

Social Sexual Safety Behavior Checklist

Provided for Information, discussion and sharing only

Name:

Name of person completing this form:

Date:

| Social Sexual Safety Skill | In Repertoire? | Needs to be honored? | Priority 1-5 1 = Urgent | Date Acquired |
|---|----------------|----------------------|----------------------------|---------------|
| Name all body parts | | | | |
| Name all persons in contact | | | | |
| Use "yes" as acceptance | | | | |
| Use "yes" as affirmation | | | | |
| Use "no" as refusal | | | | |
| Use "no" as protest | | | | |
| Use "no" as negation | | | | |
| Use yes/no to express preferences | | | | |
| Refuse to have contact with people | | | | |
| Practice permission for all touch | | | | |
| Make others seek permission to touch | | | | |
| Express discomfort with other's behavior | | | | |
| Describe, "Who did what to whom?" | | | | |
| Demonstrate privacy in toileting | | | | |
| Demonstrate privacy in dressing | | | | |
| Demonstrate privacy in bathing | | | | |
| Honor privacy of others | | | | |
| Identify "safe" people | | | | |
| Tell a "safe" person when bothered by others | | | | |
| Identify a secret | | | | |
| Identify safe secrets to keep | | | | |
| Identify secrets to be told to "safe" person | | | | |
| Identify what can be talked about in which environments and with whom | | | | |
| Know who can touch me and how | | | | |
| Know who I can touch and how | | | | |
| Mechanical aspects of menstruation | | | | |
| Move away from uncomfortable or unliked | | | | |

| Social Sexual Safety Skill | In Repertoire? | Needs to be honored? | Priority 1-5 1=urgent | Date acquired |
|--|----------------|----------------------|--------------------------|---------------|
| Express feelings, verbally and nonverbally: Angry, mad Sad Depressed Worried Comfortable Uncomfortable Confused Happy Afraid Anxious Unsure Frustrated | | | | |

Notes: