



LifeCare
NETWORK

BRANDON • SOUTHSORE

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

SYMPTOMS OF POST-ABORTION

DISTRESS

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

Regret	Feel degraded	Hopelessness
Unable to forgive yourself	Anger	Rage
Emotionally numb	Depression	Anguish
Crying Spells	Anxiety	Panic
Embarrassed	Loneliness	Self-hatred
Sorrow	Bitterness	Despair
Unworthiness	Confusion	Feel rejected
Self-condemnation	Remorse	Dreams about losing child
	Grief	

BEHAVIORAL CHANGES

- Secretive
- Sleep disturbances
- Divides time into “before” or “after” the abortions
- 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.)?