority over others for purely personal reasons. The imposition of tort liability for a third party’s sexual misconduct requires that direct negligence be established.”

On the other hand, commentators suggest that there may be room for imposition of vicarious liability against an employer where the employee is in certain positions of trust and confidence. “Counselors, therapists, clergy, youth leaders, and others in a position of trust and confidence often seem to take advantage of innocent or vulnerable [individuals] to engage in sexual activity with them, usually to their detriment. Although sexual activity is quintessentially personal, such activity is one of the risks of relationships that generate confidence.”

Proactive Risk Management

Considering a camp's potential legal exposure, the question remains: How can a camp proactively address the risk of sexual abuse occurring at its camp, in its ongoing endeavor to protect the well-being of children in its care? We have relied on experts in the field in describing strategies for addressing the issues of sexual abuse and, while acknowledging that we are not experts in the field, have suggested a few of our own.

Authors, consultants, and others in the industry have broken down the issue of addressing sexual abuse into three areas: preparation (or readiness), detection (or reaction), and reporting (or response). We will use these categories in our discussion.

Preparation

Staff Screening, Selection, and Training

A significant aspect of preparation is deterrence. Both the opportunistic and the “grooming” predator (one who carefully plans over time) will be discouraged by the full-throated announcement by a camp of its zero tolerance of any conduct that even hints of abuse and its commitment to protecting its campers. A would-be abuser will more likely steer clear of a camp that appears to have its act together.

Though not a guarantee of safety, staff screening, including criminal background checks, are essential (note the mandatory elements of ACA screening standards HR.4 and HR.5). The mere fact that active screening takes place will be a deterrent to some. Strategies such as “skillful screening” and interviewing that reveal to applicants the camp’s awareness of abuse techniques and efforts to screen out potential predators can also assist in screening out those who are interested in abusing children. Consider refreshing prior screens for existing staff (which is mandatory in some states). Sources of information concerning criminal background checks are available at ACA’s Web site (www.ACAcamps.org/publicpolicy/cbc) and elsewhere.

Screening out all potential abusers is impossible — for example, people who may intend to abuse (but have no criminal record) or who may have already abused but have not yet been caught (and thus have no criminal records). Others may take a
random opportunity to abuse. As a result, additional efforts should take place after staff screening and hiring is complete. These steps include the education and training of staff, campers, and families. As noted, many well-qualified and resourced organizations provide such education and training, and important information is offered at ACA conferences and can be found in ACA standards (www.ACAcamps.org/child-health-safety/child-abuse/standards) and on ACA’s Web site (www.ACAcamps.org/child-health-safety/child-abuse/articles/staff-training).

A wise camp will take advantage of those resources, and not rely on its own "gut instinct" regarding the issues. The training should be frequent, to reinforce prior learning and introduce new information and insights. Staff should be taught, among other things, how to recognize the behaviors of a would-be predator and of a threatened child, appropriate behavior in working with children, appropriate supervision and the process for reacting (including intervention), and reporting. As discussed in our Fall 2008 CampLine article, camp management must understand — and communicate clearly to staff — applicable state child protection laws regarding the definition of child abuse, any mandatory and general reporting requirements, and any applicable state licensing laws affecting camps that may impose additional or different requirements. Ideally, the camp will also establish, in advance of an emergency, a good working relationship with local authorities.

**Campers and Camp Families — Education and Training**

Camps will find that some level of training on these issues may have been provided to its campers and families in their schools or places of worship. Camps, however, should be frank and forceful with parents in stressing the importance of children being educated and trained to identify abusive behavior and how to react to it. This can be a combined effort between the camp and the parent — with the camp providing the parent with resources to educate their child and, simultaneously, the camp informing the parent of the education it provides to staff and campers upon their arrival at camp. In addition, parents might be educated to "red flags" that could appear in letters or calls home. Parents should understand the camp’s notification and reporting policies regarding incidents involving their child or other campers. The child should understand how and where to seek immediate help if he or she feels threatened.

**Other Issues of Preparation**

While camps should have policies that appropriately avoid one staff member being alone with a child, the camp should also regularly inspect the physical layout of its grounds and facilities to identify and perhaps modify places that are isolated and pose an opportunity for one-on-one interactions. Rick Braschler refers to this as a “clean sweep” of the premises. Other considerations include visits to the camp premises (or a remote site) by vendors, guests, or third parties who may pose risks to the campers. The camp should consider a plan to monitor these interactions (and the grounds and facilities in general) in efforts to minimize risks of abusive contact with campers.

Special attention should be paid to out-of-season communications between staff and campers — mail, telephone, or social media — and to "off campus" visits, including recruiting and...

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“meet-up” events. As we discussed in our Spring 2012 CampLine article, the camp's duty of care does not stop at the camp gate or end with the camp session. Families and camp management must be sensitive to contacts between camp representatives and past and future campers and their families, and camps should create policies in this area. Visits to campers and potential campers must be announced and managed appropriately by the camp administration.

In the event of a lawsuit, the camp that can demonstrate a reasonable level of preparation, including training and education, is more likely to be viewed by a court as properly addressing the problem and, consequently, not held liable for an unanticipated event that allowed no time for intervention. As we have discussed in many of our articles, any policies should be clear, simple, flexible (as appropriate), doable, and conveyed to and understood by staff. Obviously, a policy created by the camp but ultimately NOT followed can create serious problems for the camp in its effort to defend its preparedness and reaction to an incident.

In our Fall 2008 CampLine article, we identified ACA standards that include strategies to minimize the risk of camper abuse and are pertinent to preparing families, campers, and staff regarding sexual abuse. Those standards are an important resource for all camps, whether accredited or not, and can impact a camp’s legal exposure. Those standards, as updated (and among potentially others), include: HR.4, Annual Staff Screening (mandatory); HR.5, New Staff Screening (HR.5.1 mandatory); HR.9.2, Supervision Ratio Exceptions; HR.12, 13, and 14, Staff, Late-Hire, and Inservice Training; HR.16, Staff/Camper Interaction; HR.18, Sensitive Issues Policy; HR.19, Supervisor Training; HR.20, Staff Observation; and HW.10, Parent Notification.

Detection

The key to detection, or reaction, is alertness and recognition of a threat to the well-being of the camper. The policies, training, and education referred to above will certainly include these matters. Strategies include oversight, observation, and supervision.

A challenge in this area is distinguishing between an innocent and inadvertent event and one that poses a real threat. The overarching concern is the protection of the child, and if there is to be an error in judging the true nature of an act, it should be made on the side of intervention. An act that causes discomfort — mental or physical — cannot be tolerated, whatever the intention. Two recent events are instructive:

In the first, a child being assisted into her climbing harness by a male staff member shouted, “You touched me.” This outcry, alone, reflects good training of the child. So far as could be determined, the touching was totally innocent and did not extend beyond what might have been expected in working with the child and harness. The matter was investigated, however, and the camp's policies were altered to require a second staff member's presence while the adjusting is taking place.

A second event involves several male mid-teenage campers and junior staff members, who, during their school year, were invited to dinner (and offered drinks!) by an adult camp representative who “was in town” and “just wanted to get together.” The boys were, at first, flattered and willing, but before the evening went very far, wisely excused themselves and left the scene. The version of the story we were told did not include what, if anything, was reported to whom; but such an event should have been promptly brought to the parents' and the camp's attention.

Reporting (And Response)

Camp reporting and subsequent response will be directed by the authorities that the camp contacts (see the “Case Study 7 Resources” on page 13 for the phone numbers of who a camp should call when they suspect a child has been the victim of abuse) and will most likely include the isolation/removal of the alleged perpetrator, investigation of the matter, and contacting the family (or families) involved.

In addition, camps should encourage their camp families to report — to the camp — information, or merely a concern, based on communications from their camper. Camps should also teach campers that if they are a victim of abusive conduct, or merely feel threatened, they should report it to a staff member. Staff should be trained to report an incident, observed or suspected, involving staff member or camper abuse. (The camp should create and reinforce a culture and code of behavior that includes these reports.) Whatever the form or source of the report, it should be made immediately and directly, and it should be conveyed promptly to the camp executive charged with the responsibility for these matters. That person should in turn make a report, as appropriate, to the required authorities. Those with reporting responsibilities should be held accountable for taking the matter "up the ladder.”

Among the lessons learned from the recent revelations concerning certain staff members (and executives) of Penn State University is the harm that can be caused by not fully carrying out the reporting expectations. A family, lower level staff, or campers should not be inhibited in any way in their efforts to confirm that the appropriate authorities have been informed of the incident.

Families — and juries — who might be inclined to accept a momentary lapse that results in harm will not (we have learned convincingly) be forgiving of a camp’s failure to react and report.

Other response actions include, of course, implementation of the camp’s emergency response plan, including attending to the other campers; contacting camper families, insurance providers, and legal counsel, as appropriate; investigation by the authorities; documentation; implementing a media response plan; and other steps.

Conclusion

A camp has significant potential for legal exposure for claims involving child abuse. Although a camp must anticipate and prepare for the protection of its reputation and resources in the event of a claim against the camp involving child abuse, a camp’s priority is its efforts to protect the well-being of children in its care. This priority includes a camp’s endeavor to manage and minimize the risk of child abuse occurring “on its watch” and to sensitively and appropriately report and handle claims of abuse.

Child abuse results in lifelong physical and emotional challenges for its victims. Research bears out that many perpetrators actively
seek out organizations and activities that will give them access to children. Therefore, camps can be attractive targets for individuals intent on abuse. Consequently, camps must understand the law and implement a plan that will prepare its staff, campers, and camp families to address the threat.

*This article contains general information only and is not intended to provide specific legal advice. Camps and related organizations should consult with a licensed attorney regarding application of relevant state and federal law as well as considerations regarding their specific business or operation.

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Notes
4. Referring to *Rowland v. Christian*, 443 P.2d 561 (Cal. 1968), a well-known California case that identifies various factors that assist the court in its decision on whether to impose a duty in any given case.
7. See note 6, for resources, specifically Norris & Love’s “skillful screening” techniques.