

## APPENDIX D

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# Symptoms of Chronic Shock

The following are symptoms of chronic shock that can occur in relation to childhood sexual abuse as a traumatic experience:

<b>Physical Symptoms</b>	<b>Mental Symptoms</b>	<b>Emotional Symptoms</b>
A change in breathing pattern occurs; the breath is constricted and when it resumes it is shallow, ragged, and uneven.	The processes in the brain that help to form memory are disrupted; the child may not be able to access images of the abuse or they may not be sequential.	Fear and anxiety are experienced; feelings of terror often lead to a panic response. Obsessive thoughts may occur in response to fear and anxiety.
Muscles tense and there is increased tightness felt throughout the body; an inability to move occurs and a "frozen in place" response happens.	The processing of information related to the experience is interrupted. This interruption can affect her ability to recall the trauma later on in life or to put it into words.	The child feels overwhelmed and flooded with emotions brought on by the perpetrator's behavior. Compulsive acts occur to manage and control these emotions.
Face and skin lose color and feel cold and clammy, then hot flushes occur and the skin feels sweaty. The experience of the trauma may reoccur as aftershock symptoms.	The mind goes blank, and thoughts that occurred during the abuse seem to disappear. The child's ability to verbally tell about the sexual abuse is impaired.	Emotions are numbed and experienced later as an absence of feelings or the inability to feel. The child does not experience a full range of emotions, or emotions are restricted.

Physical Symptoms	Mental Symptoms	Emotional Symptoms
A look of vacancy and distance appears in the eyes, giving the appearance of not seeing or registering what is occurring.	Dissociation occurs and can be called upon to prevent the trauma from intruding on a daily basis; the mind disconnects from the trauma by blocking or forgetting memories.	Emotional suppression is related to a child's attempts to avoid remembering the trauma. Sensory impressions often remain intact but are fragmented and isolated from the visual image of the abuse.
Easily startled and does not like to be surprised by someone's sudden presence. Hypervigilant and may scan for danger.	Memories of the abuse are fragmented; isolated details may be recalled at various times; a loss of time and place can occur.	Depression occurs since the child is helpless to stop the abuse and realizes the perpetrator will not stop his behavior.
Difficulty falling asleep; easily awakened when sleeping; may not be able to stay asleep. Often wakes up during the time the abuse occurred.	Shortened attention span; inability to concentrate; disjointed and disorganized thought patterns about the abuse.	Intense anxiety feelings occur that can shift dramatically and seem to change from one moment to the next.
Hyperaroused when perceived danger or threat from others is determined to exist. Situations trigger this response.	May not process the emotional impact of the trauma; may deny the trauma and lack clarity about the traumatic event.	May isolate from others; intense reaction to invasion of privacy or may not know the concept of personal boundaries.
Speech is rapid, disjointed, or disrupted; may lose the ability to speak or be unable to express the traumatic experience in narrative form.	Trauma has a surreal or dreamlike quality; experienced as being unreal. Will doubt her perceptions and experiences confusion.	Low frustration tolerance. Can experience the loss of emotion or a lack of appropriate emotion in response to an event.