

Post-Abortion Distress Symptoms

Post-abortion distress symptoms are real. Take our quiz to find out how abortion may be affecting your daily life.

Can you relate to any of the following feelings?

- | | |
|---|--|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Grief |
| <input type="checkbox"/> Anguish | <input type="checkbox"/> Guilt |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Helplessness |
| <input type="checkbox"/> Bitterness | <input type="checkbox"/> Hopelessness |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Horror |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Isolation |
| <input type="checkbox"/> Despair | <input type="checkbox"/> Loneliness |
| <input type="checkbox"/> Emotionally numb | <input type="checkbox"/> Panic |
| <input type="checkbox"/> Failure | <input type="checkbox"/> Rage |
| <input type="checkbox"/> Fears: | <input type="checkbox"/> Regret |
| <input type="checkbox"/> another pregnancy | <input type="checkbox"/> Rejection |
| <input type="checkbox"/> losing a child/miscarriage | <input type="checkbox"/> Remorse |
| <input type="checkbox"/> infertility | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> God's punishment | <input type="checkbox"/> Self-condemnation |
| <input type="checkbox"/> Feeling degraded | <input type="checkbox"/> Self-hatred |
| <input type="checkbox"/> Feeling exploited | <input type="checkbox"/> Shame |
| <input type="checkbox"/> Feeling inferior | <input type="checkbox"/> Sorrow |
| <input type="checkbox"/> Frustration | <input type="checkbox"/> Worthlessness |

Have you experienced any of the following behavioral changes?

- | | |
|---|--|
| <input type="checkbox"/> Abusive or tolerating abusive relationships | <input type="checkbox"/> Loss of normal sources of pleasure |
| <input type="checkbox"/> Alcohol or drug abuse | <input type="checkbox"/> Marital problems |
| <input type="checkbox"/> Avoiding baby reminders | <input type="checkbox"/> Over-protective of living children |
| <input type="checkbox"/> Changes in relationships | <input type="checkbox"/> Preoccupation with yearly abortion date |
| <input type="checkbox"/> Crying spells | <input type="checkbox"/> Preoccupation with yearly due date |
| <input type="checkbox"/> Damaged mother/child relationships | <input type="checkbox"/> Promiscuity |
| <input type="checkbox"/> Decreased motivation | <input type="checkbox"/> Secretive |
| <input type="checkbox"/> Difficulty with all types of intimacy | <input type="checkbox"/> Self-mutilating behavior |
| <input type="checkbox"/> Dividing time into "before" & "after" abortion | <input type="checkbox"/> Self-punishing/self-degrading behavior |
| <input type="checkbox"/> Dreaming about losing a child | <input type="checkbox"/> Sleep disturbances |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Suicidal thoughts/plans |
| <input type="checkbox"/> Failure to bond with subsequent children | <input type="checkbox"/> Unable to forgive yourself |
| <input type="checkbox"/> Flashbacks/nightmares about the abortion | <input type="checkbox"/> Wanting a replacement child |
| <input type="checkbox"/> Loss of interest in sex | <input type="checkbox"/> Withdrawal from others |

If you've checked at least three boxes and you've had an abortion (or been the male partner in an abortion), you may be experiencing symptoms of post-abortion distress. YOU ARE NOT ALONE, THERE IS HOPE.

If you desire to pursue peace and healing, please let us know in the space below (online: please email or call) and a trained advocate will contact you to answer your questions about Still Waters Abortion Recovery.

You may also email us at: paleader@palousecarenetwork.com OR call 208-882-2370

Please contact me with more information

I would like to join a confidential support group

Your name: _____

Preferred method of contact: _____

Contact Information: _____