

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: