

Divinely Inspired Outline

Your Story:

Background: Fill in the blanks and circle or check your answers. This will be at the front of each story. If you do not wish to submit a story for consideration, but want your voice to be heard via your name listed, just submit your name to be counted. Nevertheless I encourage everyone to write your story for your own healing.

First Name or Pseudonym: _____

Age(s) of Abuse _____

Gender (at the time of abuse) _____

Sexual Orientation (at the time of abuse and now) _____

Family of Origin – Culture, Religion, Country, Family make-up- (who lived in your home),
Extended family dynamics:

Chosen Current religion(s) _____

The Abuse: -The painful journey:

Perpetrator(s) Note: *if you are uncomfortable naming the relationship please just indicate family member or non-family member.* _____

Was there more than 1? (Y/N) How about later in life? (Y/N)

Location(s): _Home _Extended Family Home _Friends _Daycare _In community (_Church,
_School, _Club, _Sports _Other _____

Types of abuse- Physical, Mental, Emotional, Sexual, Disfigurement, etc (please no details)

Frequency and duration of sessions and period of abuse (how many months/years.)

Did there seem to be a trigger for the perpetrator? Y/N Did they give you a “reason” for the “session”? _____

Did you ever become pregnant during the abuse? Y/N If so, How old were you? _____

What was the outcome? _Spontaneously Aborted, _ Abortion, _ Miscarried @ __ months,
Stillborn @ __ months Gave birth and: Raised my child __ Family member raised my child,
__Put up for adoption

How are your current /ongoing sexual relationships? _Positive/loving, _Neutral, _Abusive, _Not currently in a relationship, __No desire for a sexual relationship

_Do you feel you have to “give in” to anyone who wants you? _ Do you avoid sex at all costs?
_Do you jump at most/all sexual opportunities?

Support system – Who are your “Safe” people? _____

Memories: Did you always have access to the memories of the abuse? _YES/NO or Did your brain “protect you” with amnesia? YES/NO If so, at what age did the “memories/flashbacks” begin to emerge?_____ What triggered them?_____

Was your abuse ever reported to the authorities? Y/N

Have you had a truly loving sexual experience since your abuse? Yes/No

To whom would you have chosen to give your virginity?

This part may make many people uncomfortable, but this book is about bringing everything out into the open. Only then, can true healing take place, thus allowing the cycle of abuse to stop. Most perpetrators were victims themselves and we may explore that healing further in another book. Let me know if you are interested in participating in that project. YES/NO

Did you ever sexually touch another child? _Yes/No How old were you?___ How old was the child? ___ Why did you do so? (What were you feeling/ thinking **at that time**? __Were you happy to share a “good feeling” or __Angry because you didn’t want to be the only one? Or? _____ Did you see or experience something that you shouldn’t have at an early age that made you curious? Yes/No

Submit both your outline and your story

Write these words on the line below “I **am one of Many, I am not alone!** Sign your name/ pseudonym

Options to “speak up” without writing a story: Fill out and return the outline to :

genoveva@reclaimingmyvirginity.com