

FAMILY SEXUAL SAFETY PLAN

(Family Name)

This agreement is designed to keep everyone safe in this family. All members in this family have signed this agreement. It lists the rules for living together safely in this family, for respecting the rights of others, and for ensuring the personal safety of everyone. Our signatures on the bottom acknowledge that these rules have been discussed as a family, that we understand these rules, that we will follow them, and that we will help each other follow these rules.

1. I understand that before I go into another person's bedroom, I must get permission first.
2. I understand that if no one is home to give me permission to enter their room, I am not to go into another person's bedroom. Even if I have permission to enter another's room, I will not go through their things.
3. I understand that when visiting another person's bedroom, the door must be open.
4. I understand that if someone is visiting my bedroom, the door must be open.
5. I understand that if my adoptive parent(s) talk with me in my bedroom, the door must be open.
6. I understand that undressing is allowed only in my bedroom and in the bathroom with the door closed.
7. I will dress appropriately around the house. I will always wear a robe or tee-shirt over my underclothes. I will not walk around with just underclothes or shorts without a tee-shirt.
8. If the door is closed, I understand that there is to be only one person in the bathroom at one time. Specific exceptions to this item are as follows: _____

9. I understand that everyone sleeps in his/her own bed.
10. I understand that children do not sleep in the same bedroom with the adoptive parents. (Children 0-1 may sleep in the bedroom with adoptive parents.) Sleeping arrangements while traveling will be discussed with the Barker caseworker prior to the trip.
11. I understand that a child six years of age or older will not share a bed or bedroom with a person of the opposite sex.

12. I understand there is to be no sexual contact or sexual touching between children in this family or between parents and children in this family. The only individuals who have sex together in this home are mom and dad and always with the door closed.
13. I understand that there will be no sexual play and sexual touching and that includes playing doctor, nurse, or things like that.
14. I understand that all inappropriate sexualized language (reference to body parts, sexual activity) and sexualized behaviors will not be permitted.
15. I understand that all physical touching between family members must be kept safe and be seen as safe touching. Touching that will not confuse, scare, or make me think that someone wants to have sex with me includes: _____

(Back rubs, foot tickling, wrestling, "horse play", etc. are to be discouraged.)
16. I understand that children will not have access to or bring into the home any inappropriate sexually oriented materials (books, pictures, magazines, videos, Internet access, etc.). Only material appropriate for sex education will be permitted.
17. I understand there is to be no showing or touching of one's private parts in front of other people.
18. I understand that my body belongs to me and if anyone touches me in a sexual way or makes me feel uncomfortable, I will say, "No," and will tell my Barker caseworker and/or someone "safe", e.g. school counselor, coach, therapist, teacher, etc.
19. I will follow these rules of privacy, e.g. no touching of another's private parts, purses, notebooks, private notes, diaries, no opening another's mail, etc.
20. I understand that any plans for me to baby-sit in or outside the home must be discussed with and approved by my family and the Barker caseworker.
21. _____
22. _____
23. I understand that all family members are responsible for following these rules.
24. I understand that I am responsible if I do not follow these rules.
25. I understand the rules clearly.

Signed _____
(Adoptive Child)

Date _____

Signed _____
(Adoptive Parent)

Date _____

Signed _____
(Adoptive Parent)

Date _____

Signed _____
(Siblings, if applicable)

Date _____

Signed _____

Date _____

Signed _____

Date _____

Signed _____

Date _____

Signed _____

Date _____

Signed _____
(Social Worker)

Date _____

Witness

Adapted from the work of Dr. Wayne D. Duehn, Professor of Social Work at the University of Texas at Arlington