

Permission to Contact Women for Abortion Recovery Assistance (ARA)

Forgiven and Set Free: A Post-Abortion Bible Study

The Forgiven and Set Free Bible Study was developed to help women see that they can be free from the bondage of guilt and grief that follows abortion.

In small, **confidential** groups, women have the opportunity to share their abortion experiences and explore Bible passages that show what God is really like and how He demonstrates His compassion for women.

**Yes, I am interested in the *Forgiven and Set Free Bible study*.
Please have an ARA team member contact me.**

Your privacy is very important to us, and the questions below will help us protect you.

Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Contact Phone Number (s) _____

May we leave a message/ text making reference to Pregnancy Resource Center East Abortion Recovery Assistance? Yes ___ No ___

May we contact you by mail regarding the Bible study? Yes ___ No ___

May we contact you by email regarding the Bible study? Yes ___ No ___

Email: _____

Client Signature _____ Date _____

Counselor _____ Date _____

Center _____

If you want to contact Abortion Recovery Assistance,
Please call Teresa @ 281-739-4491 or email @ teresamc@verizon.net
Or Wendy @ 832-868-6887 or email @ Wendy@baulch.net

Post-Abortion Distress Test for Women

Answer “Y” for yes and “N” for no

1. ____ Do you find yourself struggling to turn off the feelings connected to your abortion(s), perhaps telling yourself over and over to forget about it?
2. ____ Are you affected by physical reminders of your abortion, i.e. babies, pregnant women, sound of a vacuum; or are you uncomfortable around children?
3. ____ Have you experienced a desire to be pregnant again, perhaps wishing to replace your aborted child?
4. ____ Have you experienced any new or increased self-destructive behaviors (promiscuity, abusive relationships, eating disorders, drug/ alcohol abuse)?
5. ____ Have you experienced any reaction such as nightmares, flashbacks, or hallucinations (such as hearing a baby cry) that relate to your abortion experience?
6. ____ Have you experienced periods of prolonged depression?
7. ____ Have you had any suicidal thoughts since your abortion(s)?
8. ____ Are you unable to talk about your abortion(s)?
9. ____ Do you fear that you will never be able to have children, or more children?
10. ____ Do you tend to look at your life in terms of “before” and “after” the abortion(s)?
11. ____ Have you experienced a numbing of your emotions – an inability to feel strongly?
12. ____ Do you feel sad or depressed on the anniversary date of the abortion or the anniversary of the due date of the baby?
13. ____ Are you bothered by feelings of guilt or shame?
14. ____ Do you grieve for the loss of your baby?
15. ____ Are you having trouble forgiving others who were involved in the decision to abort or in your abortion(s)?
16. ____ Do you have mothering problems with any of your living children (for example, overprotective, difficulty with physical affection, failure to bond, etc.)?