Survey of Sexual Victimization, 2024
Adult Residential Facilities

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

Data Supplied By

Name: Bob Freeman
Title: Director, Clinical Operations/PREA Coordinator
Telephone: (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, 2024, and December 31, 2024.

- 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.
- Section II, III, and V: if the answer to a question is "none" or "zero," write "0".

Section I – GENERAL INFORMATION

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

a. CONFINED on December 31, 2024

- 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, 2024	37 X	20 X

b. ADMITTED to your facility during 2024?

- 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 2024	454 X	146 X

2. Between January 1, 2024, and December 31, 2024, 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, 2024, through December 31, 2024, and divide the result by 366.

	Male	Female
Average daily population	35 X	19 X

Section II – CLIENT-ON-CLIENT SEXUAL VICTIMIZATION

DEFINITIONS

The survey utilizes the PREA standard definitions for types of sexual victimization. These categories are:

SEXUAL ABUSE

Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
(2) Contact between the mouth and penis, vulva, or anus;
(3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
(4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact 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 SEXUAL ABUSE? *(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

02 ☐ No → Please provide an explanation as to why your facility does not record client-on-client SEXUAL ABUSE allegations.

4. Between January 1, 2024 and December 31, 2024, how many allegations of client-on-client SEXUAL ABUSE were reported?

Number reported 0

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated abuse with the same victim/s and perpetrator/s involved, 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. 0
- The event was investigated and determined to have occurred, based on a preponderance of the evidence (28 C.F.R. §115.72).

b. Unsubstantiated. 0
- The investigation concluded that evidence was insufficient to determine whether or not the event occurred.

c. Unfounded. 0
- The investigation determined that the event did NOT occur.

d. Investigation ongoing. 0
- 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) 0
- The total should equal the number reported in Item 4.

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

01 ☐ Yes → **Do you record all reported allegations or only substantiated ones?**
☐ X All
01 ☐ Substantiated only

02 ☐ No → *Please* provide an explanation as to why your agency does not record client-on-client SEXUAL HARASSMENT allegations.

7. Between January 1, 2024, and December 31, 2024, how many allegations of client-on-client SEXUAL HARASSMENT were reported?

Number reported 0
- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated abuse with the same victim/s and perpetrator/s involved, 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 0

b. Unsubstantiated 0

c. Unfounded 0

d. Investigation ongoing 0

e. TOTAL (Sum of Items 8a through 8d) 0
- The total should equal the number reported in Item 7.

Section III – STAFF-ON-CLIENT SEXUAL VICTIMIZATION

DEFINITIONS

STAFF SEXUAL ABUSE

Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or resident:

(1) Contact between the penis and the vulva or the penis and the anus including penetration, however slight;
(2) Contact between the mouth and penis, vulva, or anus;
(3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
(4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
(5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
(6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;
(7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a youth, detainee, or resident, and
(8) Voyeurism by a staff member, contractor, or volunteer.

STAFF SEXUAL HARASSMENT

Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language and gestures.

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9. Does your facility record allegations of STAFF SEXUAL ABUSE?

01 ☐ Yes → **Do you record all reported occurrences or only substantiated ones?**

01 X All

02 ☐ Substantiated only

02 ☐ No → *Please provide an explanation as to why your agency does not record STAFF EXUAL ABUSE allegations.*

10. Between January 1, 2024, and December 31, 2024, how many allegations of STAFF SEXUAL MISCONDUCT were reported?

Number reported 0
If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated abuse with the same victim/s and perpetrator/s involved, count only once.

11. 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.)*

a. Substantiated 0

b. Unsubstantiated 0

c. Unfounded 0

d. Investigation ongoing 0

e. TOTAL (Sum of Items 11a through 11d) 0

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

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

01 ☐ Yes → **Can these allegations be counted separately from allegations of STAFF SEXUAL ABUSE?**

01 X Yes

02 ☐ No → Skip to Item 15.

02 ☐ No → *Please provide an explanation as to why your agency does not record STAFF SEXUAL HARASSMENT allegations.*

13. Between January 1, 2024, and December 31, 2024, how many allegations of STAFF SEXUAL HARASSMENT were reported?

Number reported 0

- If the allegation involved multiple victims and/or perpetrators, count only once. If an allegation included repeated abuse with the same victim/s and perpetrator/s involved, 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 0

g. Unsubstantiated 0

h. Unfounded 0

i. Investigation ongoing 0

j. TOTAL (Sum of Items 14a through 14d) 0

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

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

Total Substantiated Incidents 0

Section IV – TOTAL SUBSTANTIATED INCIDENTS OF SEXUAL VICTIMIZATION

NOTES

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Adult Residential Facilities

Facility Name: APT Foundation, Inc., Amethyst House
Facility Location: 54 East Ramsdell Street, New Haven, CT

Data Supplied By

Name: Bob Freeman
Title: Director, Clinical Operations/PREA Coordinator
Telephone: (203) 781-4600
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- 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, 2024	NA	1 X

b. ADMITTED to your facility during 2024?

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- 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 2024	NA	7

2. Between January 1, 2024, and December 31, 2024, 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, 2024, through December 31, 2024, and divide the result by 366.

	Male	Female
Average daily population	NA	1 X

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(3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
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b. Unsubstantiated. 0
- The investigation concluded that evidence was insufficient to determine whether or not the event occurred.

c. Unfounded. 0
- The investigation determined that the event did NOT occur.

d. Investigation ongoing. 0
- 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) 0
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b. Unsubstantiated 0

c. Unfounded 0

d. Investigation ongoing 0

e. TOTAL (Sum of Items 8a through 8d) 0
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(6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;
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(8) Voyeurism by a staff member, contractor, or volunteer.

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11. 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.)*

a. Substantiated 0

b. Unsubstantiated 0

c. Unfounded 0

d. Investigation ongoing 0

e. TOTAL (Sum of Items 11a through 11d) 0

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

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

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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 0

g. Unsubstantiated 0

h. Unfounded 0

i. Investigation ongoing 0

j. TOTAL (Sum of Items 14a through 14d) 0

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

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

Total Substantiated Incidents 0

Section IV – TOTAL SUBSTANTIATED INCIDENTS OF SEXUAL VICTIMIZATION

NOTES