Survey of Sexual Victimization, 2017
Adult Residential Facilities

Facility Name: APT Foundation – APT Residential Services
Facility Location: 54 East Ramsdell Street, New Haven, CT

Data Supplied By

Name: Bob Freeman
Title: Director, Clinical Operations
Telephone: ((Area Code) – Number)) **(203) 781-4600**
E-Mail Address: bfreeman@aptfoundation.org

What persons and incidents are included in this data collection?

Individuals under your custody between January 1, 2017, and December 31, 2017.

- INCLUDE incidents involving individuals under the authority, custody, or care of your community-based facilities or staff.

Reporting Instructions:

- Please complete the entire form.
- If the answer to a question is "not available" or "unknown," write "DK" (do not know) in the space provided.
- If the answer to a question is "not applicable," write "NA" in the space provided.
- Section I: when exact numeric answers are not available, provide estimates and mark (⊗) the box besides each figure.
- Section II, III, and V: if the answer to a question is "none" or "zero," write "0" or mark the box (⊗) provided.

Section I – GENERAL INFORMATION

1. **How many persons under the supervision of your facility were –**

   a. **PRESENT on December 31, 2017**

   - INCLUDE persons on transfer to treatment facilities but who remain under your jurisdiction.
   - INCLUDE persons out to court while under your jurisdiction.
   - INCLUDE persons help for other jurisdictions.
   - EXCLUDE clients on AWOL, escape, or long-term transfer to other jurisdictions.
   - EXCLUDE all persons in non-residential community-based programs run by your facility (e.g., electronic monitoring, house arrest, community service, day reporting, work programs).

	Male	Female
Clients on December 31, 2017	99	59

   b. **ADMITTED to your facility during 2017?**

   - INCLUDE new admissions only, i.e., persons officially booked into and housed in your facilities by formal legal document and by the authority of the courts or some other official agency.
   - INCLUDE repeat offenders booked on new charges.
   - EXCLUDE returns from escape, work release, medical appointments/treatment facilities, and bail or court appearances.

	Male	Female
New admissions during 2017	497	295

2. **Between January 1, 2017, and December 31, 2017, what was the average daily population of your confinement facility?**

   - To calculate the average daily population, add the number of persons for each day during the period January 1, 2017, through December 31, 2017, and divide the result by 365.

	Male	Female
Average daily population	95	62

Section II – CLIENT-ON-CLIENT SEXUAL VICTIMIZATION

DEFINITIONS

The survey utilizes the definition of "sexual abuse" as provided by 28 C.F.R. §115.6 in the National Standards to Prevent, Detect, and Respond to Prison Rape (under the Prison Rape Elimination Act of 2003). Sexual abuse is disaggregated into three categories of client-on-client sexual victimization. These categories are:

NONCONSENUAL SEXUAL ACTS

Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse;

AND

- Contact between the penis and the vulva or the penis and the anus including penetration, however slight;

OR

- Contact between the mouth and penis, vulva, or anus;

OR

- Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument.

ABUSIVE SEXUAL CONTACT

Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse;

AND

- Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person.
- EXCLUDE incidents in which the contact was incidental to a physical altercation.

SEXUAL HARASSMENT

Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one client directed toward another.

3. Does your facility record allegations of client-on-client **NONCONSENSUAL SEXUAL ACTS?** *(See definitions on Page 2.)*

01 X Yes → **a. Do you record all reported occurrences, or only substantiated ones?**
01 X All
02 ☐ Substantiated only

b. Do you record attempted NONCONSENUAL SEXUAL ACTS or only completed ones?
01 X Both attempted and completed
02 ☐ Completed only

02 ☐ No → Please provide the definition used by your facility for client-on-client NONCONSENUAL SEXUAL ACTS. Use that definition to complete Items 4 and 5.

4. Between January 1, 2017 and December 31, 2017, how many allegations of client-on-client NONCONSENUAL SEXUAL ACTS were reported?

Number reported . . . . . X None

- If an allegation involved multiple victimizations, count only once.
- Exclude any allegations that were reported as consensual.

5. Of the allegations reported in Item 4, how many were
– *(Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)*

a. **Substantiated**. . . . . X None
- The event was investigated and determined to have occurred, based on a preponderance of the evidence (28 C.F.R. §115.72).

b. **Unsubstantiated**. . . . . X None
- The investigation concluded that evidence was insufficient to determine whether or not the event occurred.

c. **Unfounded**. . . . . X None
- The investigation determined that the event did NOT occur.

d. **Investigation ongoing**. . . . . X None
- Evidence is still being gathered, processed or evaluated, and a final determination has not yet been made.

e. **TOTAL** (Sum of Items 5a through 5d) . . . . . X None
- The total should equal the number reported in Item 4.

6. Does your facility record allegations of client-on-client **ABUSIVE SEXUAL CONTACT?** *(See definitions on Page 2.)*

01 X Yes → **Can these be counted separately from allegations of NONCONSENUAL SEXUAL ACTS?**

01 X Yes

02 ☐ No → Skip to Item 9.

02 ☐ No → *Please provide an explanation in the space below and then skip to Item 9.*

7. Between January 1, 2017, and December 31, 2017, how many allegations of client-on-client ABUSIVE SEXUAL CONTACT were reported?

Number reported . . . . . X None

- If an allegation involved multiple victimizations, count only once.
- Exclude any allegations that were reported as consensual.

8. Of the allegations reported in Item 7, how many were
– *(Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)*

a. **Substantiated** . . . . . X None

b. **Unsubstantiated** . . . . . X None

c. **Unfounded** . . . . . X None

d. **Investigation ongoing** . . . . . X None

e. **TOTAL** (Sum of Items 8a through 8d) . . . . . X None
- The total should equal the number reported in Item 7.

9. Does your facility record allegations of client-on-client **SEXUAL HARASSMENT?** *(See definitions on Page 2.)*

01 X Yes ⟶ **Do you record all reported allegations or only substantiated ones?**

01 X All

02 ☐ Substantiated only

02 ☐ No ⟶ *Please* provide an explanation in the space below and then skip to Section III.

10. Between January 1, 2017, and December 31, 2017, how many allegations of client-on-client SEXUAL HARASSMENT were reported?

Number reported . . . . . X None

- If an allegation involved multiple victims or client perpetrators, count only once.
- Exclude any allegations that were reported as consensual.

11. Of the allegations reported in Item 10, how many were - *(Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)*

a. **Substantiated** . . . . . X None

b. **Unsubstantiated** . . . . . X None

c. **Unfounded** . . . . . X None

d. **Investigation ongoing** . . . . . X None

e. **TOTAL** (Sum of Items 11a through 11d) . . . . . X None

- The total should equal the number reported in Item 10.

Section III – STAFF-ON-CLIENT SEXUAL VICTIMIZATION

DEFINITIONS

The survey utilizes the definition of "sexual abuse" by a staff member, contractor or volunteer as provided by 28 C.F.R. §115.6 in the National Standards to Prevent, Detect, and Respond to Prison Rape (under the Prison Rape Elimination Act of 2003). Sexual abuse is disaggregated into two categories of staff-on-client sexual abuse. These categories are:

STAFF SEXUAL MISCONDUCT

Any behavior or act of a sexual nature directed toward a client by an employee, volunteer, contractor, official visitor or other agency representative (exclude family, friend or other visitors).

Sexual relationships of a romantic nature between staff and clients are included in this definition. Consensual or nonconsensual sexual acts include -

- Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks that is unrelated to official duties or with the intent to abuse, arouse, or gratify sexual desire;

OR

- Completed, attempted, threatened, or requested sexual acts;

OR

- Occurrences of indecent exposure, invasion of privacy, or staff voyeurism for reasons unrelated to official duties or for sexual gratification.

STAFF SEXUAL HARASSMENT

Repeated verbal statements, comments or gestures of a sexual nature to a client by an employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends, or other visitors). Include -

- Demeaning references to gender; or sexually suggestive or derogatory comments about body or clothing;

OR

- Repeated profane or obscene language or gestures.

12. Does your facility record allegations of STAFF SEXUAL MISCONDUCT? *(See definitions on page 4.)*

01 X Yes ⟶ **Do you record all reported occurrences or only substantiated ones?**

01 X All

02 ☐ Substantiated only

02 ☐ No ⟶ *Please provide an explanation in the space below and then skip to Item 15.*

13. Between January 1, 2017, and December 31, 2017, how many allegations of STAFF SEXUAL MISCONDUCT were reported?

Number reported . . . . . X None

- If an allegation involved multiple victimizations, count only once.

14. Of the allegations reported in Item 13, how many were – *(Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)*

f. **Substantiated** . . . . . X None

g. **Unsubstantiated** . . . . . X None

h. **Unfounded** . . . . . X None

i. **Investigation ongoing** . . . . . X None

j. **TOTAL** (Sum of Items 14a through 14d) . . . . . X None

- The total should equal the number reported in Item 13.

15. Does your facility record allegations of STAFF SEXUAL HARASSMENT?
(*See definitions on Page 4.*)

01 X Yes ⟶ **Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT?**

01 X Yes

02 ☐ No ⟶ Skip to Item 18.

02 ☐ No ⟶ *Please provide an explanation in the space below and then skip to Item 18.*

16. Between January 1, 2017, and December 31, 2017, how many allegations of STAFF SEXUAL HARASSMENT were reported?

Number reported . . . . . X None

- If an allegation involved multiple victims or staff, count only once.

17. Of the allegations reported in Item 16, how many were – *(Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)*

k. **Substantiated** . . . . . X None

l. **Unsubstantiated** . . . . . X None

m. **Unfounded** . . . . . X None

n. **Investigation ongoing** . . . . . X None

o. **TOTAL** (Sum of Items 17a through 17d) . . . . . X None

- The total should equal the number reported in Item 16.

Section IV – TOTAL SUBSTANTIATED INCIDENTS OF SEXUAL VICTIMIZATION

18. What is the total number of substantiated incidents reported in Items 5a, 8a, 11a, 14a, and 17a?

Total Substantiated Incidents ..... X None