

## MEETING OPTIONS

**Group:** A support group with no more than six participants.

**Mini-Groups:** A group of no more than three participants.

**One-on-One:** Just yourself meeting with the post abortion leader and co-leader.

GOD KNOWS EVERYTHING  
ABOUT ME AND HE  
LOVES ME ANYWAY...

A Client

## HOW TO REGISTER?

Call 419-578-7350  
ask for Michelle McCaulley or Nicki McLeod

Text: 567-697-5576

Email: nmcleod@pregnancycenter.org

Complete the card enclosed and turn it in today or mail it to 716 N. Westwood Ave, Toledo, Ohio 43607. Attention Nicki McLeod.

We will contact you to talk about the best meeting option and time.

**YOUR INFORMATION IS CONFIDENTIAL**

## HOW DO I KNOW IF I HAVE BEEN AFFECTED BY A PAST ABORTION?

On the inside of this brochure you will find a list of questions designed to help you discover if a past abortion is affecting your life.

Shame can be an intense feeling that we often keep hidden from others, living in a secret fear of condemnation, judgement, and sorrow. We are here to help you discover healing and freedom from feelings of remorse, despair, self-hatred, frustration, hopelessness, failure, and more.

In our post abortion ministry you will discover you are not alone as you meet with trained facilitators who have faced the same pain, and found freedom.

A Ministry of The Pregnancy Center



716 N. Westwood Avenue  
(near Nebraska Avenue)  
Toledo, Ohio 43607

419.578.7350  
pregnancycenter.org

Beautiful  
finding hope and healing from a past abortion

## SYMPTOMS OF POST-ABORTION DISTRESS

Symptoms may not necessarily appear together, nor will any particular woman experience all of them.

|                            |                           |
|----------------------------|---------------------------|
| Regret                     | Remorse                   |
| Unable to forgive yourself | Grief                     |
| Emotionally numb           | Hopelessness              |
| Crying spells              | Range                     |
| Embarrassed                | Anguish                   |
| Sorrow                     | Panic                     |
| Unworthiness               | Self-hatred               |
| Self-condemnation          | Despair                   |
| Feel degraded              | Feel rejected             |
| Anger                      | Dreams about losing child |
| Depression                 | Flashbacks                |
| Anxiety                    | Feel inferior             |
| Loneliness                 | Fear failure              |
| Bitterness                 |                           |
| Confusion                  |                           |

## BEHAVIORAL CHANGES

Secretive  
Sleep disturbances  
Divides time into "before" or "after" the abortion  
Avoids baby reminders  
Reduced motivation  
Loss of normal sources of pleasure  
Alcohol / drug abuse  
Suicidal impulses  
Marital stress  
Withdraws from others  
Over-protective of living children  
Fails to bond with subsequent children

## POST ABORTION DISTRESS TEST

Answering yes to the majority of these questions may be an indication that our classes can help.

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 reactions 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?

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, over-protective, difficulty with physical affection, failure to bond, etc.)?