INCLUSIVE MENTAL WELLNESS LLC
PRESENTS

Her Body. *Her Truth.*

The Parent & Caregiver Guide



RELATIONAL. FRANK. SHAME-FREE. AGES 13+.

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IMPORTANT NOTE

Before We Begin

This guide is educational. It is not medical advice, legal advice, or a replacement for care from a qualified health professional.

State laws about adolescent consent, confidentiality, reproductive health care, reporting obligations, and digital sexual content vary. When in doubt, consult appropriate medical, legal, and clinical resources in your state.

This guide centers girls and femme youth while staying inclusive of all bodies, sexual orientations, gender identities, and relationship structures. The core message is simple: young people deserve accurate information, body autonomy, emotional support, and adults who can stay present.

> **THE WHOLE POINT**
>
> You do not have to want your teen to be sexually active. You do have to prepare them for a world where sexual choices, pressure, misinformation, pregnancy risk, STI risk, and digital safety issues exist.

So Your Kid Might Be Having Sex

Go ahead. Go to your room. Shut the door. Cry. Slide down the wall dramatically like you are in a 90s R&B video. Dry heave if you must. Whisper, "Not my baby," into a pillow. Text your best friend, "I am unwell." Stare into the middle distance. Reconsider every life choice.

Then get up.

Wash your face. Brush your teeth. Drink some water. Regulate your nervous system. And go give that child the information, protection, honesty, and support they need.

Because if you do not talk to them, somebody else will.

And "somebody else" might be TikTok. It might be pornography. It might be a partner who also does not know what they are doing. It might be a friend with confidence but no facts. It might be an older person with bad intentions. It might be a culture that teaches girls to be desired but not to have boundaries.

Your discomfort is real. Your values matter. But shame is not a safety strategy.

How to Use This Booklet With Your Kid

This booklet is not a punishment. It is not a "gotcha." It is not evidence in the case of The People v. My Child Is Too Grown.

Please do not slide it across the table like a legal document and then disappear into the hallway.

Use it relationally. That means your child needs context, your presence, your values, and your willingness to have an awkward conversation without turning it into a full-blown family press conference.

Before you give it to your child, read it yourself. Not skim. Read.

Notice where you feel calm. Notice where your chest gets tight. Notice where judgment rises up. Notice where you feel scared, angry, protective, embarrassed, or suddenly transported back to your own teenage years.

That reaction is information.

> **PARENT MOVE**
>
> Say: "I read this first. Some parts were uncomfortable for me, but I think it has important information. I do not expect us to talk about everything today. I want us to read it in pieces and talk about what stands out."

Insert Governance, Not Panic

You do not have to agree with every sentence to use this guide well. Your job is to know where your family values, expectations, and safety boundaries belong.

That is governance.

Governance is not control. Governance is the parent or caregiver offering values, expectations, house rules, safety planning, medical follow-through, and relational guidance.

Control says: "You better not."

Governance says: "Here is what I believe. Here is what I expect. Here is what I need you to understand. Here is what safety looks like. Here is what you can always come to me for. Here is where the boundary is."

That is grown-grown parenting. Not panic parenting. Not shame parenting. Not "because I said so and also I am hyperventilating" parenting. Actual leadership.

You can teach waiting and still teach safety. Those two things can exist at the same time.

Parent Reflection

The first place I remember learning about sex was:

The message I received about girls/women and sex was:

The message I received about boys/men and sex was:

The message I received about LGBTQ+ people and sex was:

The message I received about STIs, pregnancy, pleasure, and consent was:

The message I want to pass down is:

The message I refuse to pass down is:

Why This Matters

A lot of parents worry that talking about sex gives teenagers permission.

But silence does not prevent sex. Silence prevents preparation.

CDC parent resources note that teens report parents have the greatest influence over their decisions about sex - more than friends, siblings, or media. CDC also notes that most teens say they share their parents' values about sex and that decisions about delaying sex would be easier if they could talk openly and honestly with parents. [1]

The American Academy of Pediatrics also encourages parents to be reliable, honest sources of information about sex, relationships, family values, love, commitment, and respect - not just during one awkward "big talk," but through ongoing conversation. [7]

So yes, your voice matters. The question is not whether your child will hear messages about sex. The question is whether your voice will be steady enough to compete with the noise.

> **SAY THIS OUT LOUD**
>
> "I am not giving you this because I want you to have sex. I am giving it to you because I love you, and I want you informed before you are in a situation where you need information quickly."

What Is Sex, Actually?

Many adults were taught that sex means penis-in-vagina intercourse.

That is one type of sex. It is not the only type.

For safety conversations, sexual activity can include vaginal sex, oral sex, anal sex, genital touching, mutual masturbation, skin-to-skin genital contact, sexual behavior involving hands or mouths, and digital sexual behavior like sending or requesting explicit images.

Why does this matter?

Because if a young person thinks "sex" only means intercourse, they may not understand that STIs can be transmitted through other kinds of sexual contact. They may say, "We did not have real sex," while still having had an experience that involved risk, pressure, consent concerns, emotional impact, or exposure to infection.

> **ASK BETTER QUESTIONS**
>
> Instead of only asking, "Are you having sex?" try: "Have you had any sexual contact with anyone - anything involving private parts, mouths, hands, pressure, pictures, or anything you are unsure how to name?"

We Are Beyond Sixth Grade Health Class

Many parents grew up with school sex ed that was basically: here is a diagram, here is a banana, here is a scary STI slideshow, here is a permission slip, here is shame in a gymnasium.

That was not enough then. It is definitely not enough now.

Today, teens are navigating pornography, social media, group chats, sexting, screenshots, online grooming, dating apps or app-adjacent behavior, gender identity, sexual orientation, public humiliation, and access to more sexual content than most adults had at their age.

This is not just "the talk." This is an ongoing conversation about bodies, consent, values, pleasure, pressure, safety, digital boundaries, medical care, pregnancy prevention, STI prevention, and self-worth.

Parents do not need to become sex educators overnight. But we do need to stop pretending that silence is a strategy.

Do We Want Teenagers Having Sex?

Do you want your teenager having sex?

Probably not.

Most parents are not sitting around hoping their child enters their sexually active era. Nobody is like, "Please let this be the season finale twist."

But parenting is not only about preparing children for the choices we prefer. It is also about preparing them for the choices they may face.

According to CDC's 2023 national Youth Risk Behavior Survey summary, 32% of high school students reported they had ever had sexual intercourse, and 21% were currently sexually active, meaning they had sexual intercourse with at least one person during the past three months. Among currently sexually active students, 52% used a condom the last time they had sex. [2]

That means two things are true at once: not every teen is having sex, and enough teens are having sex that pretending otherwise is not responsible.

Hope is not a safety plan. Information is not permission. Protection is not betrayal.

USE FACTS, NOT PANIC

Teen Sex & Safety Snapshot

32%

of U.S. high school students reported ever having sexual intercourse in 2023. [2]

21%

were currently sexually active in 2023. [2]

52%

of currently sexually active students used a condom the last time they had sex. [2]

6%

were tested for STDs other than HIV during the past year. [2]

The trend is not "all teens are out here being reckless." The trend is more nuanced: adolescent sexual activity declined from 2013 to 2023, but condom use, STD testing, and HIV testing also decreased. [2]

Translation: fewer teens may be having intercourse, but the ones who are need better protection, better conversations, and better adult support.

> **USE THIS STAT WITHOUT SHAMING**
>
> "A lot of teens are not having sex. Some are. Either way, I want you informed, safe, and able to talk to me."

STI Reality Check

This is the part where parents need to breathe and keep reading.

CDC's 2024 provisional STI surveillance reported more than 2.2 million combined cases of chlamydia, gonorrhea, and syphilis in the United States. The overall burden remains substantial, even as some national rates declined. [3]

In the finalized 2023 STI surveillance report, adolescents and young adults ages 15-24 accounted for almost half of reported chlamydia, gonorrhea, and syphilis cases. [4]

This does not mean young people are bad. It means young people need accurate information, access to testing, safer-sex tools, and adults who can discuss sexual health without making them feel contaminated.

Some STIs are curable. Some are treatable and manageable but may be lifelong. All of them deserve medical care, accurate information, and zero moral judgment.

Shame delays care. Delay increases harm.

Herpes, Panic, and the Information Gap

When nobody explains STIs well, a teen hears "herpes" and may think their life is over.

They panic. They think nobody will ever love them. They think they are dirty. They think they can never date, marry, have children, or be wanted. They may spiral into shame not because herpes is untreatable or uncommon, but because nobody told them what it actually is.

CDC describes genital herpes as a common STI. Many people have no symptoms or very mild symptoms, and people can transmit herpes even when they do not have visible sores or do not know they have the infection. [5]

CDC treatment guidelines describe genital herpes as a chronic, lifelong viral infection. The same guidelines note that antiviral medicines can help control symptoms, and suppressive therapy can reduce recurrence frequency by 70%-80% for patients with frequent recurrences. [6]

The message is not: "If you get herpes, your life is over."

The message is: "Your body deserves protection, testing, treatment, and care before, during, and after sexual choices."

> **PARENT SCRIPT**
>
> "I want you to understand STIs without shame. Some are curable. Some are lifelong but manageable. None of them make you dirty. All of them mean you deserve medical care and support."

The "Fast" and "Loose" Narrative Has to Go

Calling girls "fast" does not slow them down.

Calling girls "loose" does not keep them safe.

It teaches them that their value is fragile, that curiosity is corruption, and that if they make one choice, experience one pressure situation, or survive one violation, they are somehow less worthy.

That is dangerous.

We do not shame girls into self-respect. We teach girls self-connection.

Self-connection says: I can want attention and still have boundaries. I can like someone and still say no. I can feel desire and still slow down. I can ask for protection without embarrassment. I can leave if I feel pressured. I can tell someone if something happens. I can make a mistake and still deserve care.

Her worth does not live between her legs. Her dignity is not erased by curiosity, desire, mistakes, pressure, assault, heartbreak, or learning.

From Self-Abandonment to Self-Connection

The goal is not to raise a young person who is terrified of sex.

The goal is to raise a young person who can notice the difference between choosing and performing, connection and pressure, desire and obligation, privacy and secrecy, love and control.

We want our girls making sexual choices from self-connection, not self-abandonment.

That means not having sex because they are afraid someone will leave, because they think it proves love, because they want to be chosen, because they feel numb, because they feel pressured, or because they believe their body is the only thing they have to offer.

It means learning that their body belongs to them, their no matters, their yes matters, their pause matters, and they do not have to trade access to their body for attention, affection, or belonging.

> **LANGUAGE SHIFT**
>
> Instead of "you are acting fast," try: "I want to understand what this relationship means to you. Do you feel respected? Do you feel pressured? Do you feel like you can say no?"

Parent Reflection

When I imagine my child being sexually active, I feel:

The fear underneath that feeling is:

The value underneath that fear is:

What I most want my child to understand about sex is:

What I want my child to understand about their worth is:

What I need to say without shaming them is:

Parent Governance Page

My values about sex are:

My expectations for my child are:

Our family rules about privacy, dating, phones, sleepovers, and transportation are:

My safety boundaries are:

If my child needs contraception information, STI testing, medical care, emergency contraception, or help after pressure or assault, I want them to know:

The sentence I want my child to remember is:

Scripts for the First Conversation

IF YOU FOUND OUT OR SUSPECT SOMETHING:

> I am going to be honest. I am having a lot of feelings right now, and I may need to take a breath because I love you and I want to handle this well.

> You are not in trouble for being human. We do need to talk about safety, consent, protection, and whether you feel emotionally ready.

> My job is not to shame you. My job is to make sure you have what you need.

IF YOU DO NOT WANT THEM HAVING SEX:

> My hope is that you wait. I believe sex carries emotional, physical, and relational weight.

> I also know that pretending you will never face choices does not prepare you.

> So I am going to talk to you about my values and also give you accurate information.

> **TINY BUT MIGHTY**
>
> You can say no to the behavior without saying your child is bad.

THIS ONE NEEDS TO LAND

Protection Is Not Permission

Some parents avoid talking about condoms, birth control, STI testing, or medical visits because they fear it sounds like permission.

Try this instead:

Protection is not permission. Protection is preparation. I can want you to wait and still make sure you know how to protect your body.

A teen who has information can still choose to wait.

A teen without information cannot choose safety if they do not know what safety requires.

And a teen who believes protection equals proof of being "bad" may avoid condoms, avoid testing, avoid contraception, and avoid telling you when they need help.

> **PARENT SCRIPT**
>
> "I would rather you be informed and empowered before you are in a situation where you are scared, pressured, embarrassed, or unsure what to do."

Consent, Pressure, and Coercion

Consent is not just the absence of screaming.

Consent is clear, informed, freely given, reversible, and specific. A young person needs to know they can say yes to one thing and no to another. They can stop something even if they started it. They can leave even if they arrived willingly.

Pressure can sound like: "If you loved me, you would." "Everyone else does it." "You owe me." "Do not be a tease." "I will break up with you." "You are being dramatic." "Nobody has to know."

That is not romance. That is pressure with lip gloss on.

SAY THIS:

> If someone keeps asking after you said no, that is pressure.

> If someone makes you feel guilty, threatens to leave, gets angry, or says you owe them, that is not love.

> You can call me. I will come get you. You do not have to explain everything in the moment.

Digital Safety Counts Too

Digital sexual behavior is still sexual behavior. It can carry emotional, social, legal, and safety consequences.

Teens need to understand that explicit images can be saved, screenshotted, forwarded, threatened, or used for coercion. They also need to understand that receiving, requesting, forwarding, or possessing explicit images involving minors can carry serious legal risks.

This is not about scaring them into silence. It is about making sure they know the internet is not a diary with a lock on it.

If something has already happened, start with safety. Do not start with humiliation.

SAY THIS:

> If someone asks you for pictures, pressures you, threatens to expose you, or shares something private, tell me or another safe adult immediately.

> You will not be destroyed by me for asking for help.

> We will handle safety first and consequences second.

GOVERNANCE POINT

Be clear about phone rules, privacy expectations, app boundaries, and what your child should do if someone tries to use shame or exposure against them.

Medical Care and Confidential Support

Young people need adults and health professionals they can talk to honestly.

ACOG states that confidential care for adolescents encourages access to care and increases discussions about sensitive topics and behaviors. [8]

That does not mean parents do not matter. It means developmentally, teens may need some private space to ask health questions honestly - especially about sex, STIs, contraception, pregnancy concerns, abuse, coercion, gender, sexuality, substance use, and safety.

Do not promise absolute secrecy. Be honest about limits: safety, abuse, exploitation, self-harm, harm to others, and legal reporting requirements matter.

But also do not make your child feel like asking for help automatically triggers punishment, exposure, or emotional collapse.

> **PARENT SCRIPT**
>
> "There may be times you need private time with a medical provider. I want you to be honest and safe. I also want us to talk about what privacy means and what the limits are."

If Something Happened

If your child tells you something happened - pregnancy scare, STI concern, pressure, coercion, assault, explicit photo issue, unsafe partner, or something they cannot fully explain - your first job is stabilization.

Not interrogation.

Not a sermon.

Not "I told you so."

Stabilization means: Are you safe right now? Do you need medical care? Do we need emergency support? Do we need to preserve evidence? Do we need to contact a trained professional? Do you want me to sit with you or give you space while we figure out the next step?

There will be time for values, accountability, and reflection. But in the first moment, be the adult they can come back to.

Help first. Lecture never. Process when regulated.

How to Read the Booklet Together

Do not make this a six-hour summit. Nobody needs a sexual health retreat in the living room.

Read in small pieces. Pick one section at a time. Ask questions that invite conversation instead of confession.

- What have you already heard about this?
- What do people your age say about sex?
- What parts feel confusing or embarrassing?
- What do you think adults do not understand?
- What do you already know about consent?
- What do you know about STIs and testing?
- What would make it hard to ask for protection?
- What would make it hard to say no?
- What would make it hard to call me?

> **THE REAL GOAL**
>
> The goal is not just information. The goal is access. Can your child access you when they are scared, embarrassed, pressured, unsure, or in need of medical care?

Conversation Planner

The section I want to start with is:

The part I need to regulate myself around is:

My opening sentence will be:

The value I want to communicate without shame is:

The safety information I need to make sure they understand is:

After the conversation, I will repair or follow up by:

PUT THIS SOMEWHERE YOU CAN ACTUALLY USE IT

The No-Shame Safety Plan

- [ ] My child knows they can call me for a ride without giving every detail in the moment.
- [ ] My child knows the difference between privacy and secrecy.
- [ ] My child knows pressure, coercion, and threats are not love.
- [ ] My child knows condoms reduce risk but do not remove all STI risk.
- [ ] My child knows some STIs have no symptoms and testing matters.
- [ ] My child knows where to get medically accurate information and care.
- [ ] My child knows their worth is not changed by sexual choices, pressure, trauma, or mistakes.
- [ ] My child knows I may have feelings, but I will help first.

> **REALITY CHECK**
>
> If your child believes your love disappears when they make a hard choice, they will hide the hard choice. Keep the door open.

PLAIN LANGUAGE WINS

What Parents Need to Say Clearly

USE THESE:

> You are not fast. You are not loose. You are not dirty. You are a young person learning how to live in a body that other people may have opinions about.

> Your body belongs to you.

> You do not have to trade your body for love, attention, safety, belonging, or a relationship.

> You can like someone and still slow down.

> You can start something and still stop.

> You can call me before it becomes a crisis.

> I may not love every choice, but I will not shame you out of asking for help.

That is parenting with a backbone and a heart. Very elite combo.

Closing Letter to Parents

You do not have to love every choice your child makes.

You do have to love them in a way that keeps the door open.

You can teach values without using shame. You can teach waiting without withholding information. You can teach boundaries without making your child afraid of their own body. You can teach protection without handing over permission. You can teach faith, culture, and family expectations while still teaching anatomy, consent, STI testing, contraception, digital safety, and how to get help.

That is not hypocrisy. That is parenting in real life.

The goal is not to raise a child who is terrified of sex. The goal is to raise a young person who knows their body belongs to them, their voice matters, their boundaries are real, their safety is non-negotiable, and their worth was never up for debate.

So have your feelings. Then wash your face.

They still need you.

Sources & Further Reading

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[8] **ACOG, Confidentiality in Adolescent Health Care**
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Public health data changes over time. For the most current medical guidance, check CDC, AAP, ACOG, and a licensed medical provider.

PARENT COMPANION EDITION

Inclusive Mental Wellness LLC



Her Body. Her Truth.

The Parent & Caregiver Guide

Relational, frank, shame-free support for hard conversations about bodies, sex, safety, and self-worth.

ALL BODIES WELCOME - NO SHAME ZONE - SAFETY FIRST

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